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| **MENTAL HEALTH REVIEW TRIBUNAL REPORT** |

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| **Name:** | Miss Ashley L MACKLIN |
| **Date of Birth:** | 30 October 1986 |
| **Hospital No:** | 12125654 |
| **NHS No.** | 618 104 5252 |
| **Ward:** | Brunswick |
| **Date of Admission** | 20 May 2024 |
| **Diagnosis:** | First Episode Psychosis |
| **Mental Health Act Status** | Section 2 |
| **Expiry Date:** | 16 June 2024 |
| **Responsible Clinician:** | Dr Roopa Singh |
| **CMHT Clinician:** | EIT North Team Consultant |
| **Care Co-ordinator:** | EIT – CC awaiting allocation |
| **Report Prepared By:** | Dr Roopa Singh |
| **Date of Report:** | 31 May 2024 |

**SOURCES OF INFORMATION**

I have prepared this report for the Tribunal panel with my knowledge of Miss Ashley Macklin since her admission to Brunswick ward, Broadoak unit. I have not known her previously. I have gathered information from her medical notes and from ward nursing staff and Multidisciplinary team involved in her care currently. I have also accessed information such as past history/ previous contact with mental health services held on the Merseycare Trust patient electronic record system Rio, in order to prepare for this report. I have also spoken to Miss Ashley’s sister -Emma during my last ward round in the presence of Ashley at her request.

**INCLUSIONS REQUIRED**

1. **Whether there are any factors that may affect the patient’s understanding or ability to cope with a hearing and whether there are any adjustments that the tribunal may consider in order to deal with the case fairly and justly;**

Miss Ashley Macklin is of normal intelligence, and she is able to understand and follow appropriate procedures. I do not think the Tribunal panel needs to make any adjustments in order to deal with this case fairly and justly. If Miss Macklin does get upset and agitated during the hearing, the Tribunal may want to consider giving her appropriate breaks outside of the hearing accompanied by ward staff who can support her during such periods.

1. **Details of any index offence(s) and other relevant forensic history**

There are no known previous offences, charges or prison sentences. From medical records Miss Macklin is not known to have any relevant forensic history or index offences.

1. **A chronology listing the patient’s previous involvement with Mental Health Services including any admissions to, discharge from and recall to hospital**

Miss Macklin was initially referred to secondary mental health services via her GP and was seen in outpatient’s clinic on the 25th of September 2018 by Dr Kenyon GP Trainee in Psychiatry to Dr Martinez, Consultant Psychiatrist. Prior to this it is noted in the clinic letter that Miss Macklin was assessed in Aintree University Hospital A and E in 2014 and 2015 where she presented due to difficulties coping following bereavement. She was referred to Inclusion Matters where she attended intermittently for about two years and had disengaged. Around the same time she had also consulted her GP who prescribed Mirtazapine and she had found benefit from this.

Miss Macklin was referred to the community mental health team at Norris Green following an assessment at Clock View Hospital in August 2018 where she was initially referred via Single Point of Access from her GP. Around this time she reported that she had been given a diagnosis of fibromyalgia at the age of twenty-five due to having multiple physical health issues which had a negative impact on her mental health. She reported several social stressors in her living conditions and the house being really small where she lives with her baby. She had also had a breakdown in her relationship due to domestic violence. There had been bereavements in her family such as losing her nan, grandad and cousin and having a nephew who was stillborn. She was also then in a difficult relationship with the child’s father due to his drinking. She reported symptoms of depression and anxiety. She also described occasionally hearing voices shouting at her but is aware that these are not real. They mainly happened when she is tired and mostly it is her own voice. She reported that she is not troubled or worried by these voices. She did not describe anything suggesting experiencing visual hallucinations, thought disorder or elated behaviour.

In terms of her social history she reported living with her baby and partner visiting her three times a week. She reported receiving benefits and did not report any financial difficulties. She had support from her family who live locally. She denied any use of alcohol. She reported smoking three joints of cannabis per day but denied any other illicit substances. She also reported that she used cocaine in the past prior to the birth of her child.

In terms of her medical history she was diagnosed with fibromyalgia, IBS and spondylosis. She reported a history of bipolar affective disorder in the family and that her sister was diagnosed with it. Her son Abel was born on the 20th of February 2017. There was nothing significant in her personal history. She had an uneventful childhood. Her parents divorced when she was three to four years old. She lived with her mother and older sister and mother’s new partner. Following school she trained as a dental nurse and enjoyed it for eleven years. Following the diagnosis of fibromyalgia she took time off work and eventually lost her job. She was previously in a physically abusive relationship with her now ex-partner. She was in a new relationship with her son’s father who she sees three times a week as reported before. There is no forensic history. In terms of medication she was on a number of pain relief medications and antidepressants Citalopram and Duloxetine. She was also on Propranolol possibly for anxiety. She was on Diazepam, Buspirone, MST, Tramadol and Pregabalin.

Following this assessment she was advised to possibly change the antidepressant and also consider CBT. Duloxetine and Citalopram were gradually reduced, and she was advised to commence Venlafaxine. She was also given information regarding attending The Life Rooms. Miss Macklin did not attend subsequent outpatient clinic appointments and she was discharged in November 2018.

In September 2021 she had an initial screening when the crisis team were contacted by Dr Hamid who advised that Miss Maclin had been brought to the surgery due to concerns regarding mental health and her presentation. Dr Hamid stated that he feels the patient needs an emergency assessment. He advised that Miss Macklin had reported she had not been eating, she had been self harming and was presenting with psychotic symptoms at the surgery. Crisis Team Urgent Care Hub advised Dr Hamid to contact emergency services for further assessment.

There is a letter dated 18th of October 2021 to the GP from mental health practitioner who saw her at the Royal Liverpool Hospital. Miss Macklin’s brother was concerned about the deterioration of her mental health and that he was concerned about increased risk to self and others. She was voicing thoughts to hurt others as a result of hearing voices. There were social stressors of housing issues and social needs for her child, and she was previously under EHAT. There was a child social worker for her child Abel and an adult social worker for Miss Macklin.

On assessment Miss Macklin reported auditory hallucinations to hurt herself and others. She reported struggling with her mental health, increasingly on edge and exhausted. She reported being overwhelmed and exhausted. She reported that her thoughts to harm herself and others were getting worse and worse by the day.

On mental state examination she struggled to maintain conversation for prolonged periods. She was irritable at times and her speech was loud in volume generally appropriate content and not overly pressured. She subjectively reported low mood and objectively her mood was low with increased stress and anxiety. She spoke of having auditory hallucinations telling her to hurt others, but they were unable to explore this at length due to her increasing brittleness.

Following this assessment she was referred to Crisis Resolution Home Treatment Team for consideration for their service with a view to monitor her mental health, monitor risk and support with stabilising her mental health to prevent further deterioration. She was also referred to the community mental health team for consideration for their services and management and support for her mental health.

Miss Macklin was next seen in outpatient’s clinic at Norris Green community hub on the 2nd of December 2021 by Dr Khosla GPST2 to Dr Martinez, Consultant Psychiatrist. This was following deterioration in her mood and anxiety, and physical health, pain and several life stressors. There had also been reports that Miss Macklin was struggling with paranoia and Social Services had been involved following an incident in which Miss Macklin threatened to kill herself and her young son.

Miss Macklin was referred to the Crisis Resolution Home Treatment Team in October

2021 after her brother contacted the Urgent Care Hub reporting she had suicidal thoughts and possible signs of psychosis. CRHT reviewed Miss Macklin and felt that she had long term support needs and would be better provided by CMHT and that she was not actively in crisis at that point. A multiprofessional meeting took place on the 26th of October 2021 regarding Miss Macklin and her son Abel. Their concerns were raised about Miss Macklin’s brother Ben who was seen to be controlling of Miss Macklin and exhibiting erratic behaviour. During the review Miss Macklin reported to the doctor that she was struggling with her mental health since she was a child and stated that she has a dysfunctional family which had created toxicity. She also reported previously being in abusive relationship in her twenties and her ex-partner subjected her to domestic violence and gaslighting.

She also told the doctor that during this relationship she was injured to a point of needing to use a wheelchair. She reported that her difficulties with her mental health had worsened since then and she also experienced loss of several family members as reported earlier in this report.

She informed the doctor that the previous year she had experienced flashbacks of an event that she previously had no recollection. She events described occurred a number of years ago and she informed the doctor that it occurred in her family home during which a family friend of her mother’s put his hand up her skirt which then caused a large argument to ensue in which the family friend was asked to leave.

Miss Macklin then reported that these flashbacks caused a general deterioration in her mental health, and she lost weight and missed many physical health appointments for her and her son during this time. She reported at the time that her mood is up and down, she can be hot headed but feels that her mood has slightly improved since last year. She also reported that she had intermittently had thoughts of self harm and suicide since experiencing the flashbacks last year and she had thoughts along the lines of “I don’t want to be here”. She denied having any other thoughts of self harm or suicide recently and denied having made any suicide attempts in the past.

When asked about thoughts to harm others she reported that she gets angry, she can become physically violent with her son’s father. She described an episode in which she hit his head with a mobile phone a few weeks ago and an altercation between the two of them ensued. She reported that all professionals present at the multiprofessional meeting were aware of this altercation. She had not harmed anyone else. She denied having any thoughts to harm her son and stated that “He is my world”. When asked about the incident in which she threatened to kill herself and her son Miss Macklin stated that she did not mean it and would not have acted on the threat. She reported that she had been worried about Social Services involvement at the time and that she had made the remark. She reported to the doctor that she had experienced auditory hallucinations for many years. She stated that she was in an abusive relationship many years ago. She informed that the voices that she hears can sometimes make nasty remarks but can also seem be positive and spiritual. She also reported that she used to experience command hallucinations years ago but has not had any since her son was born. She reported that sometimes the voices can just create incoherent noise and can speak in different languages. She cannot identify any recognisable voices. She denied using any alcohol. She reported that she smokes around ten pounds worth of cannabis per day or around fifty pounds per week. She reported that she has smoked cannabis since the age of thirteen and was previously using it for recreational purposes but now uses it for medicinal reasons. She used other illicit substances infrequently in her twenties but has not done so since.

Miss Macklin informed the doctor that she had previously been involved with RASA Services, but she had missed some appointments the previous year and was discharged from their service. She has since been referred to them again with help from her Social Worker. At the time of this assessment Miss Macklin was on Buspirone 10mg qds, Duloxetine 30mg three times a day, Pregabalin 100mg three times a day, Propranolol 20mg twice daily, Omeprazole 20mg twice daily, Alverine 60mg capsules three times a day, Folic acid 5mg once a day, Colofac MR 200mg capsules twice daily.

The impression at this assessment was that Miss Macklin had longstanding mental health issues in response to multiple previous traumatic life events. She has been referred to CMHT with low mood and anxiety. She now reports longstanding auditory hallucinations. There have been recent multiple stressors including care and responsibilities and housing issues. Social Services are involved in her son’s care.

Following this assessment at outpatient’s clinic another appointment was made with Dr Martinez to follow.

Miss Macklin was reviewed in outpatient’s clinic by Dr Rebecca Martinez on the 9th of March 2022. Dr Martinez reviewed her as a face-to-face appointment at Norris Green Community Hub. Dr Martinez summarised that Miss Macklin presented with significant social difficulties compounded by physical health problems including fibromyalgia. She has previously been a dental health nurse and functioned at a high level. She reported decline in functioning in the last ten years but predominantly in the last five years since the birth of her son Abel. Her son has special needs and difficulties and is already part of an EHAT assessment. She feels relatively unable to cope and would potentially benefit from a full and comprehensive holistic placement. With this in mind, Dr Martinez referred her to the intervention team to look at her needs as an individual and family in how best to assess and address these.

Miss Maclin also reported at this assessment some difficulties in mobility had led to her not being able to wash her appropriately and the back of her hair was very matted. Dr Martinez suggested this needed special attention which was highlighted to the ICT Team.

In relation to her mental state Dr Martinez stated that she was distressed at the beginning of the interview but was able to calm herself down. She was not expressing any active suicidal thoughts and there was no evidence of psychosis. There was evidence of emotional dysregulation and anxiety type symptoms and poor coping strategies. The plan from this review was that Dr Martinez made a referral to ICT, there were no changes made to her medication regime and it was agreed that she will review her again in four weeks time.

Dr Martinez reviewed Miss Macklin again at Norris Green Community Hub on the 30th of March 2022. Miss Macklin was very pleased about the progress that they were making in terms of her areas of need. She was looking to engage with a physiotherapist, the support for her son being looked into, and which was being arranged for her. They had also identified some practical help issues around her self care. Miss Macklin reported the support had been helpful in her identifying ways in which she can move forward. In terms of her mental state Dr Martinez reported that Miss Macklin was friendly and appropriate in the interview. She appeared relaxed with no evidence of significant mood or affective symptoms. There was no evidence of psychosis and no thoughts of self harm, suicide or harm to others. She noted that Miss Macklin does experience some emotional dysregulation and anxiety symptoms.

The impression from this assessment was emotional dysregulation compounded by physical health issues and social difficulties. The plan from this review was for Miss Macklin to continue to engage with ICT, for another outpatient appointment to be booked in six weeks time with primary care mental health lead practitioner. Dr Martinez made no changes to her medication regime, and she was provided with emergency contact numbers if required.

In October 2022 Miss Macklin was discharged back to primary care from community mental health at Norris Green Hub. The reason for this was that they felt Miss Macklin was being seen by primary mental health team who had also linked with appropriate services for her physical health and mental health including social care. Given the long period of stability and patient had had no contact with urgent care or crisis services receiving any active intervention from the team at the time they were closing the episode of care to the community mental health team.

Miss Macklin next came to the attention of mental health services on the 19th of May 2024. She was seen by the liaison psychiatry team at Aintree following which she was considered for a Mental Health Act assessment which subsequently led to her current admission.

1. **Reasons for any previous admission or recall to hospital**

Miss Macklin has had no previous admissions to psychiatric inpatient units.

1. **The circumstances leading up to the patient’s current admission to hospital**

Miss Macklin attended Aintree A & E due to concerns about changes in her genital area. She said white powder was coated in her home and people were entering her home. She reported unexplained widening of her vagina and also a tear on her anus which is also not as tight as it usually is. She explained that she had woken up at 3.15am feeling sedated and hungover with a headache and a lump on her forehead which was not visible during the assessment, and body aches. She was unable to achieve sleep until about 8 o’clock in the morning and reports this is not like her. She reported no alcohol use. She reported she had a similar experience a few months ago when she found that her anus had hung out. She sought advice from her GP, but they did not call her back. She did not attend a walk-in centre or A & E at the time. This then healed by itself after two weeks and she self diagnosed it as haemorrhoids.

Miss Macklin believes she is being drugged at home and raped when unconscious. She cannot identify by whom, but “ knows awful people”, she also stated Abel (her son) had told her “A million billion men have been in your room”. Miss Macklin believes her milk is being poisoned at home by intruders because she drinks a lot of tea. She also showed videos and pictures of a white chalky substance on her floor at her home which was also in her crocs. Miss Macklin contacted the police about this who concluded it was plasterboard and that she was mentally unstable. Miss Macklin reported hearing footsteps upstairs while sitting in the living room. When checking the area she saw white powder on her duvet and also windowsill with the window open. She also saw the letter P written in blood. Miss Macklin reports to have changed her locks at her address twice, also that a key (set of three) has gone missing. She reported recent social changes such as her father died in October 2023 from pancreatic carcinoma and around the time of her father’s funeral on the 17th of November 2023 Abel her son was removed from her care on the 27th of November 2023. In January 2024 her mother was diagnosed with carcinoma possibly lymphoma. In February 2024 a neighbour informed Miss Macklin that her mobility car was stolen from her property via a stalky man, face covered, dressed in black and then returned on the same day. Miss Macklin is unsure how they would have got her keys unless they were intruding into her property.

On mental state examination Miss Macklin presented as a slim built thirty-seven-year-old woman with a stick. She was dressed appropriately and kempt. She was polite with good eye contact with no abnormality in her speech noted. Initially they found it difficult to elicit any mental health symptoms as she was superficially pleasant. On further probing Miss Macklin was able to open up about her experiences. She denied any perceptual abnormalities. She claimed that she had seen blood in her garden and believes this was from one of the intruders who had been bitten by one of her dogs. She also found drops of blood in her bath. Miss Macklin reported that when she asked her dogs if they had bitten anyone while acting out biting her arm to the dogs, she believed the dogs responded with their body language that it was true. Miss Macklin also claimed that the dogs tell her when there has been an intruder in the property by changes in their body language for example barking or backing up. Miss Macklin reported that she believes phones are being hacked and then she is unable to access the camera or internet and that there are unusual things in her search history that she would not access (did not disclose what).

During assessment Miss Macklin appeared to have three phones. She believed her sister Emma who she reported as a drug addict is trying to set her up and get her sectioned so that Emma can have custody of Abel (her son). Miss Macklin believes Emma wants to assume special guardianship of Abel for the financial benefits and mobility car. Miss Macklin informed that a lady from the housing association came to the property and told her to change her mattress. A week later Miss Macklin reports to have had yellow staining on her mattress during an episode of feeling sedated. She believes it may have been a substance planted to sedate her. Miss Macklin also informed that a female police officer had told her to change her GP and that Miss Macklin knew what that really meant. On exploration Miss Macklin believes that her GP is “In on it, they have enough money to pay people to do things”, that the GPs, health care providers and local authority are all “Corrupt” and “Using tactics to make me doubt my sense of reality”, “Trying to break me”. Miss Macklin described how her brother had requested fifty thousand pounds from the GP as compensation for wrongdoings against her. Following this she has been targeted, “My life has not been the same”. When asked directly whom may be organising this, Miss Macklin replied “Emily Bailey, Abel’s Social Worker through triangulation of services”. Miss Macklin reported that she stopped taking cannabis in January 2024. She denies using any other non-prescribed substances and excessive alcohol. Miss Macklin produced more than ten whole multiple drug tests that she had purchased online. She reported the things like MDMA claiming the result was positive although it was not visible to the assessor. Miss Macklin was naturally distressed thinking she had not taken MDMA and that it was positive according to her.

Miss Macklin lives alone with three dogs, and she is currently single. She reported that she has been requesting to move property since moving into her current property in 2021. Due to police not believing her she reported that she has now had to bid on Property Pool.

Miss Macklin denied any risk to self including deliberate self harm and of suicidal ideation. She denied any risk to others. It is clear that Miss Macklin did not appear to have insight into her mental state and had poor risk awareness to matters relating to this.

In terms of safeguarding issues Miss Macklin’s seven-year-old son Abel was removed from her care on the 27th of November 2023. He is now in a placement and has Social Worker Emily Bailey allocated to him. Miss Macklin is currently attending court to gain custody and has a solicitor involved. Miss Macklin has not had contact with Abel for three weeks. She reported that “They are trying to severe the spiritual connection between mother and son”. Miss Macklin believes that Abel wants to return to her address. In terms of any support there is no community support identified at the moment. Miss Macklin used to have support from her brother, but she informed that they are no longer in contact as every time he gets close something goes wrong and she has been informed that any contact with him will look bad in court. Miss Macklin feels she is unable to trust others due to unexplained occurrences. Following this assessment there were concerns that Miss Macklin was presenting with a psychotic type illness and that she had no insight into her mental health. Therefore a Mental Health Act assessment was requested.

Following this a Mental Health Act assessment took place on the 19th of May 2024 and Miss Macklin was detained under Section 2. The Section 2 papers documented that Miss Macklin is having psychosis possibly drug related. She has been struggling to cope at home and due to go to court tomorrow with regards to her son’s care. She believes that her phones are being hacked, that there are intruders getting into her house and that drug powders are being sprinkled around the house. She believes that her sister is behind this and has not been sleeping well. During the review it was evident that she was delusional, thought disordered and had no insight into her mental health. She did not have capacity either to make decisions about her care and treatment. She would need inpatient admission for further assessment as she remains a high risk of further deterioration of her mental health and due to her current circumstances, she was not suitable for community treatment.

1. **Whether the patient is now suffering from a mental disorder and, if so, whether a diagnosis has been made, what the diagnosis is, and why**

Miss Macklin is currently suffering from first episode psychosis which is a mental disorder within the meaning of the Mental Health Act 1983 amended 2007. She is presenting with significant distress in response to her persecutory delusions as described above. She is possibly also experiencing auditory and somatic hallucinations, ideas of reference and lacks insight into her current illness.

1. **Whether the patient has a learning disability and, if so, whether that disability is associated with abnormally aggressive or seriously irresponsible conduct**

Miss Macklin does not have a learning disability.

1. **Depending upon the statutory criteria, whether any mental disorder present is of a nature or degree to warrant, or make appropriate, liability to be detained in a hospital for assessment and/or medical treatment**

Miss Macklin has been treated previously for depression and anxiety. It is possible that she is presenting with psychotic symptoms for the first time. Therefore it is my opinion that it is the degree of her illness that makes it appropriate for detention in hospital for further assessment and treatment. She is clearly presenting with persecutory delusions and somatic hallucinations, and lack of insight as detailed in the presenting symptoms leading to admission.

1. **Details of any appropriate and available medical treatment prescribed, provided, offered or planned for the patient’s mental disorder**

The current plan is to consider an antipsychotic medication given that it is becoming clearer that Miss Macklin is experiencing a psychotic illness and has fixed delusional beliefs that she is persecuted. In response to these beliefs she is taking several steps to manage her safety in the community despite no evidence of the same. In addition to medical treatment / biological management of her condition she also has access to one-to-one time with nursing staff, ward based psychological therapies and occupational therapy activities. She is also granted escorted leave with staff which is subject to risk assessment. Once she starts to gain some insight and comply with medications, she can have further graded periods of Section 17 leave accompanied with her family and then moving on to unescorted leave for therapeutic purposes. We are hoping we will have the outcome of the Early Intervention in Psychosis Team assessment. If she is not accepted by then she will be referred to the Community Mental Health Team for longer term management in the community.

1. **The strengths or positive factors relating to the patient**

I understand that Miss Macklin has functioned at a high level in the past and was a dental nurse. However she stopped working several years ago due to physical health problems and being diagnosed with fibromyalgia. She has managed to function in the community with brief crisis periods but with support from her GP and community mental health team as stated in the report earlier. Miss Macklin is reported as being very pleasant and polite and engages well with staff and peers on the ward.

1. **A summary of the patient’s current progress, behaviour, capacity and insight**

Miss Macklin was admitted to Brunswick ward on the night of the 20th of May 2024. She was clerked in, and initial clerking performer was carried out including admission bloods and ECG. Her ECG report was reported as having normal sinus rhythm with prolonged QTC at 483. She had her medication reconciliation done and her usual medications prescribed on her treatment card.

On the 21st of May 2024 ward staff documented in the long day notes that Miss Macklin had been settled on the ward, minimal but warm and pleasant engagements and no concerns noted.

On the 22nd of May 2024 her nursing observations were reduced to hourly general observations from Level 2 ten-minute observations as she had been settled on the ward since admission.

When reviewed in MDT ward round on the 22nd of May 2024 by myself, Staff Nurse Claire Foster and other members of the MDT, Miss Macklin discussed similar background history that was documented in her admission notes. Miss Macklin confirmed that she had been distressed with being targeted and persecuted lately which led to her presenting to A & E. She was convinced she was being targeted by known people ever since she had found white powder in her home and had stepped on it. She reported her car being tampered with and she had not been driving as she believed it was not safe. She also reported unusual experiences such as waking up with her genital areas disfigured. She also reported she believed she had rectal prolapse although this has not been documented in her GP notes or her medical notes. She reported her phone was being hacked. She also reported that she is convinced she is being drugged by some white powder and poisonous gas in her house. She told us that this is on the background of her not using illicit substances for some time. She reported that when asked why this was happening to her, she said it all started when her brother demanded compensatory money from her GP for lack of several services. She believes since then all the professionals involved in her care and her son’s care have been colluding against her for example her GP, Social Worker’s etc. She also reported that she had bought urine drug test kits on Amazon and had tested herself and she was convinced she was positive for MDMA, THC and opiates. She was willing to give a urine sample to be drug screened on the ward to check this out. She also confirmed that she had not been taking any illicit substances lately.

Miss Macklin denied any auditory or visual hallucinations. She denied any thought interference. As described above she reported various persecutory beliefs and somatic hallucinations that her genitals were being tampered with.

In terms of her cognition she was alert, orientated in time, place and person. A formal cognitive assessment was not carried out, but she did not appear to have any short term or long-term cognitive issues or memory problems. She clearly lacked insight into her current mental health and her capacity was limited. She lacked capacity to agree to her care and treatment in hospital and she was appropriately detained under Section 2. There was no imminent risk to self or others. She denied any current illicit drug use or alcohol use. She denied any suicidal thoughts, plans or intent.

The initial impression was that Miss Macklin might be presenting with a psychotic illness, unsure if this is drug induced. It possibly could be related to previous illicit drug use precipitating a psychotic illness. Given that it was her first psychotic episode it was felt necessary to refer her to Early Intervention in Psychosis Team for assessment and considering suitability for their service. Therefore she was referred to Early Intervention in Psychosis Team for assessment. She was referred to the ward psychology and OT services for therapeutic activities and assessment. She was also granted Section 17 leave escorted with staff.

On the 23rd of May 2024 Staff Nurse Mary Haimes documented that Miss Macklin had remained settled throughout the day and had engaged well with both staff and peers. There were no overt signs or symptoms of psychosis observed. However Miss Macklin had continued to report concerns that her mother may have been tampering with her belongings. She accepted all prescribed medications, and no side effects were reported.

On the 24th of May 2024 Miss Macklin was reviewed by on call Doctor with reports of feeling unwell. She reported gripping chest pain and palpitations when lying down. ECG performed was reported as normal and no acute abnormalities. Blood samples sent were reviewed which were reported as within normal limits.

On the 26th of May 2024 it was documented on the long day notes by Staff Nurse Mary Haimes that Miss Macklin was evident on the ward throughout the day, appeared bright and settled in mood and engaged well with both staff and peers. There was no evidence of psychosis or mood disturbance throughout the day. She had accepted good diet and fluids and prescribed medications with no concerns.

On the 27th of May 2024 Occupational Therapist Daniel Nicholson documented that Miss Maclin attended a relaxation session and creative writing session and engaged well. She was reported to have been warm and polite on interactions with staff and peers.

Miss Macklin was reviewed in MDT ward round on the 28th of May 2024 by myself, Staff Nurse Sara Karimi, and patient present. Miss Macklin came into ward round and was very keen to be discharged. She stated that she is supported by her sister who will stay with her for the initial week or so after discharge. She stated that she is no longer concerned about the experiences she is having which led to her presenting to A & E. Miss Macklin reiterated her beliefs around a conspiracy and how she is being targeted by various professionals. She repeated to us what she has said the previous week- about her brother who had asked for her GP to "pay in discrepancies" upto £50,000 and she had attended the GP appointment but did not sign the paperwork for this payment to go ahead. Since then she is convinced her GP is somehow involved in unusual happenings in her life. She also spoke of being poisoned, her milk in the house being adulterated with illicit substances "as they know she drinks a lot of tea with milk". She knows this is true as she felt different after drinking her tea. She is suspicious of the "black west African men" who were sent as support workers- 24/7 care workers for her son- "as they spoke about voodoo etc ". She spoke of finding white powder on her bed, bedroom floor and blood stains on her bedroom wall and in her back garden and broken window pane where the intruder might have accessed her house. She also reported people entering her house and interfering with her private parts (genitalia)- would not discuss this any further as to how she came to know of this- her only explanation is that she woke up to find changes to her genitalia- which is when she attended AED leading to admission.

Asley was also keen that she start to use her car and drive around as she feels there is nothing wrong with her.

She was unable to tell us how all these issues have been resolved that she feels safe to return home. She wanted us to speak to her sister who she believes will stay with her. She agreed for her assessments to take place in the community. She reported that as her sky internet is working now she can monitor her house inside and outside via surveillance cameras installed.

We spoke to her sister on the phone. Sister was keen that her assessments are completed in hospital. She also told us and Ashley that she is not willing to sign a letter to request a discharge just yet as all assessments have not taken place and she does not believe she should be discharged.

During the conversation Ashley asked her sister to return her car which the sister agreed and said she would drop it off at her home address.

Ashley’s sister was also keen that we do urine drug screens to check if there is any evidence of illicit substances use. We agreed that we will repeat this but on admission she was positive for THC.

Ashley denies use of any illicit substances and states she is being spiked with illicit substances and believes it maybe that her house is being broken into and her milk is being contaminated with illicit substances.

**Mental State Examination:**

Ashley presented as a slim build Caucasian lady, reasonably kempt and walking with a walking stick. There was good eye contact and rapport. She was very pleasant and polite throughout the interview. There was good rapport established. There was no evidence of psychomotor agitation or retardation. Her speech was spontaneous with no evidence of flight of ideas or loosening of associations. There was no evidence of thought disorder. She reported her mood as fine, happy, and objectively she was euthymic with no evidence of mania or depression. She denied any suicidal thoughts, plans or intent. She described various persecutory delusional beliefs as described above. She denied any auditory or visual hallucinations. She denied any thought interference however she reported that people were able to do things to her i.e. experiencing somatic hallucinations. She was convinced that her genitals were tampered with.

In terms of her cognition she was alert, orientated in time, place and person. A formal cognitive assessment was not carried out. However she did not appear to have any short term or long-term cognitive issues or memory problems. She lacked insight into her current mental health and her capacity was limited. She certainly lacked capacity to agree to her care and treatment in hospital and she is appropriately detained under Section 2.

We are still awaiting Early Intervention in Psychosis Team outcome of assessment.

On 31 May 2024, I spoke to Miss Ashley along with Adam Malone Staff nurse present, about commencing antipsychotic medication Olanzapine orally. I also informed her about the current diagnosis and treatment plan. She declined stating she does not require it and does not agree she has a psychotic illness. I informed her that I will give her a patient information leaflet regarding this medication for her to have a read and think of the discussion we have had and we can revisit this again next week. She politely agreed.

I also note that she has now been assessed by EIT and accepted by their team today.

1. **The patient’s understanding of, compliance with, and likely future willingness to accept any prescribed medication or comply with any appropriate medical treatment for mental disorder that is or might be made available**

Miss Macklin is unlikely to comply with treatment or assessments if discharged without her mental health being stabilised. She has refused to consider antipsychotic medication asn she does not agree with the diagnosis. It is evident from her past history that she has intermittently engaged with the community mental health team and has not been assessed or treated for psychotic illness. It is also the case that she currently lacks insight into her mental illness and unlikely to accept any treatment for the same.

1. **In the case of an eligible compliant patient who lacks capacity to agree or object to their detention or treatment, whether or not deprivation of liberty under the Mental Capacity Act 2005 (as amended) would be appropriate and less restrictive**

Miss Macklin has a mental disorder which requires further assessment and treatment therefore Mental Health Act is more appropriate.

1. **Details of any incidents where the patient has harmed themselves or others, or threatened harm, or damaged property, or threatened damage**

There have been no recent or past incidents of Miss Macklin harming herself or others. There is documentation of her making threats however she later reported as I have stated in the report earlier that she did not intend to act on such thoughts. There have been no incidents of physical assaults or threats to staff or patients since her admission to Brunswick ward.

1. **Whether (in Section 2 cases) detention in hospital, or (in all other cases) the provision of medical treatment in hospital, is justified or necessary in the interests of the patient’s health or safety, or for the protection of others**

Currently her detention is justified in the interest of her own health and safety. It is necessary for her own health as she continues to lack insight and judgement into her mental health. Her treatment needs to be established in hospital and her mental state stabilised before considering discharge. It is necessary for her own safety as she is vulnerable given her current mental state. She is vulnerable due to self neglect as in the past and recently it has led to her having difficulty sleeping and unable to care for herself in response to her distress due to the psychotic symptoms she is experiencing.

1. **Whether the patient, if discharged from hospital, would be likely to act in a manner dangerous to themselves or others**

If Miss Macklin is discharged from hospital at this time, I would have concerns that she would remain untreated and she would continue to remain unwell in the community and may refuse further assessment and treatment. She would be at risk as she continues to lack insight into her mental illness and need for treatment.

1. **Whether, and if so how, any risks could be managed effectively in the community, including the use of any lawful conditions or recall powers**

It is difficult to see how these could be managed effectively in the community at present.

1. **Any recommendations to the tribunal, with reasons.**

There seems to be little alternative at present other than to continue detention in hospital for assessment and treatment given her possible diagnosis of psychotic illness and the risk she poses to her own health and safety. This is the least restrictive option currently available.

Signed:



Dr Roopa Singh

Consultant Psychiatrist / Responsible Clinician Dated: 31.05.2024