

Psychiatric Report

In the case of The King -v- Shaun [REDACTED]

Author:

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On the instructions of:

[REDACTED] Solicitors

Current Status of defendant: On bail in the community.

Date of Report: 14th June 2024

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1. The Author

1.1 I am Dr. [REDACTED] and am a registered medical practitioner, approved under Section 12(2) of the Mental Health Act 1983. I am fully registered with the General Medical Council with a license to practice. I am an affiliate member of the Royal College of Psychiatry, and I am currently an Associate Specialist in Forensic Psychiatry.

1.2 I do not know the client personally nor do I know any of the parties involved. There are no conflicts of interest with respect to any of the identified parties. I also do not have any interest, which might cause a conflict with regard to the nature of the disorder.

2. Instructions

2.1 I have been instructed by [REDACTED] Solicitor in an e-mail on 11th April 2024, to produce a Psychiatric Report regarding Mr Shaun [REDACTED] (hereafter referred to as the defendant) to address his capacity to form intent and possible disposal options.

2.2 In preparing this report, I interviewed the defendant at the offices of [REDACTED] Solicitors on the 29th of May 2024.

2.3 I also had access to part of the Crown Prosecution Service bundle provided to me that includes the defendant's indictment on charge, the MG5 case summary, the defendant's interview, MG11 Key witness statements, key exhibits including the video footage from the 3rd of May 2023, and a copy of the police national computer printout of previous offences dated the 8th of February 2024.

2.3 I also had access to the defendant's medical records held by Essex Partnership University NHS Foundation Trust which was accessed following a signed consent by the defendant on the 29th of May 2024.

3. Investigation of the facts and assumed facts

3.1 With regards to this assessment, I regard what the defendant has told me and what is contained in other documents and sources (Appendix 1) as 'assumed facts'.

3.2 The only facts I have personal knowledge of regarding this case are those obtained through my assessment and examination of the defendant.

3.3 Along with my assessment of the defendant, I have had access to the information sources listed in Appendix 1.

4. Interview and Examination

4.1 I assessed the defendant for this report at the offices of [REDACTED] Solicitors on 29th May 2024. The assessment lasted for about 2 hours and 10 minutes.

4.2 In producing this report on the defendant, I explained to him that my overriding duty was to the court rather than to him or those instructing me.

4.3 I also informed the defendant of the purpose of this assessment and what the limits of confidentiality were for a report of this nature. I further made him aware that the court would decide on this said report's use and promulgation. The defendant understood this and provided verbal consent to proceed. I was satisfied that he had the necessary mental capacity to do so.

5. Summary of the Case

5.1 The defendant is a 39-year-old Caucasian male who is charged with one count of Assault occasioning actual bodily harm.

5.2 The alleged offence of Assault occasioning actual bodily harm is related to an incident where the defendant on the 3rd of May 2023 at Southend Hospital NHS Trust, Prittlewell Chase, Westcliffe on Sea, Essex, SS0 0RY, UNITED KINGDOM, assaulted

PC [REDACTED], thereby occasioning her, actual bodily harm, contrary to section 47 of the Offences Against the Person Act 1861.

5.5 The summary of the key evidence details the following circumstances: *'This case results to the offence of assault emergency worker namely a police officer.'*

Defendant: Shaun [REDACTED]

Victim: PC [REDACTED]

On 3rd MAY 2023 the defendant had left SOUTHEND GENERAL HOSPITAL after attending there for his mental health, the hospital were concerned for his mental health and welfare and asked whether Police could assist in getting the defendant back to hospital. PC [REDACTED] attended the defendants home address and located the defendant. PC [REDACTED] has managed to get the defendant back to hospital and were waiting to be booked back in.

While waiting to be booked back into the hospital both the defendant and victim were waiting within the corridor. The defendant has looked up at the victim and punched her to the left side of the face. This has pushed the victim backwards. Defendant has then placed his hand in a 'fighting' position, a nearby paramedic has assisted the victim in taking the defendant to the floor while waiting for more officers to arrest for assistance. The victim has seen by a doctor due to swelling and reddening to the side of the face.

The victim has since returned back to hospital due to having a continuous pain in her head. She was seen by a doctor and was diagnosed with Post Concussive symptoms.

The Summary of the defendant's explanation details the following: Defendant answered all questions that was put before him.

The defendant was asked what happened on the 3rd MAY 2023 to which he explained that he does not remember the day as the 3rd MAY just remembers it as a day that things happened. He doesn't remember the dates leading up to the 3rd MAY just them as days. The defendant remembers that a couple of weeks prior that he was in a delusional state and was rather scared about what would happen. The defendant then referred to his journal that that he read out during interview. These are not in order but covers his episode that he was in.

Within his journal it details that he was hearing voices from the DWP who were telling him to kill himself but he didn't want to kill himself, he was in fear of dying. The defendant explained that he had been backwards and forward to the hospital due to these voices and heart pain. He then goes into detail about how he went to hospital due to heart pain but felt 'fobbed off'. He has then left the hospital, walked home and while walking home ditched his phone somewhere. He recalls going to sleep and being woken up in the morning by his doorbell and there being a police officer at his door. He states that he was taken to hospital and the voice told him to punch the officer in order to change the matrix so he did. He then recalls that he was handcuffed by the police and was given a note that no further action would be taken.

The defendant was then showed BWV from the incident, KJS/01A, and was asked whether he recalls the incident taking place and he states that he remembers punching the police officer. The defendant was asked whether he knew it was an offence to punch a police officer and he confirmed. He was asked whether he accepts that is what he has done and he states that he was insane at the time, he is guilty of punching but doesn't consider he was sane at the time.

The defendant was read the email from the doctor from Basildon Mental Health Unit and states that he tried to behaviour sane to protect himself because he didn't feel safe. The defendant is happy for this to go to trial for a judge to decide whether what has happened to him over the last 13 years will make him a criminal or not.

The defendant was then shown a letter, SJH/01, and this was read out to him. I have asked the defendant whether writing that letter was an admission to punching the officer, he replied with that its an admission of punching her and its not an admission to guilt of a crime. I have then asked the defendant if he is admitting to punching her to which he stated that not guilty by insanity, quoting R v M'naghten 1843. He continued to explain that there are mitigating circumstances apply in the case, there were no reasonable adjustments made while he was in hospital, it was an overwhelming situation and he didn't understand what was going on because the officer didn't explain to him why he was being taken to hospital, that he recalls. He accepts that she was only trying to help. He states that the letter was a way of seeking mercy and that there was a sin that happened and he didn't consider it a crime he committed because he is not guilty by insanity. Defendant has remorse that it happened and it could have been handled differently with a specialised mental health team attending his address instead of

a single female police officer with his issues picking him up in a car as anything could have happened in the car. He states that he is not a violent person he doesn't punch people.

6. Background History

6.1 The defendant told me he was born in [REDACTED] Hospital. This, he said was via normal delivery. He stated that he attained normal developmental milestones.

6.2 When asked to describe his childhood, the defendant said his parents divorced when he was 5 years old. He stated that he lived with his mother. He has one brother who is 9 years older. He added that he struggles with lots of anxiety and he made few friends. He ended by saying that he was pretty good at school.

6.3 The defendant said he attended [REDACTED] Infant and Junior School in Canvey Island. This was a mainstream primary school. He described being an average student during his primary education. He told me that he made friends easily. He enjoyed computer classes and found the English classes difficult. He did not need extra help for his schoolwork from the teachers. He denied being statemented. He denied getting in trouble with the teachers. He also denied experiencing bullying and abuse when he was in primary school.

6.4 The defendant denied any history of sexual assaults as a child. He denied a history of head injury or seizures as a child. He denied a history of prolonged bedwetting behaviour as a child. He denied any history of fire-setting behaviour or fascination with fires. He also denied any history of cruelty to animals.

6.5 As a child, the defendant reported having features of repetitive or ritualistic behaviour saying he was obsessed with computers. He reported having difficulty recognising the emotions of others or guessing what others were thinking. He reported having difficulties understanding why others were laughing at a joke. He also reported having poor eye contact but noted that this was not too bad. In the course of the assessment, the defendant told me that he was subsequently diagnosed with Autism as an adult by [REDACTED] at the Asperger's Service in Essex Partnership University NHS Foundation Trust (EPUT) in 2019.

6.6 The defendant told me that he attended [REDACTED] Secondary School in Canvey Island. This was a mainstream school. He told me that he did a lot better

academically during his secondary education. The defendant told me that he was bullied by a boy his age in his Tutor Class. He said, *"He pushed and punched me. This happened a few times. It stopped after my mum went to the head teacher."* He noted that he continues to struggle in group settings to date. He denied having a history of disciplinary issues in secondary school. The defendant denied a history of truanting classes. He denied being expelled or excluded from secondary school. He denied any use of alcohol or illicit drugs in secondary school.

6.7 He left secondary education when he was in Year 16 with grades A to C in 9 GCSE subjects. He took 5 subjects during his A Level's at [REDACTED] College in Benfleet. The defendant went on to attend the University of Essex in Colchester where he studied Computer Science graduating with a 2:1.

6.8 The defendant told me that he went on to get a job as a computer programmer in London for 2 years. He moved to Australia with his partner (who was Australian) in 2008. He was in Australia for 5 years where he worked as a computer programmer. He stopped working because of his mental health difficulties. He returned to the United Kingdom in 2013.

Psychosexual History

6.9 In terms of his psychosexual history, the defendant stated that he was homosexual in orientation. His first sexual experience was at age 20. He has been involved in 2 relationships in total, the longest lasting for 5 years. This was when he was in a civil relationship with his partner in Australia. He said the relationship broke down because of his mental health difficulties. He denied being in a relationship currently. He does not have any children. The defendant denied a history of domestic violence or sexual assaults.

Psychiatric History

6.10 The defendant told me that his first contact with psychiatric services was in 2011 when he was in Australia. At the time he was diagnosed with Psychotic Depression. This diagnosis was changed to Schizoaffective Disorder in 2012. He stated that he had a total of 4 admissions to the hospital in Australia because of his mental health issues. He returned to the United Kingdom in 2013 following the breakdown of his relationship.

6.11 The defendant said he had been admitted to the hospital about 12 times both on a formal (under provisions of the Mental Health Act 1983) and informal basis since coming back to the United Kingdom. When asked the reasons for his admission to the hospital, the defendant said that his admissions were initially because of depression. He noted that he was given 12 cycles of Electroconvulsive Treatment (ECT) in 2015. He stated that all his subsequent admissions following the ECT were as a result of his psychotic and manic presentation.

6.12 When asked to describe his symptoms when unwell, the defendant reported that he experiences symptoms that include delusions (where he starts to see things and make connections that are difficult to rationalise) about the government. He told me that he has seen things that are not present, and he sometimes believes that his thoughts can be heard by others mainly at night-time when he is asleep. He also reported experiencing racing thoughts that are fast and tiring. He reports paranoid ideas (that include his neighbours talking about him), being suspicious of others, and thinking there is malign intent from them. The defendant also reported getting messages directed at him from the radio and Television, the Bible, social media and the internet. He reported hearing a voice that is mostly female but could change, with a crowd in the background. He further described the voice as occurring both inside his head and in his objective outer space. They can be inaudible but are sometimes loud. He said that the voice talks directly to him sometimes and amongst themselves saying, *“That’s when I hear the laughter in the background.”* The voices command him and he feels he is being controlled and coerced. They sometimes comment on what he is doing adding that *“The voices make fun and mock me.”* He said that they also make derogatory remarks at him and make him feel uncomfortable by encouraging him to make remarks at people.

6.13 The defendant reported that he has experienced symptoms of mania where he is very happy and talks really fast (pressured speech), he described poor sleep pattern as he does not get any, he is impulsive and buys loads of things he does not need but seems like a good idea at the time and engages in risky behaviour noting that a few years ago, he would take sexual risks. He described himself as being quite interesting at such times.

6.14 The defendant told me that he is currently open to the Recovery and Wellbeing Team at the [REDACTED] Centre in [REDACTED]. He has an allocated care coordinator and is seen in the outpatient clinic every 3 to 6 months. However, he noted that in

the course of 2024, he has been reviewed in the outpatient clinic every 3 months and sees his care coordinator more frequently as the team are monitoring him because of his ongoing court case.

Medical History

6.15 The defendant told me that is diagnosed with hypertension for which he is prescribed the antihypertensive medication, Amlodipine. The defendant denied having any other medical health issues requiring regular follow-up. The defendant denied being involved in an accident leading to head injury or loss of consciousness. He denied any history of experiencing seizures, cardiac conditions, or diabetes. The defendant told me that he is allergic to Ventolin.

Substance Misuse History

6.16 The defendant denied any history of substance misuse. He does not smoke cigarettes.

Family History

6.17 The defendant told me that his mother passed away in 2016. He does not have any contact with his father. The defendant told me that he has a brother who is 13 years older than him. His last contact with his brother was in 2014.

6.18 The defendant reported a family history of mental illness noting that his maternal grandmother had 2 brothers who suffered from Schizophrenia. He also told me that his nephew is autistic. He denied any family history of criminality.

Social History

6.19 The defendant told me that he lives alone in a one-bedroom rented apartment in [REDACTED] in Southend. He is not in employment. He receives State Welfare Benefits of about [REDACTED] month in Universal Credit (UC) and about [REDACTED] month in Personal Independent Payments (PIP).

Offending History

6.20 A copy of the defendant's police national computer printout dated the 8th of February 2024 indicates that the defendant does not have any previous convictions, reprimands, warnings, or cautions.

7. Alleged Offence

7.1 Details of the alleged offences are before the Court. In summary, the defendant is a 39-year-old Caucasian male who is charged with one count of Assault occasioning actual bodily harm, contrary to section 47 of the Offences Against the Person Act 1861.

Information from The defendant at the interview

7.2 When asked what happened, the defendant started by saying, *"I punched a police officer in A & E [Accident & Emergency]."* When asked why he did that, the defendant said, *"About a week or so before that, I was hearing voices telling me to kill myself. I wasn't sure who it was at first but I then worked out it was the DWP [Directorate of Work and Pensions]."*

7.3 When asked how he worked this out, the defendant said, *"It's been a year, I don't really remember but to hear these voices, I thought it was the government. At one point I thought it was a microchip in my brain or telepathy..... This constant bullying from the voice went on for a few days. It was a woman's voice but sometimes, I could hear a group of people laughing in the background. The voice told me to go to the seafront [in Southend]. I saw a Ferris wheel instead of the big blue slide they used to have there. I never noticed they had changed it. I thought I was in the Matrix. There was a sense of unreality, I wasn't sure if it was the chip in my brain."*

7.4 The defendant continued by saying the voice urged him to go to town the following day. He bought a Blu-ray DVD of Superman 4 and put it straight in the bin. He then went to the Park opposite Adventure Island in Southend where he said the voice was saying he had to learn to live off the land as he was going to be made homeless noting that he had been made homeless for about 4 months in 2022. He said a gang of youths approached him asking why he was lying on the grass. He said they were threatening but left him after they realised that he was probably mentally unwell.

- 7.5 The defendant added that he was due to be baptised at the end of the month. He told me that he heard a voice which he thought was the voice of God that he felt was trying to help him against the voice that was bullying him. He said, *"I got home and thought my home was bugged by the government with cameras, and listening devices and thought I was under surveillance. I also thought my internet was bugged."* The defendant said he stood by his printer waiting for a message from the Government as he thought his printer was a fax machine. He said the voices were bullying him and felt he had lost track of time.
- 7.6 The defendant describes experiencing pains in his chest and was worried about his heart. He walked into Southend A&E but was asked to wait after an ECG (electrocardiogram) was carried out. He went home but continued to feel bullied by the voices. He told me that he was talking to and arguing with the voices. He then phoned 999 (emergency line) to report the hurt he was experiencing in his chest. He was however informed that an ambulance would be sent but was told this could be delayed for hours. He said the voices were bullying him to call mental health services but he called 111 option 2 where he spoke to a mental health person for about an hour telling them that he might be hearing voices.
- 7.7 The ambulance arrived, carried out an ECG on him at his home and he was taken to Southend Hospital where more tests were carried out. He stated that he was struggling with the noise at the A&E. He heard a voice belonging to his late mother saying they are not taking things seriously and that they were taking the piss out of him. He said the voice also told him that he needed to man up and fight. When asked who he needed to fight against, the defendant said, *"The system."*
- 7.8 The defendant said he left the hospital and on his way, he ditched his phone thinking it was bugged. He stated that he took his prescribed hypnotic medication [Promethazine] and fell asleep. He was however woken up by a female police officer who took him back to the hospital.
- 7.9 The defendant said, *"We got to Southend Hospital and we had to wait. I was shutting my eyes because I was hearing the woman's voice saying 'You've got to hit the police officer to reset the Matrix'. So, I hit the police officer leading to the charge of Actual Bodily Harm."*

7.10 The defendant said that he was then told to stand up and get onto a bed as he had been handcuffed by the police officers. He remembers being in a room with 2 police officers with his hands and legs restrained in cuffs. He told me that he offered one of the police officers a 'blow-job' thinking it would get him out of the cuffs. He stated that he was scared they would beat him up. He was however sent to the mental health team at Southend Hospital and then to Basildon Hospital Mental Health Unit. He stated that he realised it was just a delusion about 4 days into his admission to Basildon Hospital Mental Health Unit. He recalls hearing the voices of the King's staff whilst he was watching the coronation on TV. He stated that a man was talking to him saying they had spent a lot of money on him and remembers wondering why the King's staff would be talking to him. The defendant told me he was scared that someone might come to kill him as the voice had told him that one of the staff members would come to kill him and he had not killed himself at home. He believes the voice started commenting on the coronation and he thought it could not be real and it could just be a voice in his head. He also thought it could not be a conspiracy. The defendant said he was at the Basildon Hospital Mental Health Unit for about 7 to 8 days before he was discharged.

7.11 The defendant told me that at the time, he was prescribed both oral and depot (intramuscular) medication and noted that had stopped taking his prescribed oral medication (the mood stabiliser, Priadel and his prescribed antihypertensive medications, Amlodipine) before the incident because he was too scared to take them. He said, *"I couldn't keep track of time and what was going on. I was not able to keep any sort of routine going."* The defendant told me that following the incident, his prescribed intramuscular antipsychotic medication, Paliperidone, had been increased twice (initially to 75mgs and then to 100mgs) during his outpatient clinic appointments.

7.12 The defendant noted that at the time of the incident leading to the offence, he thought there was telepathy going on and that the microchips in his head were reading his thoughts. He added that before the incident the voices were loud but faded over time.

7.13 The defendant described his sleep as 'better now' attributing this to his prescribed hypnotic medication, Promethazine. He stated that he can get 10 to 12 hours of refreshing sleep. He described his appetite as okay and noted that his mood was okay on the day I assessed him. He rated his mood at 6 out of 10 (with 1 being

low and 10 as normal). He stated that he struggles with his level of concentration sometimes and noted that his memory was fine. He described good energy levels as 'so and so' noting that he feels lethargic due to his prescribed medications. He told me that his levels of motivation are getting better. He told me that he would be able to enjoy his usual interest of enjoy his usual interest in attending church, reading books, going for walks and watching Star Trek DVDs. He described his self-confidence as not great but getting better and stated that his self-esteem was not that good. He reported experiencing a feeling of hopelessness, helplessness and worthlessness sometimes but denied experiencing these at the current time. The defendant reported negative thought preoccupation about his court case. He told me that he also worries about trying to return to work and function again. He denied any thoughts, ideas, plans, or intent at deliberate self-harm or harm to others. He did not identify any protective factors but noted that he was much better at delaying his suicidal thoughts and ideas and getting help by speaking with his care coordinator.

7.14 The defendant described a history of head-banging every few months in the last year. He noted that this was a result of his anxiety and stated that he had been told that this was because he was not able to soothe himself. The last time he head banged was on the 26th of May 2024. The defendant also reported that he self-harmed by making superficial to his skin in February 2024.

7.15 The defendant reported a history of taking overdoses of his prescribed antidepressants, his lithium medications, his blood pressure medications and paracetamol tablets. He noted that this was before his treatment with ECT in 2015. He told me that he attempted to hang himself in July 2023 following his police interview. He stated that he told somebody on the internet who called the ambulance.

7.16 I asked whether he had any regrets for the circumstances leading to the allegations he faced. The defendant said, *"I'm really sorry for hitting the police officer. I did send a written apology to the police when I left [the] hospital in May last year [2023]."*

Information from other sources

7.17 The defendant's medical records held by Essex Partnership University NHS Foundation Trust (EPUT) document his confirmed diagnosis of Schizoaffective

Disorder for which he was prescribed the depot (intramuscular) antipsychotic medication, Paliperidone 100mgs monthly and 800mgs of the mood stabilising medication, Lithium. He is also taking the antihypertensive medication, Amlodipine. The defendant is prescribed 25mgs of the hypnotic medication, Promethazine to be taken every night.

7.18 A report for the Mental Health Review Tribunal by Dr [REDACTED], ST6 to Dr [REDACTED] dated 5th December 2017 documents that the defendant was first referred to psychiatric services by his GP on 15th April 2013 following his return from Australia. Dr [REDACTED] references a letter from Dr [REDACTED] who treated the defendant during his time in Australia. The defendant had presented to services and was admitted in October 2010 following a Para suicide attempt when he cut his wrist and wrote a suicide note. He would have a further period of in-patient treatment following a significant overdose of paracetamol and alcohol between the 6th and 22nd of January 2011. Dr [REDACTED] noted that the defendant's long-standing history of dysphoric mood, and psychotic beliefs including ideas of reference that people were whispering about him, conspiring against him, and that he may have been followed [paranoid ideation]. The defendant had 2 further admissions to a Sydney Clinic in 2011. At the time, he was tried on different psychotropic medications, some of which were stopped due to the side effects of the medications. He was diagnosed with Schizoaffective Disorder in Australia. The defendant also had a history of taking an overdose of his prescribed anti-hypertensive medication in 2015.

7.19 Dr [REDACTED] further recorded the defendant's history of admissions to Basildon Mental Health Unit with his first admission being on 21st July 2013. Specifically, Dr [REDACTED] noted the defendant's in-patient admission to [REDACTED] Ward in Rochford Hospital on 21st February 2016 during which he was administered cycles of Electroconvulsive treatment. The defendant's admissions have been due to his low mood, of which triggers identified included the defendant's inability to afford his accommodation, the death of his mother, and his noncompliance with his prescribed medication. His hospital admission was typically between 4 days and 3 months. The defendant was taken to the hospital on 23rd November 2017 under Section 136 of the Mental Health Act after they were alerted after the defendant was found rambling at members of the public claiming that was going to save the world. He was reported to have previously walked the streets with a kitchen knife and [REDACTED]. He also had a history of

engaging in risky behaviour including having unprotected sex. His Schizoaffective Disorder is noted to run a relapsing and remitting course and is characterized by disturbance in thoughts and perception along with prominent affective symptoms. When unwell, he can present with labile mood and perceptual abnormalities, he is paranoid that his activities are being monitored, confused, guarded and preoccupied with his thoughts and he can be agitated. The defendant has been required to be nursed in seclusion due to his aggressive and bizarre behaviour.

7.20 Following an assessment by [REDACTED] (Consultant Clinical Psychologists) of the Asperger's Services at Essex Partnership University NHS Foundation Trust (EPUT) on 29th January 2019, the defendant was found to fulfil the criteria for the diagnosis of an Autism Spectrum Disorder. He was subsequently placed on the waiting list to access the anxiety and social skills groups offered by the Asperger's Services between May and August 2019. He has been attending the [REDACTED] group which is a social group run by the Asperger's Service.

7.21 The records document that the defendant was assessed and admitted to [REDACTED] Ward under Section 3 of the Mental Health Act 1983 (amended 2007) on 15th March 2022. This followed reports by his partner at the time that he had been acting in a bizarre manner following 10 days of non-compliance with his prescribed medications.

7.22 A discharge summary dated the 12th of May 2023 documents that the defendant was transferred to the Basildon Mental Health Assessment Unit on the 4th of May 2023 on an informal basis from Southend Hospital Accident and Emergency Department due to his complaints of hallucinations and suicidal thoughts. When reviewed on the 12th of May 2023, the defendant said he had punched the police officer because he was confused as to why the police had picked him up. There were no concerns raised about his capacity and his level of insight upon his discharge following the review.

7.23 The defendant was referred to the Crisis Resolution Home Treatment Team on the 14th of September 2023 after he attempted to hang himself from the shower on the 12th of September 2023. He had been seen by someone on Twitter who then contacted services. When seen by his care coordinator, there was evidence of ligature marks around his neck. His eye contact was poor and he continued to express thoughts of killing himself. He expressed paranoid ideas that he was

being watched by the government and was scared to leave the house. His risk documented risk assessment included that the defendant had a history of disengagement from services, and he was also assessed as having a history of aggression when unwell.

7.24 The defendant has had 13 in-patient admissions to the hospital since his return to the United Kingdom in 2013. Most of his admissions have followed a period of non-compliance (as mostly evidenced by his low Lithium Levels on admission) with his prescribed medications and subsequent deterioration in his mental state. He has also been admitted to the hospital because of the risk (suicidal ideas and intent) he posed to himself. His admissions have typically been for a few days to four weeks on average. He had an in-patient admission between the 4th of June 2015 and the 1st of September 2015 where he was treated for a severe depressive episode. His treatment during this admission included 12 cycles of Electroconvulsive therapy (ECT) for treatment-resistant depression. His longest admission was in 2022 when he was admitted under Section 3 of the Mental Health Act 1983 (amended 2007) for 133 days. He has a community care coordinator that he sees in the community. The defendant has been reviewed in the psychiatric out-patient clinic, the last being on the 13th of March 2024.

8. Mental State Examination

Appearance and Behaviour

8.1 The defendant presented as a 39-year-old Caucasian male who was casually and appropriately dressed for the weather with good self-care. A good rapport was established and maintained throughout the assessment. He made reasonable eye contact. There was no psychomotor agitation or retardation, such as tremors or shaking. The defendant did not appear to be easily distracted and his presentation did not suggest that he was experiencing acute psychotic symptoms (e.g., responding to unseen stimuli).

Speech

8.2 The defendant answered questions asked at a normal rate, rhythm, tone, and volume. There was some evidence of formal thought disorder (where disorganized thinking is reflected through disorganised speech) during the assessment.

Mood

8.3 Objectively, the defendant appeared euthymic (normal) with reactive affect.

Thought and Perception

8.4 The defendant denied negative thought preoccupation. The defendant denied mood (depression or mania) symptoms. The defendant reported that during the assessment he could hear background voices of people talking about him but noted that he was able to distract himself from the voices. The defendant denied any thoughts, ideas, plans, or intent at deliberate self-harm or harm to others.

Cognition

8.5 The defendant presented as well orientated to time and place and formal cognitive testing was not indicated. He engaged well with the assessment and he did not appear to be acutely confused or disoriented during the assessment. There was no evidence to suggest learning disabilities

Insight into his mental illness and Offending

8.6 The defendant was aware of and agreed with his diagnoses of Autism and Schizoaffective Disorder. He stated that he was as happy as he could be with his prescribed medication but noted that there were days when he struggled though he continues to take the medications as he has no alternatives.

Regarding the alleged offence, the defendant said, *"I'm sorry that it happened and hope it doesn't happen again. I was not well at the time and I know the police were trying to do their job."*

9. Opinion and Recommendations

9.1 The defendant is a 39-year-old Caucasian male who is charged with one count of Assault occasioning actual bodily harm, contrary to section 47 of the Offences Against the Person Act 1861.

- 9.2 The defendant does not present with features that are suggestive of learning disabilities or mental retardation. In 2019, following an assessment by the local mental health services' Asperger's Service, the defendant was diagnosed with Autism Spectrum Disorder.
- 9.4 The defendant has an established diagnosis of Schizoaffective Disorder which is a recognized mental disorder within the World Health Organisation's International Classification of Diseases Eleventh Edition (ICD-11). It is also a mental disorder within the meaning of the Mental Health Act 1983. Schizoaffective disorder is an episodic disorder in which the diagnostic requirements of schizophrenia and a manic, mixed, or moderate or severe depressive episode are met within the same episode of illness, either simultaneously or within a few days of each other. The defendant's Schizoaffective Disorder runs a relapsing and remitting course and is characterized by his experiences of perceptual abnormalities, auditory hallucinations that are paranoid and persecutory in nature, thought and somatic passivity, paranoid and suspicious ideas, ideas of reference, racing thoughts, labile and dysphoric mood, pressured speech, engaging in impulsive acts and reckless behaviour like having unprotected sex, with aggressive and bizarre behaviour.
- 9.5 The defendant has had a long history of mental health difficulties with relapses in his mental state following a short period of non-compliance with his prescribed psychotropic medications resulting in his admissions to the hospital, some of which have been under provisions of the Mental Health Act. His noncompliance with his prescribed psychotropic medications is evidenced by his low Lithium Levels when admitted and to a lesser extent, his social circumstances.
- 9.6 I have been asked to comment on whether the defendant was capable of forming the requisite intent on the index day. In considering this, the key issue from a psychiatric perspective is whether at the time of the alleged offence he possessed the mental capacity to intentionally punch the victim. Whilst I acknowledge that the defendant was experiencing a relapse of his mental state as a result of his non-compliance with his prescribed medication, I did not find evidence to conclude that the defendant was so severely mentally impaired at the time of the alleged offences, that he would have been unable to form the necessary intent. Despite experiencing a relapsing mental state, there is no evidence of directionless or purposeless behaviour indicating a total lack of reasoning for his

action, and in turn, no evidence suggesting that his mental state completely precluded his ability to form the necessary intent.

9.7 Having said this, it is pertinent to note that the defendant does not have a history of prior offending. I respectfully highlight this as I believe it should be borne by the Court when considering the options available to it.

9.8 At the time I assessed the defendant, he did not present as acutely mentally unwell. Though he reported hearing faint voices, his symptoms were not of a nature or degree that required treatment as an in-patient in the hospital.

9.9 The defendant is currently known to the Community Mental Health Team. In the event that the defendant is found guilty, I would respectfully recommend, and should the court agree, that the defendant be given a Community Order with a Mental Health Treatment Requirement (MHTR) to safeguard the defendant's mental state. Under the MHTR, the defendant would be obligated to engage meaningfully with his community team, attend his therapeutic work and comply with any treatment in the community as felt necessary by his treating Consultant Psychiatrist and her team. This will be with the supervision of Probation. In order to have a Mental Health Treatment Requirement (MHTR) put in place, there must be a mental health professional named as the primary contact who will oversee the supervision of such treatment. I have had contact with the Community Consultant Psychiatrist who has agreed to be the nominated clinician for such an Order.

9.10 If this is the Court's view, then the clinician's details are supplied here: [REDACTED]

[REDACTED]

9.11 However, if the court were minded to impose a prison sentence, he would have access to both primary care and secondary health services which would support him. There would be a delay in him being offered anything similar to what he is receiving therapeutically at present. Any receiving prison would be well served by being supplied with details of his community therapeutic work so that the inreach mental health team can meet with the defendant early on and look for ways to provide similar supportive work if available.

Dr [REDACTED] under Section 12(2) of the Mental Health Act 1983

APPENDIX 1 – COPIES OF DOCUMENTS

1. E-mail instruction from [REDACTED] Solicitors in an e-mail on the 11th of April 2024.
2. Part of the Crown Prosecution Service bundle provided to me that includes the defendant’s indictment on charge, the MG5 case summary, the defendant’s interview, MG11 Key witness statements, key exhibits including the video footage from the 3rd of May 2023, and a copy of the police national computer printout of previous offences dated the 8th of February 2024.
3. I also had access to the defendant’s medical records held by Essex Partnership University NHS Foundation Trust which was accessed following a signed consent by the defendant on the 29th of May 2024.

APPENDIX 2 - DECLARATION

I, [REDACTED], **DECLARE THAT:**

1. I understand that my overriding duty is to the court, both in preparing reports and giving oral evidence. I understand, have complied, and will continue to comply with that duty. This report is addressed to the Court.
2. I have set out in my report what I understand from those instructing me to be the questions or issues in respect of which my opinion is required.
3. I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters, which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.
4. I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.

5. Where I have no personal knowledge, I have indicated the source of factual information.
6. I have not included anything in this report, which has been suggested to me by anyone, including those instructing me, without forming my own independent view of the matter.
7. where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.
8. At the time of signing the report I consider that it is complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.
9. I understand that: (a) this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing as to its veracity; (b) I may be cross-examined on the report by a cross-examiner assisted by an expert; (c) I am likely to be the subject of public adverse criticism by the judge if the Court concludes that I have not taken reasonable care in trying to meet the standards set out above.
10. I have stated in this report the substance of all facts and instructions given to me, which are material to the opinions expressed in this report or upon which those opinions are based.
11. I confirm that I have not entered into any arrangement where the amount or payment of my fees is in any way dependent on the opinion I have given or the outcome of the case.
12. This report is provided to those instructing me with the sole purpose of assisting the court in this particular case. It may not be used for any other purpose, nor may it be disclosed to any third party, without my express written authority.
13. This report has been prepared in accordance with Part 33 of the Criminal Procedure Rules on expert evidence (October 2014).

APPENDIX 3 - STATEMENT OF TRUTH

I confirm that insofar as the facts stated in my report are within my own knowledge, I have made clear which they are and I believe them to be true, and the opinions I have expressed represent my true and complete professional opinion.