

CRAWFORD CLARE

From: svc_rightfax <svc_rightfax@alderhey.nhs.uk>
Sent: 05 May 2020 14:17
To: LiverpoolCAMHS.Fax
Subject: A new fax has arrived from [DPA] (Part 1 of 1) on Channel 1
Attachments: A385a6019-1606-4231-babb-174c9277074f.PDF

**** This email has been sent from an external source – be mindful with any links or requests from the sender ****

05/05/2020 14:13:49 Transmission Record

Received from remote ID: [DPA]
Inbound user ID [DPA], routing code [DPA]
Result: (0/352;0/0) Success
Page record: 1 - 6
Elapsed time: 02:55 on channel 1

Fax Images: [double-click on image to view page(s)]

**Roe Lane Surgery**

Dr A.J Trevor J. Ayres

172 ROE LANE SOUTHPORT PR9 7PN

CAMHS
Single Point of Access
Fax: DPA

URGENT

5 May 2020

Dear CAMHS Team,

Re: Mr Axel Rudakubana DOB: 07-Aug-2006 NHS No: DPA
10 Old School Close, Banks, Southport, PR9 8SB

I would be grateful if the above named patient could be seen as a matter of urgency by the CAMHS team.

Axel's dad contacted the surgery as he is concerned about his anxiety and behaviour of late and feels that he needs medication.

Axel was assessed by Stephanie Halloran as part of a forensic psychology assessment in December, I enclose her assessment, and CAMHS input was deemed appropriate at that point but (perhaps due to COVID) does not appear to have progressed.

At the moment Axel is struggling with feelings of nervousness, "social anxiety" and that people are watching and judging him when he goes out. Axel thinks that people look at him and think he is weird; this makes him feel nervous, his heart races and he wants to go back inside. At present Axel is only leaving the house when accompanied by a family member, he has not had any thoughts to harm anyone or himself but feels that this "social anxiety" has become worse since "quarantine" / lock down.

Axel's father says that he has no interest in doing school work but engages with computer games and TV. Axel can be agitated and aggressive if he's

TEL: DPA FAX: DPA Email: admin@gp-n84611.nhs.uk

asked to do something that he doesn't want to do or if his dad say no to something; in the last week he has smashed things when asked to do School work etc for example.

Axel is calm and eloquent on the phone but I could hear some tension between him and his father during our phone call. Axel's dad feels he needs some medication to calm him and help with stress, at present he has no safety concerns but is obviously alert to the fact that things deteriorated last year to the point of Axel carrying a weapon and as this, in his opinion, occurred without much warning, is keen to ensure this doesn't happen again.

I would welcome your urgent assessment of Axel's mental state and intervention to assist him and his family. Axel has consented to this referral and is willing to engage with any help offered.

Kind regards,

Dr Parish.

NHS CONFIDENTIAL

Local Services Division
South Sefton Magistrates Court
Merton Road
Bootle
Liverpool
Merseyside
L20 3XX

Tel: DPA
Fax:

Our Ref:

13 December 2019

PRACTICE PARTNER(S)
ROE LANE SURGERY
172 ROE LANE
SOUTHPORT
MERSEYSIDE
PR9 7PN
Method: eComms

Dear Practice Partner(s)

Re: Mr Axel Mugarwa RUDAKUBANA DOB: 7 Aug 2006
Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 6SB
R/O Number: DPA NHS Number: DPA

Please find below details of my assessment completed on 11.12.19. Axel is currently open to PREVENT due to possible Radicalisation and has also been arrested. The content and concerns about his risk are documented below.

Yours sincerely,

Kind Regards

Stephanie Hallaron
Criminal Justice Liaison and Diversion Practitioner
Criminal Justice Liaison and Diversion Team
South Sefton Magistrates Court
Merton Road
Bootle
Merseyside
L20 3XX
DPA
DPA
Stephanie.Hallaron@merseycc.nhs.uk
Secure: stephanie.hallaron@nhs.net

Reason for Referral / Assessment

Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises.

Nature of offence DP is an ex pupil of The Range high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered, c68a, no reply.

Please see previous entries for further details of the nature of offence and reported circumstances of this.

Confidentiality and role explained and Axel was able to provide examples of when I may need to breach this. He was informed that I would be asking questions relating to his arrest and acknowledged that this information would need to be shared with Police. Grace Hutton also present.

CN: C19150552

Carer involvement - I met with Mum and she has provided consent for me to speak with Axel.

Presenting Problem and History of Presenting Problem / Complaint

Axel reports that the student he went to see at The Range today is a male who had assaulted him a number of weeks ago. He reported that this took place at school and that the student had pulled him to the ground and hit him. This was observed by other students and Axel reports they helped him and that he has not been bullied since leaving the school. Axel reports he has found this distressing. Axel reports that he wouldn't have felt sad if he hurt him. He reports not planning to use the knife but states that he would have if the Hockey Stick did not work. Axel states that he had wrapped tissue paper around the handle to get a better grip. Axel was asked if he was planning on killing the student and he replied "I did want to kill him but I don't think I would. Ideally, I wish I did it. But they were in assembly so it wouldn't have happened". He is clear this was revenge. We explored his decision making around going to school etc and Axel reports that he has not been thinking about this for a long time but he had a

random thought on Saturday. He then decided that he would book a taxi for today as he normally gets a taxi to school so this would not be out of the ordinary for him and that he would simply ask for the taxi to take him somewhere else. I asked if the male he had assaulted was involved in the original bullying and Axel stated he was not. When asked why he had assaulted him, Axel responded by saying 'the Head Teacher and someone else was chasing me and I'm not going to get taken to the Police Station for nothing so I thought I would hit him'. Axel reports that he liked the student he hit and had never had any problems with this boy. Axel reports it doesn't bother him that he assaulted the boy as he didn't get hurt that bad. We discussed the consequences of his action and Axel demonstrated an awareness of going to Jail, however, he appears to struggle with abstract concepts and did not fully understand what this would mean. His response was I would probably be less bored in Jail.

Axel firmly denies any thoughts of harm to himself or others and has no history of this. We discussed the possibilities of him harming the male who had assaulted him. Axel reports that he is unlikely to do anything now. He reports that school is too protected. I asked what would happen if he saw this male in the street and Axel responded by saying that he doesn't carry weapons so nothing would happen.

Psychiatric History

Reported 2 referrals to CAMHS over the past few months but neither have been accepted. No other history known and Axel denies ever undergoing any assessments. Axel reports that he has never been tested for ASD and his Dad has discussed this with him but Axel believes he has ADD. He does not believe he has ADHD because he is not hyperactive.

Social History

Axel was born and raised in Cardiff until approx. 5 years ago. He reports being excluded from The Range High School due to having a knife on his person. He reports that he is not involved in any out of school activities and has no friends. Axel believes that this is due to his school recent school move as he now attends Acom School for those with behaviour difficulties. He reports he has friends previously but that he has never socialised outside of school with them. Axel does report frequently playing on Fortnite and does talk to people he does not know through this site. He also reports enjoying watching YouTube. He denies ever meeting anyone face to face but acknowledges talking to strangers. He reports that he does not watch violent videos.

Family History

Family Composition

Dad – Alphonsus Rudakubanza

Mum – Laila Muzayine

Brother – Dion Rudakubanza Aged 15. It is reported that Dion DPA is in a wheelchair.

Axel reports he and his Brother were both born in Cardiff and his parents have been in the UK for about 20 years. He reports they are from Rwanda. Axel reports he still has family there but denies having any personal contact with them. He reports his parents have regular contact with them. Axel would like to go to Rwanda one day. Axel was able to tell me about the recent War there and informed me that 800,000 people died in 100 days, some of which he believes were his family. He reports this makes him sad but he does not think about it a lot. He reports difficult relationships with both his parents and his Brother. His parents used to be Catholic's but are now DPA. He tells me that he does not like this religion and he was made to go to Church. He reports he does not have to attend anymore. He reported that he didn't like it due to the noise. Axel reports that his parents are strict. He states he does not like his Brother very much and feels that his parents sometimes give him more attention. He alleges that he does not believe that his Brother is DPA and that he is putting him on. Axel reports that his parents also "believe" to this. Axel did not report any extended family. Axel is unaware of any mental health problems or drug and alcohol issues within the family.

Physical Health History

NI

Current Service Involvement

Further clarification required. It appears that the family are involved with Lancashire Care PREVENT Team but due to location of GP, will fail to Moseycare/Liverpool CAMHS for mental health support. I was initially unaware of Lancashire address so all enquiries have only been made with Sefton Services and therefore there may be further information to be gained.

Not known to Sefton YOT

PREVENT – Paul Harrison Community Safety Team West Lancashire

Social Care – Not previously open to services but will undergo assessment as a result of this offence

Acom School

Activities Of Daily Living Skills

Axel is well kempt and attends school. He reports no engagement in social activities and states that his Mum and Dad do not really let him socialise with other children outside of school.

Current Medication and Compliance

NI

Female

No history of offending. This is Axel's first offence. However, Axel has been excluded from the Range High School for being in possession of a knife.

Mental State Examination

Appearance/behaviour – Axel was dressed appropriately with no ongoing signs of self neglect. Axel did not make contact with myself or Grace at any point during the assessment. He was calm and engaged well in assessment. Rapport was established and Axel was able to respond to humour at times.

Speech – Normal rate, rhythm and tone.

Mood – Axel denies any issues with his mood. He reports his mood is a 7 now (1 being worst, 10 being best) and this is due to not being bored whilst in the Police Station. He reports his mood was a 5 when he woke up. He reports that sometimes he feels sad but he is happy more than sad and normally his sadness is related to issues at school. Objectively, Axel presents an euthymic.

Perceptions – Axel understood was hallucinations were and denies this in any modality. We discussed paranoia and Axel reports that sometimes he feels paranoid. Axel reported that he has had a thought that when he goes out in restaurants that he thinks people may be poisoning him. We explored this further and Axel did not display any level of delusion of this and this appears to a random and exploratory thought rather than any belief that he is at risk. He denies feeling afraid of people or a belief that people are out to get him.

Thoughts – Axel firmly denies any thoughts of harm to self. He denies ever having these thoughts. He firmly denies any homicidal ideation or watching of video games. Axel has no thoughts about harming his family and reports he has never done this previously. There is no evidence of formal thought disorder.

Substance use – Denies any substance or alcohol misuse.

Cognition – Fully orientated to time, place and person.

Capacity – Appears in tact. However Axel's ability to fully comprehend the enormity of his actions and the consequences of this is questionable.

Eat – Axel reports not eating well as his parents give him food he does not particularly like.

Sleep – No issues noted or disclosed.

Traits of ASD displayed during assessment:

- Inability to form and maintain stable peer relationships
- Interaction to achieve specific goals
- No eye contact
- Use of overly complex/awkward language
- Flat voice tone
- Black and White thinking style
- Difficulties with abstract concepts
- High intellectual ability (not formally assessed)
- Increased fixation on computers i.e. playing and building
- Poor problem solving skills
- Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells
- Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life
- Lack of empathy

Risks –

To self: SA/0 Low – Has no history of this and denies any current thoughts.

To Others: SA/0 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/ferocity. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation.

From Others: SA/0 Medium – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the Internet/radicalisation.

Impression – Axel is a pleasant young male with a Rwandan heritage. He presents as a bright young man who displays limited understanding of the consequences of his behaviour. Whilst Axel can describe the consequences of his behaviour, his level of understanding around this remains unclear. Axel has demonstrated multiple indicators of ASD which would suggest a formal assessment is required however, due to the risk Axel currently poses to others, a Forensic CAMHS referral will be made in addition to this. This will also support management of the risk posed to him from others and possible radicalisation. At this time, Axel does not display any evidence of SMI that would warrant diversion from custody at this time however he does require some additional support and through risk management in the community. He is clear that he does not plan on trying to harm this young man again and has no history of harming others until today.

Immediate risk management plan:

- Lancashire Social Care are fully involved in the case and Segment 3006 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family.
- Case has been discussed with SPR On Call Dr Anwar and Sadie Cunniff Dossier CLT Operational Manager who agree that Axel does not appear to be placinate under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe
- Axel to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19
- Custody contact completed
- Discussed with Dad who is aware of the content of what Axel said. I have suggested that Axel does not attend school tomorrow to give time for agencies to create a safe and robust risk management plan of the risk he presents to others

Further risk management plan:

- Contact to be made with Lancashire Social Services to share assessment – Submit MARF
- Refer for Asperger's/Autism assessment
- Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others
- CLT to obtain outcome of interview and support as required
- Email sent to update Merseycare Safeguarding Team
- Discuss with Band 7 Annie Kelly if a SAVRY assessment is appropriate
- OATIX to completed

NHS No:
DPA

Patient name: Mr Axel Muganywa
RUDAKUBANA

Hospital No: DPA