Case Study - Christine

Reason for this Safeguarding Adults Review

This review was established after Christine's body was found in her bathroom in August 2019. From the extent of the decay, paramedics attending the scene believed that Christine had died several weeks previously. The key issue that the SAR sought to establish was how Christine's body could remain undiscovered for several weeks given that she was receiving home care support and there had been recent involvement with several agencies.

Christine's story

Christine was a single lady in her late 40s who had a long history of complex physical health issues. She had previously been treated for cancer, and in 2018 had been diagnosed with heart failure. Christine had little contact with her family, and she had become increasingly isolated after having to give up work.

Christine's struggle to live with the practical and psychological impact of her health issues had led to recurring episodes of suicide ideation, and 5 previous A&E attendances when she was feeling overwhelmed about the poor long-term prognosis. On each occasion there was evidence that she had consumed alcohol.

Her struggle with gender identity since her teenage years also impacted on her mental health as she was frustrated from feeling she was a man trapped in a woman's body. In April 2019 Christine was referred to the breast clinic at her request to explore the possibility of a bilateral mastectomy would help to address her gender identity issues as well as reducing the potential high risk of breast cancer.

Agency involvement from January 2019

Between January and April 2019, several referrals made by the GP to secure ongoing support for Christine from specialist mental health services proved unsuccessful, leading to Christine expressing her frustration that she was being pushed "from pillar to post". The following sequence of events illustrates why:-

- The Improving Access to Psychological Therapy (IAPT) provider concluded that Christine was not suitable for their support because of the high risks of suicide.

- The Crisis Resolution Home Treatment Team (CHTT) did not identify any acute mental health concerns so referred Christine back to the IAPT service.

- The IAPT provider still concluded the risks are too high for their service because Christine was still having suicidal thoughts each day.

- GP tried again to gain support with a referral to the BCHFT Single Point of Referral (SPOR) pointing out that while there was probably not an imminent suicidal risk, because of Christine's fear of dying, that might change, and her mental health might deteriorate if she was unable to access support. The letter also referred to Christine having suicide ideation on a regular basis and she had the means to carry this through.

- The SPOR assessment 6 weeks later referred her to the Outpatients Psychiatry Department for further assessment around her wish to pursue gender reassignment.

Involvement of Adult Social Care

Following the SPOR assessment in April, Christine made a self referral to Adult Social Care (ASC) and the subsequent assessment resulted in approval for a package of twice daily home care support. She was received an assessment from the ASC therapy team and was offered various solutions to enable her to take a bath which Christine declined because of her fear of drowning if she was to black out and have a fall. Her request for installation of a wet room instead never progressed because the case was closed after unsuccessful attempts to contact Christine to gain her consent to approach the GP for more information.

Assessments

A key issue in this case was that none of the agencies involved carried out a holistic assessment of Christine's needs which meant that the following key issues were not picked up.

Cardiac Outpatient Clinic *Did not discover the struggles with her personal care because they were blindsided by Christine saying she cycled 20 miles a day and had recommenced weightlifting.*	***The GP*** *Did not feel able to test out the suspicion that Christine's use of testosterone to alleviate her anxiety and her wish to have a mastectomy to reduce the risk of cancer returning were just as much linked to her wish to change gender.*
Mental Health Services *Did not pick up the gender dysphasia until the SPOR assessment in April 2019.*	***Adult Social Care*** *Did not pick up any of the mental health issues during the assessment which solely focused on her physical health issues.*
All agencies *None picked up that the lack of contact with her family and loss of her work friendships had left her feeling sad and isolated.*	

In June 2019 Christine was seen at the Outpatient Psychiatry Department to assess further her wish to pursue gender re-assignment. This caused further frustration for Christine because she thought she had been referred to a specialist gender clinic.

Although it cannot be certain, this may have been the reason for the apparent decline in her mental health and well-being which was manifested in the behaviours which caused the home carers so many worries when they commenced the service a week later. During the first 2 days they reported various concerning behaviours that Christine:-

- was found sitting in the dark;
- on one visit being dressed in hospital scrubs;
- had cut off her hair;
- had once answered the door naked down to her waist
- was constantly tearful and distressed, just wanting a cuddle and to talk about her "lost love" from her school days.

This culminated in the episode that led to her being taken to the emergency department when she was threatening to commit suicide using the helium tanks she had in the house, and she stabbed herself in the leg. Getting Christine to go to hospital proved challenging and required the paramedics to request support from the police mental health car because Christine was intoxicated and her behaviour fluctuated between periods when she was coherent and then experiencing hallucinations.

However, within an hour or so of arrival at hospital, Christine took her own discharge before she could be assessed by a doctor. Two days later, Christine was again taken to the emergency department because of breathing difficulties but again took her own discharge before being seen. On both occasions, no contact was made with the home care provider to re-instate the service.

Why was the home care service not re-instated nor any follow up carried out by the GP, Adult Social Care, the home care service or mental health services?

Ambulance Service *It remains uncertain as to whether all the relevant information was passed on in the verbal handover to the triage nurse.*	***Hospital*** *The triage document did not capture the full circumstances leading to Christine's admission or that she had self harmed. As is usual practice, the triage nurse did not read the written report completed by the paramedics which included this.* *The hospital did not contact the home care agency despite having the contact details.* *During the second attendance, no questions were asked to establish her home circumstances.*
GP *In line with usual practice at that time, the GP practice did not look at the notifications sent by the ambulance service.* *The discharge letter from the hospital contained little information about the attendance and did not include any recommendations for follow up action by the GP.*	***Adult Social Care*** *Did not contact the hospital for 2 weeks to establish the outcome of the attendance despite having been informed of the circumstances by the home care agency.* *Although attempts were made to ring Christine there was no follow up when there was no reply.* *No contact was made with the home care agency for 6 weeks to see if the service had been re-instated.*
Home Care Service *Believed they had an understanding with the ASC practitioner that she would notify them when the service needed to be restarted.*	***Mental health services*** *No referral was received from the hospital for the mental health liaison service to carry out an assessment.*

Questions for practitioners and frontline managers to consider

1. *Do I always ensure that my assessments always consider all aspects of the service user's situation to ensure that I identify all their needs to promote their well-being?*

2. *Do I routinely contact other agencies with the service user's consent to gather relevant information to inform a well-rounded assessment?*

3. *Do I feel confident in showing professional curiosity to explore further things that I see or service users share that potentially could be significant, If not, what holds me back from probing things further?*

4. *What do I need to do when I am informed that one of my service users has been taken to the emergency department or admitted to hospital?*

5. *Am I confident in identifying possible indicators of self-neglect and do I draw on Sandwell's guidance?*