



Learning Lessons Briefing

'Amelia'

Background Summary:

Amelia was a young woman who had a complex background of abuse from an early age, witnessing domestic abuse in the home and a victim of sexual abuse from her father. Amelia had an extensive history of involvement with mental health services from a young age, with a diagnosis of Paranoid Schizophrenia and Emotionally Unstable Personality Disorder (EUPD) and a history of self-harming behaviours. Amelia moved into the local area in as an adult and was referred to mental health services by her GP. Amelia was known to be in a relationship where domestic abuse and substance use were prevalent.

Amelia was admitted to a mental health ward following an intentional overdose of medication. During her admission she continued to harm herself and attempt to end her life. Amelia had several more admissions while living in the area and was known to community based mental health teams and had an allocated Community Mental Health Nurse (CPN) who was Amelia's Care Co-ordinator. It was noted that Amelia cancelled some appointments with her CPN and when she was eventually seen Amelia reported struggling with her mental health and was having thoughts of ending her life. The CPN attempted to have Amelia seen over the weekend one of the community mental health teams. However, the team could not accept the referral as Amelia had not been assessed by a psychiatrist. There were no Psychiatrist available to see Amelia until the following week and the community based team could not accept the referral without a face-to-face assessment taking place first. Amelia was given contact details of the crisis team and was aware that she could attend the emergency department if she felt she could not keep herself safe.

Amelia was found three days later having taken a significant overdose; following which Amelia was diagnosed with a condition that impacted her muscles and her kidneys were severely damaged.

LEARNING THEMES AND WHAT THEY MEAN FOR YOUR PROFESSIONAL PRACTICE

Recommendation 1- “The Mental Health Trust’s Home Treatment Team risk assessment policy to be reviewed to ensure consistency in approach. Home Treatment Team are to consider a more flexible approach for patients to be reviewed via video consultations”.

What does this mean for your practice?

This will enable individuals who are referred to the service can still be accepted for support when they cannot be seen face to face

Recommendation 2- “The Mental Health Trust’s Clinical staff on the identified wards to re-engage with the suicide prevention training programme”.

What does this mean for your practice?

This will ensure that staff have an understanding of the significance of patients’ expressed feelings, and the correlation with self-harming behaviours

Recommendation 3- “The Mental Health Trust are to revisit the clinical handover processes through training and supervision. Information around self-harm and psychological factors must be documented on ward handovers”.

What does this mean for your practice?

This will support staff in being aware of any presenting risks on the basis of which to tailor support

Recommendation 4 “The Mental Health Trust is to review the Mental Health Liaison Service (MHLS) covering identified wards and revisit service specifications and clinical processes with staff”.

What does this mean for your practice?

This will ensure that there is a proactive response to any urgent referrals, and to inform decision making following any self-harm attempts

Recommendation 5 - “The Acute Hospital Trust to revisit the Enhanced Care Score policy with staff through training and supervision, specifically the importance of recognising, recording, and acting when patients express feeling and thoughts relating to self-harm, this includes joint working with Mental Health Liaison Service (MHLS)”.

What does this mean for your practice?

The introduction of the Royal College of Emergency Medicine risk assessment will enable the front-line staff to identify the risk sooner and enable them to follow the escalation pathway.

Recommendation 6- “The Acute Hospital Trust should have clear specific guidance in the appropriate policies outlining communication standards, especially relating to the management of risk”.

What does this mean for your practice?

This will support all staff in understanding the responsibilities of insitu mental health services in providing acute trust ward-based staff with information and clinical guidance around managing self-harm thoughts and feelings expressed by the patient