

SAR 7 Minute Briefing D Aged 29



01 Background

Person D had a significant history of mental health issues, which included periods of inpatient admissions. Person D would often attend a cross border out of area hospital, which sometimes meant that information was not always shared across agencies in a timely manner. Person D had a child, F with their partner E, who obtained full custody of F during the scoping period. Also, Professionals believed that this was a trigger point for the decline in D's mental health. Both E and F also have mental health issues and misused substances which may have been another contributing factor. D was living alone and was isolated at the time of her death

02 Safeguarding Concerns and Incidents

During the last 27 months of D's life, there were

- Several periods of acute crisis, including a hospital inpatient admission
- Mental health issues with D, her partner and child.
- Substance Misuse coupled with mental health issues
- Impact of loneliness leading to homelessness
- Losing access to her young child
- Non-engagement with services.

07 Raising your Awareness

Working with people with coexisting Substance Use & Mental Health (SUMH) issues
<https://www.turning-point.co.uk/reports>

Turning Point Screening Tools & Turning Point Referral Form: [Wellbeing Turning-Point Leicestershire Professionals](#)

Leicestershire Partnership Trust Mental Health information: [LPT- Adult Community Mental Health](#)

Leicestershire Adult Social Care: [Leicestershire ASC mental health information](#)



03 Summary of Learning

- Non-mental health professionals need a greater understanding of mental health conditions.
- Professionals need to fully understand dual diagnosis.
- Mental Capacity Act assessments - to ensure that decisions made are recorded and outline the lawful basis for detaining an individual in Hospital, especially when they have capacity.
- Impact of lack of direct work carried out by mental health services in between crises episodes meant missed opportunities to support D.
- Need for improved coordination between agencies to effectively manage the utilisation of available mental health resources.
- Professional Curiosity needs to be evidenced across all services, especially where the family all have mental health issues.

06 Reviewing your Practice

- Consider different ways to engage the service user?
- When and how you would seek information from mental health services?
- How would you record your rationale and decisions about mental capacity with consideration to lawful basis?
- How can you better understand the impact of substance misuse on mental health (dual diagnosis)?
- In which circumstances would you consider the impact of adverse trauma?

05 Reviewing your Practice

Substance Misuse:

All legal and illegal drugs, alcohol; Volatile substances, i.e. solvents & nitrous oxide, over the counter and prescribed drugs.

The effect substance misuse can have on the areas of personal life: Relationships, Health / Mental Health, Finances, Work/Education / engagement with services / capacity and whether this fluctuates

04 Summary of Learning

- There was Inconsistent sharing of information across services and agencies – particularly across local authority borders.
- A lack of awareness of what constitutes homelessness
- Trauma impact following a parent losing access rights to their child needs to be better understood and explored.
- Trauma impact following non-recent sexual abuse and awareness of support services/agencies needs to be better understood.
- CSC referrals indicating mental health issues in one or both parents, information should be obtained from mental health services before a decision is made on whether a case meets the threshold for CSC involvement.