

Changing Futures

— Stoke-on-Trent —

Case Study: The Role of the Multi-Agency Resolution Group (MaRG) in Addressing Co-Occurring Mental Health, Physical Health, and Substance Use Needs.

1. Background

Customer A has been referred to the MaRG on numerous occasions since she first came to the attention of services in **July/August 2020** following a serious assault by an ex-partner, resulting in a significant forehead injury and triggering multiple safeguarding concerns. At the time, she was living in Fenton, engaged in a methadone programme, and expressing a clear desire for support.

Across several years, Customer A has experienced:

- **Domestic violence** and repeated abusive relationships
- **Severe trauma**, including sexual abuse, kidnapping, and the removal of her children
- **Substance use**, including alcohol, monkey dust, cocaine, and crack cocaine
- **Mental health concerns**, including psychosis, paranoia, and delusional beliefs
- **Housing instability**, including exploitation and “cuckooing”
- **Physical health decline**, including a diagnosis of end-stage liver disease

Despite these challenges, Customer A has consistently sought help, engaged with services, and demonstrated resilience.

2. Presenting Issues (2025–2026)

2.1 Current Living Situation

Customer A resides at **Morgan House** under **Deprivation of Liberty Safeguards (DoLS)**, with an urgent DoLS in place pending a full Best Interests Assessment. Staff report significant cognitive and physical decline, linked to long-term alcohol use and trauma.

2.2 Mental Health

- Continues to experience **delusional thoughts** and **auditory hallucinations**, particularly at night, despite nearly 12 months of alcohol abstinence.
- Has repeatedly expressed a desire for **psychological therapy**, but no trauma-informed intervention has been offered.
- The **Sutherland Centre** has not acknowledged or acted upon detailed reports, including a comprehensive analysis by Jason Snape identifying **complex PTSD** and trauma-related symptomology.
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- Current diagnosis remains **organic psychosis secondary to alcohol use**, which does not fully capture her trauma history or ongoing symptoms.

2.3 Physical Health

- Previously diagnosed with **end-stage liver disease**, with unclear evidence of recent review or monitoring.
- Current medication is not adequately managing symptoms, and there are concerns about whether her physical health limits dosage adjustments.

2.4 Substance Use

- Abstinent from alcohol for nearly 12 months.
- Long history of polysubstance use, including monkey dust, cocaine, and crack cocaine.
- Substance use was often facilitated by individuals exploiting her financially and socially.

2.5 Family Dynamics

- Has re-established some contact with her mother, sister, and aunts.
- Delusional beliefs often centre on family members (e.g., believing they are stealing from or harming her).
- Experiences ongoing guilt regarding the removal of her children, including one child diagnosed with foetal alcohol syndrome.
- Recent family review allowed for emotional reconciliation and improved relationships.

2.6 Housing

- Previous accommodation was unsuitable due to accessibility issues and exploitation risks.
- Morgan House, initially intended as temporary, has proven stabilising; further moves may be detrimental.

2.7 Service History

- **13 detox admissions** and multiple short detentions under the Mental Health Act, often without meaningful community follow-up.
- Longstanding pattern of crisis-driven responses rather than sustained, coordinated intervention.

3. Summary of Key Barriers

3.1 Mental Health Support

- Current diagnosis does not reflect trauma history or complex PTSD.
- No access to psychological therapies despite clear motivation and repeated requests.
- Lack of response from the Sutherland Centre to detailed clinical reports and trauma analysis.

3.2 Physical Health

- Significant decline, including end-stage liver disease.
- Uncertainty around medication optimisation due to physical health constraints.
- Lack of recent, coordinated physical health review.

3.3 Substance Use

- Although abstinent from alcohol, long-term polysubstance use has contributed to cognitive decline, trauma responses, and physical health deterioration.

3.4 Housing Stability

- Morgan House is stabilising but was not originally intended as long-term accommodation.
- Any move risks destabilisation, increased psychosis, and re-exposure to exploitation.

3.5 Family Dynamics

- Delusional beliefs continue to cause distress and complicate relationships.
- Ongoing guilt and trauma related to the removal of her children.

4. Strengths and Engagement

Despite extensive adversity, Customer A demonstrates:

- **High engagement** with services and willingness to participate in planning
- **Honesty** about substance use and mental health
- **Motivation** to access psychological therapy
- **Resilience** in rebuilding family relationships
- **Stability and progress** within Morgan House
- **Constructive engagement** with her multidisciplinary team (MDT)

These strengths provide a foundation for recovery-focused, trauma-informed intervention.

5. Importance of MaRG in This Case

Customer A's situation exemplifies why the **Multi-Agency Resolution Group** is essential for individuals with overlapping, high-risk needs:

5.1 Coordinating Fragmented Systems

MaRG provides a platform to address long-standing fragmentation between:

- Mental health services
- Physical health teams
- Substance use providers
- Housing and safeguarding
- Social care
- Criminal justice and police

5.2 Challenging Systemic Drift

MaRG enables escalation when:

- Diagnoses do not reflect lived experience
- Services fail to respond to evidence
- Trauma is overlooked
- Risk is minimised or misunderstood

5.3 Ensuring Trauma-Informed, Person-Centred Planning

MaRG supports reframing Customer A's needs through a trauma-informed lens, ensuring:

- Psychological therapies are considered

- Physical health is reviewed holistically
- Housing decisions prioritise stability
- Family dynamics are understood in context
- Risk is shared, not siloed

5.4 Creating Accountability

MaRG ensures agencies:

- Respond to reports
- Review outdated diagnoses
- Provide appropriate interventions
- Share responsibility for outcomes

6. Conclusion

Customer A's case highlights the profound complexity of supporting individuals with co-occurring **mental health, physical health, substance use, and trauma-related** needs. Despite significant adversity, she has shown resilience, insight, and a consistent willingness to engage.

However, systemic barriers—including limited mental health intervention, insufficient trauma-informed support, and fragmented follow-up—have hindered progress.

The **Multi-Agency Resolution Group (MaRG)** plays a critical role in:

- Addressing these barriers
- Challenging service gaps
- Ensuring coordinated, trauma-informed care
- Building on Customer A's strengths
- Supporting her towards greater stability, safety, and wellbeing

Customer A's journey demonstrates why MaRG is essential for individuals whose needs span multiple systems and whose risks cannot be safely or effectively managed by any single agency.