

# Changing Futures

Stoke-on-Trent

## CASE STUDY: Mental Health Dual Diagnosis

### Background

Amy\*, originally from central Europe, had lived in the UK for over a decade. During that time her children had been removed from her care due to concerns around sexual exploitation and the father of her children passed away. Amy met her new partner who introduced her to drugs. Amy previously worked and lived in a private rented flat but she gave all of her money to her new partner and they were eventually evicted from the flat for none payment of rent.

Amy was referred to Changing Futures by the police as there were concerns around her behavior towards children in the community. Amy reports that there were elements of physical and mental abuse and exploitation in her own childhood and relationships. Amy and her partner were homeless, and a homeless application had been made to the local authority, however Amy was not engaging or providing the documents that they needed and they had no phone number or contact address for her.

There were also questions around Amy's settled status. As far as professionals were aware, she was homeless, possibly a risk to the community, at risk from the community, using drugs and had no income. There was also a language barrier as her first language is not English and there were some concerns about her current relationship with her partner.

### What we did

Changing Futures were initially struggling to engage due to Amy not having a phone or address and no involvement with other services. Shortly after being introduced Amy was found on a bridge by police, under the influence of monkey dust, and they were concerned for her safety so she was taken to a mental health hospital where Changing futures arranged to visit her a few days later. Amy confirmed that she had been rough sleeping with her partner, had no income and had been using monkey dust. The following day **Changing Futures were invited to a discharge meeting where despite advising that this was an unsafe discharge and that Amy was homeless, she was to be discharged later that day as her behavior was deemed to be 'drug induced and not related to her mental health'.**

Very quickly, Changing Futures got in touch with the housing needs officer at the local authority who then contacted the ward to do a housing needs assessment with Amy, however they made the decision that there was no duty to provide temporary accommodation. To avoid Amy returning to rough sleeping Changing Futures arranged and for Amy to stay in a local hotel using her allocated personal budget as well as providing food supplies. **CAB supported the Changing Futures team to challenge the decision from the local authority and duty was then accepted by them to provide temporary accommodation**, so the LA began to fund the hotel.

**Changing Futures continued to visit Amy daily, provided her with a phone and supported her to a GP appointment. Weekly MDTs were held involving a number of professionals and an email chain was set up where professionals were providing daily updates.** Unfortunately Amy continued to use monkey dust and her behavior continued to be challenging. Amy was constantly approaching members of the public asking for money and cigarettes. Amy had no understanding of personal boundaries and would often touch people and approach cars which was putting her at risk in terms of the response from the community. Amy divulged that

she was sex working to earn money and was adamant that she had a universal credit and P.I.P claim that were in her name, but paid into her partner's bank account. **Changing futures and the CAB supported Amy to call both universal credit and P.I.P who were able to confirm that she had no claims open** as she hadn't been able to verify her identity and follow the procedures when making a claim (Amy had no ID nor bank account of her own).

Unfortunately **due to her behavior Amy was asked to leave the hotel and the local authority no longer had duty to provide interim accommodation**, so she returned to her partner where she was rough sleeping and using monkey dust.

There were further incidents where she was approaching children in the community and was abusive to police when they were called, resulting in Amy being arrested and held in the cells overnight. Changing futures were informed by police and **attended court to be able to re-engage with Amy**. Changing futures spoke with the solicitor involved and were able to share their concerns and experience of working with Amy. She was charged with common assault of a minor. Amy's behavior was very bizarre in court and she failed to follow simple instructions such as stand up or sit down, even with an interpreter. **Changing futures spoke with the mental health practitioner at the court who was very concerned by what he witnessed and made a referral to the multiple disadvantage team (secondary mental health)**.

**Changing futures liaised with accommodation providers and a local female only supported unit was able to offer Amy an emergency bed space, where staff were on site 24/7.**

**CAB and Changing Futures supported Amy to make a phone application for universal credit.** She was quickly given an appointment at the job centre to verify her identity. It took staff from Changing Futures and CAB 45 minutes to get her into the car to go as she was behaving so erratically, and this continued inside the job centre. **The job centre were very understanding and she was given an advanced payment using the payment exception service. Vouchers were sent to a Changing Futures staff member's phone as Amy didn't have a smart phone of her own.**

Staff supported Amy to go shopping which was difficult. It was evident that Amy had little experience with money and wanted to prioritise a wig, drugs and alcohol over food and clothing. **The weekly MDTs continued and referrals were made to the local drug and alcohol service and adult social care.** Changing futures, the community mental health practitioner and Amy's accommodation provider were engaging with Amy and communicating daily.

Concerns then escalated at Amy's supported accommodation and **an urgent mental health act assessment was requested.** Following this, **Amy was admitted to a mental health hospital and detained under section 2 and later section 3.** Amy had two prior similar admissions this year, detained under section 2 and she was found to be under the influence of substances on each occasion, and therefore discharged. **During this admission Amy was medicated by depot injection in order to manage her behaviour.** Changing futures, Amy's accommodation provider and the mental health practitioner attended the ward reviews and **advocated she stay in to be fully assessed as previous stays had been short and she had been discharged back into the same circumstances. Amy was in the hospital for roughly four months.** During this time, Changing Futures **continued to visit Amy and supported her to access her Universal Credit** with health care staff from the hospital.

### **Outcome for Amy**

Amy was like a different person. She presented as very quiet and polite and didn't approach anyone in the community as she had done previously. The mental health practitioner continued to visit and liaise with the ward and **Adult social care visited to look at an appointeeship and to try and do a care act assessment.** Amy was deemed to have capacity and didn't want to go ahead with the care act assessment. The hospital started

to see significant positive change in her behavior and started to reduce her medication. Amy got to a point where she was completely detoxed from drugs and also on no medication. Amy continued to be assessed, and remained stable. Amy was deemed to have no mental health issues and was fit for discharge.

Changing futures requested that she remain as a voluntary patient for four days to allow time to source suitable accommodation. Referrals were made and an urgent meeting pulled together. However, as Amy was aware that she could leave, she discharged herself and left with her partner giving an address out of the area.

Following on from this, Changing Futures liaised with police and rough sleeper workers in the area of the address that she gave. Staff were able to speak with her on her partners phone and met up with her on a number of occasions to access her Universal credit vouchers.

Changing futures spoke to her on her own and asked if she was safe. She presented very well and not under the influence. Her stability appeared to have continued following her discharge from hospital.

Staff gave advice in terms of managing her universal credit and offered support but she seemed settled with her partner and his family. Changing futures advised her to get back in touch should she need to.

### Learning

1. In this case it seems that the inpatient stay at the hospital, as it lasted for four months rather than being admitted and then quickly discharged, was the determining factor to Amy achieving stability and wellbeing. Previous short term admissions did not seem to work as Amy was quickly returning to a similar position as before, that was putting both herself and the community at risk.

The logic that Amy's behavior was '**drug induced and not related to her mental health**', and that this justifies discharge from service, is arguably flawed. Although drug use was almost certainly a major factor to Amy behaving in an unpredictable and detrimental way, we know that drug use is intrinsically linked to mental health, and indeed health and wellbeing in general. This is evidenced as we acknowledge the need for specialist 'dual diagnosis' practitioners within services.

***If a longer term inpatient stay had been implemented at an earlier opportunity, which could have happened as it eventually did, could risk and harm both to Amy and the community have been avoided?***

2. Partnership working, in this case particularly with the CAB, proved invaluable both in challenging decisions believed to be incorrect, in a timely manner, and in enabling Amy to access her welfare benefit entitlement.
3. Carrying a small caseload, as Changing Futures does, enables better collaborative working, proactive advocacy and allocation of time to support people in difficult scenarios who are experiencing multiple disadvantage. When this happens the likelihood of a positive outcome for our customers improves.
4. The availability of a Personal budget enabled the Changing Futures team to provide temporary accommodation and food provision in the interim whilst the decision to not provide this by the local authority was challenged, avoiding Amy returning to rough sleeping.
5. When Universal Credit emergency provision are made via advanced payment using the payment exception service, are other options available other than an electronic voucher? If Amy's case coordinator was not able to assist in receiving this, the provision would not have been fit for purpose as Amy did not have a smartphone / computer access.

\*Customer name has been changed to protect identity