

Changing Futures

Stoke-on-Trent

Case Study: Supporting Mental Health and Service Engagement

Reasons for Referral to Changing Futures Stoke-on-Trent:

- To promote sustained engagement with services
- Facilitate access to appropriate mental health support
- Safeguarding concerns due to suspected sexual assaults

Background

The customer was referred to Changing Futures due to ongoing concerns regarding disengagement from support services, deteriorating mental health, substance use, and unresolved safeguarding matters. Previous attempts at intervention had limited success. They were presented as socially withdrawn, reluctant to engage, and resistant to structured mental health pathways.

Chronological Summary of Intervention

October 2024

- Initial MDT and referral review conducted; Safeguarding case noted as closed due to no action from customer.
- Persistent outreach led to initial contact after two weeks. The customer disclosed she was deliberately isolating to manage their mental health.
- Identified significant debt as a contributor to their anxiety and avoidance. Citizens Advice Staffordshire North and Stoke-on-Trent (CASNS) referral made to begin addressing financial instability.

November 2024

- The customer attended CASNS and debt support appointments, although mental health symptoms remained severe.
- The customer disclosed flashbacks from past trauma and self-medicating with heroin. She consented to the Stoke-on-Trent Community Drug and Alcohol Service (CDAS) involvement and GP referral.

- Mental health deterioration noted; The customer reported a previous overdose attempt.
- Despite anxiety-related avoidance, a second GP appointment was secured; referral to Access Team made.
- The customer commenced medication for anxiety and depression. Repeated calls to 111 reported suicidal ideation.
- Access Team discharged customer following no telephone response; advised to contact Crisis Team or GP if needed.

December 2024

- Referred to Multiple Disadvantage Mental Health Team.
- Crisis event led to arrest and detention under Section 136; Discharged within 24 hours with Home Treatment Team plan.
- Risk management meeting held after further suicide ideation. Safeguarding referral raised again.
- GP re-contacted; Greenfields referral confirmed.

January 2025

- Greenfields declined referral due to substance misuse. GP mental health nurse appointment arranged.
- 999 call due to customer self-harming; paramedics declined escalation.
- Ongoing concerns prompted GP liaison for home visit—ultimately declined. Delays and miscommunication caused further distress.
- GP nurses determined trauma-related mental health; re-referral to Greenfields initiated.

February 2025

- Engagement declined; The customer became increasingly withdrawn. Further safeguarding alert raised.
- Services considered closing case due to missed appointments.
- Weekly MDTs established to re-engage mental health stakeholders.

March 2025

- Three crisis incidents in one weekend. The customer attempted suicide via overdose and attempted hanging; refused hospital admission.
- Management approved funding for private assessment via Changing Futures.

- Coordinated response across services with safeguarding and care management teams.
- Triband commissioned for daily support.
- The customer contacted Greenfields themselves to secure assessment with support from Triband.
- The customer physically assaulted by partner. Safeguarding alert and housing warning issued due to ASB.

April 2025

- Social worker assigned. Care Act assessment initiated.
- Continued engagement with Greenfields, SAF framework introduced.
- The customer attended GP and had medication adjusted.
- The customer engaged positively in care planning and support, reporting improvement in mental state and outlook.

Reflections and Outcomes

- Trauma-informed and persistent relationship-building approaches proved critical to gaining trust.
- Multi-agency collaboration and creative resourcing, in particular private assessment funding, were pivotal in supporting the customer when statutory access routes failed.
- Despite numerous setbacks, the customer showed resilience and a growing willingness to engage.
- At the most recent contact, the customer engaged with key professionals, attended appointments and reported a slow but meaningful recovery trajectory.