NHS
Leicestershire Partnership
NHS Trust

Patient safety – learning from incidents

Introducing Emma (not her real name).

Emma was a 30-year-old female open to a Community Mental Health Team (CMHT). Emma was known to mental health services with a diagnosis of Emotionally Unstable Personality Disorder (EUPD) and Mental and Behavioural Disorder, due to the use of stimulants.

She had a long history of contact with LPT and was open to the CMHT, Outpatient department (OP) and previously had a Community Psychiatric Nurse (CPN). She also had an extensive history of contact with Police and Criminal Justice and Liaison Diversion team (CJLD) although did not engage with CJLD. She was released from prison at the end of 2021 after pleading guilty to charges of theft and assault. Emma was sadly found deceased at home in January 2022. LPT offered sincere condolences to Emma's family and friends.

What happened.

(Dec 2020) Criminal Justice Liaison Diversion Team (CJLD) saw Emma at the police station as she had been arrested for alleged theft. Emma declined screening assessment.

(Jan 2021) Out-patient consultation Emma had bouts of mood swings and anger. Has had a recent termination of pregnancy at 18 weeks which added to her stress. Has been served with a notice of eviction and has until June. Has been anxious and stressed recently. Sees her son weekly. Drinks 3 cans 3 times a week. Occasional use of cannabis, no other drugs. No suicidal thoughts. Her partner is physically unwell in hospital. Plan: Quetiapine increased. Support letter for housing completed. Review in 3 months.

(March 2021) CJLD team asked to review Police incident. Police received a call from a neighbour of Emma's reporting that she had become distressed and upset and locked herself in a room in the callers flat and was refusing to talk or engage with the caller. Decision made for the police to attend and information shared with the police that would assist them in responding to the incident.

Police attended the address; the landlord was present and had asked Emma to leave the room at that point Emma became aggressive and kicked the door to the room causing damage and was arrested by attending officers for criminal damage. Emma was reported to be intoxicated at the time of the incident. Arrested at home -criminal damage to property. Consultant Psychiatrist informed.

(April 2021) Emma contacted CMHT outpatients stating she needed urgent help as she is unwell and is declining, is manic and needs help before she hurts herself or someone else. She was offered the CAP number for urgent support and said, “if you can’t help me forget it” and hung up. The consultant was emailed regarding contact.

The next day Emma rang CMHT outpatients. She said she is stronger than she thought as she is still here. She then insisted that someone to contact her today as she needs help, when she was told to contact CAP service she said “no, they screwed me up last time”, and she threatened to contact her MP and then kill herself and that it would be all over the papers that we had not helped her. She was told that they would pass on her comments to the Consultant and see if there was anything he could do. She kept saying she would kill herself if no one contacted her today. Consultant rang back no answer message left for her to ring.

The next day Emma rang CMHT outpatients and was demanding medication, in particular Diazepam. She said she had been to the chemist and there is no prescription there for her as her medication is not due. She said if she does not get any medication today, she will lose everything and lose her son as she is unwell. She said her medication had been stolen from her old address by her friend, as the key safe was broken and she has been made homeless recently, and the friend knew the key safe was broken so that they could gain access. She was advised to contact her GP for the Diazepam, however she said that they would not give her any today and she needed it today. Outpatient review arranged for 4 days’ time.

(May 2021) Telephone Outpatient CMHT review. Recently evicted from her home and currently placed in hotel. Waiting for a council house. Mood swings and anger getting worse as she has right knee pain. Sees her son less. No current suicidal thoughts.

Recent incident of rage and property damage and was arrested. Asking for medication increase. Plan: Quetiapine increased. Advised to update her address. Review in 3 months.

(July 2021) Emma arrested for shop lifting. Mental Health Practitioner (MHP) working on behalf of Criminal Justice Liaison and Diversion team, approached Emma’s cell. MHP introduced self and explained their role and function of the service and offered the opportunity to speak to them. Emma declined this offer, and her care team were notified.

(August 2021) Emma due at Magistrates Court today charged with:

1. Theft from a shop x 2.

2. Use threatening/abusive words/behaviour likely to cause harassment, alarm, or distress.

Relevant information about Emma's contact with services and diagnosis has been sent via secure email to court listings for the attention of Loughborough Courts. As there are no CJLD practitioners based at that particular magistrates court, staff unable to attain the outcome of the hearing.

(September 2021) Emma arrested on suspicion of theft. Alleged to have entered a store, selected items, concealed items and left the store without making payment. On booking in, said she plans to end her life and said she has picked a tree in a local park (no other details given). Emma was intoxicated. She also said there is a chance she is pregnant but didn't want a test as she didn't want to know. Custody referred her to CJLD. Declined mental health assessment when offered.

(September 2021) Emma appeared at Leicester Magistrates Court charge with theft from a shop, assault by beating of an emergency worker X2 (Police Officer) and assault by beating. Declined to speak to mental health worker from CJLD whilst in the cells. Emma pleaded guilty to charges and received a total of 28 weeks custodial sentence. The community order provided on Friday was revoked and re-sentenced to custodial sentence to run concurrently. Emma was ordered to pay £128 victim surcharge in 20 weeks' time in full. She was understanding of her sentence and went with the officer. Information handed over to Prison InReach via email.

(October 2021) Emma was released from prison. Emma was released on tag 7am-7pm.

The next day telephone contact received from Emma's probation worker to say she was coming to CMHT Outpatients to be seen by Psychiatrist to get medication. Emma was back home with her partner, feeling emotional, not able to see her son, cannot sleep, feeling overwhelmed and relationship with partner not going well. Son is in custody of parents and last visit did not go well. She disclosed to her partner that she cheated on him just before she went to prison, so she is feeling overwhelmed. Emma told probation officer she is having thoughts to end her life. Probation officer said that Emma was stripped of her medications whilst in prison and believes she was left with a sleeping tablet only.

Duty worker spoke to the Consultant that Emma was coming to the base and to check prior to arrival, the medication she can be offered.

Emma then attended CMHT Outpatient base – she was angry, reported she was struggling and wanted to go back on her previous medication. Duty worker spoke to her about which medication she wanted to restart on. Emma replied she wanted to be restarted on all of them -to start on low doses and return in 7 days for further prescription: Fluoxetine 20mg od 28 days. Diazepam 5mg bd 14 days. Quetiapine 50mg bd 7 days (to be increased to 100mg bd next week). Prescription provided by consultant psychiatrist.

(October 2021) Further prescription issued for Quetiapine 100mg BD for 28 days.

(Nov 2021) Returned to prison.

(Nov 2021) Did not attend face to face Outpatients due to being in prison – Plan for further appointment to be offered.

(Dec 2021) Released from prison.

(Jan 2022) Emma called the CMHT Outpatient base and spoke to the duty worker. Emma stated she is struggling now and needs to see someone. Asked what the issue is, says she cannot talk now as going to pick her little boy up but will call back tomorrow. Advised of Duty system that someone is available here from 9-5.

(Jan 2022) Emma found deceased at home suspected drug overdose.

Learning from the Incident.

1. Good communication between LPT services involved in Emma's care.
2. Communication with the prison service was not robust, this is particularly difficult for females who will be in prisons often considerable distances from LLR.
3. Communication with Turning Point may have helped support Emma, but she did not consent to the referral.
4. Next of Kin details not documented on SystmOne. The investigation could not establish if there had been any discussion with any of Emma's family or friends involved in her care or supporting her.

How We Improved

1. Discussion to be held at the Liaison and Diversion Partnership board to consider how the directorate improves pathways between mental health services and prisons. This will be ongoing work through the RECONNECT Service
2. Discussion taken back to the Dual Diagnosis workstream project group about how to work with people who have a substance misuse problem but decline a referral to Turning Point. This will be ongoing work.
3. NOK details. Request made to business team to provide data of how many patient records did not have a NOK recorded. Data presented at DMH Community Business Meeting and agreed that team managers would do a random spot check to ensure data was accurate as the numbers appeared to be very high. All team managers will also raise in their team meetings the importance of asking for up to date NOK details and admin to support with this. This will be ongoing work until all patient records are up to date. This is being monitored via the Community Business Meeting.