Safeguarding Adults Executive Board

CASE STUDY

Becky's Story – a long route to neuro rehab

Sharing learning is a key priority of the Safeguarding Adults Executive Board (SAEB) and ensures that lessons in relation to safeguarding adults support direct practice and encourages a culture of continuous improvement.

This case study has been produced to highlight an example of good practice and shows how compassionate and dedicated intervention by an Approved Mental Health Professional (AMHP) alongside multi-agency colleagues has supported Becky (pseudonym) to access specialist support. The SAEB would like to thank Becky for consenting to her story being shared. Certain details in this case study have been adapted to protect anonymity.

All staff and mangers are encouraged to read and discuss this learning resource in team meetings or supervision and reflect on its findings.

1: Background

Becky is a 32 woman who has been known to mental health and homelessness services for a number of years. Becky has complex mental health needs including depression, anxiety, Post Traumatic Stress Disorder (PTSD) and Emotionally Unstable Personality Disorder (EUPD). Becky has a history of alcohol and illicit drug use, and has experienced substance induced psychosis at times. She was involved in a car accident 15 years ago which resulted in a frontal lobe bleed, but this was untreated. Becky experienced sexual and physical abuse as a child and her past experiences have resulted in significant unresolved trauma.

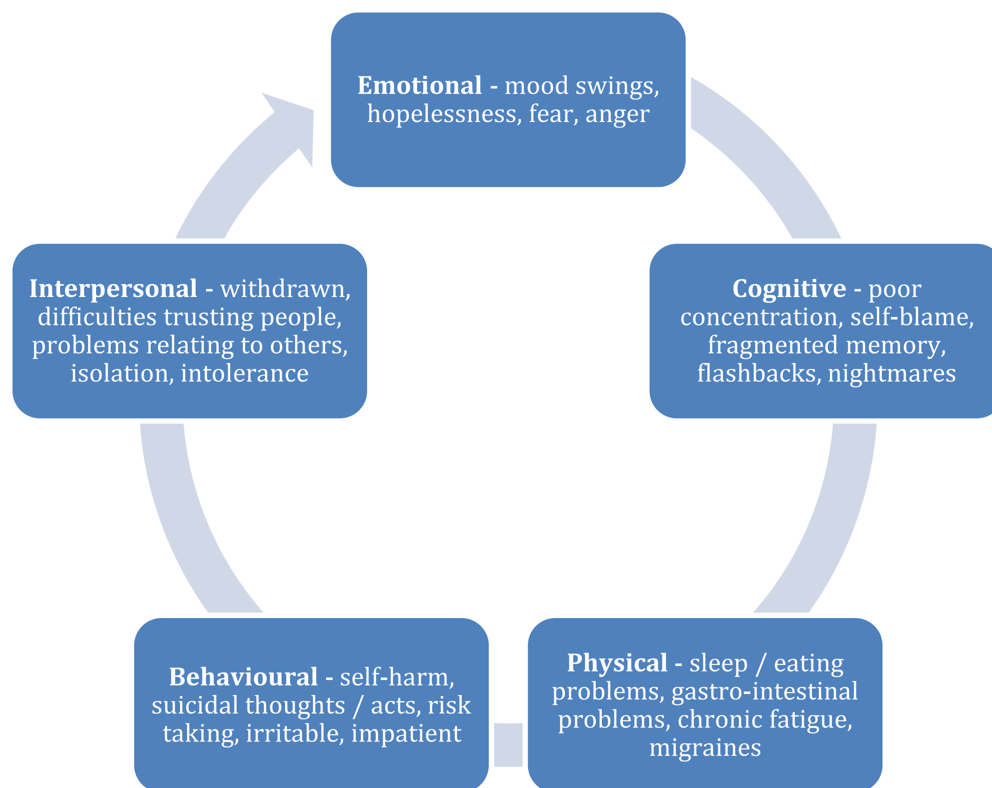
2: Escalation in concerns leading to new beginnings

These concerns and complexities have impacted significantly on Becky's health and wellbeing. In adulthood she has been vulnerable to ongoing abuse from others, leading to her involvement in sex work, receiving a number of prison sentences and experiencing periods of street homelessness. Becky has struggled to sustain involvement in treatment because of her homelessness, substance misuse and ongoing abuse and exploitation. Becky's life experiences and mental health needs means that she finds it difficult to trust and engage with professionals and she struggles to regulate her emotions, which can result in verbally aggressive and agitated behaviour. Numerous independent and supported accommodation placements have broken down as Becky has found it impossible to sustain any stability in her life. Becky presented with severe self-neglect and was unable to care even for her most basic needs.

An escalation in concerns for Becky's wellbeing led to her being placed in a psychiatric hospital under Section 2 of the Mental Health Act (MHA). Becky's AMHP questioned the extent of Becky's brain injury upon her presentation and was able to put forward a case for her to receive a period of assessment within a specialist neuro-rehabilitation placement. This period of treatment has helped professionals to gain a better understanding of how Becky's complex social and medical past history together with her brain injury has impacted on her life resulting in her mental health remaining fragile and makes her vulnerable to ongoing exploitation and being influenced by others.

3: The importance of trauma-informed practice

Symptoms of trauma can manifest in a number of ways as reflected in Becky's situation.



In recent years there has been growing awareness of the prevalence of adverse and traumatic experiences and the associated risks and impacts this has on a person's long term mental and physical health and wellbeing. The experience of trauma results in an overwhelming amount of stress for an individual that can exceed a person's ability to cope with the emotions involved in that experience.

“Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety ….. and creates an opportunity for survivors to rebuild a sense of control and empowerment”

Hopper, Bassuk and Olivet, 2010, Shelter from the Storm TIC in Homeless Services Settings. The Open Health and Policy Journal, 80 - 100

Trauma-informed practice involves using a relationship-based approach which can help practitioners better understand an adult’s situation and how best to support them. Trauma-informed practice involves professionals working to:

- Gain trust and demonstrate honesty and transparency.
- Value collaboration and look for opportunities to give people choices, enabling them to have some renewed control over their lives.
- Provide opportunities for people to feel empowered through building skills, recognising strengths, and understanding resistance.
- Keep people informed about what is going to happen to them, and what choices they do have.
- Be sensitive and aware of traumatic experiences related to cultural, historical, race or gender issues.
- Be aware that disruptive and harmful behaviour (e.g., substance misuse, aggression, self-harm) is often the clearest indication of trauma.
- Be prepared to give traumatised people space and time (lots of time) to begin feeling safe.
- Be willing to validate feelings in a non-judgemental manner, asking ‘what has happened to you?’ instead of ‘what is wrong with you?’ and ‘what have you done?'

4: The interface between brain injury and mental health

Brain injury and mental health are often seen and treated as two entirely separate diagnoses, or sometimes confused as being the same thing. However, both can be true; brain injury is sometimes an entirely separate issue to mental health, whereas other times brain injury can lead to mental health issues developing. It may also be that a person has mental health issues prior to acquiring a brain injury, and that the brain injury exacerbates their pre-existing mental health symptoms. Whilst mental health and brain injury are separate conditions, but this does not mean that a person cannot be affected by both. It is important to make sure that the person accesses the right kind of support depending on the diagnosis given.

5: The role of the Approved Mental Health Professional and specialist services

The role of the AMHP was critical in Becky’s case. AMHPs have to undergo extensive specialist training, and therefore have an in-depth knowledge of law and have the responsibility for upholding the law when conducting assessments under the MHA. They can use that knowledge to ensure that the rights of those being assessed are protected and can provide a counter to the medical model of mental health, introducing a more rounded social

perspective to the process. They need to use their knowledge not just of mental health legislation but also the Human Rights Act (HRA) and other legislation, such as the Mental Capacity Act (MCA). This can give them the confidence to disagree and respectfully challenge other members of the multi-agency team when necessary, and to seek out and suggest alternative treatments.

At previous points in Becky's earlier life, she was discharged from mental health services on the basis that her primary needs were seen as being linked to substance misuse and her complex presentation was often seen by those working with her as being related to Becky making unwise lifestyle choices.

In Becky's case, her AMHP established a relationship with Becky over time, slowly working with other professionals involved to learn about the impact of trauma and gain a more holistic view as to what lay behind Becky's "chaotic" and "difficult" behaviour. Becky was also supported by a Speech and Language Therapist who offered specialist experience around understanding the complexity of brain injury, and area in which the AMHP did not have expert knowledge. This case reflects the value of a specialist multi-agency team in being able to work with people over a longer period of time, offering consistency of skilled workers and ensuring continuity of information being passed between services.

6: The cost on the public purse

When Becky was admitted into a psychiatric hospital, there were a number of case conferences in which the team considered what support Becky would need on leaving psychiatric care, and to bring together a case for presentation at funding panel. The AMHP reflected that she valued that the multi-disciplinary team (MDT) took a shared responsibility for managing risks and considering what options would best support Becky to achieve change in her life. The trust between the professionals involved enabled honest conversations to take place around the fears for Becky's future should she return to being street homeless and becoming involved in sex work again.

Financial constraints created a pressure to consider community-based services, but the MDT knew that all these avenues had been exhausted. The AMHP was able to express in the case conference that she felt worried about the funding panel, particularly in terms of feeling out of her depth about brain injury and being able to argue the case for funding an expensive neuro-rehabilitation placement. Members of the MDT were able to offer support around what information was required for funding panel, and funding for the neuro-rehabilitation placement was secured.

Becky's case highlights the complex considerations about the costs on the public purse of supporting people across a range of services. It is an example of innovative practice in which focusing on alternative provision that may be of a higher cost to a community-based service, can in the longer-term could offer a more cost-effective outcome in terms of supporting a person to break the cycle of crisis and achieve positive changes in life.

Becky has reflected that her time in the neuro-rehabilitation placement has enabled her to learn a lot about herself, her abilities and her potential. She has reconnected with her son who she had not seen for many years and also has met other family members, including her

sisters for the first time in her life. Becky has been able to achieve greater stability in her life and is ready for a fresh start in which she now feels able to accept further help and support

7: Further information and resources

Joint Homelessness Team - Westminster

Homelessness Intervention Team – Kensington and Chelsea

Headway – the Brain Injury Association

Blue Light Project – A national initiative to develop alternative approaches and care pathways for drinkers who are not in contact with treatments services but who have complex needs

Change Communication – an organisation which provides support for statutory and third sector partners to develop a Communication First approach and inclusive services.

How to use legal powers to safeguard highly vulnerable dependent drinkers

NICE guidance – Integrated health and social care for people experiencing homelessness

Adult Safeguarding and Homelessness: Experience Informed Practice

Learning from Tragedies: An Analysis of Alcohol-Related Safeguarding Adults Reviews

Developing and Leading Trauma-Informed Practice – Research in Practice

London Multi-Agency Adult Safeguarding Policy and Procedures

Questions for you to consider

- Can you recognise signs of trauma?
- Do you show compassionate and trauma-informed practice in your work?
- Do you know where to signpost and refer people, with needs similar to Becky for support?

For more information on this briefing contact the SAEB at

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