

1

Background

Mr X had a dual diagnosis of substance misuse and mental health issues. Whilst he could at times present as well, he could also present a high risk of harm to himself and to professionals.

Mr X was recalled to prison in October 2021, where he received support from a number of services who were concerned about his presentation. Upon his release in March 2022, he continued to experience paranoia and adverse mental health. He was last seen by professionals on 7th April, when he agreed to crisis support but left before he could be seen. Sadly, Mr X was found deceased on 20th April, approximately 3 weeks after his release.



CWMPAS 1 2022

Concise Adult Practice Review



2

Multi-Agency Oversight and Information Sharing

Although complex, there is good evidence of multi-agency approaches to assessing and managing the risk presented by Mr X and putting plans in place. Despite the risks posed, professionals were tenacious in their efforts to put support in place for Mr X, and communicated well; however, it was unclear at times where responsibility sat for oversight of Mr X's care, and the movement between health board areas as a result of entering and leaving prison added increased complexity. Despite the good communication evident, issues were identified in respect of information sharing, with some professionals feeling unable to share information despite statutory frameworks in place permitting this.

7

Improving Systems and Practice

Movement between areas should be supported by timely and effective transfers and handovers. A review of services required and identifying lead agencies, roles and responsibilities at critical points would ensure that needs are met.

- All agencies should consider how to make decision making and care/treatment/support processes more inclusive of individuals who can at times present risk to themselves and others.
- For complex cases, release planning should always have a contingency that can be activated at short notice. Where further detention is possible, but not definite, agencies should work together to have a contingency plan that manages risk and offers relevant support to the individual.

3

The "Gate Assessment"

Professionals were really concerned about Mr X when he was in prison. However, they were unable to utilise the Mental Health Act (MHA) to detain him, as different legislation and processes apply to individuals in prison, and the time that this process would take to get him the support he needed far exceeded the remaining length of his sentence. Professionals therefore needed to await his release date, upon which a different section of the MHA could be utilised to detain him. However, on being assessed at this point (at the "gate"), he was deemed not to meet the criteria for detention. He was therefore released to the community, a rural area which had limited out of hours and/or specialist support services he could access.

6

Improving Systems and Practice

- It is necessary to ensure Health and Substance Misuse Services within prison settings are provided with guidance in relation to their ability to share personal information via legislative powers and frameworks. Where barriers are identified, routes of escalation should be made clear to staff, to ensure that the right support is given to enable sharing.
- A coordinated approach to understanding and identifying the most appropriate legislative powers to support risk management and treatment needs of individuals within prison settings should be developed, with a focus on mental health needs and consideration of identification of a lead agency/service for the individual.

5

Identified Good Practice

- Agency interactions with Mr X were recorded to a good standard, as were identified concerns.
- Professionals communicated well with each other and strove to identify support mechanisms for Mr X wherever possible. Where the risk posed limited the support that could be offered, professionals worked hard to try and identify solutions that would allow Mr X to access the right support for him.
- It was clear professionals were working very hard to help Mr X, and there was clear compassion evident for him and his situation.
- Professionals were swift in their identification of Mr X having gone missing, and good communication took place between services at this point.

4

Dual Diagnosis and Service Provision Challenges

Substance misuse and mental health issues appeared to be intrinsically linked in this case, creating complexities around achieving stability and successful treatment. Instances of diagnosis focussing on drug induced psychosis may have hindered effective treatment for underlying mental health issues and created an increased likelihood of substance misuse for self-medication. Following release, there is extensive evidence of involvement from all relevant services; however, the local area did not have specialist services that could be offered as a means of support for him in crisis. As a result, Mr X continued to seek support through 999 calls, for which he was previously criminalised as a result of excessive use, as well as threatening behaviour to the Police.