



Mental Health Case Studies

Case Study # 1

M is a 32 year old man who was referred to our service by the Assertive Outreach Team. He was living with his girlfriend but the relationship was breaking down and he was at risk of homelessness. He was diagnosed with schizophrenia and had problems with substance misuse. He had diabetes, which was not under control, had HIV and Hepatitis B.

M's substance misuse and health problems were the factors that put him most at risk. He was also having to leave his girlfriend's home, with no alternative place to stay and was too vulnerable to sustain a tenancy of his own. Moving into Forest Road in itself addressed the immediate issue of him having a safe place to stay.



We undertook joint needs and risk assessments with his Care Team to ensure that all areas of risk and need were being met and agreed roles and contingency plans. We put in place support plans and worked together with M on the knowledge and skills he needed to look after himself better.

Staff also supported M to deal safely with needles for insulin. They worked with the Dual Diagnosis team and local council on needle exchanges and arrangements for collection of sharps boxes.

M did not understand how to budget and the choices he made about how to spend his money often left him without the basics. His keyworker worked with him on basic budgeting skills and his reduction in drug taking made a huge impact on his financial position. In preparation for moving back in with his girlfriend staff ensured that all necessary benefits were in place and M left with a budgeting plan.

In the beginning, M barely engaged in support - support was led by staff, and addressed the problems that presented the most risk to M and others. However, once his drug taking was under control and both physical and mental health improved, he began to care more about himself, to lead his own support and talk about his future. He engaged in social activities and just before he moved on, staff were supporting him to find a college course that was of interest to him.

Staff facilitated his staying in touch with his girlfriend, which later led to them returning to living together. We have stayed in touch with M and he has continued to sustain a tenancy and avoid debt.

Case Study # 2

CD is a 27 year old woman with a diagnosis of schizoaffective disorder. She was referred through the Community Forensic Mental Health Team to our specialist Forensic Mental Health floating support service. Her offences were a series of assaults, mostly attacks on her mother but some involving members of the public. All of these offences were considered to be as a direct result of CD's mental health problems. She had delusional beliefs, and periods of great excitability, anger and frustration, and also periods of deep depression.



She was referred to our service whilst living in an accommodation based service, where she did not wish to stay. Prior to that she had been in hospital for 14 months. Whilst her mental health was not stable and a risk of suicide was identified, CD agreed with her care team that the risk was not necessarily increased by her living in the community and in fact she anticipated that living alone would aid her recovery. CD had had her own tenancy before, but it had not been successful.

We developed support plans with CD, setting out how she would need to prepare for moving out, and what her priorities were thereafter. CD was very keen to find a home

so very much led her own support, having great clarity about the steps she wished to take, the support she felt she needed at each stage and how quickly she hoped to achieve this. We used the Recovery Star to help to focus the support and to measure progress.

We were agreed that we needed to start more or less from scratch with learning about what was needed to set up and sustain a home and CD's plans involved recognition that help would be needed from a range of other services. Along with the practical support needed to find accommodation, access furniture projects, set up utilities etc., we worked with CD to create WRAPs - Wellness and recovery actions plans - whereby she identified early signs of a period of poor mental health and made plans for how she and others should respond.

CD has on-going support needs. Her mental health does not always remain stable and her ability to cope alone is at risk when she is not well. The risk of suicide remains and CD has plans to seek greater support when she is able to recognise this. She still has a need for hospital admissions from time to time, but her WRAPs have helped her to significantly reduce the need and the length of stay when the need arises.

CD's plans are to move on to live completely independently in the future but expects to need a low level of regular support for the time being, and a responsive, increased level of support from time to time when needed.

Case Study # 3

AB is a 35 year old man with mental health needs and a history of alcohol misuse. He has also been financially exploited resulting in debt and receiving threats to do with paying the money back. His home was in a poor state and his tenancy was at risk. AB was referred to us by the Community Mental Health Team, and their assessments included reports of AB walking around the local area through the night, sometimes shouting, resulting in threats from people in the local community.

At first he engaged very little in support so we worked with the CMHT, and joint sessions when his CPN visited with medication proved more successful. Gradually



we were able to consider together his support using the Recovery Star, which enabled AB to focus on those areas where he most needed support. Alongside supporting AB with his general physical and mental wellbeing, our first step was to support AB to move to a different

area where he was safer and at less risk of abuse.

After moving home, AB's drinking appeared to be at a peak, which reached a head when he was admitted to hospital with alcohol related injuries. AB found that this was the catalyst he needed to begin to address his drinking. His keyworker supported him to make a self referral to the Dual Diagnosis team for an assessment and he began to reduce his drinking. As his drinking began to stabilise, we were able to support him more actively and consistently, and he was able to begin to think more positively about his future. He began to pay more attention to looking after himself and his appearance, and started to make his home a more pleasant and comfortable place to live.

As AB's life became more stable, we started to work with him on a move-on plan. He began to work towards getting back into employment, starting with some voluntary work. Already having a degree, we supported him to explore options for retraining. He went on to attend college and he is now doing translation work and teaching English as a second language.

As AB drew closer to moving on, we developed a 'leaving the service' support plan that set out all of the things he needed to do and what on-going support was needed from other people and services. We contacted him three, then six months after he left the service and he has continued to do well. We supported AB a little over 18 months.

Case Study # 4

Before Bridge Street, J had spent years of feeling unable to leave his house.

As he had already developed a trusting relationship with his OT, she encouraged him to apply for Bridge Street. She helped J gain the confidence he needed to leave his home and move here. He arrived with a positive attitude and hope for the future.

J worked hard with staff and his care team right from the start and quickly became friends with other tenants, ensuring a good social network was developed within Bridge Street. Slowly, with effort and patience, J felt more and more confident achieving tasks alone, including travelling alone on public transport and developing a healthier lifestyle.

When J felt he was ready, he took the big step to sign up to Slimming World. This was in August last year, and 13 months later, he had lost 12 stone. He was upset not to have achieved 12 stone in 12 months but it shows how much he has improved in his mental health and confidence, that he was able to shrug it off and plough onto achieve his goal a month later.

During his time at Bridge Street, J became the one tenant all the other tenants trusted and respected. He was the one tenant all the other tenants felt they could go to when they were feeling low and unable to talk staff. He was the tenant whom staff asked to speak to potential employees and tenants. He helped them feel at ease and answered their questions knowledgeably and honestly. Therefore it was no surprise that J was asked by the project manager to come back to Bridge Street as a volunteer Project Rep, continuing on in a role he had made his own over the last year.

J's long term goal is to one day feel able to work as a Mental Health Support Worker. All the staff at Bridge Street feel he would bring a lot to the role. Not only his confidence, empathy and honesty, but his own experience with his mental health recovery will enable him to give so much more to the role.

Here are some words from J, his family and Michelle, our manager on J and his experience at Bridge Street.

Michelle – 'The single words I would use to describe J are blossomed, determined and inspiring. He has changed through sheer determination and blossomed beyond all recognition and because of this is an inspiration to all who know him.'

J's Aunt Linda – 'Bridge Street has given J a new lease of life, before staying there he didn't even go out. Now he leads a perfectly normal life. This is all down to the staff at Bridge Street.'

J's Mum - 'Bridge Street has been marvellous in helping J to become a more confident and independent person. We are so grateful for their time and support.'

J – 'Bridge Street was an amazing environment for me because I never felt judged by anyone. Even though it is a mental health project, the atmosphere at project was that of a very human environment. I always felt astonished that I was mixing with a bunch of people, staff, as well as tenants, all of whom were a group of different characters that always intrigued me. The place touched my heart and I saw a human side to myself through Bridge Street because I saw the human side of people's problems.

I thought to myself a lot during my time at Bridge Street that I am capable of succeeding in life because of the support I received. Quite some years ago before I became ill, a big part of me and my confidence was helping others. I wanted a career/job where I could help others and get job satisfaction. When I worked as project rep, I felt my confidence growing because I was feeling satisfied with how I was helping others in some way, if only small. I do feel I re-gained my confidence at Bridge Street because I was re-gaining my own personality again. I was succeeding in within myself which I hadn't felt for a long, long time.'