

Winterbourne Case Studies

Mr A

Mr A is a 50 yr old white male from Nottinghamshire. He was detained under section 2 of MHA in 2007 after assaulting a relative and exhibiting challenging behaviours when in psychiatric hospital. This was transferred to a section 3. Mr A was moved from low secure to locked rehabilitation accommodation in 2010. He has consistently refused to engage with clinical input or treatment.

Barriers to discharge: lack of engagement with professionals; risk of over use of alcohol which impacts on his MH and behaviours; threats of harm to others; vulnerability from others due to his offensive comments. Mr A has stated that he wants to go to prison.

In May 2013, as part of the 'Transforming Care' agenda, Mr A was assessed as not gaining anything from being in hospital and therefore ready for discharge. Mr A has started to engage in the discharge process and says that he wants to leave hospital. He is going to live in a core and cluster service supported by an enhanced supported living provider. It is near to his family. Significant risks continue to exist and Mr A will need very careful management and ongoing risk assessment.

Mrs B

Mrs B is a 26 yr old woman diagnosed with: Learning Disability; unstable personality disorder; epilepsy; substance misuse; history of depression. She is considered to be vulnerable to sexual and financial exploitation. Mrs B has a history of drug and alcohol misuse. She has epilepsy and the medication she takes for this reacts badly to alcohol. Attempts to discuss the affects of alcohol on her health generally end in Mrs B reacting violently and refusing to listen to professional advice. Mrs B has self harmed significantly in the past and this remains a high risk. It is likely that if she is discharged from a section Mrs B will disengage from services would be vulnerable to self neglect in terms of personal care, medication, food/drink intake etc.

Mrs B has been considered for supported living services in Nottinghamshire. She is a young woman who has some life skills but, due to a disruptive past, needs ongoing support with her mental health.

Barriers to discharge: previous landlord is reluctant to offer Mrs B another tenancy; concerns amongst professionals about the impact Mrs B will have on other service users in a core and cluster environment; Mrs B's lack of engagement with professionals; Mrs B's vulnerabilities from herself and others.

Mrs B has not been assessed as ready to leave hospital by June 1st 2014 but she will need to be discharged shortly after. She is currently engaging in some treatment, which is a positive sign, but it is unclear how much this will change her overall presentation and needs. Her discharge pathway is still unclear as she presents a complicated picture of a spirited young woman with her own views who, nonetheless, has little insight into either her physical or mental health needs.

Miss C

Miss C is a 40 yr old woman who has been diagnosed with Learning Disabilities and Cerebral Palsy. Miss C's mother died when she was young and she was removed from the family home shortly after. Miss C has a long history of self injurious behaviours and aggressive behaviours towards others and her environment. Miss C's behavioural difficulties are thought to be linked to Attachment Issues resulting

from her disrupted childhood. These issues have jeopardised residential placements in the past as Miss C has found it difficult to cope when staff move on. Miss C's need for attention sometimes results in the use of destructive behaviours.

Miss C was admitted to an assessment and treatment unit in 2009 and subsequently to a locked rehabilitation unit. Miss C engages well with treatment but her emotional difficulties are very engrained and needs ongoing sensitive management. A core and cluster service was identified for Miss C in February 2013 with the initial aim of the new build being completed by Sept 2013. Due to planning issues this has been significantly delayed and will now not be ready until October 2014. To ensure that Miss C is discharged in a timely fashion alternative accommodation has been found as a temporary measure. This is a shared environment where she will live for a few months with her fellow residents in the core and cluster service, two of whom she knows well. There are risks to this plan as Miss C's ideal accommodation is an independent flat with the opportunity to mix with others when she chooses. However, given the need to discharge Miss C sooner than October 2014 this is felt to be a suitable compromise.