

Working with Risk (1): Current Situation
(Steve Morgan – Practice Based Evidence)

NAME: SABRINA

D.o.B.: 1 / 1 / 1975 ID No: XXXX

ADDRESS:

POSTCODE:

RISK FROM OTHERS

YES/...../.....

(eg. abuse, exploitation, domestic violence, contact with services)

Details of identified risk: Recent phone contact by her father triggered a serious suicide attempt

RISK TO SELF

YES/...../.....

(eg. suicide, self harm, harmful/hazardous substance misuse)

Details of identified risk: History of 5 suicide attempts. Possible accidental risk of cutting herself while intoxicated

RISK TO OTHERS

...../NO/.....

(eg. aggression, violence, associated criminality)

Details of identified risk:

RISK OF NEGLECT

...../...../UNKNOWN

(eg. health, personal, degree of substance misuse)

Details of identified risk: Alcohol, laxative and Epsom Salts use need further investigations

RISK TO CHILDREN

...../...../UNKNOWN

(eg. neglect, physical/emotional abuse)

Details of identified risk: Investigate and monitor emotional effects of Sabrina's behaviours for children. Sabrina expresses some guilt

RISK OF PHYSICAL COMPLICATIONS

...../...../UNKNOWN

(eg. medical, sensory, methods of substance misuse)

Details of identified risk: Alcohol, laxative and Epsom Salts use need further investigations

RISK OF WANDERING and/or FALLS

...../NO/.....

Details of identified risk:

MEMORY & COGNITIVE IMPAIRMENT

...../NO/.....

(e.g. forgetfulness, medical condition)

Details of identified risk:

CHALLENGES TO SERVICES

YES/...../.....

(eg. inappropriate demands, poor service response, threats)

Details of identified risk: Telephone calls to administration staff when Sabrina is intoxicated. Complex risks need experienced staff

PROTECTIVE FACTORS

YES/...../.....

(eg. positive resources, agreed plans, managed self-harm)

Brief details: Self harm is a coping strategy not linked to suicidal ideas. Feelings for her children.

Trusting relationship with some staff

SIGNIFICANT KNOWN HISTORY (including: known chronology of events, diagnoses, in what ways substance misuse may have been hazardous):

4 suicide attempts within 24 hours of formal hospital admissions in last 8 years. Recent suicide attempt at home following a telephone call from her father (her sexual abuser) at a time of increased vulnerability. Previously behaved in disinhibited provocative manner during hospital admissions which has put Sabrina at high risk of exploitation and abuse by male patients and one female patient. Sabrina denies her alcohol use is a problem, citing her ability to remain abstinent for the duration of the children's school holidays as evidence for her claim.

INITIAL ASSESSMENT OF RISK (including: context, situations in which risks may occur and positive resources, potential for *positive risk-taking*):

Self harm by cutting is independent of the suicidal ideas, used as her chosen method of coping with persistent extreme mental distress. Suicide risk remains high through recent combination of ambivalence about her future, and sudden telephone contact from her father. Continuing use of alcohol presents heightened risk of accidents, and use of laxatives and Epsom Salts may have a cumulative physical complication. See 'Working with Risk 2' form for strengths, and Sabrina wants more personal control.

INITIAL RISK MANAGEMENT PLAN (including: who is to do what, further areas of information needed, identifying how risks are being taken):

Joint working between the community team & crisis team to provide twice daily home visits... one immediately after her husband and children leave home, and another either early afternoon for Sabrina or early evening for her and the family. Monitor mental state for suicide risk and provide the practical support in response to Sabrina's wishes for help. Use contacts for discussing how to manage responses to any future contact by Sabrina's father; also to discuss alcohol, laxative and Epsom Salts use.

INFORMATION SOURCES AVAILABLE AT THIS ASSESSMENT:

Sabrina; known views of husband; 2 years of community team contact with Sabrina; medical notes and A&E staff.

HOW WAS THIS ASSESSMENT MADE? (e.g. interview with service user &/or carer, observations, service notes/discussion, multiple sources)

Community team & crisis team and A&E staff member's discussion with Sabrina at A&E observation ward prior to escorted discharge home.

INVOLVEMENT and/or AGREEMENT OF PERSON and/or CARER IN PROCESS:

Comments:

Sabrina stating wishes to have more personal control (recognising this has happened during recent weeks).

Husband unhappy with services, he wants Sabrina admitted to hospital and cured before discharge.

Service user signature (optional)

Carer signature (optional)

Completed by: Community Team Worker

Date: / / **Time:**

Discussed with: Crisis Team Worker. Community Team Manager. Consultant Psychiatrist.

Next intended update: / /