

NAME: SABRINA

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

DATE/PERIOD OF ASSESSMENT: March 2007

KNOWN CHRONOLOGY OF RISK INCIDENTS

(To include, for example: specific dates, category/description of risk, detailed context/situation, service user's account, carer(s) account, corrections to previously inaccurate information)

- 1999** Attempted overdose of paracetamol 24 hours after hospital admission on Section 2. Sabrina admits she offered sex to a male patient if he would get the tablets from a nearby chemist. She was found after the male patient told staff. Sabrina denies that she offered sex.
- 2001** Attempted suicide hours after hospital admission on Section 2. Sabrina used a blade she had concealed in the lining of her trousers. She later admitted to planning this act at the point she thought she would be sectioned. Found by a Staff Nurse who noticed blood spatters on a sheet.
- 2002** Attempted suicide by jumping from 4th floor ward toilet window an hour after being brought to the ward on Section 2. Caught as she attempted to squeeze out through a narrow window.
- 2004** Attempted hanging during the first night of admission to hospital. Sabrina said she made the attempt while night staff were distracted by another disturbed patient. Only found by another patient using the bathroom at night, but she had lost consciousness and needed emergency medical treatment.
- 2007** Recent attempt with a hair dryer in the bath following a telephone call from her father. Sabrina says she had just about been coping with serious suicidal ideas, and help from the community team, but the threat of her father and sister visiting for the first time in 4 years was too much to cope with.

Previous notes state self harm (mainly through cutting herself) was a sign of increased suicidal thinking... this needs to be amended, as Sabrina very clearly articulates how cutting is her coping mechanism separate and distinct from her suicidal thinking.

STRENGTHS (i.e. abilities, capabilities, interests, personal qualities, protective factors, sources of support, etc.) specifically linked to *working with risk*

Sabrina: A survivor... intelligent... insightful... engages with some staff... a good mother... her children are very important to her... a home-maker... knows what she wants, expresses wishes, and at times can see a future... 12-year marriage... reflective on her past with her husband... previous history of employment, and success in training course for nursery nursing...

Husband: Adjusts to accommodate needs of children... gets his own support for himself at the local mosque...

Services: Accepting of and more responsive to Sabrina's needs... good relationship between primary & secondary care teams... primary care counsellor has good relationship with the school & nursery attended by the two children

(If you need more space, please continue on a separate numbered sheet)

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Date/Period of Assessment: March 2007

Date of last review: May 2006

SUMMARY OF ASSESSMENT (since last review)

(Including, for example: context, situations, positive resources, early warning signs, staff allocation, environmental factors, *intuitions* needing to be investigated further, etc.)

Sabrina has been very clear in explaining her use of self harm (cutting) as a coping and survival mechanism, and how it is completely separate from her suicidal thoughts and plans. She continues to deny that her use of alcohol could result in accidental risks, citing her abstinence through all school holidays as evidence her drinking is not a problem. On this basis she feels she has control of her cutting and does not wish to use alternative safer ways of inflicting pain on herself (e.g. ice, rubber bands).

Her level of trust in the workers is reflected in her increasing openness to talk about her history of being abused, but she rejects ideas of referral to specialist counselling services. She is also talking more about the use of laxatives, Epsom Salts and concerns about eating being linked to feelings of poor body image, but she rejects the need for physical examinations to determine any complications this may cause.

The recent plan of support outside of the psychiatric ward was put to a dramatic test. The first phone contact from her father since her mother's death 4 years ago came suddenly, and at a time of acute vulnerability. In the absence of any contingency plans Sabrina impulsively attempted suicide with a hair dryer in the bath. She was only saved by the use of an extension lead tripping the electrical current.

There are continuing concerns about her spending long periods isolated at home, and rarely using the local drop-in centre. She is beginning to revive ideas about the previous interests in the nursery nurse course.

Sabrina is using the 'Service User Personal Safety Plan' to express some of her ideas. The on-going conflict of ideas with her husband causes her concerns.

The recent overnight stay at A&E is seen as a better option by Sabrina than the psychiatric ward, though she would still prefer to be at home.

(If you need more space, please continue on a separate numbered sheet)

**Further need for specialised risk/other assessments (e.g. forensic)
Please specify:**

...../NO

