**Practice Case Studies**

**Case Study 1**

A person became upset when talking to a member of the team earlier in the day. The person informed a staff member that since giving birth 3 months ago, they have started to feel very low and are experiencing daily thoughts of suicide.

The person informed the staff member that she does not wish to act on these thoughts and finds them very upsetting. She does not currently have any plans in place but has considered how she may end her life. She has not told anyone how she is feeling and currently has no mental health support in place.

She said that she wants to feel better so she can enjoy her time with her baby but is worried that social services may be involved if she tells anyone how she feels.

**What actions could you take as the manager responding to this safeguarding concern?**

1. Tell the GP of the risk disclosed, by contacting the surgery and sending the GP Risk to Self letter.
2. Make sure the Mental Health Support Signposting information is sent through to the person, via email plus the urgent mental health support text message.
3. Check team members notes are completed and clearly documented.
4. Complete the supporting manager notes section of the Suicide Tool Conversation Tool Template.
5. Confirm actions to be taken with team member.

**What actions would you record in the ‘Supporting Manager Notes’ section?**

1. Document who you spoke to at the GP surgery & the actions they stated they would take.
2. Risk to Self letter sent to GP.
3. Urgent mental health support text message sent to the person.
4. Mental Health Support Signposting email sent to the person (plus any additional signposting).

**Is there anything else you think is important to consider in this case?**

This person is still in the post-natal period. This means she is likely to be eligible for support with perinatal teams or access to support from mental health services sooner. **It’s important to raise this with the GP.**

**Case Study 2**

A person has returned a call into our service and informed a member of the team that he does not want to rearrange his appointment anymore as he is going to ‘‘kill himself’’. He informs that he is in a park, with a rope and ‘‘no one can help him’’.

A team member waves you over to their desk and you hear them say ‘‘You have told me that you are in the park and want to end your life today’’.

**What actions could you take as the manager responding to this safeguarding concern?**

1. Immediately stop current task and support the team member.
2. Seek support from emergency services by calling 999.
3. Listen in to the conversation, take notes, and write down questions to support the team member to gain important information.
4. Seek support from another colleague, ideally a manager, if present, but limit the number of people involved in supporting the call.

**What information do you feel you should share with the professionals you contact for further support?**

1. Expect to be on the phone to them for between 10-15 minutes.
2. Name, DOB, Address, contact number & current location of the person.
3. Helpful information –
	* What they are planning to do to harm themselves.
	* What they are wearing.
	* What they look like.
	* Are they supported by a mental health team?
	* Is anyone with them?
	* Any information to help them locate the person more easily.
4. Be prepared to provide your name, current location, position, work contact details.
5. Ask for an incident number & for a follow up.

**What other actions do you feel are important to take in this situation?**

* Make sure notes are clear & factual and recorded as soon as possible.
* Tell the rest of the team accepting incoming calls that a manager has responded, should the individual contact the service again that day.
* Reassure the team member that they have done all they can within their role to safeguard the person.
* Allow yourself & the team member time to process.
* Take some time away from the screen, take a walk, make a drink, talk to a friend/family member.
* Follow up with the team member later in the day/the following day to check on wellbeing.

**Case Study 3**

A member of the public has contacted your team and informed that they cannot cope with how they are feeling anymore. They have already attempted to end their life recently.

They inform a member of staff in the team that they have not been taking their medication prescribed for their mental health condition and have lots left over in the bathroom cabinet. They inform a staff member that they are not planning to end their life today but hope to as soon as they can as they feel they have no reason to live anymore.

They have a CPN (community psychiatric nurse) but they don’t feel they are getting the support they need and don’t want to talk to them anymore. They said that they feel no one can help them. They don’t want you to tell anyone how they are feeling as they have told people before and feel no one takes them seriously.

**What actions could you take as the manager responding to this safeguarding concern?**

1. Contact the Community Mental Health Team (CMHT) team as soon as possible & request for the person to be contacted today.
2. Request to speak to the duty team regarding one of their persons who has disclosed urgent risk to self.
3. CMHT to refer to crisis team if they feel appropriate.
4. Ensure person has urgent mental health support text.
5. Clearly document actions and outcome from the conversation with the CMHT in the supporting manager notes.

**What level of concern do you think this person is on the Suicide Prevention Concern and Action Chart? Why?**

* Access to means.
* Multiple attempts.
* Not adhering to antipsychotic medication.
* Likely to act on thoughts soon.
* No protective factors.

**Is there anything else you think is important to consider in this case?**

* Ensure the CMHT are aware that the person is not adhering to their medication and has been stockpiling medication.
* Person resistant to speak to CMHT.

**Case Study 4**

A team member has contacted you to inform that they have spoken to someone and completed the Suicide Conversation Tool. When you review the Tool, you find that the ‘access to means’ question is missing information. From the information you have received, you understand that the person has been experiencing thoughts of suicide but has no plans or preparations in place to end his life.

The person informed a staff member that he has a family who he loves and does not want to hurt. The person’s wife is aware of how he is feeling and is trying to support him but feels very worried. He has never had thoughts of suicide before and is keen to access support.

**What actions could you take as the manager responding to this safeguarding concern?**

1. Speak to the staff member to establish missing information.
2. Send ‘Risk to self’ letter to GP.
3. Send the person the urgent mental health concerns text.
4. Make sure the person is referred/provided with information on how to access mental health support.

**What level of concern do you think this person is on the Suicide Prevention Concern and Action Chart? Why?**

* Level 1.
* Some protective factors.
* No clear plan/preparation **but** some consideration and has access to means.
* Missing question - the person has access to firearms. These are licensed. He uses them when he goes shooting with friends. They are stored in his home. Does this change how we would respond to this safeguarding concern? Would we want to inform anyone that the person has this access to means?