

Case 1



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Your Ref/ eich cyf
Our ref/ ein cyf:
Date/ dyddiad:
Tel/ ffôn:
Fax/ ffacs:
Email/ ebost:
Dept/ adran:

M987654
31.05.2010

Mental Health
CAMHS

NHS No: 246-810-1214

PRIVATE & CONFIDENTIAL

Ashgrove Surgery
Morgan Street
Pontypridd
Mid Glamorgan
CF37 2DR

Dear Doctor,

Re: Olivia Jones – DOB: 30/06/1992
200 The Avenue, Pontypridd, CF37 4DF

Diagnosis: Anorexia nervosa

Medication: Nil

Plan: 1. Discharge from CAMHS

I reviewed Olivia in my outpatient clinic on 31st May 2010, which she attended with her mother.

Olivia continues to do well and has made a good recovery from anorexia, maintaining a BMI around 20 for the past year. She has been accepted at Cardiff University to study Art and is looking forward to commencing this course in September. She is the first person in her family to attend university, and her parents are very proud. Olivia hopes her three younger sisters are inspired to follow her example.

While Olivia is doing well, her mother explained that her own mental health is still difficult, with frequent relapses of depression. Olivia's aunt has a diagnosis of bipolar affective disorder. With this significant family history, I have advised Olivia and her mother of the potential risks for Olivia.

CAMHS Team, Cwm Taf University Health Board

Chair/Cadeirydd: Dr C D V Jones, CBE

Chief Executive/Prif Weithredydd: Mrs Allison Williams

Cwm Taf University Health Board is the operational name of Cwm Taf University Local Health Board/Bwrdd Iechyd Prifysgol Cwm Taf yw enw gweithredol Bwrdd Iechyd Lleol Cwm Taf



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M987654

31.05.2010

Mental Health
CAMHS

After three years in our service and given her current stability, I am discharging Olivia from CAMHS and not recommending referral to adult services. I wish her well for the future.

Yours sincerely

Electronically signed

Dr A Davies
Consultant Psychiatrist

CAMHS Team, Cwm Taf University Health Board

Chair/Cadeirydd: Dr C D V Jones, CBE

Chief Executive/Prif Weithredydd: Mrs Allison Williams

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PARK PLACE SURGERY

100 PENYLAN
ROAD, ROATH PARK
CARDIFF

NHS No: 246-810-1214

PRIVATE & CONFIDENTIAL

Psychological Therapies
Cardiff & Vale UHB

Date: 4th June 2012

Dear Colleague,

**Re: Olivia Jones – DOB: 30/06/1992
25 Senghennydd Road, Cardiff, Wales, CF24 4AG**

Thank you for assessing this 19-year-old woman with depressive symptoms and a history of eating disorder.

She is in her second year at university studying Art. She has become increasingly isolated from her friends, has difficulty sleeping, and hasn't been eating much. She has subsequently lost a significant amount of weight in a short period of time. Her health is otherwise good, with only occasional headaches and an old knee injury.

I have started fluoxetine for her, but I feel she would benefit from psychological therapy.

Yours sincerely,

Electronically signed

**Dr C Baker
Locum GP**

Current medication:
Fluoxetine 20mg OD mane
Ibuprofen 400mg TDS
Aspirin 300mg PRN QDS



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NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Your Ref/ eich cyf
Our ref/ ein cyf: M987654
Date/ dyddiad: 23.12.2017
Tel/ ffôn:
Fax/ ffacs:
Email/ ebost:
Dept/ adran: Ward 22, RGH

DISCHARGE ADVICE LETTER

Patient Name OLIVIA JONES (Miss)
Date of birth 30.06.1992
Gender Female
NHS Number 246 810 1214
Hospital Number M987654
Patient Address 200 The Avenue, Pontypridd, CF37 4DF

Admission date: 17.10.17

Discharge date: 23.12.17

Presenting complaint(s) or reason for admission

On 17th October, Olivia was detained under Section 136 at Pontypridd train station. She had delusional beliefs that she was an angel and had to die by suicide to be with God. She was detained under Section 2 and admitted.

Clinical findings on admission

Olivia appeared disinhibited, overactive, elated in mood, and shared grandiose delusions. She had poor sleep and appetite. This appeared to be a manic episode. Physical health investigations were normal. She has a past history of recurrent depressive disorder, with the latest relapse in July 2017.

Diagnoses, problems

The main issues identified or dealt with during this admission

Bipolar affective disorder, manic episode with psychotic symptoms

Progress in hospital and outcome

Olivia was commenced on olanzapine 10mg OD nocte, and made a gradual improvement. She was discharged from Section 2 on 15th November.

Advice, recommendations, and future plans

CMHT follow-up – first episode psychosis. Please consider medication options.

Ward 22, Cwm Taf University Health Board

Chair/Cadeirydd: Dr C D V Jones, CBE

Chief Executive/Prif Weithredydd: Mrs Allison Williams

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Your Ref/ eich cyf
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M987654
23.12.2017

Ward 22, RGH

DISCHARGE ADVICE LETTER

Patient Name OLIVIA JONES (Miss)
Date of birth 30.06.1992
Gender Female
NHS Number 246 810 1214
Hospital Number M987654
Patient Address 200 The Avenue, Pontypridd, CF37 4DF

Admission date: 17.10.17

Discharge date: 23.12.17

MEDICATIONS

Medications at the time of discharge

MEDICATION	DOSE/FREQ	DURATION	REASON
Olanzapine	10mg OD nocte	Ongoing	Psychosis
Ibuprofen	400mg TDS	Ongoing	Knee pain
Omeprazole	20mg OD mane	Ongoing	Acid reflux

Medications stopped during admission

MEDICATION	DOSE/FREQ	DURATION	REASON
Fluoxetine	60mg OD mane		Mania

Completed by: F. Thomas (CT2)

Ward 22, Cwm Taf University Health Board

Chair/Cadeirydd: Dr C D V Jones, CBE

Chief Executive/Prif Weithredydd: Mrs Allison Williams

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Case 2

YMDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU / WELSH AMBULANCE SERVICES NHS

Date 05/03/18

Inc. No. RT4

98765

Surname

DOE

First name

JANE

Date of birth

Age (years)

Months (if < 1 year)

Ethnicity

Patient's first language

Male ☐

Female ☒

English ☐

Welsh ☐

BSL ☐

Other (please specify below) ☐

Incident address (if not patient's address)

PARK PLACE, CARDIFF

Patient's address

NOT KNOWN

Patient has informal care ☐

Postcode

GP and Surgery

NOT KNOWN

Call sign 1

A12

Time onset of symptoms

Time of CFR handover

Call sign 2

B34

Time of call

22:40

Time RRV/APP handover

Call sign 3

C56

At scene

22:51

At hospital

23:37

Hospital

UHW

At patient's side

☐ Patient attended by WAST < 24 hours

☐ Patient discharged < 48 hours

Grade Attendant Base

Staff No. 1

001

Staff No. 2

002

Staff No. 3

Staff No. 4

Staff No. 5

Staff No.

Time

2

23:04

Airway

Clear ☒

Partial ☐

Obstructed ☐

Breathing

☒ Present

☐ Absent

Circulation

☒ Present

☐ Absent

A V P U

☐ ☐ ☒ ☐

Staff No.

Time

2

23:20

Airway

Clear ☒

Partial ☐

Obstructed ☐

Breathing

☒ Present

☐ Absent

Circulation

☒ Present

☐ Absent

A V P U

☒ ☐ ☐ ☐

Staff No.

Time

Airway

Clear ☐

Partial ☐

Obstructed ☐

Breathing

☐ Present

☐ Absent

Circulation

☐ Present

☐ Absent

A V P U

☐ ☐ ☐ ☐

Staff No.

Time

Airway

Clear ☐

Partial ☐

Obstructed ☐

Breathing

☐ Present

☐ Absent

Circulation

☐ Present

☐ Absent

A V P U

☐ ☐ ☐ ☐

A Resps 16 NEWS ☐
SpO₂ 96 NEWS ☐
On air ☒ On O₂ ☐
Any supplemental Oxygen ☐

C BP 110 / 70 NEWS 1
Pulse 84 ☐

D A.V.P.U. score 3 NEWS ☐

E Temp 35.9 NEWS 1

NEWS total 5

Peak flow ☐ Pain score ☐ Cap refill ☐ <2
☐ >2

Glucose mmol/l 3.4

Pupils

Left ☐ Dil ☒ Reac ☐ Pin ☐

Right ☐ Dil ☒ Reac ☐ Pin ☐

GCS

Eyes 2 + Verb 2 + Motor 4 = Total 8

A Resps ☐ NEWS ☐
SpO₂ ☐ NEWS ☐
On air ☐ On O₂ ☐
Any supplemental Oxygen ☐

C BP ☐ / ☐ NEWS ☐
Pulse ☐ ☐

D A.V.P.U. score ☐ NEWS ☐

E Temp ☐ NEWS ☐

NEWS total ☐

Peak flow ☐ Pain score ☐ Cap refill ☐ <2
☐ >2

Glucose mmol/l ☐

Pupils

Left ☐ Dil ☐ Reac ☐ Pin ☐

Right ☐ Dil ☐ Reac ☐ Pin ☐

GCS

Eyes 4 + Verb 5 + Motor 6 = Total 15

A Resps ☐ NEWS ☐
SpO₂ ☐ NEWS ☐
On air ☐ On O₂ ☐
Any supplemental Oxygen ☐

C BP ☐ / ☐ NEWS ☐
Pulse ☐ ☐

D A.V.P.U. score ☐ NEWS ☐

E Temp ☐ NEWS ☐

NEWS total ☐

Peak flow ☐ Pain score ☐ Cap refill ☐ <2
☐ >2

Glucose mmol/l ☐

Pupils

Left ☐ Dil ☐ Reac ☐ Pin ☐

Right ☐ Dil ☐ Reac ☐ Pin ☐

GCS

Eyes ☐ + Verb ☐ + Motor ☐ = Total ☐

A Resps ☐ NEWS ☐
SpO₂ ☐ NEWS ☐
On air ☐ On O₂ ☐
Any supplemental Oxygen ☐

C BP ☐ / ☐ NEWS ☐
Pulse ☐ ☐

D A.V.P.U. score ☐ NEWS ☐

E Temp ☐ NEWS ☐

NEWS total ☐

Peak flow ☐ Pain score ☐ Cap refill ☐ <2
☐ >2

Glucose mmol/l ☐

Pupils

Left ☐ Dil ☐ Reac ☐ Pin ☐

Right ☐ Dil ☐ Reac ☐ Pin ☐

GCS

Eyes ☐ + Verb ☐ + Motor ☐ = Total ☐

PATIENT CONSCIOUS 23.20

- SLURRED SPEECH
- AGITATED
- REFUSING TO GIVE NAME + DETAILS OF EVENTS.
- REFUSED OBS + FURTHER TESTS.

Condition codes Main Other Other

Next PCR number
(Or previous if this is the last PCR)

☐ Upgrade to hot response (details in narrative)

☐ Non immediate transport requested ☐ Pre-alert given

R&I code

R&I additional information

Routine inquiry
H ☐ I ☐ T ☐ S ☐ Negative ☐ Not undertaken (detail in narrative) ☐

Safeguarding referral
Safeguarding referral form No.

Child ☐ Adult ☐ Staff No.

[illegible]

Form HO 12

Regulation 4(1)(g)

Mental Health Act 1983 section 5(2) - report on hospital in-patient

PART I

(To be completed by the registered medical practitioner or approved clinician in charge of the treatment of the patient under section 5(2) or any person nominated under section 5(3))

To the managers of

(name and address of hospital)

University Hospital of Wales

Heath Park Way, Heath Park,

Cardiff, CF14 4XW

(full name)

I am

Amy Baker

and I am

Delete (a) or (b) as appropriate

(delete the phrase which does not apply)

(a) ~~the registered medical practitioner/the approved clinician~~ (who is not a registered medical practitioner)

OR

(b) a registered medical practitioner/~~an approved clinician~~ who is the nominee of the registered medical practitioner or the approved clinician

in charge of the treatment of

(full name of patient)

Rachel Anne Smith

who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons

(the full reasons why informal treatment is no longer appropriate must be given)

Miss Smith is a missing person with psychotic depression + a history of absconding + serious OD + hanging attempts. She has now taken a serious OD + unconvincingly denies suicidal ideas. She wanted to leave the ward + I am concerned she is at serious + imminent risk of suicide.

Please turn over

Form HO 12 (Cont'd)

Delete the phrase which does not apply

I am furnishing this report by:

consigning it to the hospital managers' internal mail system today

(time)

at

10:45

delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

Signed:

AB

Date:

8-3-18

PART 2

To be completed on behalf of the hospital managers

This report was:

(delete the phrase
which does not
apply)

furnished to the hospital managers through their internal mail system

delivered to me in person as someone authorised by the hospital managers
to receive this report at

10:45

on

8-3-18

(time and date)

Signed:

Barbara Cox

on behalf of the hospital managers

Name:

Barbara Cox

Date:

8-3-18

Form HO 4

Regulation 4(1)(b)(ii)

Mental Health Act 1983 section 2 - medical recommendation for admission for assessment

(full name and address of medical practitioner)

CARLO ANTENUCCI, University
Hospitals Wales, Heath Park Way,
Heath Park, Cardiff CF14 4XW

(full name and address of patient)

a registered medical practitioner, recommend that

Zachel Anne Smith, NFA.

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

(date)

I last examined this patient on

8-3-18

(* delete if not applicable)

~~* I had previous acquaintance with the patient before I conducted that examination.~~

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient

- (a) is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period

AND

- (b) ought to be so detained

- (i) in the interests of the patient's own health
(ii) in the interests of the patient's own safety
(iii) ~~with a view to the protection of other persons~~

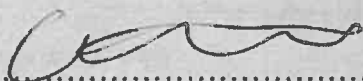
(delete the indents not applicable)

My reasons for these opinions are:

(your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate)

Miss Smith has a history of psychotic depression + is known to mental health services in Birmingham but was recently discharged. She took a mixed OD of risperidone, paracetamol + alcohol after voices told her to kill herself. She planned this for a week, travelled to avoid being found + believed it would be fatal. She is low in mood + flat affect, self neglect + eating + drinking little. She lacks insight into her depression + wants to die. She lacks capacity to consent to treatment because she *

Signed:



Date:

8.3.18

* cannot weigh up the benefits + risks at admission. She is at high risk of further deterioration in her health + also suicide. She requires a period of inpatient assessment + treatment.

Cardiff & Vale University Health Board
ECT

**URGENT TREATMENT UNDER SECTION 62
OF THE MENTAL HEALTH ACT 1983**

*To be read in conjunction with: Code of Practice – Chapters 23, 24 & 36
Reference Guide – Chapters 16, 17 & 36 and CAV ECT Protocols*

Mental Health Act 1983 sections 2, 3, 36, 37, 38, 37/41, 45A, 47, 47/49, 48, 48/49, CPIA5

Name of Patient...Rachel Anne Smith..... M#:987654.....

Ward.....Oak Ward..... DoB:01/03/1986.....

Section.....2.....

Approved Clinician (Please Print).....DOMINIC JONES.....

I confirm that I am the Approved Clinician in charge of treatment for the above named patient and that urgent treatment is:

☒ If applicable

☒ Immediately necessary to save the patient's life

or

☐ Immediately necessary to prevent a serious deterioration in the patient's condition (not being irreversible)

or

☐ Section 62(2) – Compliance with Sec 58A is pending and discontinuation of the treatment or of treatment under the plan would cause serious suffering.

Proposed treatment:

____12 sessions of ECT____

Please explain fully why treatment was given:

__Rachel is refusing all investigations and medications. She is not eating or drinking and this has been continuous for three days. She has fainted on multiple occasions. She is very distressed, floridly psychotic, and self-neglecting. I am recommending this treatment due to risk of death from dehydration. _____

Signed Approved Clinician...D JONES.....Date...12.03.18.....Time...13:00.....

NHS No: 246-810-1214

PRIVATE & CONFIDENTIAL

Psychological Therapies
Birmingham and Solihull Mental Health NHS Foundation Trust

18th May 2018

Dear Doctor,

Re: Rachel Anne Smith – DOB: 01/03/1986
40 Keer Court, Birmingham, B9 4PQ

Diagnosis: Severe depressive episode with psychotic symptoms

Medication: Lithium carbonate (Priadel) 600mg OD nocte
Venlafaxine 225mg OD nocte

Thank you for assessing this 32-year-old woman with psychotic depression.

She was recently discharged from a mental health unit in Cardiff, where she was detained under Section 3 of the Mental Health Act following a significant mixed overdose with alcohol. Her symptoms at the time were low mood, not eating and drinking, voices telling her to harm herself, and self-neglect. She was stabilised after a course of ECT and her mental state remains stable on lithium and venlafaxine. After graded Section 17 leave, she has now returned to live in Birmingham.

I feel she would benefit from some psychological therapy and would welcome your assessment.

Yours sincerely

Electronically signed

Dr Fiona Hughes
Consultant Psychiatrist

Management of Risk Escalation and Planning Meeting

Patient Name:	Rachel Anne Smith	Date of escalation	04/12/18
DOB:	01/03/1986		
Escalated to		Date of discussion	04/12/18

Rationale / Prompts for Risk Escalation

Non compliance with medication regime	X
Non compliance with Depot medication	
Missed appointments	
Significant risk history	X
Significant recent risk history	
Disengagement with services	X
Disengagement with support network	
Increased substance misuse	
Substance misuse	X
Increased alcohol use	
Alcohol use	
Poor support network	
Rationale Explained 32-year-old woman with psychotic depression – admission under Section 2/3 in March 2018, requiring ECT. Recently completed 12 weeks of CBT. Disengaged from CPN. Report from family that she is using cannabis, severely depressed and suicidal. Refusing team entry to the flat. Concerns that she is hoarding medication for another overdose.	
PLAN	

Case 3

CONTINUATION
HISTORY SHEET

SURNAME RICHARDS
Mr/Mrs/Miss
FIRST NAMES GEORGE MORRIS

CASE No
987654
14/02/93

DATE

CLINICAL NOTES (Each entry must be signed)

07/01/95
22:30

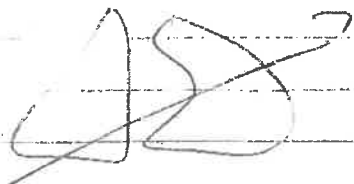
WR MED SprL - JONES

22 6 - motor retraction, loss of facial movement
brenor
- 2/52
- worse - num normal
- n/sy n/s, 2 gitcher

PM 14 - Bydrosis - under CMTT

DAx - Haloperidol 20mg + D
NRDA

O/E - Alert, n/s 1:1
HS 1-11-1-0



- Cerebral nerves intact
- Power 5/5 2H four limbs
- Rising hemor +++

Imp ERSEs

(P) 1. Progesterone
2. UY

Jones
#5678

CARE AND TREATMENT PLAN

Gall y cynllun hwn cael ei gwblhau yn y Gymraeg neu yn y Saesneg,
neu yn rhannol yn y Gymraeg ac yn rhannol yn Saesneg
This plan may be completed in either the Welsh or the English language,
or partly in Welsh and partly in English

Mental Health (Wales) Measure 2010 Section 18 – Care and Treatment Plan

This care and treatment plan has been prepared under
section 18 of the Mental Health (Wales) Measure

<i>Name of relevant patient</i>	This is the care and treatment plan of		
	George Morris Richards	<i>patient's swift number</i>	
<i>Full usual address of relevant patient</i>	who lives at (full usual address)		
	10 Whitchurch Road, Llanelli, SA15 3AE		
<i>Name of care coordinator</i>	The care coordinator who has prepared this care and treatment plan is		
	Wyn Rees		
<i>Telephone number, postal address and where appropriate e-mail address of care coordinator</i>	who can be contacted at:		
	Brynmair, 11 Goring Road, Llanelli, Carmarthenshire, SA15 3HH 01554 772768		
<i>Name of Local Health Board or Local Authority that appointed care coordinator</i>	The care coordinator has been appointed by, and is acting on behalf of		
	Hywel Dda University Health Board		
This plan was made on		16/08/2017	<i>Date plan was made and date by which the plan must be reviewed</i>
and is to be reviewed no later than		16/08/2018	
However,		George Richards	<i>Name of relevant patient</i>
his or her carer(s), or adult placement carer(s) may request a review of this care plan at any time			

This part of the care and treatment plan records the outcomes which the provision of mental health services are designed to achieve, details of those services that are to be provided, and the actions that are to be taken with a view to achieving these outcomes.

The planned outcome(s) included in the following part of the plan must relate to one or more of the areas listed, and include an explanation of how each outcome relates to each area. Outcomes also may be achieved in other areas, and are to take into account any risks identified in relation to the relevant patient. This part of the plan should also set out details of the services that are to be provided or actions taken to achieve the planned outcomes, including when and by whom those services are to be provided or actions taken.

Outcomes to be achieved must be agreed in relation to at least one of the following areas	Outcome to be achieved	What services are to be provided or actions taken	When	Who by
Accommodation	George would like to move out of the family home and secure independent accommodation.	Occupational therapy referral to assess George's independent living skills. Referral to Gofal for housing.	August 2017	Inpatient team
Education and training	George would like to work as a barber. He has been out of work since he was 21.	Investigate training opportunities	September 2017	Care coordinator
Finance and money	George receives ESA and PIP.	No further action.		
Medical and other forms of treatment, including psychological interventions	George has recently started clozapine for treatment-resistant schizophrenia. He is currently an inpatient at PPH.	Clozapine clinic for monitoring Medical review every three months	August 2017	Clozapine clinic OPD Psychology

	George would like to access counselling around the violent homophobic bullying he experienced as a teenager.	Referral to psychological therapy.	September 2017	
<i>Parenting or caring responsibilities</i>	Not applicable	No further action		
<i>Personal care and physical well-being</i>	George has been neglecting his self-care during his admission. He is also forgetting to use his inhalers for asthma.	OT assessment for ADLs. Asthma nurse review	August 2017	Inpatient team
<i>Social, cultural and spiritual</i>	George has very few hobbies or interests. He has lost contact with his friends from school.	Support with accessing community activities	September 2017	Care coordinator
<i>Work and occupation</i>	George has been out of work since he was 21.	Investigate return to work schemes. George is eligible for The Prince's Trust.	September 2017	Care coordinator
<i>Outcomes to be achieved may also be agreed in relation to other areas</i>	.			

The following thoughts, feelings or behaviors may indicate that

Name of relevant patient

Is becoming more unwell and may require extra help from the care team
(these are sometimes called relapse signatures:

Increased suspicion of healthcare workers, health anxiety, voice experiences of
bullies conspiring to hurt him, poor sleep

If Name of relevant patient feels that his or her
mental health is deteriorating to the point where he or she requires extra help or
support, the following actions ought to be taken (this is sometimes known as a crisis
plan and must include the details of services to be contacted):

Voices loud and difficult to ignore, refusal to meet with care coordinator, low mood,
and suicidal ideation

Any language or communication requirements or wishes which

Name of relevant patient

has (including in relation to the use of the Welsh Language) ought to be recorded
here:

The views of *Name of relevant patient* **George Richards**
on this care and treatment plan, the mental health services that are to
be provided, and any future arrangements that ought to be considered
are:

George does not want haloperidol or risperidone again due to side
effects.

*Record any views that the
relevant patient wishes to
be included (including past
and present wishes and
feelings about the matters
covered by the plan) and
include any statements
about any future
arrangements which may
apply. If the patient does
not have any views or
statements on these
matters, or the patient's
views cannot be
ascertained, this ought to
be recorded also.*

This care and treatment plan has:

* been agreed with **George Richards** *Name of relevant
patient*
and is recorded in accordance with section 18(2) of the Mental Health
(Wales) Measure 2010

** delete as applicable (one,
but not more than one
statement must apply)*

* not been agreed with *Name of relevant
patient*
but the outcomes have been determined by the mental health service
provider(s) and are recorded in accordance with section 18(6) of the
Mental Health (Wales) Measure 2010.

So far as it is reasonably practicable to do so, the following mental
health service provider(s) must ensure that the mental health services
set out in this care and treatment plan are provided

Hywel Dda University Health Board

*Enter the name of the
Local Health Board and/ or
the Local Authority who
are responsible for
providing secondary
mental health services to
the relevant patient*

Signed: *Relevant patient*

*The relevant patient may
sign the care and
treatment plan if they wish*

Signed: *Care Coordinator*

*The care coordinator must
sign this care and
treatment plan*

Date: 16.08.2017

*Enter the date the care
and treatment plan is
made.*



GIG
NHS

Bwrdd Iechyd
Hywel Dda
Health Board



Mental Capacity Act 2005 BEST INTERESTS ASSESSMENT & CHECKLIST

For further guidance and examples please consult the Mental Capacity Act 2005 Code of Practice and your organisation's own policies and resources. All sections of the form need to be completed to ensure you comply with the requirements of the Mental Capacity Act 2005.

PATIENT / SERVICE USER DETAILS

Surname: RICHARDS First Names: GEORGE MORRIS
Date of birth: 14/02/15 Identification number: 987654
(e.g. NHS number / Care First number)

A PRIOR TO UNDERTAKING A BEST INTERESTS ASSESSMENT

Confirmation that the person lacks capacity for this decision.

The best interests process only applies to people who lack capacity for the decision. Provide the required information below to confirm the person lacks capacity:

Name of assessor: DR SUSAN HILL Date of capacity assessment: 12/01/18

Remember, you must consider if the person is likely, at some time, to regain capacity for this decision and, if so, when this is likely to be and can the decision wait until that time. Do not proceed to make a best interests decision unless you believe it is unlikely that the person will regain capacity or the decision cannot reasonably wait until that time.

Is there an alternative source of decision-making authority? N/A

Tick where appropriate and complete supplementary information:

- The person has made an advance decision which is valid and applicable ☐

Date of advance decision: Date seen:

- There is a person with a Lasting Power of Attorney (health and welfare) with authority for this decision ☐

Date registered with the Office of the Public Guardian: Date seen:

- There is a Court Appointed Deputy with authority to make this decision ☐

Date of court appointment: Date seen:

A valid and applicable advance decision refusing the care or treatment subject to this decision will be binding on involved professionals. Where there is an attorney or deputy with the relevant authority they will be the decision-maker. You will not need to complete the remainder of this form if the authority for this decision is an advance decision or lies with an attorney or deputy. Consult your MCA Lead or Legal Services Department if you are unsure of the validity of any advance decision, or the authority of an attorney or deputy, or if you feel an attorney or deputy is not acting in the person's best interests.

What is the particular decision that needs to be made at this time?

TREATMENT FOR ACUTE EXACERBATION OF ASTHMA

Who is the decision-maker?

Whilst it is possible for a group to make a best interests decision, it is good practice for there to be an identified decision-maker.

Name of decision-maker: DR M. THOMAS Job title: CONSULTANT RESPIRATORY PHYSICIAN

Remember, you cannot base a best interests decision on unjustified assumptions about the person's age, appearance, condition or behaviour. You must consider all the circumstances of which you are aware that can reasonably be regarded as relevant.

Participation of the person who lacks capacity

The MCA requires that the person is assisted to participate as fully as possible in the decision-making process. Describe below how you have supported the person to be as involved as possible. Explain any limitations to the person's involvement:

GEORGE INTERVIEWED BY LIAISON TEAM AND GIVEN INFORMATION BUT DISTRESSED AND SUSPICIOUS OF TEAM AND PAPERWORK TORN UP

B INFORMATION ABOUT THE PERSON WHICH IS RELEVANT TO THE DECISION

The person's known past or present wishes in relation to this decision

The MCA and the Code of Practice require that the views of a person who lacks capacity should be considered and their wishes taken fully into account. Record below what is known about the person's past or present wishes. If it is not possible to find out the person's views or wishes explain why this is the case:

PREVIOUSLY, GEORGE HAS BEEN COMPLIANT WITH INHALERS AND ALL PRESCRIBED TREATMENT.

Does the person have particular beliefs and values relevant to this decision?

The MCA requires that decision-maker considers the beliefs and values that would be likely to influence a person's decision if they had capacity. Record any information you have about the person's beliefs or values relevant to this decision. If the person does not appear to have any relevant beliefs or values, or you are unable to find out, explain why this is the case:

N/A.

Are there relevant 'other factors'?

The decision-maker is required to consider any other factors which the person who lacks capacity would consider if they were able to do so. These can include the effect of the decision on other people, obligations to dependents or their duties as a responsible citizen. Record any such factors which are relevant to this decision below:

MOTHER WORRIED. IMPACT ON YOUNGER TWIN BROTHERS AS UPCOMING EXAMS.

C CONSULTATION WITH OTHERS

Where it is practical and appropriate to do so, the following people should be consulted about the person's best interests (even if they do not have authority to make the decision).

- Anyone previously named by the person as someone they want to be consulted
- Anyone involved in caring for the person
- Anyone interested in their welfare (family carers, close relatives, or an advocate already working with the person)
- An attorney appointed through a Lasting Power of Attorney/Enduring Power of Attorney who does not have authority to make this decision
- A court appointed deputy who does not have authority to make this decision

Give the name of people consulted below:

Name of consultee: (to person who lacks capacity)	Relationship:	Method of consultation: (e.g. meeting, telephone call, letter)	Date:
ELLEN RICHARDS	MOTHER	MEETING	11/01/18
MORRIS RICHARDS	FATHER	TELEPHONE	11/01/18
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.....
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.....
.....
.....

Use the balance sheet below to record how you have weighed up the person's known views and wishes, and the views of consultees about what is in the person's best interests:

Option A (describe below):	Option B (describe below):	Option C (describe below):
<p>Pros and cons of this option:</p> <p>NEBULISERS, O₂, STEROIDS</p>	<p>Pros and cons of this option:</p> <p>INHALERS ONLY</p>	<p>Pros and cons of this option:</p> <p>NO TREATMENT</p>
<ul style="list-style-type: none"> - MOST EFFECTIVE TREATMENT - FAST RECOVERY - CAN RETURN HOME SOONER - REQUIRES RESTRAINT - SIDE EFFECTS OF STEROIDS 	<ul style="list-style-type: none"> - UNLIKELY TO RESOLVE EXACERBATION BUT SOME POSITIVE EFFECT - ACCEPTABLE TO PATIENT - NOT EFFECTIVE IN COMMUNITY - RISK OF DETERIORATION 	<ul style="list-style-type: none"> - NO RESTRAINT OR SIDE EFFECTS - HIGH RISK OF DETERIORATION - COULD BE LIFE-THREATENING
<p>Were any disagreements encountered?</p> <p>The Code of Practice suggests disputes might be resolved through involvement of an advocate, getting a second opinion, holding a best interests meeting, attempting mediation or pursuing a complaint. Whilst the MCA does not require a consensus to be reached, intransigent disputes for important decisions may require the involvement of the court. Consider seeking advice from your MCA Lead or Legal Services Dept. Record below the nature of any unresolved disagreements:</p>		
<p>NO DISPUTES.</p>		

E THE BEST INTERESTS DECISION

Record below the decision that is considered to be in the person's best interests:

NEBULISERS, OXYGEN + STEROIDS

Record below your reasons for arriving at this particular decision:

- MOST EFFECTIVE
- LEAST RISK TO LIFE.

Name of decision-maker: MARIE THOMAS Job title: CONSULTANT RE

Signature: *[Signature]* Date: 12/01/18

Form HO 12

Regulation 4(1)(g)

Mental Health Act 1983 section 5(2) - report on hospital in-patient

PART 1

(To be completed by the registered medical practitioner or approved clinician in charge of the treatment of the patient under section 5(2) or any person nominated under section 5(3))

To the managers of

(name and address
of hospital)

PRINCE PHILIP HOSPITAL,
BRYNGLOYN MAWR, DAFEN
LL4WELL, SA14 8QF

(full name)

I am

MARIE THOMAS

and I am

Delete (a) or (b) as appropriate

(delete the phrase
which does not
apply)

(a) the registered medical practitioner/~~the approved clinician (who is not
a registered medical practitioner)~~

OR

(b) ~~a registered medical practitioner/an approved clinician who is the nominee
of the registered medical practitioner or the approved clinician~~

in charge of the treatment of

(full name of patient)

GEORGE MORRIS RICHARDS

who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons

(the full reasons why
informal treatment
is no longer
appropriate must be
given)

GEORGE HAS SCHIZOPHRENIA IN HOSPITAL + IS WORRIED
THAT NURSES WILL POISON + KILL HIM - HE CAN HEAR
DOCTORS PLOTTING TO TAKE OUT HIS ORGANS.
DESPITE FINISHING STEROID + O₂ TREATMENT,
HIS ASTHMA HAS NOT IMPROVED. HE WANTS TO
LEAVE THE WARD + I AM CONCERNED HE
IS VULNERABLE, WOULD DETERIORATE.

Please turn over

Form HO 12 (Cont'd)

Delete the phrase which does not apply

I am furnishing this report by:

consigning it to the hospital managers' internal mail system today

(time)

at

10:30

delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

Signed:

MT

Date:

10.1.18

PART 2

To be completed on behalf of the hospital managers

This report was:

(delete the phrase
which does not
apply)

furnished to the hospital managers through their internal mail system

delivered to me in person as someone authorised by the hospital managers

(time and date)

to receive this report at

on

Signed:

Ben Davies

on behalf of the hospital managers

Name:

Ben Davies

Date:

20.01.18

Pierce Suicide Intent Scale – To be completed after suicide attempt

Pierce, D.W. (1977) *British Journal of Psychiatry*, 130, 377-385

Client Name: George Richards Assessor: B Chen Date: 20.04.18

Circumstances

1	Isolation	0	Someone present
		1	Someone nearby or on telephone
		2	No-one nearby
2	Timing	0	Timed so intervention probable
		1	Intervention unlikely
		2	Intervention highly unlikely
3	Precautions against rescue	0	None
		1	Passive (e.g. alone in room, door unlocked)
		2	Active precautions
4	Acting to gain help	0	Notifies helper of attempt
		1	Contacts helper, doesn't tell
		2	No contact with helper
5	Final acts in anticipation	0	None
		1	Partial preparation
		2	Definite plans (e.g. will, insurance, gifts)
6	Suicide note	0	None
		1	Note torn up
		2	Presence of note

Self-report

7	Lethality	0	Thought would not kill
		1	Unsure if lethal action
		2	Believed would kill
8	Stated intent	0	Did not want to die
		1	Unsure
		2	Wanted to die
9	Premeditation	0	Impulsive
		1	Considered less than 1 hour
		2	Considered less than 1 day
		3	Considered more than 1 day
10	Reaction to act	0	Glad recovered
		1	Uncertain
		2	Sorry he/she failed

Risk			
11	Predictable outcome	0	Survival certain
		1	Death unlikely
		2	Death likely or certain
12	Death without medical treatment	0	No
		1	Uncertain
		2	Yes

Items (1 + 2 + 3 + 4 + 5 + 6) = 'circumstances score' = 8
 Items (7 + 8 + 9 + 10) = 'self-report score' = 8
 Items (11 + 12) = 'Medical risk score' = 2
 Total score = 18

Total score 0 – 3 = Low Intent; 4 – 10 = Medium Intent; **More than 10 = High Intent**

Assessment notes:

Urgent call from mother, Ellen Richards – she discovered George in his home with a noose in his hand. Very concerned by what he has told her:

- Planning to end his life for three weeks
- Hopeless about recovery
- Researched hanging on a website and obtained rope from B&Q
- Drank 1 litre of whiskey for courage
- Wrote a suicide note to mother
- Delayed tying noose because looked at photos of his family
- Mother came in unexpectedly and wasn't due to visit until tomorrow

George does not want to come into hospital. I have arranged a Mental Health Act Assessment