

## **Appendix D Case Study Chat Health**

**Case study by:** *Shannon Pratt HCPN and Shelley Winterton PHN-SN*

For the basis of confidentiality, the person in the study will be named: *Fred*

**GENDER:** Male

**AGE:** 13yrs

**ETHNICITY:** White British

**CONTACT TYPE / SETTING:** Face to face in senior school setting

### **OTHER PROFESSIONALS INVOLVED:**

Early Help – allocated family support worker until approx.. June 2022

CAMHS (since October 2022)

### **CHRONOLOGY:**

24.05.22 Parent (mum)messaged into Chat Health (using young person number) clearly identified self as a parent. Requesting support for Fred due to concerns with Fred being anxious and this escalating that mum is very concerned about mood. School nurse (SN) provided support and information to mum via chat health and clarified if Fred would like a SN appointment face to face in school. Mum confirmed he would prefer “to speak to a school nurse rather than just first aid.” Referred into appropriate SN team and safety plan provided to mum in the meantime.

31.05.22 Referral received by SN team, discussed at allocations meeting and prioritised as amber due to potential self-harm risks, mood, and young male. Also referred by GP for neurodevelopmental (ND) assessment. Letter sent home to advise referral accepted, consent received from Fred and mum for assessment.

13.06.22 Face to face triage assessment completed with Fred in school. The assessment identified that Fred himself was experiencing some anxiety but also described mixture of anxiety and fear. Fred clearly found it difficult to express himself fully. Some triggers to Fred becoming angry or anxious described by Fred that included others making noises – Fred felt he had no control or warning over his responses towards others. Denies self-harm or suicidal ideation. Due to Fred’s presentation as being quiet, difficulty opening up and Fred being confused about his feelings, a full baseline health assessment was agreed. Safety plan provided and Fred consented to information being shared with parent and other professional as required.

14.06.22 HCPN telephone call to mum. Mum reports that she is worried that Fred’s issues with his emotions have been ongoing since primary school but that she is concerned that Fred is deteriorating. Awaiting outcome of referral for ND assessment. Safety plan re-iterated.

27.06.22 Baseline health assessment completed face to face in school. Anonymised analysis and plan detailed below:

Fred was seen today in school for a baseline health assessment following on from his triage appointment which he consented to and mum aware. Fred appeared more relaxed and interactive during this assessment compared to his previous appointment with us. Fred was dressed in clean appropriate clothing, and he appeared well looked after. There were no concerns regarding Fred's physical health although he stated he has asthma; it appears well-controlled. Height and weight completed during baseline health assessment. Although BMI indicates that Fred is overweight, no concerns from visual assessment.

From the baseline health assessment, it has now become clear Fred struggles with anger at school and paranoia at home which he would like assistance with how to control these. He was open and honest regarding when these are happening and was able to identify how he is managing with these at home using his own coping strategies including drawing, exercise (using his punchbag) and listening to music. Fred is finding it more difficult to implement these strategies at school as he is unable to use these strategies during school hours. Fred scored high in his emotional scaling for both home and school showing positive emotional resilience for both. Risk assessment completed which was identified as low, due to no self-harm or suicidal thoughts and has good strategies and protective factors in place to support emotional health.

Fred has been given more strategies from school nurses to try during school hours including square breathing and grounded technique. Fred understands how to use these and apply them when he is feeling these emotions during school time.

Agreed a plan with Fred to implement strategies over summer holidays and to meet again following summer break for a review assessment.

Plan:

- SN contact mum to feedback from baseline health assessment within 5 working days to which Fred consented to.
- SN to review after summer holidays (allowing him to settle back into school with new strategies).
- Parents and Fred aware how to contact other professionals during summer holidays if required, safety plan including emergency numbers, chat health, and CAP remain in place and appropriate.

#### **OUTCOME / REVIEW:**

26.09.22 Fred did not attend review appointment in school. Health records that mum has contacted GP surgery same date due to Fred's mood (having more mood swings) and outburst of anger at home. GP arranged face to face 27.09.22. SN liaised with attendance officer at school who advised that mum has contacted to inform school that Fred will not be in due to his mental health. Further appointment arranged for Fred in school that attendance officer will inform mum to ensure he can attend.

27.09.22 health record reviewed for update re GP appointment. Fred informed GP he has thoughts to harm other people. GP referred to early intervention service for counselling. This referral was not accepted, and Fred/family signposted to local tier one services.

03.10.22 Face to face review assessment with Fred in school. Anonymised analysis and plan below:

Fred attended school nurse review appointment today. Fred presented initially as calm however as the appointment went on, he began to appear agitated with minimal eye contact.

From this assessment, Fred is at an increased emotional health risk and is a very vulnerable young person at this time. He was able to identify that he has not previously been honest with school nurses and appears to want support to change how he is feeling.

Fred did not want to give much information about the thought he has to harm others, however on exploration he was able to share enough information to indicate a raised risk to Fred and to others surrounding him, due to Fred experiencing almost constant thoughts to hurt others in violent ways. Consideration given to Fred being exploited or radicalised due to these thoughts – Fred denies any involvement from others or harm targeted towards any specific groups/persons. Whilst Fred is not acting on these thoughts at present, he could not identify that he wouldn't act on these. However did state that he feels that it is 'not the right time'. There is also an increased risk to Fred's safety from what he has disclosed today from his intent to take overdose during summer 2022. Fred has not felt able to share this with his mum or any other professional previously. Fred stated he is not actively suicidal at present, however he did not follow through with his plan in summer holidays as he was not able to find any medication at home.

Fred has been referred to early intervention for counselling however it was clear from today's appointment this risk is now high and requiring urgent assessment for his mental health and safety.

**PLAN:**

Immediate plan to inform school for Fred's safety, to contact mum and CAMHS crisis referral to be made immediately.

**OVERALL OUTCOME:**

CAMHS crisis assessment completed with Fred on 03.10.22 via telephone and deemed 'raised risk to others'. Urgent face to face assessment completed by CAMHS clinician 04.10.22. CAMHS ongoing involvement to date. It is noted that on each contact with a professional from the beginning of the referral process, Fred has shared his thoughts and feelings a little bit more openly at a time. Fred was fearful to inform professionals of having 'dark' thoughts as he felt he would be 'taken away'. Fred eventually disclosed that he has active plans to stab, shoot and strangle 'anyone who may be in the local park near my house on Halloween', these plans remain active to date.

This case highlights the importance of listening to parents' concerns, taking a full history and most crucially, building a therapeutic relationship with young people for them to feel safe enough to share their experiences and concerns. The work completed with Fred, has resulted in Fred and those around him being protected as far as possible.