

Case study 'Kevin'

Kevin was a previous resident at Gabriel House. He was evicted for aggression to a female resident and his stay was very short as his mental health issues were not being addressed by him. Kevin was not medicated. Kevin has diagnosed Schizophrenia, Aspergers syndrome and Schizoid Personality Disorder. Kevin was also known as an Amphetamine Sulphate user as well as having occasional binges on alcohol.

Prior to Kevin being accommodated at Gabriel House, there was an agreement in place that his mental health issues were being addressed by proper medication.

Through multi agency meetings it was established that Kevin was in Langdon Hospital for a period of approx. 14 years before he left and was accommodated at Morwenna House in Exeter but was evicted for threatening a female member of staff. It was decided that as well as staff support that RAIL would also provide ongoing support in the form of outreach. This set up was difficult to work but has now been put in place with Kevin receiving regular contact.

Kevin's money is managed through Court Of Protection team based at Devon County Council. Lines of communication were set up to assist Kevin with access to money to enable him to have a weekly food budget. Kevin's money was also managed by Shilhay to enable him to have a daily budget of £10 for sundry shopping which he manages himself. Monies were also accessed for Kevin to provide him with a wardrobe of clothing.

Kevin was supported in all aspects of maintaining his accommodation and resettlement in a joint exercise with his resettlement worker at Gabriel House. Kevin was referred to RE-THINK in North Devon but after a visit there this fell through.

Kevin has a Depot injection once a month and is supported to attend these appointments but this has slowed down as Kevin has managed to remember the importance of this and maintained his contact with the Clock Tower Surgery and attend on his own. There have been a few occasions when Kevin has called Devon Doctors to ask for medication over and above his prescribed dosage and has been successful on a few occasions and not on a few others.

Kevin's money management of his daily budget was becoming a problem for Shilhay staff and eventually through Multi Agency meetings it was agreed by St Petrocks that they would manage this, this course of action has been successful to date.

Although Kevin is a very challenging case for the untrained staff in mental health provision at Shilhay, his stay has been successful with the possibility of another accommodation avenue being considered.

Case study 'Glen'

Glen arrived at Gabriel House and was a previous resident who was evicted for non-engagement, Health and Safety issues and un-safe storage of sharps. Glen is the subject of ASBOs in Torquay and Exeter. Glen is a long term rough sleeper whom is well known to local police as an aggressive beggar and has a list of previous convictions to this effect. Glen was also flagged up from various agencies as being sexually inappropriate to staff, Glen was very tactile and needed to be challenged almost daily about this.

Glen was accepted as a resident due to the fact that there was a move-on option available to a Bridge Project flat through Bournemouth Churches Housing Association and there was triage assessment carried out for prescribing interventions to ENDAS.

Because of Glen's reluctance to accept support or follow the requirements at Shilhay in all manner of issues surrounding safe disposal of sharps, health and safety issues with his living space and non-engagement with staff in his previous stay it was decided that Glen would be monitored daily. Glen accepted this support as part of his agreement to come and live at Gabriel House again.

Glen was assisted on a daily basis with addressing his lifestyle issues. He was also assisted to attend appointments with ENDAS and staff were involved in risk management of his eventual prescribing intervention. It was noted through drug test screening that Glen was using amphetamine sulphate, opiates, benzodiazepines and alcohol. After an initial period of instability Glen was titrated and is now stable, although alcohol use is still a factor in possible overdose scenarios but the risk management has been successful.

Glen has had problems with paying his rent to Shilhay and rent arrears agreements have been put in place which Glen has managed to follow consistently with only minor hiccups.

Although Glen is a very challenging individual the level of support provided Glen with stability within the project, his rent is usually paid on time. If not this would possibly provide a block to his move on option. His prescribing intervention has for the most part been successful and staff joint working with ENDAS has enabled this to happen.

Overall Glen has managed to maintain his accommodation and it is no longer under threat.