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Consider the case study of Mrs A
and outline the risks and ethical
considerations and how these
could be overcome.

MRS A

A thirty-five-year-old woman

Resides in a residential (mental health) placement

Has many health problems such as :- visual impairment, renal failure, diabetes and emotionally unstable personality disorder.

She has a social worker.

In most parts of the world, mental health and mental disorders are not regarded with anything like the same importance as physical health. Instead, they have been largely ignored or neglected.

(World Health Organization, 2001a).

WHAT MRS A WANTS.

Mrs A wants to leave her family home and live in a council property to :-

- Pursue independent living
- She had the mental capacity to make her own decisions
- She demonstrated independent living skills
- She could manage her own needs independently
- She was stable and was capable of understanding her health needs.

SOCIAL WORKERS PERCEPTION OF MRS A.

- On the first meeting, Mrs A was stable and had the mental capacity to make her own decisions and understand what she wanted and why.
 - They had many visits during the six months of allocation.
 - Not receiving housing straight away made things deteriorate very quickly.
 - Challenges soon started to arise, such as :- breakdown in family dynamics, intentional and unintentional homelessness, not consuming her medication, harassing professionals and with drawing from support services.
 - Soon realised she needed specialist input by the CMHT team.
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RISKS OF MRS A.

- Mental health problems.
 - Suffered from anxiety.
 - Breakdown of family dynamics.
 - Regularity of hospital visits.
 - Threats to self-harm.
 - Suicidal ideation.
 - Police arrests for antisocial behaviour.
 - Past and current trauma.
 - Inappropriate relationships with strange men.
 - Financial and sexual exploitation.
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COMMUNICATION IS THE KEY

'Active listening ensures that everything a person is trying to say is fully received and understood by the listener' (Moss, 2012).

Communication between the social worker and other professionals was happening. It is clear that the social worker didn't help Mrs A with the housing forms causing her mental state to deteriorate . She spoke with CMHT, AMHP, CAMHS, doctors or ICP, Mrs A family, Police, Mental Health Services, Housing department and Occupational Therapy, all while getting regular guidance from her manager.

'An organisation therefore has the basic preventative responsibilities in terms of ensuring that it's managers not only have the necessary leadership skills but are also actually using them'

(Gilbert (2005)).

DISPUTED MENTAL HEALTH CAPACITY.

- Accessed by:-
 - Community Mental Health Team, (CMHT)
 - Approved Mental Health Practitioner, (AMHP)
 - Child and Adolescent Mental Health Service (CAMHS)
- On five separate occasions Mrs A was assessed as having the mental capacity to weigh up, retain, communicate and understand information.

Lack of mental health services. For example, only 51% of the world's population have access to treatment for severe mental disorders at the primary care level

(World Health Organization, 2001b).

CONFLICT OF INTEREST LEADS TO REFERRAL TO CMARAP.

A Vulnerable Adults and Risk Management Meeting was held but due to conflict of interest between professionals no clear outcome was identified.

Eventually a referral to the Community Multi-Agency Risk Assessment Panel was made, it was made clear that her physical, emotional and psychological health deteriorated because of her depression and anxiety.

It was agreed that social services should hand the case over to CMHT as they had more appropriate housing and could meet her immediate and long term needs.

She is now settled in her new placement and CMHT are still involved.

Individuals who had been stigmatized, ignored and excluded by society were enabled to become active members of their communities

(Citizen Advocacy, Information and Training, 2000).

ACTS AND LEGISLATION.

- Health and Social Care Act 2012.
 - Human Rights Act 1998.
 - Mental Capacity Act 2005.
 - Safeguarding Vulnerable Groups Act 2006.
 - The Care Act 2014.
 - Making safeguarding Personal Guide 2014.
 - Mental Health Act 1983
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HOW COULD THE SITUATION HAVE BEEN MADE BETTER

- Personality disorder made her seem normal, the first sight of anxiety and she made many bad decisions. This should have been in her notes and been monitored.
- Help and support when filling in the forms for her housing would have prevented this situation from happening.
- Mrs A refusing support from CMHT due to worries of her being sectioned should have been monitored and dealt with better and quicker.
- A multi agency meeting should have been in the beginning so everyone was on the same page and knew all the information.
- The referral to CMARAP should have been done a lot sooner for Mrs A benefit.

MINIMIZING THE RISKS

Advocacy movement has substantially influenced mental health policy and legislation in various countries and is believed to be a major factor in the improvement of services in others (World Health Organization, 2001a).

An advocate could have helped to identify the issues that Mrs A suffered from. A trusted advocate could have supported and communicated with the social worker to help overcome the barriers that Mrs A faced with the housing forms and more.

An advocate could have helped and prevented the breakdown of family dynamics.

Regular meetings with councilors and support groups could help with the self harm threats.

The police arrests could have been talked through and understood by a professional of the relevant matter.

The past and current trauma should have been picked up on and counselling and the relevant support groups set up.

Information told and given on the dangerousness of inappropriate relationships and the seriousness of sexual and financial exploitation.

Moreover, advocacy for the rights of every citizen to have better mental health is an attempt to achieve changes in the sociopolitical environment favouring the promotion and protection of mental health (World Federation for Mental Health, 2002).

CONCLUSION.

Increasing the number of visits to Mrs A could help build her confidence and help her confide in a social worker or advocate meaning she could have asked for help with her forms.

Providing her with more suitable counselling services in the right fields will benefit her.

Offering more support with medication taking.

Ensuring multi agency meetings are held more frequently.

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