

Dorset L&D trial site – August 2014

One to One Journey

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38 years of age

Female (DC)

Protected Characteristic – Learning Disability – Disability

This case study described the journey of a 38 year old female with features of borderline IQ and bouts of emotional instability, behavioural disturbances and actions and her experience with a Liaison and Diversion service.

PERSONAL JOURNEY

DC felt lonely and didn't have any friends and felt depressed. DC spent most nights thinking of ways to injure or kill herself looking through the internet. DC told me that she was raped by her dad and brother repeatedly from the age of 13. The abuse continued by her brother, until she was 34 when she felt empowered enough to threaten her brother with the Police. DC has contact with her brother but is very scared everytime she sees him.

DC continued to go to school but didn't tell anyone about the abuse. During this time her father committed suicide and DC found him hanging when she came home from school. Counselling was arranged for DC but she tells me that this didn't help and she still has nightmares.

'I want a job, someone to listen to me when I'm down, be there for me, care for me. I've never had that my whole life.'

DC was in such distress whilst at college that she told her tutor, who reported the abuse and DC was taken into care. DC tells me that she has always felt unwanted and her mother has never been there for her. DC hates her life. The relationship between DC and her mother is challenging. She hates her mother for not being there for her and she doesn't know what it is to have a mother that loves and cares for her child.

DC had a short term relationship when she was 30 and has a son. Her son was removed by Social Services and custody was given to her mother and stepdad until her son is 18. DC says that she loves her son and looks forward to being able to look after him herself one day. Her son has special needs. DC feels that she has never been given the chance to prove that she can look after her son and be a 'proper mother'.

DC feels that she has always been alone and no one believes anything that she says because she is 'slow and stupid....' DC hates her life so far. She knew something was different about her but didn't know what until she was assessed and identified as having a learning disability in her 30s. Although DC had no support with this until she came into contact with the Liaison and Diversion team.

'have my son back and to be happy....

not get into trouble anymore'

In July 2014 DC was arrested and referred to the L&D service. The L&D team had already had a long standing relationship with the specialist secondary care services; so information could be readily available to the L&D team, which led to a diagnosis of Borderline Personality Disorder. With a Specialist LD nurse practitioner in the L&D team, a further assessment was undertaken which was complicated by a recognisable Learning Disability. As the presenting condition was not fully understood this had not been picked up earlier until assessment by the L&D nurse practitioner in the Custody Suite.

Reports from the specialist secondary care assessment suggested that she was a victim of abuse as a child and adult. About 2 years ago DC had her own child removed and placed into Local Authority Care. In

emotional difficulties DC displays what could be considered as care seeking behaviour towards professional services and staff. DC talks of harming herself and has carried out acts of self-harm. This behaviour is exacerbated by periodically making threats and by displaying disordered conduct.

DC's current treatment is provided via local secondary care i.e., Adult Community Mental Health Team (CMHT), some engagement with the Crisis Team, Criminal Justice via Liaison and Diversion (L&D) during attendance at the Custody Suite and Court settings and evaluation through the Learning Disability Services.

After identification and assessment by the L&D team local Learning Disability (LD) services have requested care co-ordination through adult CMHT for DC's primary diagnosis of Borderline Personality Disorder.

ARREST HISTORY AND FIRST CONTACT WITH LIAISON AND DIVERSION

DC's involvement with the criminal justice system shows significant arrests; 8 recorded offences and 3 custodial sentences. The offending behaviour displays a consistent pattern. DC's remand history in custody appears to relate to failure to address bail conditions and reluctance to adhere to direction on offences relating to bad behaviour.

DC's arrest in July 2014 related to sending threatening letters to a previous victim, sending letters via the post, which appeared to be targeted at a neighbour. In addition, it has been recorded that DC made multiple 999 calls and was arrested for misuse of communications systems.

DC was arrested by the Police for the above crime who spotted signs of her vulnerability. Police staff at Dorset work in strong partnership with the Liaison and Diversion team and when immediately seeing signs of DC's vulnerability, referred her to the L&D team who saw her within hours. The above led to early identification by the Liaison and Diversion Service in Police custody and provided DC with the first steps to getting the treatment and support she needs.

LIAISON AND DIVERSION ENGAGEMENT

Through early case identification by the L&D service in Police Custody after arrest. Recognition was at a stage where DC's condition and the

implications of her thinking and actions could be fully appreciated by the prosecuting authorities. The information sharing and partnership working between the agencies'; the CMHT, L&D nurse practitioner and the Police, to address and recognise the actions and consequences of the offending behaviour and support the service user in taking responsibility when under suspicion of offending. The L&D nurse practitioner having sustained engagement with DC, understanding and making sense of the complicated history and presenting factors, as well as working in partnership with other agencies to ensure stability and appropriate pathway. At this time L&D interaction with DC was vital for moving forward and supporting her in taking responsibility for her actions and outcomes for the future.

The L&D nurse practitioner was able to act in an advisory and collaborative function; having the experience to share her understanding of events and the implications of prosecution. As well as the benefit of engagement in specialist treatment that was to be offered through her care co-ordinator at the local CMHT if DC made the commitment to attend and displayed appropriate behaviour to therapeutic interventions.

In particular, DC views the Police as a rescuing role during periods of emotional difficulty. DC's interactions with the Police, as detailed below, are characterised by behavioural and emotional disturbance.

The Police responded with improved knowledge of DC's condition and a better knowledge of someone presenting with Borderline Personality Disorder and Learning Disability. The L&D nurse practitioner is a specialist Learning Disability nurse. DC's participation and engagement in the interventions and sustained conduct which is demonstrated by her relationships with the Police and healthcare professionals.

DC during and after L&D interventions remains engaged in treatment and has support through the specialist team to address housing issues and the challenges of responding to social stresses. There is a regular and consistent contact with DC's care co-ordinator and has made appropriate use of police support and guidance.

OUTCOMES

DC has been assisted in attendance at Court by the L&D nurse and Support Time and Recovery worker. This enables DC's health and social issues to be shared appropriately with the Court in support of effective and appropriate pathways.

DC is making good progress in forming social relationships and is looking for accommodation with the support of a friend.

DC has signed up for and is accessing a Life Skills course with the support of the L&D nurse and attends on a weekly basis

Following L&D referral to Mental Health, support has been arranged in the community with regular visits by the nurse

No further offences have been committed.

'If L&D wasn't here I would be dead....'

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