

# Thomas SAR

8th February 2024

## Pen picture

- Thomas was 41 when he died. A White male of local origin
- He was found dead in his property in February 2021 and the Coroner deemed it to be a drug-related death
- He was surrounded by drug packets and had Flubromazolam and Buprenorphine in his system
- He had been released from prison in January 2020 following ten years incarceration for an assault on his wife.
- He returned to prison twice in this period including just before his death
- A few days after his return into the community and into his tenancy Thomas was found deceased.

## Sister's description

- *Thomas was the eldest of 5 siblings, they grew up in Gateshead. In his younger days Thomas did play football and supported Newcastle United, a typical young lad often up to mischief. He didn't engage well at school and left education at the age of 14. In the later years of his life he was estranged from his family, and had no real contact with them up to his death.*

# Long history of involvement with the CJS

- 34 entries for him in Police records for the review period alone.
- Arrested a total of 89 times between 1995 and 2020 including offences against the person, public order, breach of bail, acquisitive crime, drugs, traffic offences and criminal damage.
- 27 pages of warnings about Thomas in the Police records, going back to 2004 including for weapons, violence and domestic violence.
- Warnings for officers to visit him double crewed. He was known to have concealed weapons.
- Reported as a victim in eight crimes during 2020.
- A history of poor compliance with sanctions imposed.

## Pen picture

- Thomas was in contact with numerous services following his release from prison in January 2020. His mental health appeared to be deteriorating for some time. Throughout his involvement with agencies, he displayed ongoing florid ideation about being persecuted, that agencies were conspiring to harm him.
- Thomas continued to present multiple times to agencies, in particular Police and Ambulance Services until his detention under the Mental Health Act in November 2020.
- Following discharge his continued beliefs around persecution resulted in him sleeping rough, even though he had a tenancy with The Gateshead Housing Company, until he was placed back into remand.

## Pen picture

- *Thomas was very angry at the council, social services, and the police stating that they are in a conspiracy to kill him and that they are all murderers. He believes that the food parcels are poisoned and that he wants to "cave their heads in". We rang the council back to advise them on what Thomas had been saying and inform them of the threats he was making towards them. The council informed Oasis that Thomas had been ringing all morning and staff have had to hang up on him on several occasions due his hostile and aggressive behaviour.*
- Oasis

# Family relationships /Domestic abuse

- He was in a relationship with BO in 2005 and they were parents to two children. He was the biological father of one of them.
- BO was subject to domestic abuse at the hands of Thomas and his behaviour was often exacerbated by his excessive alcohol consumption.
- In 2005 he was remanded in prison as he awaited trial for an assault against BO, she was pregnant with their child at the time of the assault.
- He was then in prison for 10 years following another assault on his partner
- It is also understood he had a negative relationship with his father.

# Key themes

- The challenge of a man who is both difficult to diagnose and difficult to engage
- Multi-agency management and escalation
- The need for more support from mental health around personality difficulties
- The importance of submitting safeguarding concerns
- Outreach
- Mental capacity
- Data collection



# Difficulties of engagement

Thomas presented challenges to services at a number of levels. Nonetheless, the key challenge was that Thomas was:

- difficult to diagnose; &
- difficult to engage in services.

# Multi-agency working

It was very unclear whether the main driver behind Thomas's complex presentation was his mental health, his substance use or possibly even a pattern of cognitive impairment. This became particularly crucial in December 2020 when after detention under section 2 of the Mental Health Act, he was discharged because he was assessed as not having a diagnosable mental illness.

Such situations where there is disagreement about the complex nature of someone's presentation are not unusual. What is required to address this is not just professional curiosity but rather:

- a multi-agency process of professional curiosity.
- services should be coming together to consider Thomas's presentation and how best to address it.

# Multi-agency working

Therefore, there is a need to develop a multi-agency protocol on managing people that services find difficult to engage.

- The development of a multi-agency management structure for this client group
- Encourage the use of a care-coordination approach.

# Multi-agency management

- To facilitate this process of professional curiosity, Gateshead would benefit from a standing specialist multi-agency group that focuses on this client group.
- This would provide a standing, expert group rather than requiring ad hoc meetings. This approach has worked well in other areas e.g. Sandwell.
- This group would also provide a focus for expertise on working with a very challenging group.
- The local Mental Health Trust is already part of one such group in Northumberland – The Blue Light Group.

# Outreach

- He would have benefited from someone taking the time to build an engagement with him through assertive outreach and harm reduction approaches.
- This would have been difficult with Thomas because of the high level of risk associated with him and the Covid restrictions.
- Nonetheless, in other circumstances, assertive outreach would have been a valuable tool in working with someone like Thomas and it would be useful to have the commissioned capacity to provide this with clients that services find difficult to engage.
- Some of this capacity could be based in specialist Drug and Alcohol Services.

# Safeguarding and Section 9 referrals

- He was subject to three Adult Concern Notifications – two did not progress but there appears to have been a multi-agency response to one of them
- A number of agencies comment that safeguarding notifications should have been submitted at points.
- There was no section 9 assessment.
- This is acknowledged to be a gap and would certainly have been increasingly appropriate in the last months of his life e.g. at the point of discharge from Section in late 2020. Why it did not happen is a matter on which there is disagreement, nonetheless action was needed at that point.

# Safeguarding people with a substance use disorder

- Are practitioners recognising the need to safeguard individuals with challenging presentations like Thomas?
- Does their substance use or aggressive and confrontational persona hide the fact that they may have very real vulnerabilities.
- The need to challenge any ongoing lack of recognition of the need for Adult Social Care to work with such individuals may be important learning from this review.
- The same applies to consideration of assessment under section 9 of the Care Act.

# Mental capacity

- A very specific training need was highlighted by a Police Officers' assessment of a lack of capacity but the failure to take further action as a result;
- It is necessary to remind all professionals of the importance of considering mental capacity with these complex and challenging clients. An aggressive rejection may appear capacitated but may conceal someone who is struggling to manage their well-being.
- The importance of considering “executive capacity” when assessing the capacity of vulnerable and self-neglecting individuals like Thomas.



# Alcohol and drug use

- Thomas is described as having a problem with alcohol prior to his imprisonment in 2010;
- On release from Prison arrangements are made for opiate replacement treatment with identified substances of choice of Gabapentin and Codeine.
- He is on Buprenorphine in the community
- He is also repeatedly seeking psychoactive drugs from primary care and hospitals
- The impact of alcohol in this period is unclear.
- *Was spice a factor?*

# Alcohol and drug use

- Consideration was rightly given to a residential pathway, which would probably have been the ideal option for Thomas.
- Faced with the rejection of that approach, the best approach would have been a community pathway reflecting what has already been suggested:
  - A care package centred on intensive assertive outreach.
  - A co-ordinated multi-agency management approach to guide and support the work.
  - The willingness to be consistent and persistent and to allocate time to the task

# Mental health

- There were very conflicting pictures of Thomas's mental health with Mental Health Services ultimately coming to the view that he did not have a diagnosable mental illness. It is, of course, futile to "re-diagnose" him at this point.
- Other services would have greatly benefited from support from Mental Health professionals in discussing how to move forward with his care. For example, the Mental Health Trust has an Anti-Social Personality Disorder Team. This team could usefully have provided advice on the ongoing management of his assessed "anti-social personality traits". This suggests the need to develop and clarify this pathway.

# Cognitive impairment

- There is a growing recognition of the role of head injuries in the people who are featuring in SARs.
- With Thomas there are some indications of head injuries (e.g. following a fall or in prison) and CABIS is recommended.
- It is not possible to say more than that.

# Co-occurring conditions

- Thomas's presentation highlights the interface between Mental Health and Drug and Alcohol Services.
- These should be governed by three pieces of national guidance (two from NICE and one from NHS England).
- It is important to ensure that work with people like Thomas is consistent with this guidance and in particular with the NHSE guidance that co-occurring disorders are *everybody's job* and that there should be *no wrong door* for these clients.

# Data collection

The report also raises three points about data collection.

- Gaps in the sharing of information between the Prison system and Health Services.
- The importance of standardised substance use screening tools. In particular, following NICE Public Health Guidance 24, the AUDIT alcohol screening tool should be widely used by all frontline professionals to provide a consistent means of communicating information about alcohol-related harm. Similar tools are advocated for drug users.
- The Police alcohol flag should be used consistently where this is appropriate.

# Covid

- There are only limited indications that Covid-19 had a negative impact on his care
- Indeed aspects of the response to COVID suggested that the changed circumstances were helpful to him.

# Good practice

- Thomas was never street homeless upon release. Agencies liaised prior to release to ensure that suitable accommodation would be ready. Services were flexible and adapted to meet his needs
- The local Community Hub set up by the Council as a temporary Covid response provided positive support to, and advocacy for, Thomas.
- During Thomas's time in both temporary accommodation and his tenancy, there were several licence breaches. Housing Officers worked with Police and Probation to support Thomas rather than act to enforce tenancy conditions.
- The Drug and Alcohol Service worked to support Thomas into residential rehabilitation and although this did not happen, the focus on this was good practice.
- The Drug and Alcohol Service generally continued to work with Thomas despite some very challenging behaviours.



## Recs

**Recommendation A** - Gateshead SAB should ensure that there is a collaborative approach by Mental Health and other services to the care of people with complex presentations, especially where there are difficulties in accurate diagnosis.

**Recommendation B** - Gateshead SAB should develop a multi-agency protocol on managing people that services find difficult to engage. This should:

- include the development of a multi-agency management structure for this client group
- encourage the use of a care-coordination approach.

**Recommendation C** - Gateshead's Public Health Commissioners should ensure that the needs of people with substance use disorders that services find difficult to engage are considered in any local needs assessment or commissioning plans. In particular, consideration should be given to developing assertive outreach capacity for this group.

## Recs

**Recommendation D** - Gateshead SAB should ensure that agencies and individual professionals are recognising the need to safeguard individuals with challenging presentations like Thomas.

**Recommendation E** - Gateshead SAB should remind all professionals of the importance of:

- considering mental capacity with these complex and challenging clients.
- considering “executive capacity” when assessing the capacity of vulnerable and self-neglecting individuals like Thomas.

**Recommendation F** - Gateshead’s Public Health Commissioners and the Integrated Care Board should review the response to people with co-occurring disorders to ensure that it is consistent with national guidance.

**Recommendation G** - Gateshead SAB should remind all professionals of the importance of collecting accurate data on alcohol and drug use through screening tools such as the AUDIT screening tools and related drug tools and also through the Police actively using the alcohol flag.

You can email  
comments to  
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