



Audit - C



Client WHEELER, Robert - 4548472

Date/time 27 June 2024 14:41

Referral  (Referral Closed) - 25/06/24 - 27/08/24 to AMH CRHT - City

Patient Refused

1. How often do you have a drink containing alcohol?

- (0) = Never
- (1) = Monthly or less
- (2) = 2-4 times per month
- (3) = 2-3 times per week
- (4) = 4 + times per week

YOUR SCORE  0

2. How many units of alcohol do you drink on a typical day when you are drinking?

- (0) = 1-2
- (1) = 3-4
- (2) = 5-6
- (3) = 7-9
- (4) = 10+

Your Score  0

3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

- (0) = Never
- (1) = Less than monthly
- (2) = Monthly
- (3) = Weekly
- (4) = Daily or almost daily

Your Score  0

AUDIT - C Score  0

**i** An AUDIT - C score of 5 or above is positive and indicates increasing or higher risk drinking. If the score is 5 or above, please complete the remaining questions of the full Audit.

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) = Never
- (1) = Less than monthly
- (2) = Monthly
- (3) = Weekly
- (4) = Daily or almost daily

Your Score

5. How often during the last year have you failed to do what was normally expected from you because of your drinking?

(0) = Never

(1) = Less than monthly

(2) = Monthly

(3) = Weekly

(4) = Daily or almost daily

Your Score

6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

(0) = Never

(1) = Less than monthly

(2) = Monthly

(3) = Weekly

(4) = Daily or almost daily

Your Score

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

(0) = Never

(1) = Less than monthly

(2) = Monthly

(3) = Weekly

(4) = Daily or almost daily

Your Score

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

(0) = Never

(1) = Less than monthly

(2) = Monthly

(3) = Weekly

(4) = Daily or almost daily

Your Score

9. Have you or somebody else been injured as a result of your drinking?

(0) = No

(2) = Yes, but not in the last year

(4) = Yes during the last year

Your Score

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

(0) = No

(2) = Yes, but not in the last year

(4) = Yes during the last year

Your Score



Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 - 19 Higher risk, 20 + possible dependence

Total AUDIT Score  0

If AUDIT- C score is 5 or above, offer brief advice

If AUDIT - C score is 11-12 or full Audit Score is 20 or above, offer referral to Specialist Service

Intervention(s)	Action
<i>No data to display</i>	

Updated by Philip Lavelle

Updated on 27 June 2024 14:41



### Core Assessment (CPA and non-CPA)

Date/time of Assessment 27 June 2024 13:00

Client WHEELER, Robert - 4548472

Address Apartment 12 Hockley House, 23 Woolpack Lane, Nottingham, NG1 1GA

NHS Number: 428 459 1711

Clinician completing Assessment: Lavelle, Philip

Designation



Crisis Practitioner

Responsible Clinician (RC)



Consultant (If different from RC, or if no RC)

See guidance for a definition of RC

Please ensure that all the information pulled through is carefully read, edited when appropriate and, by saving the form, you agree that the information is correct and accurate to the best of your knowledge

[Please click here for Guidance Notes](#)

ALWAYS CLICK ON THE ADD BUTTON TO SAVE A CONTACT AND TO ADD MORE CONTACTS

Persons Present

Action

No data to display

Ward Admission

Community Assessment

#### Consent and capacity to agree to this assessment



Inferred consent to agree and continue with assessment - clear capacity demonstrated during assessment and contact.

#### History of Presenting Complaint



Robert not previously known or open to secondary mental health services in Nottingham City. Highlighted having previous CBT talking therapy sessions during his 20's for reported anxiety and depression further to complications with Vitamin D deficiency.

#### Mental Health History & Patient's Perception of Previous Care - including previous treatments, medication and interventions



Highlighted and reported some minor benefit from CBT talking therapy but generally spoke of being self functioning and managing any mental health issues. Highlighted not wanting or wishing to rely on pharmacological prescribing or treatments.

### Medical History

Please include details of all known allergies and adverse reactions, including medication allergies. If no known allergies please state: No known allergies or adverse reactions



No reported allergies to medications.

### Current Medication



Nil

### Family History



Mother still living and currently in Watford, occasionally keeps in contact but is becoming more elderly. Has two sisters, one with whom has some contact, nil contact with other older sister.

Family members all reportedly did well after school. Robert had no issues at home or during schooling. Previous longstanding relationship from 2008 > 2017 but death of father caused rift within the relationship.

Degree in History.

Currently employed within IT for local company with whom he has been employed for the past five years.

Reported and highlighted that his father died from a heart attack when aged 50+ unexpected and linked to possible cholesterol issues.

### Personal History

Please consider if the patient has ever experienced physical, sexual or emotional abuse at any time in their life



No reported historic emotional, physical or sexual abuse or trauma.

### Current Social Circumstances



[Redacted text]

### Views of Carer/Family - background information on patient, relationship etc.



No immediate family or carers involved.

### Alcohol & Drug Misuse (including prescribed)



Reports never using either alcohol or illicit substances.

### Forensic History



Nil

### Mental State Examination



Robert presented as a slim build male of average height for his years, he was dressed casually in jeans and shirt, eye contact was good and rapport easily established.

Subjectively, he stated that his mood had been 'low' recently - objectively, we found him flat, low and tearful occasionally during presentation but within a normal expression of emotions during the contact.

His body and body language tended to be open, he was able to maintain focus during the appointment, concentration was good and he was clearly cognitively intact.

There was no evidence of any formal thought disorder, no reference to or any identified thought insertion or broadcasting. There was no evidence of any current paranoid ideation.

There was no marked evidence of any significant auditory or visual hallucinations.

In assessment, Robert appeared hopeless and struggling to come to terms and understand why his wife had currently left him. As highlighted he was occasionally tearful and struggled to understand the reason why his wife had changed her mind over the past few weeks.

As highlighted, Robert is not known to secondary mental health services or having any significant contact, care or input and this presentation appeared to be a combination of an adjustment disorder to the current stressors and strains under the current relationship difficulties and dynamic and possible depressive and anxiety episode.

Under such stressful and challenging circumstances Robert has recently communicated his thoughts around self harm and placing himself in danger with associated suicidal ideation.

Robert has no previous history of self harm or having any previous suicidal ideation.

**REFERRAL TRIGGERED BY / RELATED TO THE IMPACT OF COVID-19**

**i** If you have ticked this box, where appropriate please return to the relevant referral and choose the correct COVID-19 related 'Referral Reason'

### Physical Health Examination



None conducted during this assessment and contact.

### Patient Agrees to Share Information with the following restrictions:

**IMPORTANT - Consent and Capacity for the sharing of information (and details of any restrictions) is now being recorded on the Family and Carer Contact Form. After saving this form, click on the link to the form on the left hand side.**

### Other Agencies Involved



None.

**Completed by**



**Designation**



 To access the Core Assessment Letter, please use the Letters link on the case record screen

**Updated by**

Philip Lavelle

**Updated on**

28 June 2024 07:23



### CRHT Rag Form

Chart

**Client** WHEELER, Robert - 4548472

**Date/time Form Completed** 25 June 2024 13:22

**Referral**

**RAG Rating** Discharged

#### Pending or Discharged

Contact Due	Contact Time	Lead Professional	Comments	Action
27 June 2024			Thursday 27/6/24 at 2pm OPA	
27 June 2024	12pm-3pm		AX at home on the 27th June between 12-4pm	
27 August 2024	12pm-3pm		Discharged from CRHT. Handed over to LMHT.	

**Updated by** Daisy Coleman

**Updated on** 27 August 2024 13:29





## Mental Health Clustering Tool (was HoNOS PbR)

Chart

Client WHEELER, Robert - 4548472

Assessment Date/time 27 June 2024 16:00

Referral 

(Please choose the Referral to the Team that you were working for when you did the assessment)

Type of Review  New Referral

Assessing HCP: Green Victoria

Previously: (not stored) [Cluster Guide](#)**Please Note**

All assessments using the MHCT should be followed by allocation to a cluster. If you are confident to do this before receiving the training, please do so. If you are not, please ensure they are completed asap after training.

Part 1 contains, scales relating to the severity of problems experienced by the individual during the 2 weeks prior to the date of the rating. Part 2 contains scales that consider problems from a 'historical' perspective. Whilst there may not be any direct observation or report of a manifestation of these problems during the last two weeks before the rating date, clinical judgement would suggest that there is still a cause for concern that cannot be disregarded (i.e. no evidence to suggest that the person has changed since the last occurrence either as a result of time, therapy, medication or environment etc.) In these circumstances, any event that remains relevant to the cluster allocation (and hence the interventions offered) should be included.

**Summary of rating information**

- 1) Rate each scale in order from 1 to 13, followed by A to E in part 2.
  - 2) Do not include information rated in an earlier scale except for scale 10 which is an overall rating.
  - 3) Rate the **MOST SEVERE** problem that occurred
  - 4) All scales follow the format:  
0 = No problem  
1 = minor problem requiring no action  
2 = mild problem but definitely present  
3 = moderately severe problem  
4 = severe to very severe problem
- Rate 9 if Not Known but be aware that this is likely to make accurate clustering impractical.

The notes below each question can be hidden or shown again by clicking on them.

**PART 1: Current Ratings**

For scales 1-13, rate the most severe occurrence in the previous two weeks

1. Overactive, aggressive, disruptive or agitated behaviour (current)

[Q1 Guidance Notes](#)

2 = Mild problem but definitely present

**2. Non-accidental self-injury (current)**

[Q2 Guidance Notes](#)

1 = Minor problem requiring no action

**3. Problem-drinking or drug-taking (current)**

[Q3 Guidance Notes](#)

0 = No problem

**4. Cognitive problems (current)**

[Q4 Guidance Notes](#)

0 = No problem

**5. Physical illness or disability problems (current)**

[Q5 Guidance Notes](#)

0 = No problem

**6. Problems associated with hallucinations and delusions (current)**

[Q6 Guidance Notes](#)

0 = No problem

**7. Problems with depressed mood (current)**

[Q7 Guidance Notes](#)

2 = Mild problem but definitely present

**8. Other mental and behavioural problems (current)**

[Q8 Guidance Notes](#)

3 = Moderately severe problem

Specify the type of problem by entering the appropriate letter:

C - Obsessive-Compulsive

If choosing 'J', please specify the problem in the box on the left.

**9. Problems with relationships (current)**

[Q9 Guidance Notes](#)

3 = Moderately severe problem

**10. Problems with activities of daily living (current)**

[Q10 Guidance Notes](#)

2 = Mild problem but definitely present

**11. Problems with living conditions (current)**

[Q11 Guidance Notes](#)

0 = No problem

**12. Problems with occupation and activities (current)**

[Q12 Guidance Notes](#)

2 = Mild problem but definitely present

**13. Strong unreasonable beliefs occurring in non-psychotic disorders only. (current)**

[Q13 Guidance Notes](#)

0 = No problem

---

Total for scales 1 to 13

15

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**Part 2 - Historical Ratings**

For scales A-E, rate problems that occur in an episodic or unpredictable way. Whilst there may not be any direct observation or report of a manifestation during the last two weeks the evidence and clinical judgement would suggest that there is still a cause for concern that cannot be disregarded (i.e. no evidence to suggest that the person has changed since the last occurrence either as a result of time, therapy, medication or environment etc.). In these circumstances, any event that remains relevant to the current plan of care should be included.

**A. Agitated behaviour / expansive mood (historical)**

[QA Guidance Notes](#)

0 = No problem

---

**B. Repeat self-harm (historical)**

[QB Guidance Notes](#)

0 = No problem

---

**C. Safeguarding Children and Vulnerable Dependent Adults (historical)**

[QC Guidance Notes](#)

0 = No problem

---

**D. Engagement (historical)**

[QD Guidance Notes](#)

0 = No problem


---

**E. Vulnerability (historical)**

[QE Guidance Notes](#)

0 = No problem

---

** If you have selected a "9" for any answer, do not use this total score as it will be incorrect. Only refer to the total score when you have selected an answer to all questions**

Total for scales A to E

0

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Total for whole assessment (scales 1 to 13 + A to E)

15

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Please enter any further information

Previously:

[Cluster Guide](#)



**PLEASE ANSWER ALL QUESTIONS IN PART 1 HONOS (Q1 - Q13) AND ALL QUESTIONS IN PART 2 (A - E) TO ENSURE THAT THE CLIENT CAN BE CLUSTERED IN THE SUPER CLUSTER AND CLUSTER. (Once this has been completed - please tick the Select to finalise TICK BOX) to close the record.**

**Super  
Cluster  
Allocated by  
Clinician**

A. Non Psychotic

**Cluster**

4 Non-Psychotic (Severe)

**Updated by**

Victoria Green

**Updated on**

27 June 2024 16:37



## Mental Health Clustering Tool (was HoNOS PbR)

Chart

Client WHEELER, Robert - 4548472

Assessment Date/time 27 August 2024 13:34

Referral 

(Please choose the Referral to the Team that you were working for when you did the assessment)

Type of Review  Other significant change in need

Assessing HCP: Coleman Daisy

Previously: (not stored) [Cluster Guide](#)**Please Note**

All assessments using the MHCT should be followed by allocation to a cluster. If you are confident to do this before receiving the training, please do so. If you are not, please ensure they are completed asap after training.

Part 1 contains, scales relating to the severity of problems experienced by the individual during the 2 weeks prior to the date of the rating. Part 2 contains scales that consider problems from a 'historical' perspective. Whilst there may not be any direct observation or report of a manifestation of these problems during the last two weeks before the rating date, clinical judgement would suggest that there is still a cause for concern that cannot be disregarded (i.e. no evidence to suggest that the person has changed since the last occurrence either as a result of time, therapy, medication or environment etc.) In these circumstances, any event that remains relevant to the cluster allocation (and hence the interventions offered) should be included.

**Summary of rating information**

- 1) Rate each scale in order from 1 to 13, followed by A to E in part 2.
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  - 3) Rate the **MOST SEVERE** problem that occurred
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3 = moderately severe problem  
4 = severe to very severe problem
- Rate 9 if Not Known but be aware that this is likely to make accurate clustering impractical.

The notes below each question can be hidden or shown again by clicking on them.

**PART 1: Current Ratings**

For scales 1-13, rate the most severe occurrence in the previous two weeks

1. Overactive, aggressive, disruptive or agitated behaviour (current)

[Q1 Guidance Notes](#)

1 = Minor problem requiring no action

**2. Non-accidental self-injury (current)**

[Q2 Guidance Notes](#)

0 = No problem

**3. Problem-drinking or drug-taking (current)**

[Q3 Guidance Notes](#)

0 = No problem

**4. Cognitive problems (current)**

[Q4 Guidance Notes](#)

0 = No problem

**5. Physical illness or disability problems (current)**

[Q5 Guidance Notes](#)

0 = No problem

**6. Problems associated with hallucinations and delusions (current)**

[Q6 Guidance Notes](#)

0 = No problem

**7. Problems with depressed mood (current)**

[Q7 Guidance Notes](#)

2 = Mild problem but definitely present

**8. Other mental and behavioural problems (current)**

[Q8 Guidance Notes](#)

3 = Moderately severe problem

Specify the type of problem by  
the entering the appropriate  
letter:

D - Mental Strain/Tension

If choosing 'J', please specify the  
problem in the box on the left.



**9. Problems with relationships (current)**

[Q9 Guidance Notes](#)

4 = Severe to very severe problem

**10. Problems with activities of daily living (current)**

[Q10 Guidance Notes](#)

0 = No problem

**11. Problems with living conditions (current)**

[Q11 Guidance Notes](#)

0 = No problem

**12. Problems with occupation and activities (current)**

[Q12 Guidance Notes](#)

2 = Mild problem but definitely present

**13. Strong unreasonable beliefs occurring in non-psychotic disorders only. (current)**

[Q13 Guidance Notes](#)

0 = No problem

---

Total for scales 1 to 13

12

---

**Part 2 - Historical Ratings**

For scales A-E, rate problems that occur in an episodic or unpredictable way. Whilst there may not be any direct observation or report of a manifestation during the last two weeks the evidence and clinical judgement would suggest that there is still a cause for concern that cannot be disregarded (i.e. no evidence to suggest that the person has changed since the last occurrence either as a result of time, therapy, medication or environment etc.). In these circumstances, any event that remains relevant to the current plan of care should be included.

**A. Agitated behaviour / expansive mood (historical)**

[QA Guidance Notes](#)

0 = No problem

---

**B. Repeat self-harm (historical)**

[QB Guidance Notes](#)

0 = No problem

---

**C. Safeguarding Children and Vulnerable Dependent Adults (historical)**

[QC Guidance Notes](#)

2 = Mild problem but definitely present

---

**D. Engagement (historical)**

[QD Guidance Notes](#)

0 = No problem


---

**E. Vulnerability (historical)**

[QE Guidance Notes](#)

2 = Mild problem but definitely present

---

** If you have selected a "9" for any answer, do not use this total score as it will be incorrect. Only refer to the total score when you have selected an answer to all questions**

Total for scales A to E

4

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Total for whole assessment (scales 1 to 13 + A to E)

16

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Please enter any further information



Previously:

[Cluster Guide](#)



**PLEASE ANSWER ALL QUESTIONS IN PART 1 HONOS (Q1 - Q13) AND ALL QUESTIONS IN PART 2 (A - E) TO ENSURE THAT THE CLIENT CAN BE CLUSTERED IN THE SUPER CLUSTER AND CLUSTER. (Once this has been completed - please tick the Select to finalise TICK BOX) to close the record.**

**Super  
Cluster  
Allocated by  
Clinician**

A. Non Psychotic

**Cluster**

4 Non-Psychotic (Severe)

**Updated by**

Nikki Wood

**Updated on**

28 August 2024 16:56

Patient Record Summary

Run Time: 4 Dec 2025, 11:11      RiO Instance: RIOLIVE (Reporting)      Logged in User: harvedo (Donna Harvey)

Parameters: ClientID = 4548472 (Robert WHEELER), Start Date = 1 January 2001 00:00, End Date = 18 November 2025 23:59

Note Details	25-Jun-2024 11:38AM ; Originator: Stephanie Middleton ; Last Edit: Stephanie Middleton ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p><b>City CRHT</b></p> <p>Robert contacted CRHT, very distressed and upset. [REDACTED]</p> <p>Robert is very upset and distressed as he believes that his wife is very unwell at the moment he believes that she is very good at masking it. Vivian in the past has been very good at masking her symptoms until she gets into trouble with the police.</p> <p>Robert feels as though he has failed Vivian, she has now left him and moved out of the house, Robert is unaware of where she has gone and is upset that she is stating that he is very controlling. Robert explained that when she is unwell she will turn against Robert, however prior to being unwell there is no problems within their relationship. Vivian has also stated that she does not want to complete her visa application. Robert feels that this is not normal of Vivian and she was looking forward to getting her visa. [REDACTED]</p> <p>Robert stated that he has been looking at his life insurance to see if it covers suicide which it does not. He has been having thoughts of stepping in front of a bus and has also thought of going to the top of Victoria centre. Robert believes that if he dies his wife will get a permanent Widows visa to stay in the UK. If Vivian becomes unwell and misses her visa application she will be sent back to the US.</p> <p>I allowed Robert time to talk about all of his frustrations, worries and concerns. Reassurance offered +++ throughout.</p> <p>I discussed with Robert that he has at present done all that he can to help Vivian, I explored with Robert that Vivian may be of sound mind and may actually be making these decisions rationally, Robert did agree with this and accept this well.</p> <p>Robert was much calmer by the end of the call, he is engaging in staff counselling through work and is having a few days off work.</p> <p>Robert admits that he has neglected himself for some time to care for Vivian. We discussed how this may come across as him being controlling which Robert himself bought up, we discussed Robert taking a step back for a few days and taking some time for himself.</p> <p>Robert stated that he feels that he would be able to contact CRHT for further support if required.</p> <p>Currently Robert is very distressed, risk will escalate due to severity of relationship problems.</p>

	Robert is experiencing a stress reaction.
Note Details	25-Jun-2024 11:38AM ; Originator: Stephanie Middleton ; Last Edit: Stephanie Middleton ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p><b>City CRHT</b></p> <p>Robert contacted CRHT, very distressed and upset. [REDACTED]</p> <p>Robert is very upset and distressed as he believes that his wife is very unwell at the moment he believes that she is very good at masking it. Vivian in the past has been very good at masking her symptoms until she gets into trouble with the police.</p> <p>Robert feels as though he has failed Vivian, she has now left him and moved out of the house, Robert is unaware of where she has gone and is upset that she is stating that he is very controlling. Robert explained that when she is unwell she will turn against Robert, however prior to being unwell there is no problems within their relationship. Vivian has also stated that she does not want to complete her visa application. Robert feels that this is not normal of Vivian and she was looking forward to getting her visa. [REDACTED]</p> <p>Robert stated that he has been looking at his life insurance to see if it covers suicide which it does not. He has been having thoughts of stepping in front of a bus and has also thought of going to the top of Victoria centre. Robert believes that if he dies his wife will get a permanent Widows visa to stay in the UK. If Vivian becomes unwell and misses her visa application she will be sent back to the US.</p> <p>I allowed Robert time to talk about all of his frustrations, worries and concerns. Reassurance offered +++ throughout.</p> <p>I discussed with Robert that he has at present done all that he can to help Vivian, I explored with Robert that Vivian may be of sound mind and may actually be making these decisions rationally, Robert did agree with this and accept this well.</p> <p>Robert was much calmer by the end of the call, he is engaging in staff counselling through work and is having a few days off work.</p> <p>Robert admits that he has neglected himself for some time to care for Vivian. We discussed how this may come across as him being controlling which Robert himself bought up, we discussed Robert taking a step back for a few days and taking some time for himself.</p> <p>Robert stated that he feels that he would be able to contact CRHT for further support if required.</p> <p>Currently Robert is very distressed, impression is that Robert is experiencing a stress reaction.</p>
[REDACTED]	[REDACTED]

Note Details	25-Jun-2024 1:12PM ; Originator: Dr Ben Lomas ; Last Edit: Dr Ben Lomas ; Discipline: Medical and Non-Medical Prescribers and Approved Clinicians ; Verified: Yes ; 3rdParty: No
Note	MDT Dr Lomas MC HHP SP SM discussion re presentation to services CRHT to offer assessment given suicidal and adjustment picture. need to be clear we are there to assess and support him
Note Details	25-Jun-2024 1:19PM ; Originator: Stephanie Middleton ; Last Edit: Stephanie Middleton ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	After discussion in MDT it was decided to offer Robert an assessment. Telephone call to Robert, Assessment offered Thursday 27/6/24 at 2pm OPA, Robert will make his own way here. Very thankful for support.
Note Details	26-Jun-2024 12:57PM ; Originator: Mr Shawn Wilford ; Last Edit: Mr Shawn Wilford ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	T.C Received from Robert stating that he feels if he comes to Highbury Hospital tomorrow he would not be able to open up in that environment and would end up lying . Checking the planners this AX had not been allocated . Discuss case with shift lead CPN JLO . PLAN-AX at home address [advised lace market car park ] on the 27th June TIME SLOT -12-4PM <b>Please TEXT Robert when setting out or have an idea what part of time slot will be attending .</b>
Note Details	27-Jun-2024 2:15PM ; Originator: Miss Victoria Green ; Last Edit: Miss Victoria Green ; Discipline: Nursing ; Verified: No ; 3rdParty: No
Note	<b>Crisis Home Visit for Assessment: VG &amp; PL</b> Explained what Crisis assessment was for and that we wanted to focus on him not his wife, which is accepted and understood. Presenting issues: Wife Viv has left him unexpectedly. Wrote him a note (which was on the table for us to see). Wife had also just text him today asking to come and collect some more belongings on

Saturday and to water the plants. Asking for him not to be there so she has some space. That she would then like to arrange a time to talk.

Robert is adamant she wont come back and its over. When she left he had left the house and had thoughts of jumping under a bus. Also walked to Victoria Centre (upstairs of Boots) and had thoughts of jumping over railings. Realised he was "cracking up".

He has been with Viv since 2020. She has a schizoaffective disorder and he has been looking after her. He described episodes in past where she has expressed she doesn't like him, when she has been unwell. Never left the address however.

They had been in process of sorting her next visa out. They have paid £1.5k to solicitor. This is partly why struggling to process why she has then seemingly suddenly changed her mind?

He works in IT, for company called Little Fish. He likes his job. He is however on a final written warning due to his attendance, from taking time off to look after Viv. Has worked there for 4/5yrs. He is currently on light duties. We discussed about taking some time off work if struggling with focus and concentration. He became tearful and worried he would lose his job. Suggested he talks to his line manager about a way forward. Balancing wanting to keep busy/not being fit for work. Work has arranged some over the phone counselling for him, which starts on thursday next week.

**MSE:**

Driven to end of his tether. Cant see a future at min, feels frustrated.

Doesn't want to have hope as feels he will just get knocked down.

Appearance: smart, attended to ADL's, slim male wearing glasses.

No perceptual or visual disturbances

No evidence of any mood disorder

Evidence of some negative thinking/catastrophising

Struggling with focus and concentration at the minute

Sleep - poor but improving, managed 5/6hrs last night

Appetite- is eating something each day, knows he needs to eat

Has suffered from anxiety & depression in the past, he states is related to low Vit D deficiency & since taking Vit D it improved. His anxiety/depression was worst when around 25/26yrs old.

**Risk:**

No history of self harming or suicide.

No previous thoughts of self harm or suicide until this current episode.

Has been hitting self (punching self) - this was before Viv left.

Current thoughts of suicide but no actual intent to act on the thoughts.

Hopeless about the future.

Worried about losing his job.

Robert disclosed Viv has been physically abusive towards him (hit him) when unwell, he has had to leave the property due to feeling scared of her.

Mitigating: What stopped him acting on suicidal thoughts? "Thinking about my family, not wanting others to go through what my friends did when someone they knew killed themselves and everyone was left wondering why and feeling guilty".

Having counselling through work

Friends/family (has 2 nephews)

Willing to engage with crisis team/support

Flat - is his mothers. No debts but may struggle depending on what happens with wife.

**Impression:**

Adjustment reaction to wife leaving him.

	<p><b>Plan:</b>  <b>Amber Rag</b>Crisis to offer short term support whilst he adjusts to current situation  Next visit for sunday 10-12 slot, with CSH (wife collecting more belongings on Saturday)  At next contact to explore more around Viv having hit him, whether consenting to safeguarding referral  Revisit offer of any medication (is his sleep still improving or worse?)  Pathway will be primary care - whether notts talking therapy suitable (if this would need to be after work counselling)  Possibility of Relate counselling (if wife did return and also consented)</p>
Note Details	27-Jun-2024 4:18PM ; Originator: Miss Victoria Green ; Last Edit: Miss Victoria Green ; Discipline: Nursing ; Verified: No ; 3rdParty: No
Note	<p>Phil called Robert to feedback plan. He stated he felt better from having spoken to staff today. He is speaking with work about whether to take some time off or continue with light duties.  Next visit sunday 30th between 10-12 with CSH [REDACTED]  [REDACTED]  Robert can call us before hand if he is struggling. Possibly will struggle on saturday with wife collecting more belongings.</p>
Note Details	28-Jun-2024 1:13PM ; Originator: Dr Ben Lomas ; Last Edit: Dr Ben Lomas ; Discipline: Medical and Non-Medical Prescribers and Approved Clinicians ; Verified: Yes ; 3rdParty: No
Note	<p>MDT Dr Lomas SP MC CC PCr PL</p> <p>further discussion following assessment.  formulation is of adjustment disorder picture.  CRHT to support through in short term  need to be mindful of confidentiality.  amber RAG suitable  next contact Sunday.</p>
Note Details	28-Jun-2024 11:02PM ; Originator: Mr Christopher Akujobi ; Last Edit: Mr Christopher Akujobi ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p>CRHT</p> <p>Out of hour call.</p> <p>Robert left a message to City crisis this night at 19:26pm. He was called back at 23:04pm. He said, he feels okay at the time of the call. Robert states he spoke to his friend this evening, he reassured him and also encouraged him to stay strong. He ended the call appropriate. He was aware of his crisis visit on Sunday.</p>

<p>Note Details</p>	<p>30-Jun-2024 1:14PM ; Originator: Ms Charlotte (Crisis Care Practitioner) Shaw ; Last Edit: Ms Charlotte (Crisis Care Practitioner) Shaw ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No</p> <p><b>AMH City CRHT</b></p> <p><b>Lead professionals:</b> CPN PL and CCP CSH.</p> <p><b>Summary of contact:</b></p> <p>Robert spent majority of the contact discussing his concerns for Vivian his wife. Attempt to redirect to his presentation and how he was managing/coping however eventually always reverted to how Vivian was presenting. He spoke of times whereby he felt frightened of Vivian's presentation and her anger.</p> <p>Rob spent some time suggesting that he would like reassurance from others that he is not 'as bad' as Vivian is attempting to picture him. He reports that she has informed others that he 'yells' at her. He has told her to stop working- but he provides explanations that Vivian was not enjoying work and 'getting into trouble' and therefore offered her some respite by supporting her financially.</p> <p>Robert reports very little sleep, spending most of his day and night worrying about Vivian. Discussed offer of medication- Robert profusely declined.</p> <p>Robert reports fleeting impulsive suicidal thoughts, he reports that his nephew's continue to be his protective factors and has placed photographs around the flat of them. Rob did make a sweeping comment that 'If I kill myself, Vivian will automatically get widow's visa'. He did however offer reassurances that he does not want to act on these thoughts and wants to attempt to continue supporting Vivian.</p> <p>Vivian is due to collect belongings today and requested Robert out of the house. This is causing Robert significant anxiety and worry. We agreed for CRHT to call him this afternoon to offer emotional support.</p> <p><b>MSE:</b></p> <ul style="list-style-type: none"> <li>• <b>Appearance</b> – Rapport able to establish. Appeared to have adhered to his ADL'S.</li> <li>• <b>Behaviour</b> – Engaged well throughout, appeared to be crying at intervals, however no noticeable tears.</li> <li>• <b>Speech</b> - Speech normal rate.</li> <li>• <b>Mood</b> - Reports feeling low in mood- adjustment reaction to relationship breakdown. Understandably very concerned and worried about his wife.</li> <li>• <b>Thoughts/perception</b> - . No evidence of responding to unseen stimuli in the assessment. No evidence of any formal thought disorder. Fleeting thoughts about ending life, however future focused about supporting wife and getting her the support he perceives she requires.</li> <li>• <b>Cognition</b> - Orientated to time, place and person. No concerns regarding capacity.</li> </ul> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>-First presentation to Secondary mental health services.</li> <li>-No history of self-harming or attempts to end life.</li> <li>-Fleeting thoughts of suicide, often when feeling overwhelmed with emotions.</li> <li>-Hopeless and concerned about the future</li> </ul>
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	<p><b>Rag/Plan:</b></p> <p>-CRHT to offer emotional call this evening</p> <p>-AMBER RAG- see Wednesday 3/07 between 12-3pm.</p> <p>Robert is aware of how to contact CRHT for OOH support.</p>
Note Details	30-Jun-2024 3:19PM ; Originator: Ms Charlotte (Crisis Care Practitioner) Shaw ; Last Edit: Ms Charlotte (Crisis Care Practitioner) Shaw ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p><b>City CRHT</b></p> <p>T/C to Robert, to offer emotional support.</p> <p>Robert reports that Vivian is still at their flat collecting her belongings. He reports seeing her come off a bus, and has an idea around who she is staying with.</p> <p>He believes she is staying when a male and his wife from the Brazilian band- Robert reporting that this male is manipulative, and now feelings suspicious that Vivian is being manipulated and taking advantage of (music wise.) Signposted him to make safeguarding referral if he has concerns regarding a vulnerable adult.</p> <p>He reports continuing to feel 'in amazement' that he suspects Vivian is having a psychotic episode 'under the radar'. Attempt to discuss his thoughts, however again they diverted back to Vivian's presentation.</p> <p>Encouraged him to utilise CRHT for emotional support, he reports also having access to work counselling 24/7 support line which he has been utilising well.</p>
Note Details	30-Jun-2024 11:00PM ; Originator: Mr Martin Manyakanya ; Last Edit: Mr Martin Manyakanya ; Discipline: Nursing ; Verified: No ; 3rdParty: No
Note	<p>Telephone call to Robert, there was no answer. Message left requesting a call back.</p> <p><u>Plan.</u></p> <p>1. Prompt diarised for a further call tomorrow 01/07/24.</p>
Note Details	1-Jul-2024 11:55AM ; Originator: Ms Beata Prokop ; Last Edit: Ms Beata Prokop ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p>CRHT</p> <p>Support T/C.</p> <p>Robert asked me if my call was regarding his partner or him. I told him that it is about him.</p> <p>Robert said that he is doing "ok, he is surviving". He thinks that his partner is mentally unwell ; he met her twice and she was afraid of talking with him and also other people who they know reacted the same way when he met them.</p>

Thinks that she stays with a guy who has own band and he is manipulating her.

He hopes that she will come back to him after 3-4 weeks when she will realised that she needs help with her visa.

Robert called Lavender House and reported own concerns; they should call him back.

He reassured me that he will survive if things do not turn out the way he would like.

He is aware of the next CRHT H/V on 03/7 between 12-3pm.

He thanked me for the call.

Note Details 3-Jul-2024 3:29PM ; Originator: Miss Tia Greatorex ; Last Edit: Miss Tia Greatorex ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No

**CRHT**

H/V as planned.

Robert answered the main door and before I had chance to introduce myself or enter the property Robert started telling me that he was feeling weary today as he had rang the Police about his Wife but it had not gone well.

Once inside the property Robert continued to tell me that the Police had been very abrupt with him, they told him that his Wife has left him and they are not going to share her whereabouts with him. Robert went onto to say that he didn"t need any information from them as he knows where she is but he felt that he needed to call them as he is worried about her.

Robert spent most of the visit speaking about Vivian and their relationship over the years, even when trying to distract him away he always reverted back to Vivian and was tearful at times.

Robert says that sleep has improved slightly and he is now getting around 6 hours, appetite is poor but he is forcing himself to eat small amounts everyday, he thinks he has lost around 6-8lbs in approx. 2 weeks.

Robert has no plans over the next few days, he tries to spend time working on his music but often finds it difficult to concentrate as it reminds him of Vivian, he says that his friends seem to have turned against him and when he bumped into a neighbour he appeared to be scared of Robert but he doesn"t know why. He is worried that Vivian has said things to make him look bad but nobody is telling him anything so he doesn"t know what has been said.

Robert agreed to a further visit on Saturday morning.

**RAG**

Amber

**PLAN**

H/V Saturday 06/07/2024 between 10-12:00

Note Details	5-Jul-2024 1:17PM ; Originator: Dr Ben Di Mambro ; Last Edit: Dr Ben Di Mambro ; Discipline: Medical and Non-Medical Prescribers and Approved Clinicians ; Verified: Yes ; 3rdParty: No
Note	<p><b>MDT VG MC PCR.</b></p> <p>Adjustment reaction to partner leaving</p> <p>Some improvement in sleep</p> <p>Not reporting any plans, which may be unhelpful</p> <p>At next contact, CRHT to undertake some activity scheduling</p> <p>Risks appear suitable for home treatment</p> <p>Amber RAG over next one week then review</p>
Note Details	5-Jul-2024 1:29PM ; Originator: Miss Victoria Green ; Last Edit: Miss Victoria Green ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p>Next contact booked for Q sat 6th 10-12. Please discuss activity scheduling. Next contact following this can be a CSW.</p> <p>Can we then make sure we book him in next week with his LP Charlotte either Thursday 11th PM or Friday 12th to review ongoing plan/crisis input.</p>
Note Details	6-Jul-2024 1:55PM ; Originator: Mr Kwaku Akumaning ; Last Edit: Mr Kwaku Akumaning ; Discipline: Therapy ; Verified: Yes ; 3rdParty: No
Note	<p>Seen and reviewed Robert at his home address this morning at 11:20am for duration of 35 minutes. Robert kindly came downstairs to help me gained access to the main building as he is having issues with his door buzzer.</p> <p>Robert reported that he is doing much better in his mood today that he was in the past. He stated that he has been struggling with low mood and suicidal thoughts since his wife quit their relationship, but he is gradually getting over the shock. He has been working from work to keep himself occupied. He had a lengthy conversation with his GP yesterday about relationship breakdown with his wife which did help. He mentioned that yesterday was the first time he started functioning better since his wife left home. He stated that he has not had suicidal thoughts since yesterday after talking to his GP.</p> <p>Robert believes that his wife quit the relationship because she was having an episode. He mentioned that his wife had been paranoid recently and she is also on medication for her mental health. He stated that his wife has changed her contact number and that Robert currently has no direct contact with her unless he goes through his wife`s family. Robert said they had started working on a spousal visa for his wife and he is now worried that his wife work permit will run out in six weeks.</p> <p>Robert mentioned that he has started to eat well again. He mentioned that he lost weight following the relationship breakdown, but he has now been eating well. He used to do the cooking and cleaning in the flat. His sleep is progressively getting better each night. He achieved 7 hours of sleep last night and woke up feeling fully refreshed.</p>

	<p>He was encouraged to structure his daily activities to build a routine to which he agreed. He said he enjoy writing music and will include music in his daily activities. He has been keeping on top of his personal hygiene. He has had a shower this morning and changed cloths.</p> <p>Robert denied having suicidal or self-harming thoughts during today`s review. He cited his nephew as protective factor.</p> <p>He had informed his mother about his currently situation.</p> <p>He mentioned that he used to experiences high levels of anxiety until his doctor prescribed him vitamin D which seem to have helped reduced the anxiety.</p> <p>Distressed tolerance skills 54321 and breathing techniques 555 was explored with Robert and he seemed keen to try this. He had CBT in 2011 which did help.</p> <p>I have advised that he could consider having relationship counselling with RELATE.</p> <p>He said he is not on medication for his mental health, and he does not wish to be on medication.</p> <p>Objectively, Robert appeared stable in mood. He did not present with biological symptom of depression. There was no evidence of acute mental illness. He was chatty, polite, and seemed highly spirited person. He responded well to humour, smiled, and laughed appropriately. He maintained good eye contact. His speech, tone and volume were normal in rate. He was casually dressed and kempt. His home environment was clean and tidy. He appeared to have good insight into his mental health and displayed having capacity to make informed decisions. A Clear case of adjustment issues due to relationship breakdown.</p> <p>Consensus reached for his next home visit to be on Tuesday.</p> <p>Medication: None</p> <p>Risk: No new risk reported or identified:</p> <p>RAG: Amber</p> <p>Plan: Home visit on Tuesday 09/07/24</p>
Note Details	6-Jul-2024 6:22PM ; Originator: Mr Kwaku Akumaning ; Last Edit: Mr Kwaku Akumaning ; Discipline: Therapy ; Verified: Yes ; 3rdParty: No
Note	Retrospective notes, next contact on the 09/07/24 between 12-1500hrs.
Note Details	9-Jul-2024 1:38PM ; Originator: Dr Ben Lomas ; Last Edit: Dr Ben Lomas ; Discipline: Medical and Non-Medical Prescribers and Approved Clinicians ; Verified: Yes ; 3rdParty: No
Note	<p>MDT Dr Lomas SP SAM MC CA AE PCr</p> <p>presentation with adjustment picture in response to wife leaving .</p> <p>note difficulties of circumstances - he believes wife was mentally unwell</p> <p>appears to be benefitting from supportive contact.</p> <p>remain amber RAG</p> <p>due to be seen today.</p> <p>long term - discharge back to primary care.</p>

Note Details	<p>9-Jul-2024 1:55PM ; Originator: Mrs Beata Ncube ; Last Edit: Mrs Beata Ncube ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No</p> <p><b>City CRHT home visit.</b></p> <p><b>My first time meeting Robert.</b></p> <p>Robert came downstairs to let me in and out of the flat.</p> <p>He was dressed casually, well kempt.</p> <p>Reported to be feeling " a bit quizzed today" due to not being able to eat well yesterday. That turned into bad night also so did not get much sleep due to that.</p> <p>Robert spent most of the time discussing his concerns for Viv his wife.</p> <p>Time given to offload.</p> <p>Robert reports fleeting suicidal thoughts with no plan or intent. He reports that his nephew to be his protective factors and has placed photographs around the flat.</p> <p>Robert reported to be feeling better since receiving more support from a chaplain based at his GP surgery.</p> <p>GP gave him an hour appointment to discuss his health and emotional support.</p> <p>Chaplain offered to give Rob more support for the next few weeks which he is happy about.</p> <p>Rob said he will try and do what chaplain and Crisis team keep saying to him and will try and concentrate to look after himself and his basic needs first before his wife"s.</p> <p>He is still working from home and writing music as a hobby.</p> <p>Rob still is declining any type of medication even to aid his sleep.</p> <p>Is future focused re work and starts to think about his own needs rather than just his wife. Looking forward to some more support from chaplain and future referrals.</p> <p>Opening up to chaplain gave him some idea about his relationship with his wife and how it should go if it goes ahead.</p> <p>Still primarily focus on her thought, rather than himself.</p> <p>No concern raised today.</p> <p>Robert is aware of how to contact CRHT for support.</p> <p><b>Risks:</b></p> <ul style="list-style-type: none"><li>-First presentation to Secondary mental health services.</li><li>-No history of self-harming or attempts to end life.</li><li>-Fleeting thoughts of suicide, often when feeling overwhelmed with emotions.</li><li>-Hopeless and concerned about the future</li></ul> <p>[REDACTED]</p> <p><b>Lead professionals:</b></p> <p>CPN PL CCP CSH</p>
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	<p><b>Rag:</b> AMBER</p> <p><b>Plan:</b> HV Friday 12.07.24 3-6 pm with LP CPN CHS. Please do not change worker due to MDT request to do crisis plan/pathway referral/review rag. Robert is aware of how to contact CRHT for OOH support.</p>
<p>Note Details</p>	<p>12-Jul-2024 3:31PM ; Originator: Ms Charlotte (Crisis Care Practitioner) Shaw ; Last Edit: Ms Charlotte (Crisis Care Practitioner) Shaw ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No</p>
<p>Note</p>	<p><b><u>AMH City CRHT</u></b></p> <p><b><u>Lead professionals: CPN PL and CCP CSH</u></b></p> <p><b><u>Summary of contact :</u></b></p> <p>I have previously met Robert before, rapport easily built.</p> <p>Robert presented as much less anxious and agitated, he reports improved sleep and appetite. Spending time with friends and back to making music. Was not tearful throughout.</p> <p>He spent the majority of the contact discussing his wife and possible things he believes she may have done.</p> <p>He reports that it is his belief that she may be attempting to gain a visa due to domestic violence and they she may have Woman's aid supporting her due to actions she has taken, for example she has changed her mobile phone number.</p> <p>Robert reports that Vivienne has told multiple people in their circle of support that he was abusive and controlling- he reports recently contacting the police for support and the police informing him that he is coercively controlling his wife? Unclear how likely that would be.</p> <p>[REDACTED]</p> <p>[REDACTED] It may be at times that Robert has been seen to be controlling, however he reports that this was to ensure she did not relapse and become significantly unwell.</p> <p>Robert informed me that during their relationship he would pay all the bills and she would save her own finances- thus meaning that she could leave the relationship and return to America at any time, and would be finically able to do this.</p> <p>[REDACTED]</p> <p>Robert reports that he no longer experiences suicidal thoughts, however had insight into that this may change if things in the separation enhance- for example divorce papers.</p> <p>He has support from the Chaplin at his GP surgery, and has recently had an appointment with his GP too.</p> <p>Continuing seeing AMBER for a short period of time, as likely this contact presentation will change.</p> <p><b><u>Risks:</u></b></p> <ul style="list-style-type: none"> <li>-First presentation to Secondary mental health services.</li> <li>-No history of self-harming or attempts to end life.</li> <li>-Fleeting thoughts of suicide, often when feeling overwhelmed with emotions.</li> <li>-reduction in suicidal thoughts and intent- future planning</li> </ul>

	<p>[REDACTED]</p> <p><b>Rag/Plan:</b></p> <p>Next contact Monday 15/07 between 3-6pm.</p> <p>Following that Thursday 18/07 3-6pm with CPN PL DNC</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>Note Details</p>	<p>15-Jul-2024 7:21PM ; Originator: Miss Tia Greatorex ; Last Edit: Miss Tia Greatorex ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No</p>
<p>Note</p>	<p><b>CRHT</b></p> <p>H/V as planned.</p> <p>Robert was just arriving home from shopping when I arrived, he thought the visit was arranged for tomorrow but agreed that it could go ahead and invited me in.</p> <p>As with previous visits Robert spent most of the time speaking about Viv, their relationship and his worries about what she has told people about him. He had a 2 hour conversation with Viv"s Dad yesterday and says that he is very upset as he was unaware of what has been happening and Viv hasn"t been in touch with him despite him currently going through cancer treatment.</p> <p>Robert says that he has come to the realisation that Viv is not going to be coming back and instead of constantly thinking "what if she doesn"t" he has now found himself thinking "what if she does". He says that he almost feels a sense of relief as he spent the majority of his time caring for Viv and he is now able to concentrate on himself a bit more.</p> <p>Robert has been spending time working on his Music and has restarted a project that he has held off doing for 12 years now, he reports to have a slightly improved appetite and has also been sleeping better.</p> <p>He continues to see the Chaplain at his GP surgery which he finds helpful and has also been spending more time working in the office rather than from home. Today he spent nearly a full day</p>

	<p>there and found himself able to joke around and have a laugh with friends there.</p> <p>Robert denies any current suicidal thoughts but believes that his mood will dip towards the date that his Wife"s visa application is due which is 17/08/2024.</p> <p><b>RAG</b></p> <p>Amber</p> <p><b>PLAN</b></p> <p>H/V 18/07/2024 between 3pm-6pm with CPN PL. DNC</p>
Note Details	16-Jul-2024 1:49PM ; Originator: Dr Ben Lomas ; Last Edit: Dr Ben Lomas ; Discipline: Medical and Non-Medical Prescribers and Approved Clinicians ; Verified: Yes ; 3rdParty: No
Note	<p>MDT Dr Lomas AE CS LW MJ</p> <p>presentation as per previous MDT appears improved, though stressor is ongoing review RAG at next contact and begin discharge planning. amber RAG currently, next contact 18th.</p>
Note Details	17-Jul-2024 11:19AM ; Originator: Mr James Trueman ; Last Edit: Mr James Trueman ; Discipline: Admin ; Verified: Yes ; 3rdParty: No
Note	Robert called to speak to team. Unable to transfer. Emailed team for call-back.
Note Details	17-Jul-2024 1:28PM ; Originator: Mr Lesley Mahachi ; Last Edit: Mr Lesley Mahachi ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p>Rang back to Rob after he left a message with CRHT Admin.</p> <p>He answered and was grateful that someone called him back.</p> <p>Difficult relationship with wife at the moment, wife struggles with mental health issues and she has left home. She has taken off some of their photos together from social media in trying to distance him further from her which has hit Rob very hard.</p> <p>Rob currently working from home but is struggling to focus and has requested further time off work today.</p> <p>Managers at work not happy with the time he has been off work and they have scheduled a zoom meeting for this afternoon.</p> <p>Emotional support given to good effect.</p> <p>RAG: Amber</p>

	Next CRHT contact tomorrow 18.06.24 between 3-6pm.
Note Details	18-Jul-2024 7:22PM ; Originator: Mr Philip Lavelle ; Last Edit: Mr Philip Lavelle ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p><i>AMH City CRHT Team</i></p> <p><b>summary:</b> Robert remains fixated and focussed on recent circumstance and breakdown in the relationship with his wife.</p> <p>The majority of the session composed of Robert referring to his wife; where she might currently be living, with whom and speculation as to her current state of mind and this determining her current behaviour.</p> <p>Time spent during todays contact to diplomatically and sensitively consider and support him regarding possible other options/outcomes, and that with time, these might possibly/realistically change i.e. consider .. a) his wife may file for divorce in the short term b) may change her mind and request reconciliation [reportedly this has occurred twice before] c) he accepts the situation and moves on in his life and d) focuses on his own current mental and psychological wellbeing and address these via self referral to appropriate 1:1 counselling support, etc.</p> <p>Robert was open to alternative options and to move on from his current thinking and beliefs and to forge a more hopeful outlook.</p> <p>He highlighted that the timeline for the visa application running out is in four weeks. On mentioning this he became emotional and tearful.</p> <p>He has recently taken some more time out from work due to being informed and news that his wife has cancelled the mobile phone network and number he provided her with and that she has blocked him on Instagram.</p> <p><b>risk:</b> Appears currently reduced and contained with current crisis intervention and home treatment.</p> <p><b>rag:</b> Green - agreed to reduced contact with CRHT Team.</p> <p><b>impression:</b> Robert remains fixated, focussed and preoccupied with all aspects regarding his partner [environmental, mental state, psychological, social]. In terms of current crisis role and intervention this has primarily been focussed on reported risk to self and the crisis team containing this which appears to have been met. On further contact and engagement with the team recently, it was discussed that it would be more appropriate to consider taper to a combination of individual relate counselling [for self not as a partnership] with possible referral to IAPT services and GP.</p> <p>Given the forthcoming deadline in four weeks time of the expiry of Vivien's visa would be prudent to continue with crisis involvement until after that point.</p>

	<p><b>plan:</b> Clinical lead [PL] to make telephone contact during duty shift 21/07 to schedule next contact and review with crisis team w/c 22/07.</p>
	<p>Note Details 21-Jul-2024 11:07AM ; Originator: Mr Philip Lavelle ; Last Edit: Mr Philip Lavelle ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No</p>
<p>Note</p>	<p><i>AMH City CRHT Team</i></p> <p>Call to Robert as arranged. Has been spending time clearing stuff out from the flat, feeling better for this. Reports mood coming [in waves] up and down. Has put some music lyrics out further to recommendation from friend Appears to be moving on somewhat in expectations, spoke about what was discussed in our appointment last week - possibility and realisation needs to move on in his life vs any reconciliation.</p> <p><b>plan:</b> Agreed to home visit Wed afternoon.</p> <p>HV 24/07 between 12:00 &gt; 14:00</p>
	<p>Note Details 24-Jul-2024 7:15PM ; Originator: Miss Tia Greatorex ; Last Edit: Miss Tia Greatorex ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No</p>
<p>Note</p>	<p><b>CRHT</b></p> <p>H/V as planned.</p> <p>Robert answered the door and welcomed me in, he recognised me from previous visits and before getting to his flat he started to tell me about what had happened with his Wife since he had last seen me.</p> <p>As with previous visits most of the conversation revolved around Viv and their relationship, I attempted to deviate away from this but this proved difficult with all conversation ultimately leading back to Viv.</p> <p>Robert has been texting his Father in law today who has said he may fly over as he is worried about Viv. Robert has also sent Viv an email telling her how he feels and giving her some options around the visa but this not been replied to. He is hoping that his Father in law will fly over before the visa is due so that he can speak to Viv properly and get the visa sorted out. He is currently thinking that Viv will not come back to him but he is hoping that this is an "episode of being unwell" so that when she gets better she will realise that she has made a mistake. Robert then went on to show me a video from a news channel in America, it was a Woman knocking items off shelving in a grocery store then driving off erratically. Robert said this video was Viv a few years ago before she got admitted to hospital which is why he is so worried about her now.</p> <p>Robert says that the past few days have been a struggle as he just wants Viv back and he can't think of anything else, he has not been to work since last Wednesday and is currently spending most of his time at home alone. He says that his employer is supportive but once the visa date has passed</p>

	<p>he is no longer interested in his job as he "hates it" and only stays for visa purposes.</p> <p>Robert continues to see the Chaplain at his GP"s which he finds helpful, he also has a telephone appointment scheduled with Relate for tomorrow.</p> <p>Robert says that his mood is always low at the minute rather than up and down, he said that he often thinks that he no longer wants to be here but says they are not suicidal thoughts and he has no intention of harming himself or killing himself.</p> <p>Robert reports poor sleep for the past 4 nights and says that he was unable to sleep at all last night. He also reports poor appetite but says he is manging something small everyday.</p> <p>Robert bumped into a friend a few days ago and he has been invited to an event tomorrow, Robert was unsure whether to go but after some encouragement he agreed to think about it and give it a try.</p> <p>Robert agreed to a further visit next Wednesday and confirmed that he has CRHT contact details should he need support before then.</p> <p><b>RAG</b></p> <p>Green</p> <p><b>PLAN</b></p> <p>H/V Wednesday 31/07/2024 between 3pm-6pm</p>
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Note Details	31-Jul-2024 5:11PM ; Originator: Chanel Robinson ; Last Edit: Chanel Robinson ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
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Note	<p><b>City CRHT</b></p> <p><b>Summary of Contact</b></p> <p>Today was my first time meeting Robert, he was pleasant upon interaction and a rapport was easily established. Robert engaged well and was coherent in conversation. He appeared well kempt and was dressed appropriately.</p> <p>Robert continues to report low mood. He did not voice suicidal thoughts but expressed a lack of desire to live due to his relationship break up. Robert spent the entire visit talking about Vivian (wife), their relationship and her mental health. He was occasionally tearful. He informed me he messaged her via Facebook chat and she responded with "sorry Rob I'm moving on". Robert desperately wants answers and reports feeling confused by her decision. Robert is not only worried about her wellbeing but is distraught that she has abruptly cut ties with him. Vivian"s visa runs out in two weeks time and he reckons that will limit any opportunity to rekindle their marriage as she"ll move back to America. Robert was given an hour of talk time to offload and I offered a lot of emotional support/practical advice and encouragement. Robert thanked me for my efforts and positive outlook but by the end of the conversation his view about the future was still dim.</p> <p>Robert continues to maintain contact with Vivian"s dad. He has a few friends which he also stays in touch with. Mutual friends with Vivian have stopped talking to him, which has equally upset him. Work remain supportive, he returned yesterday and is given freedom to finish early when feeling</p>
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	<p>overwhelmed.</p> <p>Robert reports that his appetite is reduced but he assured he is eating meals and maintaining good fluid intake. Sleep is a bit sporadic.</p> <p>Prior to leaving Robert reassured he will try to keep himself safe. I advised him to take each day by day or hour by hour. Also to plan his day to ensure his mind is kept occupied as much as possible. He said he has been trying to do this. For the rest of the day he plans to finish some work, watch tv and do an activity.</p> <p><b>RAG/Next Contact/Plan</b> Green Rag NC 07.08 between 3-6pm.</p>
Note Details	7-Aug-2024 1:46PM ; Originator: Mr Shawn Wilford ; Last Edit: Mr Shawn Wilford ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p>T.C With Robert to ask if due to staffing he could come to Highbury for his appointment today . Robert reports that he understands and not to worry about a visit today and that he is doing really well has got relate counselling involved and him and his wife are trying again .</p> <p>Plan-Home Visit on the 10th August 12-1pm [Robert is aware if the protests are happing in town may have to come to Highbury or rearrange] DX?</p>
Note Details	10-Aug-2024 12:49PM ; Originator: Mrs Emma Gregory ; Last Edit: Mrs Emma Gregory ; Discipline: Nursing ; Verified: No ; 3rdParty: No
Note	<p><b>Summary of contact</b></p> <p>Rob seen at home address. Casually dressed, pleasant and welcoming Flat in some disarray which Rob was apologetic for, stating he was in the process of having a clear out</p> <p>First time meeting Rob so difficult to ascertain any improvement in mental state I initiated conversation by stating that he and Viv were reconciling as documented in his notes from last contact Robert refuted that and categorically stated that they were not getting back together and in fact she was not currently speaking to him</p> <p>He spoke at length about their relationship and how he has supported her for many years through illness, unemployment etc Feels frustrated that now she will not allow him the courtesy of having a conversation in order to sort things out Feels that she has turned some mutual friends against him believes that Viv is only acting this way because she is very ill but is able to "mask" her symptoms from others, including health professionals</p> <p>Rob currently spending long periods trawling through recordings of their past conversations/arguments - states that he finds some solace in this</p>

He was able to acknowledge some improvement in his own well being - improved diet, less rumination, reduced suicidal ideation  
However he was quick to point out that next week will reach "crisis point" as it is the deadline for Viv"s visa application which she is not addressing (as far as he is aware)  
Rob indicated that he felt once Viv realises the consequences of not addressing this ie - having to leave the UK, that she may be at risk of suicide

He expressed he feels he has a duty as her husband to take care of her and that he feels he has not only let Viv down but also her family as he has not been able to protect her

He continues to express frustration at MH services that he is not provided with information regarding Viv"s care - reinforced that we are happy to receive information from him about his concerns however without her consent we are unable to share information about her care. He states he feels he has been labelled as a "wronged husband" and that he is not being taken seriously or listened too - support and reassurances provided

On the basis of the application being due next week Rob himself anticipated that he will "fall to pieces" - this was my first meeting with Rob and therefore I felt unable to dx at this juncture. I feel it would be advisable to await the outcome of next week when the outcome of Viv"s visa will be clearer before dx from CRHT

**risk:**

Appears currently reduced and contained with current crisis intervention and home treatment. No currently suicidal ideation expressed but he anticipates a very difficult week next week whilst awaiting Viv"s visa application  
Accessing support via chaplain, relate, CRHT

**rag:**

Green

Given the forthcoming deadline in a weeks time of the expiry of Vivienne"s visa would be prudent to continue with crisis involvement until after that point.

**plan:**

t/c 16/8/24 to offer emotional support and arrange next contact with LP for ? dx  
Rob aware he can contact services for support in the interim if required

[Redacted]

[Redacted]

[Redacted]



	<p>one. Robert came down and showed me where parking machine was and I paid for parking. As we were walking to go to the parking machine, he started telling me about his wife and I reminded him that we will talk about it in private, but he continues wanting to talk about it and was then reminding himself that 'we will talk in private'. Robert then took me to his flat and he apologised for his flat not being tidy. He removed ladies' clothes that were on the sofa for me to seat. He started taking about his wife, how she ended up in QMC last night and how professionals were dismissive when he raised his concerns about his wife. Robert appeared to be preoccupied and whenever I asked a question about how he is?. He diverts the question and start talking about his wife. The visit was difficult in the sense. Robert informed me that he is not on any medications but reported good appetite and good sleep. I was unable to discharge Robert reason being it was my first time to see him, he was preoccupied about his wife and was difficult to make clinical judgement on first visit. Robert informed me that he was not aware of discharge he was not informed of today's discharge plan</p> <p><b>Carers views:</b></p> <p>None</p> <p><b>MSE:</b> Well kempt with evidence of good self-care, rapport easily established, preoccupied about wife, pressured speech ,? grandiose ideas, good eye contact, good appetite, good sleep normal tone of voice and he denied thoughts to end his life or harm self.</p> <p><b>Risk: No suicidal thoughts plans or intent</b></p> <p><b>Medications:</b> Not on medications.</p> <p><b>Plan</b></p> <p>- plan to discharge did not go ahead. Robert was not aware of discharge today, therefore could not make clinical judgement to discharge as it was my first time to meet him</p> <p>-To arrange next visit for discharge.</p>
<p>Note Details</p>	<p>16-Aug-2024 2:40PM ; Originator: Miss Natalie Waltham ; Last Edit: Miss Natalie Waltham ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No</p>
<p>Note</p>	<p><b>City CRHT</b></p> <p>Call to Robert – he sounded bright and reactive. Agreeable to be seen by LP Phil Lavelle 23<sup>rd</sup> Aug 3-6pm at home</p> <p>He says his wife is now 'in hospital' and that she has been 'sexually molested along the way' – he said he is on the way to Mansfield now and that 'actions will be taken' when asked he said he plans to raise it to the clinical teams.</p> <p>No overt threats detected</p> <p><b>Plan:</b></p> <p>CRHT to refer to LMHT – see below</p> <p>Next contact 23<sup>rd</sup> Aug 3-6pm at home CPN P Lavelle DNC LP</p>

Note Details	19-Aug-2024 2:14AM ; Originator: Nathalie McPherson ; Last Edit: Nathalie McPherson ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	City CRHT  LMHT referral completed and sent to City south LMHT
Note Details	20-Aug-2024 3:11PM ; Originator: Mr Philip Lavelle ; Last Edit: Mr Philip Lavelle ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<i>AMH City CRHT Team</i>  note: Robert referred to LMHT South [REDACTED]
Note Details	20-Aug-2024 3:59PM ; Originator: Mr Philip Lavelle ; Last Edit: Mr Philip Lavelle ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<i>AMH City CRHT Team</i>  Call to Robert - I will see him home visit 23/08 @ 12:00
Note Details	22-Aug-2024 11:51AM ; Originator: Stephanie Middleton ; Last Edit: Stephanie Middleton ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	City CRHT  JV arranged for Tuesday 27/08/24 12pm.

Note Details	23-Aug-2024 1:48PM ; Originator: Mr Philip Lavelle ; Last Edit: Mr Philip Lavelle ; Discipline: Nursing ; Verified: Yes ; 3rdParty: No
Note	<p><i>AMH City CRHT Team</i></p> <p>Seen at home this morning, flat cluttered with multiple items belonging to his wife. The individual she was lodging with has asked that she doesn't return, she was staying at the aunts of a mutual friend who Robert also knew. Robert has taken it upon himself to store her items at the flat whilst she is in hospital.</p> <p>He informed me that he has decided to leave Vivian and end their marriage further to recent reported incidents and issues. He stated that he was present and witnessed her last week prior to attending A&amp;E and being admitted to psychiatric hospital when she attempted to enter busy traffic near the home.</p> <p>Robert explained and expanded on recent events with her taking up with their mutual friend [Glenn ?] and that she has been vulnerable for a long time in the community and that services never listened to him.</p> <p>He stated that his wifes father was arriving from the US today and he will take him to Sherwood Oaks to visit tomorrow, Robert highlighted that he would wait in the car park and not visit himself.</p> <p>Robert also indicated that his wife has applied for a Domestic Violence visa and has 45 days to submit this application.</p> <p>Robert denies any current thoughts to harm himself or having any plan or idea to place his own life in danger.</p> <p>I reminded him of the plan for a joint visit w/c 26/08 with a LMHT and that any care and treatment would be transferred to the new community team. He was fine with this plan, he acknowledged the input and support via the crisis team.</p> <p><b>plan:</b> Joint visit 27/08 @ 12:00.</p>
Note Details	27-Aug-2024 12:00PM ; Originator: Miss Daisy Coleman ; Last Edit: Miss Daisy Coleman ; Discipline: Therapy ; Verified: Yes ; 3rdParty: No
Note	<p><b>City CRHT</b></p> <p>J/V with LMHT today for purpose of handover. See LMHT entry for full details.</p> <p>Robert agrees that he no longer needs CRHT and now is the time for transfer of his care. Robert denied any thoughts of harm to self, although acknowledges that things continue to be difficult with Viv being in hospital and the uncertainty of what will happen in their marriage.</p> <p>He is aware of the plan with LMHT and that he can contact CRHT OOH should he need support going forward.</p>

	Discharge from CRHT caseload.

Print Close

## Michael Cotterell

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**From:** City South Admin -  
**Sent:** 19 August 2024 10:16  
**To:** City East Admin -  
**Cc:** City CRHT -  
**Subject:** FW: 4548472

**Categories:** Michael

Good morning,

I believe this one is for you 😊

Kind regards

Harrison Clarke

Bank Administrator  
Adult Mental Health  
City South Local Mental Health Team  
Stonebridge Centre  
Cardiff Street  
Carlton Road  
Nottingham  
NG3 2FH

Tel: 0115 8440525

Email: [REDACTED]  
[www.nottinghamshirehealthcare.nhs.uk](http://www.nottinghamshirehealthcare.nhs.uk)  
[Find us on Facebook](#)  
[Follow us on Twitter](#)



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**From:** City CRHT - [REDACTED]  
**Sent:** Monday, August 19, 2024 2:14 AM  
**To:** City South Admin - [REDACTED]  
**Subject:** 4548472

In Confidence

Dear colleagues,

Reason for referral is to address/offer ongoing support and monitoring.

CRHT involvement, progress, and risks

Robert is a 44-year-old male, whom has been diagnosed with an adjustment reaction following the departure of his wife. Recent observations indicate some improvement in his sleep patterns, which may suggest a positive response to coping strategies or interventions in place.

Robert has shown a consistent and engagement with various aspects of his wife well-being, encompassing environmental, mental, psychological, and social factors. The crisis team has been actively addressing concerns related to Robert's own risk to self, and recent interactions suggest that the immediate risks have been effectively managed. Ongoing communication and involvement with the team indicate a sustained commitment to addressing these complex challenges.

Risk First Presentation

Client Overview: No history of self-harming or attempts to end life. Fleeting thoughts of suicide, often occurring when the client feels overwhelmed with emotions. Current Status: Reduction in suicidal thoughts and intent: The client has shown progress in managing these thoughts and is actively engaging in future planning.

Please see RIO for: demographics, CORE risk assessment, CORE initial assessment, recent GP letter

Yours Sincerely  
Nathalie



## Risk and Safety Assessment

**Client** WHEELER, Robert - 4548472

**Date/time** 27 June 2024 13:00

**Clinician** Lavelle, Philip **Designation**  Crisis Practitioner

**i** Please ensure that all the information pulled through is carefully read, edited when appropriate and, by saving the form, you agree that the information is correct and accurate to the best of your knowledge

[Please click here for Guidance Notes](#)

### Perinatal Questions

Click here to answer perinatal questions

### To Self

e.g. suicide, self-harm, wandering/falls/substance misuse/bereavement - loss

**Yes**  **None identified**

**Past self-harm (inc. attempted suicide)**  **Feelings of helplessness/hopelessness**

**Social Isolation?**

**i** If Yes to any of the above please include details in the box below.

**Details** 

Self referral into AMH City CRHT Team highlighting and reporting current intrusive thought of placing self in danger/suicidal ideation - jumping from a high place or placing self in front of moving traffic.

Over the past 1/52 has reportedly been hitting self with fists to abdomen/chest causing bruising.

Feeling hopeless, at a loss and not knowing what to do further to the breakdown in the marriage.

**Risk (please select)**

**Action**

Use of violent methods\*

Separated/widowed/divorced

Recent significant life events

Risk (please select)

Action


Expressing suicidal ideas

[Click HERE to view/complete the SAFETool \(Suicide Assessment Framework E-Tool\) Form](#)

**From Others**

e.g. all forms of abuse including any domestic violence issues, neglect, exploitation

Yes  None identified

Details: 

Reporting some recent abuse within the relationship from his wife when she is emotionally dysregulated i.e. reporting feeling at risk during altercation and arguments, partner has previously raised her hands to strike him and or has struck him with open palm of hand.

Partner history of becoming agitated and threatening, Robert reports feeling unsafe in the home recently/historically and leaving the accommodation to de-escalate situation.

Risk (please select)


Action

Domestic Abuse

**To Others**

e.g. aggression, violence, associated criminality, exploitation, abuse, neglect of others

Yes  None identified

Details: 

Risk (please select )


Action

No data to display

**Social Factors**

e.g. lack of basic amenities, pressure of eviction, financial difficulties, disengagement from support networks

Yes  None Identified

Details: 

**Risk from Social Media and Internet**

e.g. discuss social media platforms, internet usage and assess risk

No

**Child Information**

Client is a child

e.g. Client is aged under 18 years of age

No

### Child Information relating to Patient Contacts

#### Information Regarding Children

**Please collect information regarding children for whom the patient has parenting/caring responsibility or significant contact, or for whom the patient's mental health has an impact. Please discuss with your manager or supervisor if you have any doubts about what information to collect. Serious concerns may indicate the need to obtain this information and take action following the meeting.**

Relationship to client	Name	Address	Date of Birth	GP	School	Is Patient primary carer?	Action
------------------------	------	---------	---------------	----	--------	---------------------------	--------

No data to display

**i** If relationship is Other or the patient is not the primary carer, please give details below including name, relationship and address of primary carer for the child

Details:



### Safeguarding

Has contact with children  No

Is a parent/has parental responsibility  No

Self/partner pregnant (state EDD)  No

**i** If you have answered yes to any of the three questions, please consider possible risks to the child/ren and complete the sections as necessary

### To Children

#### Is the child at risk of harm?

**\*\*If a child is at risk of significant harm then contact Social Care immediately\*\***

Yes  None identified

Details:



### Is the Child/Children subject to a Child Protection Plan?

Yes  No

Name of Child	Plan	Details	Action
<i>No data to display</i>			

**Is the Child/Children subject to a Child in Need Plan?**

Yes  No

Name of Child	Plan	Details	Action
<i>No data to display</i>			

**Additional Child Vulnerability Factors**

Yes  None identified

Name of Child	Safeguarding Risk	Details	Action
<i>No data to display</i>			

**i** **\*\*If Child/children are undertaking a carer role, please complete a Young Carer's Assessment\*\***


**Details of other adults caring and / or have contact with the child/children**

Relationship to Client	Name	Address	Action
<i>No data to display</i>			

**Give Details of Care of or Contact with any Person identified or Actions taken**



**Risks Under Investigation**

Details: 

Risk	Action
<i>No data to display</i>	

**Risk Formulation** 

Adjustment disorder within the context of recent deterioration and breakdown of partnership with wife, who has currently moved out of the home and staying with friends.

Robert feeling lost and hopeless with no expectation of any reconciliation [at this stage] with his wife. Has been having intrusive and impulsive thoughts to place life/self in danger via jumping from a high place or placing self in danger in front of moving traffic. Currently overwhelmed with thoughts and feelings of hopelessness and loss.

Risk profile - male, currently isolated further to breakdown in relationship with his wife, previous reported anxiety and depressive episodes when younger following vitamin D deficiency, feeling hopeless and at a loss to understand current circumstances and situation, stress at work, small network of other close friends in whom to confide and seek support.

Mitigating - mother living in Watford and has occasional contact, two sisters one of which [younger] has a better relationship and contact and made reference to [not wanting to hurt those around me] including his two young nephews aged eight and nine.

**Review Date**

Completed  
by



Designation



**Now Please Complete the Summary & Care Plan Form**



To access the Risk and Safety Assessment Letter, please use the Letters link on the case record screen

**Updated by** Philip Lavelle

**Updated on** 28 June 2024 07:30



## Risk and Safety Assessment

**Client** WHEELER, Robert - 4548472

**Date/time** 9 October 2024 13:46

**Clinician** Lavelle, Philip **Designation** Crisis Practitioner

**i** Please ensure that all the information pulled through is carefully read, edited when appropriate and, by saving the form, you agree that the information is correct and accurate to the best of your knowledge

[Please click here for Guidance Notes](#)

### Perinatal Questions

Click here to answer perinatal questions

### To Self

e.g. suicide, self-harm, wandering/falls/substance misuse/bereavement - loss

**Yes**  **None identified**

**Past self-harm (inc. attempted suicide)** **No** **Feelings of helplessness/hopelessness** **Yes**

**Social Isolation?** **No**

**i** If Yes to any of the above please include details in the box below.

### Details

LMHT Update - Oct - presenting as stable in mood and mental state and risks to self have reduced following joint LMHT / Crisis visit in August 2024. Discharged from LMHT.

Self referral into AMH City CRHT Team highlighting and reporting current intrusive thought of placing self in danger/suicidal ideation - jumping from a high place or placing self in front of moving traffic.

Over the past 1/52 has reportedly been hitting self with fists to abdomen/chest causing bruising.

Feeling hopeless, at a loss and not knowing what to do further to the breakdown in the marriage.

**Risk (please select)**

**Action**

Use of violent methods\*

Separated/widowed/divorced

Risk (please select)

Action

Recent significant life events

Expressing suicidal ideas

[Click HERE to view/complete the SAFETool \(Suicide Assessment Framework E-Tool\) Form](#)

**From Others**

e.g. all forms of abuse including any domestic violence issues, neglect, exploitation

Yes  None identified

**Details:**

Reporting some recent abuse within the relationship from his wife when she is emotionally dysregulated i.e. reporting feeling at risk during altercation and arguments, partner has previously raised her hands to strike him and or has struck him with open palm of hand.

Partner history of becoming agitated and threatening, Robert reports feeling unsafe in the home recently/historically and leaving the accommodation to de-escalate situation.

Risk (please select)

Action

Domestic Abuse

**To Others**

e.g. aggression, violence, associated criminality, exploitation, abuse, neglect of others

Yes  None identified

**Details:**

Risk (please select )

Action

No data to display

**Social Factors**

e.g. lack of basic amenities, pressure of eviction, financial difficulties, disengagement from support networks

Yes  None Identified

**Details:**

**Risk from Social Media and Internet**

e.g. discuss social media platforms, internet usage and assess risk

No

**Child Information**

**Client is a child**

e.g. Client is aged under 18 years of age

No

## Child Information relating to Patient Contacts

### Information Regarding Children

**Please collect information regarding children for whom the patient has parenting/caring responsibility or significant contact, or for whom the patient's mental health has an impact. Please discuss with your manager or supervisor if you have any doubts about what information to collect. Serious concerns may indicate the need to obtain this information and take action following the meeting.**

Relationship to client	Name	Address	Date of Birth	GP	School	Is Patient primary carer?	Action
------------------------	------	---------	---------------	----	--------	---------------------------	--------

No data to display

**i** If relationship is Other or the patient is not the primary carer, please give details below including name, relationship and address of primary carer for the child

#### Details:

### Safeguarding

Has contact with children  No

Is a parent/has parental responsibility  No

Self/partner pregnant (state EDD)  No  EDD (Expected Due Date)

**i** If you have answered yes to any of the three questions, please consider possible risks to the child/ren and complete the sections as necessary

### To Children

#### Is the child at risk of harm?

**\*\*If a child is at risk of significant harm then contact Social Care immediately\*\***

Yes  None identified

#### Details:

#### Is the Child/Children subject to a Child Protection Plan?

Yes  No

Name of Child	Plan	Details	Action
---------------	------	---------	--------

No data to display

#### Is the Child/Children subject to a Child in Need Plan?

Yes  No

Name of Child	Plan	Details	Action
No data to display			

### Additional Child Vulnerability Factors

Yes  None identified

Name of Child	Safeguarding Risk	Details	Action
No data to display			



**\*\*If Child/children are undertaking a carer role, please complete a Young Carer's Assessment\*\***

### Details of other adults caring and / or have contact with the child/children

Relationship to Client	Name	Address	Action
No data to display			

### Give Details of Care of or Contact with any Person identified or Actions taken

### Risks Under Investigation

Details:

Risk	Action
No data to display	

### Risk Formulation

LMHT Update - Oct - presenting as stable in mood and mental state and risks to self have reduced following joint LMHT / Crisis visit in August 2024. Discharged from LMHT.

Adjustment disorder within the context of recent deterioration and breakdown of partnership with wife, who has currently moved out of the home and staying with friends.

Robert feeling lost and hopeless with no expectation of any reconciliation [at this stage] with his wife. Has been having intrusive and impulsive thoughts to place life/self in danger via jumping from a high place or placing self in danger in front of moving traffic. Currently overwhelmed with thoughts and feelings of hopelessness and loss.

Risk profile - male, currently isolated further to breakdown in relationship with his wife, previous reported anxiety and depressive episodes when younger following vitamin D deficiency, feeling hopeless and at a loss to understand current circumstances and situation, stress at work, small network of other close friends in whom to confide and seek support.

Mitigating - mother living in Watford and has occasional contact, two sisters one of which [younger] has a better relationship and contact and made reference to [not wanting to hurt those around me] including his two young nephews aged eight and nine.

Next Review Date 9 October 2025

Completed by Victoria mcDonagh Designation CPN

### Now Please Complete the Summary & Care Plan Form

To access the Risk and Safety Assessment Letter, please use the Letters link on the case record screen



**Updated by** Victoria Mcdonagh

**Updated on** 9 October 2024 13:47



### Summary & Care Plan

Chart

**Client** WHEELER, Robert - 4548472

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**Date/time** 27 June 2024 13:00

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**Clinician** Lavelle, Philip      **Designation** Crisis Practitioner

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**i** Please ensure that all the information pulled through is carefully read, edited when appropriate and, by saving the form, you agree that the information is correct and accurate to the best of your knowledge

[Please click here for Guidance Notes](#)

#### Summary/Formulation

Adjustment disorder/episode with suicidal ideation further to breakdown in relationship with wife. Intrusive impulsive thoughts to jump from a high place or place self in front of moving traffic.

---

#### Diagnosis: include ICD-10 Code

**i** Only fill in diagnosis and ICD-10 code if qualified to do so

Diagnosis	Action
No data to display	

---

#### CPA Status

**CPA**       **Non-CPA**

---

#### MHA Status

**MHA Status** None

---

#### Care Plan

##### Is there an Advance Statement?

**Yes**       **If Yes, where is it held**

---

**No**

---

**Are there any doubts about the patient's capacity to consent to**      **Yes**       **No**

any aspect of the care plan?

**i** Where there are doubts, identify the issue and ask:  
Does the patient understand the information that you have given them?  
Can they retain that information?  
Are they able to use and weigh up the information in order to make a decision?  
Can they communicate their decision?  
If the answer is no to any of these four questions, is that a consequence of an identified impairment of or disturbance in functioning of the mind or brain?  
Give reasons for your decision and then explain how the corresponding care plan is in the patient's best interests.

**i** This section rates how the patient has been feeling in the following four areas of their life over the last week.  
  
NB - If someone other than the patient is answering, they should answer according to how they think the patient is doing.

[Please use script. Click here to view.](#)

Individually (Personal well-being)	Interpersonally (Family, close relationships)	Socially (Work, school, friendships)	Overall (General sense of well-being)
Score <input type="checkbox"/>	Score <input type="checkbox"/>	Score <input type="checkbox"/>	Score <input type="checkbox"/>
Previous Score	Previous Score	Previous Score	Previous Score

The scoring section above updated on:

Care Plan Details

AMH City CRHT Team - taken onto the caseload further to initial assessment 27 June 2024, to ...

- \* Continue the assessment of needs [short term crisis intervention and support] - to identify any unmet psychological or psychiatric need
- \* Continued risk and safety plan assessment
- \* Containment and review of individual further to recent personal and relational adjustment and dynamics with partner
- \* Manage thoughts of self harm and suicidal ideation
- \* Appropriate identification of any future sign posting to alternative/other mental health or psychological services

Unmet Needs

Yes  No

Details

Plan for Medication

**i** Please include medication name, dose, route, frequency, responsibility for providing prescription, and, where appropriate, specific monitoring requirements.

No data to display

**Crisis Contingency Plan / Safety Plan**

Taken onto the AMH City CRHT Team as of 27 June 2024, for short term support for assessment of appropriate care, input and treatment needs including current risk and safety planning, profiling and risk management.

Robert has been made aware and informed that he is able to contact the crisis team 24/7, including that in any emergency or significant increase in risks to self he should access and/or contact emergency services in the first instance.

**Review  
Date:**

27 December 2024

**Care Co-  
ordinator /  
Lead  
Professional**

**Emergency Numbers - please tick the relevant boxes**

**Samaritans:  
116 123**

**NHS: 111**

**Crisis  
Bassetlaw  
7.30am -  
9.00pm:  
0808 196  
3779**

**9.00pm -  
7.30am:  
0115  
9560860**

**Mid Notts  
Crisis and  
Home  
Treatment  
Team: 0808  
196 3779 (24  
hours, but  
between  
8.30pm -  
8.00am,  
provides a  
telephone  
advice  
service  
only)**

**Crisis  
Nottingham  
City: 0808  
196 3779**

**Crisis  
Nottingham  
County  
South: 0808  
196 3779**

**The Silver  
Line:  
0800 4 70 80  
90**

**Childline  
0800 1111**

**Other Emergency Numbers specific to the patient, that are not listed above.**

**SAFETool (Suicide Assessment Framework E-Tool) Safety Plan**

**SAFETool** No SAFETool Triage Form Completed  
**Last**

**Updated**

[Complete / View The SAFETool \(Suicide Assessment Framework E-Tool\) Safety Plan By Clicking HERE](#)

**1. Has the patient participated in the development of the care plan?**

**2. Is Carer/Family Involved in care Plan**

**3. If the patient has not agreed to the care plan, please indicate if there is any 3rd party agreement:**

**Date of Agreement**

**Details**

**Copy of Care Plan given to:-**

**Patient**

**GP**

**Carer**

**Other (specify below)**

**Completed by**

**Designation**



To access the Summary & Care Plan Assessment Letter, please use the Letters link on the case record screen

**Updated by** Philip Lavelle

**Updated on** 27 June 2024 14:51