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# Case Study

## Self-harm - Case Study 1

A MAN who had been having suicidal thoughts felt that he had been “discarded in a corner” when he initially sought help in January 2015.

Mr X attended a GP drop-in clinic at 4.30pm on a Friday afternoon when he was experiencing suicidal thoughts and wished to end his life. Five years previously Mr X had been supported by a mental health team when he had a Community Psychiatric Nurse and had had Electroconvulsive Therapy, but was not at this time under the care of Cornwall’s Mental Health Team (CMHT).

Despite seeking help he felt due to the time of day and week the GP was not interested, just telling him to contact CMHT. He felt the CMHT was not interested as they would not come out to see him and told him to make his own way to the Emergency Department at the Royal Cornwall Hospital. This was at approximately 6pm.

Mr X waited for eight hours for someone to talk to him. Someone from the CMHT arrived at 2am. They found him a bed at Bodmin Community Hospital, but again he was asked to make his own way there or wait another couple of hours for an ambulance to take him. Mr X arranged for his mother to take him there. He said he was told someone would see him the next day. He received no medication.

MR X finally spoke to someone the following Tuesday about how he was feeling, although he said staff had promised him each day that “someone will see you tomorrow”.

It was after three days of waiting, without medication and feeling like he was getting nowhere that MR X first tried to break out of the hospital as he said he wanted to go somewhere and kill himself. He smashed a window and escaped, only to be brought back to the hospital. He tried to escape a second time from the TV room. After this second escape, he was placed on a psychiatric intensive care unit for 30 days.

Ward staff then kept Mr X in line-of-sight for approximately five days but as soon as that ended, he attempted to break a light to enable cutting himself. He was subsequently placed in isolation and then within line-of-sight again. Around this point, Mr X stopped eating. After being taken off line-of-sight again, he tried kicking in a window and breaking another light. This time everything was reinforced and Mr X gave up trying. He was, at this time, back on medication to reduce his anxiety levels.

Despite his attempts to escape and self-harm, Mr X found most of the staff to be okay and he was also able to make friends with another patient. He feels that staff recognised the importance of that friendship and how helpful it was.

After he gave up trying to escape hospital, staff suggested that Mr X go back to the original ward. Instead, he requested to be transferred to a ward at Camborne Redruth Community Hospital and his friend was also moved there. He started seeing a psychologist on the ward and was diagnosed as having bipolar disorder.



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The psychologist explained the disorder to Mr X and he has since researched it for himself, agreeing that some of it applies to him. He said he found the diagnosis helped. He stayed at Camborne Redruth until end of March, 2015, almost three months after seeking help from his GP. He was assessed, taken off his section and told that he could be discharged.

Staff at Camborne Redruth Community Hospital told him they were looking at his housing options; he could not go back to living with his parents so he moved to a house close to the hospital for a few weeks before moving to his current address, where his friend had also moved and where he pushed to go too.

Mr X said he didn't realise he was to move out until the morning it happened when he was woken up and told to get his things together. There was supposed to be an opportunity for him to spend a day or two at the house to see if he liked it but he never got that. On arrival, he had no money and had to rely on a bag of food left outside his door by a staff member who had a connection with a food bank.

Mr X feels that staff on the ward when he first arrived at Bodmin Community Hospital should have been honest about ward rounds and let him know it would be a few days before he saw anyone.

He also believes that he should have been dealt with at the GP surgery, not sent to the Emergency Department. If this is the only option though, he feels he should have been offered a side room as the busy emergency room made him feel anxious, which the staff seemed oblivious to.

In his words, he felt that the emergency department "couldn't do anything" so he was "discarded in the corner".