## GUIDANCE FOR COMPLETING TRIBUNAL / MANAGER RENEWAL OR APPEAL DOCUMENT

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| Brief Details of Events Leading to Admission |
| * Self explanatory |
| Problems on Admission Include psychiatric symptoms and any areas of risk |
| Include in this section:-   * Mental State * Level of Observation * Behavioural Problems * Social Problems * Family Problems * Areas of Risk (eg Illicit substances, self-injury, absconding) |
| Progress Regarding Problems Identified on Admission Refer to each of the problems identified above |
| * Identify from Care Plans |
| Current Problems Identified |
| * Refer to Care Plans * Results from Risk Assessment |
| General Progress since Admission |
| Include in this section:-   * Interactions with staff/patients * Activities of daily living * Sleep pattern  Concentration  * Personal and environmental hygiene * Rehabilitation and diversional activities * Coping strategies |
| Medication and Compliance |
| * Current prescribed medication (refer to medicine card) * Capacity and consent to treatment * Patient’s understanding of their for treatment and / or detention * Patient’s compliance with care/treatment (including reasons for refusing treatment where applicable). * Likely compliance if taken of section. (Ensure that you support any opinions with factual basis). |
| RISKS |
| * Hazards identified * Substance abuse * AWOL (include dates) * vulnerability/exploitation * results from Risk assessment * Self Harm, Harm to others or Threats * Current level of observations |

Mersey Care NHS Trust

# NURSE’S REPORT

Pro-forma for the Nurse’s Report to a Managers’ Appeal Panel or Tribunal Panel

For Patients Detained under the Mental Health Act 1983

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| **Patient Details** |

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| **Patient Name: Miss Ashley Macklin** | **Date of Birth: 30/10/1986** | **Ethnicity: WB** |
| **Address:**  **97 Atheldene Road, Liverpool, Merseyside, L4 9TX** | | |
| **GP Name & Address:**  **Abingdon Medical Centre**  **General Practice**  **361-365 Queens Drive,**  **Liverpool**  **L4 8SJ** | | |
| **AMHP:**  **Address:** | | |

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| **Admission Details** |

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| **Date of Admission: 19/02/2021** | **Ward: Brunswick Ward** |
| **Mental Health Act Status on Admission:**  **Section 2** | |
| **R.C: Dr Singh** | **Named Nurse:**  **William Daley** |
| **Admitted from:**  **Aintree AED** | **Inter Ward Transfers: None** |

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| **Current Status** |

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| **Current Mental Health Act Status:** | **Section 2 (MHA, 1986)** |
| **Date Current Section Commenced:** | **20/05/24** |
| **Date Current Section Due to Expire:** | **16/06/24** |
| **Previous Sections and Dates**  **during this Admission** | **No others** |

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| **Brief Details of Events Leading to Admission**  Ashley self-presented to Aintree AED, stating that there had been changes to her genital areas, and people had been coming to her house to assault her sexually.  During review Ashley stated she came to the hospital due to pronounced unusual experiences over the last few weeks. She felt her bowel had not worked properly, and her anus was out. She said she has been seeing white powder" scattered around her home and intruders accessing her house despite evidence to the contrary. Ashely claims to have seen blood in her garden and believes this was from one of the intruders, who had been bitten by one of her dogs. She also found blood drops in her bath. Ashely "asked the dogs if they had bitten anyone" while acting out "biting her arm" to the dogs and believed the dogs responded with their body language that this was true. Ashley also claims the dogs "tell her” when there has been an intruder on the property by changes in their body language (barking, backing up). | |
| **Problems on Admission**  **Include psychiatric symptoms and any areas of risk:**  **Mental State**  Ashley presented as settled on admission to Brunswick ward, pleasant and appropriate with her fellow service users and staff, rapport was easily established. Ashley has denied any risk towards self or others. On admission Ashley did not present as overtly psychotic, however when questioned on the events leading to her admission her unusual beliefs surface.  **Level of observation**  Level 2 (Intermittent observations) as per policy.  **Social problems**  Ashley’s child is currently under the care of social services and is allocated a children’s social worker. Ashley’s 7yo son, Abel, was removed from her care 27th November 2023 and is now in placement.  Documentation suggests Abel was removed from Ashley’s care due to concerns around the parental home and exposure to alcohol and illicit substance misuse.    **Family problems**  Ashley has not given consent for any information to be shared with her family. Ashley believes that her family are conspiring against her, as she believes they are trying to gain custody off Abel for financial purposes.  **Risk**  Ashley denied any thoughts of self-harm, suicide or harm to anyone else. Ashley denied the current use of any illicit drugs and alcohol, however historically this has been a concern. She lacked insight into her mental health, at risk of further deterioration if left untreated. | |
| **Current Problems Identified** | |
| Ashley insight into her mental health remains very limited. Ashley believes that she suffers with depression, anxiety and PTSD. Ashley’s persecutory beliefs surrounding her family remain, Ashely believes that her family are plotting against her to gain custody off her child, as they see him as a ‘cash cow’. Ashley continues to believe that unknown perpetrators are entering her house and planting devices around her home. | |
| **General Progress since Admission**  **Mental State**  No significant change in mental state witnessed since admission. Ashley remains settled on the ward, she does not pose a significant risk to self or others. Ashley has developed good relationships with her peers and staff. Ashley does not present as overly psychotic, but when questioned her delusional beliefs surface, the intensity of these beliefs have not changed since admission, even when posed with other possible explanations. Ashley denies any form of hallucinations, however, has admitted to hearing voices around 15 years ago, following multiple deaths in the family, likely stress induced.  **Family problems**  Ashley does not give staff consent to share information with her family. Family have raised concerns that they are not being shared the information and that professionals are taking what Ashley is saying as true, leading to a potential carer breakdown.  **Interaction with staff and peers**  Ashley remains very pleasant with staff and peers.  **Sleep**  Ashley sleeps well, no concerns in this area.  **Observation levels**  Level 1 (1 Hour), no significant risk identified to self or others.  **Section 17 Leave**  1 hour escorted leave with staff, Ashley has utilised this without issue. | |
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| **RISKS**  e.g. Self Harm or Harm to Others or Threats to Others |
| **Risks (current):**  Ashley continues to deny any thoughts of self-harm, suicide or harm to anyone else. Ashley denied the current use of any illicit drugs and alcohol, Ashley reports she last used cannabis in January off this year. Ashley continues to lack insight into her mental health, leading to a risk of further deterioration, and risk of carer breakdown. |

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| **Signature of Nurse completing this report:** | **W. Daley** |
| **Print Name:** | **William Daley** |
| **Title of Nurse (Team Manager, Staff Nurse etc)** | **Staff Nurse** |
| **Professional Qualifications (RMN etc)** | **RMN** |
| **Base of work** | **Brunswick Ward** |
| **Team Manager’s Counter Signature:** |  |
| **Date of completing this report:** | **30/05/24** |
| ALL PARTS OF THIS PRO-FORMA MUST BE COMPLETED | |

**CARE PLAN MUST BE ATTACHED**

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