Case study

Helen was remanded to prison following a serious violent offence. She was hearing voices and assessed by the mental health team who thought she should be transferred to hospital for a thorough assessment.

She had a prior diagnosis of emotionally unstable personality disorder. After assessment by members of the Stowe clinical team, arrangements were made for her to be admitted to the ward.

On admission, Helen was guarded and suspicious, keeping away from her peers and reporting frequent unusual experiences leaving her feeling very afraid. She was withdrawn, scared of her peers and worried that she would act on her violent thoughts. She frequently utilized the low stimulus areas whilst supported by staff to regulate her distress.

Over a three month period, she had a comprehensive multidisciplinary team assessment around mental health, risk of violence, social functioning, living skills and relationships. Information was obtained about her past history from the community mental health team and the prison.

The ward social worker liaised with her family to assist in rebuilding previously strained relationships. In addition to the ward clinical team, she was assessed by the dietician, speech and language therapist and education. She was frequently visited by the physical healthcare team who monitored her asthma.

Helen’s diagnosis was confirmed as paranoid schizophrenia and she underwent a comprehensive structured assessment of her personality, showing antisocial personality traits. Her medication was optimized and she commenced the group therapeutic programme, to facilitate containment, stabilization and socialising her to the ward environment.

The decision was made for her to remain in hospital for treatment under a restricted hospital order. She responded well to medication and engaged well in group and individual psychology sessions. She developed an improved insight into her individual risk factors and was able to manage her behaviour safely on the ward.

Once her mental state had stabilized, she was commenced a graded programme of escorted community leave. She has had some fluctuations over recent months, but with the support of staff and her individualized care plans she has continued to make progress. She is currently starting her individual offence related work and attending the problematic drug and alcohol use group to prepare her for moving to a low secure unit. She has two job roles within the hospital and is aiming to do volunteer work outside the hospital in the future. In preparation for this she attends the activity centre and Workbridge (site-based vocational opportunities) on her escorted leave.