**Community Hub Case Studies – Mental Health Focus**

Mary\* is an 81 year old lady who approaches the Council regularly, often in a highly distressed state, and often making allegations about people which make little sense. Mary has been known to Council Officers for many years - she has always been a headstrong lady, but for many years has lived independently. During lockdown, Mary’s mental health seemed to deteriorate quite rapidly, to the point of being continuously anxious and paranoid. One of the staff in the hub who knew her well was able to persuade her to allowing LCC’s Adult Social Care Team to assess her. Mary now has carers calling in daily and is much more settled.

Terry\* is a man in his 30s who didn’t have a good start in life. He was determined to break away from the chaotic life he grew up with; he worked hard, got a good job where he was respected, and bought a home on a quiet street. Unfortunately, although he appeared happy and well, Terry’s mental health was suffering. He tried to ignore it, but things worsened…Terry had a breakdown and lost his job. He sought medical help, but services are stretched, and as he ‘copes’, he is not a high priority. The worry of not being able to pay his mortgage or bills and becoming homeless really frightens him. Through the hub, we have been supporting Terry with welfare calls, food parcels and benefits advice.

Terry hasn’t used any mains gas or electricity in his home for almost 4 years. He boils water on a camping stove which is powered by a car battery. We are helping him to try and access fuel poverty schemes through the Council which will replace his boiler. We are liaising with energy companies on his behalf to stop them charging him weekly for pre-pay energy meters that he hasn’t used.

Rick \* contacted the hub for a food parcel, as he had no food at home and was not able to go out due to ‘bad legs.’ As well as dispatching a food parcel, the officer speaking with him was able to ascertain that he wasn’t registered with a GP and had cut up his own curtains to make bandages, for what sounded like ulcerated legs. With his consent, the officer was able to contact the nearest clinic and make an appointment, including support with registering.

Rick has no family or friends close by, and although he was friendly and chatty, we had some concerns around his memory and self-care. An initial referral to LCC Adult Social Care resulted in a phone call to Rick from a social worker – he said he was fine and she was not concerned. Further unease around Rick’s financial circumstances led us to re-visit that referral, and a home visit was made. At this point, it was very clear that he was struggling far more than he had disclosed. Despite living in a small studio flat, he was not coping with day to day tasks around hygiene, paying bills or cooking.

By working together and sharing our knowledge, we have been able to inform and expedite the social worker’s investigation into Rick’s circumstances. As a result:

* Rick’s family are now more aware – his brother is seeking to move him closer to them
* Rick is registered with a GP, receiving treatment for his legs & his memory issues are being assessed
* Age Concern are providing food support and carers now visit several times each day
* Social service are getting to grips with his finances, including eligibility for pension credit