

Introduction

A Safeguarding Adult Review (SAR) was undertaken in line with the [Care Act 2014](#) as Michael sadly died at age 54; it is believed that he had taken an intentional overdose of chronic stable angina medication; and there was reasonable cause to believe that he may have experienced acts of omission. The [SAR Report](#) is available online. Before and after arrival in hospital, he experienced high levels of stress and agitation requiring use of physical restraint, he experienced cardiac issues and mental health challenges. Michael had diagnoses of Non-Epileptic Attack Disorder (NEAD) and Emotionally Unstable Personality Disorder (EUPD). The information gathered for the SAR included a sense that he lacked stability in his life, which included volatile and unpredictable relationships. It was reported that although he could appear vulnerable, there were occasions, especially when he supported others, that he appeared calm and rational in his thinking and approach.

Next Steps & Resources

Oldham Safeguarding Adults Board's priority is to ensure the learning from this SAR leads to meaningful improvements and support for agencies to work together more effectively. Resources related to the SAR findings include [TRAM Protocol](#), [Homelessness Practitioner Guidance](#) and [Financial Exploitation Toolkit](#). There are 7-minute briefings available about [Making a Safeguarding Adult Referral](#), [Record Keeping and Information Sharing](#), and [Financial Exploitation](#). [Mind](#) offer information about NEAD.

Safeguarding in Rapidly Evolving Scenarios

The SAR highlights the challenges of identifying safeguarding concerns within rapidly evolving crisis situations, where practitioner attention is often focused on stabilising immediate physical or mental health needs. Michael's repeated presentations to emergency and urgent care services did not result in safeguarding referrals or consideration of a Care Act needs assessment, largely because he did not present as someone with obvious care and support needs or multiple vulnerabilities. Information about financial exploitation, his housing insecurity, and wider social circumstances was not always known to practitioners, and crisis-based encounters provided limited opportunities to build a holistic understanding of his circumstances. While agencies responded appropriately to the issues presented to them at the time, opportunities were missed to connect information. The SAR demonstrates the importance of continuing professional curiosity during emergency interventions, looking beyond the presenting crisis to consider patterns of repeat attendance, cumulative vulnerabilities, and whether wider assessments may be required.

Coordinating Care for Adults in Recurrent Crisis

Michael's case highlights the challenges of supporting adults who experience frequent, overlapping mental and physical health crises over extended periods. While such presentations are not routine, practitioners noted they are increasingly seen among adults with complex co-morbidities. Key learning is that care was often delivered effectively within single services but lacked a coordinated, whole-person approach across physical health, mental health and social care systems. Limited information sharing between specialist services, separate clinical record systems and a lack of routine multidisciplinary oversight reduced opportunities to recognise the cumulative impact of deteriorating health and wellbeing. The SAR therefore, identifies a need for more integrated approaches, improved access to shared information, and clearer pathways for coordinating support when mental and physical health needs recur over time.

NEAD

Michael experienced recurrent [NEAD](#) episodes. NEAD is a psychological health issue which is often triggered by overwhelming stress, which in turn causes the brain to temporarily shut down. It might be compared to a safety valve being activated. It cannot be treated with medication, but therapeutic psychological support may have some benefit in identifying what triggers a NEAD event and might therefore help to manage the symptoms. The SAR recommends improved awareness of NEAD.

Responding to Multiple Vulnerabilities

The SAR highlights partner agency challenges responding in a coordinated way to adults who are experiencing the cumulative impact of co-occurring physical/medical emergency health issues and mental health crises, financial exploitation, suicidal ideation, housing instability, and social stressors. While single issues were identified, they were often considered in isolation rather than as part of an interconnected pattern of escalating need. Michael did not immediately present as highly vulnerable. Factors that may otherwise have indicated vulnerability, such as homelessness, were not always visible to agencies because he gave a residential address on many occasions. Practitioners believed the fact that Michael was employed was likely to be viewed as a protective factor, as well as an indication that he was functioning reasonably well, despite his mental health problems.

Learning from Safeguarding Adult Reviews - Michael

Medication Management

A distinct and therefore important feature of the learning from the SAR was Michael's ongoing use of his physical health medications with suicidal intent. Michael had taken three separate overdoses of prescription medication with a stated intent to end his life. The SAR was not able to identify how access to prescription medication was managed to mitigate his risk of suicide by this method. The SAR acknowledges that this which should not be overlooked in prescribing practices and recommends local agencies seek to understand if there is a recognised local, regional or national protocol or good practice guidance for managing medical prescriptions in a scenario where the adult is at a known high risk of suicide, and what the method is for flagging this specific risk to all medical prescribers, regardless of their health care setting.

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