

Emily – DHR - Summary, Key Issues and Recommendations

Emily, a 62-year-old woman, died by suicide in February 2022 following a long history of mental health issues, alcohol misuse, and complex personal relationships. Emily's vulnerabilities were compounded by isolation, caring responsibilities, and gaps in service provision for older LGBTQ+ individuals. While domestic abuse was a contributory factor, mental health deterioration and systemic shortcomings also played significant roles.

Key Issues

- Domestic Abuse and Mental Health Overshadowing – Emily's mental health needs often overshadowed recognition and response to domestic abuse disclosures. Missed opportunities for referrals to specialist DA support services.
- Service Gaps for Older LGBTQ+ Victims – Lack of local specialist support and limited professional awareness of LGBTQ+ needs. Inaccurate recording of sexual orientation in health records.
- Housing Risks – Emily was rehoused in the same street as her ex-partner despite a history of domestic abuse, with no risk assessment mechanism in place.
- Information Sharing and Continuity of Care – Fragmented communication between GP, mental health services, and alcohol support services. Delays and confusion during discharge from mental health services; absence of updated crisis plans.
- Police Response – Inconsistent completion of DASH risk assessments and lack of timely intervention. No consideration of Domestic Violence Protection Notices/Orders despite repeated incidents.
- Medication and Technical Failures – Prescription delays over Christmas contributed to crisis and overdose.

Recommendations

- Explore feasibility of a safeguarding database for housing providers to assess risk before placement.
- Improve recording of sexual orientation and promote LGBTQ+ support services.
- Mandatory inclusion of LGBTQ+ needs in domestic abuse training.
- Strengthen police compliance with DASH, DVPN/DVPO policies and supervisory oversight.
- Adapt suicide prevention training for police to improve early risk identification.
- Revise housing application forms to flag relocation due to violence or harm.
- Enhance GP-pharmacy communication and escalation processes for prescription delays.
- Public Health to advance data collection on suspected suicides within LGBTQ+ communities.
- CGL to upskill staff on consent and information sharing for holistic support.