



# Mr Hong Safeguarding Adults Review



## Background

- Mr Hong was 59 years old when he died. He came from the People's Republic of China and was a failed asylum seeker in the UK, where he had been living on his own for over 17 years. Mr Hong's first language was Mandarin and he had limited use of English.
- Mr Hong had kidney failure and received regular kidney dialysis in hospital. He was also lonely, depressed and anxious about his future. Following a long stay in hospital, Mr Hong was discharged to a nursing home where, three weeks later on 12.07.17, he killed himself by hanging using the alarm pull cord in his room.

## Key Learning

History taking, identifying risk factors, spotting patterns and escalation are essential activities in managing suicide risks. Mr Hong had chronic health problems, reduced quality of life and little social support. He was isolated and lonely since he had little understanding of English. Mr Hong was a man who had experienced stressful life events and was from an ethnic minority group. His asylum claim and right to appeal had been rejected and he faced deportation. Find out about people's lives and how their experiences and understanding of them might increase their risk of suicide.

Suicide can be hard to predict and prevent so make sure that everyone involved in a suicide safety plan, including the person at risk of suicide, agrees and understands what the plan is and what their role is. Do not be falsely assured that just because a plan is in place, it

will be followed properly. Mr Hong's alarm cord was removed but was then returned to him so he could call for help. Always check.

Use interpreters and advocates for people who do not speak English and who are isolated. Do not rely on ad hoc interpreting arrangements and contact community groups and other cultural and language-based services even if they are not in your local area. Mr Hong was maintained in isolation. Make sure that someone who does not speak English understands what is happening to them and what the options available to them are.

Work together with social and health services, care providers and the Home Office to support people who are seeking, or have failed to claim, asylum. Share information and concerns and agree how best to meet social and health care needs.



7

minute briefing

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## What has changed

- The Home Office has introduced local safeguarding teams to improve how asylum decisions are served to potentially vulnerable people.
- The Language Line interpreting service provides Mandarin speakers.
- The London Borough of Croydon is introducing a Dynamic Purchasing System to expand the range of providers who can meet specific cultural needs.
- The London Borough of Croydon social workers, in an emergency, can authorise services for up to three days without managerial approval.

## What needs to be done

- Create a Safeguarding Resource Guide for hospital staff which will include contact details of advocacy services, including IMCA and general advocacy.
- Promote the Health Education England Self-harm and Suicide Prevention Competence Framework (October 2018) as a means of equipping staff with the skills necessary to identify and work with people who are at risk of self-harm and suicide.
- Promote the Royal College of Psychiatrists' final report of the Patient Safety Group, Self-Harm and Suicide in Adults (CR229), published in June 2020 and the Department of Health's "Information sharing and suicide prevention consensus statement".
- Promote the self-harm and suicide champion role and mental health first aider role in residential and nursing care homes. This should also include promoting the use of interventions for all staff who have been affected by suicide.

