

**CAMHS - 02 - Risk & Care Plan**

RUDAKUBANA, AXEL MUGANWA  
V00002592485

DPA

**Clinical Risk Tool**

**Risk Assessment & Management Tool**

Date: 23/07/24

Case Manager: Kathryn Morris

Legal status: No order in place

\*\*\* Alert \*\*\*: Attended previous school with modified hockey stick and a knife- Revenge

Please mention if any sibling of this person is at risk:

Axel's brother Dion DPA

No reports of Axel being a risk to his sibling during my allocation to the family -  
I am however aware that Axel can be verbally abusive towards his dad and has become upset/angry throwing a phone when the camera was turned towards him by mum. Note by Sam Steed

Intentional Risk to Self (Self-harm and Suicide, past attempt):

No reports of intentional harm to self - No thoughts of harm to self. No reports of suicidal ideation.

Unintentional Risk to self (Truancy, use of drugs and alcohol):

Unintentional risk to self via non attendance at Education setting impacting learning. Axel is also isolating himself due to anxiety related to leaving the home outside of attendance at Education setting. Axel struggles to leave the home thinking that people are looking at him this is impacting his emotional wellbeing.

No reports re use of alcohol or other substance misuse.

Intentional Risk to others and Property (Harm, Forensic Hist):

Axel previously hurt a peer who he mistakenly thought was the peer who had subjected him to bullying. This occurred on the school site. Axel attend the school site with the intention of hurting the peer who was bullying him. His intention was to exact revenge and Axel is open about this.

Axel has thrown a phone in anger during a CAMHS video call with myself when the phone camera was turned on him against his wish and has shouted at his parents out of frustration.

Axel has been subject to a couple of referrals to PREVENT - the latest in connection to Axel speaking with a member of staff about troubles in Palestine and Israel. Axel follows World News and appears to be well informed on these matters. School took this as concern and reported him to PREVENT - Outcome unknown to date. Previous referral to PREVENT highlighted no concerns re Axel being a terrorist risk or being radicalized in any way.

Axel took the latest referral very personally and wanted to know what school staff had recorded about him - Axel's father eventually showed him the detail of the referral. Axel wanted to discuss this with his Teacher/support worker at school but did not attend that last few days of school. Axel is upset but the thoughts that school had about him in relation to thinking he is a terrorist threat due to his world knowledge re matters such as Israel and Palestine. School are concerned at Axel knowing the details of the referral and felt that it could be emotionally harmful for him to see the details. As CAMHS CASE Manager I am not aware of the content of the referral. I am aware that Axel was upset

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by t the referral being made and perceived this in a break in a trusting relationship which he had recently repaired or regained with his support worker. Axel can have a real need to know the in's and out's of things - this relates to his Autistic tendencies as well as his intelligence. Note by Sam Steed

Unintentional risk to others (walking in front of traffic):

Unintentional risk could be caused via impulse - dysregulated emotions, but would be likely to occur as a result of Axel feeling got at or frustrated by anothers behaviours which might elicit a disproportionate response. Note by Sam Steed

Risk of self neglect/physical health/weight loss:

Axel does not leave the home willingly outside of going to school and occasional trips in the care with his parents to get fast food. Axel has low Vitamin D due to poor diet and lack of natural sunlight. He also is low in Iron - Dad sought GP advice after I advised him t and medication was prescribed. Axel is concerned about his diet and has requested fresh food - Axel complains that his Dad is unable to cook well. Axel would like a better diet but feels stuck due to not enjoying the food his parents cook therefore fast foods appear to be hi only option and parents provide this for him so he eats. Axel will eat set foods that he knows he enjoys however he does talk of wanting to broaden his diet but is clear that his parents do not facilitate this leading him to be frustrated and upset.

Axel's weight is not reported to be a concerns but he is described as talk and slim. Note by Sam Steed.

Risk of Exploitation from others/Vulnerability/Abuse [Text8]:

Axel has been reported to PREVENT due to school staff believing he may be at risk of radicalization - this has not bee found to be the case. Axel is concerned with World news and may have in depth knowledge of matter s such as Palestine and Israel amongst other issues. Note by Sam Steed.

Risk management plan:

**I&S**

Axel is not reporting suicidal ideation or intentional self harm acts or thoughts. However parents have been advised to keep his medication in a safe place and to supervise his taking of meds.

Axel has engaged in therapy session to address his anxiety and this has included behavioral activation type work along with CBT and graded exposure which I relied on dad to support. Sleep was an issues and Axel worked to move his bedtime to before 12am successfully however this has recently slipped and Axel says this is through choice. I have completed work with Axel to help him understand himself better - and to accept his characteristics and understand that he can learn some flexibility. Axel has agreed to having a Key Worker from CAMHS and this has been requested.

Parents are aware they can contact me m-f 9-5 if they are concerned about Axel's mental health or if they feel unable to keep him safe or he feels unable to keep himself safe they can contact the Crisis Care team.

Axel has been advised of helplines and support via Kooth, Childline and websites and Apps - however he has chosen not to access these to date.

Axels parents are aware of support services available re his ASC diagnosis.

Note by M Skott

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Currently under Child in Need until Police have checked in with his computer etc. once this is received we will be able to establish a better plan going forward.

Axel is to remain at home, without school.  
to see myself for some emotional regulation work  
Can you identify previously helpful interventions?:

Axel has a need to be heard and appreciates being able to express his thoughts and views. Axel appreciates honesty. Trust is very important to him.  
Are there any lessons to learn about?:

Parents are keen to access support for Axel - they are not so keen to focus on the family system and needs and this can be said to relate to difficult past experiences where they have felt judged.

There is some thought that Axel's presentation may result from difficulties in expressing his emotions. The root cause of this requires further exploration.

### **Sources of Information used**

Clinical Notes: Yes  
Patient report: Yes  
Carer report: Yes  
Action: \*\*\*\*\* Please update the Care Plan \*\*\*\*\*

## **CAMHS Care Plan**

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Type of plan: Standard Plan  
Date of Initial Plan:: 23/06/23  
Date of this Plan: 22/02/24  
Case Manager: Kathryn Morris

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History/Presenting Problems:  
Referred to CAMHS due to low mood, radicalisation, bringing knife to school, attacks on peers police involvement

Axel has had sporadic engagement with Case Manager Sessions before removing consent. Case Management open whilst family received support from SAM Coppard for Family Therapy - last session June 2024 - discharge

Current understanding of the problem:: Axel struggles with his anxiety that prevents him from leaving the home to attend to school and appointments. Axel has frequently expressed that he is happy with his current life and does not want any support other than medication.

Several DNA Appointments to Case Management CAMHS sessions, therefore as Axel does not consent to CAMHS sessions, agreed with parents and professionals involved that Axel would remain open only to Family Therapy for parental support.

### Summary of Involvement:

Case Manager allocated in September 2022 following reallocation.  
Throughout CAMHS involvement there has been poor engagement from Axel and family.  
No clear formulation has been attained due to poor engagement. Axel has expressed a wish that he does not want case manager involvement with CAMHS and would like to remain open to Psychiatry.

Prescribed Sertraline and Circadin - open to Dr Molyneux - no discharged

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Family are open to Sam Coppard fro Family Therapy - no discharged

Summary of Medicines we have prescribed:: Sertraline and Circadin

Does the patient need a crisis plan?: No

Plan: Continue

**Agreements/ Consent Care Plan**

Consent Information

Agree with community plan: Yes

Young person agrees with community plan: Yes

**Status**

Legal status: No order in place