Patient X

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Cygnet Hospital Bury
CAMHS PICU – Primrose Ward

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The MDT

Dr Gore (Responsible Clinician)

Jo Bible (Ward Manager)

Hannah Curran (Team Leader – Named Nurse)

Jenna Abernathy (Occupational Therapist)

Katie Twist (Social Worker)

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MDT Continued

Psychology

SALT

Nurses

HCSW

Physical Health Team

Family Therapy

Hospital Security

Case of Patient "X"

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Blood on our hands

"Judge warns of 'blood on our hands' if suicidal girl is forced out of secure care"

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Why?

- The case of Patient X
- High level of Risk
- No available placement
- High profile
- Attracting media attention

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Judge Sir James Munby

- Sir James was hearing a case that will come to stand for all that has failed in the field of child and adolescent mental health services. X is a very vulnerable young woman for whom no appropriate place of treatment can be found: nowhere in all of England has a specialist bed available for a 17-year-old girl who is so ill that every professional opinion agrees that she is at severe risk of taking her own life, and possibly of injuring others. She must be discharged in 11 days' time. If nowhere is found, then, said the judge, "we, the system, society, the state … will have blood on our hands".

- **Sir James Munby, head of high court's family division, 'ashamed and embarrassed' no hospital place has been found for 17-year-old"**

"Judge warns of 'blood on our hands' if suicidal girl is forced out of secure care"

"Our children and young people are our future. X is part of our future. It is a disgrace to any country with pretensions to civilisation, compassion and, dare one say it, basic human decency, that a judge in 2017 should be faced with the problems thrown up by this case"

The Guardian

"Sir James Munby described the lack of specialist accommodation for the teenager as 'an outrage"

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Assessment

- Head Hunted by NHSE
- Asked to assess by NHSE
- Face to Face Assessment by clinical team:
  - **Psychiatrist**
  - **Psychologist**
  - **Ward Manager**
  - **Team Leader**
- Assessment report completed and forwarded to NHSE and bespoke package proposed.

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Background

- Was placed in a secure children's home – DTO
- Nursed on enhanced observations due to risk
- High level of restrictions i.e. environment/property
- Clinical evidence of depression identified
- Noticeable ASD traits
- Isolation from family – nursed in different area of country
- No mental health input

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Package of Care

- Patient X was admitted to Cygnet Bury on a bespoke package with a clear pathway as guided by professionals/NHSE.
- Patient X was to remain at Cygnet as a short term placement to allow NHSE to source a low secure bed.
- Prior assessments completed by other providers deemed low secure pathway appropriate to meet her needs given the high levels of risk behavior.

Admission to Cygnet Bury

- Admitted as a bespoke package
- Nursed in 4 bedded annexe – 3:1 staff ratio
- Baseline assessments completed – medical/nursing/OT/social work
- Depressive illness confirmed
- Medication introduced following assessments
- Significant improvement in mood observed

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Continued…

- MDT began to identify significant traits suggestive of ASD – improvement in presentation allowed for this
- ASD assessments completed – ADOS/3DI
- OT completed sensory assessments
- SALT assessment completed
- Clinical team continued to assess
- ASD diagnosis confirmed

Social Services

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- Significant restrictions on family contact
- Evidence family contact influenced mental state and subsequent risk
- Clinical team sought evidence re: rationales for restriction
- Clinical team began to challenge the rationale given by local authority
- Family contact review
- Communication plan implemented and reviewed regularly

Change in pathway

- Clinical input – medication regime
- Behavioral management plans
- Positive behavior support planning
- Communication passport
- Sensory input – use of coping strategies
- Family psychoeducation on ASD
- Communication plan reviewed to include more contact.
- Collaborative working with Patient X and family
- Multi-agency working – including Police, YOT, LA, IRO, Education CAMHS, Advocacy, NHSE, CCG
- Important information sharing

Discharge planning

- Positive risk taking
- Focus on least restrictive practice
- ASD focus
- Consistent nursing approach
- Section 17 leave introduced
- Increased family contact
- Multi-agency working – various clinical meetings
- Discharged home with comprehensive support package

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Challenges

- Media publicity
- Restricted family contact
- Difference of professional opinions
- Too many agencies involved
- Staff anxiety re: media, risk, injury

Lessons Learnt

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Re-enforced importance of working as an MDT team as opposed to working within our own areas of expertise – allows a team to combine specialisms/experience/knowledge

Importance of effective collaborative working in terms of external liaison

Further and more specific ASD awareness and training has been rolled out across the service.

Not to always base opinions on a patient by documentation i.e. to see the patient as a person rather than a case.

This case has provided confirmation that the team are effective in managing complex cases and achieving positive outcomes – the ward has since taken on 2 x additional bespoke packages for young people with complex needs

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Award Winning Team

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- Any Questions?