

The St. Aubyn Centre
Child and Adolescent Mental Health Unit

Longview Ward



***A Guide for the Parents / Carers of Young People
staying at the St. Aubyn Centre***

Welcome to your Care Team

Every young person when admitted is assigned a core care team. The people identified as your young person's core team will be the key points of contact whilst your young person is under our care:

Consultant Psychiatrist / Responsible Clinician	<input type="text"/>
APT Lead	<input type="text"/>
Key Worker Nurse	<input type="text"/>
Key Teacher	<input type="text"/>
Ward Social Worker	<input type="text"/>
Key Team	<input type="text"/>
Ward Manager	<input type="text"/>
Modern Matron	<input type="text"/>
Community Care Coordinator	<input type="text"/>

5 Day CPA date:

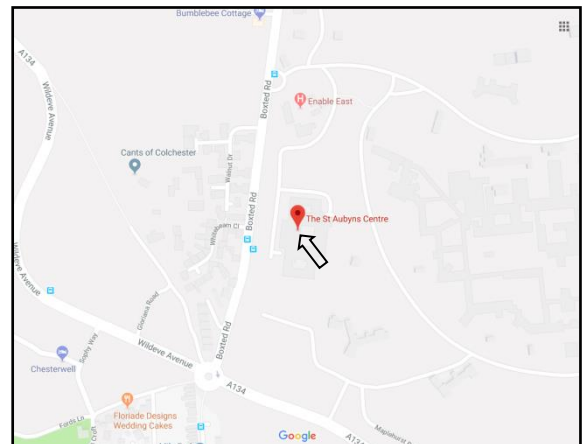
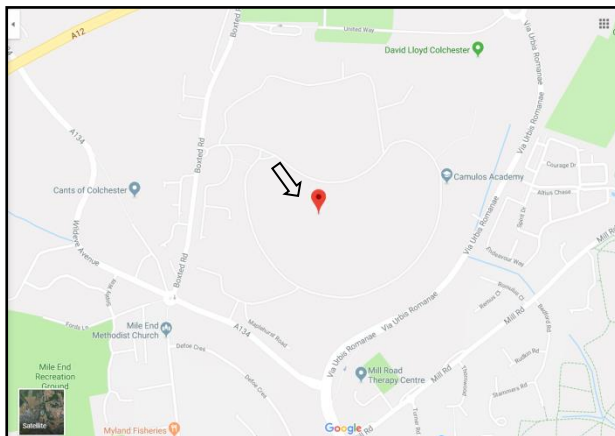
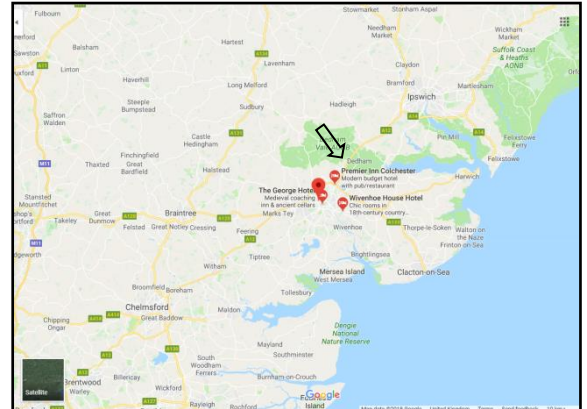
(Admin: please complete as much as possible and send to parents/carers within 72 hours of admission)

Contact Numbers

Main Reception 01206 334600 Please use between 9am – 5pm, Mon - Fri
Longview Ward 01206 334612 / 13 Please use after 5pm and at weekends

Address and Location

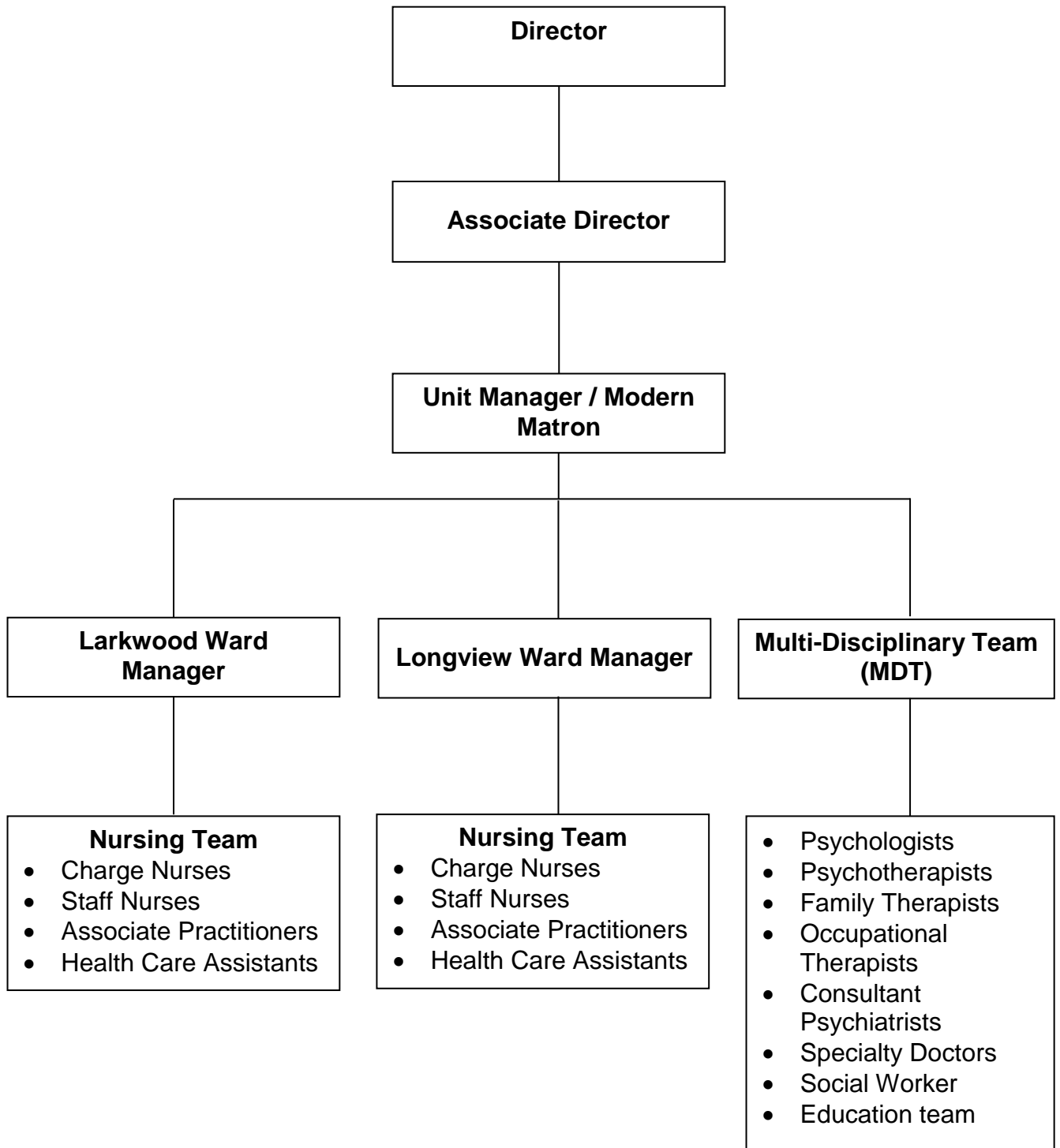
The St Aubyn Centre
2 Boxted Road
Colchester
Essex
CO4 5HG



Visiting Hours

Our visiting hours are between 5.30pm - 9pm on weekdays, and we allow more flexible visiting over the weekend. We are also able to be more flexible with visiting times when families are travelling significant distances to the unit. Please call the ward to arrange visiting so that we can book a family visiting room for you. Any additional visiting arrangements will need to be agreed with the young person and The St Aubyn Centre team.

Organisational Structure



Introduction to the Unit

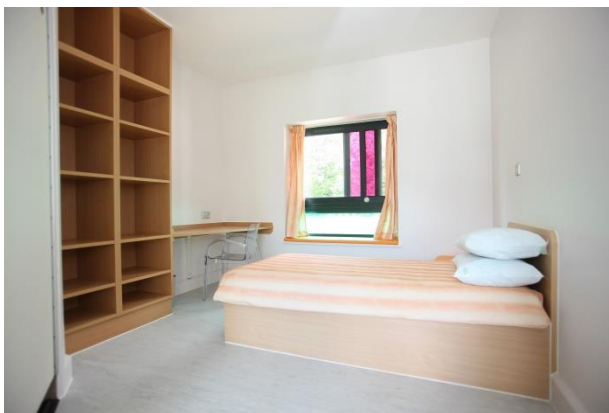
The St Aubyn Centre was opened in June 2012. It was designed specifically for the needs of young people with mental health difficulties aged between 13 years and their 18th birthday. The unit has two wards:

Longview ward:

- 15 en-suite bedrooms (including one High Dependency Unit)
- Bathrooms (including an assisted bathroom)
- Lounge and dining area
- Outside courtyard
- 2 quiet rooms
- De-escalation room
- Therapy room
- Nursing office
- Family visiting room



Longview is a generic ward for young people with a range of mental health difficulties including depression, self-harm, eating disorders, severe anxiety problems, and psychosis. Young people are admitted to Longview because their difficulties have become so severe that they are unable to manage everyday life appropriately and safely in the community.



Larkwood ward:

- 10 en-suite bedrooms
- Bathrooms (including an assisted bathroom)
- Lounge and dining area
- Arts and crafts area
- Outside courtyard
- 2 quiet rooms
- De-escalation room
- Seclusion room
- Long term segregation area
- Sensory room
- Nursing station and nursing office
- Family visiting room



Larkwood ward is a regional secure ward providing a Psychiatric Intensive Care Unit (PICU) service. Larkwood caters for young people with severe mental health difficulties that cannot be safely managed on a generic ward. The primary role of Larkwood is to stabilise patients and establish if they need longer term care in a secure environment or can be treated on an acute ward. All of Larkwood's patients are detained under the Mental Health act at point of admission.

Sports and Leisure Facilities

We are aware that physical activity and leisure time is very important for good mental health. There is a sports court, gym, music / drama room and cinema area, as well as table tennis, pool and football tables available to patients staying on both wards.

Within our nursing team we have trained gym instructors who can carry out gym assessments and implement fitness programmes.

A garden is available for use which can be accessed when required.

Helping your young person feel safe on the ward

We understand that being admitted to a mental health ward can be a worrying experience for some young people. We will do our best to help your young person to feel safe while they are with us.

We will show your young person around the ward when they arrive to try to make them feel more comfortable with the environment.

Your young person will have the support of the nursing team during their stay with us who will do their best to make them feel safe and comfortable. Nurses will be checking on your young person's wellbeing throughout their stay with us. They may even have a nurse with them at all times depending on their observations levels (see Observation Levels section).

There are weekly community meetings facilitated by staff where young people can discuss any worries they may have with the group. If they do not feel comfortable talking to the group about their concerns then they can talk to any member of the team, including their key worker, doctor, therapist, or the ward manager. Your young person can also speak to the independent advocates that regularly visit the unit.

Your young person will be able to lock their own bedroom door at night. Only your young person and staff members will be able to access their room.

Observation Levels

All young people staying on the ward need to be regularly observed by members of the nursing team, and the frequency and nature of the observations is determined by the young person's assessed level of risk at any one time. Your young person may be nursed on the following:

Level 1 observations – young person is observed once every hour. This is the minimum observation level a young person can have while staying on the unit. If a young person is due to access regular leave away from the unit then they should generally be nursed on level 1 observations.

Level 2 observations – young person is observed four times in an hour.

Level 2 6/60 observations – young person is observed six times in an hour.

Level 3 observations – young person is continually observed by a member of the nursing team.

Level 4 observations – young person is continually observed by a member of the nursing team who is within arm's reach of the young person at all times.

Sometimes young people will have different levels of observations at different times of the day or when they are in different parts of the ward.

Sometimes observation levels will need to be carried out by multiple members of staff to ensure staff or patient safety, for example, a patient who is on observation level 3 (2:1) must be continually observed by two members of staff at any one time.

Care Pathway for Longview

A care pathway is the step by step process of assessment and treatment your young person will receive whilst they are at the St Aubyn Centre.

Stages 1 and 2: Referral and Admission



Stage 3: 5 day CPA



Stage 4: Interventive Assessment and Formulation



Stage 6: Treatment Phase



Stage 7: CPA Review

The aim of Treatment at The St Aubyn Centre

The main goal of the assessment, treatment, advice, and support that you and your young person will receive whilst on the unit is to stabilise and contain your young person's difficulties.

We seek to keep admission length as short as is safe to do so to reduce the risks associated with staying in a generic ward, which can include institutionalisation, distress associated with witnessing other young people struggling, and becoming detached from protective factors, including support networks, in the community.

When your young person is discharged, their difficulties may not be completely resolved, but they will be managing well enough to continue with treatment and support from their community mental health service, and other appropriate services.

Stages 1 and 2: Referral and Admission

Young people are referred to the unit by either a crisis team, a community mental health team, or they come into the unit in an emergency. Alternatively they may have been transferred from another unit. The Longview team will have received comprehensive information from the referrer prior to the young person being admitted. Information about the young person's current mental state and circumstances will also be gathered by the admitting nurses and doctors. These sources of information inform initial care plans for the young person while a 5 day CPA (see Stage 3) is being arranged.

During the admission procedure a member of the Longview team will go through the admission pack and record information about the young person's physical, psychological and emotional needs. We need to be aware of any physical health problems, including allergies and current treatment. We will also need to be aware of appropriate contacts and visitors during the young person's stay. There will also be some consent forms to sign. The young person's age will determine who signs the consent to treatment forms. Any young person over the age of 16 is automatically considered competent to make their own decisions about their treatment. However, if this competence is in doubt then a capacity assessment may be undertaken.

When a young person arrives on the unit our expectation is that they bring one small bag of clothing and toiletries (enough to last one week) and no significant items of value. The young person will need appropriate clothing for everyday wear. This will include attending the school within the unit. They will also require clothing for sports as well as nightwear. We have laundry facilities and provide all bedding and towels.

Stage 3: 5 day CPA

Whichever way a young person has arrived at the unit, a 5 day CPA meeting will be arranged for them, ideally within 5 working days of their admission date. Those involved in the young person's care will be invited to this meeting, including parents/carers and community care co-ordinators, as well as members of the Longview team. The meeting will usually be chaired by the young person's APT lead or key nurse, and it is an opportunity to discuss why the young person needs to be in hospital, and to make treatment plans for the young person going forwards. The young person will be accompanied by an independent advocate during the meeting to support them in making their views clear to the team.

The 5 day CPA allows some exploration about the history of the young persons' difficulties. We seek to understand what may have triggered the decline in their mental health, what is unhelpfully keeping the difficulties going, and what strengths the young person and those around them have in managing the difficulties.

Following the 5 day CPA, a working formulation is developed to inform the initial treatment package a young person and their family/carers will receive. This treatment package will be in place whilst the more in depth interventive assessment is completed (please see Stage 4 for more information about this).

Stage 4: Interventive Assessment and Formulation

After the admission and 5 day CPA, the young person will undergo the 2 week interventive assessment. This is a more in depth assessment to help the young person and those involved in their care and treatment better understand their difficulties and to learn how to manage them more effectively. This assessment is also part of the young person's treatment, in that, by learning what the factors are that may have led to their difficulties, triggered them, and kept them going, it may help us learn the best way to manage them.

If the young people have already undergone some of these assessments in the community, or in another unit, we will not repeat them but use the information from these assessments to help inform the young person's formulation and treatment.

The assessments may include:

- **Psychology:** - Meetings with a psychologist can allow a more indepth assessment of a young person's presentation. Psychologists may use interviews, questionnaires, cognitive assessments and/or personality assessments, to gain a greater understanding of a young person's difficulties as well as interventions required to support the young person.
- **Psychiatry:** - Regular reviews with the ward doctors during the initial weeks of admission will allow the doctors to assess the nature of the young person's mental health difficulty and decide whether medication may be useful. The effectiveness of medication, plus any side effects, will be regularly monitored by the ward doctors throughout a young person's admission, as will any physical health conditions.
- **Family Therapy:** - One of the ward family therapists will initially meet with the young person and their family members to discuss what conversations might be useful to aid the young person's recovery, and to improve communication and understanding between all.
- **Occupational Therapy**
Conducting specific observations, questionnaires, and interviews with the young person can allow the ward OTs to explore the young person's functional strengths and difficulties and understand how these interact with the young person's mental health presentation. Specific assessments may be used to explore sensory needs, communication skills, and ability to carry out tasks of daily living.
- **Education:** - Teaching staff will gather information from the young person's current educational placement and will also carry out a range of assessments to identify the young person's educational strengths and needs. Education staff will explore with the young person how their mental health difficulties have impacted on school and examine how this could be managed in the future. This information will help the education team establish the best way of supporting the young person in the unit and during their reintegration back into education, training or employment. If the initial assessments indicate that further investigations would

be helpful the education team can refer to the unit psychologists or, in some cases, the young person's local educational psychologist. Where there is an EHCP in place the education staff will work with the local authority to update the recommendations if necessary. They can also support schools or parents in applying for an EHCP where this would be useful.

- **Social / Safeguarding:** - Led by the ward social worker, team members will gather information to assess the young person's current situation to check if they are at risk of harm or neglect. This includes establishing that the young person's living arrangements and family circumstances are stable and appropriate for their needs. Any issues and/or concerns arising from this assessment would be dealt with appropriately by working in partnership with families/carers and other agencies such as social care and the police. The desired outcome is to safeguard the physical, mental and emotional wellbeing of the young person while in hospital and after discharge.
- **Psychotherapy Assessment**
An initial interview conducted by one of the ward psychotherapists with the young person can help to understand the young person's difficulties and what kind of therapy may be useful in supporting the young person to manage these difficulties going forwards.
- **Nursing Assessment**
The nursing team conducting a full observation of the young person over 24 hour periods allows exploration of the impact of the young person's mental health on their overall functioning, and helps identify positive strategies for the young person to manage more effectively.

Once all assessments have been completed this should allow the working formulation to be developed further. A formulation is like a 'story' of the young person's difficulties, identifying the important factors in leading up to, and maintaining, the young person's difficulties, and thus allowing identification of potentially useful interventions going forwards.

Stage 6: Treatment Phase

The exact treatment package for each young person on the unit will differ depending on their presenting issues and formulation. Almost all young people, however, will be expected to engage in the education and therapeutic group programme on the ward (see Group Programme section), and will have regular one to one time with their key worker nurse. All young people who will be returning home after their admission will also be offered a family therapy assessment, and usually subsequent sessions, with their parent/carers.

It should be remembered that the aim of treatment for most young people staying at the St Aubyn Centre is to achieve stabilisation of mental state, rather than resolving all mental health difficulties. This ensures short admission lengths for the majority of Longview patients. A small percentage of young people will need to spend an extended amount of time on the unit and in these cases more in-depth therapy

treatments, focused on specific symptom reduction / resolution, may be implemented.

For most young people on Longview the treatment phase should involve a gradual increase in leave to the community to allow assessment of risk, but also to enable the young person and their carers to practise coping in the community. During leave it is hoped that the young person and their carers will make use of skills learnt and discussions had in the different forms of treatment at the unit, helping the young person to feel prepared for discharge. The young person's community mental health team will also be encouraged to offer therapeutic input while the young person is on leave to allow good therapeutic relationships to be established before the young person leaves hospital.

Stage 7: CPA Review

A CPA review must occur within 6 weeks of the 5 day CPA but may often be scheduled sooner depending on the treatment plan.

Transition, discharge and further treatment

The goal of The St Aubyn Centre interventions are rapid stabilisation of immediate risk and crisis. Longer term interventions, treatments and supports will be engaged at this point in the community. At the CPA Review the young person, their family / carers and professionals should now have an increased understanding of the origins, the triggers and the maintaining factors that lead to the young person's crisis and risk behaviours. Thus future crisis can be managed and prevented.

The following options will be considered at the CPA Review:

Discharge with transition package

At the CPA review it may be decided that the recent crisis period has been resolved, and that the young person, their parents/carers, and the community professionals involved have an increased understanding of the young person's difficulties and are thus more able to prevent/manage a future crisis. In this case it would be appropriate to discharge the young person imminently. It is common for a young person to engage in a short transition period before official discharge. The transition package usually involves significant periods of leave to home and may include crisis / home treatment (if available within your young person's local area), mental health team input and monitoring, educational support and reintegration, and (where indicated and appropriate) social care input and support.

Step up to specialised care

If, at the CPA review, the team agree that the young person needs more specialised input, the young person will be referred to a more specialised unit / service.

Transfer to other residential provision

If it has been identified that the young person requires a longer term residential environment, rather than the short term acute psychiatric environment of The St Aubyn Centre, the young person will be referred to an appropriate service.

Further 4 weeks of treatment

If, at the CPA review, the team agree that the young person is not ready for discharge and requires additional interventions, the young person will be offered a further 4 – 6 weeks treatment which will be subject to weekly review, and a CPA Review at the end of that period of time.

Weekly Ward Reviews

Ward reviews on Longview take place in two parts each week. During Part 1 Reviews (held on Monday mornings for Longview patients) your young person has a chance to review their care and treatment with their consultant psychiatrist and a few other key members of the MDT team. During Part 1 reviews young people can make requests regarding changes to their care plans, including leave requests. During Part 2 Reviews (Wednesday morning for Longview patients) a larger MDT team (including psychiatrists, therapists, nurses and members of the education team) discuss the young person's progress over the previous week, as well as the young person's requests, and confirm any changes to the young person's care plan, which may include current level of risk, leave, medication, and discharge planning.

The ward team also track the progress of the young people via outcome measures which are completed by the young people on a weekly basis. You will also be emailed an outcome measure about your young person to complete on a weekly basis (at the same time as your ward review feedback) to help us gain your perspective on your young person's progress.

After Part 2 reviews, young people are given written or verbal feedback from a nurse who attended the review. Parents / carers are emailed feedback. If you have specific requests regarding your young person's care or leave for a particular week it is recommended you make contact with the ward prior to Part 2 reviews so this can be considered when the key decisions are being made.

Visiting and Leave

A young person's leave from the Centre will be determined by their treatment plan. When a young person is initially admitted they will be granted minimal leave off the unit. As the team become more aware of a young person's mental state and risks, leave will be gradually increased, usually starting with escorted leave in the grounds and increasing to overnight leaves to home. All leave from the unit, including escorted leave with staff, and unescorted leave, is thoroughly risk assessed at the time leave is scheduled and may be suspended if it is not safe to take place.

Leave is part of the treatment process as the young person makes their journey back to living in the community. A leave plan is always developed prior to parents/carers taking a young person on leave so there is clear guidance about how to support your young person during this period.

Visiting will also be based on the treatment plan so the frequency of visits and who can visit will be based on the treatment needs of the young person and their family / carers.

Group Programme

The St Aubyn Centre has a daily ward timetable which is designed to bring routine and structure to the young people's days, and to ensure the young people engage in daily meaningful activity.

Morning Meeting

Each weekday there is a morning meeting between 9.30am and 9.45am facilitated by nursing, therapy and teaching staff. All young people are expected to attend. The meeting is where the young people are notified of the different appointments, groups and meetings which are taking place on the ward that day and it is a forum where the young people can discuss any concerns about the day ahead. Following this meeting the young people are taken directly to the education department to start their school day.

Education

The St Aubyn Centre Therapeutic Education Department (SACTED) is a Local Authority school situated within the St Aubyn Centre hospital. Our team consists of qualified teachers, Learning Support Assistants, a Careers and Engagement Mentor, and a business and admin manager. We have close links with Essex university and frequently have undergraduate psychology students on placement as well as regular volunteers. We are rated as outstanding by OFSTED.

We run a full school day which includes therapeutic activities as well as academic learning. All young people are expected to attend education and it is seen as an integral part of the hospital programme.

We work very closely with the hospital team. Education staff attend CPA reviews, ward reviews and multidisciplinary team meetings. This ensures that the nursing, clinical and education programmes for each young person are fully aligned.

When young people are admitted to the hospital they are automatically enrolled at SACTED, but they will also remain on role at their community school. We normally contact the community school to gather information and will liaise with them throughout the admission. Where appropriate, the young person's community school will be asked to provide work to ensure that they are covering the same areas as their peers. The community school will usually be invited to the CPA reviews.

Post 16 students who are not currently in education, employment or training will work with our Careers and Engagement Mentor to identify next steps.

When young people are admitted they are allocated a key teacher who will work with them to plan their programme. Each young person will have an individual, personalised timetable aimed at meeting their learning and mental health needs. Students spend the morning in their key group of four or five students each working on their own individually set work. In the afternoons there are a range of therapeutic group activities which are often creative or physical. There is also the option of a further study session.

When young people are preparing for discharge education staff will liaise with their community school or education provider and arrange a reintegration plan which might include visits, planning meetings and accompanied lessons.

Many young people admitted to the hospital have mental health difficulties which have impacted on their education, and sometimes their education has had a negative impact on their mental health. We will work with the young person and their community school to try to resolve some of the difficulties they may have faced and we will advise schools on strategies for supporting the young person.

If students are unable to return to their previous school we will work with parents and the local authority to identify suitable provision.

Young people who are preparing for exams can continue studying with us and can, if necessary, sit exams with us as we are a registered exam centre.

Our staff team are highly skilled and have a wealth of experience. We will always balance a young person's learning needs with their mental health needs and we work flexibly, with understanding and compassion.

For more information please see our website at www.staubyn-centre.essex.sch.uk or contact your young person's key teacher or the head of education.

Therapy Groups

Every weekday there is at least one therapy group facilitated by trained therapy staff. The type of groups usually offered include:

DBT skills group –

DBT skills group is a group focused on facilitating the young people to learn and practise skills to help them cope and manage distress, difficult emotions, and relationships, more effectively. DBT group also includes regular mindfulness practice. DBT group takes place once a week for young people on each ward and is facilitated by a DBT trained clinical psychologist and a teacher from the SAC education department. There is also an additional weekly Occupational therapy group for each of the wards focused on encouraging the young people to put their DBT skills into practice in a creative way through the creation of fidget toys, use of distraction techniques, and developing self soothe boxes and coping strategy cards.

Life skills group –

Life skills group is run by the ward Occupational therapists and is focused on a different life skill each week including budgeting, cooking, cleaning, laundry skills, communication skills and sleep hygiene. The aim of the group is to allow the young people the opportunity to discuss how they can develop their independence and confidence within each of these skills, and how the skills can be incorporated into their routines when they leave hospital.

Multi-family group –

Unit staff run a regular group for the parents and carers of young people admitted to Longview where parents / carers can learn about the ward and the people and processes involved, gain peer and facilitator support, learn stress management

strategies, and practise communicating about stress and stress management with their young people. Multi-family group runs in six weekly session blocks and is facilitated by a clinical psychologist and a systemic therapist. Each session has two parts; the first is just for parents and carers and the second includes the young people of the parents/carers who have been able to attend.

Relaxation / Sensory group-

Relaxation group is run by the ward Occupational therapists and is a weekly opportunity for the young people to utilise the multi-sensory equipment including head massagers, hand held back massagers, water beads, and pamper materials such as face masks and nail polish. The aim of this session is for young people to have an opportunity to relax and unwind and to begin to think more about self-regulation strategies they can use when they leave hospital.

Relationships group –

Relationship group is a weekly therapy group designed to help the young people think about the connection between positive relationships and positive mental wellbeing, about the challenges and complexities of all relationships, and to give the young people skills and ideas that could help them navigate their relationships more effectively. Each session lasts one hour and can involve discussion, multi-media, quizzes, and/or role play.

Community meeting –

Community meeting is a weekly opportunity for ward staff and all young people to meet together to discuss current issues, and concerns and dynamics on the ward, to help ensure the ward is as safe and friendly a place for the young people to reside as possible.

NB individual appointments (including psychology, therapy and OT) tend to take place during education periods.

Phone group and associated rules

On the ward all young people are allowed access to a 'brick' mobile phone which does not enable use of a camera or the internet. This phone should be handed in at night to promote good sleep hygiene. The phone is not to be used during education and therapy time. There is a contract that outlines all of the expectations around phone use on the ward which the young people must sign to have access to their 'brick' phone.

On the ward there are restrictions on young people being able to have free use of internet enabled phones due to confidentiality and safeguarding concerns. Given the central role of social media and mobile phones in young people's lives, the ward staff wish to support the young people to manage this aspect of their lives. Therefore, once a day, young people can have access to their internet enabled phones in 'phone group' which lasts for up to an hour and is supervised by staff. To attend this group a phone contract must be signed which outlines staff expectations around phone use in the group. If this contract is not signed the young person cannot attend phone group. If the young person is under 16 parents / carers must also give their consent for their young person to attend phone group. If the young person breaks

the contract then they will be prevented from attending phone group for a defined period of time.

Attending phone group is a privilege and if young people do not attempt to adhere to the group programme adequately during the day, then they may not be allowed to attend phone group that evening.

Spiritual Needs

We understand that many of the young people who stay with us come from many different cultures and backgrounds.

We like to celebrate all beliefs, religions and cultures on our unit.

We have a Spiritual Lead on each ward who will ensure, as will all of our staff, that your spiritual needs are met. We will also ensure that any materials you need such as books, bibles or prayer mats are also available.

We will also ensure that any special dietary requirements are catered for.

Please talk to the staff and let us know what you need. We are happy to help.

Sample Timetable

<u>LONGVIEW</u>	Monday	Tuesday	Wednesday	Thursday	Friday							
9.30-9.45	Morning meeting	Morning meeting	Morning meeting	Morning meeting	Morning meeting							
9.45-10.45	Education	Education	Education	Education	Education							
10.45-11.15	Break											
11.15-12.15	Education	Education	Education	PSHE	Relationship group – (Psychology trainees & teacher, Classroom) Education							
12.15-13.30	Lunch											
13.30-15.00	Education	Adventure	Therapeutic art group	Education	PAT dogs 2-2.30pm	Self-expression	Geo-caching	Education	Cooking	Farm	Education	Trampolining
15.00-15.30	Break											
15.30-16.30	DBT Skills Group – (Jen & Jim, Larkwood classroom)	Community Meeting – (Jen, teacher & Ward manager, Ward) (Advocates attend every 1st week of the month)	Life Skills Group – (Ciara & Maisie, Blue Pod)	Relaxation Group – (Ciara & Maisie, Blue pod)	Multi-family Group – (Jen & David/Claudia, Blue Pod)	DBT In Practice Group – (Ciara & Maisie, Orange Pod)						
16.30-18.00	Nursing led activities											
18.00-19.00	Dinner											
19.00-21.30	Enrichment and Engagement activities											

The Legal Framework for admission and treatment:

Treatment with Consent

Most young people who are admitted to the unit are considered 'voluntary / informal' patients. As an informal patient a young person's consent is sought regarding restricting their liberty at times for their own safety. This may include limiting their leave out of the unit, or implementing restrictive practices such as level 3 and 4 observations, searches, and restraints. This is likely to be the case at the beginning of the admission when the young person's risks may be considerably higher and the team have not yet gained a clear understanding of the young person's risks to themselves and/or others. If young people do not consent to these restrictions consideration will be given to either ending their admission and them being discharged with a robust community plan, or detaining them under the Mental Health Act.

If an informal young person requests to leave hospital a thorough risk assessment will be undertaken. If a young person is deemed safe to leave hospital, they cannot be detained against their will. In some cases there may not have been a safe discharge destination yet identified. In these circumstances The Children Act 1989 may be used to do what is reasonable to safeguard or promote your young person's welfare whilst they remain in hospital.

A young person's competency (under 16) and capacity (16 and over) to consent to admission and treatment are regularly reviewed throughout the admission. If the young person lacks the ability or willingness to consent, consideration to the Mental Health Act or other forms of legal framework for the admission will be considered.

Treatment under the Mental Health Act

The Mental Health Act is the law used to admit, detain and treat adults, children and young people who need assessment and treatment for a mental disorder. Its full name is the Mental Health Act 1983 and it was amended by the Mental Health Act 2007. If a patient is detained under the Mental Health Act this person can be kept on a ward against their will and receive clinically indicated assessment and treatment even if they do not consent to this.

Searches

Staff have the right to ask to search young people and visitors to ensure the ward remains a safe place for all patients and staff.

If a visitor declines to be searched staff have the right to decline them access to the unit.

Young people are encouraged to abide by the ward boundaries in terms of what items are allowed to bring onto the unit. As a last resort young people can be searched against their will if clearly required to maintain the safety of that young person, staff, and other patients.

Restraint

If a young person engages in an activity which may cause themselves or others harm staff will have the right to intervene and this could result in physical restraint.

De-briefs

Incidents of self-harm and restraint can be distressing for the person involved and for any other young people who happen to witness this. Therefore young people are offered de-brief opportunities after such incidents where they can discuss their thoughts and feelings in relation to what happened. This can enable new insights and learning, thereby reducing the likelihood of future incidents.

Confidentiality and Sharing Information

There is a form entitled Information Governance and the Limits of Confidentiality which you and your young person will be expected to sign at the point of admission. This form explains how we record and share information. If you have any further questions please consult a member of the ward team.

Ward Boundaries

What are young people allowed and not allowed to bring on the unit?

NO

The following items are not allowed on the unit or their use will be restricted:

- No clothes with drawstrings / cords, hoodies, or onesies
- No knives, razor blades, scissors or certain glass objects. Glass items like makeup and nail varnish bottles must be kept in the nursing office and can be used under supervision.
- No alcohol or illicit drugs
- No hair dye, aerosols, valuables, chewing gum, bubble gum, towels or flannels (we provide these), staples, or paperclips
- No inappropriate magazines
- No unsealed food or drink items
- Any other items that staff may deem as unsuitable and / or harmful (this will remain at the discretion of staff)

YES

- Cheap MP3 player
- Money – up to £5 can be stored in our ward safe
- Basic toiletries
- Slippers
- 1 teddy
- 2 or 3 books
- Age appropriate DVDs
- Sealed food and drink can be brought onto the ward for snack time as part of a balanced diet
- Chargers for electronic devices and can be brought on to the unit but must be kept in the nursing office at all times.
- Electrical items like hairdryers and hair straighteners must be kept in the nursing office but can be used under supervision.

- Clothing for up to 5 days. We recommend high value clothing items are not brought onto the ward.

Some young people at The St Aubyn Centre have found the following to be helpful when struggling. We welcome these items on the unit:

- Tangles
- Writing / drawing equipment
- Stressballs
- Puzzle books (Sudoku, word searches etc)
- Journal / diary (not ring binder)

Non-Smoking Policy

- In accordance with Essex Partnership University NHS Trust Non-smoking Policy, The St Aubyn Centre is a no smoking area.
- No smoking is permitted in the building or the grounds for young people and visitors.
- Young people are not allowed to smoke in the vicinity of unit staff, even when on leave from the unit.
- Health Promotion is a focus of The St Aubyn Centre and young people will be provided with prescribed alternatives to smoking if needed, which will be monitored by the medical team.

Code of Conduct

Each and every person on the unit has the right to be treated with respect and dignity including the young people, staff and visitors.

We have a policy of zero tolerance regarding incidents of verbal and physical aggression towards staff from both patients and visitors. All incidents will be reported to the police. Damage to The St Aubyn Centre property may also result in police intervention and costs for repair being reclaimed from the young person and/or family.

No under 18s may visit this unit without an adult carer / parent present. ID may be requested if the age of a visitor is unclear. Those under 18 who are visiting must call ahead to enable a suitable visiting room to be arranged.

Communication

How to speak to a member of the Clinical Team outside of arranged appointments

You can access a senior clinician between the hours of 09:00 and 17:00 Monday to Friday. If you wish to speak to someone about any aspect of your child's care then please contact the St Aubyn Centre Reception and ask to speak to the clinician of the day. Outside of these hours, please contact the ward and ask to speak to either the Nurse in Charge of the ward or your child's key worker.

Compliments and Complaints

We strive to deliver high standards of care and aim to provide a quality service. If you are unhappy with the service you have received please do speak to a member of ward staff or contact PALS (see details below).

We also like to record any positive feedback that you may have. If you would prefer to speak to the Unit Manager / Modern Matron or the Operational Manager then please leave a contact telephone number or address and you will be contacted in person.

Other information leaflets are available in the reception area.

Patient Advice and Liaison Service (PALS)

If you feel you need help, advice and support about issues relating to the care and treatment you receive, or the treatment received by a friend or family member our Patient Advice and Liaison Service (PALS) is a free and confidential service that provides a listening ear and offers practical help.

PALS can also give you information about other services available from the NHS, Social Services and other organisations that support people with mental health or substance misuse problems.

How to contact PALS:

By Phone: 0800 0857935

This helpline is open Monday to Friday, 9am – 5pm. Please leave a message outside these hours and we will contact you as soon as possible.

By Email: epunft.pals@nhs.net

Please do not include any confidential information about your mental health status or care in any email.

By Post: Patient Experience Team

EPUT
The Lodge
Lodge Approach
Runwell, Essex
SS11 7XX

Other services:

Interpretation Services

If English is not your first language and you struggle to understand English, we offer interpretation services. A member of staff will offer this to you.

If you are hard of hearing we will also arrange for a sign language specialist to come and visit you. They will also be available to assist you during meetings and assessments.

Speech and language services are also available through our education department. Again staff will advise you on how to access these services.

Obtaining a Second Opinion

In the event that you would like a second opinion in regards to your treatment / care please approach a member of the nursing team who will action this for you. If a request for a second opinion is refused you can seek advice from PALS.

Access to Health Records

You have the right request to see your young person's health records under the Data Protection Act 1988. However medical professionals holding your records have the right not to give you this information if it may harm the physical / mental health of the young person.

If you want access to the health records you should write to the Trust. The nursing team can provide you with this address. They should release your records within 40 days. Due to rules on confidentiality the record holder within the NHS will not release the young person's health records to someone without the expressed consent of the young person.

If you would like to receive a copy of your young persons care plan then please speak to a member of the nursing team, who will arrange this for you, subject to your child's consent.

Testimonials

"We are so very grateful for the outstanding level of care you gave"

Parents

"I just wanted to say thank you for all of your help and support. You always showed an interest. It honestly means a lot."

Young Person

"I appreciate everyone giving me opportunities to get involved and experience all that I have over the last 4 weeks."

Young person

"It has been so reassuring to know that * has been looked after with such caring and dedicated staff."

Parents

"We could not have managed without your support."

Family

"Thank you all for being so supportive, I couldn't of imagined myself like this now without the help of everyone here."

Young person

"You made me feel welcomed. I could tell you were well boundaried but very caring, supportive and protective."

Young Person

Websites

Please find below a list of websites and telephone numbers that you could use as a resource or to direct young people to for further information to help support them during their journey.

Animated Minds

Animated Minds is a series of short animated documentaries which use real testimony from people who have experienced different forms of mental distress. A single aim underpins all the films: to help dispel myths and misconceptions about 'mental illness' by giving a voice to those who experience these various difficulties first hand.

www.animatedminds.com

Bullying

Two very useful websites with advice on all different types of bullying including cyber bullying

www.antibullyingalliance.org.uk

www.beatbullying.org

B-eat

A website providing information on eating disorders

www.b-eat.co.uk, Tel: 0808 801 0677

ChildLine

A free and confidential support service for children

www.childline.org, Tel: 0800 1111

EYPDAS

Essex Young People's Drug and Alcohol Service. Service for under 18s who live in Essex and are effected by either drug or alcohol use (their own or someone else's).

www.eypdas.org.uk, Tel: 01245 493311 or text EYPDAS to 80800

Essex Young Carers

Practical and emotional support for young people who support a family member.

Email: **young.carers@essex.gov.uk**

Tel: 07920 286370

<http://youth.essex.gov.uk>

Get Connected

Get Connected is a free confidential helpline for young people under 25 who need help and don't know where to turn. The service is available 365 days a year and young people can contact them by phone, webchat, email, text message or use the online director, WebHelp 24/7.

www.getconnected.org.uk

HeadMeds

Launched by YoungMinds, HeadMeds gives young people in England general information about medication. HeadMeds does not give medical advice.

www.headmeds.org.uk

My CAMHS Choices

The My CAMHS Choices website has been produced by young people for your people to help them find their way through CAMHS and to overcome any barriers that they might face.

www.mycamhschoices.org

National Self Harm Network

Supporting individuals who self harm to reduce emotional distress and improve their quality of life.

www.nshn.co.uk

NSPCC

Aiming to stop child cruelty.

www.nspcc.org.uk, Tel: 0808 800 5000

Rethink

Information about how to look after your mental health and different mental health problems.

www.rethink.org, Email: info@rethink.org, Tel: 0300 5000 927

Samaritans

A 24 hour service offering confidential support to anyone who is in crisis

www.samaritans.org, Tel: 116123

Teenage Health Freak

Read Pete's diary and find information, stories and advice for teenagers on health issues.

teenagehealthfreak.org

The Hideout

Offers support to young people living with domestic abuse

www.thehideout.org.uk

Young Minds

Information for young people about emotional and mental health issues.

www.youngminds.org.uk

Youth Access

Puts young people in touch with local contacts for counselling, advice and information.

www.youthaccess.org.uk, Tel: 020 8772 9900

If you require further information on any of the points addressed in this booklet please ask unit staff to provide appropriate policies or leaflets.

Definitions / Acronyms Page

The Care Programme Approach (CPA) - If someone has mental health problems or a range of different needs their care may be coordinated under the Care Programme Approach (CPA). This is a particular way of assessing, planning and reviewing someone's mental health care needs. CPA meetings take place at regular intervals and care plans should always be produced and reviewed as part of the process.

A **care plan** is an agreement between the young person, their family / carers and their health professional to help them manage the young person's mental health day to day. It is a written document that the young person will be required to sign. The young person and their family / carers will receive a copy of the care plan. The care plan contains a set of written instructions including how the young person will be cared for, what their treatment will be, who will carry out the treatment, how their difficulties will be responded to in a crisis and how often their leave is.

MDT: Multidisciplinary team – a team of professionals made up of clinicians trained in a wide range of disciplines.

APT: Allied Professional Team – a group of professionals working on the unit who have psychology and/or psychotherapy training.

High Dependency Unit (HDU): An area for young people who temporarily require more intensive support within a generic ward environment.

Long term segregation area: This is an area where young people are nursed with high levels of supervision if they are unable to be nursed safely in the presence of other young people.

Seclusion: Seclusion involves a young person being nursed in a locked area of the ward away from other young people. Seclusion is used as a last resort and is for the management of serious violence and aggression. Seclusion is used for the shortest period of time possible and is subject to stringent reviews.

De-escalation room: An area where young people are taken to help calm them in times of significant distress. The area is a low stimulus room and staff remain with the young person in this room at all times.