

The St. Aubyn Centre
Child and Adolescent Mental Health Unit
Larkwood 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 the young person's core team will be the key points of contact whilst the young person is under our care:

Consultant Psychiatrist
/Responsible Clinician

APT Lead

Key Worker Nurse

Key Teacher

Ward Social Worker

Key Team

Ward Manager

Modern Matron

Community Care
Coordinator

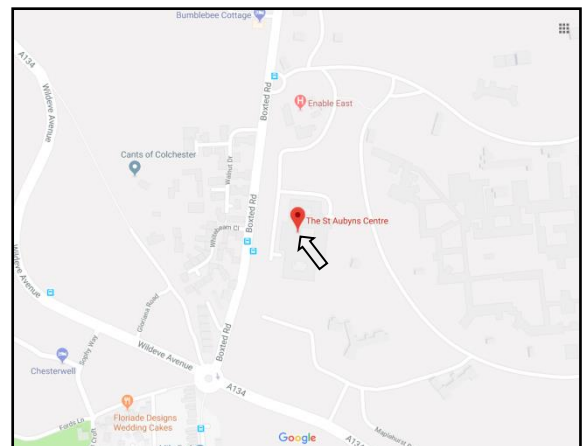
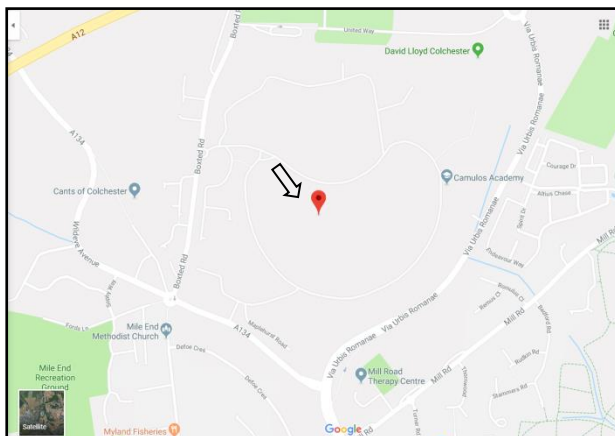
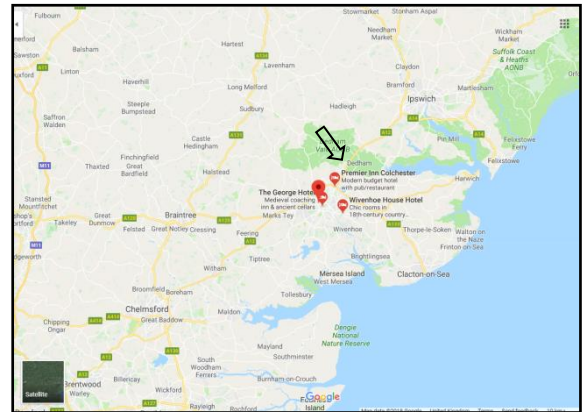
(Admin: please complete as much as possible and send to parents/carers within 72 hours of admission)

Contact Numbers

Main Reception	01206 334600	Please use between 9am – 5pm, Mon - Fri
Larkwood Ward	01206 334622 / 23	Please use after 5pm and at weekends

Address and Location

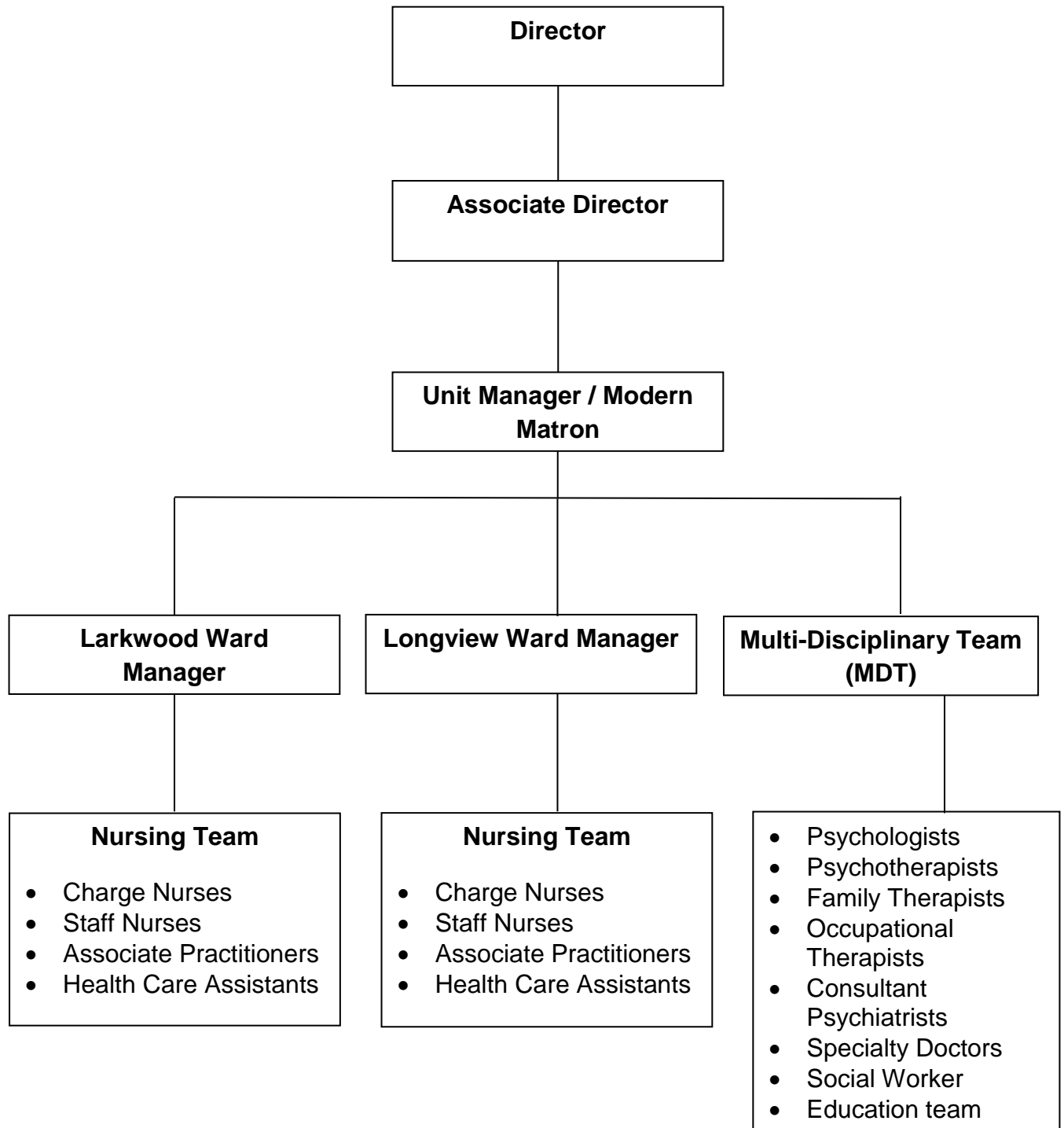
The St Aubyn Centre
2 Boxted Road
Colchester
Essex
CO4 5HG



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



Zero Tolerance statement

The St Aubyn Centre is a diverse community of patients and staff and we actively welcome and celebrate all the ways that we differ from each other, including: Mental Health Status; Gender; Sexuality; Race; Culture; Age; Belief/ Faith and Differing Abilities.

Many of our patients and staff will have experienced prejudice and hate because of their characteristics, so as part of our commitment to creating a safe environment and valuing all we have a **Zero Tolerance approach** to discriminatory and hate behaviour.

Anyone engaging in hate behaviours will be, educated, challenged and where applicable reported to the police.

We welcome your support with our Zero Tolerance approach.

Introduction to the Unit

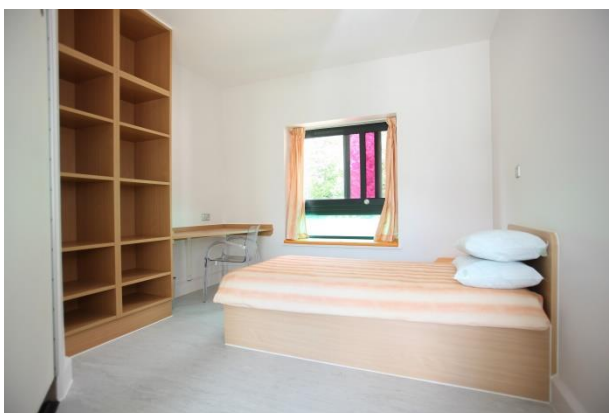
The St Aubyn Centre was opened in June 2012. It was designed specifically for the needs of young people with mental health difficulties aged between 13 years and their 18th birthday. The unit has two wards:

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 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
- 2 Long term segregation areas
- 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.

The ward bedrooms are separated into male and female areas. Your young person will be assigned to an area based on the gender they identify as, unless a risk assessment indicates otherwise.

Your young person will have the support of the nursing team during their stay with us. Nurses will be regularly checking on your young person's wellbeing throughout their stay and they will do their best to make your young person feel safe and comfortable. Your young person may even have a staff member 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 Larkwood

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: MDT Assessment



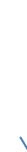
Stage 4: Interventive Assessment



Stage 5: Care-Planning / Formulation



Stage 6: Treatment Phase



Stage 7: CPA Review

Stages 1 and 2: Referral and Admission

Young people are referred to Larkwood either from an acute mental health unit, or due to an emergency situation in the community which has resulted in the young person being detained under the Mental Health act. All young people admitted to Larkwood must be detained under a section of the Mental Health Act (section 2 or 3).

During the admission procedure a member of the Larkwood 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.

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: MDT Assessment

Whichever way the young people have arrived at the unit they will be invited to undergo an initial inpatient MDT assessment. Those involved in the young person's care will be invited to this assessment. It will be conducted by a minimum of 2 clinicians and on most occasions will be held in the family suite which is a room with a one-way mirror. This is so that the young person and family / carers do not have to sit in the room with too many people which could be overwhelming. The assessment will take approximately 1-2 hours.

The initial inpatient assessment is to gain further information 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.

Stage 4: Interventive Assessment

After the admission and MDT assessment, 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. The ward social worker will make referrals to Social Care in line with Statutory and Legal obligations (see chart on p.23).

- **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.

** Individual therapeutic sessions (assessment and/or therapy) provide a confidential space where young people can explore and make sense of their difficulties and find ways forward in their mental health recovery. The individual worker will explore with your young person how information from these sessions will be shared with the inpatient team, community professionals and parents/carers eg via the ward reviews feedback and CPA processes. A young person with capacity/competency has the right to choose who this information is shared with, with only safeguarding concerns overriding this consent process. It is essential that your young person feels safe within this therapeutic space if these sessions are going to be useful to them and aid their mental health recovery.*

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 5: Care Planning / Formulation

The information from the assessments will be discussed at the Care Planning / Formulation meeting which takes place around two weeks after admission. In this meeting the professional team involved in the young person's care will discuss the assessment information, formulate (using the 4 Ps described below) and decide the most appropriate treatment package for the young person. The young person and those involved in their care will receive feedback from this meeting. The Care Plan will be reviewed based on this formulation.

The 4 Ps are as follows:

- **Predisposing**
The possible factors that may have left the young person vulnerable to their current mental health difficulties (i.e. mental health difficulties within the family, disrupted childhood, significant separations and losses).
- **Precipitating**
The possible factors that may have triggered the decline in their mental health and ability to cope (e.g. significant life change, significant loss, significant life stresses like exams).

- **Perpetuating**

The possible factors that may keep their mental health difficulties going, leaving them feeling stuck and unable to manage (e.g. continuous life and family stresses, poor understanding of difficulties, lack of motivation).

- **Protective**

The strengths the young person and those that care for them have that can be built upon to help them manage their difficulties (e.g. good understanding of the problems, good consistent family support).

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 nurse. All young people who will ultimately be returning home after their hospital stay will also be offered a family therapy assessment 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 is particularly the case for young people admitted to Larkwood ward, where the aim is to help stabilise a young person's presentation, and reduce risk incidents, so they can be stepped down to a generic adolescent ward for further intervention and to work towards discharge to the community.

A small percentage of young people will need to spend an extended amount of time on the unit and in these cases more indepth treatments, focused on specific symptom reduction / resolution, may be implemented. *

Stage 7: CPA Review

A CPA review must occur within 6 weeks of admission. CPA reviews must take place as a minimum every 6 weeks while a young person is an inpatient at SAC.

The following options will be considered at the CPA Review:

Step up to specialised care

If at this point the young person needs more specialised input they would be referred to a more specialised unit / service.

Step down to generic unit

If the young person has been in Larkwood and has been improving in terms of their risk behaviour and their mental wellbeing they will be stepped down to a general acute ward for further treatment. Young people staying on Larkwood ward will ideally be stepped down as soon as possible after they have reached a satisfactory level of

stabilisation as young people should not be cared for under any more restrictions than are necessary for their risk level.

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 psychiatric environment of The St Aubyn Centre the young person will be referred to an appropriate service.

Further 4 weeks of treatment

If the young person is not ready for discharge and needs to undergo further treatment they 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 Larkwood take place in two parts each week. During Part 1 Reviews (held on Wednesday mornings for Larkwood) 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 (Thursday morning for Larkwood 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. Individual timetables may include school work, engagement activities, or a combination of both, depending on the needs of each student.

Students work mostly in their key teacher's classroom with up to four other students. There are sometimes opportunities to work with students from the other classroom. If

students have permission to go on leave they may be able to attend school trips such as badminton, geocaching or the nurture farm. This would depend on their ability to co-operate with staff and keep themselves safe and would need to be risk assessed before each visit.

When young people are preparing for discharge or transfer staff will liaise with their next hospital or placement to ensure a smooth transfer.

Where young people are returning to their community school 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 groups –

The ward DBT skills groups focus on facilitating the young people to learn and practise skills and strategies to help them manage distress, difficult emotions, and relationships, more effectively. DBT skills groups also include regular mindfulness practice. The DBT skills groups take place three times a week for young people on each ward and are facilitated by a mix of DBT trained clinicians, and teachers from the SAC education department.

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.

Creative Expression Group –

The Creative Expression group provides young people with an opportunity to explore and express their inner thoughts, beliefs and emotions using creative tasks to facilitate self-expression. This supports the young people to develop self-awareness and reflection about their identity, values and goals.

Service User Involvement Group –

This group is an opportunity for young people to share their thoughts on current ward procedures and resources. The young people are encouraged to think with facilitators about how to improve the experience of young people staying at the St Aubyn Centre. This group aims to help young people feel listened to, and to empower them to make helpful changes for themselves and others going forward.

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.

Online parent and carer group –

A regular online group is facilitated for the parents and carers of young people admitted to any one of the three EPUT CAMHS wards. In the group parents / carers can learn about the wards (including the people and processes involved), gain peer and facilitator support, and learn stress management and communication strategies, to help them support their young people more effectively. The online parent and carer group runs in six weekly session blocks and is facilitated by different members of the multidisciplinary teams across the three EPUT CAMHS wards.

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 LARKWOOD THERAPEUTIC GROUP TIMETABLE

<u>LARKWOOD</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	Education	DBT skills Group: Emotion Regulation
12.15-13.30	Lunch				
13.30-15.00	Education	Education	DBT Skills Group: Interpersonal Effectiveness	Education	Education
			Education (14.30-15.00)		
15.00-15.30	Break				Break
15.30-16.30	Community Meeting	DBT Skills Group: Distress Tolerance	Sensory Relaxation Group	Creative Expression Group/Service User Involvement Group	Nursing led activities
16.30-17.30	Nursing led activities				
	17.30-18.30: Dinner 18.15-20:30: Free Time and Phone Group 21.00-21.30: Winding Down Activity (extended to 11pm on a Friday)				

The Legal Framework for admission and treatment:

All young people admitted to Larkwood ward are detained under the Mental Health Act for assessment and / or treatment. If the young person becomes informal either due to their section being rescinded by a Mental Health Tribunal or by the Consultant Psychiatrist, it would no longer be appropriate for the young person to continue treatment on Larkwood based on the 'least restrictive' principles. In these circumstances the young person is likely to be stepped down to their local generic adolescent ward with their consent for assessment and treatment or discharged to the community. It is possible that during the interim period, the young person may remain on Larkwood ward as an informal patient.

Treatment under the Mental Health Act

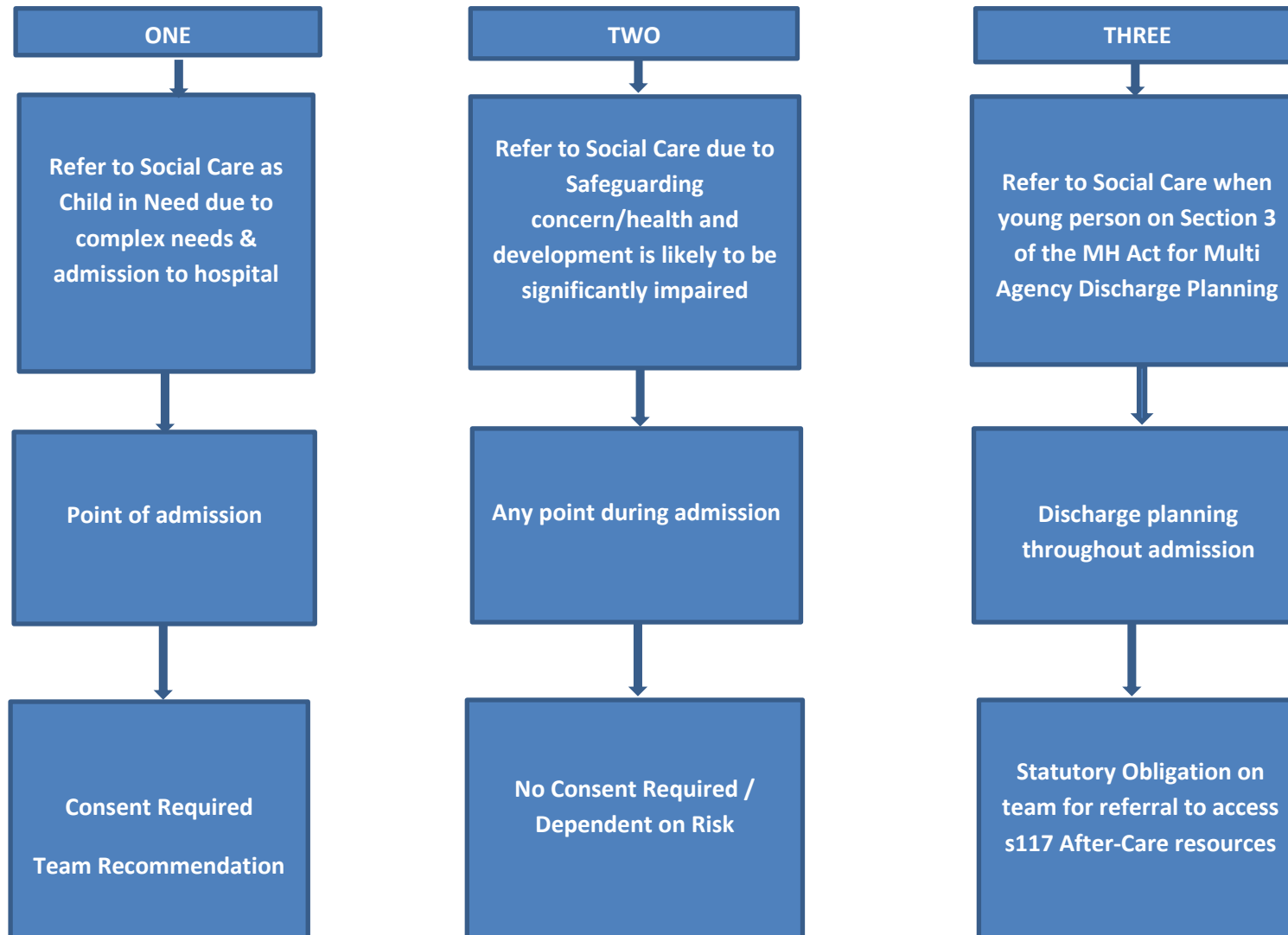
The Mental Health Act is the law used to admit, detain and treat adults, children and young people who need assessment and treatment for a mental disorder. Its full name is the Mental Health Act 1983 and it was amended by the Mental Health Act 2007. If a patient is detained under the Mental Health Act 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.

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 explain how we record and share information. If you have any further questions please consult a member of the ward team.

Below is a flow chart that details when we will share information with Social Care and the potential referral routes for Social Care intervention and support.

Three Ways a Young Person can be Referred to Social Care for Assessment and Intervention following Admission



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.

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, onesies, or shoelaces
- 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 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 person's 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



Websites and Apps

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

A very useful website with advice on all different types of bullying including cyber bullying:

www.antibullyingalliance.org.uk

B-eat

A website providing information on eating disorders

www.b-eat.co.uk or www.beateatingdisorders.org.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 Youth Service / 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>

HeadMeds

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

www.headmeds.org.uk

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

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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

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

Websites for helping young people stay safe online:

www.thinkuknow.co.uk
www.childnet.com/resources
www.childline.org.uk/Explore/OnlineSafety
www.commonsensemedia.org
www.net-aware.org.uk
www.internetmatters.org

Potentially helpful apps for young people:

Self-help for Anxiety Management (SAM) – SAM is a friendly app that offers a range of self-help methods for people who are serious about learning to manage their anxiety.

Headspace – Headspace is an app where people can learn the essentials of meditation and mindfulness to help with stress, sleep, and overall emotional health.

Calm Harm - Calm Harm provides tasks to help young people resist or manage the urges to self-harm.

iCouch – iCouch is based on CBT principles and helps people keep track of their thinking, analyse their emotions, and change their outlook.

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.

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