

# ADMISSIONS WHEN IT DOESN'T WORK

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## OUR VALUES

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Patients &  
people first



Partnership



Respect

# Secure services

- 16 year old– dysregulated YP- self harming by inserting items in penis, spitting at staff, assaulting staff and threatening staff- reporting hearing voices- not consistent in presentation. In segregation.
- Conduct disorder/EUPD
- “not normal”- should be in hospital
- Admit/not to admit



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# Admit

- Ongoing dysregulation
- Sexually disinhibited towards peers and staff
- Aggression and violence towards staff
- Repeatedly restrained, secluded and IM
- Returned to custody

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# Not admit

- 6 weeks on settles in to a routine
- Clear that will be serving sentence in custody
- Case manager
- Occasional DSH when difficult phone calls with mother

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Respect

# Community



- 🌀 136 suite
- 🌀 17 yr old female ASD
- 🌀 Recent disclosure of abuse
- 🌀 Placement breakdown
- 🌀 Walking into the traffic- voices!!
- 🌀 Threatening to kill self and others
- 🌀 Admit/not to admit

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# Admit

- Detained on a 2
- Anxious of peer group
- Repeated incidents
- Decision to LTS- clear does not want to integrate
- Goes on leave /education/activities
- Placement response- too risky!!! No placement
- Despondent/hopeless

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# Not to admit

- Crisis bed- community package
- Formulation clarified
- Sensory integrated assessment to inform PBS
- Crisis plan developed with multiagency to ensure de-escalation other than escalation in situation
- Reduced EE, improved engagement- sustained placement



# Other services

- 14 year old- DSH- ingesting items
- 3 to 1 obs
- LTS 3 months
- No clarity on discharge pathway
- Previous admission to LSU – no engagement
- Admit/ not admit?





# ADMIT

- Increased in incidents of self harm, attempts to abscond, increasing restrictions, escalation in behaviours, staff restraint, higher level of obs
- CYP reports- increase in trauma symptoms/ hopelessness and helplessness, Hospital is making her worse

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Respect

# Not to admit

- Supported through Crisis service
- Police and social care involved- acknowledgement of trauma and accountability
- Empowerment of the young person
- Increased ability to engage in intervention
- Engage in DBT with family intervention
- Trauma response reduces and whilst still self harming, reduced in intensity



# Key Themes

- ➔ ASD/EUPD- crisis
- ➔ Placement break down/ anxiety
- ➔ Trauma/attachment
- ➔ Formulation- not clear – no time to think
- ➔ Quick fix
- ➔ We care!!!!!!!

