RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

CAMHS QUALITY NETWORK FOR INPATIENT CAMHS

CCQI

IN THIS ISSUE:

ISSUE 16 WINTER 2020

WELCOME

Welcome to the CAMHS Quality Networks' newsletter, Winter edition on the theme of 'Something New'. In keeping with the new year and new years resolutions, in this issue we hope to explore new research, initiatives and work within inpatient and community CAMH services.

At QNIC and QNCC we have welcomed two new staff members Ruby and Matt and new services to both our networks as well as publishing the QNCC annual report!

Cycle 19 is looking to be our busiest year yet for QNIC, with over 120 services participating in the review process, around a third of which are working towards or maintaining accreditation.

After a series of successful events in Cycle 18 we hope to welcome more faces and have our biggest Annual Forums yet full of inspiring speakers and though provoking workshops.

Finally, thank you to all our members for your ongoing participation and support. We wish you the best for the new year!

MEET THE TEAM

Harriet Clarke
Head of Quality and Accreditation

Hannah Lucas
Programme Manager (QNIC/QNCC/QNCC-ED)

Arun Das
Deputy Programme Manager (QNIC/QNCC/QNCC-ED)

Charlotte Hampson
Project Officer (QNIC)

Daphne Papaioannou
Project Officer (QNIC-ROM)

Ruby Lucas
Project Officer (QNCC)

Matthew Scudder
Project Officer (QNIC)

Edited by Charlotte Hampson

SOMETHING NEW at QNIC and QNCC

NEW TEAM MEMBERS

Ruby Lucas
Project Officer (QNCC)

Matthew Scudder
Project Officer (QNIC)

NEW MEMBERS

QNIC

- Adriatic
- Keystone
- Lavender Walk

QNCC

- CHATTS
- Bristol CAMHS
  Norfolk & Waveney CAMHS Team
- Mid Mersey CEDS
- Berkshire CYP and Family Eating Disorder Service
- CYP FEDS Sussex

UPCOMING DATES

QNIC Teacher's Day
11 March 2020 @ Royal College of Psychiatrists, Aldgate, London

QNIC Annual Forum
12 June 2020 @ Royal College of Psychiatrists, Aldgate, London

QNCC Special Interest Day
16 September @ Royal College of Psychiatrists, Aldgate, London

QNCC Annual Forum
20 November 2020 @ Royal College of Psychiatrists, Aldgate, London

QNCC Annual Forum

On Friday, 22 November, the Quality Network for Community CAMHS (QNCC) hosted its annual National CAMHS Conference here at the College, this year themed around joined-up approaches to care.

Over the course of 2019, the network has grown by around 20 members and engagement is continuing to thrive, so it was a real pleasure for us to welcome around 70 delegates, some from member teams and some from outside the network, to our long-anticipated event.

Our new Advisory Group chair, Caroline Winstone, kicked off the programme by introducing the day and highlighting some of QNCC's key achievements this year. Arun Das, QNCC Deputy Programme Manager, and I followed this up with some statistics from our newly-published Annual Report which summarises performance from participating services over the course of 2017-19.

Our first keynote speech was delivered by Andrew Radford, Chief Executive of Beat, who spoke about how CAMHS collaborating with charity partners can lead to earlier intervention and better outcomes for young people. This was followed by Professor Ian Goodyer and Dr Raphael Kelvin's hugely interesting findings regarding the role of social prescribing as part of a holistic approach to care.

Either side of our lunch break, we held a series of parallel plenary sessions. Highlights included Dr Melanie Bash's thought-provoking analogy of a young person's journey to recovery being like a tube map, with multiple stops and junctions representing the different healthcare agencies involved. Meanwhile, in 1.7, members of the Surrey and Borders Specialist CAMHS Service used knots of string to illustrate the complexities of working with children who have experienced trauma and disrupted attachments.

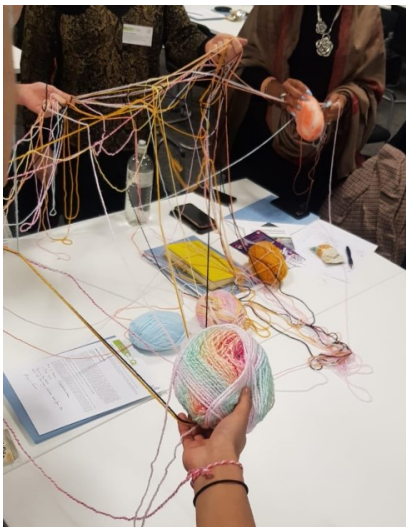
To wake us all up after lunch, QNCC Advisory Group member, Katie Paul, got the audience mingling (and giggling) with an adapted version of Chinese whispers. We formed two long lines, and people at one end were asked to come up with an action (or series of actions) that they performed to the next person along.

This person then passed it on to their own neighbour and so on until the message reached the end of the line. Suffice it to say that what reached the other end was in no way recognisable as the original! The exercise illustrated effectively just how easily key messages can be lost when passed between agencies.

Rounding off the day were Dr Raphael Kelvin, this time representing RCPsych sister-team, MindEd, and giving an introduction to their programme, and Hannah Sharp, QNCC Young Person Advisor. Hannah spoke very powerfully about 'the teachers that believed': her experience of how CAMHS and education can work well (or not so well) in providing the support that vulnerable young people desperately need.

I'd like to say an enormous thank you to all our speakers and debaters, but also to Arun Das, Ruby Lucas, and the rest of my wider team for their fantastic organisation of the event. We're looking forward to next year, but are also grateful for a break!

Hannah Lucas
Programme Manager



SOMETHING NEW....

Keeping in Touch: opportunities and barriers for young people maintaining connections to families, friends and education during periods of inpatient mental health care using case study methodology.

The provision of mental health care for children and young people (CYP) is one of the UK's highest priorities (1-2), with around 1 in 10 CYP experiencing mental health difficulties (3), which is more recently thought to have risen to 1 in 8 CYP aged 5-19 (4). Where CYP need the highest levels of care, for example CYP with the most complex and severe mental health difficulties, care will usually be provided and managed through tier 4 specialist CAMHS such as specialist outpatient, community and inpatient services (5).

However, periods of admission to hospital for mental health care can pose a range of risks to CYP (6). There is also evidence of the 'less obvious' risks to CYP in inpatient CAMHS, such as a loss of education and maintaining social connections with family and friends. However, evidence on the assessment and management of these less obvious risks is limited (6).

Therefore, this programme of research commenced to generate new knowledge underpinning the most effective way of identifying, assessing and managing some of the 'less obvious' risks to CYP during inpatient mental health care. Knowledge Economy Skills Scholarships (KESS2) has funded this project with Cwm Taf Morgannwg University Health Board as the industrial partner, which aims to explore children and young people's social connections in inpatient mental health care.

The *Keeping in Touch* study is a mixed-methods study which plans to explore the interventions and processes that promote CYP's connections to their education, friends and families during periods of inpatient mental health care. The study design utilises a case study methodology, which involves a single Child and Adolescent Mental Health Services (CAMHS) inpatient unit as the research site. The four study objectives are to:

- *Explore how health care, social care and education practitioners facilitate connections to education, friends and families when young people are in hospital receiving mental health care.*
- *Explore children, young people and their family member's views and experiences of maintaining connections during admission to inpatient mental health care.*
- *Asses the suitability of standardised tools used to measure outcomes related to education, friends and families for young people in mental health hospital.*
- *Identify candidate interventions and processes helping young people maintain their connections during periods of inpatient mental health care for testing in a future study.*

To meet the above objectives, fieldwork at an adolescent inpatient mental health unit was carried out over a 9-month period. This involved interviewing CYP whilst they were staying at the unit, and their parents and carers. Semi- structured Interviews were also held with a range of health, social and education practitioners at the unit. CYP completed outcome questionnaires, and Multi-disciplinary team (MDT) meetings were observed and recorded as field notes. The researcher is currently working on the analysis of the fieldwork and it is hoped that findings will be published later this year.

The *Keeping in Touch* study is a study that is part of a Doctor of Philosophy (PhD) degree at Cardiff University, in the School of Healthcare Sciences. The PhD student is a registered mental health nurse who has worked as a staff nurse on a CAMHS inpatient unit prior to the commencement of the research.

For more information about the study, please contact the project lead.

Gavin John (PhD Student)
johnGE@cardiff.ac.uk

Knowledge Economy Skills Scholarships (KESS) is a pan-Wales higher level skills initiative led by Bangor University on behalf of the HE sector in Wales. Knowledge Economy Skills Scholarships (KESS2) has funded this project with a Local Health Board (LHB) as the industrial partner".

In relation to QNIC standards...

1.1.12 [1] Young people can use mobile phones, computers (which provide access to the internet and social media), and other electronic equipment on the ward, subject to risk assessment and in line with local policy

CQC...

CQC say there should not be blanket restrictions, meaning all care including use of mobile phones with the internet should be individualised

United Nations..

Internet access is attributed to maintaining a persons right to freedom of expression.

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Christmas Card Competition 2019

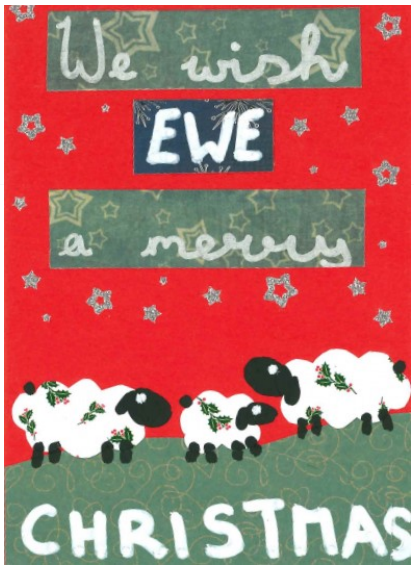
Thank you to everyone who contributed to the Christmas Card competition we were overwhelmed with submissions and the artistic talent that made every card unique. We had over 60 submissions and struggled greatly choose just three winners.

Please see below for the winning entries.

Just look at the realism of these penguins, they gave us 'Happy Feet!'

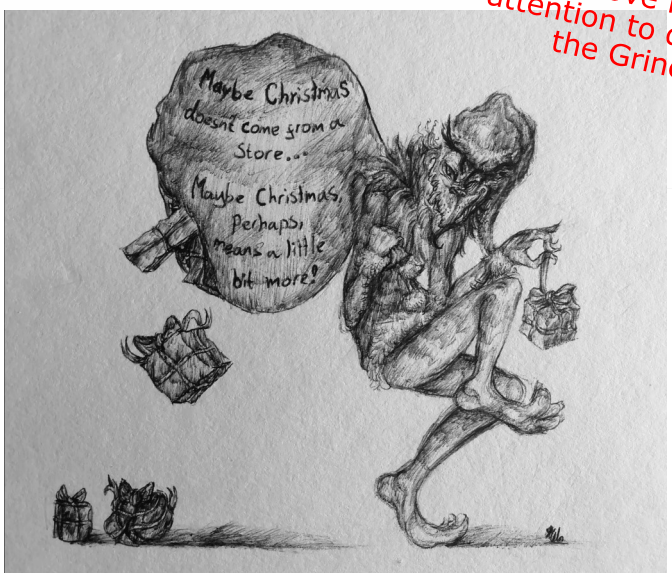
Winner
Ruby, Phoenix Centre

What a great pun on this one!



Joint Runner Up
Clara, Kingfisher Ward

We love Milo's attention to detail on the Grinch!



Joint Runner Up
Milo, Tower Hamlets CAMHS

SOMETHING NEW….

Introducing Riverdale T-PAP (Therapeutic Physical Activity Programme)

Why we introduced T-PAP

Helping someone to re-engage with an activity that was previously damaging is a scary proposition. It brings up a lot of emotions including anxiety and fear. This naturally leads to a reluctance to engage in conversations about facilitating physical activity and a view of sport, exercise and physical activity in general being something that will set someone back in their recovery. Research shows that this is not the case. By not talking about physical activity a person with a history of difficulties in this area can be left alone to secretly exercise and feel unable to talk openly about their experiences, consequently end up in a cycle of denial and guilt around the subject.

The T-PAP process at Riverdale

We start by taking a full history of a patient's participation in exercise, explore how sport and exercise fits into their live to date, not only in terms of habits but to what degree it forms part of a family's identity.

Once we have a clear picture of a patient's history we ask more future-focussed questions and elicit a patient's hopes for recovery and where they would like to see exercise and/or sport fitting. As part of this we encourage patients to be honest in their appraisal of likely relapse signs and, more importantly, indicators of safe participation. We use a solution-focussed approach to help patients describe their preferred future and then construct experiential learning opportunities to help them take steps towards this whilst they are an in-patient. Debriefing sessions with staff form a key part of this stage and we encourage the same with family and friends to capture learning on home leave.

Our approach aims to help patients become reflective learners and move from secrecy to openness in their relationship with physical activity.

Jack Roffe (Clinical Psychologist)

Richard Crook (Senior Occupational Therapist)

riverdale
Specialist Eating Disorders Hospital

Want to share your work or present your recent findings to a wide audience?

Submit an article for our next newsletter!

Published twice a year, our newsletter reaches thousands of clinicians working in CAMHS nationwide!

Articles can be as short as 500 words, comprising an introduction, main body, and conclusion.

If you would like to submit an article, please send a short paragraph describing your topic to **QNIC@rcpsych.ac.uk**

SOMETHING NEW….

Marlbough House Going Greener in 2020

Marlborough House Going Greener: 0 -60 in 12 months!

This year we will be piloting a nature-based intervention with the young people, families and staff at Marlborough House. We are working in partnership with Wiltshire Wildlife Trust (WWT) and plan to run a programme similar to Riverside Adolescent Unit's successful 'Families in the Wild'. The setting will be a therapeutic care farm in beautiful countryside surrounded by lakes and the aim will be to offer families and staff space to do things differently.

Background

Over the last 12 months at Marlborough House we have been asking ourselves the question: How can we become a "Nature Friendly" Adolescent Unit?

We think this is important because we see the connection between young peoples' mental health and degradation of the natural world; two things we care deeply about.

These issues are inextricably linked. The climate crisis is a mental health crisis: extreme weather events and the associated disruption are linked to increased rates of depression, PTSD, substance abuse (Burke et al, 2018). Young people are expressing high levels of anxiety and concern for their future and that of the planet as evidenced by the 'school strikes' and increasing reports from parents and teachers of 'Eco-anxiety'. The NHS in its incredible work unfortunately contributes to the climate crisis as a major UK contributor of greenhouse gas. However, thankfully 'green solutions' (such as active transport, reducing air pollution, investment in resilient local communities etc.) are good for physical and mental health.

Of particular note, improving people's connection to nature increases wellbeing (Capaldi 2014) and promotes a love of the world that engenders pro-environmental behaviours (Otto 2017). Therefore, Green Care (nature-based therapeutic intervention) is a positive and hopeful way to tackle elements of both crises.

These ideas fit well with the 'Healthy Lives' project we have been working on for many years at Marlborough House. This approach identifies interconnected issues and ensures that we emphasise the need to care for the fundamental building blocks of mental wellbeing such as physical health, good sleep and healthy eating and activity levels. We want to ensure that the work we do has benefits in the long term as well as the short term and looking through the broader environmental lens we can see that more needs to be done to support long term mental health outcomes. Within our work organisations this includes raising awareness of the link between our health and the planet's health and promoting sustainable practices that reduce emissions, waste and pollution.

This is what has motivated the changes we have been making.

Making changes.

We didn't really know where to start, but as we have started to work on this, different opportunities have presented themselves.

Over the course of a year we dedicated a part of our community group, once a month, to discussing green issues. We set ourselves monthly green goals in collaboration with staff and young people. By working towards these goals we have achieved many changes including reduced single-use plastic, improved recycling and outdoor space, and increased biodiversity. Perhaps the most important aspect has been much more conversation about these issues.

Families in the Wild – a Green Care intervention

The opportunity to work with WWT emerged half way through the year. Our aim is to pilot a one day, multi-family intervention in the Easter holidays and a two day group in the Summer holidays. Based on the results, we hope this would become a regular intervention, and that our partnership with WWT will grow beyond that.

The site includes woodland with a campfire, farm animals to care for and raised beds and poly-tunnels for growing fruit and vegetables. The aim of the day is to offer families time to be together in a novel, regenerative environment taking part in forest-school style and nature-based activities.

We know that inpatient treatment can be stressful and traumatic for young people and their parents, and can create feelings of being disconnected and disempowered. The therapeutic alliance between clinicians and patients and their families, and intrafamilial relationships, are important factors in all other inpatient treatment outcomes. The evidence base suggests that nature-based interventions are well placed to enhance these areas of care. We would like to use our findings of "what works, and what doesn't" to add to this evidence base. We plan to develop a guide to partnership working in nature-based provision that other teams could use to inform similar work of their own.

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Catriona Mellor (Speciality Doctor Child and Adolescent Psychiatrist)

QNIC/QNCC Discussion Forums

- Currently over 1,200 members that have an interest or work in children and young people's mental health
- Used to share ideas, ask questions to peers, get advice on specific cases or service development
- Be the first to hear about upcoming reviews and events
- To be added to either forum, send an email with the title 'Join'

QNIC@rcpsych.ac.uk
QNCC@rcpsych.ac.uk

QNIC Discussion Form's Punchiest Topic of 2019

'A few young people have asked if we can provide a punch bag and/or boxing gloves and pads to be used on wards for them to use as a coping strategy.

This is not something we have considered before and wondered if any other services provide such equipment/outlets for their service users'

+

'On our ward in the past we had a young person that kept punching walls as a way to release their frustrations which led to them injuring their hand. We ended up letting them use boxing gloves and punching a mattress that was propped against the wall in the low stimulus area.

This was a very valid and helpful coping strategy for them and prevented further injuries to their hand. This was risk assessed beforehand and supervised by staff.'

'We do. it has been helpful. If its eating disorder patient or anyone with a mobility issue, they will need to be risk assessed. Otherwise as long as they wear appropriate gloves this seems ok.'

Edited by
Daphne Papaioannou
QNIC ROM
Project Officer

-

'I have used boxing equipment on a unit in NZ when I was working in adult psychiatric intensive care. The risk with bag work, even with adults, is of improper technique and subsequent injury – especially to the wrist.

This risk was mitigated for as the staff I had supervising the use of this equipment were all amateur boxers. This meant that the initial burst of anger and energy could be quickly contained with instruction regarding stance, approach and technique.

Young people obviously have developing bones and I think the risk of injury might be more significant. Also, whilst I have used boxing to increase feelings of self-efficacy and control in dysregulated adults I would worry that certain young people might not necessarily use such training safely. This might however be mitigated for through risk assessment prior to use of such equipment.

There are bobo-doll type inflatable bags which might be more appropriate (and possibly what you meant in the first place). I wonder if a gym or other means of intense exercise might offer a safer alternative however?'

'We had a thorough discussion about the use of punch bags last year as we had one hanging in the gym and a new activities co-coordinator starting. The OT team looked into this extensively and the research suggests it fuels aggression rather than reduces it, so the bag came down. Can't say it's been missed as it was used rarely anyway.'

'Please don't use punch bags to manage anger, frustration and distress!!

Our unit had many discussions about the use of punching bags, these have stopped since we discovered the research that this is clearly associated with an INCREASE in anger and an INCREASE in the use of violence to manage this anger.

ALL the research is clear that doing nothing at all is better in the short, medium and long term as compared to 'catharsis' (the physical expression of the emotion/ distress).

We now use mindfulness and distress tolerance rather than a physical expression of anger.
I agree with others that exercise is excellent but this is better done when the 'iron is cold' – after the anger has been diffused.'

SOMETHING NEW….

12 Months in a new PICU Service: where's the Manual?

After years in the making, Hercules PICU ward opened for business on 12th September 2018. The blood, sweat and tears which went into the building work were just the tip of the iceberg for things to come.

There was no manual left with the ward and limited other CAMHS PICUs to share positive or more importantly negative experiences with us, which we were keen to avoid. We visited adult and CAMHS PICU environments where high use of restrictions or medication were evident, interventions we did not want to be first line on Hercules ward.

Recruitment proved challenging with the unit receiving more referrals than applications. We aimed to make our ward a desirable place to work on, where staff are well supported, valued and developed, which is difficult with a high number of vacancies.

The Clinical team working the shop floor, have displayed admirable levels of resilience during our journey. We reflect, review and evaluate our clinical practice on a daily basis within the MDT. if we feel practice can safely be improved, we do so.

The unit itself, whilst being aesthetically pleasing (award winning in fact!) came with a number of 'snagging' issues which needed managing alongside the challenging client group. Our Young people are both inventive, inquisitive and took great pride in highlighting any environmental concerns and successfully tampering with any 'tamper proof 'products!

The 6-8 week admission period suggested by NHSE quickly proved difficult to achieve. The complexities of each young person often resulted in lengthy admissions, often delayed by lack of step up/ step down provisions.

As a result we had young people using section 17 leave to access part time employment at weekends, completing exams and AIM awards within our in house education team and previously 'aggressive' young men have left the ward with shovels to plant potatoes, all considered far too risky for PICU client groups before we opened. Following relationship building and therapeutic risk taking these were achieved and each activity had huge implications on their journey and recovery.

Young people are admitted and later discharged, is this a success? Have we achieved our goals? Could we have done more? All questions we will ask ourselves. So how do we know we are getting it right (or at least close)?. We have more incidents than our ED and GAU ward and we have higher sickness and staff turnover than our neighbouring wards. is this reflective of other CAMHS PICUs? How would we know?
In terms of seeking professional feedback, our first NHSE review took place on 31st January. We were a little anxious being a new service, team and client group but the positive work was recognised by our commissioners. Our feedback noted 'a real joy to hear that the main highlights were around seeing young people get better and be discharged back home'.

We were aware of and could plan for the NHSE visit, the visit from CQC came as more of a surprise but a positive one nonetheless. We received a CQC rating of 'good' for all wards on site which reflected the hard work from all teams and departments.

Our final visit of the year was from our friends and colleagues at QNIC on 1st October. This allowed the service an opportunity to be evaluated by professionals from a similar clinical background, who offer advice and support free of criticism as to how to improve the service based on their experience.

The feedback from QNIC was positive and the other visiting professionals allowed us to engage in conversation and discuss possible solutions to any identified barriers. The team have since attended QNIC events and contribute towards the wider development of CAMHS.

Should I have opportunity to do it all again I would politely decline and run a mile!

Owen Trainer (Ward Manager)

Below is the a picture of the visitors' room, our YPs identified this a community meeting as an area they wanted to improve, they helped choose and apply the transfers for the walls.

Nottinghamshire Healthcare
NHS Foundation Trust

Some of the examples of the excellent work achieved within our education department and displayed within the ward. Our Education team are fully integrated onto the ward and make valuable contributions towards the MDT.

Owen's Advice to others…….

Do-value, respect and listen to yours staff, there is no ward without them and we all contribute from Domestics to Doctors, with no one role of greater importance than the other.

Do-seek support from others.

Do-have routine and structure without being so rigid you cannot respond appropriately to changing needs/risks and unpredictability of the client group.

Do-constantly question yourself, reflect, review and evaluate all ward based procedures and where necessary implement changes.

Do- Take measured/ therapeutic risks.

SOMETHING NEW….

Research from Simmons House

The Simmons House team are really pleased to have published our second paper in January 2020. Please see below both our published pieces for our QNIC colleague information.

Predictors of change in global psychiatric functioning at an inpatient adolescent psychiatric unit: A decade of experience (CCPP 2020)
https://doi.org/10.1177/1359104519898215

Background

Psychiatric inpatient treatment for children is sometimes beneficial, but predictors of who benefits, and in what circumstances, are largely unknown. This study aimed to identify personal and environmental factors that influence outcome in an adolescent unit that accepts both emergency and planned admissions.

Methods

Routine standardised intake and outcome measures were analysed for the period 2009–2018. Potential predictors assessed included the Children's Global Assessment Scale (CGAS), engagement with treatment, behavioural attitudes and peer relationships on the unit.

Findings

One hundred and twelve admissions were tracked. Mean age of admission was 16 years, and 71% were female. A total of 61% had higher (better) CGAS scores on discharge than on admission; 34% of inpatients fully engaged with their treatment. Median admission duration was 118 days for males and 196 days for females. Admission lengths were much shorter for ethnic minority patients, but group sizes were small. Longer admissions led to greater improvement. Poor outcomes were associated with failure to engage with treatment and a deterioration in peer relationships.

Interpretation

Compliance with treatment and female gender were both significant predictors of positive change during admission. The establishment of good and supportive peer relationships during the admission was also a potent indicator of benefit.

Outcomes of inpatient psychiatric treatment for adolescents: A multiple perspectives evaluation (CCPP 2018)
https://doi.org/10.1177/1359104517739073

Abstract

Adolescent inpatient psychiatric treatment was evaluated from the multiple perspectives of clinicians, young people and parents using standardised measures and goal-based outcomes (GBOs). The sample included cases (N = 128) discharged from a London adolescent unit between April 2009 and December 2015. Measures were completed at admission and discharge, and change in ratings was analysed to assess treatment outcomes. Ratings of clinicians and young people on the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) were compared. Adolescents demonstrated significant improvement across all measures from admission to discharge. Correlation between clinicians' and adolescents' HoNOSCA ratings was weak at admission (r = .25) but stronger at discharge (r = .63). Standardised effect sizes were larger for GBOs (d = 1.73 and 3.16 for adolescent and clinician-rated goals, respectively) compared to all standardised measures (d = 0.31–0.93). Improvement was observed across all measures of functioning and symptoms following inpatient treatment. Clinicians and young people developed better shared understanding of the problems from admission to discharge. GBOs are more sensitive to change compared to standardised measures and may be meaningfully adopted by inpatient units for routine outcome monitoring.

SOMETHING NEW….

Effective integration of admin staff within clinical practice in an acute Tier 4 General Adolescent Unit.

Due to budget restrictions we had a pool of admin staff who were only completing tasks without an understanding of how a general adolescent unit worked. This situation did not allow learning to happen which in turn curtailed any improvement in quality. Therefore we recruited a team of permanent admin staff to the inpatient unit. They had regular meetings not only with their admin supervisor but also with the clinical lead of the unit in order to understand the pathway of patient from referral point, admission and through to post discharge. This helped them to understand the workings of an inpatient unit, including recording and retrieving data required to submit to stakeholders such as commissioners, CQC and QNIC.

There were two reasons to reasons to integrate admin staff within clinical practice. These are as follows:

1)In order to improve quality
One of the innovations in this process is the development of a professionals group email gathering all the relevant email addresses for a patient in one place. This was essential to do for the following reasons

- There was need for a one stop contact point for all professionals involved in the care of the patient rather than relying on numerous phone calls and disjointed email conversations
- To ensure continuity of information shared which is clearly auditable
- To prevent wastage of time for professionals, families and inpatient staff trying to contact the right person.
- To avoid miscommunication/lack of communication and to reduce splitting within professionals. This was essential to reduce anxiety within the system due to the potential for any confusion.

What were the obstacles to achieve this?

⇒ Culture change – All the minuting was earlier done by clinicians and we realised that some of the clinicians found it hard to give it up.
⇒ Differing IT systems – security issues necessitating password protected documents for some professionals.
⇒ Adjusting to this from wider professional network following our guidelines such as – "Reply to All" and failing to reply to the most recent correspondence.
⇒ Confidence of members using it – also internal training of administrators

What are the benefits we are experiencing?

- Saves time in producing and sending correspondence, ensuring all relevant people are consulted and information is shared in a timely fashion (for example, highlighting risk and safeguarding information) Saves time
- Instant updates - Ensures continuity of information
- CPA Invitations, summaries, Discharge Summaries etc sent quicker and more accurately
- Provides a timeline so that any new professional can update themselves reading the thread through
- Clarifies understanding & Accuracy – quality of data can be corrected by anybody involved in the care

2)In order to support admin staff via clinical supervision due to the sensitive information they handle and the incidents they witness.
We realised that admin staff witness challenging incidents and absorb emotionally distressing material. Typically the supervision structures of admin staff fall under an admin supervisor from the organisation who usually do not work in the team. They also tend to focus purely on management supervision. We realised that in order to effectively integrate admin staff who usually are the face of the unit as well as the first to answer a phone call regarding any issues including referrals, complaints, post incident phone calls from parents, we wanted them to undergo clinical supervision to look after their emotional wellbeing. This is something we are about to pilot and will evaluate later in the year.

Dr. Nagulan Thevarajan
Consultant Child and Adolescent Psychiatrist & Clinical Lead Principle

Dr Jim Hoskinson
Clinical Psychologist

NHS
Leeds and York Partnership
NHS Foundation Trust

Annual Artwork Competition 2020

Entries are now being taken for our annual art work competition. The theme is *'Your Journey'.*

The winner will receive a prize and their artwork will be featured on the front of all Cycle 20 Reports.

The winner will be announced on the 21 June 2020 at the Annual Forum.

Last year the winner was 'Recover Road' by young person at Stephenson House, Ferndene Hospital.

Which is currently brightening up the cover of all our Cycle 19 reports.

PUZZLES

WORDSEARCH

C O N S N V B H I C D E G V V

J O I F C T Z F O T E M L O U

Y Z L O B M N M Q C A P L N N

F R N L K U P Y R E V O C E R

I O P T A A Z G E P G W M B K

L M P M S B N O L S P E E R S

Y D Z S V I O K A E C R H G K

S A I F T L E R S R A M W F C

E O W I S B Q M A D R E Y S L

N A A H K M C N W T E N K P J

H W M P T D Y G T L I T A L C

A N E G U A V U O A T O A B X

E U Z T C H P D S A H J N B U

R U K B L D S N B J L X G A H

X L F Q G D E B L T Z S Q A L

CARE

EMPOWERMENT

PEERS

WAITING

COLLABORATION

GOALS

RECOVERY

COMPASSION

RESPECT

PATHWAY

SUDOKU

		9		4				
8		4	7		1	5	2	
1			6			9		4
3		7	4	2				
	9	1	5		6	3	4	
				1	3		9	7
		8			7			2
	7	5	9		2	1		3
		3		5			8	

TRACKWORD

How many words of three letters can you find by tracking from one square to the next going up, down, sideways or diagonally in order? You may not use the same letter twice in any words.

What is the nine letter word?

T	E	R
N	S	I
E	I	L