

Adolescent PICU, 10 years on and Beyond...

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- Young Peoples' Services - 3 Adolescent Units
- 2 Specialist Secure Services at Cheadle Royal – PICU & Low secure
- 20 secure beds - 35 CAMHS beds in total
- Meadows – PICU- - opened in April 2007
 - First adolescent PICU in North West
 - 10 bedded, mixed gender unit
 - 1:1 staffing ratio
 - Comprehensive Multidisciplinary team
 - Ofsted registered school on site.

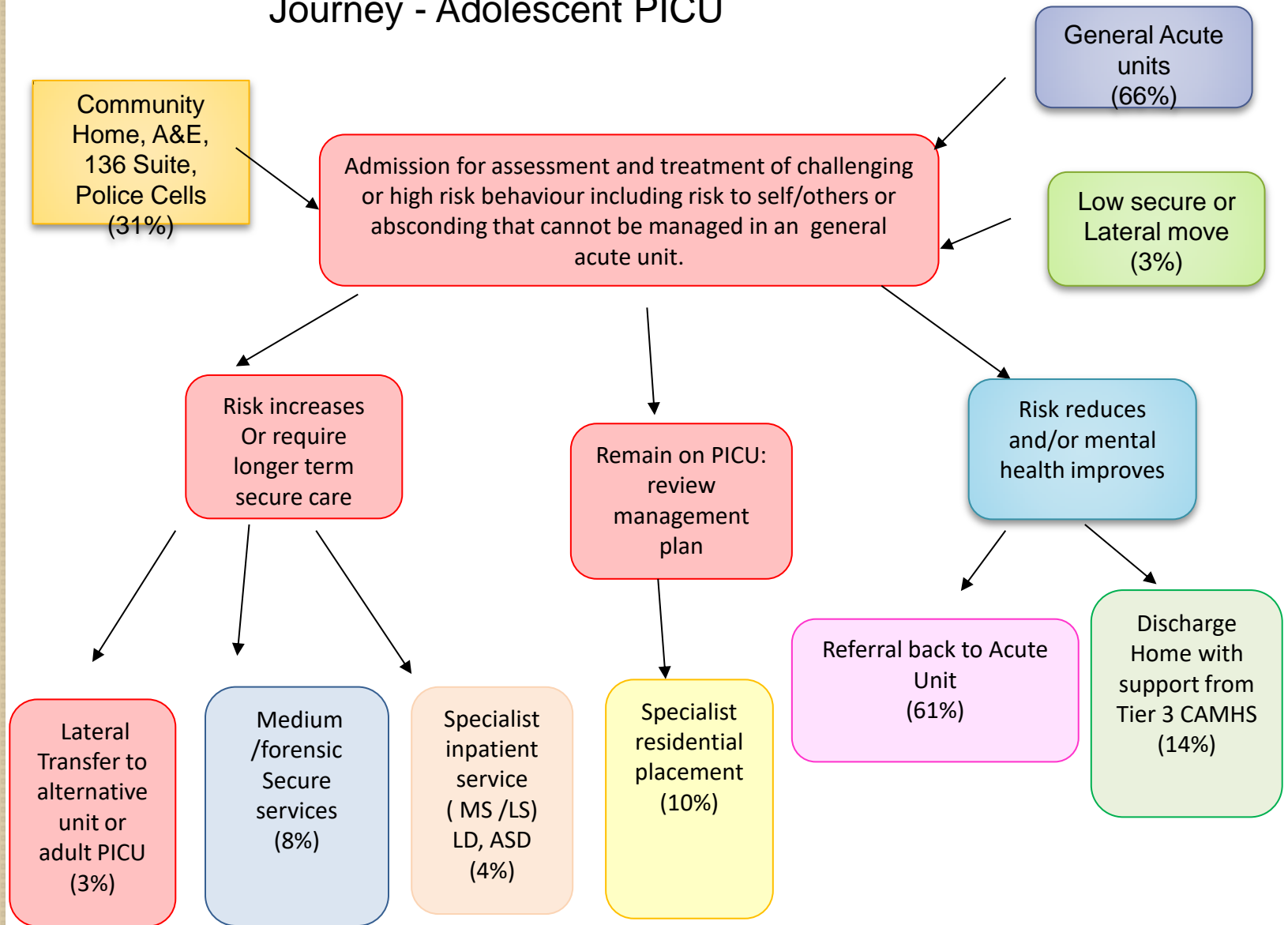
YP (2009) *"I feel safe staying on the unit, most of the time, there are staff around to talk to"*-

Meadows Unit

- Model specification:
 - 2008- Based on National Minimum Standards of Psychiatric Intensive Care in General Adult Services(NAPICU) with developmental and comprehensive multidisciplinary approach.
 - Have been offering crisis admissions nationally since 2008.
 - The unit offered safe and quality care with innovative ways of organizing and delivering care as per the demands over the years.
 - In order to maintain our model specification, we have utilised our own data over the years and adapted accordingly . “ Reliance on PICU which is not facilitating longer treatment periods where necessary.”- CAMHS Tier 4 report 2014.
 - Noticed marked variation nationally.
 - Changes in commissioning helped with benchmarking and mapping services since 2013.
 - 2013/2014- Service specifications were developed for these services as part of the NHS standard contract.
 - 2015 – National Minimum Standards for Psychiatric Adolescent Units for Young People- NAPICU

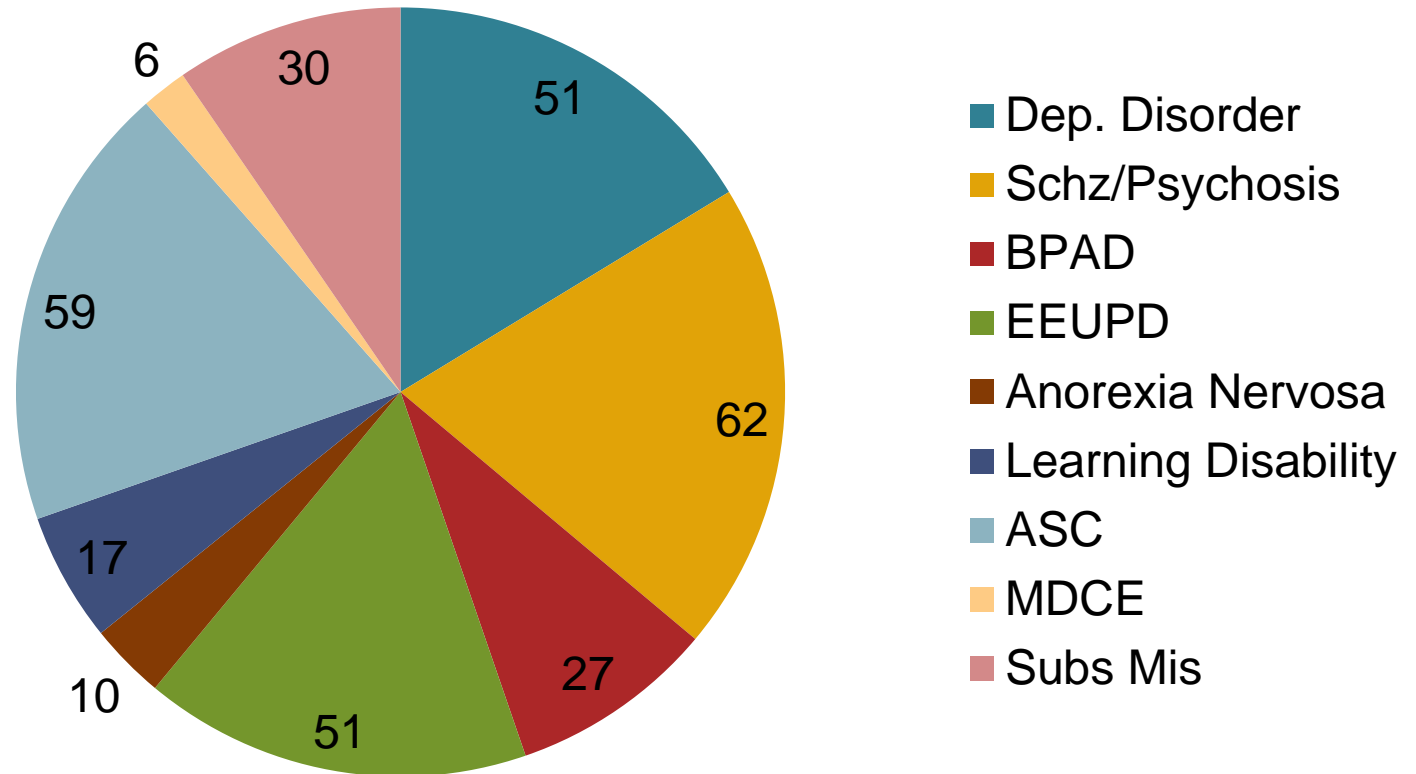
“I was involved in developing my care plan, there’s ward round every week And I can appeal decisions if I want too”- YP (2013)

Journey - Adolescent PICU

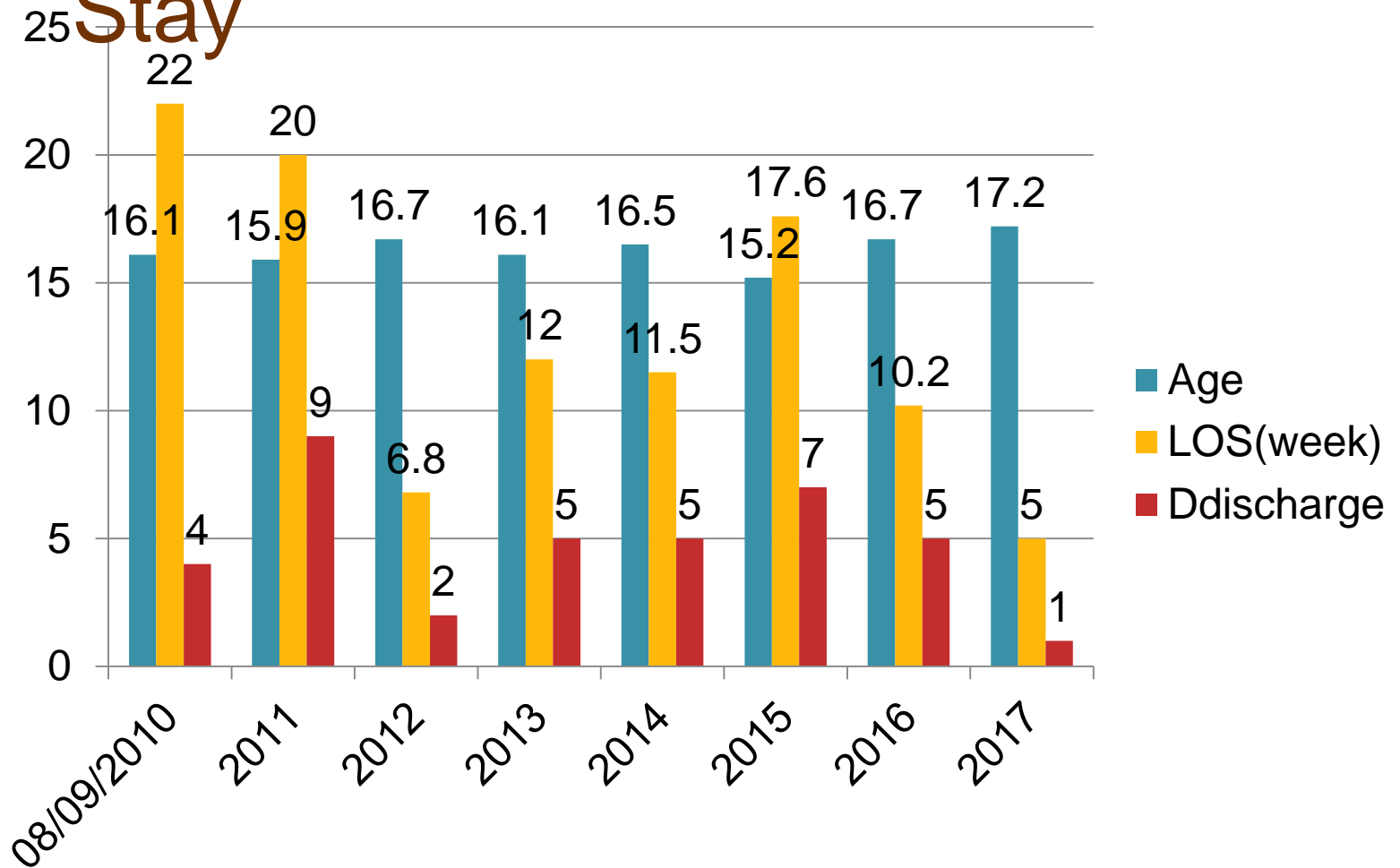


Clinical Diagnoses on Discharge

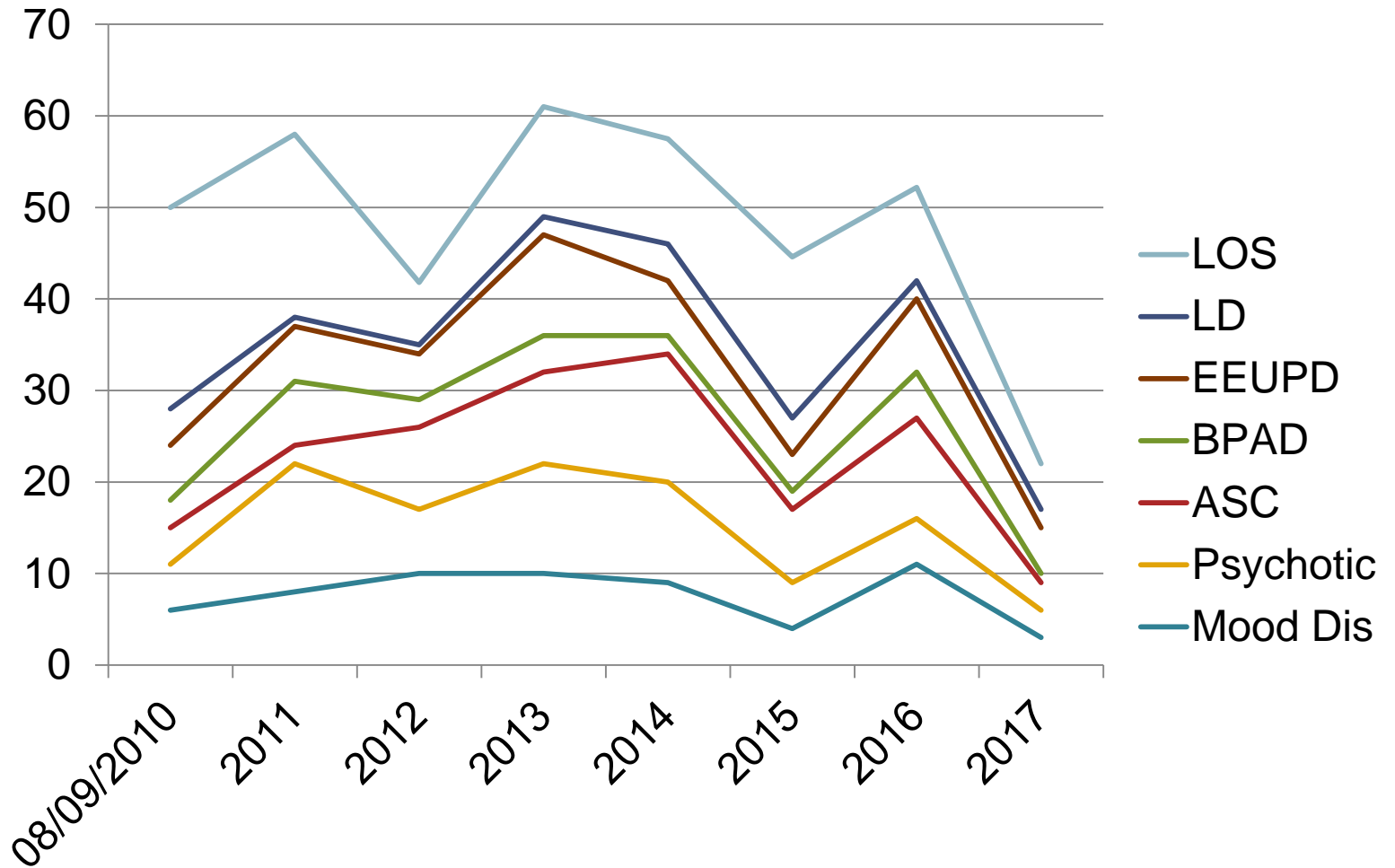
(n=247)



Age on admission & Length of Stay



Diagnoses and LOS



Young people....



“Staff respect my rights and opinions”

“The school is great and definitely best thing about the ward”

“We have weekly community meetings where we can voice ideas about service”

“I made complaint and HD responded & social services got involved” (2016)

Parents...

“My child’s needs are being met while he’s at the inpatient unit and the unit have good discharge plans”

“My child has a written care plan which I have been involved in developing”

“My child is encouraged to engage in education and the education is satisfactory”

“I was asked and listened too with regards to my child’s care plan”

Challenges...

Care Delivery:

- Management of varied individual clinical presentations and risks in same environment.
- Acute presentations with quick turnover- Increased clinical demands to offer comprehensive assessment and make recommendations.
- Care Pathway- delayed discharges- uncertainty for young people & families, non-engagement in treatment and even escalation in risk with deterioration in mental state.
- Limited opportunity to engage families for family therapy assessment and intervention due to distance involved.
- Difficulties is liaison and communication with community services- information, clinical input and care pathway planning.

Challenges...

- Varied threshold for general acute units nationally – discharging young people directly into community.
- Discharging young people into the community requires planning and delivery of care which is beyond the remit of PICU
- Non availability of general acute beds – impedes progress- longer stay in restrictive setting.

Service Delivery:

- Increase referrals for neurodevelopmental disorders with co-morbidity- environmental modifications & management with other presentations.
- Difficulties in discharging young people with neurodevelopmental disorder due to the complex and/or challenging nature of their difficulties.

Challenges...

- Flexibility required from the services – “thinking out of the box”, specialist skills & Interventions – PBS.
- Impact on capacity to admit other young people due to delayed discharges.
- High staffing ratio for PICUs- staff management & communication
- Staff Team- Emotional resilience- turnover every 18 months to 24 months.
- Difficulties in liaison and communication with community services- information, clinical input and care pathway planning

Commissioning:

- Financial impact of delayed discharges- cost to NHSE

Discussion - Future Direction

- Will we see any changes in future?
- Clinical need for adolescent PICUs nationally – will it reduce?
- If yes, then how will acutely unwell & challenging young people access Tier 4 inpatients services in a crisis?
- If no, then is there need for reviewing model of care – Standards and need for further Specialization ?