

Juniper Ward and Maple Court,
Cygnet Churchill, London

Patrick's Journey Case Study



Patrick's* history

Patrick's mum died when he was very young and he was raised by his father and older siblings, with the support of grandparents and social workers. Largely the family coped, but problems escalated as Patrick grew up, leaving him a young, agitated and angry adolescent. In his early teens, he started using drugs and was diagnosed with paranoid schizophrenia. Patrick found school difficult and at 15 he left home, becoming a looked after child.

It was in mid-adolescence that concerns about low mood, lack of empathy and possible autism escalated, along with questions about personality traits after he physically attacked someone, leading to a spell in a young offender's institute.

Aged 19, Patrick was found standing in the street, mute and incontinent, wearing inappropriate clothing for the weather, preoccupied with thoughts of committing serious crimes. Two years on, when we first met him, Patrick was stuck on an acute psychiatric ward, with an uncertain future care pathway. Risks were too high for discharge to supported living, learning disability services confirmed he didn't meet their eligibility threshold and, while forensic services acknowledged the risks, these weren't sufficient to merit their help.

"Cygnet Churchill provided consistently good quality multi-disciplinary care which has led to an amazing transformation in his wellbeing, mood and ability to work towards positive goals in his life. Following a year under their care, he has managed to move back into the community a changed individual."

Social Worker

When Patrick came to us

Patrick came to Cygnet Churchill after long discussions with the CCG and his previous placement. His risk profile around sexual disinhibition, drug use and violence led our rehab team to believe he'd need several months more in our acute ward Juniper Court to properly manage risk and gradually handover care in a way that felt manageable and safe. Naturally, the CCG struggled to understand how this proposal might offer anything different to Patrick's existing acute service. We put together a list of targeted outcomes we'd anticipate achieving on Juniper Court, along with information as to why being on an acute ward in the same hospital as the prospective rehab service might work better. The CCG agreed that this was the best option for Patrick.

Whilst the risk around his sexual behaviours remained problematic, our rehab service acknowledged quite quickly that Patrick's behaviour was within the bounds of manageable risk. They agreed, ten days post-admission (rather than the planned three months), to accept him, treating the problems around boundaries as a longer term piece of work. The pre-engagement work they did with Patrick enabled them to establish rapport and gain confidence that they'd be able to work with him effectively.



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Patrick's care

Within three months Patrick had been using his escorted, and now shadowed leave well, with no episodes of drug use or absconson. Psychiatric medications had been optimised, helping Patrick settle and regulate his mood and, most positively, Patrick felt more in control of his emotions and was asking for feedback from staff on his behaviour.

A notable aspect of the team's work with individuals admitted to Churchill with a 'treatment-resistant' profile, is a uniquely multi-disciplinary approach to the therapeutic regime. The team looked beyond the obvious interventions, which led them to suspect ADHD in Patrick. An assessment was arranged, a diagnosis made and an appropriate treatment programme implemented.

"Patrick has done incredibly well and I see a huge improvement in his mental health, concentration, and his communication skills in general. Patrick now has a much better understanding of boundaries and clearly demonstrates this in his interactions with others. Patrick has also been able to stop using substances, which is a big achievement for him."

I have observed the professionals involved in Patrick's care interacting with him in a kind and compassionate way, build a relationship with him and get to know him as an individual. The ward environment appears calm and contained which I also believe has been helpful for Patrick.

I would definitely recommend Maple Court to other patients who require rehabilitation support.

Thanks for all of your hard work with Patrick it has been really good working with you"

Care Coordinator

A behavioural plan, implemented by the MDT, led to a reduction in his inappropriate sexual behaviours, both in frequency and intensity. Therapeutic work was advancing more generally with his psychologist and he was participating both in activities on the ward and in the community, especially basketball and swimming. Patrick's skills in the cooking and singing groups were enjoyed by many.

Patrick today

Patrick has proved to be increasingly open to reflection on his behaviour with staff he trusts. Psychology work has given him an opportunity to discuss spirituality and relatedness, as well as his issues around sex, drug use and coping strategies. He has struggled with the consistent boundaries of the behavioural interventions designed to help manage his sexual disinhibition but essentially welcomed them. He has started recalling his childhood and acknowledges the need for further therapy.

Patrick enjoys his role helping run the hospital shop and after a few sessions co-facilitating a mindfulness group, he has recently spearheaded an initiative encouraging service users to play a more active role. Mindfulness groups are now routinely facilitated by service users. As Patrick now prepares for discharge, you can't help but be struck by his emotional brightness and optimism. After getting a job and being in a relationship, Patrick's main goal is to start a college course in either business or care work, which we are sure he will excel in.

"I am really pleased that this new approach has helped Patrick have a fresh start, and I hope he continues to flourish. There is a growing number of cases like Patrick's, and this alternative of short term, targeted support should be encouraged, so that these young men can get away from the revolving door of acute admissions and long periods of being unwell."

CCG Commissioner

*Name has been changed to protect his identity

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