



Priory Mildmay Oaks

Tom's* story

Tom* has diagnoses of autism, intellectual disability and attention deficit hyperactivity disorder (ADHD), as well as a significant history of challenging behaviours. This meant that he struggled to function in lots of different areas of his life.

He had very limited communication skills, difficulties with new social situations, an inability to regulate sensory stimuli, and extreme fluctuations in his mood. He also exhibited a range of challenging behaviours including property damage, aggression towards others, smearing, and running away from home (which often required assistance from the emergency services). These behaviours were also commonly accompanied by outward signs of distress including screaming, shouting and crying.

Tom's family, school and community children's services struggled to look after him, and at the age of 15, Tom was detained under the Mental Health Act (MHA).

PLACEMENT 1

Tom was admitted to a psychiatric intensive care unit (PICU) for children with intellectual disabilities. Within three days of his admission, the service felt they couldn't provide an adequate level of support for Tom. He was placed on a ward on his own for eight weeks.

PLACEMENT 2

Tom was then transferred to a low secure unit (LSU) for young people diagnosed with autism and/or intellectual disability. Again, he was placed on a unit by himself, and this service also struggled to support him with his challenging behaviours. He remained here for six months.

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Following this, Tom was assessed and accepted to join our Bespoke Therapeutic Placement (BTP) at Priory Hospital Mildmay Oaks, as a detainee under the MHA. At the time of his admission to Mildmay Oaks, Tom was 16 years old. By this point, Tom had become known as one of the most difficult children to place in the country.

Our approach

Our dedicated multidisciplinary team at Mildmay Oaks wanted to create a bespoke care package to cater for Tom's unique challenges. Some of the personalised aspects of Tom's BTP included:

The environment

We wanted to create a bespoke environment that catered to Tom's personal sensory needs. This included:

- + A large space on the ward, including a spacious bedroom and a wet room/shower. Tom would regularly use the shower to self-soothe and de-escalate, so this was really important for him
- + A large enclosed garden area, providing Tom with the space to run around and reduce his energy
- + Walls decorated with educational images as well as images to help emotional understanding
- + A grassy area in the garden as Tom liked to walk barefoot in the grass to regulate sensory stimuli
- + A weighted cap, shoulder pads and a blanket on the ward
- + Living area furnished with large bean bags as opposed to a sofa
- + Low stimulus 'black out' room, and a 'black out' tent in the garden, providing safe spaces for Tom when he felt overwhelmed

A dedicated multidisciplinary team

We wanted to ensure that Tom was supported by a caring, knowledgeable and engaged team. We made sure that all staff were provided with high levels of support, supervision and training, including specific training on working with young people and those with autism. The team were truly invested in Tom and it was rare to introduce any new members of staff.

Our team consisted of:

- + A core nursing team, with each shift consisting of a qualified nurse and three healthcare assistants (HCAs)
- + An experienced psychologist who worked with Tom to develop coping strategies, relaxation techniques, healthy emotional expression, and a Positive Behaviour Support (PBS) plan
- + A consultant psychiatrist who managed Tom's medication

- + Consultation from an occupational therapist (OT), who helped Tom to engage in activities such as cooking
- + Input from a speech and language therapist (SaLT), who helped Tom with his communication and language difficulties
- + Ongoing support from a local Child and Adolescent Mental Health Services (CAMHS) team

A fresh approach to restraint and seclusion

We wanted to remove seclusion as part of Tom's management, and avoid restraining him as far as was safely possible. In order to achieve this:

- + Staff would retreat and seclude themselves instead of restraining and/or secluding Tom
- + We installed CCTV throughout the ward, enabling staff to observe Tom at all times, even when they weren't with him
- + Staff only used breakaway techniques to allow them to safely exit the situation if Tom's behaviours escalated

Positive results

The bespoke package of care that Tom received at Mildmay Oaks was linked to a number of positive outcomes.

When compared to Tom's previous placement, there was a reduction in:

- + The number of incidents of troubled/troubling behaviour
- + The severity of Tom's troubled/troubling behaviour
- + The number of incidents of troubled/troubling behaviour involving staff physical intervention

In addition, Tom's mother said that she saw noticeable improvements in her son's emotional wellbeing, emotion management, confidence, independence and communication skills as a result of the bespoke package of care he received at Mildmay Oaks.

As for Tom...

Tom remained at Mildmay Oaks for 32 months and was discharged in April 2021. He currently lives in a supported living bungalow in the community. He is much closer to his family and enjoys regular visits with them.