

Young Person and Parents/Carers' Experiences of the Transition Into a Child and Adolescent Mental Health Services (CAMHS) Inpatient Unit: What Could Be Improved?

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Aims. To investigate the themes within young people and parents/carers' experiences of the admission process. A focus was placed on potential targets for change to improve experiences of CAMHS admission.

Methods. Young people and parents/carers with an experience of inpatient CAMHS admission within the past two years were approached by the Involvement team of an NHS trust. Focus groups and interviews were conducted capturing the views of 8 young people and two parents/carers. The notes and transcripts from these conversations were analysed using Braun and Clarke thematic analysis.

Results. Two key themes were identified within the data. The first focussed on information provision and communication. This captured young people's experiences of both: what information was available to them, e.g., websites and leaflets, and how this information was conveyed to them. The second theme brought together the young people's interpersonal experiences during the admission process. Within this, the impact of consistent contacts as well as both positive and negative transient encounters was highlighted.

Conclusion. Admission to a psychiatric ward is often a highly distressing time for young people and their families. The provision of easily accessible, clear, and correct information can improve their expectations and initial impressions of a unit. How this information is presented is also important. Consistent staff support and response to distress and difficulties during this time can also shape the perspectives of young people and their parents/carers.

Clear, accurate, and young person friendly information about a unit and the admissions process could be an easily achievable change which units could make to improve young person experiences. Improvements to clinicians' skills and response may represent a more complex and expensive goal.

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Improving Carers' Engagement for Patients Admitted to Psychiatric Intensive Care Unit (PICU): A Quality Improvement Project

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Aims. The project aims to improve carers' engagement for patients admitted to our male Psychiatric Intensive Care Unit

by improving communication between staff and carers; and by involving carers more in patients' care.

Hypothesis:

Among patients admitted to PICU, there is inconsistency in communication with carers and in involving carers in patients' care. We expect an improvement in these parameters with the quality improvement project.

Background:

Within PICUs, patients with severe psychiatric illness face social isolation. Challenges arise when carers are not engaged, impeding patient support and personalised care. Involving carers becomes crucial for informed decision-making, ensuring both patients and carers actively participate in the care process. National Association of PICUs and The Royal College of Psychiatrists' Guidance for PICU sets out recommendations regarding timelines and types of interventions to be offered to carers.

Methods. Initial baseline data was collected by reviewing patient electronic notes.

We then tested interventions to improve carers' engagement by using the Plan-Do-Study-Act (PDSA) methodology over 2 cycles. In the first cycle, we engaged the nursing staff by presenting the baseline data and recommendations to improve carers' engagement. In the second cycle, we introduced an admission protocol to ensure carers were engaged consistently. The parameters assessed were documentation of carers details; contacting carers within 24 hours of admission; documenting carers' views in care plan; inviting carers to Care Plan Approach (CPA) meetings and offer an appointment for carers with staff.

Data was collected after each PDSA cycle to monitor change.

Results. Of the patients admitted to PICU, 29% had their carers' details documented at baseline, 40% after the first PDSA and 80% after the second PDSA. 42% of carers were contacted within 24 hours of admission at baseline; 66% and 30% after the two PDSA. 50% of carers had their views included in the care plan at baseline; 0% and 30% after the interventions. At baseline, 42% of patients' carers were invited to the CPA meeting, 66% and 30% after the two PDSA cycles. 50% of patients' carers were offered an appointment with staff at baseline, 66% and 30% after the two interventions.

Conclusion. As a result of this quality improvement project there has been an improvement in engaging carers of patients admitted to PICU. This was not sustained for the second cycle due to many regular senior staff being on leave during Christmas. The next steps will be to implement this consistently and produce a carers' information pack.

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Improving Trainee Experience of Raising Concerns: Redefining a Representative Structure for Post-Graduate Doctors in Training

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