Elective Reflective Writing – Acorn Lodge Children's Unit (29/05/17 – 16/06/17)

I undertook the second part of my elective at Acorn Lodge Children's Unit at the Bethlem Royal Hospital. I spent 3 weeks there under the supervision of consultant child and adolescent psychiatrist, Dr Marinos Kyriakopolous. I chose this placement as I had previously spent the first half of my elective at the Coborn Centre for Adolescent Mental Health, and I wanted to observe how an inpatient unit for younger children compared. Acorn Lodge is a Tier 4 inpatient CAMHS unit for children aged 4-13 with severe mental health difficulties.

One of the biggest differences between Acorn Lodge and the Coborn is the size. Acorn Lodge has 10 beds, whereas the Coborn has 12 acute beds, 3 PICU beds and is also able accommodate 9 day patients. Furthermore, Acorn Lodge is one of only 8 children specific Tier 4 units in the country, and only about 150 children use these services per year (NHS England, 2013). I think this is partially representative of the prevalence of mental health issues in the respective age groups. In children aged 4-13, mental health issues that require hospital admission is rare. However as the age increases, more children may require the support offered by inpatient units – hence the more units and beds for adolescent patients.

Whilst on the ward, I attended a number of meetings both with staff members and with the children. One of the first things I attended was the 'children's meeting', which is where the young people can discuss their current views on Acorn Lodge, and air anything that they think can be improved. I found this meeting particularly interesting because while it was led by the staff, the children present had a lot to say about how they were finding it on the ward and some of them were very forthcoming with answers to questions. I think this was greatly facilitated by Graham, the advocate, who was excellent in engaging the children and giving them both the time and space to talk. It really made me realise how important it is to have a person who the young people can go to if they have any worries about the unit. Someone they feel they can have a good relationship with and is easy to talk to.

One of my favourite moments during my time at the unit was when I played football with some of the children outside. It gave me an opportunity to get to know the young people in a non-clinical environment, and see them off the ward. Plus I love football so it was just great fun! I think perhaps especially with children it is important to spend time building a good rapport, as it helps them to have trust in you and see you as someone who is trying to help them. Communication skills are really vital in this setting, and it was fascinating to see how the doctors, nurses and other staff interacted with the children, especially the children with a diagnosis of autism spectrum disorder. Through observing them, I think I learnt a lot of ways to improve my own communication skills during my short time on the ward!

I spent a lot of time discussing with the doctors certain patients and their difficulties, and supplemented this with reading their histories and letters on ePJS. I was surprised by the number of unusual and complex presentations. For example, a boy with diagnosed epilepsy, but who was also experiencing several non-epileptiform seizures (shown to be non-epileptic on 48hr telemetry). And a young girl who has some very complex issues, but who had developed a dystonia in the hand. The

dystonia was present for a long period of time, and was severe enough to cause muscle wasting in that hand. Yet, there appeared to be no medical reason for this, and on occasion she was seen to be using the hand effectively. These cases were so interesting to discuss with the doctors, trying to piece together all the information to see if there was an overarching diagnosis and what suitable treatment might be. I also attended a meeting with this girl's family to discuss her treatment. I found it quite hard to see the family set-up when they were all going through such a difficult time. Especially when I've been told about the immense distress this girl has in her mind. I think it's quite humbling as a doctor to see families in some of the hardest moments of their lives, and to have the opportunity to help in any way you can.

One patient that struck me from a medical patient was a young girl who was having a psychotic episode. When I saw her, she wasn't demonstrating any obvious positive symptoms, but she did seem to have a very flat affect. I had seen adult patients diagnosed with schizophrenia in my year 4 psychiatry placement, and while often they did have a flat affect, it was not as marked as at the moment I saw this girl. Speaking to the doctors, they said that patients who had strong negative symptoms had a worse prognosis.

Overall I have really enjoyed my time at Acorn Lodge. Child and adolescent psychiatry was something that I have been interested in as a career choice, and this placement has definitely helped to confirm this as a potential option in the future. Seeing young people having such big difficulties, wanting to self harm or die is really hard. But speaking to Dr Marinos he made it clear that actually with a good plan in place, properly carried out, you can often prevent future readmissions. I guess in child psychiatry you have an opportunity to give the child the tools, and sometimes medication they need in order to control these difficulties, potentially making such a huge difference to their life. Thank you to Dr Marinos for the opportunity to come and have such an interesting placement.