

Welcome to the Mildred Creak Unit (MCU)

Information for families

**Great Ormond Street Hospital
for Children NHS Trust**

This is a guide for parents of children being admitted to the Mildred Creak Unit (MCU). It has been put together to explain what the MCU is all about and to give you some information that may be helpful during your child's stay with us.

This booklet contains practical information on how to get here, what to bring, which professionals are on the team and what their roles are, as well as parents' advice and tips. We have also attached a timetable, so you have some idea of what your child will be doing during their time on the MCU.

We realise that this booklet will not answer all your questions so please approach any member of the team to discuss anything that you may be unsure about.

A DVD describing the work of the MCU is also available to borrow so please ask us for a copy.

From all the team we would like to wish you, your family and your child a very warm welcome.

The MCU Team

About the MCU

The Mildred Creak Unit (MCU) is part of Great Ormond Street Hospital for Children NHS Trust (GOSH). The unit is named after the first child psychiatrist to work at GOSH. We are situated within the Department of Child and Adolescent Mental Health (DCAMH), on Level 5 of the Frontage Building. Access to the unit is via an intercom system.

Philosophy of the Unit

We believe in offering the highest possible standard of care for both children and their families. We work using a multi-disciplinary approach, which means that we work very closely as a team made up of professionals of different disciplines. We believe in the importance of creating a therapeutic environment on the ward in order that your child is therapeutically supported and worked with at all times through their stay, not just during therapy sessions.

The MCU mission statement

“ The assessment and treatment of children, keeping in mind the context of their family, with severe and complex mental health difficulties, who cannot manage in an out-patient setting, in order to help them improve their functioning to the point where they can manage.

The primary task is to assist and empower children, working collaboratively with their families, in developing skills, coping mechanisms and insight into their own difficulties. Without necessarily focussing on ‘cure’ we encourage age-appropriate healthy functioning and re-integration back into normal life”.

The roles of team members

Child and adolescent psychiatrists

The doctors on the MCU include

- A consultant child and adolescent psychiatrist
- A trainee child and adolescent psychiatrist (ST 4-6)
- A trainee psychiatrist (CT 2-3)

Every doctor is trained in general medicine and in a range of different treatments and interventions. They have chosen to specialise in psychiatry after finishing their general medical training.

Every child has a specific doctor whose job it is to look after their care and see them regularly. This can include

- Regularly reviewing issues and problems on the ward
- Assessing each child's current mental health
- Monitoring physical health, including physical examinations and investigations as needed
- Supervising medication – including observing for side-effects

The consultant child and adolescent psychiatrist leads the multidisciplinary team working with your child on the MCU. He has overall clinical responsibility for your child's care and chairs the weekly ward round and 'review meetings', where clinical decisions about your child's care are taken. These decisions are taken in collaboration with you as the child's parents. He will meet with you regularly, for example, before review meetings, but you can also ask for further meetings to be arranged if you wish to. Child and adolescent psychiatrists are trained to assess and treat emotional and behavioural difficulties/mental illness in young people. As well as clinical responsibilities on the MCU and in the wider hospital, the consultant child and adolescent psychiatrist has significant managerial responsibilities as the head of the service.

The consultant child and adolescent psychiatrists' role is to lead the team including during

- Ward round – A meeting which is held weekly and is a place for staff to discuss progress and make important decisions about each child's treatment programme.
- Reviews – A meeting which is held approximately every two months for each child and is a place for staff, relatives and referrers to review progress and make longer-term plans for treatment and discharge from hospital.
- The consultant has overall responsibility for each child's care and will meet with each child at regular intervals or when a child requests.

Ward manager

The ward manager is a nurse experienced in working with children with mental health problems, whose overall role is to manage the unit. The ward manager provides leadership to the nursing team and facilitates the development of staff in order to maintain a high quality nursing service. This includes ensuring that the nursing work is based on current advances in nursing practice and research.

The ward manager will make sure that effective communication exists with parents and relatives of the children, to ensure they have every assistance and support to enable them to cope with their child's illnesses. Another aspect of the role, as leader of the nursing team, is to develop and maintain a safe, friendly and welcoming environment for children, families, visitors and staff.

The ward manager will discuss concerns and complaints by patients/carers and will implement agreed action, promoting learning from experience.

Nursing team

The nursing team consist of nurses, therapeutic care workers and night support workers who look after your child's daily care while on the ward. Nurses working on the MCU will have had either specialist mental health training or children's nursing training. The nursing team works alongside the children and their families. The aim is to help understand their experience and to think together about how to manage the difficulties. Helping children to put into words their difficulties both in sessions with their key-worker(s) and within the wider group, is an important part of the nursing work. Each child on the MCU is allocated two key-workers from the nursing team. Key-workers work alongside you and your child to help address their difficulties both on the MCU and at home. Your child will be cared for by the nursing team working each 'shift' (morning, afternoon and night) and not just by their key-worker. The nursing work happens within a therapeutic environment, which is maintained and developed by the nursing staff and other members of the team (see *therapeutic environment* section).

Family therapists

Every child and their family is offered regular family meetings with suitably qualified staff as an essential part of the treatment programme on MCU.

Work with you as a family is planned, and regular sessions ensure that the progress that your child is making in the ward environment is closely connected with your family's lifestyle, and is easily 'transferable' to your home at weekends, longer periods of leave , and eventually when you and your child are ready for their discharge home from the unit.

Understanding how the difficulties can best be resolved and overcome is really important, and so is helping everybody to communicate well about how the whole family is affected when one family member is working to overcome difficulties and/or illness. Helping to pool the family's efforts to address the difficulties is where family sessions can be of most help.

Sometimes things can feel hard to talk about because of the fear of the child's illness /difficulties getting worse if honest feelings are expressed. Your 'family work team' are there to help things be aired together safely, and with positive results for all concerned. Family therapists are specially trained in a variety of ways of working, aimed at giving the whole family maximum support at this difficult time, and in helping your family communicate together through words and actions. Family sessions can be playful as well as serious, and are designed to fit well with each child and family's unique ways of expressing themselves. Sometimes we use particular approaches designed to be helpful in working with you as a family to develop your own new ideas about ways of helping your child, your family, and yourselves as parents to move forward in managing and resolving the difficulties. We will also share our perspectives as a team from time to time, in a variety of ways, to fit each situation, suitable to your

family, based on getting to know you over time.

We try to arrange the days and times of sessions with as much regularity and predictability as possible, and with convenience for all your existing work, home, and school commitments very much in mind.

We welcome feedback from all family members as to how they are experiencing the family sessions, your ideas about ways to keep the sessions supportive, positive and helpful, and we aim to adjust sessions based upon this feedback whenever possible. Families play a vital part in each child's recovery, so your participation in family sessions is very much appreciated, needed and valued.

For further information about family therapy you may like to look at The Association for Family Therapy website at www.aft.org.uk and click on the left hand side column headed *What is Family Therapy?*

Clinical psychologist

A clinical psychologist is a mental health professional trained in helping people to understand and manage emotional, behavioural and mental health problems. The clinical psychologist on the MCU specialises in child and adolescent mental health and works together with the rest of the team in a number of different ways to ensure appropriate assessment and treatment of children during their stay on the unit. This may involve direct work with children or families, through contributing to individual therapy or family therapy, or through very specific psychological assessments that may sometimes be helpful to understand a child's difficulties, or through group work with a number of different children on the unit at the same time. It may also involve indirect work with other team members.

Although psychologists may use a number of different therapeutic approaches and ways of understanding mental health difficulties, one of the key

approaches is that of cognitive behavioural therapy (CBT). This is a way of helping people to understand the connection between their thoughts, feelings and behaviours that can be helpful in allowing change to occur in areas of difficulty.

Furthering our knowledge and understanding of mental health problems and their most effective treatments is very important for guiding the future care of mental health difficulties in children and young people. Therefore research is often taking place on the unit, and you and your child may be asked to take part in this research during your child's admission.

Child and adolescent psychotherapists

A child and adolescent psychotherapist is a mental health professional with an intensive training based on detailed observation and understanding of conscious and unconscious communication. They specialize in psychoanalytic psychotherapy

assessments, brief and long term treatment with children – individually and in groups – and parent work, particularly where difficulties are severe, complex or chronic. Their role also encompasses supervision, teaching and consultation. Every child has some kind of individual work as an integral part of the unit's treatment programme

The consultant child and adolescent psychotherapist coordinates and supervises the provision of individual work for all the children on the MCU and co-runs a children's psychotherapy group on the unit. Parents and carers are always welcome to discuss any questions about individual therapy treatment with the consultant child and adolescent psychotherapist.

Children communicate in various different ways, sometimes talking freely about what comes to mind, sometimes drawing, sometimes – especially in the case of younger children – playing, and sometimes showing how they feel by remaining silent. Child psychotherapists are trained to carefully observe a child

or adolescent and respond to what they might be communicating through their behaviour and play as well as words. Child psychotherapists have particular skills in putting into words the troubled feelings and ideas that children experience themselves and evoke in their therapist. A space for individual work remains open for them, however they choose to use it.

Considerable thought is given to what kind of individual work is best suited to different children. Some young people are glad for the opportunity to 'choose their own agenda' in this space, while others may find a more structured approach helpful. In some circumstances it may be helpful to introduce a short-term piece of focused work alongside a child's regular ongoing space to talk.

Staff in the role of individual worker come from a variety of disciplines within the multidisciplinary team and may work in different ways, but all individual work on the MCU has some things in common. It is a space for your child to regularly

meet with their individual worker on their own, usually once a week, at a specific, pre-arranged time and in the same familiar room. This time and space is available for young people to communicate any worries or concerns they may have. It is a space for affirming young people's strengths as well as trying to help them understand their difficulties.

The aim of individual work is to help the young people to understand themselves better, as they are listened to and encouraged to recognise, understand and verbalise their feelings. The individual therapy will work to help the young people begin to take more control of their lives and emotions in a positive way, feel less anxious and distressed and more able to learn and be better equipped to sustain friendships and other relationships.

For further useful information online go to www.childpsychotherapy.org.uk

Social worker

The social worker is involved in several aspects of the treatment program as part of the multidisciplinary team, including taking a role in some individual and family sessions, and having input into your child's care through various multidisciplinary meetings. However, there are also certain specific areas in which the social worker has a lead role. These include:

- Promoting children's rights
- Advocacy
- Child protection issues and training
- Assessment of social care needs and liaison with Local Authorities
- Offering and facilitating support with financial issues and welfare rights.

All children accommodated at GOSH over a 12 week period are entitled to an assessment of their needs by Social Services. GOSH administers this process and liaises with the child's relevant local authority. If your child is an

inpatient for longer than 12 weeks, your local authority will contact you and staff on MCU to ascertain your needs and explore whether they need to meet any of your needs in the community. You are welcome to contact the MCU social worker at any time during your child's stay if you would like more information or to discuss these areas further.

Parents are also entitled to receive support from the general social work department at GOSH. This support includes welfare and benefits support from family support workers and a Citizen's Advice Bureau (CAB).

Physiotherapist

The MCU has a senior physiotherapist who is an integrated member of the team. Children and young people admitted to the MCU often have both physical and psychological difficulties, which are linked. When needed, children on the MCU are offered input from our physiotherapist. This includes a

comprehensive physiotherapy assessment and intervention programme to manage any physical difficulties your child may be having. The approach uses a goal orientated programme to maintain and improve your child's functional ability. This therapeutic relationship helps to provide a supportive approach to facilitate your child's physical rehabilitation.

In order to support your child to be as mobile as possible the physiotherapist is involved in providing education and training to you and to staff. The physiotherapist also has a role in encouraging a healthy awareness and attitude towards exercise.

A physiotherapy programme may involve many components, some of which may include:

- Stretching programme
- Positioning programme
- Bed exercises
- Strengthening exercises
- Advice on pacing and graded activities
- Hydrotherapy
- Walking/gait re-education

If your child is receiving physiotherapy, you will have the opportunity to discuss this regularly with their physiotherapist and you are also welcome to contact the physiotherapist if you have any questions or wish to discuss their involvement further.

Dietitian

The dietitian is involved in the multidisciplinary management of your child who may be experiencing difficulties around feeding and nutrition. The dietitian along with key-workers will regularly meet with your child and family to discuss nutrition. The dietitian will carry out a full assessment of the nutritional needs of your child ensuring that vital nutrients are received to allow for growth and development during their stay on MCU.

The clinical nurse specialist (CNS)

The CNS is based within the outpatient eating disorders service, and provides a liaison role to the MCU. This is because some of the children and adolescents seen in the outpatient eating disorders team may need to spend some time on the MCU and/or may come from the MCU to the eating disorders team when they are discharged. It is part of the CNS role to follow and contribute to the care of the young people during their inpatient stay.

The CNS aims to attend one community meeting, snack time and lunchtime a week as well as joining the team for a nursing meeting and the units' weekly ward round. They will also endeavour to attend core team meetings where appropriate.

School

There is a school at GOSH and as part of the programme, young people can attend up to three sessions of school daily. For those not able to go down to school a teacher might come and work with them on the Unit. Every young person has a named key-teacher who will attend reviews and meetings with parents to discuss any school concerns.

We have a pupil liaison officer who will contact parents/carers soon after admission to obtain their permission to get in touch with the school or educational setting that the young person attends at home. This is in order to establish links that will make later reintegration smoother and to request work in core subjects. When their own school work is not available, we will provide work based on the national curriculum and planned to match each patient's individual needs.

You can find more about The School's facilities and activities at our website www.gosh.camden.sch.uk

Our school aims are:

To minimise as far as possible the interruption and disruption to your child's schooling by continuing education as normally as their circumstances permit.

- To provide all pupils with an enriching and enjoyable experience which is suited to their age and individual needs, also to help prevent anxiety about school.
- To make education an integral part of the overall treatment of each child.

The core team approach

On the MCU as part of our multidisciplinary way of working we use a core team approach that includes the appointment of a core team manager for every child/young person at the beginning of their stay in hospital, for the duration of their admission.

The core team is the group of staff on the MCU who have particular roles and responsibilities for your child – this would generally include two key-workers from the nursing team, your child's allocated doctor,

your child's family and individual therapist and the core team manager. The core team may also include the clinical psychologist, the social worker, the physiotherapist and any other staff members who have a specific role with your child.

The core team meet regularly to think together about the progress of your child, to coordinate their activities, and to discuss any possible changes to their care that might prove helpful. The core team manager provides a main point of contact for you, as parents or carers of your child while they are on the MCU, with the MCU team. They are there to receive enquiries, coordinate meetings concerning your child, and either answer or carry forward any questions or suggestions you may have to the rest of the team.

They are likely to stay in regular contact with you and to 'hold the threads' together of the various parts of your child's treatment team, so they are useful for you to contact whenever the need arises. You will also have daily contact with the nursing team and can

arrange to speak to or meet with the consultant child and adolescent psychiatrist as needed.

We will be reviewing the working of the core team approach from time to time and welcome your comments.

The therapeutic environment

The aim of the unit is to provide a therapeutic environment within which your child's care will be based. The idea of this is based on *Milieu therapy*, and means the unit strives to provide:

- Containment/safety – the unit provides a safe emotional and physical place to explore worries and difficult feelings.
- Structure – the programme is carefully structured so that there is a predictable routine each day.
- Support – the children and young people receive support from the other children, their family and staff and are encouraged to support the other children in turn.

Living room on MCU



MCU roof garden



Kitchen on MCU



- Involvement – family involvement in children’s treatment is crucial, and we try to involve families as much as possible in working together with children and staff to think about difficulties.
- Validation – the young people on the unit are listened to and responded to carefully and empathetically. Specific opportunities are provided each day for this, for example during community meetings.

Psychosocial nursing

The thing that many people comment on when they first visit the MCU, is that it does not look like a typical hospital ward. We work together as a community of staff and children.

Children are encouraged to take part in ward activities, according to the programme (see below) – this includes taking part in general activities of daily living on the unit, such as tidying up, reporting faults, laying the table. On some evenings, children may help with the

shopping and cooking for dinner. If big decisions are being made that will affect the ward environment, we would try to involve children and families for example in helping to chose furniture, and in some cases even helping to paint walls! All in all, we try to do as many normal things with the children as possible.

We work alongside the children, assisting them in exploring difficult feelings and thoughts and encouraging the safe expression of these. As staff we try to be very open about the treatment but also our own responses to situations and interactions with children. The aim of this is partly to encourage children to express themselves in a more healthy way and to enable children to be aware of how their behaviour (and their illness) affects other people.

The therapeutic programme

The therapeutic programme runs from Sunday at 5pm until Friday at 1pm. However, we are open seven days a week for children whose clinical need requires them to remain on the MCU over the weekend. Whether your child stays on the unit over weekends or not will be fully discussed and decided on between you, your child and the team. Attendance of the full programme on the MCU is expected of all children. In cases of difficulty, staff and peers support children in managing attendance of the programme.

We believe the clear structure of the timetable, with activities kept within time limits, offers children the safety to explore their difficulties in a contained way. Within the therapeutic programme there are the following **Therapeutic Groups**, which are reviewed regularly:

Life skills

This is a group run by two staff members. It is an opportunity to think about and explore issues affecting everyday life including topical issues. Some of the subjects that might be explored include bullying, self esteem, growing up issues, environmental issues, safety and practical day-to-day tasks. The group can also concentrate on topics that the children, parents and team think would be helpful at the time. The children set the expectations of the group, for example: not sharing the information outside the group, respecting each other and listening to what each other has to say. Staff try to make the group fun and interesting, although it can be a tough group when thinking about difficult feelings and experiences.

Social evening

All the young people are encouraged to be involved in putting forward ideas and organising an activity that they can do as a group. The children

practise working and planning together, sometimes disagreeing and reaching a compromise. This also involves time and money management. Favourite social evening activities are, going to the cinema, bowling, playing a game, getting a take-away meal and watching a DVD.

Creative group

A group run by a member of the nursing team and another team member. The young people are able to use a variety of art materials to express themselves, either through a theme or by their own choice.

Thursday group

This group is a child-led open discussion and thinking group. The children can discuss any issues they want to bring up. Issues discussed can include worries, fears, peer relationship difficulties, new children being admitted and joining the group, homesickness, projects to complete, concerns about each other or themselves,

asking for help with difficult goals and discussing school visits. Staff facilitate the children in developing skills to help each other.

Community meeting is an important space for the young people and staff to think together about any issues on the unit, particularly those that affect the whole community. This can include general repairs, unacceptable behaviour and group relationships.

Monday meeting and Friday meeting

These meetings take place at the beginning and end of the week and are used to think about both how the weekend has been and about the weekend ahead. We know the weekends can sometimes be difficult, as can coming back to the unit, so in these groups the young people and staff can offer support with these times.

Keeping the unit tidy

Young people work with staff to tidy up these areas, plan improvements and ensure the

community looks after the environment. They are important groups which can improve a child's self esteem by giving them real responsibility and encouraging them to work with their peers and staff in a non-illness related way.

Parent's group

This is a group provided regularly for parents of children on the MCU, where you can share your experience of having a child in hospital with other parents. It is facilitated by staff members and is intended as a space for supporting you through your child's admission and for you to make supportive links with other parents.

Meals

Meals are generally prepared by staff on the unit, sometimes with the help of children. Mealtimes can be a very difficult time for children on the MCU, and a lot of support is provided in and around mealtimes. Part of this support includes having a clear structure and timings for meals in which the main course

takes a maximum of 30 minutes and dessert takes a maximum of 15 minutes. We have assigned adults (staff and parents), who serve the meals and clear things away between courses. We try to support children and promote healthy eating by example. Everyone at the table is invited to join in during mealtimes, which helps to create a safe and supportive environment. In trying to stick to clear boundaries we try not to get up and down unnecessarily through mealtimes and it is helpful for parents and families joining for meals to make sure they arrive in good time for the 6pm start of evening meals. The close attention to time boundaries for meals and predictable structure and behaviour at mealtimes helps to reduce the anxiety for children and young people at mealtimes. We aim for meals to be as normalised as possible within this structure, and try to achieve a relaxed and sociable atmosphere, while acknowledging the difficulties.



A typical bedroom on MCU

Practical issues

Rooms

We have room for up to ten children in shared and single rooms. The allocation of beds is thought about in a lot of detail prior to admission, and before your child is admitted we will discuss the options available with you and your child in order to find the best solution. Before a new child is admitted, staff also discuss the available rooms with the other children on the unit and listen to everyone's ideas and concerns. We try to enable young people to have a choice over sharing or having a single room – but this is not always possible. We have more shared rooms than single rooms, so children may need to share even if they would rather not. We always try to have children of similar ages and interests sharing, and do not have mixed gender rooms.

Buddies

Each child is allocated a 'buddy' when they are admitted – one of the children on the ward who will particularly help your child settle in. Their role is to answer any questions your child has, and help your child get to know other children.

Bedtimes.

The ward has an agreed set of bedtimes, according to age. If you would like your child to have an earlier bedtime, please let the staff know this.

Age	Get ready	In bed at
7	8.15	8.30
8	8.15	8.30
9	8.30	8.45
10	8.30	8.45
11	8.45	9.00
12	8.45	9.00
13	9.15	9.30
14	9.15	9.30
15	9.45	10.00

What to bring in to the MCU?

We try to make the MCU as comfortable as possible, but the environment will never be a replacement for home. We encourage children to bring in some things from home to help them manage their feelings of missing home.

- **Bedroom** – Children either share a room with one other or have their own room. The rooms contain a bed, a wardrobe, a bedside cabinet, and pin-boards to put photos/posters up. We provide plain white sheets, a hospital style blanket, and one pillow. As the bedding is not very homely, children often bring in a set of their own linen/duvet to make night times more comfy. Bedding can be taken home at the weekend to be washed, along with clothing from the week. The MCU has a washing machine, which is used in emergencies, but we feel it is better for parents to do their child's laundry as normal. If this causes difficulties please let us know.
- **Toiletries/bathroom items** – bathrooms on the MCU have a bath and shower. Staff will encourage children to maintain their own self-care wherever possible. It is useful for us to know your child's usual self-care routine and the level of assistance they are used to or may need. We provide very basic towels but your child may like having a towel from home. Please bring in toiletries and toothbrush for your child. Labelling toiletries with your child's name can be helpful in avoiding confusion.
- **Clothing** – please ensure your child has enough clothes for each week, with extras in case of emergencies. We take the children out to the park daily, so suitable clothing for running around is necessary (trainers and outdoor clothing appropriate for the weather). Other regular activities include swimming (swimming gear and goggles if required) and dance/movement group (loose clothing). Pyjamas and dressing gowns are needed to ensure privacy.

- **Valuables** – Anything valuable brought onto the unit is at the family's own risk. We provide each child with a locker and staff keep hold of the key in the nursing office. All valuable items are to be kept in lockers. Children can bring in their pocket money if families agree with this. We occasionally go out on trips when children may like to buy a souvenir. All trips/ activities/meals out are paid for by the hospital.
- **Mobile phones** – The unit has a phone that the children can use between 7pm and bedtime. Priorities for this phone are for children phoning their parents and everyone needs to share the time. Due to the difficult nature of supervising internet access on small hand-held devices we are not able to allow internet enabled mobile phones or devices onto MCU. Phones/devices with cameras are also not permitted due to



confidentiality issues. Young people can bring mobile phones, ipods and games consoles onto the ward, but parents, staff and young people must ensure that these do not have internet access or a camera facility. We suggest that a basic, inexpensive mobile telephone is bought by parents for their child to use for texting and calling. As previously stated, there is a cordless telephone that young people can use to speak to family.

- **Unit equipment** – The unit has a TV, DVD, Wii, CD player and laptop computers. Bedrooms should not have TV, DVD players or laptops in but some children bring in a personal stereo or radio to help them sleep. Please bring in batteries if these are needed.
- **Hobbies** – Your child is welcome to bring in any activity or hobby equipment within reason - we don't have room for potters wheels or metal work!

- **Food** – We provide main meals. The food that is cooked on the unit offers a balanced diet. Please feel free to bring in any snacks your child might like. These are to be kept in the unit kitchen – each child has their own snack box - not in bedrooms. If your child has special dietary requirements please inform staff so appropriate meals can be organised.
- **Medicines** – please bring in any medications your child is prescribed, and give them to the nursing team on admission. All medicines on the ward need to be overseen by the nursing and medical team.
- **Miscellaneous** – addresses, phone numbers and email addresses of family and friends they might like to write to, stamps, teddies, things to help sleep, night clothes, hairbrush, diary.

Pre-admission information

Early on in your child's admission, ideally beforehand, we try to do a home visit. This enables us to see your child at home, and start to get to know you all as a family before your child comes into hospital. This also enables us to have a deeper understanding of your child's likes and dislikes and generally to be able to chat about things from home. Knowing your home setting can enable us all to have 'home' in mind when being with your child on the MCU. The home visit can also be a good chance to discuss your worries, or ask questions in a less formal setting.

Admission day

The day of admission can be very emotional for you and your child. By this time you will have met many members of the team but may still not know everyone. We have a notice board with photos and names if you get stuck or do ask if you don't know someone.

One of the nursing staff, usually one of the key-workers, and your child's doctor will go through the admission paper work with you and answer any questions you may have. Members of the team working with your child will try to come and introduce themselves on this day, wherever possible.

How the team work

Your child will have various members of staff who are responsible for different aspects of the care of your child.

Key-workers are mainly responsible for day-to-day nursing issues and can be contacted through the main ward phone.

Core team meet regularly and discuss issues of your child's admission and inform weekly ward round.

Ward round is a weekly meeting, chaired by the consultant child and adolescent psychiatrist, which takes place every Thursday afternoon. This is when the whole team concerned with your child's care meets to discuss progress and any issues arising. This is where decisions about home leave, changes in meal plan or any other issues are raised, discussed and decided. Parents are encouraged to raise their own issues in Family work, or with the core team manager or key-workers, and these can then be taken to ward round on your behalf.

The ward round recommendations are handed over to parents on a Thursday evening over the phone and then passed on to the children. If you do not agree with any of the recommendations please let staff know this and it can be discussed further.

Children can discuss their recommendations in the Friday morning meeting, which is usually attended by the consultant child and adolescent psychiatrist.

Each child has a **Review** approximately every two months. This is where staff and family and any outside agencies such as your local CAMHS or teachers from your child's home school meet to discuss progress and generally how the admission on the MCU is going. Each person involved in your child's care presents reports on what has been happening since the last review and the progress that has been made, in order that a discussion can be had and agreement be made with you and your child about what the next steps in the work might be. Reviews also ensure that liaison

with community CAMHS staff and other agencies connected with your child, is effective during admission and after discharge. Children generally attend the last part of the review meeting and are encouraged to convey their views beforehand. If they wish to, young people may write a letter, which can be read out at the review meeting.

Expectations of families

Children who come to the MCU are expected to work hard on their difficulties, with the help of staff and their families.

Families are required to commit to:

- Weekly family work.
- At least one visiting time a week.
- Pick up their child for weekends, usually on Friday afternoon, and return them to the MCU on Sunday by 4.30pm, if home leave is planned.
- Work together with us to plan care.
- Attend review meetings.

Keeping in close contact while your child is on the MCU

We realise how difficult having a child in hospital can be and an important part of the work here is remaining in very close contact with you throughout your child's stay here. We encourage telephone contact and visits from family and friends. Children are free to receive and make phone calls once scheduled activities have finished after 7pm.

The ward phone number is 020 7829 8836.

Visiting times are Tuesdays and Wednesdays from 5pm to 8pm. Families can visit once or twice a week, which is totally up to the family to decide. Friends or family can also visit during these times – please let staff know of any non-family visiting in advance.

Dinner is served at 6pm on the ward. We can think with you as a family about managing meals, whether you and your child stay on the ward to have dinner, or whether you have dinner out. It is helpful if families let us know whether they will eat with us or not, for purposes of ordering food. If, for whatever reason, your child refuses to be at dinner, it is felt helpful for any visitors to still come to the meal rather than remain with their child, as meals are an expected part of the programme. All visitors at dinner need to eat with us, to demonstrate healthy eating. Phones should be switched off during meals.

Staff will be available during visiting times if you need any **support**. We want you to have the best and most helpful time with your child while visiting and encourage you to ask for whatever support you might need. Staff on these evenings may not be able to spend long amounts of time discussing broader issues of your child's care though. For this it is best to use family work or to arrange a meeting or phone call with your child's core team manager in the first instance, or the consultant child and adolescent psychiatrist.

For medical reasons or as part of your child's treatment your child may be required to remain on the ward at weekends. In these cases the visiting times are as follows:

- Friday 1pm to 8pm
- Saturday 10am to 8pm
- Sunday 10am to 5pm

Other ways of keeping in touch

All the children can receive post at the hospital, and are given their own personal email address for the duration of their stay. The children have access to computers during specified times, under adult supervision.

To send post use address as below:

Child's name, Mildred Creak Unit

Great Ormond Street Hospital
Great Ormond Street
London, WC1N 3JH.

Every evening staff will contact you by phone to let you know how your child's day has been. This will generally be between 7pm and 8pm, although times are negotiable. After this you can also speak to your child. The children use a shared cordless phone, so need to be aware of sharing the time between them and their peers. The children are generally very good at negotiating this process.

Please feel free to call us if this is preferable, we will be available to talk after the day's activities are finished. The best times to call are between 7pm and 8pm. After 8pm the ward starts to quieten down for bedtime, the day staff go home and a smaller team of night staff work. These night staff work to settle the children for bed, so do not generally have time for phone calls. Other times in the day are busy so nursing staff may not have a chance for more than a quick conversation.

Personal mobile phones are allowed on the MCU (see section above *What to bring in to the MCU for rules about their usage*).

We encourage children to stay in contact with their friends while in hospital, as one of the downsides to being in hospital is being away from their normal life. It can be easy to feel out of touch while in hospital, making it also more difficult when the time comes to go back to school.

“Handovers”

These are meetings between family, staff and child to hand over information. They happen when a child returns to the unit on Sundays at 4.30pm, which is an opportunity for you and your child to let us know how you have all managed at the weekend. The same happens on a visiting night and a Friday afternoon before your child goes home for the weekend. This time is an opportunity for your child and a staff member to let you know how things have gone on the ward. On a Friday the nurses will be available to do handovers from 1pm to 2pm, unless it is arranged for your child to leave later in the day. Nurses will not be available for handovers between 2pm and 3pm on Fridays.

Children who go home for weekends generally return to the MCU on Sundays at 4.30pm. After meeting with staff, families help children settle back in, sort out their bedroom and ensure that they are ready for the week ahead. Parents leave by 5pm and staff and children eat dinner together. Returning to the unit from a weekend at home

can be upsetting for children so keeping a smooth transition can help ease this. Please call and let us know if you will be late so we can adjust numbers for cooking. The children can help staff prepare the evening meal before sitting down to eat together, allowing the group to settle back into life on MCU.

Exit Interviews

At the end of your child’s admission the core team manager and/or key-worker(s) will do an exit interview with you and your child to get feedback from you on ‘helpful’ and ‘not so helpful’ aspects of the admission and the way we worked with you. This provides us with very important feedback, which we use to inform the way we work.

List of useful websites, support systems, contacts.

www.goshfamilies.nhs.uk
www.childrenfirst.nhs.uk
www.edauk.com
www.ru-ok.com
www.youngminds.org.uk
www.b-eat.co.uk

Useful references (available on request):

Gross, V and Goldin, J.M. (2008) Dynamics and Dilemmas in Working with Families in Inpatient CAMH Services. *Clinical Child Psychology and Psychiatry* 13 (3) 449-461.

Crouch, W (1998) The Therapeutic Milieu and Treatment of Emotionally Disturbed Children: Clinical Application. *Clinical Child Psychology and Psychiatry* 3 (1) 1359-1045.

Attachments

- MCU Staff List including core team
- MCU children's timetable
- Children's rights and responsibilities leaflet
- An invitation to the parents group
- PALS leaflet/Advocacy information
- Great Ormond Street Hospital essential information for families leaflet
- Transport information Leaflet

Parking at Great Ormond Street Hospital



P = Car Park

How to survive your child's admission on the MCU by a parent

For most of us parents, admission for our child to the MCU has come at the end of a long road of medical appointments and disappointments because local treatments have not been successful. Many of us feel desperate about the situation our child is in and frustrated that we have been unable to help or find a 'cure' for our child.

For your child's admission to be successful you need to leave all preconceived emotions at the front door and start with a clean slate. (There will be time to explore these feelings during family work if you feel it necessary.)

Most parents feel guilty and angry that their child has had to become an inpatient on the MCU in order to get better. Don't beat yourself up – it's not all our fault.

Many of us feel exhausted from caring for our child at home, often single handed with minimum help from other professionals. Although it's difficult, now is the time to share the responsibility with others and take a break. Initially it is very difficult to let go, but use this time because at the end of admission your child is going to be handed back to you and you need to recharge your batteries.

Try to make time for your partner and your child's siblings. It's easy to become so wrapped up in the admission that they can become left out.

Life has to go on, try not to be governed by the telephone, worrying about your child and waiting for handover at the end of the day.

If the ward needs to contact you they will – what did they do before mobiles?

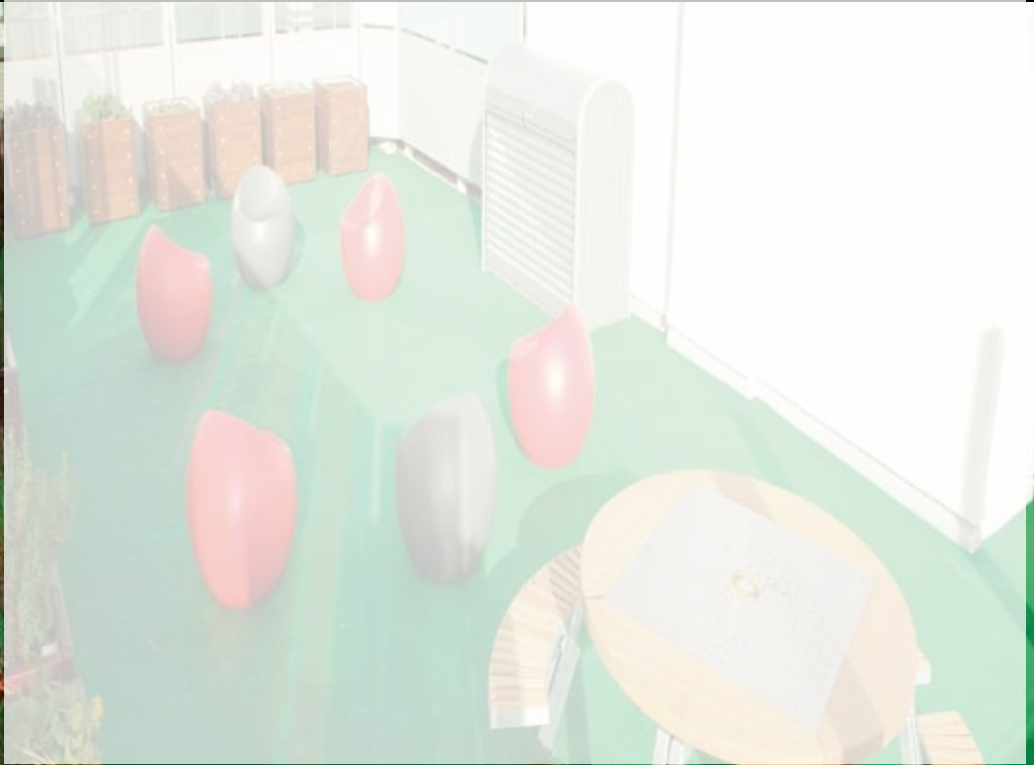
On bad days look at the other children and take encouragement from them, especially those who are further down the treatment line – one day it will be your child's time to be discharged and come home!

Talk to the staff, I've found them to be very good listeners and very free with the tea and tissues.

Remember, the MCU is only the first stage in your child's recovery – after the intensity of the unit, skills learnt have to be generalised back in 'real life' situations.

Most importantly be honest – the staff have heard it all before or worse! And don't lose your sense of humour; it comes in useful.

Written by a parent of a child on the MCU



© GOSH Trust September 2010
Ref: 2010F0169
Compiled by the Mildred Creak Unit
in collaboration with the Child and Family Information Group

We welcome your feedback on this information leaflet and, indeed, on any aspect of your child's treatment on the MCU.

The MCU Team

Great Ormond Street Hospital for Children NHS Trust
Great Ormond Street
London WC1N 3JH

www.goshfamilies.nhs.uk www.childrenfirst.nhs.uk