

MEDWAY YOUNG PEOPLES WELLBEING  
SERVICE (MYPWS/CAMHS)  
&  
MEDWAY YOUTH OFFENDING TEAM  
PARTNERSHIP

Case presentation



THE DETAILS OF THE YOUNG  
PERSON HAVE BEEN  
ANONYMISED TO PROTECT  
THEIR IDENTITY AND  
CONFIDENTIALITY.  
THE PHOTO USED IS A  
STOCK IMAGE FROM  
GOOGLE.

# THE O

-16 years old

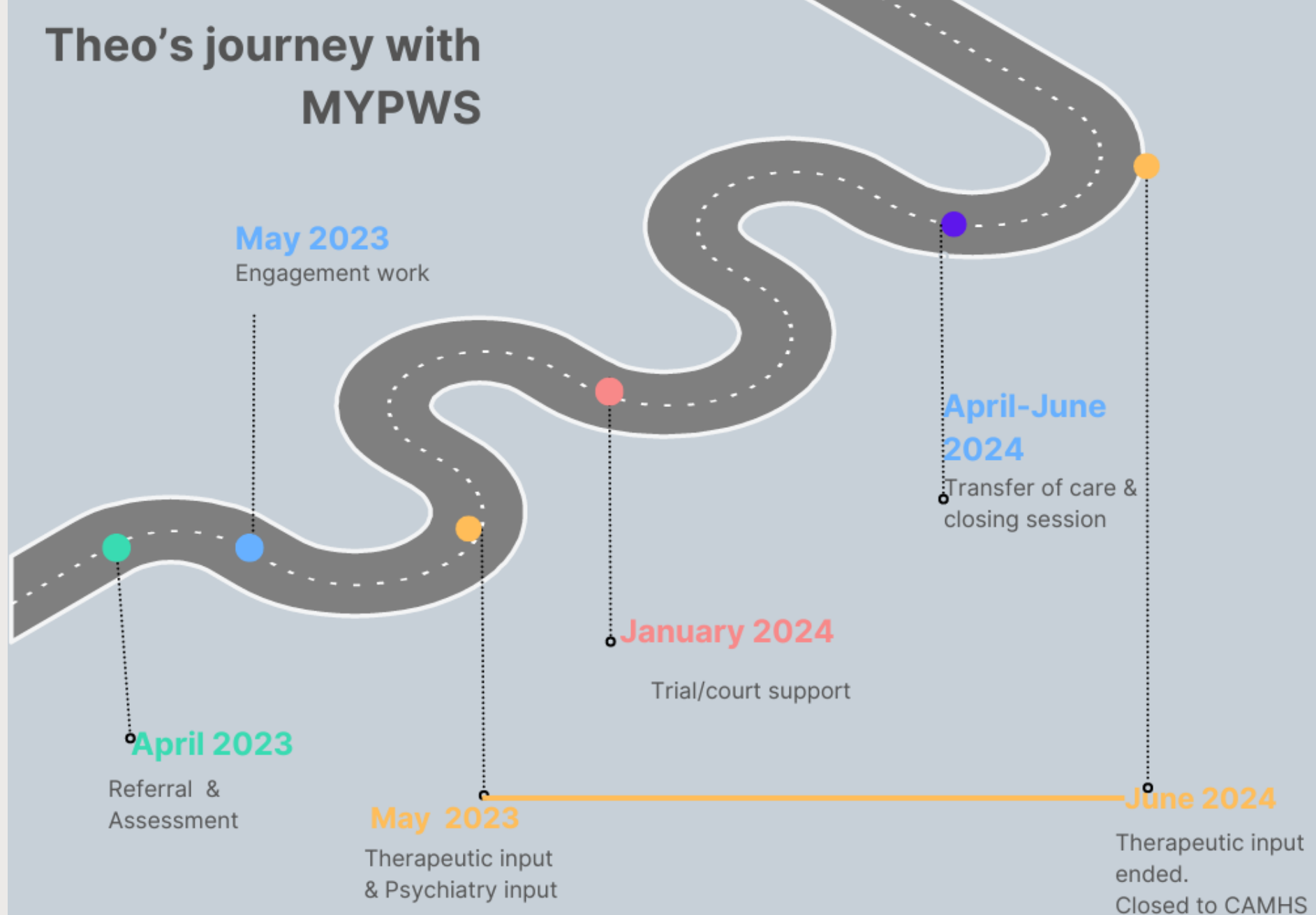
-London Looked after child residing in Medway

-Remanded from a YOI to the local authority on a remand package.

-Known to a London YOT, Caretaking by Medway YOT for the following charges:

1. One count of attempted murder
2. One count of affray
3. One count of possession of a prohibited firearm with intent
4. Two counts of possession of an offensive weapon.

# Theo's journey with MYPWS



# REFERRAL PROCESS



-Theo was referred to CAMHS prior to release from custody in April 2023 due to a presentation of low mood and anxiety symptoms.



-A professionals meeting was completed to gather relevant history and information prior to Theo being met.



-The referral was accepted, and Theo was offered a comprehensive mental health assessment when he was transferred to Medway.

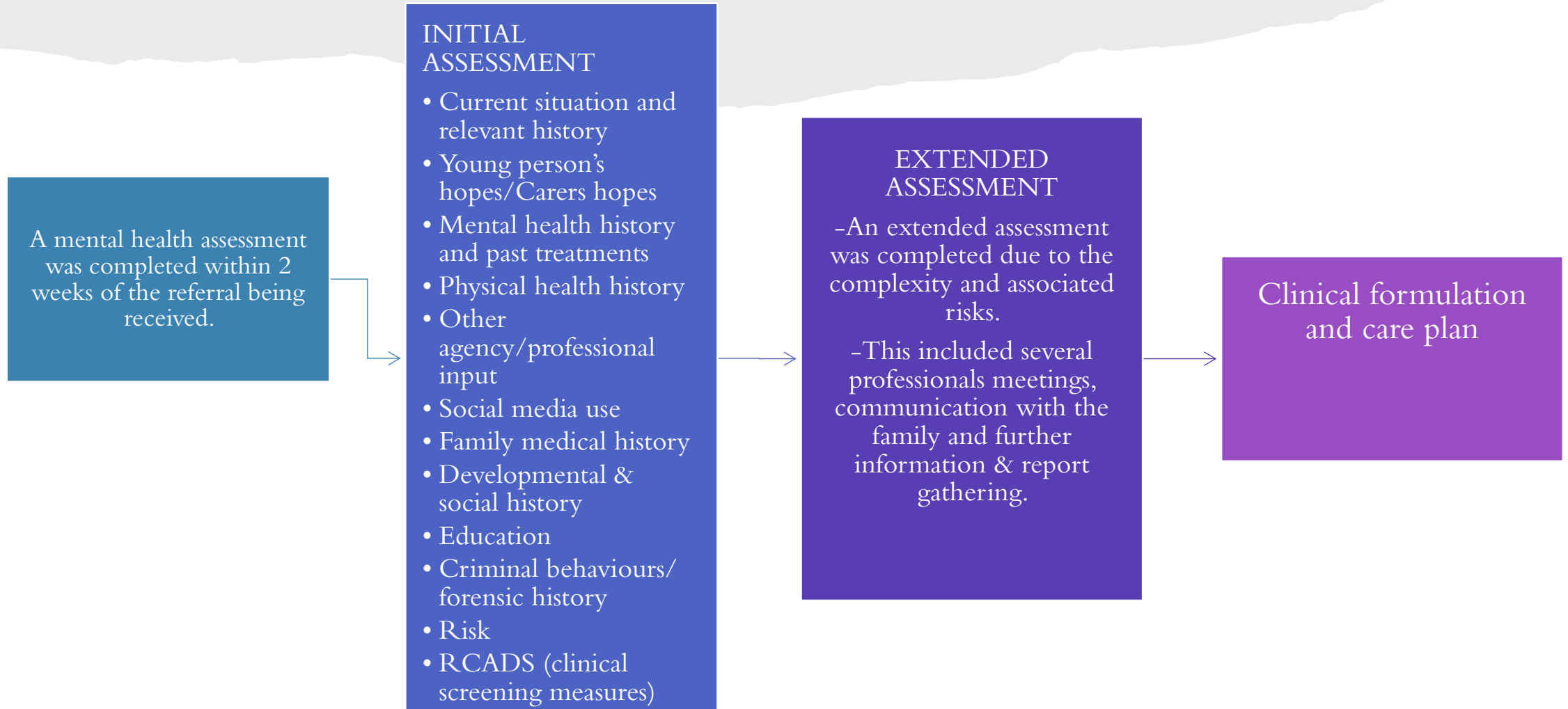


-The assessment was conducted by two senior CAMHS clinicians due to the complexity and risk.



-On referral, Theo's risk was rated as high. This was in connection to; risk to self, risk from others and risk to others.

# ASSESSMENT PROCESS





# ENGAGEMENT

- Theo was offered several engagement sessions to build and establish rapport and trust.
- Theo found it difficult to engage with mental health professionals likely due to apprehension around previous CAMHS input and difficulties in trusting adults.
- ‘Getting to know me’ sessions
  - ‘Play & talk’ sessions
  - Community visits
  - Alternative forms of communication
  - ‘Walk & Talks’
- Importance was placed on Theo’s cultural needs due to a change in the demographic population.

# SPECIALIST INPUT

Theo was referred to Forensic CAMHS in May 2023 for specialist advice particularly around managing risk.

FCAMHS accepted the referral and specialist consultations were offered to Theo's network. Consultations provided advice on reducing risk and means of supporting Theo within the community



# TREATMENT & INTERVENTION

Whilst in the community, Theo had weekly sessions. The sessions were individually tailored to meet his needs. During these, we worked on; resilience, emotional regulation, coping strategies, grounding techniques, psychoeducation and so forth. When Theo's mental state appeared to be on a downward trajectory, he was seen bi-weekly.



Safety advice and risk assessments were completed weekly.



Multi-agency risk assessments were reviewed regularly.



Whilst in the community, there were no known risk events.

An MDT approach was utilised to ensure his care was holistic and child centred.

Theo was offered regular psychiatric reviews. He was given a clinical diagnosis of PTSD and moderate-severe depression. Theo was started on medication to manage the depressive symptoms.

A flexible and open approach was used. This allowed HCP to be responsive to Theo's needs in a safe and confidential space. Theo responded well to this approach, and he used sessions to reflect on past trauma, his identity and his future goals.

Support was offered to the network on Theo's mental health and wellbeing.



# COURT SUPPORT

Support was offered to Theo during his trial. This included:

- Supporting Theo at court, one day, every 1-2 weeks. This enabled Theo's mental state to be closely monitored during a highly stressful and vulnerable time.
- Advice was offered for special provisions whilst in court in relation to his mental health diagnosis.

Attending court allowed HCP to identify any deterioration in his mental state and take the appropriate action quickly.

An urgent mental state examination was completed in the court cells. This was due to Theo presenting with high risk of suicide earlier that week. This ensured that his capacity and need for immediate treatment was assessed.

- Liaising with the Liaison & diversion team and Theo's legal team during the entire trial process.
- Liaising with court appointed psychiatrist
- Escalated concerns regarding his treatment & care in court.



## Post verdict

Following a guilty verdict, the custody provider was contacted within 24 hours.

His diagnosis, risk status and medication details were handed over to prevent any gaps in treatment.

A verbal clinical handover took place between community services and the wellbeing team in prison.

A written handover was provided following the verbal handover meeting. This allowed for a smooth transition and minimised gaps in treatment and significant information being missed.

Joint sessions with the prison wellbeing team were offered. This aimed to support Theo during the transition process from the community team to the prison team.

A closing session was completed with Theo in custody. This allowed Theo to reflect on his time in Medway and highlight the progress he made whilst in the community.



Q & A