



Read the full transcript from Dr Lorraine Childs interview here:

Dr Lorraine Childs: Consultant Clinical Psychiatrist

Your experience in mental health: I have worked in mental health for over 25 years. I worked across the UK including Broadmoor and Rampton and in New Zealand.

I specialise in Forensic Brain Injury. I used to specialise in LD but became very interested in the epidemiology of people with LD and with people who had BI from an early age.

Challenges in your role: The biggest challenge is establishing consistency and delivering consistent care given large clinical teams.

Working with large groups of staff and delivering consistent, structured care to patients who are very affected by change and inconsistency, especially during a pandemic.

What you most enjoy about your role: Working with a team of staff and patients. Creating things together, that are meaningful and purposeful.

On Rose we have a really good structured neurobehavioral programme, developed by staff and patients, which can be amended to suit patient needs.

Describe the service you work in: Rose ward is a medium secure neurobehavioral ward, working with people who have forensic backgrounds. Rose is one of only three medium secure neurobehavioral services in the UK.

We work with a neurobehavioural paradigm, helping people to relearn skills they may have lost because of their brain injury. There are a number of ways in which we do this. We give patients many opportunities to learn new skills, lots of jobs and therapies. Unfortunately, aggression is one of the things which can accompany brain injury and this is why some people need secure care to keep them safe.

We do lots of work to identify what a patient's goals are and achieve them in pro-social ways that preclude the use of aggression. This is why we have so many opportunities for patients to learn every-day and life skills. We call it '**Better Lives**' and patients really understand that they are in care to achieve a better life. In fact our icon on the ward wall is Muhammed Ali and we use his quote '*Don't count the days, Make every day count*'.

Describe a typical patient presentation: There is a real diverse group of patients on Rose ward. Age ranges from late teens to 60s. If pushed a typical patient is male in his 40s who had a brain injury in his 20s, usually because of a road traffic accident, leading to a loss of functioning, cognition, social and physical abilities.

Most people who come to Rose have spent up to 10 years in standard psychiatric inpatient units and often well over a year in prisons. **In fact, 100% have been in psychiatric units and 70% in prisons but only 16% have had any psychological or neuro rehabilitation. So for many, St Andrew's is the first time they have had some treatment support for their mental health needs.**

The average length of stay on Rose is dependent on how well people respond to treatment but is usually around 2 ½ years following which patients typically discharge to a locked rehab ward, skipping low secure services due to the clinical model used on Rose.

What is the difference between Rose ward and a General Neuro rehabilitation ward: Rose is very unique due to the forensic aspect of the ward. Rose specialises in working with people with high levels of aggression and working with people to help them to find alternative ways to express themselves.

What are the main interventions used: One of the key interventions is the neuro rehabilitation programme. This programme aims to assist patients in compensating for the deficits they have in communication, volition and motivation, by providing a scaffolding structure where they learn to enhance their skills that are required for daily life that are often lost because of their brain injury or lack of opportunities in early life.

What sets St Andrew's apart: St Andrew's provides a real clear and structured pathway for neuro rehabilitation patients with evidence based success for patient outcomes. This shows how patients progress in terms of increased levels of cognition, social skills, reduced levels of aggression, and increased levels of leave within the community.

From Rose ward over a third of patients jump straight to non-secure services without the need for low secure care. Every patient discharged from Rose ward has moved closer to home. We have had really positive feedback from patients and families for the care we provide.

Interesting/fun fact about yourself: We do a lot of health promotion and healthy living work on Rose and have presented at conferences and won awards for our work in this area.

However, over lockdown I have put on quite a lot of weight leading to some patients to notice. We are currently implementing a healthy living competition to encourage patients and staff to improve their diets and wellbeing on Rose ward.

[Click here](#) for further information about our brain injury services.