BramleyHealth
CARING MINDS

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The Langford Centre - Case Studies

Female Inpatient Rehabilitation Services.

Our female inpatient rehabilitation services offered at The Langford Centre are specifically designed to cater to the needs of women with complex, long-term psychiatric conditions, including Personality Disorders with behaviours that challenge and increased risks to themselves and others.

CASE STUDY:
ZD is a young female who was referred to us due to a prolonged 3 year admission to various PICU settings with treatment resistant mania and moderate to high levels of aggression requiring 2:1 nursing and seclusion. The initial stages of the transition were managed with intense 2:1 and daily MDT input. The expertise of the MDT allowed us to engage ZD in more positive activities, such as managing her on an open ward environment, gradually exploring garden and local leave despite the ongoing enhanced levels of observations. ZD was also intensively treated with combined high-dose antipsychotic and mood stabilisers, bringing about a huge improvement in her mental state.

This was followed by a 9 month period over which her medications were gradually weaned back down to 1 depot antipsychotic without destabilising her mental state, extensive work on improving insight and relapse prevention work, and ongoing liaison with teams in her local area. She also benefitted from groups around distress tolerance, CALM sessions, healthy lifestyle interventions, as well as focussed OT interventions geared towards improving her independence and maximising her chances of returning to gainful employment. We have now successfully discharged ZD back to the community, where she continues to engage well with the local teams.

CASE STUDY:
XY is a young lady with a difficult background involving multiple past traumatic experiences, including sexual trauma, abandonment, atypical eating disorder, a series of failed foster placements, and a mental health history spanning many years across her teenage years and into her early adulthood. She was referred to the Langford Centre with a primary diagnosis of emotionally unstable personality disorder with multiple failed discharges, and escalating attempts at self-harming and suicide attempts.

The MDT on daffodil ward has engaged her extensively – interventions have included a full diagnostic review and psychological formulation, bespoke OT interventions including supporting her with volunteering at a local animal sanctuary and a structured daily routine. This approach enabled us to identify a co-morbid untreated psychotic illness that was exacerbating her underlying complex PTSD and challenging behaviours. We successfully treated her psychosis which enabled her to optimally engage in psychological therapies - EMDR and trauma work, anxiety-management techniques such as grounding and safe space to manage dissociation. She is no longer experiencing psychotic symptoms, her PTSD is well controlled, her current self-harming is minimal, and she is equipped with meaningful skills to self-regulate her emotions and anxiety. She has now moved to the final stage of her recovery pathway, which will involve increasing her confidence in independent living, consolidating her psychological resilience (including self-compassion groups, CALM sessions and mindfulness), gradually decreasing levels of intense support and security (including budgeting & self-catering skills). She also continues to regularly engage in multiple therapeutic activities such as Well-Being Activity Group, Dance Work Out Group, Arts & Crafts, Pampering, Health Walks, Horticulture, as well as enrolling in a local college. We are currently supporting her local services

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with identifying appropriate supported accommodation to enable a successful discharge back to the community in the forthcoming 3-6 months.

CASE STUDY:

AC was a young lady who had been in CAMHS inpatient services for a number of years, and was deemed to be treatment resistant and very high risk of completed suicide, particularly following the recent unexpected death of her mother whilst she had been an inpatient. She was transferred to Langford Centre on her 18th birthday primarily for risk-management and reduction purposes.

AC had a diagnosis of emotionally unstable personality disorder and PTSD, and was considered to be poorly engaged with services. The team on Daffodil ward worked hard to engage AC meaningfully, including intensive 1:1 bespoke OT interventions geared to her interests and improving self-esteem. This enabled us to develop a better understanding of her underlying symptoms. We reviewed her primary diagnosis to severe depression with psychotic symptoms, and successfully treated her with a combination of antidepressants and antipsychotic medication.

This brought about a reduction in her risk profile alongside a lifting of mood, and she was able to come off her enhanced observations and build up leave to the community. Her engagement with psychology improved very slowly, due to her psychological fragility, her deep-seated trust issues and her understandable preoccupation with the distressing images and voices that she was experiencing. She had weekly sessions with the Clinical Psychologist and was able to spend time speaking about her mother, her experiences as an adolescent, and her view of herself as someone undeserving of care. This was further supplemented by psychology groups such as distress tolerance and CALM sessions, alongside OT work to support an increase in independent living skills. The team also carried out an autistic spectrum assessment, and confirmed a diagnosis of ASC. All along, we worked collaboratively with her CCG, and we were able to facilitate a successful transition to a residential therapeutic community setting able to meet her bespoke ongoing recovery needs.

CASE STUDY:

TR is an older female with multiple complex needs – she has a primary diagnosis of bipolar affective disorder, mild learning disability with super-imposed further cognitive decline. She was demonstrating highly disruptive and aggressive behaviours towards others. Prior to her arrival on daffodil ward, she had been in multiple placements and had experienced multiple admissions to mental health wards of varying intensity. The team on daffodil ward adopted a bespoke MDT package initially focussed on engaging TR, improving her understanding of her underlying conditions, and optimising her pharmacological management of the underlying bipolar affective disorder.

This was followed by intensive occupational therapy (including participating in the hospital's paid therapeutic work programme), tailored positive behaviour support plan, and nursing input to maximise her independent living skills. She also benefitted from several psychological groups, reminiscence sessions, and graduated informal psychology sessions to help her transition back to the community.

Our MDT worked intensely with her local CCG and social services to secure TR a bespoke package of care in the community to be able to support her individual ongoing needs in an enabling environment close to her family. We were also able to highlight opportunities to maximise her life enjoyment and satisfaction through meaningful activity, whilst establishing a productive daily routine that promotes her independence as far as possible.