2.11. Knowledge of potential risks of inpatient admission

- An ability to draw on knowledge that, along with the potential benefits of an inpatient admission, there are also potential risks that can impact the child/young person and others in the 'system' around them (family/carers and significant others)
- An ability to draw on knowledge that an awareness of the potential risks of an admission can be used to mitigate their impact

- An ability to draw on knowledge of potential (and sometimes unavoidable) iatrogenic[b] impacts of an admission, and the importance of all members of a team being alert to (and attempting to mitigate) adverse outcomes, in relation to:
  - the ways services are organised and delivered (including clinical and systemic interventions and staff behaviours)
  - the experience of each child/young person and their family/carers

- An ability to draw on knowledge of the various ways that an inpatient admission can dislocate important areas of life and functioning, both for the child/young person and their family/carers, e.g.:
  - on admission and during an inpatient stay:
    - the child/young person and their family/carers experiencing the admission process itself as traumatic, especially if this is involuntary or unplanned (e.g. in response to an unexpected crisis)
    - threats to (and loss of) the child/young person's developing identity/sense of self, e.g.:
      - feeling burdened or shamed by a label of a serious mental health problem
      - developing an identity and sense of self as a 'patient'
    - the child/young person losing contact with their usual friendship group
    - the child/young person becoming disconnected with and from their education
    - the child/young person losing access to normal activities and unable to pursue usual interests/hobbies and ambitions
    - the child/young person being adversely influenced by other children/young people and peer group in the unit (e.g. unhelpful beliefs or behaviours)
    - a sense (from both the child/young person and their family/carers) of ordinary life being suspended
    - disrupted family relationships (e.g., threats to a sense of connectedness with family, a sense of rejection, difficulty maintaining contact)
    - family/carers feeling excluded from the child/young person's care

[b] Iatrogenic effects are negative outcomes (medical or psychological) caused by the system of care itself.

		▪ family/carers feeling disenfranchised and deskilled when not involved by the service
		▪ the child/young person and family/carers experiencing a rupture in their relationship, particularly when this relationship is already fragile
		▪ staff behaviours and clinical decisions that have unintended iatrogenic consequences (e.g. increases in restriction that are experienced as punishment for 'bad' behaviour)
		▪ increased risks of self-harm when the child/young person's usual coping strategies have been taken away
	■ after admission:	
		▪ the child/young person finding it hard to reintegrate across a range of domains (e.g. difficulties settling back into family and home life, reconnecting with friends, resuming education)
		▪ the child/young person experiencing stigma or negative reactions from others as a consequence of the admission
		▪ the child/young person finding it hard to re-engage with a sense of agency, choice and independence
		▪ family/carers feeling ill-equipped and deskilled, and so anxious about taking back responsibility for the child/young person

■ An ability for all members of a team to recognise when iatrogenic harm is occurring and:	
	■ to have open conversations about how to mitigate their impact
	■ to challenge or report this where necessary
	■ to explore potential solutions