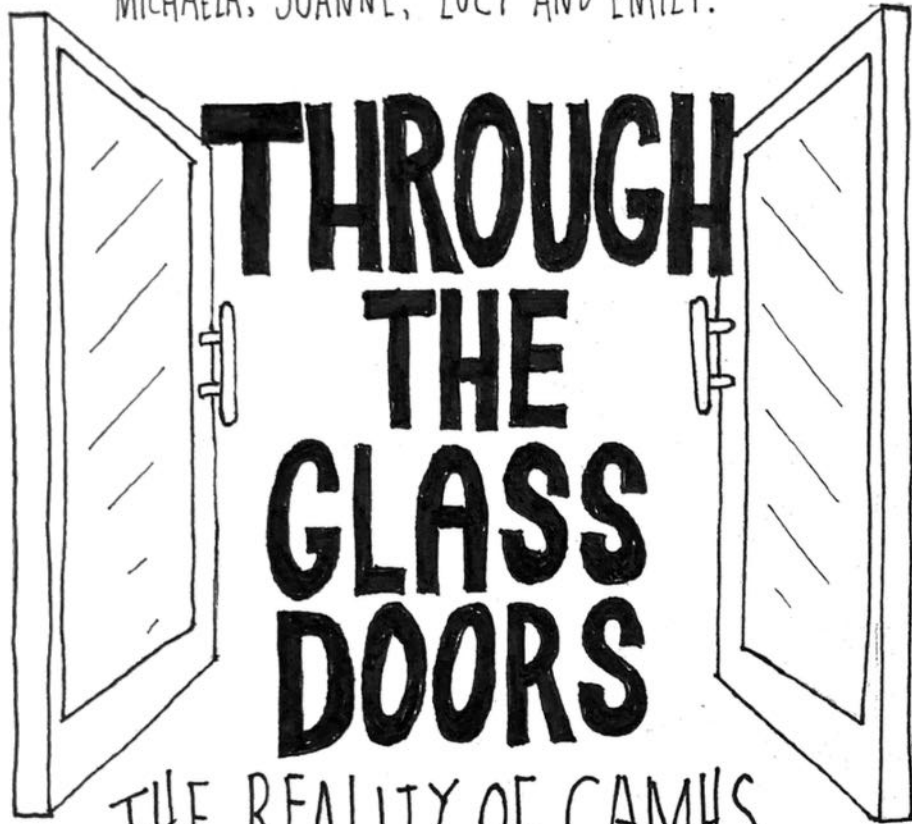


AN AUTOBIOGRAPHICAL COLLABORATIVE WORK.
CO-CREATED BY: KAYE, 'ALEX', DANAÉ, 'ELEANOR',
MAE, 'ELISE', LYRA, 'LILY', GAYLE, BEATRICE, 'CAL',
'MICHAELA', 'JOANNE', 'LUCY' AND 'EMILY'.



THE REALITY OF CAMHS
HUNTERCOMBE HOSPITALS, AS TOLD
BY EX-PATIENTS AND FAMILIES.

ILLUSTRATED BY NIMA & 'KIT'

THROUGH THE GLASS
DOORS, 2022

To Yasmin

Whose bravery in exposing
the abuse at Watcombe
Hall is forever admired.

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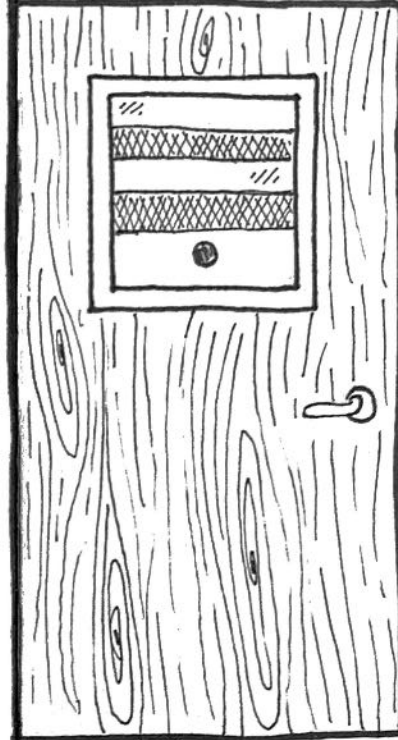
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Foreword

THROUGH THE GLASS DOORS is a collaborative project, created by former patients of Huntercombe CAMHS hospitals and their loved ones, who will be introduced in the section 'Human Beings'. Each page details a story of malpractice, witnessed or endured, by 16 previous service users whose time spent at Huntercombe hospitals spans 7 years; between 2014 & 2021. Over those 7 years, **at least 4** Huntercombe CAMHS units have closed following

1

damning CQC reports, each revealing (non-exhaustively) the overuse of chemical and non-chemical restraint,



issues regarding the reporting of safeguarding concerns, overmedication of patients and a lack of trained shift staff. The two remaining open hospitals were rated as 'inadequate' (Stafford, March 2022)

and 'requires improvement' (Maidenhead, August 2022).

Last year, private-equity firm 'MCM' (Montreux Capital Management)

acquired The Huntercombe Group

2

from its previous owner four
Seasons and merged Hunter-
Combe with Active Care Group,
a care provider also owned by
MCM. Only two Huntercombe
CAMHS units remain; Taplow Manor
(previously Huntercombe Maidenhead)
and Ivetsey Bank Hospital (previously
Huntercombe Stafford). The decision
to rename these two hospitals,
thus distancing Active Care Group
from Huntercombe's shameful
past, erases our voices and
shuts us down.

Every time Huntercombe has
failed those most in need of
the care it supposedly provides,
it has **refused** to take
responsibility for the actions
(and lack of action) which have
caused so much pain. Every time
Huntercombe refuses to acknow-
ledge the suffering it has caused,
those who have been hurt are
left knowing that our pain was
for **nothing**. So; this is the
reality of Huntercombe, through
the glass doors.

Human Beings

Kaye, co-creator

"My sister is creative, musical and loves languages. She is a mean card player! She loves cats. Because of Huntercombe, she has lost over 3 years of her teenage life. The time where you begin to explore who you are and try new things. She had lost years with her family. She was stripped of all the activities she enjoys, as most were considered contraband. Because of being heavily medicated, she lost days to a medicated daze."

Lyra, co-creator



"My partner would describe me as an empathetic and creative person, who prides herself on trying to be the best mum she can be to her young daughter. Huntercombe and my time in hospital has ruined my education; I hold no qualifications to date and am currently working hard to obtain these. Huntercombe has left me distrustful of many mental health professionals, but more importantly stripped my teen years away from me."

Eleanor, co-creator

"My friends and family used to describe me as so driven and passionate, I used to swim competitively and work so hard to become successful; I'd enjoy everything as it comes. Now, I'm still in hospital, no longer passionate about anything and I've quit studying."

Beings

Lily, co-creator

"My family and friends think I'm funny and willing to help anyone. I'm creative and love those close to me more than you can imagine. From being in Huntercombe I've lost confidence in myself; being told anything I'm doing should be done differently, means I felt I could never be right. I was definitely more outgoing before my time in Huntercombe. Everyone around me thinks I've lost my spark and in the last 2 years I've had to rebuild myself, find my personality all over again."

Alex, co-creator

"My family would probably say I'm kind and caring when it comes to my family, determined to succeed in college even with struggles and I love art. I missed out on schooling and some of my subjects like travel and tourism so I failed my exams, I had 0 interactions with friends, I missed the first few months of college, I lost a lot of passions for my hobbies and I really struggled with getting back into society and adhering to the 'norms'."

"My friends and family describe me as a caring, intelligent person. Most of my hobbies include animals, as they are my passion. I lost my formative years to Huntercombe, on top of failing my GCSEs, and preventing me from going to college, due to my mental health issues continuing after discharge. This means I cannot get a decent job even though I have the skills to do so."

Danae, co-creator



Gayle, co-creator

"It's hard to know what to say about who Yasmin was/is. She will always be my daughter, a sister, Auntie, Niece, Granddaughter, cousin. Yasmin was empathic, caring, would stick up for what she thought was right or question what she thought was wrong. She had a great sense of humour but she was also extremely anxious, self critical and had very low self esteem. I think all she wanted from life was to feel like she fitted in. She loved riding, our family dogs and drawing."

'Cal', co-creator

'Micheala', co-creator

'Joanne', co-creator

'Kit', co-author

"Kit is a passionate, artistic and gentle person with incredible determination. She is naturally curious and a wonderful writer. Kit spent most of her teenage years in CAMHS units similar to the ones Huntercombe run; they took a decade of her life from her. She believes that mental health hospitals should foster authentic and longlasting recovery by giving human beings, not 'patients', the opportunity to form meaningful, safe therapeutic relationships."

'Lucy', co-creator

"My friends describe me as very creative, caring and thoughtful. A close friend said I'm ambitious and fun. The doctors and process at Huntercombe took away my chance of an empathetic assessment and diagnosis, instead labelling me and ignoring obvious signs of abuse and trauma. They further traumatised me and took away my trust in professionals. I am now in private therapy speaking about the neglect and horrific experiences I had at the hands of psychiatrists when I was just a teenager."

'Elise', co-creator

"My family and friends would describe me as musical, artistic and bubbly. And wow, I lost a lot. I missed out on a whole year of education, I lost passion for music, I lost myself really. And I lost time at work."

* Some names have been changed to protect the individual's identity.

Mae, co-creator

"I lost further trust in professionals, and believed that my illnesses were to be punished. I believed I was an awful person because of the way I was treated and deserved to suffer because I didn't 'comply'. I had to drop out of my A-levels because the communication with my college was so awful, so I spent a year in no education at all whilst there, yet was still forced to go into the school room to sit. I felt like I lost a big part of myself because I wasn't spoken to as an individual, just another anorexic patient. I was not the same person coming out of that hospital that walked in, despite being in other units previously."

Nima, co-author

"My partner would describe me as kind and passionate with a cracking sense of humour. I love anything fantasy/whimsical and anything creative. Huntercombe stripped away my (already fragile) trust in humanity and sense of self. I had to start again; my relationships with my family had broken down whilst I was abused at Watcombe Hall and I was utterly terrified of kindness, which I'd learned to be dangerous. Five years later, I am still affected by what I suffered at the hands of Huntercombe every single day."

'Beatrice', co-creator

9

'Emily', co-creator

The following 127 pages
Contain, in no particular
order, the voices of
those introduced in pages
5 to 9. This is
OUR Story.

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66
The worst thing they ever did
was refuse to call an ambulance for a patient
who had taken an overdose
and was going in and out of consciousness.

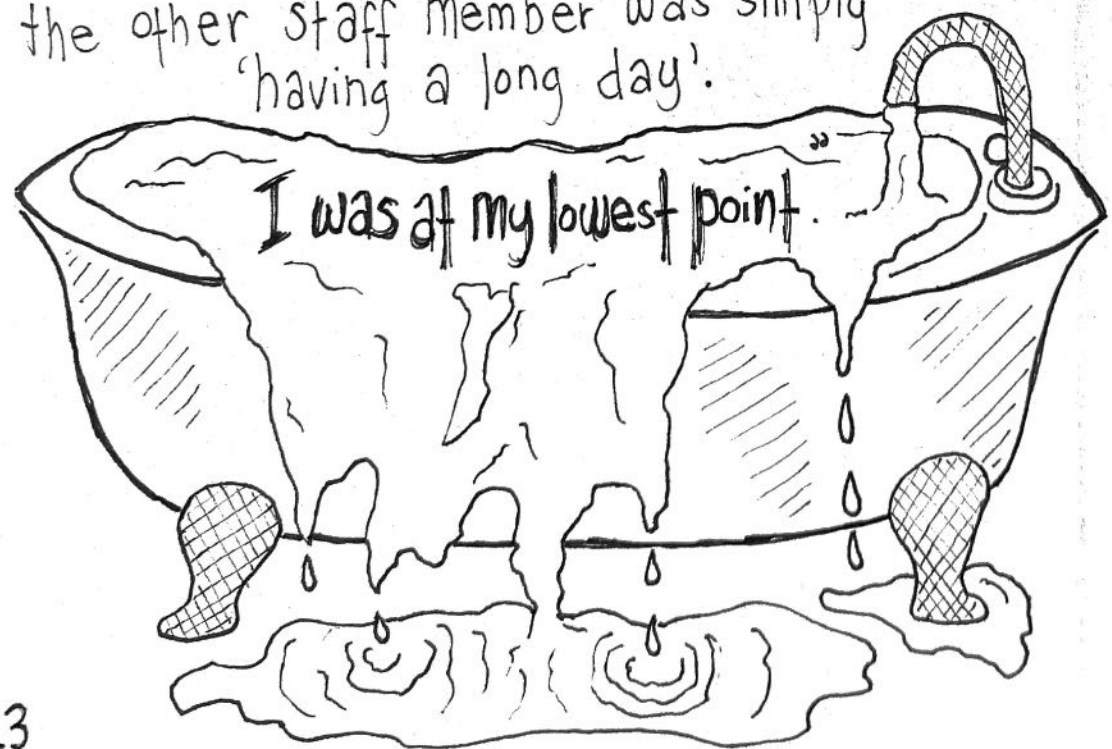
In the end, a few of us called 999 ourselves
but we weren't able to give them enough information
and the nurse refused to speak to them.

The nurse said the patient was fine
because her observations were okay,
despite that at this point I think
she was fully unconscious.

Eventually she got taken to hospital
but it took way longer than necessary and
she was left in her room unattended for hours.



“ There was an incident where I attempted to fill the bath to drown myself & mid-incident I was told by a nurse that I was ‘faking’ My attempt to **copy other patients**, even though I had a history of attempting this way. She then told all the other staff to **leave me** to make the attempt on my life because I was **‘faking it’**. Finally, staff from the other ward came and told me the other staff member was simply ‘having a long day’.



“ I was regularly on one-one & at night my one-one **used to fall asleep** all the time. It wasn't a secret either; patients knew which staff would fall asleep so would wait for the opportunity to harm themselves. When we brought it up with the manager or other staff, they would **try to cover it up** and lie to us.

Staff would forget to lock the front door which would result in people absconding. I managed to abscond **multiple times** and my friends all were able to abscond too.

“ I was **restrained** by 6 male staff members; I woke up the next morning to find I'd been IM'd so I didn't really remember anything.

I had a lot of **injuries** that were not caused by myself

I had to go to general hospital for a medical examination where it was found that those injuries were caused by the 6 staff members from **improper use of restraint** and other injuries that were caused by them but they weren't sure how they got there.

12 members of staff from that night shift were suspended, but I didn't know what happened after that -
I was never given any further answers as to the outcome.

I was eventually moved to 2 other Huntercombe hospitals including Maidenhead where it all just got worse.”

“ The psychiatrist refused to diagnose the patients. My friend told them she thought she was autistic and **they told her she wasn't** (she got sent to a HDU and was eventually diagnosed as autistic). This happened with **many** children there; they said I didn't show signs of autism or OCD, even though the staff thought I showed signs of both. **I was later diagnosed** with OCD & I'm waiting for my autism assessment.

My parents **weren't** allowed to visit me during the week because we had 'school'. So I only saw my parents roughly **2-4 times a month** which broke my heart. ”

“

Staff **loved** to give out PRN. Struggling to sleep? **PRN.** Bad day? **PRN.** If you went to agency staff and asked for PRN, they'd just give it to you. **No questions asked.** Patients did this to save up pills & overdose.

”

"Thames relied a lot more heavily than my first ward on the use of PRN medications, which were supposedly only used as a "last resort" but more often than not they were "dished out" at the slightest hint that there would be "trouble." I say "trouble" because we, the patients,

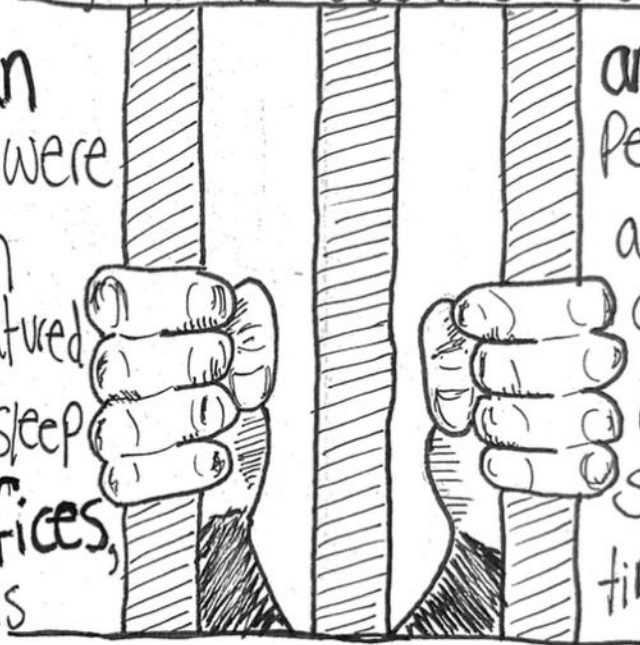
were often seen as an waste of space; We were

the way of conversation staff members, we ligatured they were trying to sleep

Nurses hid in their offices, for an hour at meds

seemingly unavailable. Months without OTs and specialist psychologists.

This was a holding place, not a treatment facility."



annoyance or a people who got in and gossip between at annoying times - on our one-to-one! Sneaking out only time, always

" After 2 months in Huntercombe Stafford people were coming and going and I started struggling with self-harm and it got worse.

I was being restrained almost every day, if not multiple times a day, which was distressing & exhausting.

Whilst there, I watched patients sneak contraband in, or hide meds in their mouths to store in their rooms where they'd overdose or self-harm. My friend almost died; she was left unattended while staff were responding to another incident and ligatured and was found on the floor cold. They had to call doctors in from a general hospital to check on her and she was on bed rest for 3 days afterwards because she was so drugged up.

One time when I was on one to one, a night-time staff member watched me burn myself with salt & ice and did nothing. I ended up in bandages where blisters had popped during restraints. "

"In my entire 4 years spent inpatient, I was only ever offered DBT as a therapeutic approach.

Nothing was personal; nothing seemed to be reaching for real recovery."

"Initially, Watcombe Hall felt like a family, especially in comparison to the larger wards of Maidenhead. There was always an **unsettled atmosphere** due to the lack of stable psychiatrists, managers and therapists though. It seemed months would go with, and then without. You'd tell a new team of people your problems every week or so, and there were **constant** medication changes, even constant **DIAGNOSIS** changes."

" On my first night in isolation
they sent down some staff members
who were of an ethnicity that I associate with something traumatic
that happened a few weeks before I was admitted.

This was after they assured me
this wouldn't happen.

I was terrified;

as a trauma response I screamed.
I had absolutely no control over this reaction
but I was told to "just be quiet".

When a nurse came down to isolation
they stood in a position that
I associate with the person from my trauma.

I couldn't see the person
but I knew they were there.

Standing where they were gave them a human figure
which scared me so I continued to scream.



My mom had to call the ward
to get them to change the person on my 1:1.

“ One day I was feeling a little stronger. I told myself I wouldn't fight. I wore a dress for the first time in months because I got to see my family in the visitor's room.

But the staff missed my normal feed time as there weren't enough staff to facilitate my restraint so **they left it & let me think it wouldn't happen** today. Then my family turned up and the nurse wouldn't let them in. I could see them through the locked doors, waiting for me. And I knew something was wrong.

Then I saw the blue gloves and aprons and staff from another ward. They came to drag me down the corridor and into the clinic.

I begged them to wait.

I pleaded for them to take my family outside and not leave them in the waiting room to hear me scream. They didn't listen; they never did. They let my 10 yr old brother & 11 yr old sister & Mum listen, they heard everything. I wasn't allowed to see them til' after the restraint but **the damage was done**. Staff members themselves were crying as they tried to comfort me, powerless to the nurse's orders.

The trauma I went through was deemed necessary for my own life, but I will NEVER forgive them for putting my family through it too. ”

“ My Parents often made complaints to the ward about the amount of restraint use. Huntercombe usually responded by saying they had reviewed the CCTV and found nothing untoward. They

their staff had PRICE I had numerous that staff were techniques correctly. to the CCTV footage, even though the footage involved me.



Went on to say all restraint training, but Photos of bruising to prove not applying PRICE

Huntercombe denied my parents access

My dad contacted the local authority twice. Huntercombe viewed the footage with a police officer, who contacted dad afterwards. The police officer admitted he was not trained in the restraint techniques used but he felt there were no issues. The CCTV was only video; it didn't show the verbal abuse staff used whilst I was under restraint. ”

"An important rule on the ward was that people's incidents were private and should be kept that way.

One day,
I remember that a patient had a self harm incident and was brought to the clinic with fresh self harm in front of everyone which was very traumatic for me.

They should've brought us into another room before bringing the patient out."

"One time in the dining room, my tics caused me to bend back over one of the chairs.

A healthcare assistant who was present told a nurse who wasn't there that I was climbing on furniture and that I had told her to "Fuck off".

That did NOT happen and I still stand by that; I was already struggling to the point that I had to lock myself in my room but the nurse came to shout at me for "verbally abusing staff."

“In the room across the hall from mine was a **13 year old** patient. We used to write each other notes at night when we heard the other crying. When she was in her room, staff used to **Scream and Shout** at her. Once, a staff member threw a chair at her because she was self-harming. Since then, I've had flashbacks & hallucinations of the sound of her crying and the sense of **helplessness** it brought.”

Hey, ☺
If you want to talk, I'm here & wide awake.
I saw the teddys on your bed - they're so cute - what are they called?
Hope you're ok xxx
P.S. your hair is AMAZING!

A scrap of warmth in a horrifying place.

“I'd tied something around my neck. I was **losing consciousness**, and at the time I believed this was what I wanted. An agency nurse came in and saw me, but **she left** as though it wasn't a problem. I passed out. I woke up in the arms of a carer who shouldn't have had that burden. **I was barely alive.**”

“In the first week, us patients saw a **non-ironic** conversation between two health workers about how they believed we were all '**taken by the devil.**' We weren't sad or angry at the time, just shocked that **staff** could have views like that”

"Three times a day
I would be day
restrained and
dragged through
the corridors
screaming, kicking
and thrashing at
stranger's hands
bruising my
skin. "I can't
breathe" I
would tell
them



lungs" they
would conclude,
finally believing
I could not
breathe.

in between
my gasps
for air. Blue
gloved hands
covered my mouth,
another covering
one side of my nose
as they attempted to
insert the tube into
the other. "It's in her

And then
they'd
try
again.¹⁹

"A Student Nurse just stood
there, watching. Another with
syringes. She demanded



Nobody was to speak

Two fully grown
men sat on top of
me, another two holding
each arm, another on
top of my legs, another
holding my head. I
would scream and
fight as much as I
could; these people
were putting me through
my worst fears in
the name of treatment.

engage with me, because I

to me, Nobody was to comfort

of sem apodou 'em
me, nobody was

was being
difficult. And they
didn't like difficult.⁹⁹

"I had a history of very mild Self-harm & past suicide attempts. I had experienced Physical abuse from 2-12 years of age. Whilst at Huntercombe, I had over 90 reported incidents of self-harm or attempts. Over 90. In my first 2 weeks of admission, I didn't spend any time outside - not even into the garden. At that point, I had 0 incidents, I was quiet & stayed in my room all day (literally). For a month I had no signs of Self-harm or attempts. I was told that I was an informal patient and could leave at any point, however I was cautious and said to the doctor: 'but if I try to leave, you'll just section me, won't you?' The doctor smiled and said that I was clever, and that there was a strong possibility I would be sectioned, even though I'd had no incidents.

I was diagnosed with 'BPD' before I was admitted to Huntercombe and spent 7 months there after being told my stay would be only 3 months. A lot happened in that time

I was admitted to Huntercombe and being told my stay would be only 3 months. A lot happened in that time & I carry the trauma of it still.

“ One day, a staff member misread my prescription and I was given eight times the amount of prescribed meds.

I insisted they weren't my meds but the staff said either I take the meds or they would write that I'd refused treatment.

I was very close to being sectioned, so I just took them.

I slept for eleven hours.

Afterward, the staff woke me up and said

“We gave you too many meds, sorry”
then left.”



“ our Ward was attached to a ‘PICU’
(psychiatric intensive care unit).

When there were incidents on the
other Ward, staff from our Ward
attended and we were **left alone**.

one time, I was left on the
Ward with another patient, who
tied a ligature. I screamed for
help but no staff came, so I tried
to **stop her strangling herself**

While I waited for staff to
return from the other Ward.

Minutes passed. By the time the staff

returned, the patient's face had turned **blue**. I was

petrified, but not a single staff member spoke to me about it.



"Ever since my initial admission, my Parents had been urging their local council for support to move me closer to North Devon, so after two years I eventually had the opportunity to move to Watcombe Hall in Torquay. I left Maidenhead **one week** before I was meant to sit my GCSE exams, and they never rebooked them, which **messed my entire education up** - even to the day you are reading this.

Initially, I was in the main hall in Watcombe, which only lasted 4 days due to sudden bullying that caused my suicidal ideation and attempts to increase. The staff had **no plan** in place to tackle this, and let the group of two patients escalate the **bullying**, to the point where I was constantly self-harming and **couldn't be handled in the main hall.**"

“ Staff **bullied other Staff**. A group of staff members called another staff member ‘fat bird’ behind her back to the patients.

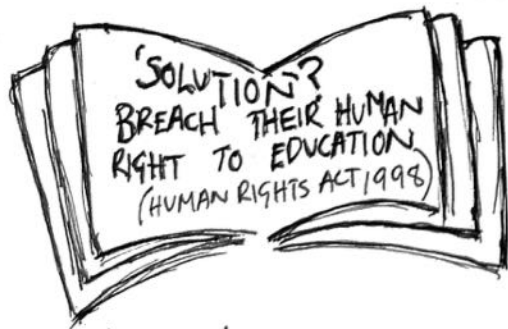
Staff members also bullied service users; one autistic patient was **Mocked** because she had facial hair. Staff would joke about her and accuse her of faking her illness. ”

“ A patient with an eating disorder used to faint due to lack of nutrition. Staff accused her of **pretending to faint for attention**, behind her back and to her face. ”



" I was banned from education sessions because when I had gone into a lesson the teacher handed me a 'risk' item, which I used to harm myself.

Then the staff decided I was too much of a risk.



I missed out on a lot of education because of this. "

" My experience was not a good one.

I have a lot of trauma from that time that I still haven't gotten over 9 years later.

It took away a lot of my innocence,

I didn't go home the same person.

“ We (the patients) weren't allowed into our bedrooms between 8am and 10pm. For 14 hours a day, we only had access to **2 rooms**. There was no space for privacy. By 8pm, I would always just want to sleep, but this was never allowed. I'd beg & cry to go up, but the answer was always, without explanation, **“No.”** ”

After incidents, the ward psychiatrist would remove our 'privileges'. If eating disorder patients didn't finish their meal-plans, they **were not allowed outside** and if patients self-harmed they had their leave taken away. This meant many patients didn't see friends/family, or experience normality, for **months** on end. ”

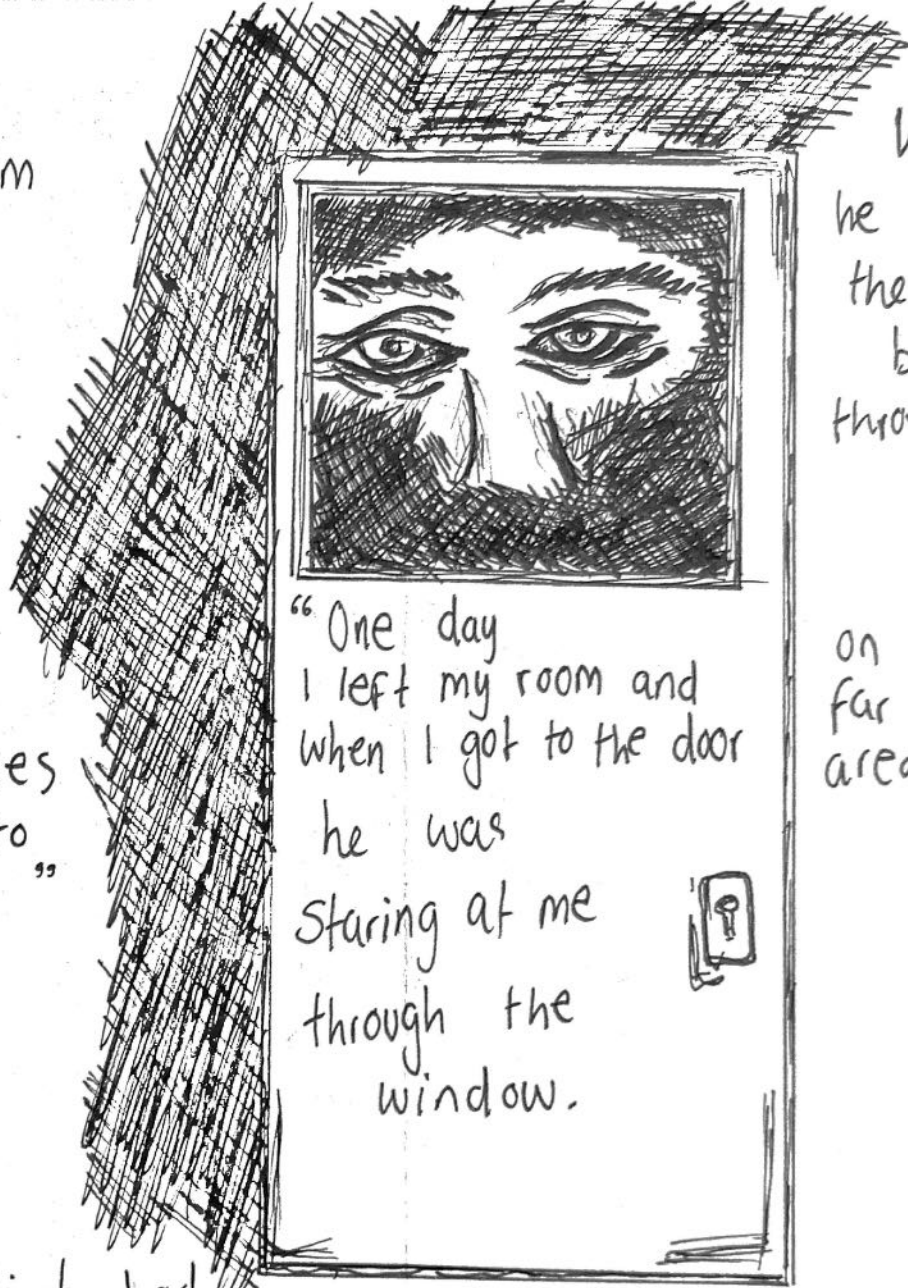
“ In my room on the ward, I used to make myself a 'nest' under my desk using my duvet. I'm autistic, and a 'safe place' is really important to me, especially in a loud & chaotic environment. When staff came to check on me, they would shout at me to **“stop acting up”**, and rip apart my nest. They never told me why I wasn't allowed a safe place. I was surrounded by eyes, watching every single waking and sleeping moment of my existence. **Why did they never see me?** ”

All anyone ever really needs is their needs met. Were mine so hard to meet? ”

"There was a male patient whose condition made him stare at people and one day he put his hand on my thigh.

I was terrified and so were many of the other patients.

We told the nurses but told, in effect, to "get over it."



"One day I left my room and when I got to the door he was staring at me through the window."

We were told that he shouldn't be in the girl's corridor but he was watching me through the window.

All the girls on our corridor hid as far from the general area on our corridor."

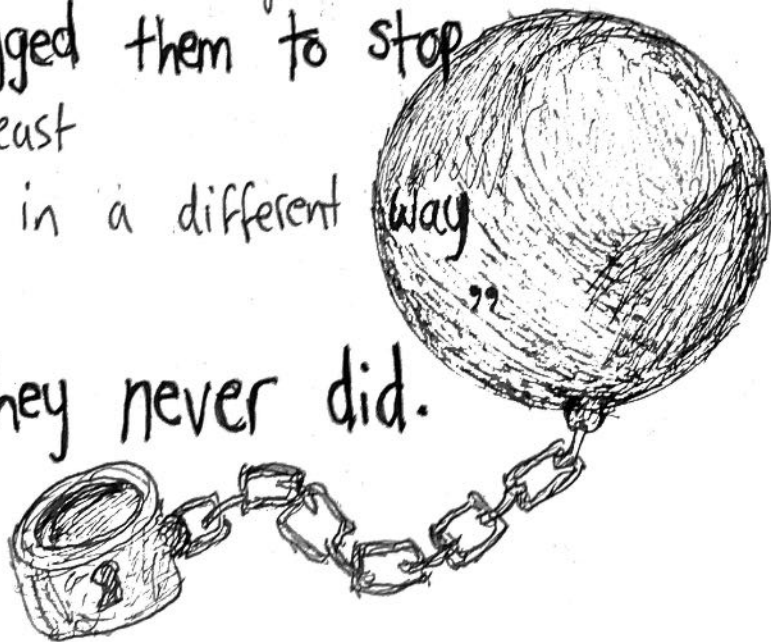
"I understand that the patient had no control, but it wasn't the patient that was the issue, it was how the staff handled it; letting him into the girls corridor and just watching him and not stopping him while he was staring through my window."

" I was repeatedly restrained using a straight arm hold even though it caused my arms to hyperextend because of my hypermobility.

This caused me excruciating amounts of pain that lasted for days.

I told them that it was extremely painful because I'm hypermobile and begged them to stop or at least hold me in a different way

but they never did.



" A staff member found me ligaturing and left me on my own, to go and tell the nurse as he didn't want to wake anyone by pressing the alarm."

⁶⁶ I was one of multiple patients to be told I did not have an eating disorder after asking for support with it. When I was discharged, I later became **life-threateningly** ill with an eating disorder. ⁹⁹

⁶⁶ I was told I **wanted** to be in hospital to avoid my parents; I am now in private trauma therapy for abuse I received from my parents as a child. ⁹⁹

⁶⁶ I had a Christmas card **taken** from me & **destroyed** because the person who sent it had not been approved by a social worker who was on leave. ⁹⁹

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⁶⁶ During educational hours, we were not allowed to play cards, board games, watch TV or drink hot drinks. If we were not well enough to attend education, we were made to **sit in silence** until school had finished...

I don't know how I passed the hours. ⁹⁹



⁶⁶ For up to two weeks at a time, we were not allowed outdoors, **even into the garden**, due to lack of staffing. ⁹⁹

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“ A Staff member accused me of being a coward and a bully, out-of-the-blue during a normal conversation. I was **incredibly** hurt; I liked & trusted her.

Later, she asked me if her words had upset me. I lied, & told her they hadn't. She answered:

“ Good, because I meant every word I said. ”

I don't remember staff **ever** saying nice things, except for the one who groomed and sexually abused me. They were cold, unempathetic and cruel. ”

“ Before Huntercombe hospitalisation I read voraciously and I was doing incredibly well in school, especially English where I was showing blossoming talent as a writer.

This has all gone now.
This has all gone now.

“ I struggle to focus on a book for more than one or two pages. ”

“ A nurse tried to force me to take medication that wasn't mine and didn't believe me when I told her.

I was struggling with paranoia at this time and thought that everyone was trying to poison me.

This was very unhelpful.”



“ It didn't happen to me but I witnessed it;

A staff member who was supposed to be supporting someone who was headbanging said something along the lines of

“ I don't understand why she's doing it ”

and then started to headbang herself a couple of times

just to see what it was like.”

“Patients with self-harm scars were made to wear bandages 24/7. It made sense to ask people to cover up fresh self-harm, but patients were walking around in the summer heat covered in bandages because of **their skin**, and if they were caught in short-sleeves then they would be sent to their rooms or **isolated** from interacting with **other patients** until they covered up.”

“My admission to Huntercombe Watcombe Hall started off **like any other admission** to a PICU; lots of incidents, restraints etc. but the staff were all very supportive to start with and I wasn't on too much medication.

Things got worse as the weeks and months went by and I met a male staff member, who was middle aged. I got close to him, not knowing what was to become of it.”

2 I started having more incidents as time went by; I was more poorly and one specific staff member chose to spend most of his time with me; I would be tying ligatures then he'd kiss me and not tell anyone.

A couple months in, I was getting rapid tranquilised daily and I was so drugged up I couldn't speak properly. I was on level 4 observations which meant there was a staff member with me at all times. This gave the opportunity for that staff member to spend his time with me and groom and sexually abuse me. I thought he was doing me favours and I felt like I was in love with him because he manipulated and took advantage of me.

Towards the end of this admission, most of the night staff were agency; they did several illegal things and also let the patients harm themselves and verbally abused us."

"The PICU at Watcombe Hall closed down before the open ward did, so I got moved to Maidenhead PICU where no one offered me support and I just stayed in my room alone and slept most of the time.

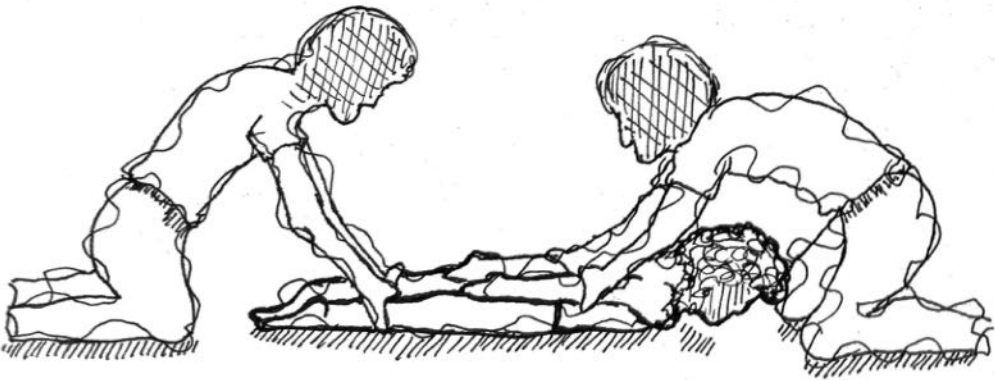
It wasn't nearly as awful as Watcombe Hall, but it was still unpleasant watching other patients manage to get away with badly harming themselves and the staff almost not caring.

My admission to Watcombe Hall caused me to have
"Complex post traumatic stress disorder."

"Fights would break out a lot and patients would punch each other. This happened lots with a 13 & 16 year old. The 16 year old would constantly pick fights and hurt the younger girl. We tried to get this sorted, but the staff kept saying "one of them will be discharged soon". It was another 3 weeks until the older girl left."

"I was restrained multiple times a day. Sometimes I would be just getting anxious and they'd restrain me. They accused me of **liking** being restrained.

The restraints caused me to have a seizure, however I got **no medical attention** and have been left to this day wondering if the seizures will return."



Evidently more likely to cause harm than being publicly strip-searched by 5 men as a vulnerable child ...

"After lunch one day I was told I was concealing a plastic knife. 5 male staff members **surrounded me**, **dragged me** into the corridor (where other patients could see) and stripped my clothes off me. **I was fully naked**, screaming & crying, whilst they were holding me in an illegal restraint. Eventually they gave up when they realised I didn't have a knife. I'm not sure whether they thought I **had the knife at all.**"

"My sister has high functioning autism and is also a selective mute. She has significant social communication difficulties which means initiating conversation with new people is extremely difficult, as is change. She was moved to Huntercombe Maidenhead in November 2019. This was miles away from us, her family. We were unable to see her for 2 weeks and she had her phone taken off her so we had no contact with her. When we did eventually see her 2 weeks later she was still in the same clothes she was sent in. She had not been given any of her stuff and no toiletries. She had not washed or cleaned her teeth for 2 weeks and had slept in the same clothes and underwear for the same length of time. Because my sister found it extremely difficult to request her stuff, she didn't ask.

Because she didn't ask, nobody thought to give it to her."

" I was a Scared 14 year old
who was told I was going to
Huntercombe Stafford
and if I didn't agree I would be sectioned.

It was 2 and a half hours from home.

My mum left me there and was under
the impression I would be looked after.

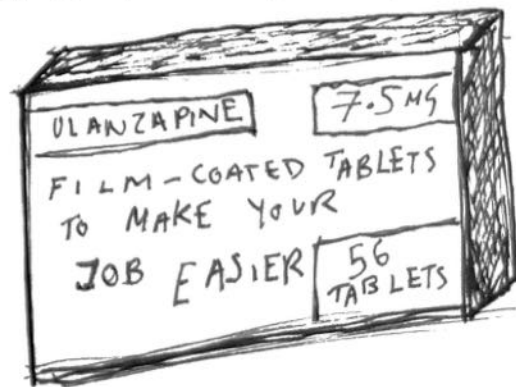
3 days later she came to visit
and said I was

like a different person. "

" Every Patient was on olanzapine
including me.

I wasn't psychotic and I don't understand
the reasoning for giving Children
strong antipsychotics
that they don't want or need.

We were very sedated,
I think the reason for this was



to make us easier to deal with. "

"I had a seizure after I was chemically restrained and **overdosed** with haloperidol (my regular med) which led to breathing issues. I was in a great amount of distress, yet Huntercombe staff **refused** to call an ambulance. They tried to convince me to take more medication to "counteract" the effect, and threatened to chemically restrain me again.

When they finally called an ambulance, they were scolded by paramedics for not calling sooner."

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"When I had an infected toe, staff **refused** to take me to hospital for far too long.

Once, after I was forcibly injected with sedative, I noticed **pain & numbness** down the back of my leg.

This continued for many months, with **no physical checks** carried out by staff."

Patient obs:
ST: FINE
LM: SEEMS FINE
VB: OHAY
SQ: FINE
AD: I just don't care.

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" I was really scared of one of the nurses and I told this to many healthcare assistants but the nurse started raising his voice at me.

While crying, I said that I was scared of him. He immediately shut me down and said I'm not really scared of him.

Very invalidating. "

" One time I was screaming and I had no control over it but one of the nurses came into my room and told me there's "absolutely no need for screaming".

This only made me more upset which triggered my hics to start to hit me. "

"Patients were weighed in the main living area, despite **nearly all** the patients having eating disorders."

"Sometimes, I would head-bang as a method of self-harm. In the main living area, I left a large blood stain on the wall from head-banging. It stayed there **for weeks** 'til a CQC inspection was announced."

"A food hygiene report found that the kitchen was **not safe** for food preparation."

"A 17-year-old girl was restrained by **6 adult men**. They held her face down on the floor."

One staff member pinned her down head. Myself & the other girls watched as her trousers were removed & she was **forcibly injected** with sedative."



"A Senior Member of Staff groomed and sexually abused me. Part of his grooming process involved spending time with me, so when I was on one-to-one he would always request to be allocated to me. If I had escorted leave, he always offered to come with me. Whenever he was on shift, he **actively sought** to spend more time with me than any other patient, and he spent more time with me than any other staff member did, including my key nurse. Whenever he wasn't on shift, I would take unescorted leave to meet him. Both **staff & patients** talked about him being 'weird' & one staff member always joked at me for 'having a crush' on him. The abuser led me to believe I was in a

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relationship with him, and early into being groomed I told a member of staff **I trusted** that him & I were "dating". Instead of reporting this as a safeguarding issue, the staff member responded with **support**; she told me lots of people have big age gaps in their relationships, using **another patient's** parents as an example.

I disclosed what was happening to my family after I was discharged. In response, the abuser was suspended & the decision was made to send me **back** to the hospital where the abuse happened, supposedly for my own safety. Here, staff told me they "always thought he was creepy" & shared stories of **witnessing** him groom other

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patients in the service. I found out that he'd been suspended & internally investigated **Multiple times** in the past, once for a 6 month period, for having "inappropriate relationships" with female, teenage patients and he'd been **banned** from working both on the PICU Ward and on Night shifts as a result. Despite this, his behaviour was **Not reported** or investigated by any agency, other than Huntercombe themselves & **No further action** was taken.

After a CQC report found that the hospital was 'inadequate', and multiple safeguarding concerns were raised, an interim manager stepped in to "rescue" the service. One of the first steps she took was to introduce a **dress-code** for

the patients; We weren't allowed to wear pyjamas, skirts, dresses or other "revealing" outfits on the ward. When we asked her why she'd put this in place, she told us she was "**protecting the male staff**".

We weren't just made to feel **responsible** for the abuse, but also responsible for putting the staff **at risk** of abusing us. At every turn, Huntercombe chose to protect their staff, and ultimately reputation, over the children in their care.

We were consistently treated as an inanimate **means of income**. Our abuse, neglect and humiliation brought paychecks to those whose **duty** it was to protect us. "

"After one serious incident, I was moved to another ward, Thames, one of the PICUs. My move wasn't simple; I remember staff chasing me down, very tall strong men. Because of my refusal to move units, they literally dragged me to Thames, publicly showcasing me within the garden grounds. Within 10 minutes of being told I was going to be sectioned for the first time, I was being hunted down, restrained and dragged."



Due to my ligature attempts I was left sleeping on a mattress with **no bedding**. I asked for a blanket & they said I wasn't allowed it, **not even my comfort blanket** which I slept with every night since I was little. But I was allowed my phone charger & shoelaces (two high-risk items) in my room.



I even asked for an anti-ligature blanket or weighted one to keep me warm because I was cold & **they refused**. The girl in the anti-ligature room next door was allowed her phone charger too. "85

re There were times I had to be hyper aware of what meds we were given, in case of mix ups. Luckily I always knew what doses I was on and what my medications looked like, so I always questioned if my medication didn't look right. I queried whether meds were mine many times, before staff realised they'd made a mistake."

ec

When therapists and nurses who knew me tried to advocate for me receiving Support, the doctor would reply saying that I Couldn't be given it because **He** hadn't made the decision.



The Consultant Psychiatrists essentially view themselves as omnipotent; their thoughts are truth and will be acted on whether this is to the benefit of the patient, or as was often the case, harmful. "9

"There was a trick I noticed that ran through all of the Huntercombe wards I went to.

A few elite staff members, whilst restraining you in a certain upright hold, were able to discreetly pinch the inside of your fleshy part of the upper arm, and despite your yells, they would never stop."

"There were several staff members on the ward who used their power to taunt and mentally blow us up to start a restraint.

It sounds insane to the outsider and likely you will doubt the reality of it too. Who would WANT to restrain vulnerable, mentally unwell adolescents?

Perhaps that is why we have remained quiet and still remain quiet now; who would believe anyone with such diagnoses as ours, that the people in charge of our care were the ones hurting US."

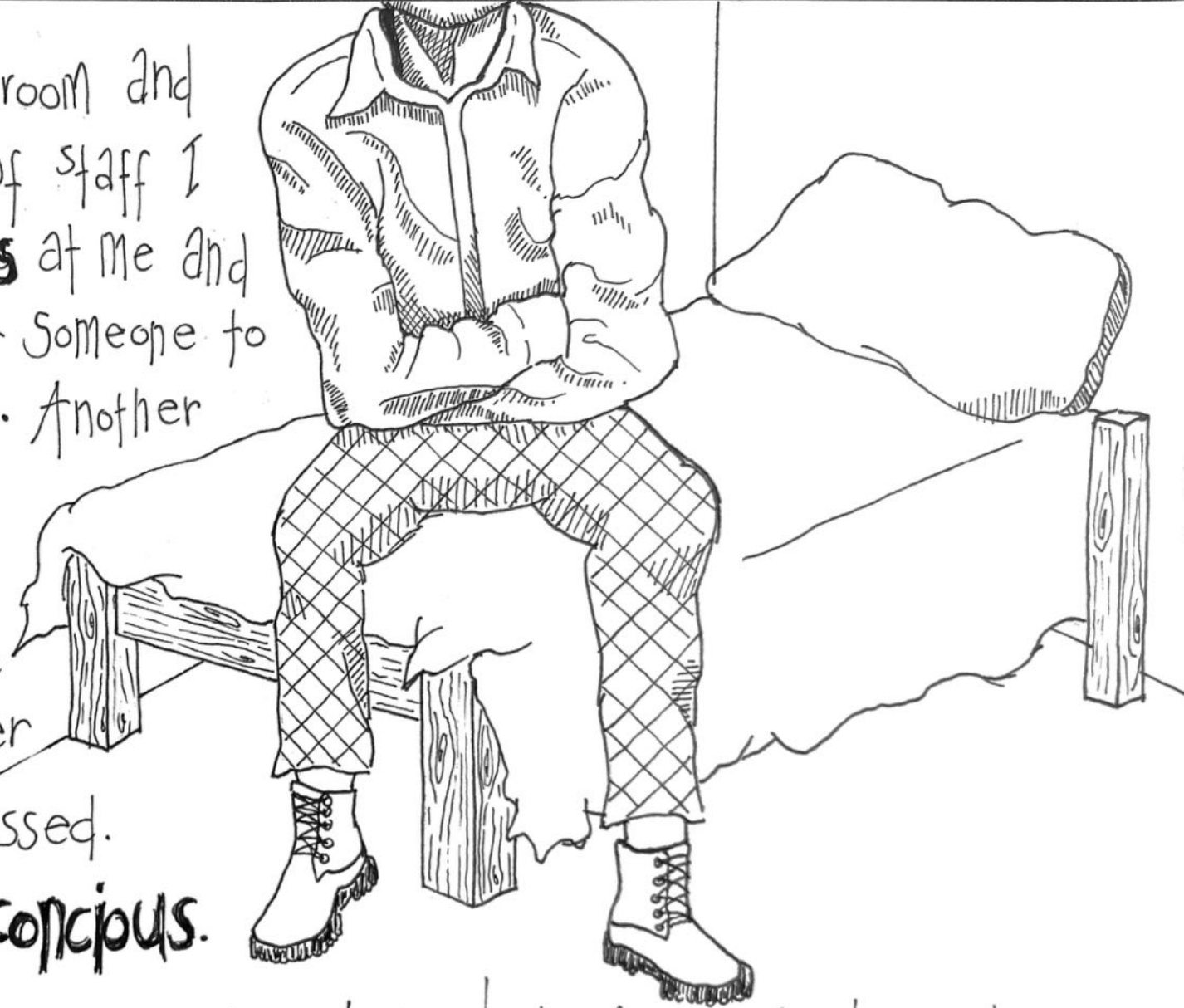
Yasmin was prescribed quetiapine and sertraline in 2016 and 2017. Good Practice dictates the use of routine ECG prior to commencement of antipsychotic medication and **regular monitoring**, particularly with the use of high doses. In a patient such as Yasmin, awareness of QT prolongation as measured by the corrected QT interval **should have been an active concern**. Caution should also be used in prescribing quetiapine for patients suffering from depression under the age of 25 because of the increased risk of suicide. Medication is **excessively used** in Huntercombe hospitals and (in Yasmin's case) not monitored; she didn't have **any** ECGs or blood tests and this could have contributed to her sudden arrhythmia death. She just had more medication chucked at her when counselling would have been more appropriate."

"My sister was regularly chemically restrained. They would put a feeding tube in her nose daily and instead of leaving it in they would pull it out every time.

One time I went to hug her and accidentally knocked her nose, which bled so much because of all the scabs they had caused from this "treatment."

"My sister received no therapy the entire time she was at Huntercombe, and the clinical lead told us in a meeting that they were learning about autism through my sister."

“ I tied a ligature in my bedroom and was found by a Member of staff I remember him **rolling his eyes** at me and shouting down the corridor for someone to fetch the ligature scissors. Another staff Member appeared with scissors, but was told they **weren't the right pair**, so he left. The other staff Member sat on my bed, his arms crossed.



At this point, I became unconscious.

When I woke up, the lack of oxygen to my brain had caused my bowels to open. I was **disoriented & terrified**, but the staff member acted with total indifference towards me. He watched me sobbing as I cleaned myself up. I still don't know how long I was unconscious for, but I did not receive **any medical aftercare.**” 96

“ My first night they restrained me
and told my mum they gave me a ‘tranquilizer’,
which they did against my will.

Being injected in your bum as a 14 year old child
is not a nice experience.

My mum was so concerned about me as this was
the first time I'd ever been forcibly injected.

When she visited for the first time
I had engaged in forms of self harm that I never had in the past
and I had bald patches from where
I had pulled my hair out in complete frustration.

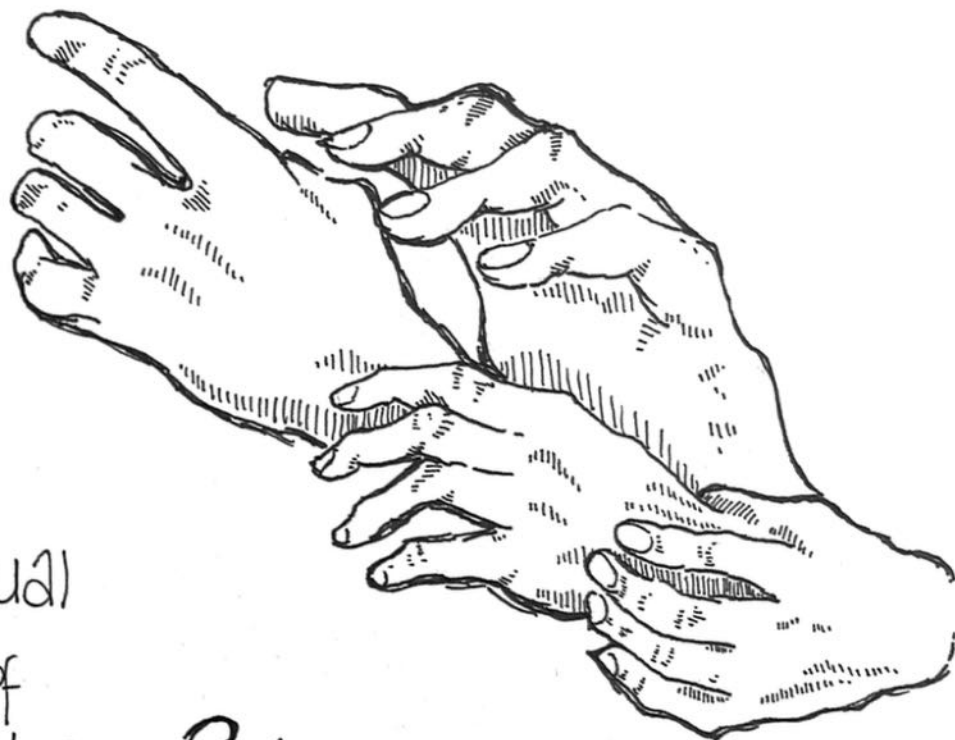
The visitors room was on the ward
and my mum walked past the two bunge rooms
and all the patients were asleep because we were
so overmedicated. It was the middle of the day. ”

“

Multiple Male Staff Members were 'handsy' with me, especially during restraint. One member of staff stroked my upper thigh while he was restraining me, **without my**

consent. Another regularly touched my hair & arms, and made sexual jokes about female members of staff to me. He was more than 3x my age.

One staff member told me she loved me, hugged me, and said that she would kiss me, if it were allowed; the hospital had a strict 'no touching' policy. ”



“ I was admitted to Huntercombe twice. The first time I was 16 & 5 years later I find it difficult to speak about my experiences there. It's hard to believe that the things I saw & had done to me were true because SURELY A PLACE WHERE

CHILDREN GO TO RECEIVE HELP COULD NOT GET AWAY WITH ACTING LIKE THIS. ”



“ I was told that my Self-harm was 'copying from other patients', despite having been admitted after Struggling with Self-harm for years.

Part of my care plan was to have support after meals as I struggled with purging; when I told the ward manager that this was being ignored and staff did not carry out their duties, she responded by changing my care plan to REMOVE THE SUPPORT,

rather than **actually** asking the staff to do what I **DESPERATELY** NEEDED THEM TO DO. ”

"My sister was frequently able to ligature, even when on 1:1 and left with nothing to lie on except a plastic mattress with no bedding."

"I would drive 2 hours weekly to see my sister and each time she was more and more drugged up, to the point at times she could hardly communicate.

She was getting worse,
not better."

"At Maidenhead I used to head-bang, leaving blood on the wall. The staff would watch me, occasionally wiping blood off the walls but never often enough; the place was **coated** in the stuff. Eventually, they would decide enough was enough. Multiple staff would

room in front of some patients. As I screamed, a feeding nose. It did not go in right begging them to stop. I had

Why were they using the down whilst holding me in on my legs and one on

attempts they **forcibly** Afterwards, there were

was to go to my room until I fell asleep. room and **pushed down** onto my bed.

pushed down harder. I desperately so they'd get off me. This happened



drag me to the treatment who just watched in **horror**.

tube was inserted up my and **I started choking**,

complied with all my meals, so tube? They kept forcing it place, one on each arm, one my head. After multiple

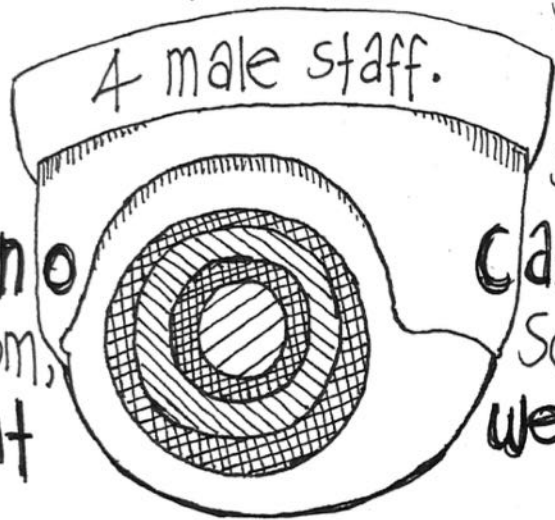
injected me with Sedative. clear instructions that I

I was restrained back to my Any time I tried to sit up I was hoped that the sedative would kick in **every night** for 2 weeks, twice one day.

"I was nearly 14 when I was first sent to an inpatient CAMHS unit, following a series of overdoses and a week-long stint of absolute food refusal. I had agreed to go, knowing now the phrase "an open patient," I was willing. Being from North Devon my family knew from the start there was a huge probability I could be shipped hours away, after all it was easy to find out that at the time there were only a few CAMHS beds, if not in Devon, then the entirety, really of the South West.

It was only the night before I was transferred that we were told where I was going. Bundled into a patient support van, 4 and a half hours later, we arrived. Huntercombe Maidenhead. The open unit I first went to, Tamar, was, and I presume still is, a run down building. An old outhouse, to what was (or would have been) an incredible Manor in its time. My room, stained with ex-patients' blood on the walls (something that was to be a common sight in Huntercombe wards), was an initial shock of "what the hell have I agreed to?"

" I was in restraint after ligaturing & I was extremely distressed, naturally struggling to get out of restraint. The female staff who were restraining me left and brought in



The men
"there's no
your bedroom,
do what
to you."

said:
Cameras in
So we can
we want

Then they proceeded to hit me & spit on me. At one point a staff member put his hand on my breast & all the others laughed. "

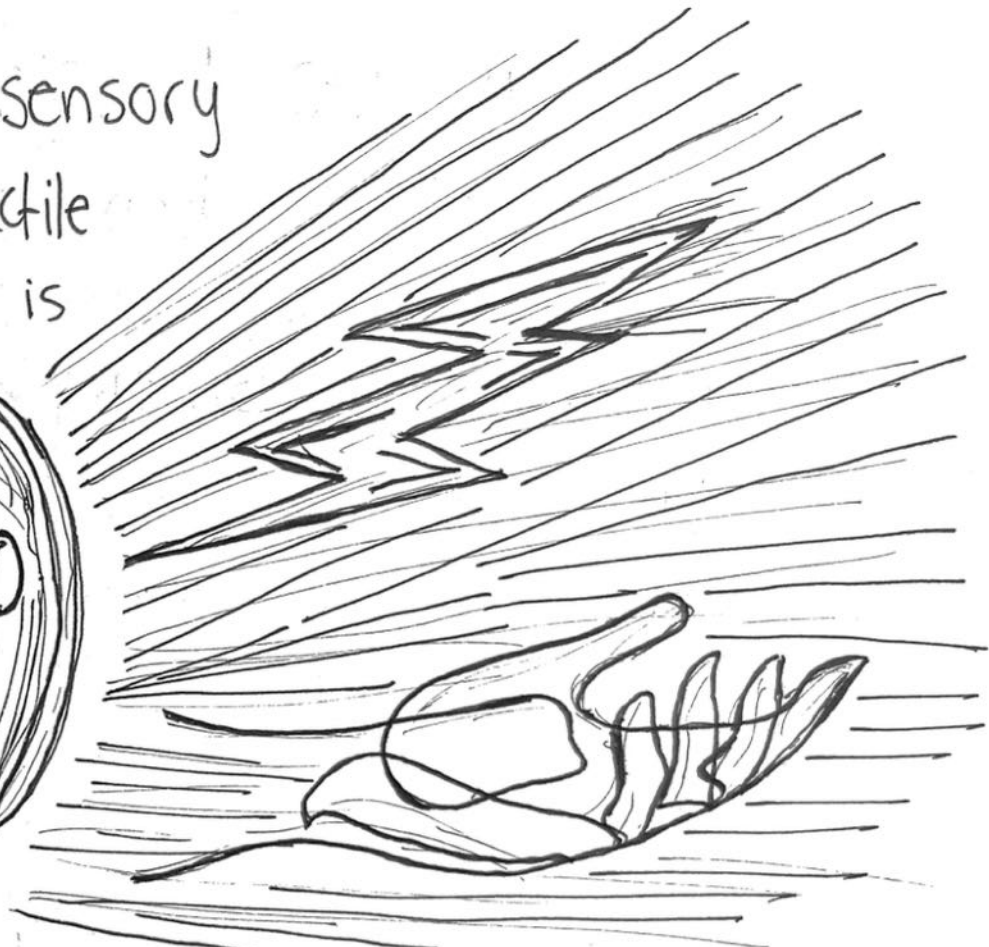
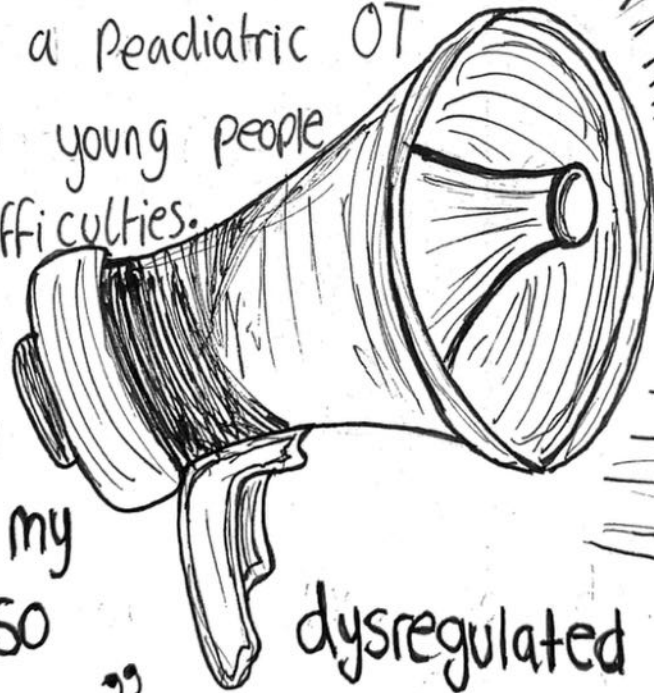
" A close friend on the ward had ligatured severely, causing her to be unconscious. The alarms were sounded and the staff just stood around her & said "let's just wait a bit longer."

They wanted her to be a bit further on, so they could "teach her a lesson." I was screaming for the staff to help her. "

"At one point I was so drugged-up I couldn't eat - I didn't have an eating disorder."

☘ My sister also has significant sensory difficulties, she is auditory and tactile defensive so any noise and touch is distressing. I'm a Paediatric OT and work with young people with sensory difficulties.

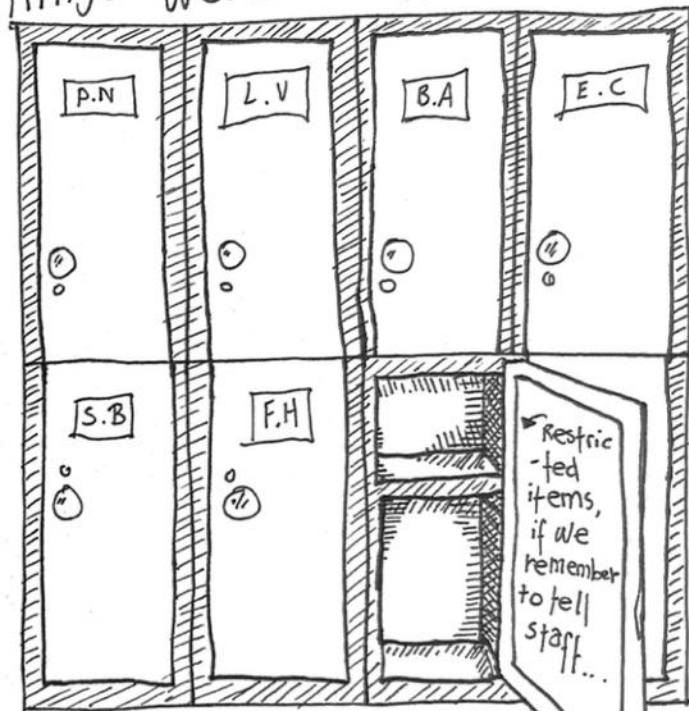
The place was sensory overload; no wonder my sister was so of self harm."



dysregulated to the point

“ I was constantly trying to avoid one girl who was really ill and thought I was trying to hurt her and that I was saying things about her family & telling her secrets. She would run after me and try and attack me and the whole ward felt unsafe around her but they wouldn't transfer her because they wanted her Mum to take her home. It took about a month for her to go. ”

“ The night staff would give me items from my red locker. If things were in the locker,



it's because they were money, valuables or **Contraband** items - such as those which could be used to self-harm. At night, I was given magnets & pin badges which had been taken earlier. ”

"The ward had power over you with a simple phrase;

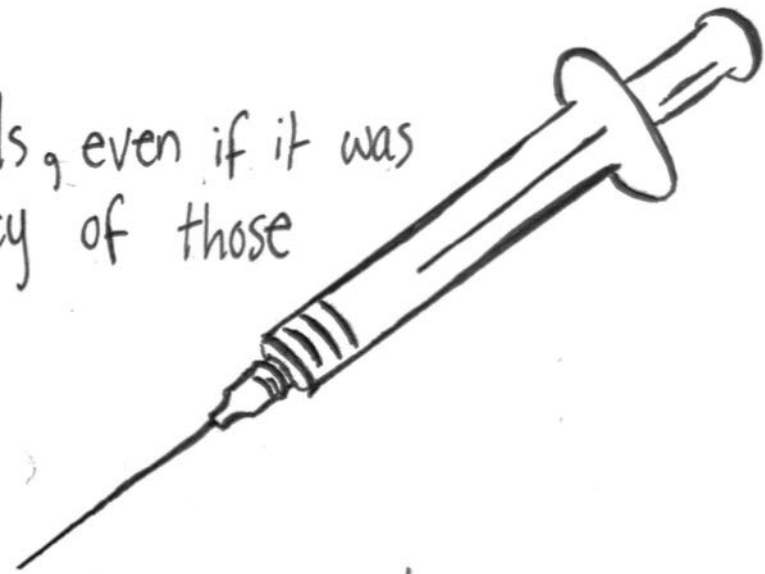
"We have Levo drawn up."

I doubt it was ever in our meds records, even if it was written up, and I doubt that the frequency of those injections were recorded.

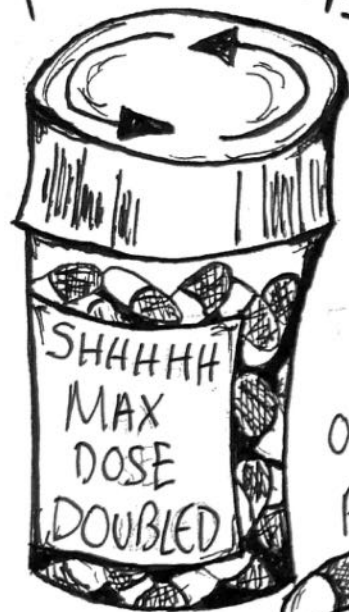
The first IM of this mysterious Levo, I collapsed on the way to dinner, fizzing in and out of consciousness.

I was yelled at for being on the floor and being dramatic. I crawled back to my room where I stayed until mid afternoon the following day. I spoke to the nurse afterwards and begged them to never use that med again, and if I needed anything like that then at least not to use Levo, which they agreed to at the time.

But I was not listened to. I was always pumped with it whenever I had an ounce of "incident" thereafter."



pp1 was consistently overmedicated on haloperidol,
an antipsychotic medicine,
taking 25mg a day. The guidance
for adults on haloperidol is a maximum
of 20mg for severe schizophrenia and/or severe
psychosis, neither of which I had.



I was 15 years old.

“ I wasn't in my first ward for long as there was an incident involving me in the garden, which we had access to all the time. I had sourced a couple of **foxglove flowers** growing freely there and had self-poisoned, knowing the possible **toxic effect on the heart**. Yet, the question asked by the staff was not “are you okay?” or to the gardener, “why did you let **poisonous flowers** grow in the garden of a hospital for children with mental health problems?” No! It was directed towards me; a very angry, “How did you know they were dangerous?” ”



“ During my first night at the hospital, I was shouted at by a member of staff. I'm autistic & I find change terrifying, which meant I was really distressed, so when a staff member I didn't know or trust came into my room I asked her to leave. She screamed;

‘I will not be spoken to like that in MY hospital.’

After this, I stopped asking for privacy because I was so scared of how staff might respond. ”

“ One time, I ligatured with an item of clothing in the 'multi-purpose room'. An agency staff member found me. She made me remove all my clothes, piece by piece, until I was in my underwear, and told me I couldn't have them back until I 'stopped behaving like a child'. Then she left me on one-to-one with a male agency staff member who I'd never met before.

The humiliation was unbearable. ”



"I was given no access to specific eating disorder therapy despite the hospital having a specialised ward.

On the unit I was NG (tube) fed daily, often under restraint by 4-6 people depending on how much I resisted.

This caused multiple injuries, mainly bruising and scratches.

Mentally, I was destroyed."

"I was subjected to chemical restraint very often, sometimes two to three forced injections a day.

Shift staff would often use chemical restraint as the first action without attempting de-escalation.

Often, the staff would use the chemical restraint as a reason to deny my section 17 local leave.

My parents would drive 170 miles (3 1/2 hours) on a Saturday morning, only to arrive to be told my leave was cancelled due to a chemical restraint the night before."



*The same types of staff as those in Maidenhead worked in Watcombe Hall; the winder-uppers, the "I get a kick out of restraining and hurting you" ones. There were less, it seemed, probably because there were less people there anyway. And because by this time you are numb, you are giving up on things ever returning back to normality. Or at least, that is what you are told: "you will be a revolving door patient", "you'll never get out".

But at Watcombe there was a type of staff member I wasn't familiar with. I had discussed with another patient how we thought he was "weird", no more to it though. After all, he was nice enough.

We put it down to him trying to comfort us after a restraint, albeit weird and a bit close to the mark; a rub inside the thigh, was it meant to be like a pat on the back? Followed by numerous hugs every time the restraints ended.

"There were strange things going on. I say this, not only in hindsight, but also from the feeling at the end of my time there.

Old workers who had been amazing started leaving by the dozen, giving the reason to us patients as simply "management things."

They were being replaced suddenly by clueless bank staff.

The already understaffed wards were **even more dangerous**, working on scary staff-patient ratios."

"I felt **sickened** when I left Watcombe to hear the depths of the horrors that some of my fellow patients endured and my love goes out to you all. The **signs should have been screaming** at many of the professionals. When my mind wanders through the days I spent at Huntercombe, I believe there were most definitely **closed eyes**, cover-ups of many things; from physical, psychological, medical and sexual misconduct and hurt. Huntercombe as a group are not just failing to care, but **succeeding in hurting.**"

Acknowledgements

'Through the Glass Doors' exists in recognition of the 20 children who have died in CAMHS hospitals across the UK since 2019 and the further 26 children who lost their lives within one year of discharge due to inadequate community support (*Eley, 2022).

The following people are some of those who have died within the last 8 years at the hands of The Huntercombe Group. We fight for something better in memory of you:

- ★ Stephanie Bincliffe, 25 years old, died at Linden House, 2014.
- ★ Mia Titheridge, 17 years old, died at Huntercombe Norwich, 2017.
- ★ Jason Thomson, 43 years old, died at Cedar House, 2018.
- ★ Sky Rollings, 18 years old, inappropriately discharged from Huntercombe Stafford, died in 2019.
- ★ Name and age not public, died at Huntercombe Maidenhead (now Taplow Manor), Feb 2022.

And countless others.

Glossary

- Anti-ligature
An object or area constructed to prevent a patient from using it to ligature (see 'ligature')
- Agency staff
Staff members brought in from an external agency to cover shifts where there are not enough regular staff.
- BPD
'Borderline Personality Disorder'. An all-encompassing diagnosis, currently favoured by psychiatrists to simplify those seen as 'complex'. Often misdiagnosed in patients who are neurodiverse and/or have survived trauma. Note that it is the patient's personality which is disordered, not their environment or experiences. Sometimes called 'Emotionally Unstable Personality Disorder', because this is apparently less offensive.
- CAMHS
'Child and Adolescent Mental Health Services'; a

branch of the NHS providing care and treatment for mental illness in children and young people.

- Chemical restraint
See 'IM/IM'd'.
- Contraband
Items which are forbidden in hospitals; these vary depending on each service's decision. May include items such as razors, cameras or mobile phones.
- DBT
'Dialectical Behaviour Therapy'. A type of talking therapy which aims to change unhelpful patterns of thinking and help someone accept themselves but fails to be trauma-informed or person-centred and tends to trivialise the emotional experiences of patients or infantilise their illnesses. In CAMHS units, DBT often involves awkward group sessions which patients are forced to attend under the threat of having 'leave' taken away or being labelled as disengaged.
- De-escalation
The technique of reducing a person's level

of mental distress.

◦ Escorted/unescorted leave

Escorted leave describes leave (See 'Leave') from hospital where a patient is accompanied by a member or members of staff. unescorted leave is leave from hospital where a patient is not accompanied by any staff.

◦ Forced injection

See 'IM/IM'd'.

◦ Grooming

When an offender befriends and/or establishes a sense of trust and dependency in their victim in order to manipulate and abuse them.

◦ Haloperidol

An antipsychotic medication used to treat psychotic disorders and associated acute symptoms such as hallucinations.

◦ HDU

'High-dependency Unit'. A hospital or area in a hospital designed for people who are deemed to present with risk unmanageable in a general adolescent unit.

◦ Headbang

A method of self-harm or emotional self-regulation which involves a person hitting their head against a wall, often repeatedly and sometimes with extreme

force. Particular prevalent in autistic people, for whom it may be a self-stimulating behaviour in response to the over-stimulation of ward environments.

◦ IM/IM'd

Used in mental health hospitals to describe the process of a patient receiving an intramuscular injection of sedative against their will; bluntly, a patient is restrained so they are lying front-down on a surface by multiple staff. Their trousers (and sometimes underwear) are then pulled down and they are forcibly injected in the muscles of their buttocks. This utterly degrading and humiliating process, which often happens in front of other patients, is supposedly only used as a last resort in cases where other methods of de-escalation (see 'De-escalation') have failed, although in reality it happens as a first resort when a hospital is understaffed, untrained and views its patients as nuisances.

◦ Incident

A term used to describe an event where a patient is deemed to have not engaged with a hospital's 'therapeutic programme'. For instance, where a patient has self-harmed, shouted or absconded.

◦ Leave

A term describing a patient's authorised time

away from hospital to return home, visit family / friends or partake in normal human activities.

◦ Levo

Levomepromazine; a tranquilizer typically used as a last resort in palliative care when a patient is displaying extreme levels of distress or confusion which can't be managed using other medications.

In Huntercombe, levo serves as a way of threatening patients into submission ("We have levo drawn up") or physically restricting a patient's movement by sedating them, sometimes to the point where they lose consciousness.

◦ Ligature / ligaturing

A form of self-harm, emotional self-regulation or way of attempting to die by suicide in which a person ties an item around their neck to restrict their breathing. Can be fixed (attached to a ligature point, e.g. door handle, coat hook) or un-fixed (not attached to anything external).

◦ Maidenhead

One of two remaining Huntercombe CAMHS hospitals, renamed 'Taplow Manor' in March 2022 following the death of a young female patient in its care. Rated by the Care Quality Commission as 'requires improvement' overall (inadequate in 'safe') in August 2022.

◦ NG / Tube fed

Nasogastric tube feeding; a hollow tube placed into the nose which carries food, medication or fluids through the oesophagus and into the stomach. In Huntercombe and other mental health hospitals, an NG tube is forced into a patient who is deemed unable or unwilling to take food orally.

◦ Olanzapine

An antipsychotic medication considered unsuitable for under 18's.

◦ One-to-one / 1-1

Where a patient is considered to present extreme risk to themselves or others, they may be placed on a 'one-to-one'. This means a staff member is continuously in their presence; whilst they're sleeping, showering and using the toilet.

◦ OTs

'Occupational therapists' (OTs) specialise in helping someone engage in the tasks and activities of everyday life.

◦ PICU

'Psychiatric Intensive Care Unit'; supposedly short-term, acute and specialised hospitals or wards

which provide intensive support to those deemed to be too much of a risk to themselves or others to be treated in a GAU (general adolescent unit) or HDU (see 'HDU').

◦ Privileges

A term used in inpatient settings to describe objects and activities only available to those who are engaging with the therapeutic programme (for instance; outings; personal items such as mobile phones, blankets or teddies; visits from friends and family; time in the garden). A consultant psychiatrist may remove privileges if a patient is deemed 'disengaged'.

◦ PRN

'Pro re nata' (meaning 'as required') medication. PRN medication often has sedative effects and is frequently given to patients who ask for emotional support as a quicker and easier alternative.

◦ Quetiapine

An antipsychotic medication considered unsuitable for children and young adults.

◦ Restraint

Describes the act of restricting a person's ability to move. In Huntercombe hospitals, restraint is frequently used to control 'difficult' patients.

◦ Seclusion

An area in a hospital where a patient is isolated from other patients and staff.

◦ Section 17 leave

A type of leave (see 'Leave') authorised to patients who are detained under the Mental Health Act. Before a sectioned patient is allowed to leave hospital grounds, their Section 17 leave forms must be signed by both a consultant psychiatrist, and staff nurse.

◦ Sertraline

An antidepressant medication.

◦ Stafford

One of two remaining Huntercombe CAMHS hospitals. Renamed 'Ivetsy Bank Hospital' in March 2022 following the death of a young female patient in the care of Huntercombe Maidenhead. Rated by the Care Quality Commission as 'inadequate' overall (inadequate in 'safe', 'caring' and 'well-led') in March this year.

◦ Straight-arm hold

A type of standing restraint, in which two staff members stand either side of a patient and hold their arms at the shoulder and wrist to prevent them attempting to break free; this is a high-risk restraint technique, frequently

resulting in hyper-extension of a patient's elbow and shoulder joints, which can cause strains, sprains and dis-locations.

◦Thames

One of the five wards at Huntercombe Maidenhead (See 'Maidenhead'); the four others being Kennet, Juniper, Holly and Tamar.

◦Watcombe Hall

A Huntercombe CAMHS hospital which closed permanently in 2017 after an 'inadequate' CQC rating and a series of serious safeguarding concerns raised, regarding neglect and the physical and sexual abuse of patients by staff.

References

- *Eley, A. (2022) Camhs deaths expose child mental health unit pressures. Available at: <https://www.bbc.co.uk/news/uk-62294650> (Accessed: 07/09/2022)