

**ADMITTING YOUNG PEOPLE UNDER 18
 TO ADULT MENTAL HEALTH WARDS POLICY**

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Relevant Staff Groups	All Mental Health Inpatient Ward Staff

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DOCUMENT CONTROL

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Lead Director	Chief Operating Officer		

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CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose & Scope	4
3	Duties and Responsibilities	4
4	Explanations of Terms used	4
5	Key Principles	5
6	Process for Admission	6
7	Recording	7
8	Checklist of essential issues	7
9	Continuation of admission beyond 72 hours	8
10	Safeguarding and training	9
11	Contact details	10
12	Equality Impact Assessment	10
13	Monitoring Compliance and Effectiveness	10
14	Counter Fraud	11
15	Relevant Care Quality Commission (CQC) Registration Standards	11
16	References, Acknowledgements and Associated documents	11
17	Appendices	12
Appendix A	Flow Chart – reporting action to be taken	13
Appendix B	CQC Guidance	14
Appendix C	Notification Letter to referrers	15
Appendix D	Referrer notification form to area team	16

1. INTRODUCTION

- 1.1 The provision of a safe environment and the personal safety of both informal and detained patients and staff are of the utmost importance to the Trust.
- 1.2 The Trust recognises its responsibilities and duty of care in ensuring that all young people under 18 admitted to adult in-patient mental health wards are safe and secure in that environment.

2. PURPOSE & SCOPE

- 2.1 The aim of this policy is to ensure the safety of any young person under the age of 18 who is admitted to an adult inpatient mental health ward.
- 2.2 This policy applies to all Trust staff directly involved with mental health inpatient care and is intended to clarify the clinical / legal position when admitting a young person under 18 onto an adult inpatient ward.
- 2.3 The Trust acknowledges and respects the diverse needs of its patients and staff will respect these at all times when implementing this policy. This may necessitate the use of a professional interpreter and the translation of written information (see Professional Interpreting and Translation Services Policy). Staff will at all times be mindful of the person's protected characteristics and cultural differences which will be taken fully into account when implementing this policy to ensure the described procedure is conducted in as sensitive manner as possible which respects their privacy and dignity.

3. DUTIES AND RESPONSIBILITIES

- 3.1 **The Trust Board** has a duty to care for all patients on wards in the Trust.
- 3.2 **The Chief Operating Officer** is responsible for this policy but will delegate authority for the operational implementation and ongoing management of this policy to the Deputy Head of Division.
- 3.3 **The Deputy Head of Division - CAMHS** is the author of this policy, who will review this policy at least every three years.
- 3.5 **All staff** caring for detained and informal patients under 18 admitted to an adult inpatient ward should be familiar with the procedures detailed in the document and other related policies.
- 3.6 **Line managers** within adult mental health inpatient wards and the CAMHS service are responsible for ensuring all staff are conversant with this policy and related policies.

4. EXPLANATIONS OF TERMS USED

- 4.1 **CAMHS** –Child and Adolescent Mental Health Service

5. KEY PRINCIPLES

- 5.1 The amendments to the Mental Health Act state that all children and young people under 18 years of age should be admitted and treated in age appropriate environments.
- 5.2 Department of Health guidance states that children under 16 should only be admitted to adult inpatient wards in exceptional circumstances, and not beyond 48 hours duration. Commissioners and the Trust have stated that this would be an entirely unacceptable situation. Alternative options to admission to an adult ward should be pursued / considered. It maybe that urgent transfer to a specialist unit can be arranged or enhanced care at home with a care package may be preferable. Another option to consider would be urgent discussion with the Acute Trusts to negotiate a short term admission to a paediatric ward
- 5.3 Young People aged 16-18 years should therefore only be admitted to adult mental health inpatient wards if these wards are appropriate to their age, subject to their needs. Admission should also be short term and not beyond 72 hours duration, pending transfer to a specialist unit or care plan for community support.
- 5.4 The reasons for a longer stay are outlined below in sections 5.3. This decision would only be based on the evidence of the appropriateness of an adult environment for young people. In a small number of cases the patient's need to be accommodated in a safe environment could, in the short term, take precedence over the suitability of that environment for their age. Furthermore, it is also important to recognise that there is a clear difference between what is a suitable environment for a child or young person in an emergency situation and what a suitable environment is for a child or young person on a longer term basis.
- 5.6 Reasons to place a child or young person on an adult ward could include:
- The young person needs immediate admission for their safety or the safety of others and the adult inpatient ward is the most appropriate facility available. This may follow an assessment under the Mental Health Act (MHA).
 - An adult ward is the most appropriate placement to meet the young person's mental health, social and developmental needs – for example: someone who is nearly 18, living independently, and using adult community services or whose behaviour would present risks to the current inpatient cohort in the Tier 4 inpatient unit.
 - The young person makes an informed choice to be admitted to an adult inpatient ward, which is also supported by a clinical and safeguarding risk assessment.

5.7 **Admitting MOD Patients who are Under the Age of 18**

The Ministry of Defence (MOD) has a contract with the NHS to provide in-patient mental health care for military personnel from the British Army, Royal Navy and Royal Air Force. Somerset Partnership has agreed with the MOD that, in an emergency situation, personnel under the age of 18 will be admitted to a dedicated adult inpatient ward for assessment. The guidance within this policy must be followed, in conjunction with the guidance provided by the MOD (please see references for details).

6. **PROCESS FOR ADMISSION**

6.1 Before admission is agreed the following people must be consulted, in order to complete the checklist shown below:

In normal working hours (09:00-17.00 Mon-Fri):

- CAMHS Consultant Psychiatrist
- CAMHS Ward Manager or deputy
- Adult Inpatient Ward/Deputy Ward Manager
- Deputy Head of Division(CAMHS)

To approve plan:

- Head of Division – Children and Young People’s Services
- Director of Quality and Patient Safety, Clinical Commissioning Group

For information:

- Chief Operating Officer
- Head of Division – Adult Mental Health Inpatient, Crisis and Specialist Care
- Senior Supplier Manager, Specialised Mental Health and Learning Disabilities
- Commissioning, NHS England – Area Team
- Named Nurse for Safeguarding Children and Young People
- Named Doctor for Child Protection

NB: The Deputy Head of Division for CAMHS will be responsible for contacting and discussing the circumstances with the CCG and with NHS England - Area Team leads as above. Where practicable, agreement will be sought from the CCG prior to admission, and information will be shared with NHS England - Area Team. However, in emergency situations and in the interests of safety of the young person concerned, there may be occasions when the admission process will take priority.

Outside normal working hours (17.00- 09.00 Mon-Fri, weekends):

- On call Mental Health Service Manager
- On call Director
- On call CAMHS consultant psychiatrist
- Nurse in charge of Adult Inpatient Mental Health Ward

- Duty mental health ward manager (09.00 – 17.00 weekends and bank holidays only)

NB: The on call Service Manager must email the Head and Deputy Head of Division (CAMHS) and the Head and Deputy Head of Division for Adult Mental Health Inpatient, Crisis and Specialist Care, The process for contacting CCG and NHS England - Area Team will then be followed, as above.

7. RECORDING

- 7.1 A young person admitted to an adult ward is a key performance indicator in the contract. This has to be reported to the quarterly Clinical Quality Review Meetings with the Clinical Commissioning Group (CCG).
- 7.2 In order to comply with Safeguarding standards, all admissions of children and young people to adult inpatient wards must be recorded and robustly monitored.
- 7.3 If admission of an under 18 year old takes place, a DATIX form must immediately be completed in all cases by the nurse in charge of the adult inpatient ward (see attached flowchart), using the “safeguarding” option for type of incident.
- 7.4 **There is a requirement to notify the Care Quality Commission when a child or young person under 18 years is placed in an adult mental health ward or unit intended for adults, where the placement lasts for a continuous period of longer than 48 hours. The document is attached as Appendix B, and is available at the following link:**

http://www.cqc.org.uk/sites/default/files/documents/20130611_800142_v2_00_paper_notification_child_on_adult_psychiatric_ward_for_publication.doc

This will be completed by the Young Person’s Care Co-ordinator.

8. CHECK LIST OF ESSENTIAL ISSUES

8.1 Assessment of the young person’s mental health needs

This **must** include direct involvement or advice from a CAMHS Consultant Psychiatrist. The young person must remain under the clinical care of a CAMHS consultant at all times and that there must be a clinical management plan in place agreed by the CAMHS consultant.

8.2 Assessment of the environment

This must include:

- Availability of a single bedroom, preferably near the ward office
- Access to private bathroom facilities: if this is not en-suite a member of staff should be present outside the door at all times
- Assessment of risk presented by other current inpatients

8.3 Assessment of resources and staffing

An experienced member of staff will be allocated to support the young person on a one to one basis, 24 hours a day. Staff will ensure that the young person is accompanied or observed at all times during the admission, and engaged in appropriate activities or occupation where possible. When an admission occurs during normal office hours the CAMHS Tier 3 operational manager will arrange staff to cover the 1:1 support for the young person. If admission occurs out of hours the adult mental health ward will in conjunction with the on-call manager arrange for staffing to cover the 1:1 observation. The CAMHS Tier 3 operational manager will assume responsibility for staffing arrangements when normal office hours resume.

8.4 Level of observations will be a minimum of level 3 (close observation). The observation policy will be followed, including documentation of observations, reviews, breaks etc.

8.5 There must be a Multi Disciplinary Team meeting prior to any decision regarding unescorted time off the unit.

8.6 A full activity/educational plan will be put in place to keep the young person occupied and engaged with relevant ward based groups.

8.7 CAMHS staff working on an adult ward will receive a full hand over from the nurse in charge of the shift including the risk of other patients on the ward.

8.8 CAMHS staff will be orientated to the ward. This will include staff, key/security policy and other general information. There will also be planning for breaks.

8.9 CAMHS staff will be accessed by the nurse in charge of the adult ward contacting the Deputy Head of Division (CAMHS), or the on-call Service Manager out of hours.

8.10 The care plan must consider involvement of the CAMHS service: including the role of the CAMHS consultant, outreach team, Wessex House team, CAMHS Community care co-ordinator and CAMHS Community team manager. The care plan for the CAMHS patient must be completed in consultation with a member of the Adult Mental Health Service team.

8.11 If detention under the MHA of the young person while on an adult inpatient ward is considered, the CAMHS on call consultant must be involved.

8.12 Discharge planning should be started as soon as the patient is admitted to the ward. This will include possible transfer / next steps, so the admission is kept to the minimum necessary.

9. CONTINUATION OF ADMISSION BEYOND 72 HOURS

9.1 Following a short term/crisis admission, a care plan review will decide on the continuing appropriateness of inpatient provision for the young person.

9.2 Consideration needs to be given to the following in reaching this decision:

- Role and availability of CAMHS staff on adult inpatient ward
- Level of supervision – All CAMHS patients on adult wards will be under constant supervision.
- Availability of single sex accommodation
- Role of CAMHS community services and CAMHS consultant
- The young person's and their family's view of placement
- The young person's need for exercise, education, recreation, and visitors

9.3 Further risk assessment must take place, to consider:

- Environment
- Risk to the young person posed by other inpatients
- Availability and timescales for identifying a Tier 4 CAMHS bed (out of area if necessary) or community care

9.4 There should be a great emphasis on team working. This will include staff on the adult ward being involved in day to day care of the patient. There would be daily contact between the community care co-ordinator and trained staff on the ward, to review care and address any issues, ideally visiting the ward, when possible.

9.5 Further discussion will be required with NHS England - Area Team and CCG Commissioners and Named Nurse for Safeguarding Children regarding continued admission, and any potential barriers or blocks to identifying safe and swift transfer to more appropriate CAMHS provision.

10. SAFEGUARDING AND TRAINING

10.1 As noted above, the Trust's Named Nurse for Safeguarding Children, and the Named Doctor for Child Protection must be informed about all decisions regarding admission of young people under 18 to adult inpatient wards.

10.2 There will be ongoing communication with the Safeguarding Team as necessary.

10.3 There should be a specific risk assessment around safeguarding issues and the expectations of the role of CAMHS staff around safeguarding for each individual patient, clearly recorded in the care plan.

10.4 Local staff induction will ensure all new CAMHS and adult inpatient ward staff are fully aware of this policy.

10.5 All Trust staff are required to complete mandatory child protection training at Level 3.

11. CONTACT DETAILS

NHS England - Area Team
Notification e-mail box

01179 841592
swmh.notifications@nhs.net

12. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

13. MONITORING COMPLIANCE AND EFFECTIVENESS

Overall monitoring will be by the Regulation Governance Group.

13.1 Responsibilities for conducting the monitoring

The Chair of the Regulation Governance Group will ensure feedback reports from the Mental Health Act Group are timetabled within the Regulation Governance Group reporting schedule and present on appropriate agenda, annually, using the Group Reporting Template.

The Mental Health Act Group will monitor compliance and effectiveness of the policy.

13.2 Methodology to be used for monitoring

Regular discussions of the following will be recorded within the Mental Health Act Group minutes

- Complaints monitoring
- Incident reporting and monitoring
- New significant risks to be reported to the Regulation Governance Group by the Mental Health Act Group

13.3 Frequency of monitoring

- An annual report from the Mental Health Legal Strategies Lead to the Mental Health Act Group
- Annual reporting by the MHA group to the Regulation Governance Group

13.4 Process for reviewing results and ensuring improvements in performance occur.

Information received will be discussed at the MHA Group which will identify good practice, any shortfalls, action points and lessons learnt. Any change in policy will be presented to the Regulation Governance Group which will be responsible for ensuring improvements, where necessary, are implemented.

14. COUNTER FRAUD

- 14.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

15. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 15.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour

- 15.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations

Regulation 11:	General
Regulation 12:	Statement of purpose
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents
Regulation 22A:	Form of notifications to the Commission (although this is in Part 5, it relates to regulations in Part 4).

- 15.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

16. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

16.1 References

Mental Health Act (2007) <http://www.legislation.gov.uk/ukpga/2007/12/contents>

Pushed into the Shadows: Young Peoples experience of Adult Mental Health Facilities (2007) Office of the Children's Commissioner

Safe and Appropriate Care for Young People on Adult Mental Health Wards
(2009) Royal College of Psychiatrists

The Provision of Inpatient Services for Military Personnel (2015) Information
Pack for Network Trusts (I-MMMAC April 2015)

16.2 **Cross reference to other procedural documents**

Consent and Capacity to Consent to Treatment policy

Development & Management of Organisation-wide Procedural Documents

Policy and Guidance

Learning Development and Mandatory Training Policy

Observations whilst Maintaining Safety and Patient Engagement Policy

Privacy, Dignity and Respect Policy

Professional Interpreting and Translation Service Policy

Record Keeping and Records Management Policy

Risk Management Policy and Procedure

Safeguarding and Protection of Children Policy and Procedure

Staff Mandatory Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

17. **APPENDICES**

17.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

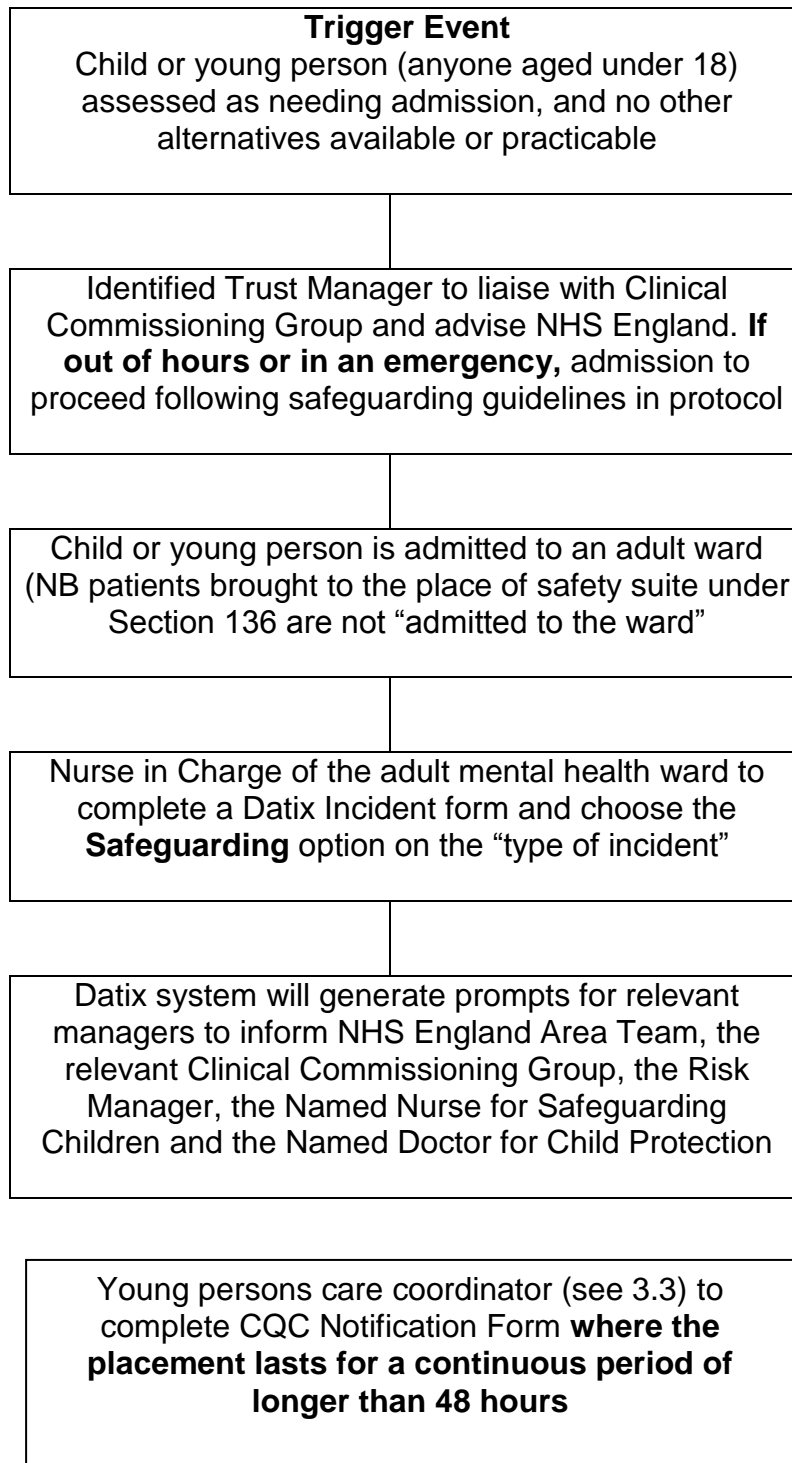
Appendix A Flow Chart – reporting action to be taken

Appendix B CQC Guidance

Appendix C Notification letter to referrers

Appendix D Referrer notification form to area team

Reporting action to be taken in the event of a child or young person aged under 18 being admitted to an adult mental health inpatient ward



[Mental health notification: Placement of a child or young person in an adult psychiatric unit](#)



Appendix 2 - CQC
notification document

NOTIFICATION LETTER TO SCG – FUNDING



BNSSSG (South West) Team
4th Floor, Marlborough House
Bristol
BS1 3NX

nikki.churchley@nhs.net
0113 8253599
07712 898823

1st November 2013

Dear Colleague

Notification Forms

Changes to the NHS England national process for notification of placements, out of area to NHS and independent sector providers for CAMHS T4, Adult Eating Disorder Services, and Health Perinatal Services. Secure placements are managed through the NHS England Mental Case Managers.

There have been several alterations since 1st April 2013 and the final adjustments have been agreed and will now become operational on 11th November 2013. Please find attached the new format which you, as an NHS referrer, must complete and return to swmh.notifications@nhs.net for all new referrals for an admission taking place outside of region, whether this be an NHS or Independent Sector placement. We ask that this be done in a timely manner, so that we can authorise placements as quickly as possible, to ensure no delays to the admitting service. Any failure to notify us of a likely admission may result in funding being withheld. Please be advised that this form must not be sent or copied directly to any other organisation other than NHS England BNSSSG secure notification box.

Please destroy any previous blank forms relating to NHS England out of area placements. Can we kindly ask that this letter and form is shared with all relevant NHS in-region gatekeeping services and/or appropriate secondary services within your organisation?

Yours sincerely

A handwritten signature in blue ink, appearing to read 'N Churchley', with a long horizontal stroke extending to the right.

Nikki Churchley
Head of Mental Health and Programme of Care Lead
BNSSSG (South West) Area Team

FORM 1 BNSSSG AREA TEAM FORMS -TO BE COMPLETED BY THE REFERRING LOCAL CLINICIAN AND RETURNED DIRECTLY TO swmh.notifications.nhs.net. PLEASE DO NOT COPY IN ANY INDIVIDUALS. Please only complete white boxes

Type of Service	
NHS Number	
SMH Number	
Surname	
Forename	
Date of Birth	
Ethnic Group	
Gender	
Legal Status	
Looked after Child	
Home Address	
If no fixed abode, town of offence	
CCG Name	
GP Trace Checked?	
GP Name	
GP Practice	
Address	

GP Tel Number	
Current location/Provider	
Patient Category MI PD LD	
Initial Diagnosis	
Local Responsible Clinician/Care Coordinator	
Email	
Telephone Number	
Local Access Assessment Consultant Name	
Telephone Number	
Reason for Admission	
Reason for placing out of area	
Placement Provider Name & Location	
Organisation Code	
Ward	
Date of Admission (if known)	
Initial Review (if agreed on admission)	

Originating Area Team	
Originating Area Team Case Manager	
Email	
Date Signed	
Date entered onto SMH	

Authorising Originating Area Supplier Manager	
Email	
Date Completed	
Electronic Signature Case Manager or Supplier Manager confirming placement	

Rationale for Admission/Notes/Information Provided by the origination or referring team as appropriate