The admission of children and adolescents to adult mental health wards and the duty to provide age-appropriate services

This note relates to England only
Originally issued by the Mental Health Act Commission in 2008: last revised May 2012

Section 131A of the revised Mental Health Act creates a duty upon managers to accommodate children and young people who are admitted for treatment of mental disorder in an environment suitable for their age, subject to their needs. This note should be viewed as supplementary to the Code of Practice’s discussion of that “age appropriate services” duty.

1 Introduction

Section 131A of the Mental Health Act also creates a duty upon managers to accommodate children and young people who are admitted under the Act or under any other legal power in an environment suitable for their age, subject to their needs.

This note on the admission of children and adolescents to adult mental health wards and the duty to provide age-appropriate services, should be viewed as amplification of and commentary on the guidance on these issues provided at paras 36.67 to 36.74 of the Mental Health Act 1983 Code of Practice.

2 Policy background

Since 1999, the National Service Framework for adult mental health services in England has stated that children and adolescents should only be admitted to adult mental health wards in exceptional circumstances. It also states that such admissions should always be subject to protocols agreed between Child and Adolescent Mental Health Services (CAMHS) and adult services that set out procedures to safeguard the young patient’s safety and dignity. In its Ninth Biennial Report, the Mental Health Act Commission called for all mental health services providing care to children and adolescents detained under the Act to have agreed working and referral arrangements with appropriate medical and

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1 See Department of Health National Service Framework for Mental Health: Modern Standards and Service Models. TSO, 1999. Standards 4 and 5 page 63
psychiatric expertise in CAMHS\textsuperscript{2}. These recommendations are now underpinned by legal duty.

In its Tenth Biennial Report, the MHAC also recommended that guidelines should be made widely available on the use of medication and other treatments for young people with mental health problems\textsuperscript{3}. NICE guidelines on the management of depression in children and young people are now available\textsuperscript{4}. NICE guidelines on psychosis and schizophrenia in children and young people\textsuperscript{5}, and on Aripiprazole for the treatment and prevention of acute manic and mixed episodes in bipolar disorder in children and adolescents\textsuperscript{6}, are in preparation.

3. The legal duty

Hospital managers are under a duty to ensure that children and young people admitted to hospital for the treatment of mental disorder are accommodated in an environment suitable for their age (subject to their needs). They must consult a person whom they consider to have experience in CAMHS cases to ensure the suitability of the accommodation\textsuperscript{7}. Such suitability will entail:

\begin{itemize}
  \item appropriate physical facilities;
  \item staff with the right training, skills and knowledge to understand and address their specific needs as children and young people;
  \item a hospital routine that will allow their personal, social and educational development to continue as normally as possible; and
  \item equal access to educational opportunities as their peers, insofar as that is consistent with their ability to make use of them, considering their mental state
\end{itemize}

(Code of Practice, 36.68)

4. Admissions to adult wards

The legal duty does not mean that no child or adolescent may be admitted to an adult ward. It is conceivable that particular security or specialist needs of such a patient would make placement on an adult ward the most appropriate arrangement.

Adult services might be expected to agree procedures and protocols with the CAMHS to cover admissions of children and adolescents to adult mental health wards. Such protocols would safeguard the interests of the young patient, for instance, by ensuring that appropriate medical and psychiatric expertise is available; and that every child or adolescent who is admitted to an adult ward is individually risk assessed, so that ward staff are aware of any risks to the young person, including risks from other patients.

\textsuperscript{5} http://guidance.nice.org.uk/CG/Wave24/2;
\textsuperscript{6} http://guidance.nice.org.uk/TAWave22/12
Notifications previously received by MHAC revealed that a number of young patients detained on adult wards were initially picked up by the police under s.136. In many cases, these young people were taken to a police cell as a place of safety, where they were assessed for admission to hospital under the Act. Admission policies and protocols could therefore address the needs of children subject to s.136 of the Act by, for example, designating an appropriate place of safety in a hospital setting (preferably within a CAMHS service); and ensuring that arrangements should be made for assessment by a CAMHS psychiatrist where appropriate.

As stated in the Code of Practice, all those responsible for the care of children in hospital should have access to the necessary information regarding the legal framework for their admission. This includes the Code of Practice itself, the Mental Health Act, the Children Act 1989 and volumes 1, 4, 6 and 7 of the Children Act Guidance. All of these documents should be available on any ward to which a young person is admitted.

The Code of Practice also states that if a child is to be compulsorily admitted to hospital, proper consideration should be given to which is the most appropriate Act to use - the Mental Health Act or the Children Act. Professional staff responsible for making such decisions should be aware of the relevant statutory provisions and have access to competent legal advice.

In order to minimise inappropriate admissions, there should be robust admission criteria for the admission of a minor to an adult ward, especially for those under 16 (for example, those at immediate risk of suicide or experiencing active psychotic symptoms that require treatment in a hospital setting). Additionally, protocols should be in place to ensure that transfer arrangements are made as soon as a more appropriate placement in a child or adolescent service can be located.

5. Staff and training issues

The Code of Practice requires that anyone who looks after children and adolescents in adult settings must always have enhanced disclosure clearance from the Criminal Records Bureau and that clearance must be kept up to date (paragraph 36.70). Policies covering such admissions should include this requirement. All staff coming into contact with a minor during the course of their work should also be provided with basic training in child protection.8

Appropriate protocols for liaison with CAMHS and obtaining advice from CAMHS staff and/or their involvement in the care of a young patient detained in an adult setting will be helpful. For example, outreach services might visit the adult ward on a daily basis when a young person is

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7 Mental Health Act 1983, s.131A(3): see also Mental Health Act Code of Practice, para 36.69.
admitted, or staff swap arrangements might facilitate a member of CAMHS staff to be available to care for the young patient whilst they are detained in an adult setting.

If an adult ward is designated to admit minors on a regular basis, a core group of ward staff could be provided with some specialist training in the care of young people with mental health needs. Such training would need to be updated on a regular basis.

When the allocated Approved Clinician (AC) is not qualified in child and adolescent psychiatry, the clinical and ward staff caring for the young patient should have good access to a CAMHS psychiatrist for advice and consultation (Code of Practice, 36.75).

If a young person is assessed as being vulnerable within an adult setting, especially if any specific risks have been identified (for example if substance misuse is an issue on the ward), consideration should be given to increasing staffing levels to ensure his/her safety. If one-to-one or special observations are required for the young patient, careful consideration should be given to the appropriate sex of staff. This is particularly important if abuse issues have been identified. For example, a young woman patient who has experienced sexual abuse in the past may feel threatened, or even be re-traumatised, if male staff are involved in close observations. In some circumstances, for example when a young male patient has past experiences of being abused by male carers, the allocation of both a male and female staff member to provide two-to-one care may be most appropriate.

6. Information, rights, consent and advocacy

The Code of Practice (chapter 36.5 to 36.15) also explains the importance of establishing who has parental responsibility for any child or adolescent, and discusses the “zone of parental control” where such persons may consent to interventions on behalf of the patient. The identity of persons with parental responsibility should be clearly recorded within the patient’s medical file/health records.

Children and young people should be kept as fully informed as possible about their care and treatment, and their views and wishes should be taken in account, having regard to their age and understanding. Staff should be aware of confidentiality issues, and clear guidance needs to be available to clinical staff on the ward with regard to family liaison, young people’s rights to confidentiality and requirements for parental consent.

Information about rights under section 132 of the Act should be available in a format and language appropriate for the young detained patient. If the young person doesn’t understand their rights under the Act when first given them, these should be repeated on a regular basis as part of the young patient’s care plan. Children and adolescents detained on adult wards

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should have access to an advocacy service, ideally with advocates that have been trained to work with young people with mental health needs.

7. Access to education and appropriate activities

All children under school-leaving age who are in hospital should receive appropriate education and those over school-leaving age should be encouraged to continue learning. The MHAC previously found poor provision on adult wards for the continuation of children and adolescents’ education whilst in hospital. The child or adolescents’ level of mental distress or the short-term nature of their admission while a bed in an adolescent service is located may impact on the appropriateness of educational provision within the adult setting. However, there should, none the less, be protocols and resources in place to ensure that educational needs are properly assessed and responded to.

Children and adolescents detained on adult mental health wards should also have access to a programme of therapeutic activities that are appropriate to their age and abilities. If the staff within the adult facility lack the appropriate skills, knowledge and resources to plan or provide an appropriate individual programme for a young patient in their care, support and advice should be sought from local CAMHS to ensure age appropriate activities are made available to the patient.

8. Ward environment

Children and adolescents admitted formally to adult mental health units should whenever possible be placed on wards that have been designated as suitable to admit minors. Designated adult wards should have single bedrooms available for young patients, and discreet day areas where they can be cared for away from the adult patient group, if required (see Code of Practice, 36.70). Single-sex wards should be used to accommodate them whenever possible. When this is not the case, the ward should have suitably segregated sleeping and bathroom areas as well as single sex day rooms. Adult wards used to accommodate children or adolescents should offer a homely and informal environment, with appropriate facilities for young people, such as a pool table or table tennis table, video games, books and magazines etc. There should also be an appropriately private and equipped room for family visits, including those involving other children and younger siblings.

Consideration needs to be given to the patient mix on the ward, and children and adolescents should not be put at unnecessary risk by being placed with adults who display very disturbed or violent behaviour. Wards with seclusion or intensive care facilities that are used to accommodate adults with disturbed or violent behaviour should only be used to care for children and adolescents who have been assessed as requiring such facilities due to their own problem or risk behaviours.

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10 Department of Health Safety, Privacy and Dignity in Mental Health Units. Department of Health, 2000
Wards with adult patients who have drug or alcohol problems should not be used to accommodate minors, especially where it is known (or suspected) that illicit substances are prevalent. Neither should young patients be placed on wards where they may be exposed to sexually inappropriate or predatory behaviour by adult patients who have a history of these risk behaviours. Where such risks have been identified, additional staff may be required to provide close observations or one to one nursing to ensure the safety of the minor, due to their vulnerability within their current setting.

9. Monitoring

The Care Quality Commission requests that it is notified of the accommodation on an adult ward of any child or adolescent detained under the Mental Health Act 1983. A copy of the notification form is attached to this note at Annex A overleaf.

Questions or concerns about this note should be addressed to: Mat Kinton, National Mental Health Act Policy Advisor, the Care Quality Commission, CQC National Customer Service Centre, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Telephone: 0115 8736250 03000 616161
e-mail: mat.kinton@cqc.org.uk
The Care Quality Commission monitoring – The admission of children and minors under the mental health act 1983

Notification of the detention of a child or minor on an adult ward.
Notification to be forwarded to the Care Quality Commission as soon as possible after admission
By fax on: 0115 8736252

The Commission is aware that some of the requested information may not be available. Please provide as much detail as possible and indicate where the information is not known or available.

**PART A**

**Service provider details**

<table>
<thead>
<tr>
<th>Name of service provider</th>
<th>Name and address of Hospital patient is detained at</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Telephone:</td>
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<td></td>
<td>Fax:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of ward</th>
<th>Name Responsible Clinician</th>
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</thead>
</table>

Is the RC a specialist in child/adolescent psychiatry? (Please tick): **Yes** **No**

**Patient details**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Section and date of Section</th>
<th>Date of admission to adult ward</th>
</tr>
</thead>
</table>

Brief description of ward e.g. Acute, Secure, PICU

<table>
<thead>
<tr>
<th>Is the ward a single or mixed sex ward</th>
<th>Single</th>
<th>Mixed sex</th>
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<table>
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<tr>
<th>Does the patient have their own room</th>
<th>Yes</th>
<th>No</th>
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<table>
<thead>
<tr>
<th>Is the ward designated to take minors</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Where was the patient admitted from: (Please tick)</td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------------</td>
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<tr>
<td>Social Services care establishment…</td>
<td>Another NHS facility…</td>
<td>Home address…</td>
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<tr>
<td>If &quot;Other&quot;, please give details</td>
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<th>Was the admission: (Please tick)</th>
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<tr>
<td>Planned…</td>
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<tr>
<td>If &quot;Other&quot;, please give details</td>
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<table>
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<tr>
<th>Is Advocacy available</th>
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<tr>
<td>Yes</td>
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<thead>
<tr>
<th>If answer is yes, is this child centred advocacy</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Form completed by</th>
<th>Date</th>
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<tbody>
<tr>
<td>Position</td>
<td>Contact Telephone Number</td>
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</tbody>
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**PART TWO**

To be completed upon Transfer/discharge from ward

<table>
<thead>
<tr>
<th>Name and address of Hospital patient is transferred/discharged from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient name</td>
</tr>
</tbody>
</table>

**Please tick**

- Patient discharged from detention in hospital
- Patient discharged from detention but will remain in hospital as informal patient
- Patient transferred to specialist CAMHS Unit
- Patient transferred to other unit

If patient transferred to another unit (CAMHS or other) please give name of unit and ward