



Llywodraeth Cymru  
Welsh Government

# Admissions Guidance

[www.gov.wales](http://www.gov.wales)



## Ministerial Foreword



Mark Drakeford AM

Being admitted to hospital for any condition at any age can be a worrying and stressful experience. When it is a child who requires inpatient treatment due to mental ill-health, this takes on an added dimension, with additional challenges for both the young person, those providing their care and their families. In Wales, our policy and practice is designed to reduce hospital care of young people suffering mental health to an irreducible minimum.

Ensuring children and young people receive treatment in a timely and appropriate manner is not just a key priority for the Welsh Government, it is also in line with the United Nations Convention on the Rights of the Child. The first consideration is to ensure the young person is cared for in an age-appropriate, caring and supportive environment. This guidance distinguishes those cases where such admission is unavoidable and those where it may be preferable. In circumstances where admission to an adult ward is unavoidable the overriding concern must be safeguarding the young person. They should be cared for by suitably qualified staff and, as soon as practicable, they should be moved to a more appropriate facility. It is also important that these incidents are recorded and reviewed to ensure the correct processes have been followed and that lessons can be learned to inform the future management of similar incidents.

In recent years the frequency of inappropriate admissions and inconsistency of reporting, has been a cause for concern which has been highlighted in a number of service reviews, such as the Wales Audit Office and Healthcare Inspectorate Wales 'Child and Adolescent Mental Health Services: Follow-up Review of Safety Issues' (December 2013). In response, we have worked with the NHS and partners to address this issue by improving access to the two dedicated Child and Adolescent Mental Health Service (CAMHS) inpatient units and expanding provision of CAMHS Community Intensive Treatment Teams to cover all Wales. This means many more young people can now receive help and support in the community, without recourse to hospital admittance.

However, there will always be instances when hospitalisation is the most appropriate course of action. In these instances the Welsh Government is clear that children admitted to hospital should be accommodated in the most suitable environment; and that this must take account of their age and developmental needs; and their right,

where they are competent, to exercise choice as to where they receive treatment. The young 17 year old, living and working as an adult in all other respects, has the right to receive their treatment in an adult environment, if they so wish and if it is in their best interests.

This guidance seeks to clarify that distinction, to safeguard young people; provide the right to choose for those old enough, and competent enough, to make the decision; to ensure clarity and consistency for mental health staff in exercising their duties; and to ensure those planning services are able to learn lessons from the management of admissions.

This guidance has been developed with the help and advice of those involved in both CAMHS and Adult Mental Health Services and I would like to thank the colleagues and the organisations involved in contributing to its development. This will set clear standards for a consistent approach in Wales when admitting a child or young person presenting with mental disorder or in a crisis situation.

## Inappropriate Admissions Guidance

### 1. Introduction

Following the publication of “Everybody’s Business” in 2002<sup>1</sup>, the Welsh Government has sought to work with NHS Wales and key partners to improve the provision of Child and Adolescent Mental Health Services (CAMHS). This work continued with the Breaking the Barriers CAMHS Action Plan (2010)<sup>2</sup> and in 2012, the Together for Mental Health Strategy<sup>3</sup>. A key commitment in the Strategy’s Delivery Plan (action 12.4 (c)) is to reduce the numbers of inappropriate admissions of under 18s to adult wards. The Welsh Government is clear that children admitted to hospital for treatment should be accommodated in the most suitable environment and this must take account of their age and developmental needs. A child or young person is defined as being under 18 years of age within the Mental Health Act 1983 Code of Practice for Wales (section 33.9). The Mental Health Act 1983 Code of Practice<sup>4</sup> for Wales confirms this expectation.

The Wales Audit Office/Healthcare Inspectorate Wales (WAO/HIW) follow-up review of safety issues in CAMHS<sup>5</sup> (December 2013) highlighted that more work is required in reducing the numbers of children placed on adult wards, including:-

- the accurate reporting of the number of under 18 year olds admitted to adult mental health wards, identifying those admissions that are inappropriate and the steps taken to minimise risks;
- reporting the number of designated wards, the appropriateness of their environments, and the number of admissions to designated and non-designated wards;
- the provision of a range of detailed examples provided by Welsh Government of what constitutes an inappropriate admission of a young person to an adult mental health ward.

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<sup>1</sup> [www.wales.nhs.uk/publications/men-health-e.pdf](http://www.wales.nhs.uk/publications/men-health-e.pdf)

<sup>2</sup> <http://wales.gov.uk/docs/dhss/publications/130326breakingbarriersen.pdf>

<sup>3</sup> <http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en>

<sup>4</sup> [www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33960](http://www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33960)

<sup>5</sup> [https://www.wao.gov.uk/system/files/.../CAMHS\\_English\\_2013.pdf](https://www.wao.gov.uk/system/files/.../CAMHS_English_2013.pdf)

## **2. The Guidance**

This guidance aims to address the issues raised by the WAO/HIW work and provides direction on the importance of effective support and treatment of young people under the age of 18 years. The guidance details the pathways, processes and procedures that the Local Health Boards (LHBs) are expected to adhere to so that we can ensure the safety of the patient and ensure the appropriate provision of support and treatment.

### **2.1 Guiding Principles**

1. Ensuring that services for children and young people are fit for purpose and meet their assessed needs, taking into consideration the requirements of the United Nations Convention on the Rights of the Child (UNRC)
2. Working together to ensure that care for children and young people is integrated across services in a robust, seamless pathway of care.
3. Inpatient services- should consider individual needs and develop services to best meet these needs.
4. Safeguarding consideration for the young person should be paramount in all decisions made in respect of admissions of young people into adult mental health wards.
5. Recognising the needs of young people and being responsive to those needs, including receiving services in their language of choice, such as Welsh and it is important that this need is met as a natural part of care, in line with “more than just words”<sup>6</sup>

### **2.2 Serious Incident (SI) Reporting**

Welsh Government correspondence in December 2011 (annex 1), reminded LHB's of the necessity to comply with their legal duties regarding the appropriate placement of children in hospital. It also reminded LHBs that, when circumstances require that an under 18 year old is placed on an adult ward, each LHB area should have designated ward(s), or ward areas that appropriately meet the needs of children and young people. It also set out the requirements in respect of serious incident reporting.

This guidance is now being updated and with effect from 1 April 2015 the following must be reported to the Welsh Government in accordance with its serious incident learning framework (as set out in the Putting Things Right guidance):

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<sup>6</sup> <http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=898&id=194173>

- All admissions to adult mental health wards of children and young people age 16 and under;
- Admissions to adult wards of people aged 16 to 17 years of age deemed inappropriate to needs and patient choice.
- Children and young people age 16 and under taken to a place of safety under section 136, which includes a police station as defined under section 135 of the Mental Health Act 1983 (MHA).

The SI report should include the rationale behind the decision of placement and whether it was deemed appropriate or inappropriate. Where possible, Welsh Government should be notified within 24 hours of the incident taking place. Following such an incident, the LHB will be expected to provide assurance that the incident has been thoroughly reviewed and any learning identified and acted upon within the required timescales.

### **2.3 Monitoring**

The Welsh Government expects that:-

1. All 16 and 17 year olds admitted to adult wards, and those who chose to receive their service provision from adult mental health services are recorded and reviewed by the LHB and numbers of admissions recorded.
2. LHB's should inform the Welsh Government as to their designated wards annually by 1 April, and to clarify whether admissions of under 18's have been to designated or non designated wards.
3. Children and young people 16 and under taken to police custody should also be reported as a SUI to the Welsh Government.

### **2.4 Community Provision**

Admission of a young person to any inpatient unit (IPU) (adult or CAMHS) should be a rare event. Health boards should ensure that services such as intensive home treatment teams are available to young people to minimise the need for inpatient admission still further. In addition LHB's should also ensure the 7 day availability of CAMHS professional input to support services when care is provided outside of the two Welsh CAMHS IP units. Service provision for young people in crisis or requiring inpatient care must be available 24 hours a day. This will necessitate good joint working with local adult mental health services, local authority social services and paediatric services.

## **2.5 Admissions of Children to a Mental Health Inpatient Unit**

When a child or young person does require inpatient care for a mental disorder, in the vast majority of cases, it will be expected that the Welsh CAMHS inpatient units will be the most appropriate place of care. As soon as the need for admission becomes evident, contact with the unit should be made by the senior clinical staff managing the case to agree a safe plan of care and transfer if necessary. It is expected that this will occur within 24 hours when required. The decision to admit is ultimately that of the specialist CAMHS team, but this should be done in collaboration with all clinicians involved in the young persons care, and should be based on comprehensive risk assessment.

## **2.6 Use of CAMHS in patient units (Tier 4)**

Referral to the two inpatient units in Wales should only be considered when:

1. There is no viable alternative to inpatient psychiatric treatment within the local provision of mental health care and all other options have been exhaustively considered.
2. Inpatient care is the least restrictive and most effective and safe option available to manage the clinical situation; and
3. The patient meets the referral criteria for the service.

See attached link for Welsh Health Specialist Services Committee's admission criteria<sup>7</sup>

## **2.7 Paediatric Involvement**

Where the young person with mental health problems receives physical healthcare, we would expect young people, 15 years of age and under, will be cared for at the appropriate paediatric wards. However in exceptional circumstances, particularly related to the risk to self or other patients within the paediatric units, it may be necessary to accommodate such a young person within the adult general healthcare ward. This will be an exceptional circumstance and only be done after a risk assessment has been performed and appropriate discussions between CAMHS Senior Nurse and Consultant Psychiatrist/Paediatrician and relevant senior clinician/manager within Adult Mental Health services.

A young person should continue to receive access to support from CAMHS and paediatricians after being admitted to a mental health ward, and if there is a suggestion that the underlying cause is organic then paediatrics should remain closely involved.

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<sup>7</sup> <http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=898&id=194173>

## **2.8 Admissions of Children to an Adult Mental Health Inpatient Unit**

There are however, some conditions or circumstances that may require a different provision;

- a. Admission to a designated Adult mental health ward for assessment and treatment will be appropriate if the young person is 16 years or older, **and** is of sufficient maturity and expresses a wish to be treated by local adult mental health services, **and** clinical advice confirms that is appropriate they can.
- b. Indeed in most circumstances older children should by virtue of s8 of The Family Law Reform Act 1969, be able to give valid consent without recourse to their parents. This circumstance then requires adult mental health and child & adolescent mental health services to work together to ensure transition services for this age group are developed, with agreed outcomes that meet the needs of the child or young person. Whilst inpatient care may be provided on an adult unit, ongoing involvement and/or liaison with CAMHS staff is still required. Formal agreement as to lead clinician should be made and it would normally be a CAMHS clinician except in specific circumstances such as that in section C below.
- c. The young person is nearing their 18<sup>th</sup> birthday, (usually no earlier than six months of their 18<sup>th</sup> birthday) and it is likely that the initial period of in patient care and subsequent after care will continue after their 18<sup>th</sup> birthday, hence admission to a CAMHS unit would mean a lack of long term continuity and a delay in accessing their likely providers of care for the foreseeable future. It would be appropriate in this case for the young person to access the most appropriate adult unit for their condition. Again it would be expected that patient choice, alongside clinician advice and the desired patient outcome, will guide this decision.

## **2.9 Designated Adult Ward**

Welsh Government correspondence in December 2011 (annex 1), reminded LHBs that, when circumstances require that an under 18 year old is placed on an adult ward, each LHB area should have designated ward(s), or ward areas that appropriately meet the needs of children and young people in terms of environment (designated bathroom / toilet facilities), staff training and Disclosure and Barring Service (DBS) checking of all staff.

There will be occasions, for instance, if a person chooses to remain in an adult ward, or if there is no bed available at the time of crisis, that a designated bed should be provided in an adult ward. The decision should be based on clinical needs, risk and wishes of the young person. This should only be considered as a last resort and that all other possible alternatives are assessed as presenting greater risks to the young person.



Once admitted to the designated bed, if it is considered a CAMHS bed is appropriate the expectation is that CAMHS responsibility to identify a tier 4 bed is secured within a timescale of 72 hours or sooner. A CAMHS psychiatrist or on-call CAMHS psychiatrist is responsible for sanctioning the admission to the designated bed. All clinicians working within CAMHS will:

- Have access to specialist training provided by Specialist CAMHS in the areas of self harm, depression and eating disorders.
- Have access to training in the use of risk assessment tools such as Rapid Assessment of Young People in Distress, or the Wales Applied Risk Research Network (WARRN). Risk Assessment management is integral to the care of young people with mental health problems.
- Receive additional training in relation to MHA 1983/2007 and Safe Holding for Children and Young People.
- Attend Child Protection Training (level 3) for all staff with direct contact with children.
- Adhere to the United Nations Convention of the Rights of the Child (UNRC).
- To have enhanced DBS checks.
- Ensure parental visiting and educational opportunities offered if appropriate.

### **2.10 Admission of children to other units**

There may also be a requirement to admit to other units in the following circumstances:-

- a. When secure placement is required due to the young person displaying behaviour that presents a high risk to themselves or others. The Welsh CAMHS inpatient units do not have low or medium secure environments of care available. Admission would therefore be required to one of the CAMHS UK secure care providers.
- b. When the legal status of the patient requires a secure placement e.g. section 37/41 of MHA
- c. The young person is of primary school age or developmentally immature so needs are best met by a unit for young children. Admission would then be required to a Welsh paediatric ward or UK children's unit.
- d. The young person has moderate to severe learning disability and the presenting needs require specialist learning disability services. Admission would be required to a UK child and adolescent learning disability inpatient unit in exceptional circumstances, if admitted for mental health problems CAMHS inpatient services

would need to work closely with Learning Disability clinicians to ensure care is appropriate to meet the individual's needs<sup>8</sup>.

- e. The young person has significant hearing impairment and their needs require specialist services for the Deaf. Admission would be required to the National Deaf Children's inpatient unit
- f. The young person presents with significant physical health concerns that need immediate assessment and treatment, e.g. due to severe eating disorders or following self harm. In these cases admission to the paediatric, A&E or medical ward (according to local policy) is required, and these should be managed in line with recommendation 7 of the CR192 Royal College of Psychiatrists "managing self harm in young people"<sup>9</sup>. Whilst CAMHS interface with paediatric and medical units is variable, and require greater consistency and joint planning, it is expected that CAMHS services work alongside the services and will have shared practices and policies in place for such eventualities. This includes the need for appropriate training required for paediatric, A&E or medical staff to include mental health awareness. Such training is generally available as a range of e-learning modules provided by the Wales Deanery, or MindEd, which are designed to build confidence to identify mental health issues and act swiftly to improve outcomes for children or young people. It is not appropriate, once the physical needs are addressed, to treat the mental health condition on paediatric or medical wards for older adolescents. If admission to the mental health inpatient unit is likely, the planning should commence as soon as the need becomes apparent, not once all medical interventions have been completed.
- k. There is likely to be a delay until the transfer of the young person to the relevant inpatient unit can safely take place. This may be due to the patient presenting in the early hours, the Welsh IPU being full, or a requirement to access one of the UK national resources. The child's safety takes primacy in such circumstances. LHB's must report these admissions under the inappropriate admission reporting mechanism.

When admission is delayed due to time of day and transport access, the clinician must risk assess as to the most appropriate temporary placement. In most cases the choice will be the local paediatric ward or the designated/CAMHS bed on the adult ward. For children under 16 years old the expectation would be a paediatric ward. When there is a delay due to accessing specialist UK provision the temporary placement options may include a short term placement in the Welsh IP units if this is the safest and most appropriate placement. In all cases risk assessment must include risk to self and others who may be on the ward. It will very rarely be

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<sup>8</sup> <http://www.1000livesplus.wales.nhs.uk/news/30945>

<sup>9</sup> <http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr192.aspx>

appropriate for a child of 16 or under to be admitted to an adult ward. Clearly documented risk assessments and care plans are essential.

In all cases children and young people who are admitted must be offered access to an independent advocate and be involved in their care and treatment planning once this process begins. Family and carers should be centrally involved in the care and treatment planning process and supported by services (see appendix for good practice and principles).

- All cases must also be notified to the lead safeguarding nurse in each Health Board.
- In addition to reporting the admissions, health boards should periodically review (one year minimum) their untoward incidents, unmet needs and commission service provision as necessary to meet the needs of the population to support the future commissioning and training agenda. This should also inform further developments of Welsh Health Specialised Services Committee's (WHSSC) provision in the inpatient care.

### **2.11 Crisis out of hours**

CAMHS services are relatively small and have limited capacity to provide comprehensive out of hours services independently of other services/LHBs, without significantly reducing working hours services to an unacceptable degree. It is therefore expected that, as has always been the practice, young people presenting in crisis out of hours will have access to those aspects of assessment services currently available to them from general adult mental health services provision. The services should be enhanced by clear and timely access to specialist CAMHS professionals for specialist advice, support, consultation by phone and, whenever necessary, direct face to face assessment and management. Health Boards should prioritise the resources available in CAMHS services to assure themselves that Community Intensive Treatment Teams (CITT) (or comparable services) have access to sufficient CAMHS expertise in managing the demands of young people in the LHB's area for extended hours.

Clear joint working pathways that clarify roles and responsibilities should be developed in partnership by adult and child mental health services.

Trainee junior doctors in psychiatry are required to develop competency in managing CAMHS crisis to enable them to carry out emergency assessment of children with mental health problems and they may be involved in services provision with appropriate support from CAMHS medical staff. If inpatient admission is required then this will, in most circumstances, be under the care of CAMHS services unless there are very exceptional circumstances and patients particular needs and/or wishes indicate that they could be more safely managed by adult mental health services as described above. LHB's should ensure that;

- There is extended hours support services available using CAMHS resources.
- All people under 18, presenting for out of hours emergency assessment are assessed by a mental health specialist in an appropriate clinical setting to ensure the safety of the child / young person.
- When necessary there is collaboration with other LHB's and/or WHSCC to deliver the services that respond to local need in a sustainable and proportionate manner.
- Admission to an adult mental health ward outside working hours in a crisis / emergency for over 16's should be considered appropriate providing a risk assessment of the presenting concerns is carried out and such admission deemed appropriate due to risk of self to others and / or a need for a place of safety.

## **2.12 Section 135 and 136 of the Mental Health Act 1983**

Section 135 provides power of entry by a police officer with a warrant when it is necessary to gain access to a mentally disordered person who is not in a public place, and, if necessary, remove him or her to a place of safety. Section 136 empowers a police officer to remove, to a place of safety from a public place, any person appearing to be suffering from mental disorder and in immediate need of care and control. Admission under section 135/136 should be to the designated health board place of safety in line with local protocols.

Across Wales, the use of section 135/136 to detain children and young people is relatively low, with reportedly fewer than 30 episodes documented in 2013/14. The Welsh Government issued Good Practice guidance (2012)<sup>10</sup> in the operation of both sections 135 and 136 of the 1983 Act.

### **2.12.1 Places of safety for children and young people**

The Mental Health Act 1983 Code of Practice for Wales makes clear that the most appropriate place of safety for children and young people must be considered carefully. A place of safety within the context of sections 135 and 136 means:

- a. residential accommodation provided by a local social services authority under Part 3 of the National Assistance Act 1948;
- b. a hospital (including an independent hospital); suitable paediatric wards or Emergency Departments or in certain circumstances a CAMHS inpatient unit
- c. a care home for mentally disordered persons;

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<http://wales.gov.uk/topics/health/publications/health/guidance/section/;jsessionid=0CswQf3fgCPmGQpS4ZW9TjpppsgQyFvyjkv3rrSVfVxhWv8BNnB9!-1988510053?lang=en>

- d. any other suitable place where the occupier is willing temporarily to receive the patient.

Only in the most exceptional cases will a police station be the most appropriate place of safety to conduct a mental health assessment for a child and should be reported as a “never event” for one age 16 years and under. This principle applies to all ages, but particular attention should be given with respect to children and young people especially in the light of the United Nations Convention on Children Rights (Article 3), which states that “All organisations concerned with children should work towards what is best for each child”.

If any person is assessed in a police station a report detailing the exceptional reasons will be required by the LHB Mental Health Act Monitoring Committee or equivalent. In the case of a child an assessment in a police station should be regarded as a serious untoward incident (SUI) and the SUI procedure should be followed.

- When undertaking an assessment of person under 18, a s12(2) MHA<sup>11</sup> approved doctor (preferably a Psychiatrist in Child and Adolescent Mental Health, Services (CAMHS) and an Approved Mental Health Practitioner (AMPH) (preferably one with special experience in CAMHS) should carry out the assessment.
- All areas should have agreed a protocol and have a designated place of safety provision for young people within their area.
- As soon as possible following arrival at the Place of Safety, the parent/legal guardian should normally be contacted.

If the young person subject to s135/136 MHA person is considered inappropriate for assessment in a general hospital setting such as an Emergency Department or paediatric ward, then agreement will be reached, in liaison with CAMHS, to assess them at the adult place of safety, or travel to the nearest facility that is suitable elsewhere in the LHB or by arrangement sited in other LHBs.

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<sup>11</sup> Section 12 (2) of the Mental Health Act 1983, states that "Of the medical recommendations given for the purposes of any such application, one shall be given by a practitioner approved for the purposes of this section by the Secretary of State as having special experience in the diagnosis or treatment of mental disorder; and unless that practitioner has previous acquaintance with the patient, the other such recommendation shall, if practicable, be given by a registered medical practitioner who has such previous acquaintance."

### **2.13 Out of area placements**

Welsh policy is to ensure that all children, where possible and practical, are treated within the NHS in Wales. Utilising vacant beds and transfers between north and south Wales may at times be preferable to placements in England, if the proposed distances, or travel times, are in fact no further. There will be occasions when the transfer to a specialist facility in England, will be in the best interests of the individual. However, numbers should reduce as capacity develops in the two Wales inpatient units, and in community intensive treatment teams.

### **2.14 Transition between CAMHS to Adult Mental Health Services (AMHS)**

Young people in the transition age group should have their needs managed through a person centred approach, with a tailoring of services from CAMHS and Adult Mental Health Service (AMHS) to meet their needs. This may, on occasion, mean competent 17 year olds may opt and choose to receive the greater part of service provision from Adult Mental Health Services with CAMHS expertise informing their care.

### **2.15 Advocacy**

The Mental Health Act 1983 was amended by the Mental Health (Wales) Measure 2010 to expand Independent Mental Health Advocacy for all persons receiving treatment for their mental disorder including those admitted to hospital informally. Children and young people should have access to an Independent Mental Health Advocate who has had specific training in meeting their needs.

Whilst not a dedicated advocacy, MEIC is the national and advice helpline for children and young people in Wales and offers a confidential and free helpline 24 hours a day, 7 days a week. [www.meiccymru.org](http://www.meiccymru.org). This is additional to those rights for inpatients to access.



## Annex 1

Yr Adran Iechyd, Gwasanaethau Cymdeithasol a Phlant  
Department for Health, Social Services and Children



Llywodraeth Cymru  
Welsh Government

Chief Executives of Local Health Boards

Directors of Primary, Community  
and Mental Health Services

Local Authority Directors of Social Services

Our Ref/Your Ref:

Date 14 December 2011

Dear Colleague

### **Extending the Child and Adolescent Mental Health Services (CAMHS) age range to 18 years, and transition between CAMHS and Adult Mental Health Services (AMHS)**

You will be aware that Welsh Ministers have stipulated all children under 18 years of age with Mental Health needs should be cared for by CAMHS services by April 2012.

I am writing to ask you to ensure that LHBs and Local Authorities will be fully compliant with this requirement by that date. This is likely to mean that your area will be already running this age requirement in order that you have time to resolve any outstanding issues for your area. I attach with this letter a paper (Annex A) setting out our proposals for a joint approach to the provision of specialist mental health services for 16 & 17 year olds.

In addition, we would wish to remind you that there are clear expectations within previous guidance and under the Mental Health Act 1983 that children should be placed in an age appropriate environment and can only be accommodated on adult wards in exceptional circumstances. We would also remind you that even if an under 18 year old is briefly placed on an adult ward that each LHB area should have designated ward(s) where all appropriate processes (e.g. staff police checks and staff training regarding the needs of adolescents has been completed). In such circumstances the expectation is that CAMHS Psychiatry and Nursing would lead on care with support from Adult Mental Health Services (AMHS). A synopsis of the requirements is attached at Annex B. In particular I would draw your attention to the requirement to report all incidents of admission of children to adult wards as part of the Untoward Incident Procedure, irrespective of whether these are managed in line with the requirements of the Code of Practice. Anecdotal evidence suggests not all cases are being reported.



If you require any further clarification on these issues please contact me.

Yours sincerely

A handwritten signature in black ink that reads "S. Watkins". The signature is written in a cursive style with a horizontal line underlining the name.

**Dr Sarah Watkins**

Is-adran Grwpiau Iechyd Meddwl ac Agored i Niwed  
Head of Mental Health & Vulnerable Groups Division  
Uwch Swyddog Meddygol

Senior Medical Officer

Adran Iechyd y Cyhoedd a'r Proffesiynau Iechyd  
Public Health and Health Professions Department

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## Annex B

### Admissions of Children under age 18 to adult psychiatric wards

In recent months there have been a number of cases of the admission of children, under the age of 18, to adult psychiatric wards. In addition, anecdotal evidence points to significant numbers of 16-18 year olds who are being cared for in Adult Mental Health Services.

The Welsh Government is clear that these incidents of admissions to adult wards, whilst relatively few, should not occur. When they do they are recorded via the Untoward Incident Procedure (though anecdotal evidence also indicates that not all incidents are reported) and monitored by the Welsh Government, through the Breaking the Barriers Delivery Assurance Group. This multiagency body exists to take forward our agenda for the emotional health and wellbeing of children and young people.

Since 2010 it has been a requirement under section 131A of the Mental Health Act 1983 that when an under 18 is admitted to a hospital that the environment is suitable having regard to their age. In order to fulfil this duty the Act also requires that the managers of the hospital should consult someone who appears to them to be suitable because they are experienced in CAMHS cases.

The Mental Health Act 1983 – Code of Practice for Wales states that “In a few cases, the child’s need to be accommodated in a safe environment could, in the short term, take precedence over the suitability for their age. It is also important to recognise the clear difference between a suitable environment for a young person in an emergency and a suitable longer-term environment for a young person..... Once the initial emergency has subsided, the hospital managers must consider what a suitable environment is....” (Paragraph 33.12).

The Welsh Government expects LHBs to adhere to the guidance in the Code of Practice and ensure that admissions of individuals under 18 should only occur when a formal assessment has taken place by CAMHS services of the child, irrespective of whether they are in or outside of education. We recognise that not every 16 or 17 year old is appropriate for inpatient care in local CAMHS units. Until they have been assessed and a formal decision made by a CAMHS specialist, all services must ensure that no child is excluded from CAMHS services. The issue as to whether or not the child is in full time education is irrelevant and is not a criterion for exclusion.

A further consideration is the requirements of the Mental Health (Wales) Measure 2010. This places the same obligation on CAMHS services as on services for adults and older people, to introduce Care and Treatment Planning from June 2012 for people within secondary mental health services. NLIAH and the NHS

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Delivery Support Unit have been reviewing this in relation to its introduction for adults and older people and have commenced a similar review for CAMHS.

Where instances of admission do occur, adult and CAMHS services need to review the case to ensure that lessons are learnt for the future. In due course we will need to consider what further work is needed to assess current and future demand and service capacity to inform future planning and service models. In the meantime Health Boards and Local Authorities are expected to ensure that existing resources from adult and child mental health services are used in a coordinated manner to meet the requirements within their area.

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## **Annex 2 - GOOD PRACTICE**

### **Example 1 - Flow Chart of Transition Protocol**

Patient is identified by CAMHS as requiring ongoing care from Adult Services 6 months prior to 18<sup>th</sup> birthday. Agreed with CAMHS MDT, discussed with CMHT where clarity required.



CAMHS worker to alert CMHT coordinator that a care coordinator will be required.



CMHT coordinator to respond (within 4 weeks) to the CAMHS worker with the name of the proposed care coordinator from adult services



CAMHS worker and Adult worker to commence dialogue to plan/arrange the CTP. CAMHS worker to negotiate with the client and family.



CTP to help to plan care at most convenient location for the client/family – all parties to attend. Final transition date to be agreed at CTP meeting.



Period of joint working/shared care if discussion at CPD indicates it.



Final handover from CAMHS to AMHS at agreed point from initial CTP meeting.