



COLLEGE CENTRE FOR QUALITY IMPROVEMENT



AIMS – SC4Y SAFE & APPROPRIATE CARE FOR YOUNG PEOPLE ON ADULT MENTAL HEALTH WARDS

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- The QNIC, QINMAC and AIMS teams at the College Centre for Quality Improvement (CCQI) for their invaluable support and advice.

Glossary of abbreviations

A&E	Accident and Emergency
AMHS	Adult Mental Health Services
AIMS	Accreditation for Inpatient Mental Health Services
BNF	British National Formulary
CAMHS	Child and Adolescent Mental Health Services
CPA	Care Programme Approach
CMHT	Community Mental Health Team
CRB	Criminal Records Bureau
CQC	Care Quality Commission
DH	Department of Health
IMHA	Independent Mental Health Advocate
MDT	Multi-Disciplinary Team - all health professionals involved in-patient care
MHA	Mental Health Act
MHAC	Mental Health Act Commission
NICE	National Institute for Health and Clinical Excellence
NMHDU	National Mental Health Development Unit (formerly known as National Institute for Mental Health in England-NIMHE)
NR	Nearest Relative
PoCA	Protection of Children Act
POVA	Protection of Vulnerable Adults
RCPsych	Royal College of Psychiatrists
QINMAC	Quality Improvement Network for Multi-agency CAMHS
QNIC	Quality Network for Inpatient CAMHS
SHA	Strategic Health Authority
SUI	Serious Untoward Incident
11 MILLION	Office of the Children's Commissioner

Introduction

These accreditation standards were developed to support the implementation of the Mental Health Act (MHA) 'age-appropriate environment' amendment (Section 31 of the MHA 2007 described below), which is due to commence in April 2010. The aim of the standards and the accreditation programme is to help adult mental health wards demonstrate their ability to provide safe and appropriate care for young people under 18 who require admission, if their need is 'overriding' or 'atypical' need (see below).

Section 31 of the Mental Health Act (MHA) 2007 inserts a new section 131A into the Mental Health Act 1983 which requires Hospital Managers to ensure that under 18 year olds are admitted to an environment suitable for their age (subject to their need). This applies to both detained and informal patients.

The amendment allows for the admission of an under 18 year old to an adult ward, if their need is either:

Overriding: when a young person needs immediate admission for their safety or that of others. This acknowledges that, although an inpatient child and adolescent mental health service (CAMHS) unit is normally the preferred environment for a person under age 18, there will be occasions when a bed or other CAMHS alternative (e.g. intensive outreach) is not available. If a young person is admitted in a crisis it should be for the briefest possible time (Mental Health Act Code of Practice, 2008).

Atypical: when, even if a CAMHS bed is available, an adult ward is the most appropriate clinical placement. For example, a young person nearly 18 who has left school and is being treated by the Early Intervention Psychosis team, which has beds on the ward to which the young person will be admitted. However, even in these circumstances there is still an obligation to ensure that safeguards are in place for an under 18 year old in line with their status as a minor.

The accreditation standards have been subject to extensive consultation with young people, parents/carers, community and inpatient CAMHS professionals, inpatient adult mental health professionals, CAMHS and adult mental health service commissioners, mental health advocates, mental health lawyers, MHA implementation managers, CAMHS policy and strategy professionals from the Healthcare Commission (now the Care Quality Commission), Rethink and the National Patient Safety Agency (NPSA). In 2009 the standards were developed and piloted in 26 adult mental health wards across England - details on how the standards were developed, and the pilot findings and recommendations are available in the NMH DU report on www.rcpsych/aims-sc4y.

The standards will be reviewed on an annual basis and will be applied each year during the self- and peer-review processes by AIMS-SC4Y member wards. The aim of the AIMS-SC4Y accreditation process is to help wards identify and address problems specific to the admission of under 18s to their ward.

The standards cover the following eight topics:

1. Environment and facilities
2. Staffing and training
3. Assessment, admission, transfers and discharge
4. Care and treatment
5. Education and further learning
6. Information and advocacy
7. Consent and confidentiality
8. Other safeguards

The full set of standards is aspirational and it is unlikely that any ward would meet all of them. To support their use in the accreditation process, each standard has been categorised as follows:

Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law;

Type 2: standards that an accredited ward would be expected to meet;

Type 3: standards that an excellent ward would meet or standards that are not the direct responsibility of the ward.

A copy of these standards will be sent to every ward that becomes a member of AIMS-SC4Y; they are also available on our website at: www.rcpsych.ac.uk/AIMS

Important notes:

- As of December 2008, the Government has banned the placing of under 16 year olds on adult wards in England. These standards therefore do not refer to under 16s, because the project team agreed that to create standards around under 16s implied acceptance of bad practice that was contrary to Government policy.
- Ideally young people should always be admitted to an age-appropriate environment. These standards have been developed because in the real world some young people will continue to be admitted to an adult ward despite the change in legislation. It is important that, when this does happen the young person receives the best care possible in a safe and therapeutic environment.
- The standards developed by this project apply to all young people under the age of 18, including those who are working, living independently and have been referred by the adult community mental health team (CMHT).
- Using these standards will not guarantee that Trusts are compliant with the requirements of legislation in every case. The standards are not a substitute for legal advice, and trusts must ensure that every young person is assessed.

If you have any questions about these standards please contact Anne O'Herlihy on 020 7977 6682 or email aoherlihy@cru.rcpsych.ac.uk

Useful resources

To support the changes required NMHDU have published a number of **useful resources** for trusts, commissioners, and professionals from adult mental health services and CAMHS:

1. **The Legal Aspects of the Care and Treatment of Children and Young People with a Mental Disorder: A Professional Guide** (NIMHE, 2009)
 - a. **Wall chart guides on consent to admission and treatment for under 16 year olds and 16 and 17 year olds** – see NMHDU webpage below for download.
2. **Working Together to Provide Age-Appropriate Environments and Services for Mental Health Patients aged under 18: A briefing for commissioners of adult mental health services and child and adolescent mental services** (NMHDU, 2009).
3. **In Our Own Words: A DVD to support staff training** (NMHDU, 2009). Young people, parents, advocates and professionals talk about their experiences of admission, discharge, treatment, age appropriate environments and the impact of their care both at the time of the episode and in the years and months following admission. The DVD is divided into four sections, with discussion prompts for trainers.
4. **The System Dynamic Modelling Tool** helps areas to plan how best to meet the needs of under 18 year olds. Areas can programme the model to replicate their particular issues, including use of inpatient CAMHS beds, emergency and planned, Independent and NHS, use of adult wards and paediatric beds, community intensive treatment teams, and introduce change to the model such as increasing the number of emergency or planned beds, or introducing or increasing the use of community intensive treatment.
5. **The Somerset Advocacy Headspace Toolkit** (<http://www.headspacetoolkit.org/>) has been updated and placed on the internet, with printed copies sent out to all CAMHS inpatient units.
6. **Rethink leaflet for parents and carers about the MHA** http://www.rethink.org/about_mental_illness/who_does_it_affect/children_and_mental_illness/index.html

All of the above are available on: <http://www.nmhd.org.uk/ourwork/improving-mental-health-care-pathways/mental-health-act-2007-implementation-programme-children-and-young-peoples-workstream/?keywords=YOUNG+PEOPLE>

7. **A staffing and training guide 'Working within Child and Adolescent Mental Health Inpatient Services: A Practitioners Handbook' by Angela Sergeant** is available from the National CAMHS Support Service (NCSS) on <http://www.cypf.org.uk/camhs/workforce.html> . The guide was developed to support all staff in CAMHS and adult wards who work with young people in an inpatient mental health setting.
8. **AIMS-SC4Y poster and leaflets for young people under 18 admitted to an adult ward**-developed alongside the standards to inform young people about what they should expect during their stay on the ward. To view and place an order see www.rcpsych.ac.uk/aims-sc4y

GUIDING PRINCIPLES

The principles contained in the Children Act 1989, the Mental Capacity Act 2005 and in the 2008 Code of Practice for the Mental Health Act (1983) provide the framework for the decisions made when caring for young people on adult mental health wards. Below is a summary of the principles contained in the Mental Health Act Code of Practice (Chapter One on pages 5 and 6). For the purpose of this document, some of the principles have been rephrased to account for all young people admitted for mental health care, whether or not they have been detained under the MHA.

Purposeful admission:

- Minimise *'the undesirable effects of mental disorder and maximise the safety and wellbeing of [young people], while promoting recovery and protecting other people from harm'*.

Least restriction:

- When action is required under the Act without the young person's consent the restrictions imposed on their liberty should be kept to a minimum.

Respect:

- *'Recognise and respect the diverse needs, values, and circumstances of all those admitted, including their race, religion, culture, gender, age, sexual orientation and any disability.'*
- *'Consider the [young person's] views, wishes and feelings (whether expressed at the time or in advance), so far as they are reasonably ascertainable, and follow those wishes wherever practicable and consistent with the purpose of the decision.'*

Participation:

- *'[Young people] must be given the opportunity to be involved as far as is practicable in the circumstances, in planning, developing and reviewing their own treatment and care to help ensure that it is delivered in a way that is appropriate and effective for them as possible.'*
- *'The involvement of [parents and family members, carers and other people] who have an interest in the patient's welfare should be encouraged (unless there are particular reasons to the contrary) and their views taken seriously.'*

Effectiveness, efficiency and equity principle:

- Staff use the resources available to them and to young people *'...in the most effective, efficient and equitable way to meet the needs of patients...'*

No.	Type	SECTION 1: ENVIRONMENT AND FACILITIES
		GENERAL (INCLUDING FACILITIES)
1.1	std	The ward participates in an annual quality improvement process.
1.1.1	1	The ward, identified by the Trust for the admission of young people, participates in a quality improvement process that includes an element of peer-review, and can demonstrate that it meets these standards and the AIMS standards type 1 and 2 or an equivalent measure of quality improvement.
1.2	std	Young people have access to a safe and appropriate environment suitable to their needs as a young person.
1.2.1	2	The ward provides a comfortable environment for young people.
1.2.2	2	Young people can access a diverse range of age-appropriate games and media entertainment on a daily basis e.g. television, DVDs, video/computer games, audio system, pool table or tennis table, books, magazines, board games etc. Note: Young people request that this is managed discretely and does not limit the choice of materials for others over 18 on the ward.
1.2.3	3	Young people have access to a computer and the internet.
1.2.4	1	The ward has safeguards in place to monitor media use (including the internet) and prevent exposure to inappropriate material.
1.2.5	1	Young people on the ward have easy access to outside space on a daily basis for exercise and fresh air.
1.2.6	2	The outside space has seating available for relaxation, and has an area where patients and visitors can converse in private.
1.2.7	1	Staff take the necessary action to ensure the young person's safety outside by, for example, providing a member of staff to escort the young person outside.
1.2.8	1	Reasons for denying access to outside space must relate to a young person's individual clinical risk, and be justified and recorded in the notes each time access is denied.
		SAFETY
1.3	Std	The ward has procedures in place to ensure a young person's safety throughout their stay or visit to the ward.
1.3.1	1	There are policies and procedures to prevent unwanted visitors entering the ward.
1.3.2	2	Young people can access a discrete age-appropriate day area, where young people can be cared for away from the adult patient group, if required (to be based on clinical need only). Note: Young people emphasise that they are not to be kept away from other adult service users on the ward unless there is a clinical need for separation.
1.3.2.1	1	There are policies and procedures to prevent adult service users from entering the young person's designated area.

No.	Type	Section 1
1.3.3	1	The ward has a policy to support and safeguard visitors under the age of 18.
1.3.4	2	Entrances and exits are designed to enable staff to see who is entering or leaving, and if required CCTV is used to achieve this.
1.3.5	1	Young people are given the most appropriate bed according to their clinical need, i.e. those at a high risk should be given a bed located in an area with clear lines of sight for closer observation.
		PRIVACY
1.4	Std	The ward is designed and managed so that young people's rights, privacy and dignity are respected.
1.4.1	1	The young person's sleeping area is in a securely separated area of the ward away from the opposite-sex.
1.4.2	2	Young people are provided with their own single-bedroom. Note: Young people reported that they would like the choice of a single room or sharing with another young person of the same sex. A young person should not share a bedroom with an adult.
1.4.3	1	All young people can bathe and wash in privacy and in areas separate from the opposite sex.
1.4.4	2	Young people have access to a comfortably furnished private room, other than their bedroom, where they can meet with visitors such as their family or friends (including children or younger siblings).
1.4.5	2	Young people have access to a telephone to make and receive calls in private (not right outside the nurses station) and on which they may raise concerns without being overheard e.g. to Childline.

No.	Type	SECTION 2: STAFFING AND TRAINING
		STAFFING
2.1	Std	Young people are cared for by staff who are trained to work with under 18s, and who receive supervision and support from a named CAMHS professional throughout a young person's stay.
2.1.1	1	Ward staff are able to access a named CAMHS professional for consultation and advice throughout a young person's admission.
2.1.2	1	Ward staff designated to work with young people receive supervision from a named CAMHS consultant.
2.1.3	2	When a young person requires one-to-one supervision the staff provided are trained to work with young people.
2.1.4	2	The ward manager can access bank nursing staff who regularly work with young people.
2.1.5	2	Staff working with young people on adult wards have joint training sessions and regular meetings with CAMHS.
2.1.6	2	Staff designated and trained to work with young people on the ward are available on each shift throughout a young person's stay.
2.1.7	2	There are named staff members from the CAMHS/16 to 19 service and the adult ward team who maintain links between the teams.
2.1.8	1	There are named staff members who take responsibility for safeguarding the rights of young people admitted.
		STAFF TRAINING
2.2	Std	Staff designated to work with young people have completed clinical training for this age-group, as well as the statutory and mandatory training required to safeguard young people on the ward.
Stem		Staff working with young people on an adult ward have received relevant statutory and mandatory training on:
2.2.1	1	<ul style="list-style-type: none"> • Safeguarding children:
2.2.1.1		<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Level 1-for all staff;
2.2.1.2		<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Level 2-for staff that work with young people, or local equivalent.
2.2.2	1	<ul style="list-style-type: none"> • Risk assessment and awareness of risk factors in abuse and abuse to others, indicators of abuse and procedures for dealing with abuse.
2.2.3	1	<ul style="list-style-type: none"> • Legal frameworks concerning mental health care of young people such as the Children Acts, Mental Health Act 1983 (as amended by the 2007 Act) and the revised Code of Practice, and the Mental Capacity Act 2005.

No.	Type	Section 2
Stem		The clinical staff designated to work with young people on the ward are appropriately trained with extensive knowledge and training in the following areas:
2.2.4	2	<ul style="list-style-type: none"> • Aetiology, symptoms and a range of relevant conditions.
2.2.5	1	<ul style="list-style-type: none"> • Pharmacological interventions for (for staff that prescribe, dispense, or administer medication to young people), including the use of psychoactive medication, recognition of side effects and non-concordance. <p>Note: Refer to NICE guidelines for use of medication off-licence (see 4.8.1 on page 20) and evidence-based psychological interventions.</p>
2.2.6	2	<ul style="list-style-type: none"> • Managing relationships and boundaries between young people and staff, including appropriate touch.
2.2.7	1	<ul style="list-style-type: none"> • Issues of consent, capacity for young people, role of parental responsibility, confidentiality and advocacy.
2.2.8	1	<ul style="list-style-type: none"> • Management of imminent and actual violence, age-appropriate breakaway techniques and restraint measures.
		STAFFING SAFEGUARDS
2.3	std	All ward staff have undergone the mandatory checks and have received an induction that includes providing appropriate care for young people on the ward.
Stem		All staff (including temporary or agency staff and ancillary staff):
2.3.1	1	<ul style="list-style-type: none"> • Have enhanced Criminal Record Bureau (CRB) disclosure checks before appointment.
2.3.2	1	<ul style="list-style-type: none"> • Have their Criminal Record Bureau (CRB) reviewed every three years.
2.3.3	1	<ul style="list-style-type: none"> • Are checked against the Protection of the Children Act (PoCA) register before appointment.
2.3.4	1	All staff (including temporary or agency staff) receive an induction which covers key aspects of caring for young people on the ward (e.g. observation and child protection) before they can have unsupervised access to the young people.
2.3.5	1	There is a trust policy and written guidance available to staff about whistle-blowing, which forms part of the induction training. Note: Staff should know how to raise concerns about poor practice.
2.3.6	1	Legal advice is available for practitioners when needed, specifically in relation to the Mental Health Act 1983, Mental Capacity Act 2005, and Children Act 1989 and 2004.

No.	Type	SECTION 3: ASSESSMENT, ADMISSION, TRANSFER AND DISCHARGE
		ASSESSMENT AND ADMISSION In addition to AIMS standards 9.1 to 12.10 (AIMS 3 rd Ed)
3.1	Std	All relevant agencies and services agree on the protocols for the admission of young people (including 'out-of hours' admissions) to an adult ward.
3.1.1	1	The adult ward, CAMHS team, Early Intervention Psychosis Team, A&E and Local Authority have jointly agreed integrated care pathways and protocols for the admission (both informal and compulsory) of young people to the adult ward, including emergency and 'out of hours' admissions.
3.1.2	1	For young people with an overriding need (see introduction for definition), the ward has agreed with relevant agencies and services that the referral letters include evidence that all other CAMHS options have been exhausted prior to referral.
		Individual risk assessment
3.2	Std	Age appropriate risk assessment tools are employed by staff trained to assess young people. Note: Many CAMHS teams employ the STAR (Salford Tool for the Assessment of Risk).
3.2.1	1	The ward uses an approach to clinical risk assessment that is agreed with CAMHS as being appropriate for the under 18s age group.
3.2.2	1	Young people admitted are individually risk assessed and the risk is regularly reviewed by appropriately trained staff, one of whom has experience of working with young people in CAMHS.
3.2.3	2	All pre-admission clinical assessments are conducted and recorded by a staff member trained in risk assessment.
3.2.4	1	All 16 and 17 year olds are escorted by a chaperone (whose gender they can choose) for intimate medical examinations.
3.2.5	1	Observation levels are only determined by a multi-professional assessment of the young person's mental health needs i.e. there should not be a blanket policy to apply one to one observation for all under 18s.
3.2.6	2	One-to-one observation is based on assessed risk and clinical need, and is reviewed regularly.

No.	Type	Section 3
		Ward environment risk assessment
3.3	Std	An appropriate risk assessment of the ward environment is undertaken for every admission of a young person.
3.3.1	1	Prior to the admission of a young person, the admitting clinician consults with a CAMHS professional and ward manager about the suitability of the ward environment, whenever required including 'out of hours'. Note: This applies to each young person on every admission.
3.3.2	2	After undertaking an assessment of risk, the admitting clinician is responsible for discussing the admission with the ward manager and admitting authority i.e. the Hospital Managers or individuals to whom responsibility has been delegate.
3.3.3	1	All ward staff are made aware of the young person's risk status including the risks posed by other patients.
		Reporting and monitoring
3.4	Std	Systems and procedures are in place to ensure all under 18 admissions are monitored by the Trust/Hospital and reported to the appropriate authorities.
Stem		The following authorities are notified when a young person under the age of 18 is admitted to an adult ward:
3.4.1	1	<ul style="list-style-type: none"> The Care Quality Commission is informed if the young person is detained.
3.4.2	1	<ul style="list-style-type: none"> The Local CAMHS team.
3.4.3	2	<ul style="list-style-type: none"> Managers of the local CAMHS / 16 to 19 services.
3.4.4	1	<ul style="list-style-type: none"> Named nurse for safeguarding children who will take overall monitoring responsibility.
3.4.5	2	The Trust/Hospital monitors all admissions of under 18s with respect to: <ul style="list-style-type: none"> a) type of need (overriding or atypical), b) race, c) gender, d) disability, e) legal status, and f) occupied bed days by an individual (length of stay in days), to inform staff and service-needs, and to identify the use of beds by vulnerable groups.
3.4.6	2	The Trust/Hospital ensures that the bed use and patient characteristic data for under 18s is made available to hospital managers, commissioners, and partner agencies on a regular basis.

No.	Type	Section 3
		Overriding need admissions (emergencies)
3.5	Std	Young people admitted with an overriding need are transferred to an appropriate environment shortly after admission.
3.5.1	1	For young people admitted in an emergency with an overriding need, the ward staff immediately contact the named CAMHS or 16 to 19 team who initiate transfer arrangements to an adolescent CAMHS unit or another age-appropriate care option (e.g. therapeutic community) to ensure their stay is for as brief a time as is possible.
3.5.2	2	The CAMHS or 16 to 19 team are responsible for allocating a named lead professional under the Care Programme Approach (CPA) for care coordination within one working day of admission.
3.5.3	2	The named lead professional under the CPA is then responsible for arranging a transfer to a more appropriate CAMHS environment.
3.5.4	2	The transfer of a young person to an adolescent CAMHS unit or an age-appropriate alternative should take place within a maximum time of 48 hours. Note: The 48 hour maximum time-frame is as an indicator of good practice for overriding admissions of under 18s, and is informed by the Department of Health's recommendation (letter to SHA's gateway 8390) for 'Serious Untoward Incident' under 16 admissions.
		TRANSFERS
3.6	Std	Staff employ appropriate transfer arrangements, as stipulated under the Care Programme Approach (CPA).
3.6.1	2	For young people transferred from the ward to another service, the arrangements stipulated under the Care Programme Approach (CPA) are employed i.e. when a young person needs to transfer to another mental health service a joint review must be undertaken to ensure effective hand-over takes place.
3.6.2	1	There are policies and protocols in place to guide the transfer of a young person to another service and the responsibilities are allocated to named professionals.
		DISCHARGE PLANNING In addition to AIMS standards (3rd Edition) 15.1 to 17.2.
3.7	Std	Before discharge, decisions are made about meeting the young person's continuing needs (QNIC 20).
3.7.1	2	Throughout their stay on the ward young people have a named lead professional who coordinates their care and attends all Care Programme Approach (CPA) reviews and discharge planning meetings.
3.7.2	2	Assessed risk is communicated to the team caring for the young person after discharge and other relevant parties.
3.7.3	2	A written discharge and aftercare plan is produced with the young person and the named professional responsible for coordinating their care.

No.	Type	Section 3
3.7.4	1	The discharge plan names the lead agency and professional responsible for overseeing the young person's aftercare plan.
3.7.5	2	<i>For those with an overriding need</i> , there is an agreement with the involved CAMHS team or lead agency, regarding aftercare pathways.
3.7.6	2	Where discharge is delayed the reason for the delay is documented and there are processes in place to expedite discharge.
3.7.7	1	<i>For those detained under the MHA</i> , section 117 meetings are held prior to the discharge of all young people detained under a treatment section of the Mental Health Act.
		Young people and parents'/carers' participation
3.8	Std	Young people, and where appropriate their parents or carers, are involved in decisions about their treatment, care and discharge plans.
Stem		Young people and, where appropriate, parents/carers:
3.8.1	2	<ul style="list-style-type: none"> are invited to CPA meetings;
3.8.2	2	<ul style="list-style-type: none"> are involved in decisions about care after discharge from the ward;
3.8.3	2	<ul style="list-style-type: none"> know the names of workers involved in their follow-up care and have met them prior to discharge;
3.8.4	2	<ul style="list-style-type: none"> before discharge, know the dates and times of appointments with the workers involved in their care after discharge.

No.	Type	SECTION 4: CARE AND TREATMENT
		CARE: ACCESS TO STAFF AND SERVICES
4.1	Std	Young people receive age appropriate care and treatment.
4.1.1	1	The care of all young people takes place within a formal Care Programme Approach (CPA) framework (England only) or a local care plan that is based on the CPA to avoid protracted stays within an inpatient environment.
Stem		Within one working day:
4.1.2	2	The appropriate agencies identify and agree on the lead professional under the CPA, and agency that will take responsibility for coordinating the young person's care (CAMHS, 16 to 19 service, Early Intervention Teams, Community mental Health Team-CMHT etc).
4.1.3	2	The young person is allocated a named professional from the adult ward (e.g. primary nurse) who has experience of working with young people.
4.1.4	2	The young person is informed about who these professionals are and their role in providing the young person's care is explained.
4.1.5	2	Each young person's named lead professional under the CPA and named adult ward professional liaise with each other, and the relevant agencies, to ensure the young person receives appropriate care and treatment.
4.1.6	2	<i>For those admitted with an overriding need</i> , during the young person's stay on the ward, a named lead professional under the CPA takes responsibility for establishing and maintaining links with specialist services for: <ul style="list-style-type: none"> • Young people with learning disabilities and mental health problems. • Young people who have a visual impairment, hearing problems, physical disabilities and / or physical illness. • Young people with co-morbid substance abuse and mental health problems.
4.2	Std	Young people have access to staff and a range of services as appropriate to their needs.
4.2.1	2	The named lead professional under the CPA, the named professional on the adult ward, and the ward team promote access to a range of services, as appropriate to the needs of the young people. Note: For some young people this admission may be their first contact with mental health services and it provides an opportunity to put them in contact (and hopefully engage them) with other appropriate agencies. These include the following:
4.2.1.1	2	<ul style="list-style-type: none"> • Young person's local child and adolescent mental health service.
4.2.1.2	2	<ul style="list-style-type: none"> • Community adult mental health services.
4.2.1.3	2	<ul style="list-style-type: none"> • Early intervention teams and/or assertive outreach teams.
4.2.1.4	2	<ul style="list-style-type: none"> • Forensic and youth offending teams.

No.	Type	Section 4
4.2.1.5	2	<ul style="list-style-type: none"> • Substance and alcohol misuse services
4.2.1.6	2	<ul style="list-style-type: none"> • Learning disability services
4.2.1.7	2	<ul style="list-style-type: none"> • Accident and emergency facilities
4.2.1.8	2	<ul style="list-style-type: none"> • Other medical services
4.2.1.9	2	<ul style="list-style-type: none"> • Voluntary sector organisations such as those for Mental Health and Black and Minority Ethnic groups and Learning Disability groups.
4.2.1.10	2	<ul style="list-style-type: none"> • Social services
4.2.1.11	2	<ul style="list-style-type: none"> • Housing agencies
4.2.3	2	Staff wear name badges or there is a picture board of ward staff, so that young people and visitors know who they are, and for reasons of security.
4.2.4	2	Young people and parents have access to key clinicians and members of the multi-disciplinary team (MDT) as needed, for example, outside planned meetings.
4.3	Std	Young people and their parents'/carers' views are respected.
4.3.1	2	The young person's views are taken into account if they are not satisfied with their named adult ward professional or lead professional under the CPA, and there is a process in place to deal with this.
4.3.2	2	The young person's <u>parent or carer's views</u> are taken into account if they are not satisfied with their named adult ward professional or lead professional under the CPA and there is a process in place to deal with this.
4.3.3	2	Young people, their parents / carers and adults using the service report that staff are friendly and approachable and that they feel respected and understood by staff.
4.3.4	2	As far as is practical, efforts are made to ensure that young people are able to consult with a staff member of the gender of their choice.
4.3.5	2	Young people can ask to see a professional on their own, e.g. without other nursing staff or family present, although this may be refused in certain circumstances.
4.4	Std	Staff can access the appropriate support for young people, and where appropriate their parents or carers, who require an interpreter or who have specific communication needs.
4.4.1	2	Interpreters are readily available and a minimum level of access is agreed so that relatives are not used as interpreters (this includes Welsh interpreters in units in Wales).
4.4.2	2	Interpreters used have received training or guidance about mental health matters and recognise the importance of a full and accurate translation.
4.4.3	2	Young people and parents who have specific communication needs (such as arising from sensory impairments) are given appropriate assistance to enable their participation.

No.	Type	Section 4
		CARE PLANNING - In addition to AIMS standards 13.1 to 15.5 (3rd Edition)
4.5	Std	All young people have a written care plan as part of the Care Programme Approach (QNIC 25).
4.5.1	2	There are explicit protocols and procedures for developing a joint care plan that clarifies the role of each team and outlines the level of daily input from the liaising lead agency (e.g. CAMHS team, 16-19 service, Early Intervention Team or Community Adult Mental Health Team) and ward staff.
4.5.2	1	The young person's assessed risk is addressed in the care plan.
4.5.3	2	The young person's care plan shows evidence that a social care needs assessment has taken place. This has included establishing if the young person and / or parent are involved with other agencies.
4.5.4	2	Young people, and where appropriate parents/carers, are given a copy of the management or care plan, or have ready access to it.
4.5.5	2	Care plans include crisis plans with detailed contingencies for periods of intensive support.
4.5.6	2	The care plan is reviewed at defined and agreed intervals during admission (e.g. a weekly ward round and CPA reviews).
4.5.7	2	Regular meetings between the young person and their care team are held to discuss any issues of concern and to agree on the action required to address these (with feedback on the results of the action taken).
4.5.8	2	Young people are involved in deciding who should be present at their care plan reviews.
4.5.9	2	In consultation with the named lead professional, there is a multi-disciplinary written care plan for every young person that is kept with their records.
4.5.10	2	All relevant professionals and other staff in partner agencies are invited to the care plan reviews.
		Record keeping
4.5.11	1	The care plan states the date of referral, assessments, admission, date of transfer to another service, and date of discharge.
4.5.12	1	The young person's legal status is recorded in the care plan e.g. if the young person has been formally detained the relevant section has been noted in the health record.
4.5.13	1	Information about the date and time of discharge and the young person's address following discharge from the ward should be recorded in the young person's care plan.

No.	Type	Section 4
		Young people on a care order
4.6	Std	Staff ensure the needs of young people on a care order are met and the relevant authorities are contacted.
4.6.1	1	Where a Local Authority has parental responsibility as a result of a care order, the hospital should obtain the local authority's consent where necessary, and consult with that Local Authority on the young person's management or care plan.
4.6.2	1	When a care order is in place, subject to advice from the Local Authority, there is also consultation with the parent with regard to the young person's management or care plan.
4.6.3	1	Where a young person is subject to a care order the hospital check that the local social service authority arrange for visits and take <i>'such other steps in relation to the patient while in hospital...as would be expected to be taken by his parents'</i> (Section 116 MHA 1983). Note: the MHA Code advises that local authorities should arrange for visits to be made to children and young people looked after by them who are in hospital, whether or not they are under a care order (see the MHA Code 36.80).
		TREATMENT
4.7	Std	A comprehensive range of interventions suitable for young people is made available throughout their stay on the ward (QNIC 23).
4.7.1	1	Treatments are provided in accordance with the NICE guidelines (see www.nice.org.uk).
Stem	New	The ward has access to a range of suitable interventions available for young people, these include:
4.7.2		<ul style="list-style-type: none"> • Medication
4.7.3		<ul style="list-style-type: none"> • Individual psychological therapies
4.7.4		<ul style="list-style-type: none"> • Group psychological therapies
4.7.5		<ul style="list-style-type: none"> • Family support
4.8	Std	Safeguards are in place to ensure young people receive medication and treatment appropriate to their age and development.
4.8.1	1	Where drugs are prescribed for use outside the terms of their licence (off-label), the medical practitioner or prescriber complies with BNF for Children recommendations (2007), Royal College of Paediatrics and Child Health recommendations (2007) and General Medical Council guidance on unlicensed applications of licensed medicines (2006) and accesses specialist expertise where indicated.
4.8.2	1	There are written guidelines for the use of rapid tranquillisation that specify the need to modify treatment for young people i.e. dose calculations.

No.	Type	Section 4
4.8.3	1	No young person is to be deprived of their liberty, except where there is clear legal authority to do so.
		ACTIVITIES-In addition to AIMS standards 38.1 to 40.3 (3rd Edition)
4.9	Std	There is a structured programme of activities for young people during their stay on the ward.
4.9.1	2	Young people are involved in developing their programme of activities with staff throughout their stay on the ward.
4.9.2	2	Young people are able to choose the activities they wish to participate in from a wide and diverse range of activity options.
4.9.3	2	The activities offered to young people include opportunities to exercise, go outside, and day trips away from the hospital.
4.9.4	2	Activities are considered an important part of the young person's care plan by staff and are not offered as a bonus, or be tokenistic and used as a reward, or withdrawn as a sanction.
4.9.5	1	No disciplinary measures are used which include any form of corporal punishment, any deprivation of food or drink, any restriction of visits or communication by phone or post, bathing and use of the toilet.

No.	Type	SECTION 5: EDUCATION AND FURTHER LEARNING
		Only applies to young people admitted with an 'Atypical' need whose stay is longer than five days
5.1	Std	Young people are supported and encouraged to continue with their education or other learning opportunities when admitted. (QNIC 26).
5.1.1	3	When a young person's stay is more than five days, there are procedures in place to support a young person's ongoing education and ensure their learning programme is maintained. Note: If a young person's stay is expected to be longer than one week, their educational or learning needs should be considered shortly after admission.
5.1.2	3	Ward staff are able to access an education liaison officer for the young person, who is available to discuss their educational or learning needs and advise on accessing further learning opportunities. Note: This applies to all young people including those who are no longer in full-time education.
5.1.3	2	Young people are consulted about their learning needs and this is reviewed on a regular basis.
5.1.4	2	Young people in formal education have a named professional who takes responsibility for liaising with the young person's place of education.
5.1.5	2	Young people not in education or who are over school leaving age are encouraged to engage in a learning activity.
5.1.6	2	Educational or learning activity programmes are developed in consultation with the young person and is based on their individual needs.
5.1.7	2	Educational or learning activity programmes include life skills that young people will need when they leave hospital (e.g. opening a bank account and applying for housing).
5.1.8	2	Young people have access to a study space in a quiet area to support their educational or learning activities.
5.1.9	2	Young people have access to appropriate educational or learning materials and facilities (e.g. computer, desk, books, paper, staff at their school or college, and exams).

No.	Type	SECTION 6: INFORMATION AND ADVOCACY
		INFORMATION Note: Staff should provide information as many times as necessary for the young person to understand, regardless of the young person's illness.
6.1	Std	Information developed specifically for young people and their parents and carers is available on admission and throughout their stay.
6.1.1	1	Young people and parent/carers are presented with information in a way that they can understand, for example, the language used is plain, jargon free and 'child and young person friendly'.
6.1.2	2	The information provided to young people and parents/carers is written in consultation with, and peer-reviewed by, young people and parents/carers who have had experience of inpatient care on a CAMHS or adult ward.
6.1.3	1	On the day of their admission the young person is given a "welcome pack" or introductory booklet giving specific information about:
6.1.3.1	1	<ul style="list-style-type: none"> The ward's facilities.
6.1.3.2	1	<ul style="list-style-type: none"> Modes of treatment.
6.1.3.3	1	<ul style="list-style-type: none"> Young person's rights.
6.1.3.4	1	<ul style="list-style-type: none"> How to complain.
6.1.3.5	2	<ul style="list-style-type: none"> How to access a second opinion.
6.1.3.6	1	<ul style="list-style-type: none"> Access to advocacy and other services.
6.1.3.7	1	<ul style="list-style-type: none"> The ward's activity programme highlighting activities suitable for young people.
6.1.3.8	2	<ul style="list-style-type: none"> Contact details for the named local CAMHS team linked to the ward.
6.1.3.9	2	<ul style="list-style-type: none"> Headspace Toolkit see: http://www.headspacetoolkit.org/
6.1.4	2	As soon as they are well enough staff ensure that young people can discuss specific information.
6.1.5	2	Those with parental responsibility receive a parent or carer information pack that contains all the details described under 6.1.3.
6.1.6	2	The young person's and parent or carer information packs clearly state that the participation of the parent, carer or person with parental responsibility is encouraged whenever possible.
6.1.7	1	Young people and parents or carers who need it, are given information in languages other than English and in forms in which people with sight, learning and other disabilities can use, within a specified period as determined by the Hospital/Trust.
6.1.8	2	The young person and their parent or carer are supported by staff in making use of the 'information pack' as often as is required.

No.	Type	Section 6
6.1.9	1	Staff regularly check that the information they have communicated has been understood.
6.1.10	1	On the day of their admission, and as often as is required, staff explain and provide information about why they have been admitted.
Stem		Throughout their stay (no matter how brief) young people are given information about:
6.1.11	1	<ul style="list-style-type: none"> the level of observation they are under, the reasons for that level and how often it will be reviewed.
6.1.12	1	<ul style="list-style-type: none"> the medication they are given, what it is for and how it would effect them.
6.1.13	1	<ul style="list-style-type: none"> the treatments they are offered.
6.1.14	1	Complaints procedures are well-publicised and there is help on how to use them.
6.1.15	1	Young people and their parents or carers receive information about how complaints may be made without the knowledge and involvement of the person complained about, and with the assurance that they will not be discriminated against if they complain.
6.1.16	1	There is information available on how to get independent help and advocacy in making complaints.
		Formal admissions
6.2	Std	Ward staff ensure that young people understand, and are provided with, information about the use of the Mental Health Act and how it applies to them.
6.2.1	1	Young people are given information (a verbal and written explanation) about the Mental Health Act and when it might be used, in a manner they can understand and in a written format they can retain.
6.2.2	1	Young people are provided with information (a verbal and written explanation) about being given treatment without their consent and the procedures that must take place before such treatment is given.
6.2.3	1	Staff take time to explain to a young person about why they have been detained and how the Mental Health Act applies to them.
6.2.4	1	Young people are provided with information (verbally and in writing) about their rights to access a mental health tribunal and/or manager's hearings that explains how they can apply to be discharged from detention including: <ul style="list-style-type: none"> the role of the tribunal and the hospital manager, their rights to legal representation, and how long they should expect to wait for a hearing date.
6.2.5	1	Staff explain who the young person's Nearest Relative (NR) is and why this is relevant.

No.	Type	Section 6
		ADVOCACY - In addition to AIMS standard (3rd Edition) 6.1
		<p>IMPORTANT NOTE:</p> <p>As of April 2009, access to an Independent Mental Health Advocate (IMHA) is a right for most young people detained under the Mental Health Act, except for those under sections 4, 5, 135 or 136 (see Code of Practice 20.4-20.7). It is also available to those subject to guardianship, supervised community treatment and those who are not detained under the MHA 1983 but who are <i>"under 18 and being considered for electro-convulsive therapy or any other treatment to which section 58A applies ("a section 58A treatment")</i> (MHA Code of Practice 20.6 pg 158). It is a legal requirement for staff to inform patients of this right.</p> <p>For informal admissions access to an advocate is good practice and is to be encouraged.</p>
6.3	Std	Young people are informed about how to seek independent advice, and are supported in their use of advocacy services.
6.3.1	1	Within 24 hours of admission and as often as required young people (both detained and informal) are given advice about how to get independent help and advocacy, and it is explained what advocacy is.
6.3.2	1	Information about an advocacy service is signposted on the ward so young people can approach them directly.
6.3.3	2	Ward staff ask the advocate manager to consult with the young person and offer them a visit by an advocate.
6.3.4	2	The young people are given access to an age-appropriate advocacy toolkit such as the Headspace Toolkit (http://advocacyinsomerset.org.uk/headspace_toolkit.php) in a range of accessible formats (e.g. online, DVD, print).
6.3.5	2	Staff support and encourage young people to use an advocacy toolkit throughout their stay.
6.3.6	1	Young people are able to meet with their advocate in a private room that is not audible from outside.
6.3.7	2	Young people have access to trained advocates who have been trained to work with young people and communicate in an accessible way.

No.	Type	SECTION 7: CONSENT AND CONFIDENTIALITY
		<p>CONSENT</p> <p>Note: Even if patients are detained (and therefore some treatments for mental disorder can be given without their consent) their consent still needs to be sought. The MHA Code of Practice states (23.37) <i>'Although the Mental Health Act permits some medical treatment for mental disorder to be given without consent, the patient's consent should still be sought before treatment can be given, wherever practicable.'</i> For those aged 16 or over, capacity to consent to treatment must be assessed in accordance with the Mental Capacity Act 2005.</p> <p>WALL-CHART GUIDE on consent to treatment and admission for under 16s, and 16 and 17 year olds is now available on the NHMDU website http://www.nmhdu.org.uk/nmhdu/en/our-work/improving-mental-health-care-pathways/mental-health-act-2007-implementation-programme-children-and-young-peoples-workstream/</p>
7.1		All examination and treatment is conducted with the appropriate consent as specified for young people under 18 years (QNIC 36).
7.1.1	1	The ward staff can access a Trust policy or protocol that provides guidance on the legal framework for decision making on care and treatment for under 18s - guidance is available from the legal guide on the above NMHDU website.
7.1.2	1	Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this.
7.1.3	1	Staff are proficient in assessing a young person's capacity to consent.
7.1.4	1	<p>Young people's capacity to consent to treatment is assessed in accordance with Mental Capacity Act 2005.</p> <p>Guidance: See the Code of Practice to the Mental Capacity Act 2005 (Chapter 12). The MHA Code of Practice states that any assessment of an individual's capacity has to be made in relation to the particular decision being made (e.g. proposed admission or treatment). Capacity in an individual with a mental disorder can be variable over time and should be assessed at the time the decision in question needs to be taken (e.g. admission or treatment). All assessments of an individual's capacity should be fully recorded in the patient's medical notes (See MHA Code of Practice 23.29).</p>
7.1.5	1	The young person's consent or refusal is recorded in their notes in addition to the treating clinician's assessment of the young person's capacity to consent to the treatment in question.
7.1.6	1	Where young people are not detained, and are assessed as not having capacity, the basis for providing the treatment without the young person's consent is recorded, and the views of the young person are ascertained and taken into account.
7.1.7	1	Staff tell young people that their consent to treatment can be withdrawn at any time and that fresh consent is required before further treatment can be given or reinstated.

No.	Type	Section 7
7.1.8	1	Interventions are only conducted without the consent of young people if discussion and modification of the intervention has been exhausted.
7.1.9	1	When a young person who is assessed as having capacity and is treated without consent, this is conducted within the appropriate legal framework such as the Mental Health Act. (For further information on treatment capacity and consent, see Chapter 4 of the Legal Guide.)
7.1.10	1	Young people and their parents/carers are informed about the procedures for obtaining consent where parental responsibility is held by a third party. Guidance: For example, parental responsibility will be shared with others if the young person is subject to a care order (where the local authority has parental responsibility) or a residence order (in which case the person (s) named in the order will have parental responsibility). See the MHA Code 36.8 in relation to local authorities and parental responsibility.
7.1.11	1	Staff are clear on who has parental responsibility.
		CONFIDENTIALITY
7.2	Std	Personal information about young people is kept confidential, unless this is detrimental to their care (QNIC 35).
7.2.1	1	Ward staff receive clear guidance on young people's rights to confidentiality and the circumstances in which information can be shared with third parties, including those with parental responsibilities.
7.2.2	1	Young people and their parents/carers are informed of their right to confidentiality and the limits of this, and receive written information on this right.
7.2.3	1	Young people who are assessed as able to make such decisions are asked whether they wish to give or withhold their consent to information about their care and treatment being disclosed to their parents or carers. Guidance: It is good practice for staff to explain the reasons why it might be helpful for their parents to be given this information.
7.2.4	1	Young people are informed when confidential information about them is to be passed on to other services and agencies, and the reasons why this is important to their continuing care is explained.
7.2.5	1	Audio and visual material is kept confidential and secure and young people and their parents or carers are assured about this and any limitations to this.

No.	Type	SECTION 8: OTHER SAFEGUARDS
		Legal status
8.1	Std	Ward staff are aware of the legal and child protection status of young people admitted to their ward.
8.1.1	1	Staff are aware of the legal status of young people admitted and the implications of this (e.g. Mental Health Act or if the young person is subject to a care order).
8.2	Std	The ward complies with Local Safeguarding Children Board (LSCB) procedures and with guidance contained in "What to do if you're worried a child is being abused" (2006) document (QNIC 41).
8.2.1	1	The child protection status of young people is known to staff.
8.2.2	1	The ward has a named child protection lead.
8.2.3	1	Ward staff are able to access and comply with child protection policies, procedures and protocols.
8.2.4	1	The ward has up-to-date and regularly reviewed policies and procedures on how to deal with allegations of abuse during and out of working hours.
8.2.5	1	Staff know what to do if young people disclose allegations of abuse and that, if something is disclosed, young people are told what will happen.
		Atypical admissions with stays longer than 3 months
8.3	Std	Ward staff liaise and work with the local authority to safeguard and promote the welfare of longer staying young people (QNIC 42).
8.3.1	1	The local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not visited the young person for a significant period of time (MHA Code of Practice, 36.80, page 349).
8.3.2	1	The named child protection lead informs the local authority if a child or young person remains, or is likely to remain, an inpatient for a period of over three months (in line with section 85 of the Children Act 1989).
		Use of physical restraint
8.4	Std	The ward operates within the appropriate legal framework in relation to the use of physical restraint with young people (QNIC 40).
8.4.1	1	Ward staff are trained to adapt their physical restraint techniques so they are age-appropriate for young people.
8.4.2	1	Physical restraint is used only when immediate action is needed to prevent a young person from significantly injuring themselves or others, or causing serious damage to property, or when a young person is detained under the MHA or under the holding power of section 5 they attempt to leave the unit without authority.

No.	Type	Section 8
8.4.3	1	After restraint, staff spend time with the young person reflecting on why it was necessary and their views are sought and included in post incident analysis. Note: The MHA Code of Practice 15.30 (page 120) refers to the patient having the opportunity to write their account of the episode which should be filed in their notes.
8.4.4	1	The circumstances and justification for using physical restraint are recorded immediately; every such incident is documented within 24 hours (one working day); the consultant or clinician in charge of the patient's case is informed and a report is submitted by the nurse in charge to the Trust management in line with Trust incident reporting policy.
8.4.5	1	The ward follows policies for untoward occurrences or critical incident reporting.
		Formal admissions
8.5	Std	Ward staff ensure young people's rights to access a Mental Health Tribunal are respected, and that the Tribunal accounts for their status as a minor under 18 years.
8.5.1	1	Hospital managers refer the case of a patient who is under 18 after <u>one</u> year (instead of 3 years for older patients), where the patient has not been seen by a Tribunal.
8.5.2	new	Where a young person has not applied to the Mental Health Tribunal in the first 6 months, the Hospital Manager refers on their behalf (note: this applies to all individuals not just young people).
8.5.3	1	The Hospital Managers notify the tribunal service that the patient is under the age of 18 to allow the service to ensure that one of the tribunal members is a 'CAMHS' panellist.
8.5.4	1	Young people under 18 who do not have a responsible clinician from a CAMH service are assessed by a CAMHS specialist prior to their Tribunal hearing.

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AIMS-SC4Y standards feedback form

We hope you found the AIMS-SC4Y standards useful and would very much appreciate your feedback.

Your comments will be incorporated, with the approval of the AIMS-SC4Y members, into future editions of this publication.

1. Have you found these standards useful? Yes No

Comments:

2. Do you have suggestions for new sections or topic areas you would like to see included in future versions?

Comments:

3. Do you have suggestions for new standards or criteria you would like to see included in future versions?

Comments:

4. Do you have any general suggestions about this document that would improve its usefulness?

Comments:

5. What is your profession?

Comments:

Thank you for taking the time to complete this form. Your comments will be considered carefully.

Please photocopy or copy to word and return this form to sdkamayah@cru.rcpsych.ac.uk or: AIMS-SC4Y, The Royal College of Psychiatrists' Centre for Quality Improvement, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA.

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Appendix 2 Recommendations from the pilot

AIMS-SC4Y Recommendations

What makes an adult ward safe and appropriate for young people?

The AIMS-SC4Y pilot in 26 adult wards identified the following key factors:

- Wards that are designated and prepared for the admission of young people, when the need arises-for guidance - see *the pilot programme NMH DU report on www.rcpsych.ac.uk/aims-sc4y for details on how the adult wards in the pilot achieved the changes require.*
- Wards that have established links with one CAMHS team and professional to support under 18s admitted.
- Joint working between CAMHS and the adult ward staff is established.
- Staff are CRB checked.
- Staff have the skills necessary to ensure young people receive appropriate assessments, care and treatment.
- All admissions of under 18s are monitored to assess compliance with the new duty to provide age-appropriate care.
- Staff liaise with educational services to ensure continued learning when required.
- Wards have robust transfer protocols to support transitions to other services.

Useful resources are available on www.rcpsych.ac.uk/aims-sc4y and under the 'Improving Care Pathways' section of www.nmhdu.org.uk.