



COLLEGE CENTRE FOR QUALITY IMPROVEMENT



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Safe and Appropriate Care for Young People on Adult Mental Health Wards

Pilot programme report

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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

Disclaimer: the views in this report are those of the authors and do not necessarily reflect the official policy position of the Royal College of Psychiatrists.

Recommendations

The recommendations below are based on the achievements and targeted areas for improvement reported by the pilot wards, and discussions with the project reference group.

Recommendation 1: Designation of ward/s

Lead responsibility - the NHS trust that manages adult mental health services

If there is any possibility that a young person, living or staying in the catchment area of an NHS mental health trust, could be admitted to a local adult mental health ward (even if this is a rare occurrence), the trust, in agreement with commissioners, should identify and designate in advance the ward (or wards if spread across different locations or sector e.g. designated independent sector provider) that is to be used for this purpose. Details of which ward has been designated should be known by all relevant professionals and partner agencies e.g. Children's Trusts, Primary Care Trusts (PCTs), and Local Authorities.

Even a well managed adult ward cannot automatically provide safe or effective care for young people. The necessary adaptations require planning, preparation and resources. Because it is neither feasible nor cost-effective to adapt all adult wards to admit young people, trusts should concentrate their effort on a single ward that has been designated for this purpose. If in the case of large trusts with beds in a number of sites, the trust might decide to designate a single ward on more than one site. The designated ward(s) should:

- have been through a quality assurance process, such as AIMS accreditation;
- demonstrate that it meets the criteria that have been identified by this report as being essential for the safe and appropriate care of young people on adult mental health wards;
- be located close to the child and adolescent mental health service (CAMHS) or 16 – 19 years CAMHS team that will provide specialist support;
- have a suitable physical layout: single bedrooms, recreational space, access to outside space;
- be safe and secure: far from wards that admit high-risk patients, the physical layout of the ward allows for the close monitoring of those entering and leaving the ward;
- have a settled staff team: permanent staff as opposed to high use of agency staff and access to nurses trained or experienced in working with young people.

Recommendation 2: Designation of CAMHS specialists

Lead responsibility – the provider of local CAMHS

The local provider of CAMHS should designate a named CAMHS team and a named child and adolescent psychiatrist that will take lead responsibility for CAMHS input to support the care of young people admitted to the designated adult ward.

The designated CAMHS team is responsible for the quality of the working relationship between CAMHS and the designated adult ward and so must be proactive in establishing the link. Its responsibilities extend beyond supporting the care of young people admitted to the designated adult ward. They also include contributing to the training and development of staff on the adult ward to better equip them to meet the needs of young people. The designated team is responsible for providing a service to any person under age 18 admitted to an adult ward irrespective of where the young person lives, the nature of their previous contact with mental health services, the nature of their mental health problem, their education status or local policies about age cut-offs.

Recommendation 3: Facilitating joint working

Lead responsibility – the Primary Care Trust (PCT) and or Children's Trust that commissions mental health services

The commissioning contract for CAMHS and adult mental health services should enable joint working between provider services and 'out of hours' access to CAMHS, or 16 to 19 CAMHS team, by staff working on the designated adult ward. There should be a whole system approach to resource allocation and if necessary redistribution of budgets to ensure that there are clear lines of accountability for commissioning beds for under 18s.

- To support recommendation 2 and 3, the CAMHS team linking with the adult ward should be resourced to support the ward, taking account of the extra numbers of young people and consultancy and liaison required with the community team.
- Commissioners should build into their contracts with adult mental health services a requirement for robust quality assurance and peer review with regard to meeting the needs of young people.
- Commissioners should ensure quality assurance reports are received on a quarterly basis, and be advised of any serious untoward incidents (SUIs).
- PCTs and, where appropriate, Children's Trusts should ensure that adult and CAMHS commissioners develop a joint approach to ensure that there are sufficient and appropriate resources to meet the needs of under 18 year olds in both inpatient and community settings.

Recommendation 4: Clarity on staff competencies

Lead responsibility – Strategic Health Authorities and Deaneries

Staff working with young people on the designated adult ward(s) need to be competent to provide appropriate assessments, care and treatment for young people.

More training is required on a systematic basis to embed competencies in the workforce as a matter of routine. Guidance on staffing and working with young people in inpatient mental health settings is being developed by the Quality Network for Inpatient CAMHS (QNIC) for the National CAMHS Support Service (NCSS). The guide *'Working within Child and Adolescent Mental Health Inpatient Services: A Practitioners Handbook'* by Angela Sergeant is applicable to both CAMHS and adult wards admitting young people and will be available on the NCSS website <http://www.csip.org.uk/~cypf/camhs/national-camhs-support-service-ncss.html> later this year (Autumn 2009).

Recommendation 5: Monitoring compliance with the new duty to provide an age-appropriate environment from April 2010.

Lead responsibility – the Strategic Health Authority

The performance management framework for PCTs should ensure that the change in legislation is fully implemented.

Strategic Health Authorities (SHAs) should require:

- evidence from PCTs that adult wards and CAMHS have been commissioned and are being performance managed in accordance with recommendations 1, 2, and 3;
- the PCTs to monitor the admission of young people to adult mental health wards, including whether the admission was an 'atypical' presentation or to meet 'overriding needs'.

Regular use of adult wards for overriding need would imply that the PCT has not commissioned adequate emergency beds from CAMHS. SHAs should ensure that there is an appropriate needs assessment and planning at a sub-regional or regional level to guarantee immediate access to a CAMHS bed 24-hours a day that can accommodate young people with any type of mental health problem, whether provided in the NHS or Independent sectors.

Recommendation 6: Providing age appropriate services

Lead responsibility - the Children's Trust and adult social services.

Education departments will liaise with designated wards to ensure that the young people accommodated there receive support to continue with education or training, and a learning plan is placed in each young person's notes.

Children's services will respond to referrals from adult wards to assess young people placed there as a priority child in need, working with adult services particularly at transition to allow seamless support.

Recommendation 7: Monitoring admissions

Lead responsibility – the Care Quality Commission (CQC)

When the Care Quality Commission visits adult mental health wards in the course of its work to monitor the use of the Mental Health Act, it should ask whether any young person (whether voluntary or detained) has been admitted to that ward since the last visit and assure itself that age-appropriate care was provided.

If any young person has been admitted, the CQC should assure itself that the ward meets the essential criteria set out in this report and that the trust, the local provider of CAMHS and the PCT have complied with recommendations 1, 2 and 3 above. CQC should also monitor the activities of the Children's Trusts, commissioners and local authorities in relation to meeting the needs of under 18 year olds admitted to an adult ward.

This supports the recommendation made in the 11 MILLION report *'Out of the Shadows?'* (recommendation 2, page 23) for CQC to monitor the admissions of under 18s to adult wards and *'keep under review the care and treatment of children and young people who have been admitted to any hospital for treatment for their mental disorder, whether or not detained under the Mental Health Act 1983'*.

This report

This report presents the aggregated results of a self-review audit undertaken by 26 pilot adult mental wards to assess their current readiness to provide safe and appropriate care for young people admitted to their wards, in preparation for the new duty to accommodate under 18 year olds in an age-appropriate environment, subject to need (Mental Health Act 2007). The main section of this report is structured around the eight areas of the audit tool criteria for adult mental health wards:

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

Participant wards can use this report to see how well their ward is doing in comparison with other wards and they can use the recommendations and ideas for improvements reported here to inform their plans for implementing the changes required. To help wards identify the areas they wish to target for change each ward will receive a local report that will describe the number of criteria they met, partly met and did not meet, and a summary graph showing the percentage of criteria their ward met in each of the above eight areas of review.

The results in this report are presented in two sections:

1. Pilot programme-key findings presents an overview of the findings, followed by results for each of the eight areas of review. For each area we present a graph showing the percentage of criteria met by each ward and a summary of the criteria wards were good at and not so good at meeting, with ideas for improvements. At the beginning of each section we also provide a brief description of the number of criteria rated as essential and the percentage of essential criteria met across the 26 pilot wards. Each pilot ward was assigned a unique number to protect the wards' anonymity. Wards can use this identification number to compare themselves with other wards in the pilot programme.
2. Appendix 1 presents the self-review criteria by the number of wards that met, partly met and did not meet each criterion, and the percentage of wards that met each criterion.

Before the key findings are presented we provide a brief introduction and an overview of the pilot programme describing: its purpose, the methods we employed to develop the audit tool, and our plans for an implementation phase within the AIMS accreditation process to support adult wards preparation for the new duty to accommodate under 18 year olds in an age-appropriate environment, before it is due to commence in April 2010.

IMPORTANT NOTE

These are best practice statements to help guide adult wards on how to provide safe and appropriate care for young people. Taking part in a review or meeting the essential criteria will not of itself ensure compliance with section 131A that the Hospital Managers ensure the ward environment is suitable (subject to need). The final decision about whether care and treatment is provided within an appropriate environment should be based on the young person's needs, rather than assuming that a designated ward is automatically appropriate.

Introduction

Section 31 of the Mental Health Act 2007 inserts a new section 131A into the Mental Health Act 1983 (MHA) 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.

Admissions of young people to adult mental health wards continue (voluntary and detained). Data from the Department of Health Local Delivery Plan returns for 2007-8 found that 10% of inpatient mental health occupied bed days of under 18 year olds within the NHS are to adult psychiatric wards (301 occupied bed days for under 16 year olds and 16,755 for 16 and 17 year olds). This figure has reduced to 8% in 2008-9, with 33 occupied bed days for under 16 year olds and 13,683 occupied bed days for 16 and 17 year olds (figures based on Department of Health's Local Delivery Plan Returns). The inequitable provision of CAMHS beds, particularly the lack of emergency beds and alternative CAMHS crisis services, means that the need to admit to an adult ward in an emergency is likely to continue in some parts of the country for the near future. There are also some 17 year olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises.

As of December 2008, the Government has banned the placing of under 16 year olds on adult wards in England. The service evaluation criteria therefore do not refer to under 16s, because the project team agreed that to create standards around under 16s implied acceptance of bad practice against Government policy.

Ideally young people should always be admitted to an age-appropriate environment. These criteria 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 criteria developed by this project (listed in appendix 1) 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 the criteria will not guarantee that Trusts are compliant with the requirements of legislation in every case. The service evaluation criteria are not a substitute for legal advice, and trusts must ensure that every young person is assessed.

Effective joint working between CAMHS and adult wards, backed by robust commissioning, is required to ensure young people receive safe and appropriate care, when admitted to an adult ward. The duty to provide an age appropriate environment falls to the trust itself, as legally the trust is the Hospital Manager under the MHA. Trust boards and commissioners have a direct role in ensuring both services meet the mental health needs of all under 18s in need of inpatient mental health care.

To support the changes required NMHDU have recently published or funded **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)
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). Note this report has just been released and will be posted on the webpage below in July.
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. A leaflet for parents and carers about the MHA has been produced by Rethink.

All of the above are (or will soon be) available on: <http://www.nmhdud.org.uk/our-work/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 being developed by the National CAMHS Support Service (NCSS) with the Quality Network for Inpatient CAMHS (QNIC). The guide was developed to support all staff in CAMHS and adult wards who work with young people in an inpatient mental health setting. The guide will be available on the NCSS website <http://www.csip.org.uk/~cypf/camhs/national-camhs-support-service-ncss.html> later this year (Autumn 2009).

The pilot programme

The National Institute for Mental Health Development (NIMHE) commissioned the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) to develop and pilot an audit tool to support adult wards, and linked CAMHS teams, to identify and make the changes required to provide safe and appropriate care for young people placed on adult wards. The audit tool will:

1. Assess how well adult wards meet the needs of under 18s by providing safe and appropriate care for those admitted;
2. Identify what needs to change, and;
3. Support services in making those changes before the commencement of the new duty regarding age appropriate environments in April 2010.

Over the last year (July 08 to June 09) the pilot programme set out to draft a set of agreed criteria on what constitutes a safe and suitable environment for young people placed on an adult mental health ward, adapt these criteria for a self-review audit tool, and pilot the criteria with adult wards from each region across England.

Developing the audit tool criteria

We wished to develop an audit tool that would enable staff working on adult wards to meet the new duty to provide an age appropriate environment in line with the guidance contained in the revised Code of Practice of the Mental Health Act. We developed the criteria through a staged process that involved extensive consultation.

Stage 1-First drafting of the criteria (August-September 2008)

We started by reviewing key documents that might contain material to inform the audit criteria. These include the 2007 amendments to the Mental Health Act 1983 (MHA), the revised MHA Code of Practice (2008) and the 11 MILLION reports (Pushed into the Shadows and Out of the Shadows?). We then examined the service improvement standards developed for the Accreditation for Inpatient Mental Health Services (AIMS) for adults of working age and the Quality Network for Inpatient CAMHS (QNIC). The purpose was to identify which criteria, that are relevant to inpatient CAMHS, should also apply to an adult ward that admits young people and which are not covered by AIMS.

The full list of documents reviewed is available on

http://www.rcpsych.ac.uk/pdf/Safe_App_4_YP_on_IPAMH-8_jan_FINAL21.pdf

Stage 2-Stakeholders consultation workshop (September 2008)

We advertised the workshop widely through the mail-bases and networks established for CAMHS and adult mental health services (FOCUS, QNIC, QINMAC, & AIMS) at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI), and the networks, websites and newsletters of the NIMHE MHA Implementation Programme and National CAMHS Support Service. We also liaised with the authors of the 11 MILLION reports. A total of 115 professionals expressed an interest in attending, and 44 were selected to attend. We selected to ensure representation across the following groups: young people; parents/carers; community and IP CAMHS professionals; IP adult mental health professionals; CAMHS and adult mental health service commissioners; mental health advocates; MHA lawyers; MHA implementation managers; CAMHS policy and strategy professionals from the Healthcare Commission (now the Quality Care Commission), Rethink and the National Patient Safety Agency (NPSA).

Stage 3-Project reference group (October 2008)

We set up a project reference group to provide professional advice to the project team. The group included young people, parents, CAMHS and adult mental health professionals, policy leads, MHA lawyer (a full list of the project team and project reference group members is available in appendix 3). The group met to review the workshop findings and agree on amendments to the first set of the service evaluation criteria for young people admitted to adult mental health wards.

Stage 4-Consensus exercise (November – December 2008)

We invited stakeholders to rate each criterion in order to reach consensus on their importance according to an adapted version of the AIMS rating scheme described below.

Rating scheme - adapted from the AIMS standards		
Code	Label	Definition
1	Essential	Failure to meet these criteria would result in a significant threat to patient safety, rights or dignity and /or would breach the law.
2	Expected	Criteria that would indicate good practice and that a ward should be expected to meet.
3	Desirable	Criteria that an excellent ward should meet or criteria that are not the direct responsibility of the ward.

We received ratings from eight stakeholders and the project team and reference group members reviewed the results and agreed on the final rating for each criterion.

Stage 5-Publication (January 2009)

In January 2009 we published the main reference document listing the audit tool criteria on what stakeholders agreed defines safe and appropriate care for young people on adult mental health wards. This document formed the basis of the self-review audit tool and contained a total of 208 criteria for defining what constitutes a safe and appropriate environment. The criteria were organised into seven sections of care, but they have now been re-organised for this report into eight sections.

Sections		Total number of criteria	Number of criteria rated:		
			Essential	Expected	Desirable
1	Environment and facilities	19	9	9	1
2	Staffing and training	19	12	7	0
3	Assessment, admission, transfer and discharge	35	16	19	0
4	Care and treatment	50	8	42	0
5	Education and further training	8	0	7	1
	Previously: Sect. 6: Information, consent, confidentiality and advocacy	55	43	12	0
6	Information and advocacy	38	26	12	0
7	Confidentiality and consent	17	17	0	0
8	Other safeguards	22	21	1	0
	Totals:	208	109	97	2

Following publication the audit tool criteria were reviewed and endorsed by the National Patient Safety Agency (NPSA).

Pilot participants

To pilot the self-review audit tool we aimed to recruit at least two wards from each region in England. In November 2008, we sent out a recruitment flyer and invitation via email to all the networks contacted during the earlier stages of the project. A total of 29 wards agreed to take part in the pilot self-review process and were sent the self-review audit toolkit (described below) in January for completion over a three month period. The number of trusts and wards that participated in each region across England were as follows:

Pilot wards across England

Region	No. of trusts	No. of wards
North West	2	4
North East	1	4
South West	2	3
South East	2	2
East	2	4
West Midlands	2	4
East Midlands	2	6
Yorkshire and the Humber	1	1
London	1	1
Totals	15	29
Data returned from	13	26

Pilot wards' anonymity and AIMS membership status

We wanted wards to be frank in their reporting, and felt that it might be difficult for wards to respond fully if there was a risk that the ward might be criticised for admitting they did not meet particular criteria. For this report and to protect the participants' anonymity each ward was allocated a ward identification number. These ward identification numbers are referred to throughout the results and are listed below against each ward's AIMS membership status. At the time of the pilot self-review, sixteen of the 26 pilot wards were taking part in the AIMS process (see <http://www.rcpsych.ac.uk/aims>).

Ward id	AIMS membership status	Ward id	AIMS membership status
1	Non-member	14	Accredited
2	In review stage	15	Accredited
3	In review stage	16	Non-member
4	In review stage	17	Accredited
5	Accredited	18	Accredited
6	In review stage	19	Accredited
7	Accredited	20	Non-member
8	Non-member	21	Accreditation deferred
9	Accredited with excellence	22	Non-member
10	Non-member	23	Non-member
11	Non-member	24	Non-member
12	Accredited with excellence	25	Accredited
13	In review stage	26	Non-member

The pilot review process

For the pilot review process we asked wards to complete a self-review audit tool over a three month period from January to April 2009.

Self-review audit tool

The self-review tool was a checklist of criteria against which services rated themselves (by stating whether their ward either met, partly met, did not meet each criterion-a 'don't know' response option was also available), supplemented with more exploratory items to encourage discussion around achievements and areas for improvement. The aim of the self-review process was to help ward staff become familiar with the criteria and identify the changes required to provide safe and appropriate care for young people and meet the MHA amendment.

Future work-the implementation programme

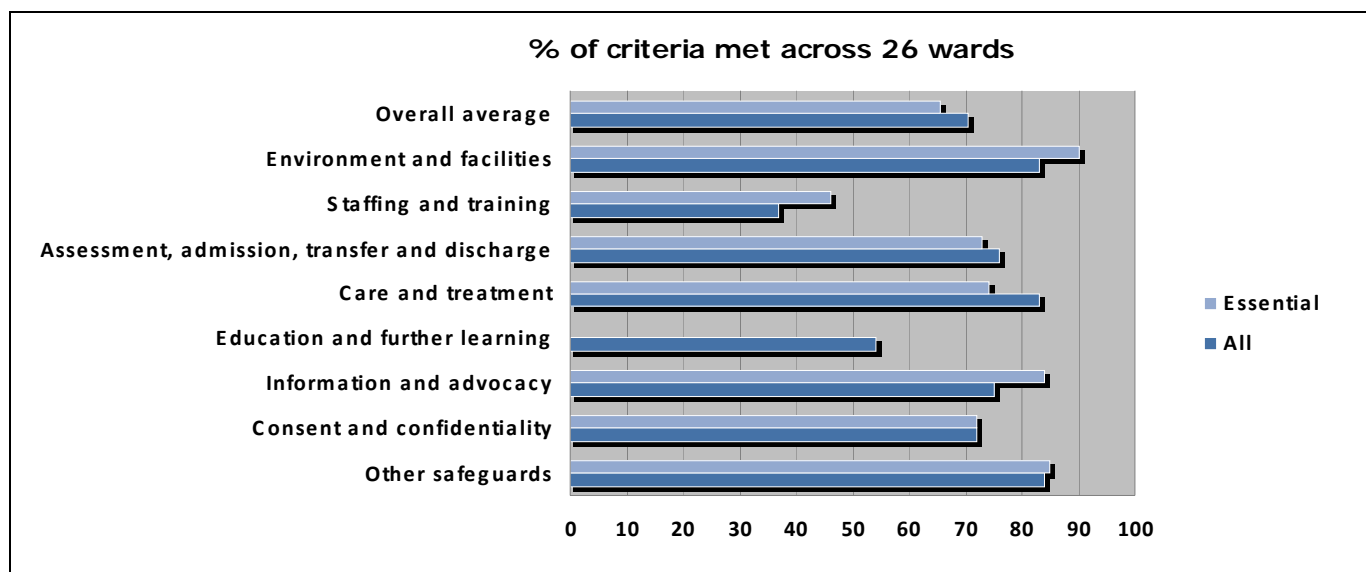
We plan to support adult wards' preparation for the MHA amendment before April 2010 through an implementation programme supported by NMH DU. In light of the review findings reported here we are reviewing and adapting the criteria for self- and peer-reviews within the AIMS accreditation process (see <http://www.rcpsych.ac.uk/aims>). To begin reviews in September we plan to recruit NHS trust and wards over July and August 2009. We also plan to recruit young people, carers and CAMHS stakeholders for the peer-review visits and the AIMS accreditation panel. The type of review process offered will depend on wards' current status with AIMS (non-members, accredited, in review stage etc) and participation in the pilot. For example, AIMS wards accredited this year will be asked to consider an additional brief peer-review for the amendment, or pilot wards will be offered a peer-review visit and will not have to undertake another self-review.

Pilot programme-key findings

Overall summary

Figure 1 shows the average percentage of all the criteria met, and the essential criteria met by the 26 pilot wards for each section of the self-review criteria.

Note: There are no essential criteria in the education and further learning section



Many of the pilot wards did well against the criteria and are working hard towards making the changes required to provide safe and appropriate care for young people on adult wards.

The pilot wards generally fell into three categories:

- Nine wards met over 80% of all the criteria and have successfully implemented many of the changes required.** These wards performed consistently well against the self-review criteria across all sections, apart from staffing and training (see page 15 and 16 and appendix 1 for details). Most of these wards are already designated for the admission of young people when the need arises, and some have established links with one CAMHS team for support. An example of established shared working between an adult ward and a CAMHS team within the same trust is described in appendix 2.
- Thirteen wards met between 59 to 79% of all the criteria, and had identified areas for change and developed their action plans.** These wards are working towards meeting the criteria and are liaising with their trust directors, commissioners, and the trusts 'Safeguarding Children Board' to acquire the necessary resources to implement change. The reasons given for not meeting key criteria related to:
 - no CAMHS provision within their trust;
 - the linked CAMHS team having an upper age limit of 16 years and no provision for over 16s e.g. 16 to 19 CAMH service;
 - CAMHS not covering young people who had left full-time education;
 - no 'out-of-hours' CAMHS provision.
- Four wards met between 49 and 55% of all the criteria. Some were managed by trusts whose policy is to avoid admitting young people, and some reported that since**

these admissions are rare and very brief, they do not intend to modify their protocols or practice. This highlights the need for clarification within trusts to ensure that wards understand the different legal status of a minor. Even wards which rarely admit young people need to be aware of the requirements to provide a safe and appropriate environment in order to comply with the changes in both the MHA 2007 and the Children Act 2004 and ensure measures are in place to safeguard a young person.

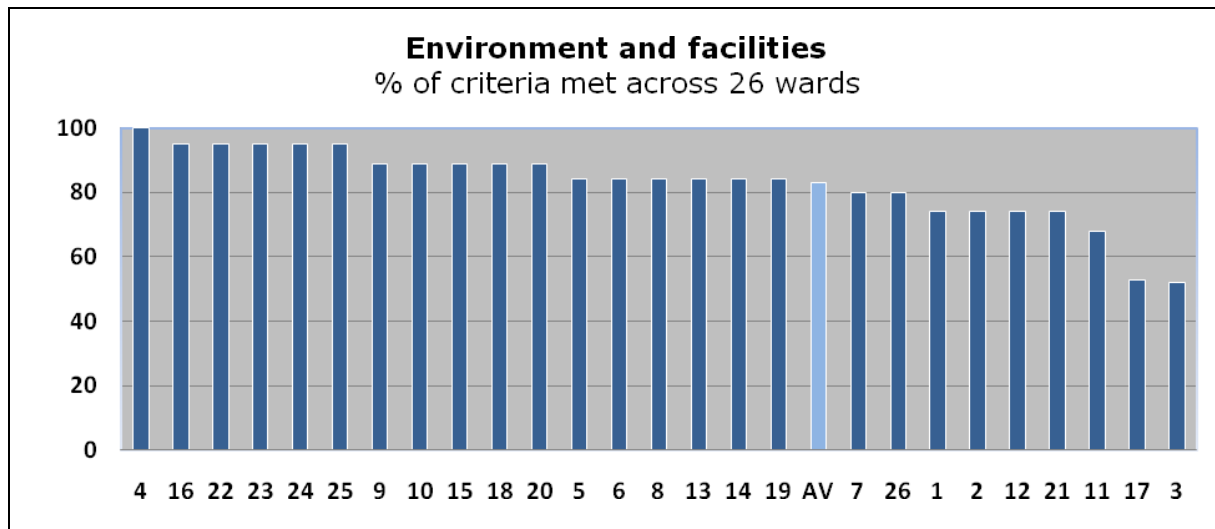
The primary focus of the results presented in the following eight sections is on the wards' performance against all the criteria. Information about how well wards performed against criteria rated as essential is briefly reported in *italics* at the beginning of each section.

Section 1: Environment and facilities

Total number of criteria on environment and facilities: 19
 Average percentage of criteria met by the 26 pilot wards: 83% (range 53 to 100%)

Total number of essential criteria on environment and facilities: 9
 Average percentage of essential criteria met by the 26 wards: 90% (range 67 to 100%)

Figure 2 shows the percentage of criteria met by each of the 26 pilot wards listed on the x-axis.



Overall the majority of wards met most of the criteria on the ward environment and facilities-17 wards met over 80%.

What the wards were good at (criteria met by at least 20 of the 26 wards)

- *Access to outside space (criteria 1.6; 1.6.1; 1.6.2; 1.6.3):* Wards scored well on the physical environment of the ward criteria, specifically access to outside space, ensuring the young person's safety, and when access is denied reasons are given and recorded.
- *Diverse range of age-appropriate activities and media (criteria 1.3, 1.5):* Most wards reported good access to age-appropriate activities on a daily basis. Examples included the provision of computer games and play stations such as Wii or x-box, age-appropriate magazines, DVD players and under 18 DVDs, in addition to the activities available to adult service users (TV, and a range of board games, table games such as tennis, football and air hockey, pool tables, access to a gym area, and arts and crafts rooms).
- *Preventing access of unwanted visitors (criterion 1.7):* The majority of wards had policies and procedures to prevent unwanted visitors entering the ward, and adult service users entering designated areas for adolescents. The eight wards with a 'partly' met rating explained that they did not have a young person's designated area other than their bedrooms. This criterion will be amended to separate these two points on visitor's access to a) the ward and b) areas for young people.
- *Respecting young people's privacy (criteria 1.11 to 1.15):* Most wards met the criteria for ensuring young people's privacy is respected (e.g. access to a single room, private room to meet with family and friends, being able to make and receive calls in private).

What the wards were not good at (criteria met by fewer than 15 of the 26 wards)

- *Feedback from service users (criterion 1.2):* Only half of the wards had a feedback process in place to inform practice (e.g. pre-discharge questionnaire), while others reported plans to establish a feedback process within their trust. This criterion will be examined through service user questionnaires as part of the review process.
- *Computer and internet access (criterion 1.4):* Access to a computer and particularly to the internet was reported to be available in 12 of the 26 wards, however a further eight are reviewing their policy ban on internet access with their IT departments.
- *Designated area for young people (criterion 1.16):* Half the wards were unable to provide a designated area specifically for young people. Many reported that this was not possible due to a lack of space. Others stated that they had access to a number of rooms that could be used flexibly and made age-appropriate if required.

Section 1: Ideas for improvement

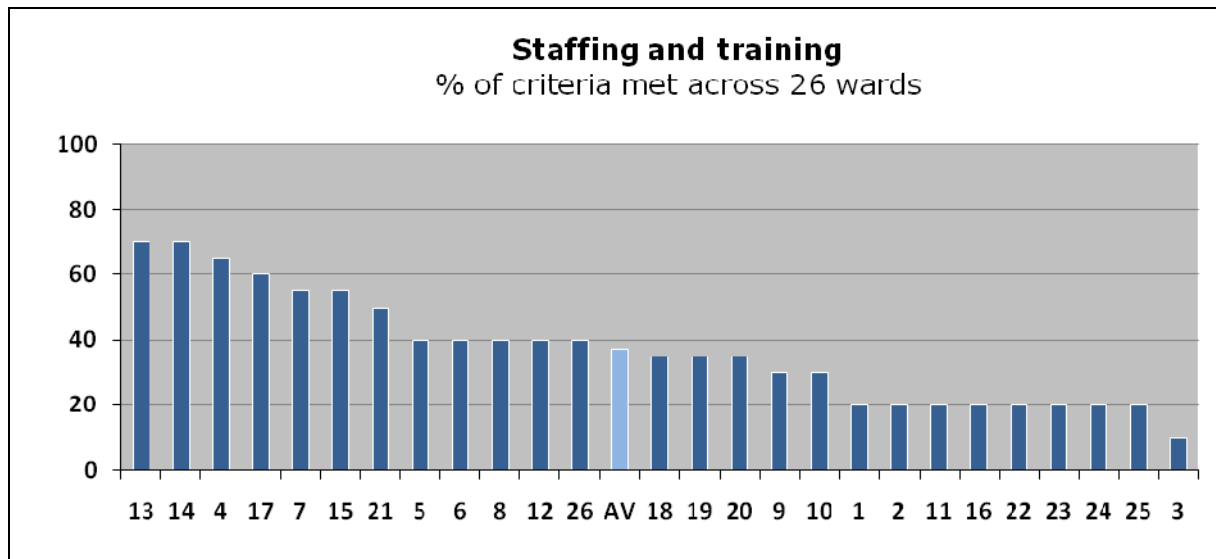
- **Internet access:** Wards providing internet access have a dedicated internet room/cafe with 'Nanny Net' (internet filter and control software) installed on all computers and guidelines are provided on its use with staff supervision.
- **Designated area for young people:** Providing an area specifically for young people is more likely to be justified on wards designated to accept the admission of a young person when the need arises.

Section 2: Staffing and training

Total number of criteria on staffing and training: 19
 Average percentage of criteria met by the 26 pilot wards: 37% (range 10 to 70%)
 The most frequent number of criteria met by wards: 4 (20% of criteria met by 8 wards)

Total number of essential criteria in this section: 12
Average percentage of essential criteria met by the 26 wards: 46% (range 17 to 83%)

Figure 3 shows the percentage of criteria met by each of the 26 pilot wards listed on the x-axis.



This was the weakest area of the review, with the majority of wards meeting less than 50% of the staffing and training criteria. The main issue related to links with CAMHS for advice and support and the availability of staff trained to work with young people. The four top performing wards all had good access to a CAMHS team and consultant.

What the wards were good at (*criteria met by at least 20 of the 26 wards*)

- *Safeguarding the rights of young people (criterion 2.5 and 2.11):* The majority of wards had named staff members who took responsibility for safeguarding the rights of young people admitted, and staff reported good access to legal advice.

What the wards were not good at (*criteria met by fewer than 15 of the 26 wards*)

- *Access to CAMHS / 16 to 19 CAMH service support (criterion 2.1):* Access to a named CAMHS professional or team for consultation and advice was met by 12, partly met by 7, and not met by 5 wards. Obstacles reported to establishing links with a CAMHS or 16 to 19 CAMH service were a) the local CAMHS team had an upper age-limit of 16 years and extra resources were required to support provision for all young people under 18, b) there was no CAMHS provision within their trust, or c) CAMHS advice and support could only be sought for under 18s in full-time education.
- *Availability of staff trained to work with young people and establishing links with CAMHS (criteria 2.2 to 2.4):* Many wards reported that they were unable to access trained staff and that it was difficult to establish links with the varying CAMHS teams attached to the young people admitted to their ward.
- *Training on legal frameworks (criterion 2.6.2):* This criterion was met by eight wards and partly met by 18. The reasons given for the 'partly' met rating related to staff only having an

awareness of the Children Act and that, in general, senior staff members received specific training on MHA and Mental Health Capacity Act. It was noted that staff could access a MHA advisor. This criterion will be amended to separately list the different legal frameworks.

- *Criminal Record Bureau (CRB) checks and reviews, and Protection of the Children Act (POCA) checks (criterion 2.9):* This was met by less than half (42%) of the wards. Most reported that criminal record checks were done on appointment but there was no system in place for a three yearly review – for some wards this was being reviewed by their trust. Many reported that staff were not checked against the POCA registration. Wards that met this criterion reported that regular and new staff now had POCA and Protection of Vulnerable Adults (POVA) checks and that a system was now in place to review CRB checks every three years.
- *Induction training of staff (including agency and bank) should cover safeguarding young people (criterion 2.10):* Only 16% of wards were able to meet this criterion. Many reported that child protection and safeguarding is not incorporated into the shorter induction training they provide for bank staff - this was being reviewed by many wards.

Section 2: Ideas for improvement

- **Access to CAMHS support** - wards had achieved this by:
 - working with their commissioners and trust directors to establish joint working plans with CAMHS or 16 to 19 CAMH service to support young people placed on adult wards (see appendix 2);
 - Trust/hospital switchboard had access to a list of on-call CAMHS consultants and managers that adult ward staff/A&E could access;
 - providing a CAMHS nurse to work with young people throughout their stay on an adult ward, and inform care planning and liaison with other agencies - this CAMHS nurse was also linked to the crisis team and the adult mental health crisis team link.
- **Overcoming obstacles:** Adult mental health teams and CAMHS need to meet with their commissioners and trust directors to secure the resources necessary to meet the mental health needs of all under 18s, irrespective of their educational, working, or accommodation status.
- **Staff trained to work with young people:**
 - Wards with an identified CAMHS worker were able to access training support and reflective feedback sessions from the CAMHS team to develop the skills of the adult ward staff.
 - Some wards identified senior nurses to be the named nurse for young people admitted, who would attend training sessions in CAMHS. Experience of working with young people could be developed by swapping shifts between the two services, thereby developing the skills of both staff teams to support the transition phase.
 - Training for staff working with young people should cover all the relevant legal frameworks and issues relating to consent to treatment, the role of those with parental responsibility and confidentiality. Some wards had planned training days on safeguarding young people.
- **Safeguards:** Inductions for all staff (including agency and bank), who are likely to come into contact with a young person, should cover key aspects of caring for young people (e.g. observation and child protection).

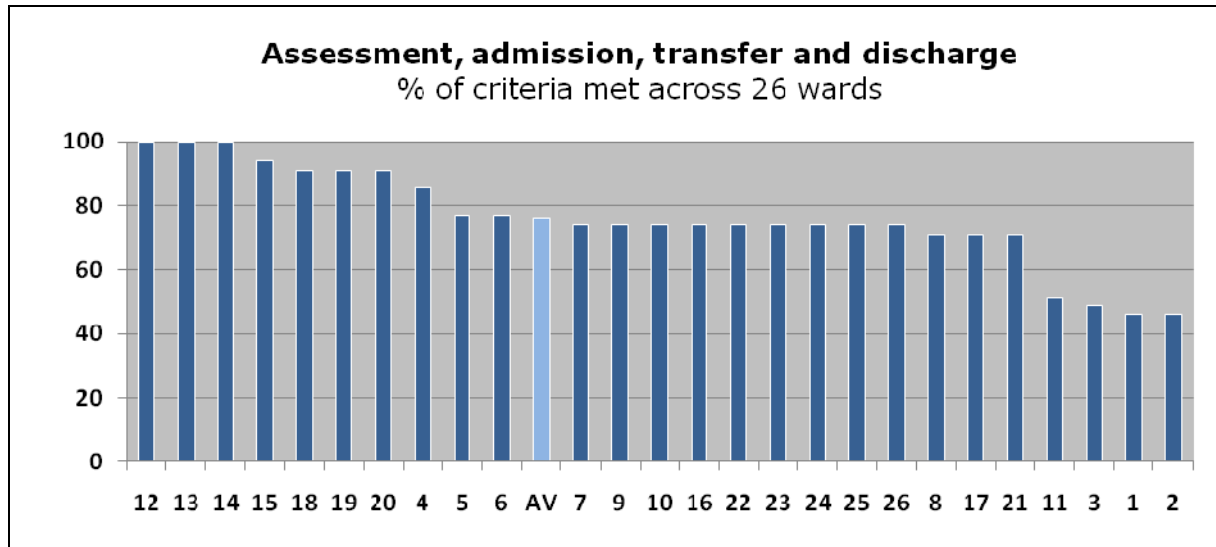
Useful resource: 'Working within Child and Adolescent Mental Health Inpatient Services: A Practitioners Handbook' will be available on the NCSS website later this year (see <http://www.csip.org.uk/~cypf/camhs/national-camhs-support-service-ncss.html>)

Section 3: Assessment, admission, transfer and discharge

Total number of criteria on assessment, admission, transfer and discharge: 35
 Average percentage of criteria met by the 26 pilot wards: 76% (range 46 to 100%)

Total number of *essential criteria* in this section: 16
 Average percentage of *essential criteria* met by the 26 wards: 73% (range 31 to 100%)

Figure 4 shows the percentage of criteria met by each of the 26 pilot wards listed on the x-axis.



Generally all the wards had policies and procedures in place to support assessment, admission, transfer and discharge plans, but some were unable to develop protocols in consultation with CAMHS or a 16 to 19 CAMH service.

What the wards were good at (criteria met by at least 20 of the 26 wards)

- As illustrated in the graph three wards met all the criteria in this section, and a further five met over 80%.
- *Reporting and monitoring (criteria 3.10 to 3.13)*: The majority of wards had systems and processes in place for reporting and monitoring all under 18 admissions.
- *Discharge planning (criteria 3.20 to 3.27)*: Most wards met the criteria in this section, reporting that a formal Care Programme Approach (CPA) framework applied to all admissions including young people. The main area of weakness related to reaching agreement with CAMHS about aftercare pathways particularly in relation to those with an overriding need who are often admitted in an emergency.
- *Young people's and parents' participation (criteria 3.28 to 3.30)*: Involving young people and parents in their care and discharge plans was met by all wards.

What the wards were not good at (criteria met by fewer than 15 of the 26 wards)

- *Agreed protocols between adult and CAMHS/16 to 19 CAMH service (criterion 3.1)*: Jointly agreed protocols for the assessment, admission and care pathways of young people were lacking in most wards for the reasons mentioned in section 2 with regard to linking with a CAMHS team. Some wards stated that due to the infrequent number of under 18 admissions and very short stays, their protocols for hospital admissions are as for adults; some stated that their ward

policy was to avoid admitting young people. This highlights the need for clarification with all wards on the legal status of an under 18 year old as a minor and the requirement to safeguard the young person. Wards which take no account of the particular issues surrounding the admission of an under 18 year old because this is a rare event may find that they are unprepared should the need arise, and be in breach of the Mental Health Act legal requirement.

- *Age-appropriate clinical risk assessment (criterion 3.2):* The majority of wards had not agreed on an age-appropriate clinical risk assessment tool with CAMHS. Listed below are two risk assessment tools used in CAMHS. Eight wards also reported it was not always possible for the assessment to be undertaken by staff who had experience of working with young people (criterion 3.3-met by 18 wards).
- *Assessment of ward environment (criterion 3.7):* Close to 50% of wards were unable to meet this criterion. Some reported this was because most of their under 18 admissions were in an emergency 'out-of-hours', so it was not always possible to consult with a CAMHS professional for a ward assessment prior to admission. Many had plans in place to develop local protocols to access 'out-of-hours' on-call CAMHS managers or consultants-it is a requirement of the 2007 Mental Health Act amendment that a person with experience of working with under 18 year olds is consulted [131A(3)].
- *Emergency admissions-overriding need (criteria 3.14 to 3.17):* Again most wards were unable to meet these criteria because their emergency admissions tend to be 'out-of-hours', when it was difficult to access CAMHS support. Wards also reported that transfers to CAMHS beds were often delayed due to the lack of CAMHS beds in the region. To address these gaps many wards were in the process of formalising protocols and care pathway plans with their CAMHS team.
- *Transfers (criteria 3.18 and 3.19):* While many wards (18 wards-69%) followed the Care Programme Approach (CPA) guidance and protocols to arrange transfers, others stated that because the stays are very brief transfers are not always arranged through a formal review process and instead are arranged over the phone with a transfer of the paper work.

Section 3: Ideas for improvement

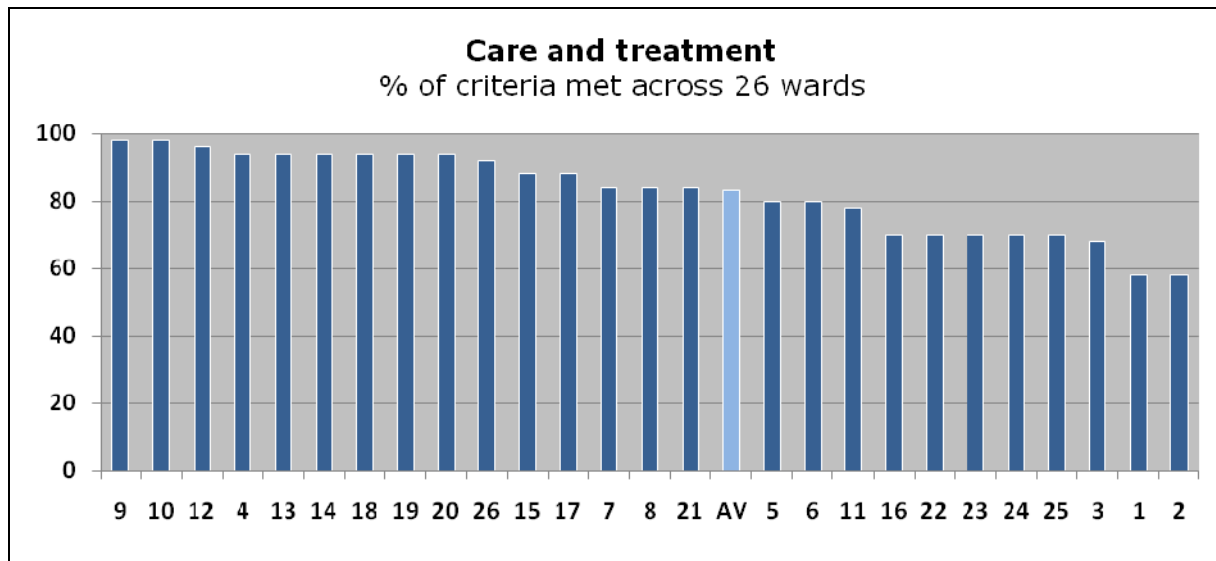
- **Agree protocols between adult and CAMHS/16 to 19 CAMH service, including 'out of hours' CAMHS support.** Wards that met these criteria had access to a CAMHS professional who provided an immediate assessment and in-reach services to the adult ward during the young person's stay. Protocols had been developed with CAMHS for planned and emergency (including 'out-of-hours') admissions and guidelines for staff were developed.
- **Review your risk assessment tool with a CAMHS professional.** Tools employed by CAMHS include:
 - Salford Needs Assessment Schedule for Adolescents (SNASA; Kroll *et al*, 1999) which was developed for use with all adolescents, including those presenting with high-risk violent behaviour both in the community and in secure settings (see also Bailey, S. 2002 at <http://apt.rcpsych.org/cgi/content/full/8/2/97>);
 - Functional Analysis in the Care Environment (FACE) – risk profile for use in specialist CAMHS is freely available from <http://www.pdt-tr.wales.nhs.uk/en/staff-students/mhld/icm/camhs/face-risk-profile.pdf>.
- **Prior to each under 18 admission, the ward environment should be assessed in terms of its suitability for a particular young person and in consultation with a CAMHS professional.** Wards that met this criterion reported having access to an on-call CAMHS consultant, who would often be the admitting clinician. Others had a policy that all under 18 admissions must be authorised by the ward manager, matron, consultant psychiatrist following liaison with CAMHS or a 16 to 19 CAMH service or an Early Intervention Team (EIT).

Section 4: Care and treatment

Total number of criteria on care and treatment: 50
 Average percentage of criteria met by the 26 pilot wards : 83% (range 58 to 98%)

Total number of essential criteria in this section: 8
Average percentage of essential criteria met by the 26 wards: 74% (range 25 to 100%)

Figure 5 shows the percentage of criteria met by each of the 26 pilot wards listed on the x-axis.



Overall the pilot wards performed well against the care and treatment criteria. Some areas of difficulty related again to accessing staff with experience of working with young people, and having jointly agreed policies and procedures for care planning with CAMHS or 16 to 19 CAMH services.

What the wards were good at (criteria met by at least 20 of the 26 wards)

- *Accessing appropriate care (criteria 4.1, 4.4, 4.6, 4.7, 4.9-4.11, 4.14-4,16)*: Criteria on accessing appropriate staff and services for the young person's care and treatment were generally met, particularly with regard to promoting access to other relevant agencies (criterion 4.14).
- *Record keeping (criteria 4.27 to 4.29)*: Most wards met the criteria on recording details for all under 18 admissions, including details of their legal status and admission, assessment and discharge plans.

What the wards were not good at (criteria met by fewer than 15 of the 26 wards)

- *Joint care planning (criteria 4.2 and 4.17)*: For the reasons described in sections 2 and 3 many wards reported a 'partly' or 'not met' rating for having explicit protocols and procedures that are jointly agreed with CAMHS or 16 to 19 CAMH service, that outlines the level of daily input from the liaising lead agency (e.g. CAMHS team, 16-19 CAMH service, Early Intervention Team or Community Adult Mental Health Team) and ward staff, and clarify the specific roles of each team. Wards also reported that it was unlikely for a young person's named nurse to have experience of working with young people (criterion 4.2).
- *Young people on a care order (criteria 4.30 to 4.32)*: Many wards reported a 'don't know' response to these criteria, and stated that they were reviewing their policies to include

guidance for managing issues relating to young people on a care order and parental responsibility.

- *Choice of activities (criterion 4.34-met by 18 wards):* The eight wards with a 'partly' met rating stated that participation was limited because of young people's very short stays, or that the full range of activities provided were not necessarily age-specific.
- *Opportunities to exercise, and go out on day trips (criterion 4.35):* More than half the wards reported a 'partly' (12 wards) or 'not met' (2 wards) rating for this criterion. Many stated that the ward had access to a fully equipped gym for exercise, but that they did not facilitate off-ward day trips.

Section 4: Ideas and resources for improvement

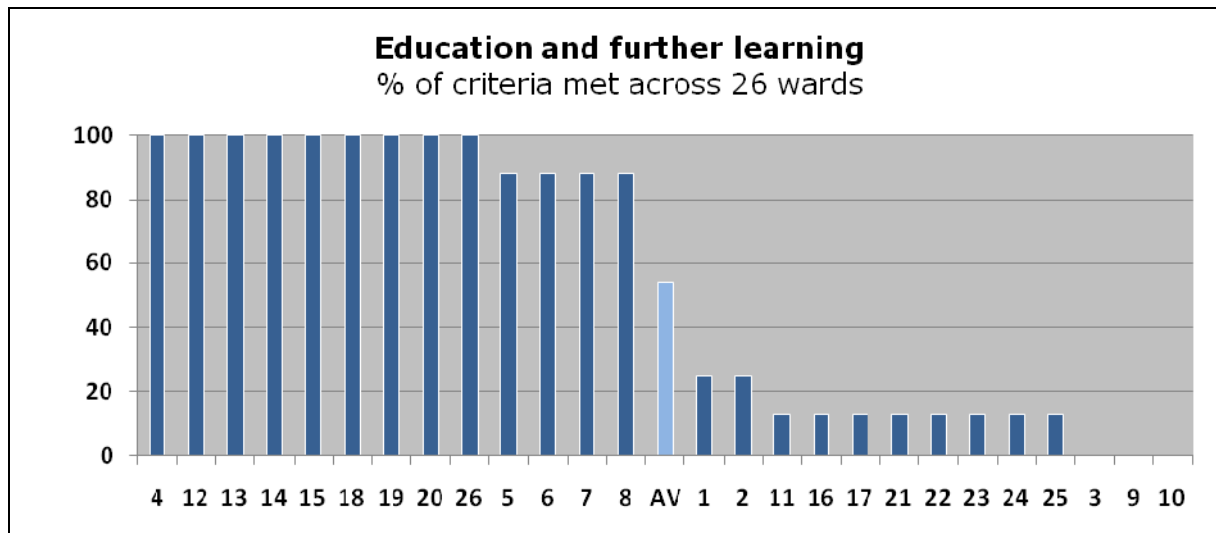
- **Review your policies and staff guidance notes to include information on legal frameworks relevant to young people.** For guidance refer to the legal guide available on the NMH DU website described under useful resources in the introduction.
- **Create opportunities for exercise and 'off-ward' day trips appropriate for young people.** Wards that met this criterion reported that:
 - They had links with a 16 to 19 social group to help support young people's 'off-ward' activities, or that leave relating to social inclusion was supported by the ward, dependent on risk levels.
 - The occupational therapist team would discuss, plan, and support, in consultation with a young person, an activity programme that would include 'off-ward' activities.
 - One ward was located close to an inpatient CAMHS unit, so arrangements were made for the young people to access the inpatient CAMHS programme.

Section 5: Education and further learning

Total number of criteria on education and further learning: 8
 Average percentage of criteria met by the 26 pilot wards: 54% (range 0 to 100%)

Total number of *essential criteria* in this section: 0

Figure 6 shows the percentage of criteria met by each of the 26 pilot wards listed on the x-axis.



Wards were split in terms of the level of educational support they could provide. Wards that met these criteria had established links with a CAMHS team who were able to support young people's educational activities and liaise with relevant colleges.

What the wards were good at (criteria met by at least 20 of the 26 wards)

- *Liaising with a young person's place of education (criterion 5.3)*: For those in full time education 20 wards reported that they were able to allocate a named professional for the role of liaising with the young person's place of education.
- *Young people have access to a study space and quiet area (criterion 5.7)*: While only 16 wards met this criterion, those with a 'partly' met rating explained that young people had access to a quiet area for study, or that they had a study desk in their own bedroom.

What the wards were not good at (criteria met by fewer than 15 of the 26 wards)

- *Thirteen wards met less than 25% of the criteria on supporting a young person's education and further learning (criteria 5.1, 5.2, 5.4 to 5.8)*. Reasons reported for not meeting the criteria include:
 - young people are generally admitted for a short period;
 - they are acutely unwell on admission;
 - support was provided on an 'ad hoc' basis and there were no formal procedures;
 - in place due to the low number of under 18 admissions.

Section 5: Ideas for improvement

- **Access a CAMHS worker to support liaison with educational services.** Some wards were seeking agreement with CAMHS to support educational links and develop procedures for assessing and managing the young person's education or learning needs while on the ward.
- **Occupational therapy teams could support the learning activities of young people.**
- **Encourage further education or learning opportunities.** Train a staff member specifically for the role of supporting and discussing educational or learning opportunities with the young people.
- **Link into an inpatient CAMHS (if possible).** Due to one ward's location the young people admitted were able to access the inpatient CAMHS programme and educational support.
- **Provide facilities to support education or learning activities on the ward.** One ward was able to provide a dedicated computer, quiet room, and study library.

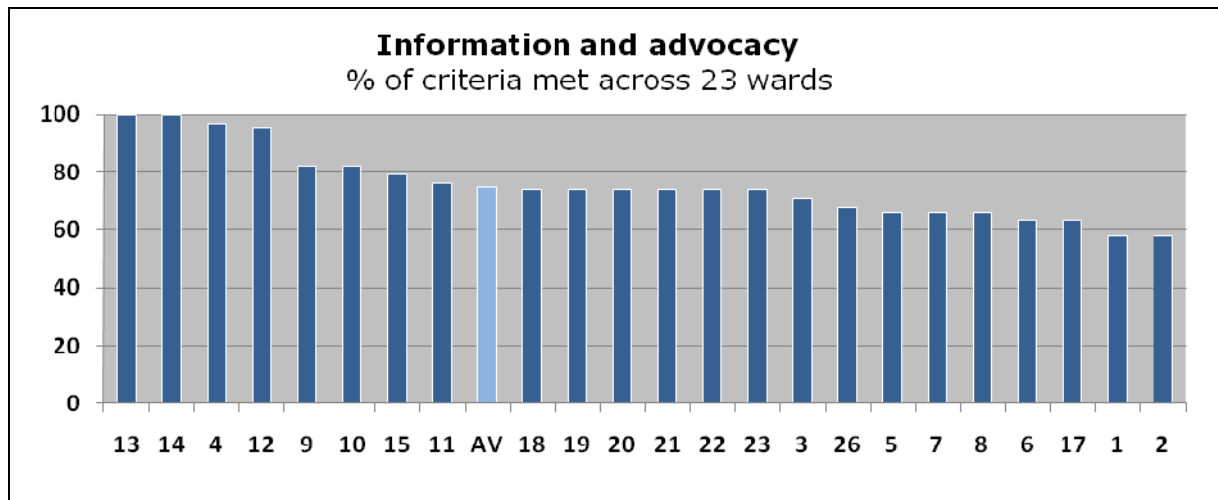
Note: In the 11 MILLION 'Out of the Shadow's?' report young people highlighted their right to education as a '*core element of [the] care and support*' they should receive on an adult ward. The Mental Health Act Code of Practice (2008) also states '*Young people over school leaving age should be encouraged to continue learning*' (para 36.77; pg 347).

Section 6: Information and advocacy

Total number of criteria on information and advocacy: 38
 Average percentage of criteria met by **23** pilot wards: 75% (range 58 to 100%)

Total number of essential criteria in this section: 26
 Average percentage of essential criteria met by the 23 wards: 84% (range 73 to 100%)

Figure 7 shows the percentage of criteria met by each of the 23 pilot wards (data was missing from wards 16, 24 and 25) listed on the x-axis.



Wards met most of the criteria in this section, but only a few had information packs specifically developed for young people and their parents/carers.

What the wards were good at (criteria met by at least 20 of the 26 wards)

- *The information provided and its use is supported by staff (criteria 6.4, 6.9, 6.10 to 6.22):* Wards scored well on providing information about a young person's level of observations, medication and treatments offered, and how to make a complaint. Wards reported that staff regularly check whether the information provided is understood.

What the wards were not good at (criteria met by fewer than 15 of the 26 wards)

- *Information packs for young people (criteria 6.1 to 6.3.9):* A number of wards reported that their information packs were standard across all age-groups, while others had plans to amend and develop their information for under 18 admissions with support from a CAMHS team and in consultation with young people and parents. Specifically packs need to include information about a young person's rights (see the Headspace toolkit), access to an advocacy service, contact details for the named CAMHS team linked to the ward, and activities suitable for young people.
- *Information for parents or carers (criteria 6.5 and 6.6):* Most wards had plans to amend their packs to include leaflets for parents or carers that would encourage participation in their young person's care.
- *Advocacy (criteria 6.40 to 6.46):* Most wards reported access to an advocacy service but only a few had access to one specifically for young people (see below for details). Although only 43% of wards reported their young people could access an age-appropriate tool, many had plans to make the 'Headspace' toolkit available.

Section 6: Ideas and resources for improvement

- **Develop information packs specifically for young people and their parents/carers in consultation with a CAMHS team and young people and parents/carers.** In addition to your packs, wards may wish to add the following resources:
 - Information leaflets and posters on **what young people should expect during their stay** are being developed for distribution in July and August. To request leaflets and a poster for your ward please email aoharlihy@cru.rcpsych.ac.uk – the leaflet and poster will also be posted on <http://www.rcpsych.ac.uk/clinicalservicesstandards/centreforqualityimprovement/safecareforypaudittool.aspx>
 - Rethink and NIMHE also provide an accessible guide for parents and carers on the Mental Health Act see http://www.rethink.org/about_mental_illness/who_does_it_affect/children_and_mental_illness/index.html
- **The information packs should include information on young people's rights and a contact for CAMHS.**
- **Use the Headspace toolkit** (<http://www.headspacetoolkit.org/>): Ward staff should have access to, and become familiar with, the Headspace advocacy toolkit so they can support its use with young people admitted to their ward.
- **Provide access to an advocacy service for young people:** Some trusts had a contract with the National Youth Advocacy Service <http://www.nyas.net/> who provide support and information within 24 hours of the young person's admission. Wards also advertised and had access to the 'Voice' advocacy service for young people http://www.voiceyp.org/ngen_public/default.asp

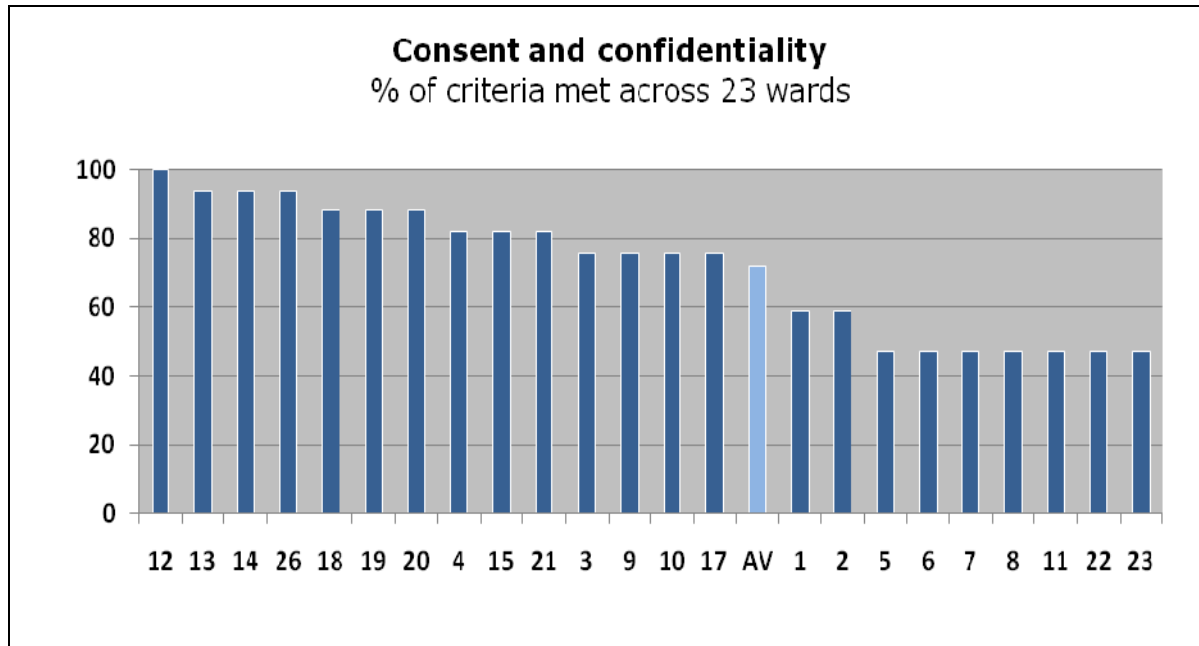
Section 7: Consent and confidentiality

Total number of criteria on information and advocacy: 17
 Average percentage of criteria met by 23 pilot wards: 72% (range 47 to 100%)

17
 72% (range 47 to 100%)

All 17 criteria in this section are rated as essential.

Figure 8 shows the percentage of criteria met by each of the 23 pilot wards (data was missing from wards 16, 24 and 25) listed on the x-axis.



While 10 wards met over 80% of the consent and confidentiality criteria, many require further support to train staff on issues that relate to young people and parental responsibility. Again CAMHS support and advice was sought by wards that met these criteria. We plan to review these criteria, particular those that relate to legal frameworks.

What the wards were good at (criteria met by at least 20 of the 26 wards)

- *Staff have access to NHS trust procedures for a) obtaining written consent and b) on what to do when disagreements arise (criterion 6.23-met by 18 wards):* Most wards are able to refer to trust guidance on obtaining consent, with some reporting that staff were trained to level 1 standard in safeguarding children and referred to the Department of Health guidelines on 'Seeking Consent'. However, a few wards stated that their protocols did not cover what to do if disagreements between parties arise.
- *Interventions applied within the appropriate legal frameworks (i.e. if against the will of a young person they are only applied once discussion and modifications have been exhausted, and they are conducted within the legal frameworks and are recorded in the notes - criteria 6.31 and 6.32):* These criteria were met by all the pilot wards.
- *Respecting confidentiality (criteria 6.37 and 6.38):* Most wards met the criteria on respecting young people's confidentiality. Many reported that young people are kept informed of the reasons why information is shared between agencies, and their consent is sought before information is disclosed to parents or carers.

What the wards were not good at (*criteria met by fewer than 15 of the 26 wards*)

- *Assessing a young person's capacity to consent (criterion 6.25)*: This criterion was met by 14 wards. The eight wards with a 'partly' met rating reported that their staff received Mental Capacity Act training but not specifically for young people. Others reported that not all staff had received training and one planned to address this in their young person's training plan.
- *Staff are clear about parental responsibility and obtaining copies of the relevant court order (criterion 6.34)*: Wards with a 'partly' met rating reported a need to raise staff awareness and provide guidance on these issues in the staff resource book.
- *Confidentiality issues relating to young people (criteria 6.35 and 6.36)*: The majority of wards reported a 'partly' rating for staff receiving clear guidance on confidentiality issues with regard to family liaison, young people's rights to confidentiality, requirements for parental responsibility (6.35), and informing young people and parents/carers about their right to confidentiality (6.36). Some reported that while staff are aware of confidentiality issues they would need to seek advice regarding parental responsibility. Many had plans to cover these issues in future training and staff guidance notes.

Note: In light of these findings we are revising the consent and confidentiality criteria.

Section 7: Ideas and resources for improvement

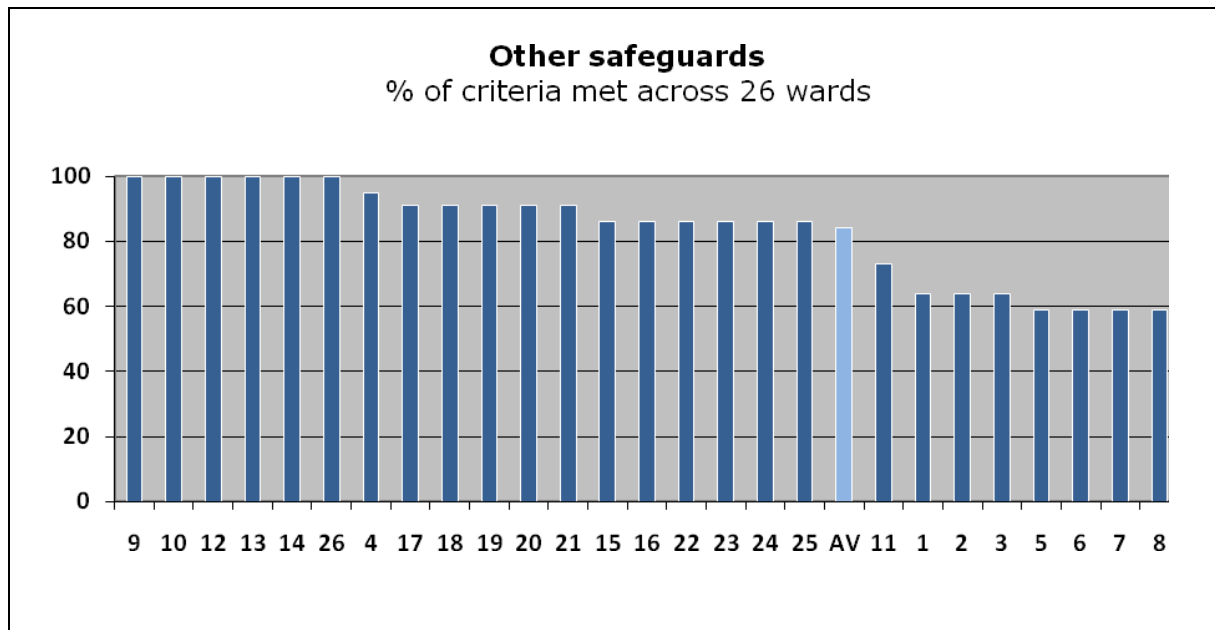
- **CAMHS and adult wards need to arrange joint training sessions on the legal issues relating to the care and treatment of young people.**
- **Provide ward staff with accessible guidance on legal issues relating to young people and their parents or carers, particularly on issues relating to consent, confidentiality, and parental responsibility.**
 - An accessible and brief guide for professionals on *'The Legal Aspects of the Care and Treatment of Children and Young People with Mental Disorder'* (NIMHE 2009) can be found on <http://its-services.org.uk/silo/files/publication-cyp-legal-guide-jan-2009.pdf>-a wall chart for ward staff is being developed and will be available in the Autumn of 2009 on <http://www.nmhd.org.uk/our-work/improving-mental-health-care-pathways/mental-health-act-2007-implementation-programme-children-and-young-peoples-workstream/>

Section 8: Other safeguards

Total number of criteria on other safeguards: 22
 Average percentage of criteria met by the 26 pilot wards : 84% (range 59 to 100%)

Total number of *essential criteria* in this section: 21
 Average percentage of *essential criteria* met by the 23 wards: 85% (range 62 to 100%)

Figure 9 shows the percentage of criteria met by each of the 26 pilot wards listed on the x-axis.



Eighteen wards met over 80% of the criteria on the safeguards for young people.

What the wards were good at (*criteria met by at least 20 of the 26 wards*)

- *Legal status and child protection criteria met (criteria 7.1 to 7.6).* All wards had a named child protection lead and child protection policies, procedures and protocols were reported to be followed (criteria 7.3 and 7.4). The criterion on informing young people about what will happen if abuse is disclosed was not met by six wards. These wards reported that procedures were in place to handle allegations of abuse but stated that the young people are not necessarily informed of the process. This criterion is being revised.
- *Age-appropriate physical restraint techniques and procedures (criteria 7.11, 7.12, and 7.13).* Staff are trained in the use of age-appropriate physical restraint technique. Staff also provide post incident counselling, and document the circumstances and justifications for its use within 24-hours.
- *Formal admissions (criteria 7.15 to 7.20).* The majority of wards met all the criteria for protecting the safeguards of young people admitted formally under a section.

What the wards were not good at (*criteria met by fewer than 15 of the 26 wards*)

- *Guidelines for the use of rapid tranquillisation that specify the need to modify treatment for young people (criterion 7.10):* This criterion was partly met by nine wards and not met by eight. While all wards had access to rapid tranquillisation policy guidelines they did not specify the need to modify the dose for young people. Wards acknowledged the need for further guidance in this area.

Section 8: Ideas and resources for improvement

- **Amend current rapid tranquillisation policy documents to include guidance for use with under 18s.** Some wards planned to:
 - refer to NICE guidance - policy reference number: CLIN/N/-/035/2006
 - meet with CAMHS and consult with a pharmacist to develop guidance for staff.

Appendix 1: Pilot self-review criteria by ward results

This appendix reports on the number of wards that met, partly met, and did not meet each criterion, and the percentage of wards that met each criterion. The results are presented alongside the service evaluation criteria and are organised as follows:

Section	Page no.
Section 1: Environment and facilities	36
Section 2: Staffing and training	38
Section 3: Assessment, admission, transfer and discharge	41
Section 4: Care and treatment	46
Section 5: Education and further learning	52
Section 6: Information and advocacy	53
Section 7: Consent and confidentiality	57
Section 8: Other safeguards	60

Please note: Some criteria include *italic* text in brackets. These notes are there to inform you about some of the amendments we plan to make to the criteria.

IMPORTANT NOTE

These are best practice statements to help guide adult wards on how to provide safe and appropriate care for young people. Taking part in a review or meeting the essential criteria will not of itself ensure compliance with section 131A that the Hospital Managers ensure the ward environment is suitable (subject to need). The final decision about whether care and treatment is provided within an appropriate environment should be based on the young person's needs, rather than assuming that a designated ward is automatically appropriate.

SECTION 1: ENVIRONMENT AND FACILITIES						
Total of 26 wards						
Rating	1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met	
GENERAL (INCLUDING FACILITIES)						
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.	20	6	0	77
1.2	2	Young people and adults using this service report that the ward is comfortable and has a warm, welcoming atmosphere.	14	10	2	54
1.3	2	Young people are able to access a diverse range of age-appropriate facilities on a daily basis e.g. television, DVDs, video/computer games, audio system, pool table or tennis table, books, magazines, board games etc.	25	1	0	96
1.4	3	Young people have access to a computer and the internet.	12	8	4	46
1.5	2	Access to media (e.g. television, video, audio and internet) is age-appropriate, based on consideration of individual young people, and monitored with safeguards in place to prevent exposure to inappropriate material.	19	6	0	73
		Note: Young people request that this is managed discretely and does not limit the choice of materials for others on the ward that are over 18.				
1.6	1	Young people on the ward have easy access to outside space on a daily basis for exercise and fresh air.	26	0	0	100
1.6.1	2	The outside space has seating available for relaxation, and has an area where patients and visitors can converse in private.	21	4	1	81
1.6.2	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.	26	0	0	100
1.6.3	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.	25	1	0	96

	Rating	Section 1 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		SAFETY				
1.7	1	There are policies and procedures to prevent unwanted visitors entering the ward and for <u>adult service users entering areas designated for young people (the latter point is to be removed).</u>	18	8	0	69
	Add	<i>If the ward has a designated area for young people, there are policies and procedures to prevent adult service users entering the young people's area.</i>				
1.8	1	The ward has a policy to support and safeguard visitors under the age of 18.	23	1	2	88
1.9	2	Entrances and exits are designed to enable staff to see who is entering or leaving.	26	0	0	100
1.10	1	Young people should be 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.	25	1	0	96
		PRIVACY				
1.11	1	The young person's sleeping area is in a securely separated area of the ward away from the opposite-sex.	22	2	2	85
1.12	2	Young people are provided with their own single-bedroom.	26	0	0	100
		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.				
1.13	1	All young people can bathe and wash in privacy and in areas separate from the opposite sex.	26	0	0	100
1.14	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).	25	1	0	96
1.15	2	Young people have access to a telephone that works 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.	23	2	1	85
1.16	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 should not be kept away from other adult service users on the ward unless there is a clinical need for separation.	12	5	9	46

SECTION 2: STAFFING AND TRAINING						
Total number of wards: 26						
	Rating	1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		STAFFING				
2.1	1	Ward staff are able to access a named CAMHS professional for consultation and advice throughout a young person's admission and receive supervision from a named CAMHS consultant.	13	7	6	50
2.2	2	When a young person requires one-to-one supervision (<i>add: for observation or clinical work</i>) the staff provided are trained to work with young people.	1	18	7	3
2.3	2	The ward manager can access bank nursing staff who regularly work with young people.	5	10	11	19
2.4	2	There are named staff members from the adult ward, a designated CAMHS team or 16 to 19 service, who maintain links between the teams.	6	11	9	23
2.5	1	There are named staff members who take responsibility for safeguarding the rights of young people admitted.	21	5	0	81
		STAFF TRAINING				
2.6		Staff (<i>add: designated to work with YP</i>) working with young people on an adult ward have received relevant statutory and mandatory training on:				
2.6.1	1	<ul style="list-style-type: none"> • All staff (<i>amend to: Staff designated to work with YP</i>) are trained in Safeguarding Children: <ul style="list-style-type: none"> ○ Level 1-for all staff; ○ Level 2-for staff that work with young people, or local equivalent. 	3	16	5	12
2.6.1a	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. 	4	7	2	15
2.6.2	1	<ul style="list-style-type: none"> • Legal frameworks such as the Children Acts, Mental Health Act 1983 (as amended by the 2007 Act) and the revised Code of Practice, Disability Discrimination Act and the Mental Capacity Act. 	8	18	0	31

	Rating	Section 2 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		STAFF TRAINING continued				
2.7	2	All clinical staff (<i>amend to: staff designated to work with young people</i>) have received basic training for working with young people, and on each shift there are staff members with extensive knowledge and training in the following areas:	3	7	5	
2.7.1	2	<ul style="list-style-type: none"> Aetiology, symptoms and a range of relevant conditions. 	12	3	11	46
2.7.2	1	<ul style="list-style-type: none"> Pharmacological interventions for (staff that prescribe, dispense, or administer medication to young people), including the use of psychoactive medication, recognition of side effects and non-concordance. Note: Refer to NICE guidelines for use of medication off-licence. Evidence based psychological interventions.	10	6	10	38
2.7.3	2	<ul style="list-style-type: none"> Managing relationships and boundaries between young people and staff, including appropriate touch. 	15	1	10	58
2.7.4	1	<ul style="list-style-type: none"> Issues of consent, competency, parental rights, confidentiality and advocacy. 	5	13	8	19
2.7.5	1	<ul style="list-style-type: none"> Management of imminent and actual violence, age-appropriate breakaway techniques and restraint measures. 	20	1	5	77
2.8	2	Staff working with young people on adult wards have joint training sessions and regular meetings with CAMHS.	6	6	14	23
		STAFFING SAFEGUARDS				
2.9	1	All staff (including temporary or agency staff and ancillary staff) have enhanced Criminal Record Bureau (CRB) disclosure checks that are reviewed every three years, and are checked against the Protection of the Children Act (POCA) register before appointment.	11	11	3	42
2.10	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.	4	11	11	15

	Rating	Section 2 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		STAFFING SAFEGUARDS continued				
2.11	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.	23	3	0	88
2.12	1	There is a trust policy and written guidance available to staff about whistle-blowing, which forms part of the induction training.	21	5	0	81
		Note: Staff should know how to raise concerns about poor practice.				

SECTION 3:ASSESSMENT, ADMISSION, TRANSFERS AND DISCHARGE						
Total number of wards: 26						
	Rating	1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		ASSESSMENT AND ADMISSION				
		In addition to AIMS standards 9.1 to 12.10 (AIMS 3rd Ed)				
3.1	1	The adult ward, CAMHS team, Early Intervention Psychosis Team, A&E and Local Authority have jointly agreed integrated care pathways and agreed protocols for the admission (both informal and compulsory) of young people to the adult ward, including emergency and 'out of hours' admissions.	11	10	5	42
3.1.1	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.	16	7	2	62
		Individual risk assessment				
3.2	1	The ward uses an approach to clinical risk assessment that is agreed with CAMHS as being appropriate for the under 18s age group.	7	12	7	27
3.3	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.	18	5	3	69
3.4	2	All pre-admission clinical assessments are conducted and recorded by a staff member trained in risk assessment.	26	0	0	100
3.5	1	All 16 and 17 year olds must be escorted by a chaperone (whose gender they can choose) for intimate medical examinations.	26	0	0	100
3.6	2	Observation levels are determined by a multi-professional assessment of the young person's mental health needs and blanket policies should not be in place. One-to-one observation should be based on assessed risk and clinical need and reviewed regularly.	24	1	0	92

	Rating	Section 3 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		Ward environment risk assessment <i>(Add note: This risk assessment needs to be carried out for every admission)</i>				
3.7	1	Prior to the admission of each young person, the admitting clinician consults with a CAMHS professional and ward manager about the suitability of the ward environment.	14	11	1	54
3.8	2	After undertaking an assessment of risk, the admitting clinician is responsible for discussing the admission with the ward manager and admitting authority.	18	7	0	69
3.9	1	All ward staff are made aware of the young person's risk status including the risks posed by other patients.	26	0	0	100
		Reporting and monitoring				
3.10	1	The appropriate authorities are notified when a young person under the age of 18 is admitted to an adult ward:	18	0	2	69
3.10.1	1	<ul style="list-style-type: none"> The Mental Health Act Commission is informed if the young person is detained. 	26	0	0	100
3.10.2	1	<ul style="list-style-type: none"> The Local CAMHS team are notified. 	18	6	2	69
3.10.3	2	<ul style="list-style-type: none"> Managers of the local CAMHS / 16 to 19 services are notified. 	19	4	3	73
3.10.4	1	<ul style="list-style-type: none"> Named nurse for safeguarding children is notified to take overall monitoring responsibility. 	21	1	4	81
3.11	2	The Trust/Hospital monitors all admissions of under 18s with respect to type of need (overriding or atypical), race, gender, disability, legal status, and occupied bed days, to inform staff and service needs and to identify the use of the beds by vulnerable groups.	24	2	0	92
3.12	2	There is a system of data collection in place across the Trust/Hospital for reporting on each young person (under 18) admitted.	25	1	0	96
3.13	2	The Trust/Hospital makes bed use and patient characteristic data on under 18 admissions available to hospital managers, commissioners and partner agencies on a regular basis.	22	2	0	85

	Rating	Section 3 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		Overriding need admissions (emergencies)				
3.14	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.	13	10	2	50
3.15	2	The CAMHS or 16 to 19 service team are responsible for allocating a named lead professional under the Care Programme Approach (CPA) for care coordination within one working day of admission.	8	8	9	31
3.16	2	The named lead professional under the CPA is then responsible for arranging a transfer to a more appropriate CAMHS environment.	9	5	10	35
3.17	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 (<i>amend to: as soon as possible, preferably within 2 to 3 days-note we plan to collect length of stay data to examine this time-frame</i>).	4	10	11	15
		TRANSFERS				
3.18	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.	18	8	0	69
3.19	1	There are policies and protocols in place to guide the transfer of a young person to another service and the responsibilities are clearly allocated to named professionals in accordance with the Care Programme Approach (CPA) (<i>amendment: will remove 'in accordance with CPA</i>).	14	8	4	54

	Rating	Section 3 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		DISCHARGE PLANNING In addition to AIMS standards (3rd Edition) 15.1 to 17.2				
3.20	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.	26	0	0	100
3.21	2	Throughout their stay on the ward young people have a named lead professional who coordinates their care and attends all CPA reviews and discharge planning meetings.	23	3	0	88
3.22	2	Assessed risk is communicated to the team caring for the young person after discharge and other relevant parties.	26	0	0	100
3.23	2	A written discharge and aftercare plan is produced with the young person and their named professional responsible for coordinating their care.	26	0	0	100
3.24	1	The discharge plan names the lead agency and professional responsible for overseeing the young person's aftercare plan.	23	3	0	88
3.25	2	<i>For those with an overriding need</i> , there is an agreement with the involved CAMHS team or lead agency, regarding aftercare pathways.	19	4	2	73
3.26	2	Where discharge is delayed the reason for the delay is documented and there are processes in place to expedite discharge.	25	0	1	96
3.27	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.	26	0	0	100

	Rating	Section 3 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		Young people and parents'/carers' participation				
3.28	2	Young people and, where appropriate, parents/carers are invited to CPA meetings and are involved in decisions about care after discharge from the ward.	26	0	0	100
3.29	2	Young people and, where appropriate, their parents/carers know the names of workers involved in their follow-up care and have met them prior to discharge.	24	2	0	92
3.30	2	Before discharge, young people and, where appropriate, their parents/carers know the dates and times of appointments with the workers involved in their care after discharge.	26	0	0	100

SECTION 4: CARE AND TREATMENT						
Total number of wards: 26						
	Rating	1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		CARE: ACCESS TO STAFF AND SERVICES				
		Within one working day:				
4.1	2	The appropriate agencies identify and agree on the lead professional under the CPA, and lead agency, who will take responsibility for coordinating the young person's care (CAMHS, 16 to 19 service, Early Intervention Teams, Community Mental Health Team-CMHT etc).	22	2	2	85
4.2	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.	10	9	7	38
4.3	2	The young person is informed about who these professionals are and their role in providing the young person's care is explained.	18	6	2	69
4.4	2	Each young person's named lead professional under the CPA and named adult ward professional are responsible for liaising with each other and the relevant agencies to ensure the young person receives appropriate care and treatment.	21	3	2	81
4.5	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:	16	4	0	62
4.5.1		• Young people with learning disabilities and mental health problems.	10	5	0	38
4.5.2		• Young people who have visual impairment, hearing problems, physical disability and physical illness.	10	5	0	38
4.5.3		• Young people with co-morbid substance abuse and mental health problems.	9	4	0	35
4.6	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.	25	1	0	96

	Rating	Section 4 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		CARE continued				
4.7	2	The young person's parent or carer'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.	25	1	0	96
4.8	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.	16	3	0	62
4.9	2	As far as is practicable, efforts are made to ensure that young people can see a staff member of the gender of their choice.	25	1	0	96
4.10	2	Young people can ask to see (<i>amend to: consult with</i>) a professional on their own, e.g. without other nursing staff or family present, although this may be refused in certain circumstances.	26	0	0	100
4.11	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).	25	1	0	96
4.12	2	Interpreters used have received training or guidance about mental health matters and recognise the importance of full and accurate translation.	10	4	8	38
4.13	2	Young people and parents who have specific communication needs (such as arising from sensory impairments) are given appropriate assistance to enable their participation.	17	8	1	65

	Rating	Section 4 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		CARE continued				
4.14	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. <i>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.</i> These include the following:				
4.14.1	2	<ul style="list-style-type: none"> • Young person's local child and adolescent mental health service 	24	0	2	92
4.14.2	2	<ul style="list-style-type: none"> • Community adult mental health services 	26	0	0	100
4.14.3	2	<ul style="list-style-type: none"> • Early intervention teams and/or assertive outreach teams 	26	0	0	100
4.14.4	2	<ul style="list-style-type: none"> • Forensic and youth offending teams 	25	0	1	96
4.14.5	2	<ul style="list-style-type: none"> • Substance and alcohol misuse services 	26	0	0	100
4.14.6	2	<ul style="list-style-type: none"> • Learning disability services 	26	0	0	100
4.14.7	2	<ul style="list-style-type: none"> • Accident and emergency facilities 	26	0	0	100
4.14.8	2	<ul style="list-style-type: none"> • Other medical services 	26	0	0	100
4.14.9	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. 	25	1	0	96
4.14.10	2	<ul style="list-style-type: none"> • Social services 	26	0	0	100
4.14.11	2	<ul style="list-style-type: none"> • Housing agencies 	26	0	0	100

	Rating	Section 4 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
4.15	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.	26	0	0	100
4.16	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.	26	0	0	100
		CARE PLANNING - In addition to AIMS standards 13.1 to 15.5 (3rd Edition)				
4.17	2	There are explicit protocols and procedures for developing a joint care plan that 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, and the specific roles of each team are clarified.	12	10	3	46
4.18	1	Assessed risk is addressed in the care plan.	26	0	0	100
4.19	2	The young person's care plan shows evidence of a social care needs assessment, including establishing if the young person and parent are involved with other agencies.	26	0	0	100
4.20	2	Young people and, where appropriate, parents/carers are given a copy of the management or care plan or have ready access to it.	26	0	0	100
4.21	2	Care plans include crisis plans with detailed contingencies for periods of intensive support.	24	2	0	92
4.22	2	The care plan is reviewed at defined and agreed intervals during admission (e.g. a weekly ward round and CPA reviews).	26	0	0	100
4.23	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).	26	0	0	100

	Rating	Section 4 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		CARE PLANNING continued				
4.24	2	Young people are involved in deciding who should be present at their care plan reviews.	22	2	2	85
4.25	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.	23	0	3	88
4.26	2	All relevant professionals and other staff in partner agencies are invited to the care plan reviews.	25	1	0	96
		Record keeping				
4.27	1	The care plan clearly states the date of referral, assessments, admission, date of transfer to another service and date of discharge.	23	2	1	88
4.28	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.	26	0	0	100
4.29	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.	23	3	0	88
		Young people on a care order				
4.30	1	If a local authority has parental responsibility as a result of a care order, then the hospital should obtain the local authority's consent where necessary, and consult on the young person's management or care plan.	11	3	5	42
4.31	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 management or care plan.	10	4	5	38
4.32	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 'such other steps in relation to the patient while in hospital...as would be expected to be taken by his parents' (Section 116 MHA 1983).	11	3	5	42

	Rating	Section 4 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		ACTIVITIES-In addition to AIMS standards 38.1 to 40.3 (3rd Edition)				
4.33	2	Young people are involved in developing their programme of activities with staff throughout their stay on the ward.	20	6	0	77
4.34	2	Young people are able to choose the activities they wish to participate in from a wide and diverse range of activity options.	18	8	0	69
4.35	2	The activities offered include opportunities to exercise, go outside, and day trips away from the hospital.	12	12	2	46
4.36	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.	26	0	0	100
4.37	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.	23	0	3	88

SECTION 5: EDUCATION AND FURTHER LEARNING						
Total number of wards: 26						
	Rating	1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		Only applies to young people admitted with an 'Atypical' need whose stay is longer than 48 hours				
5.1	3	When a young person's stay is longer than 48 hours, there are procedures in place to support a young person's ongoing education and ensure their learning programme is maintained.	9	13	4	35
5.2	2	Young people are consulted about their learning needs and this is reviewed on a regular basis.	15	8	3	58
5.3	2	Young people in formal education have a named professional who takes responsibility for liaising with the young person's place of education.	20	4	2	77
5.4	2	Young people not in education or who are over school leaving age are encouraged to engage in a learning activity.	13	7	6	50
5.5	2	Educational or learning activity programmes are developed in consultation with the young person and is based on their individual needs.	13	7	6	50
5.6	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).	13	7	6	50
5.7	2	Young people have access to a study space in a quiet area to support their educational or learning activities.	16	7	3	62
5.8	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).	13	7	6	50

SECTION 6: INFORMATION AND ADVOCACY						
Total number of wards: 23						
	Rating	1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		INFORMATION Note: Staff should provide information as many times as necessary for the young person to understand regardless of illness.				
6.1	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'.	16	5	2	70
6.2	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.	8	10	5	35
6.3	1	On the day of their admission the young person is given a "welcome pack" or introductory booklet giving specific information about:	15	4	0	65
6.3.1	1	<ul style="list-style-type: none"> The ward's facilities. 	20	3	0	87
6.3.2	1	<ul style="list-style-type: none"> Modes of treatment. 	19	4	0	83
6.3.3	1	<ul style="list-style-type: none"> Young person's rights. 	5	14	4	22
6.3.4	1	<ul style="list-style-type: none"> How to complain. 	23	0	0	100
6.3.5	2	<ul style="list-style-type: none"> How to access a second opinion. 	16	3	4	70
6.3.6	1	<ul style="list-style-type: none"> Access to advocacy and other services. 	15	8	0	65
6.3.7	1	<ul style="list-style-type: none"> The ward's activity programme highlighting activities suitable for young people. 	15	4	4	65
6.3.8	2	<ul style="list-style-type: none"> Contact details for the named local CAMHS team linked to the ward. 	10	10	3	43
6.3.9	2	<ul style="list-style-type: none"> Headspace Toolkit see: http://www.headspacetoolkit.org/ 	13	3	7	57

	Rating	Section 6 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		INFORMATION continued				
6.4	2	As soon as they are well enough, staff should ensure that young people can discuss specific information.	23	0	0	100
6.5	2	The person with parental responsibility receives a parent's/carer's information pack that contains all the details described under 6.3.	9	13	1	39
6.6	2	The young person's and parent's/carer's information packs clearly state that the participation of the parent/carer/person with parental responsibility is encouraged, whenever possible.	9	10	4	39
6.7	1	Young people and parents/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.	17	5	1	74
6.8	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.	18	3	2	78
6.9	1	Staff always check that the information they have communicated has been understood.	21	2	0	91
6.10	1	On the day of their admission and as often as is required, staff explain and provide information about why they have been admitted.	23	0	0	100
		Throughout their stay (no matter how brief) young people are given information about:				
6.11	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. 	23	0	0	100
6.12	1	<ul style="list-style-type: none"> the medication they are given, what it is for and how it would effect them. 	23	0	0	100
6.13	1	<ul style="list-style-type: none"> the treatments they are offered. 	23	0	0	100

	Rating	Section 6 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		INFORMATION continued				
6.14	1	Complaints procedures are well-publicised and there is help on how to use them.	22	1	0	96
6.15	1	Young people and their parents/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.	22	1	0	96
6.16	1	There is information available on how to get independent help and advocacy in making complaints.	19	4	0	83
		Formal admissions				
6.17	1	Young people are given information about the Mental Health Act and when it might be used, in a manner they can use and a format they can retain.	18	5	0	78
6.18	1	Young people are provided with information (verbal explanation and written) about being given treatment without their consent and the procedures that must take place before such treatment is given.	22	1	0	96
6.19	1	Staff take time to explain why they have been detained and how the Act applies to them.	23	0	0	100
6.20	1	Young people are provided with information about their rights to access a mental health tribunal and/or managers' hearings that explains how they can apply to be discharged from detention including 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.	21	2	0	91
6.21	1	Staff explain who the young person's Nearest Relative (NR) is and why this is relevant.	23	0	0	100
6.22	1	Staff explain the role of the Mental Health Act Commission (MHAC), and provide written information for the young person to keep.	23	0	0	100

	Rating	Section 6 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		ADVOCACY				
		In addition to AIMS standard (3rd Edition) 6.1 'The ward provides access to independent advocacy service that includes IMCA.'				
		IMPORTANT NOTE:				
		From April 2009 in England (already available in Wales), access to an Independent Mental Health Advocate (IMHA) will be 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 20.4-20.6). It is also available to those subject to guardianship, or those "under 18 and being considered for electro-convulsive therapy or any other treatment to which section 58A applies ("a section 58A treatment") (MHA C of P 20.6 pg 158). It will also be a legal requirement for staff to inform patients of this right. For informal admissions access to an advocate is good practice and is to be encouraged.				
6.40	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.	14	7	1	61
6.41	1	Information about an advocacy service is signposted on the ward so young people can approach them directly.	14	7	2	61
6.42	2	Ward staff ask the advocate manager to consult with the young person and offer a visit by an advocate.	19	4	0	83
6.43	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).	10	7	6	43
6.44	2	Staff support and encourage young people to use an (<i>to add: age-appropriate</i>) advocacy toolkit throughout their stay.	10	7	6	43
6.45	1	Young people can see their advocate in a private room that is not audible from outside.	22	1	0	97
6.46	2	Young people have access to trained advocates who have been trained to work with young people and communicate in an accessible way.	12	6	3	52

SECTION 7: CONSENT AND CONFIDENTIALITY										
Total number of wards: 23										
Rating	1 = Essential; 2=Expected; 3=Desirable				Met	Partly met	Not met	% met		
		<p>CONSENT 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) ‘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.’ For those aged 16 or over, capacity to consent to treatment must be assessed in accordance with the Mental Capacity Act 2005.</p> <p>For guidance please refer to: http://its-services.org.uk/silo/files/publication-cyp-legal-guide-jan-2009.pdf</p>								
6.23	1	The ward staff can access a Trust policy or protocol that lists the procedures for obtaining written consent, and what to do when there is disagreement between parties e.g. between a young person with capacity to make treatment decisions and their parent(s) or health care professional(s).	18	3	2	78				
6.24	1	Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this.	16	6	0	67				
6.25	1	Staff are proficient in assessing a young person's capacity to consent.	14	8	0	61				
6.26	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>	19	2	2	83				

	Rating	Section 7 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		CONSENT continued				
6.27	1	Consent is obtained by the person proposing to give the treatment, who uses reasonable skill and care in providing sufficient information about the proposed treatment and alternatives to it. Where necessary this is with the assistance of a person who has received specialist training on advising young people about the intervention.	16	6	0	70
6.28	1	The patient's consent or refusal is recorded in their notes in addition to the treating clinician's assessment of the patient's capacity to consent to the treatment in question.	19	4	0	83
6.29	1	Where young people are not detained and 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.	16	7	0	70
6.30	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.	17	6	0	74
6.31	1	Interventions are only conducted against the will of young people if discussion and modification of the intervention has been exhausted.	23	0	0	100
6.32	1	When a young person who is assessed as having capacity is treated against their will, this is conducted within the appropriate legal framework and is noted in their health record.	23	0	0	100
6.33	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, 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).	16	1	4	70
6.34	1	Staff are clear on who has parental responsibility and have (<i>amend to: requested & remove obtained</i>) obtained copies of the relevant court orders.	11	9	3	48

	Rating	Section 7 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		CONFIDENTIALITY				
6.35	1	Ward staff receive clear guidance on confidentiality issues, with regard to family liaison, young people's rights to confidentiality and requirements for parental authority.	8	15	0	35
6.36	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.	9	13	1	39
6.37	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: Staff explain the reasons why it might be helpful for their parents to be given this information.	20	2	1	87
6.38	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.	20	3	0	87
6.39	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.	15	1	5	65

SECTION 8: OTHER SAFEGUARDS						
Total number of wards: 26						
	Rating	1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		Legal status and child protection				
7.1	1	Mental Health Act or Children Act status is known to staff.	21	5	0	81
7.2	1	The child protection status of young people is known to staff to help give clear guidance if abuse is suspected.	21	5	0	81
7.3	1	The ward has a named child protection lead.	26	0	0	100
7.4	1	The ward is compliant with child protection policies, procedures and protocols. <i>(Amend to: The ward staff have access to resources that inform them about child protection procedures)</i>	26	0	0	100
7.5	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.	22	0	4	85
7.6	1	Young people are informed about what will happen if they tell staff they are being, or have been, abused and they are reassured that what they say will be taken seriously. <i>(Amend to: Staff know what to do if young people disclose allegations of abuse, and if allegations are made staff inform young people about what will happen.)</i>	19	1	6	73
		Atypical admissions with stays longer than 3 months				
7.7	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.	19	2	5	73
7.8	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).	18	3	5	68

	Rating	Section 7 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		Treatment				
7.9	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.	19	5	0	73
7.10	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.	9	9	8	35
7.11	1	Ward staff are trained in the use of age-appropriate physical restraint techniques.	19	2	5	73
7.12	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.	25	1	0	96
7.13	1	After restraint the young person is counselled on why it was necessary and their views are sought and included in post incident reflections.	25	1	0	96
7.14	1	Physical restraint is only attempted when there are sufficient staff who have undergone control and restraint training at hand to ensure it can be achieved safely.	25	1	0	96
7.15	2	Staff provide information about when and why physical restraint might be used with young people and other adults on the ward.	18	7	1	69
7.16	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.	26	0	0	100
7.17	1	No young person is to be deprived of their liberty, except where there is clear legal authority to do so.	26	0	0	100
7.18	1	The ward follows policies for untoward occurrences, or critical incident reporting.	26	0	0	100

	Rating	Section 7 1 = Essential; 2=Expected; 3=Desirable	Met	Partly met	Not met	% met
		Formal admissions				
7.19	1	Detention under the Mental Health Act is carried out in full accordance with the legislation.	26	0	0	100
7.20	1	Hospital managers refer the case of a patient under 18 after one year (instead of 3 years for older patients) where the patient has not been seen by a Mental Health Review Tribunal.	20	1	0	77
7.21	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.	23	0	1	88
7.22	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.	21	1	4	81

Appendix 2: Example of joint working

Case example of joint working between CAMHS and adult mental health wards to support young people placed on adult wards – Portsmouth City Teaching PCT

In Portsmouth the CAMHS team received funding to extend their upper age limit from 16 to 18 years. One area identified for change was meeting the needs of young people who are on occasion admitted to an adult ward, often in a crisis, and prepare for the MHA amendment.

The CAMHS team attribute their achievements and successful joint working with their adult mental health colleagues to being located within the same PCT, and working with the same directors and commissioners. Work towards meeting young people's needs on an adult ward have been achieved through the following steps:

1. **Identify named wards for the admission of young people.** The CAMHS and adult teams, with the Mental Health Act lead and commissioners identified two AMH wards suitable for admitting young people when the need arose in their trust. This selection was based on talks with key stakeholders and a review of each of the Trust's AMH ward's case-mix, purpose and likelihood of admitting a young person; wards that generally admitted high-risk adults were excluded. This allowed for a more focused approach to achieving the changes required.
2. **Amend AMH ward guidelines, assessment requirements and information packs so that they are suitable for young people.** The amendments were done in consultation with young people and were in line with the recommendations made by young people in the 11 MILLION reports (Pushed into the Shadows and Out of the Shadow's?).
3. **The CAMHS team support the AMH staff to care for young people.** The CAMHS team release a CAMHS worker to the adult ward for the duration of a young person's stay to support the care provided, inform care planning, and establish and maintain links with CAMHS and other relevant agencies. If a stay is not planned and is very brief (between 24 to 48 hours out of hours) the CAMHS team provide a reflective debrief for AMH staff to review what could have been done differently to improve the care provided.

Note: Before this was identified as the best way forward, the team first considered training a number of adult ward staff members to work with young people but concluded that this was not feasible due to the wards' high staff turn-over, complexity of shifts, and the infrequency of under 18 admissions resulting in the loss of skills gained from any training due to the lack of exposure to working with young people.

4. **Create a post within the CAMHS team that is linked to the crisis team.** In Portsmouth many of the crisis admissions come through the crisis team which works with both CAMHS and adult mental health services.
5. **Develop shared guidelines** for managing 16/17 year olds with severe mental health disorders in the community and for managing under 18 year olds admitted to an adult mental health inpatient ward.

Anne Fleming, Service Manager for CAMHS in Portsmouth (email: Anne.Fleming@ports.nhs.uk), is happy to provide copies of their shared guidelines.

Appendix 3: Project team and reference group members

Project team:

Dr Paul Lelliott: Director of the Royal College of Psychiatrists Research and Training Unit (CRTU)

Anne O’Herlihy: CAMHS Research Fellow and ‘Safe and Appropriate Care for Young People’ Project Manager, CCQI

Kathryn Pugh: CAMHS Regional Development Worker, London; National Lead for the Children and Young People’s Programme & NMH DU Mental Health Act 2007 Implementation Team

Adrian Worrall: Head of the Centre for Quality Improvement (CCQI)

Project reference group members:

Sarah Bacon: Quality Improvement Worker, Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI)

Mark Beavon: Deputy Programme Manager for AIMS, CCQI

Jane Claxton: CAMHS Tier 4 Service Manager-Northumberland, Tyne and Wear NHS Trust and QNIC Chair

Rebecca Collins: Young People’s Consultant, Very Important Kids Group

Dr Richard Corrigan: Consultant CAMHS Psychiatrist, South London and the Maudsley NHS Foundation Trust

Jo Cresswell: Nurse consultant and Programme Manager for AIMS, CCQI

Marie Crofts: Deputy Director, CAMHS, Central and North West London NHS Foundation Trust

Ottie Dugmore: Programme Manager, Quality Improvement Network for Multiagency CAMHS, CCQI

Dr Lesley Hewson: CAMHS Consultant Psychiatrist

Mark McLaughlin: Consultant Nurse – CAMHS, South Essex Partnership NHS Foundation Trust

Tim McDougall: Consultant Nurse (Tier 4 CAMHS) / Lead Nurse (CAMHS), Cheshire & Wirral Partnership NHS Foundation Trust

Camilla Parker: Mental Health and Human Rights Legal Consultant

Jane Solomon: Quality Improvement Worker, CCQI

Peter Thompson: Programme Manager, Quality Network for Inpatient CAMHS (QNIC), CCQI

Hannah Thorpe: Quality Improvement Worker, CCQI

Maurice Vaillancourt: Carer Representative, Rethink

Dr Jonathan West: Consultant Adult Psychiatrist, Bexleyheath (South) LIT & Clinical Director Bexley Oxleas NHS Foundation Trust

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