

**QINMAC-QNIC position statement: Improving access to in-patient CAMHS -  
and appropriate alternatives**

**Principle**

Children and young people have a right to access levels of healthcare that are appropriate to their needs. This principle is espoused throughout CAMHS policy, including the National Service Framework Standard 9<sup>1</sup> and Together We Stand<sup>2</sup>. Young people with severe and/or complex mental health problems require very intensive or emergency care, which often necessitates admission to an inpatient child and adolescent mental health unit.

**Standards**

<b><u>Standard</u></b>	<b><u>Rationale</u></b>
<b>QNIC Standard:</b> <i>Young people who are referred to inpatient CAMHS do not experience delay in assessment or treatment that leads to a deterioration in health (19.1a and 19.2a).</i>	Prompt and early intervention improves outcomes and reduces the chances of chronic mental health problems developing.
<b>QNIC Standard:</b> <i>Young people who are referred to inpatient CAMHS do not experience delay in assessment or treatment that leads to care being offered in inappropriate settings e.g. in adult and paediatric wards or as a day patient (19.1b and 19.2b).</i>	The limitation of using paediatric and adult psychiatric wards for the care of under 18s is now well documented <sup>3,4</sup>
<b>QINMAC standard:</b> <i>There are clear procedures for staff to follow in situations when inpatient beds are required but are not immediately available within the relevant service (6.34).</i>	The decision that a young person needs admission is often related to a perceived level of clinical risk; procedures need to be in place to manage this risk effectively for all young people, including those who traditionally may not fit a unit's criteria. Clear procedures are also needed to enable families to make informed decisions about their care.

**Findings**

Many community Tier 2 & 3 CAMH teams experience difficulties accessing inpatient CAMHS, particularly emergency beds<sup>5</sup>. In some cases this is linked to insufficient numbers of beds, whilst in other cases young people are not admitted because they do not meet units' admission criteria. Data from the Quality Network for Inpatient CAMHS (QNIC) support this finding: 57% of member units reported that they did not have sufficient beds to meet clinical need<sup>6</sup>.

Despite clear problems in this area, over a third of the 31 community CAMHS teams reviewed do not have clear procedures to follow in situations when inpatient beds are not available<sup>2</sup>. Without procedures in place, those caring for a young person in the community are being left unsupported; whilst clinical staff can spend many hours 'ringing round' to find a suitable bed. Finding a CAMHS bed for young people with learning disabilities is particularly difficult.

When a commissioned adolescent bed is not available, admission to an adult psychiatric bed, paediatric ward or more geographically distant adolescent units has to be considered in order

to keep the young person safe. Intensive community-based treatments are occasionally provided, but are rare. In 1999, one third of all inpatient mental health admissions of young people were to an adult mental health or paediatric ward<sup>7</sup>. In 2007-2008, 11% of inpatient mental health admissions of under 18s were to adult psychiatric wards<sup>8</sup>; these wards are not considered to be safe for young people and care may not be effective<sup>1</sup>.

### **The consequences of inaction**

- 1) Unnecessary risk and deterioration in young person's health
- 2) Increased strain on families and community CAMH staff
- 3) Increased costs in the long term e.g. if a preventable chronic disorder develops

### **The QINMAC-QNIC position / Recommendations**

1. Young people should be managed as close to home as possible. There should be 20–40 inpatient CAMHS beds commissioned for young people aged up to 18 years per 1 million total population<sup>9</sup>. The actual number of inpatient beds provided should be based on a comprehensive needs assessment taking into consideration the availability of alternative provision such as crisis response and intensive home treatment.
2. Bed occupancy in inpatient CAMHS should be at 85% to ensure availability of emergency beds<sup>9</sup>.
3. Managers in Tier 2 & 3 CAMHS should monitor the outcome of referrals to inpatient CAMHS to identify inadequacies in the availability of appropriate and timely inpatient provision and Tier 4 alternatives. They should draw such inadequacies to the attention of commissioners and inpatient services.
4. Commissioners and providers should jointly examine models of care, including effective specialised commissioning and inpatient alternatives.
5. Managers in Tier 2 & 3 CAMHS should develop clear procedures, available to key staff to follow when an inpatient bed is required; this should include the steps to follow if the first choice is not available and/or where a bed need to be secured from an inpatient unit not identified within the joint agreement. The protocol should also involve alerting commissioners when suitable beds are not available.
6. Procedures should be developed and agreed by all key agencies including all adolescent units commissioned to provide services for the local area; adult mental health services and paediatric services. Guidance should include details of the units to be approached, the circumstances in which they have agreed to admit and funding and transfer arrangements.
7. Where the young person may be placed on an adult mental health or paediatric ward there should be an agreed protocol between CAMHS and AMHS/paediatrics that defines the required environment (age-appropriate), safeguarding arrangements, level of ongoing involvement of CAMHS in the care, the frequency of clinical / observation reviews, family visits, access to advocacy and discharge planning. Young people admitted to adult wards in an emergency with an overriding need should be transferred to a CAMHS unit within 48 hours.

### **Further information:**

- Examples of procedures for Tier 2 & 3 CAMHS will shortly be available to QINMAC members via the QINMAC Online Resource Library
- Standards for admission criteria and referral procedures for inpatient CAMHS are included in the QNIC Service Standards<sup>10</sup>
- QNIC and QINMAC provide a national web-based map to enable commissioners and providers to identify the type and availability of inpatient beds<sup>11</sup>

## References:

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- <sup>1</sup> Department of Health & Department of Education and Skills (2004) *National Service Framework for Children and Young People and Maternity Services: Standard 9*. London: Department of Health.  
<http://www.dh.gov.uk/assetRoot/04/09/05/60/04090560.pdf>
- <sup>2</sup> NHS Health Advisory Service (1995) *Together we stand*. London: HMSO.  
<http://www.healthadvisoryservice.org/publications/reports.htm>
- <sup>3</sup> Office of the Children's Commissioner (2007) *Pushed into the Shadows - Young People's Experience of Adult Mental Health Facilities*. The Children's Commissioner for England, January 2007.  
<http://www.11million.org.uk/resource/m8vtedhs9cbqx3aid5stkdrk.pdf>
- <sup>4</sup> Office of the Children's Commissioner (2008) *Out of the Shadows?* The Children's Commissioner for England, October 2008.  
<http://www.11million.org.uk/resource/lokotpjr40iak1voug7z7ejn.pdf>
- <sup>5</sup> Craig M., Dugmore, O., & Thorpe H. (2008) *Quality Improvement Network for Multi-Agency CAMHS Annual Report (Cycle 2)*. Royal College of Psychiatrists Centre for Quality Improvement, London.  
[www.qinmac.org.uk](http://www.qinmac.org.uk)
- <sup>6</sup> Davies, G., & Thompson, P. (2007) *Quality Network for In-patient CAMHS Annual Report (Cycle 6)*. Royal College of Psychiatrists Centre for Quality Improvement, London.  
[www.qnic.org.uk](http://www.qnic.org.uk)
- <sup>7</sup> O'Herlihy, A. et al (2001) *National In-patient Child and Adolescent Psychiatry Study*. Royal College of Psychiatrists, London.  
<http://www.rcpsych.ac.uk/clinicalservicestandards/centreforappliedresearch/completedprojects/nicaps.aspx>
- <sup>8</sup> Department of Health Local Delivery Plan returns 2007-8
- <sup>9</sup> Royal College of Psychiatrists (2006) *Building & Sustaining Specialist CAMHS*. Council Report CR137, Royal College of Psychiatrists, London.  
[www.rcpsych.ac.uk/publications/collegereports/cr/cr137.aspx](http://www.rcpsych.ac.uk/publications/collegereports/cr/cr137.aspx)
- <sup>10</sup> [www.qnic.org.uk](http://www.qnic.org.uk)
- <sup>11</sup> [www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement/qnic/mappingofcamhsunits.aspx](http://www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement/qnic/mappingofcamhsunits.aspx)