

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

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FOREWORD

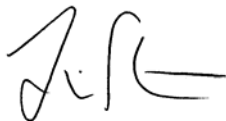
This tool is for mental health professionals working with young people placed on adult mental health wards. It will also be relevant to those working in Child and Adolescent (CAMHS), children services practitioners, such as those in child protection, and others with responsibilities for safeguarding and promoting the welfare of children and young people.

Its purpose is to set standards for adult mental health wards for those occasions when young people under 18 are placed on the ward. Young people under 18 are placed on adult wards either because there is no CAMHS bed available quickly enough to meet their need for emergency care, or, more rarely, when the adult ward is preferable to a CAMHS ward. Meeting the criteria in this document will help providers to meet the requirements of the 'Age Appropriate Environment' amendment to section 131a of the Mental Health Act. Although the target date for commencing this amendment is April 2010, providers are expected to follow the Code of Practice now to ensure that, where under 18s are placed on adult wards, the environment is safe. This document provides ward and hospital managers with a set of criteria in line with the issues raised in Chapter 36 'Children and young people under the age of 18' in the Code of Practice to the Mental Health Act 1983 ('the MHA Code') and are based on the guiding principles within the Mental Health Act Code of Practice which should be considered when making any decision under the Act.


The criteria have been developed in conjunction with young service users, parents, commissioners and practitioners in both Adult Mental Health Services (AMHS) and CAMHS, and reflect our joint commitment to promoting appropriate care for children and young people. We would particularly like to thank all those who have given so much time to developing the criteria to this stage. We hope that the care of this very vulnerable group will improve as a result of providing clear guidance as to what is acceptable.

This guide is not intended as a substitute from consulting with the various Acts, Regulations, Code of Practice and Reference Guide, but it is in line with the legislative frameworks.

We hope you will find it useful.



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INTRODUCTION

Section 31 of the 2007 amendments to the 1983 Mental Health Act (MHA) 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 admission 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 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. The revised Code of Practice (2008) states that if a young person is admitted in a crisis it should be for the briefest time possible.

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

The aim of this product is to help adult mental health wards consider what constitutes a safe environment for young people, in line with the guidance contained in the revised Mental Health Code of Practice (2008), and prepare for this 'Age Appropriate Environment' amendment to the Mental Health Act 1983 by the Mental Health Act 2007 Section 131a. The target date for commencement of this amendment is April 2010. The criteria listed here form the basis of an accompanying audit toolkit developed to:

1. Assess how well adult wards meet the needs of under 18s by providing safe and appropriate care for those that require admission;
2. Identify what needs to change, and;
3. Support services in making those changes before this MHA amendment is implemented in April 2010.

Although an inpatient CAMHS unit would normally be the preferred environment for an under 18 year old, there are circumstances when a bed or other CAMHS alternative (e.g. intensive outreach) is not available. 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. However, even in those circumstances when the adult ward would be the environment of choice, 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.

Our aim is to develop a tool that is useful and practical. We developed this first set from a review of key documents and stakeholder consultation, and we would like to thank again all of those who participated. The criteria were developed to complement the Adult Inpatient Mental Health Services (AIMS) standards, and each criterion is rated according to the definitions described below, adapted from the AIMS rating scheme.

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 purposefully avoided repeating the standards and criteria already covered by AIMS, and focused only on those relevant to young people's age specific needs. For example, the AIMS standards on respecting diversity and an individual's needs in relation to ethnicity are not repeated in this tool, although we would expect wards on which young people were placed to work within these standards. Wards using this document who are not part of AIMS may wish to view the complete standards at <http://www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement/aims.aspx>

The criteria apply to all young people under the age of 18 including those who are working, living independently and have been referred from an adult community mental health team (CMHT). These criteria do not specify any protocols or procedures as this should be agreed locally between the relevant sectors and agencies.

NOTE

Workshop delegates requested that the criteria differentiate the under 16s from the 17 and 18 year olds, this however is no longer required as the government has instructed that no under 16 should be on an adult ward, and there was consensus that the inclusion of criteria specific to under 16s was in effect accepting that this practice could continue. They also requested that we mark out those criteria that relate to legal requirements, but after further consultation with legal professionals we were advised that it was difficult to differentiate those that are statutory obligations and it was felt that the inclusion of a 'legal requirement' rating would diminish the importance of the criteria marked as essential.

This product is still in development and we are piloting the accompanying audit toolkit to assess its usefulness, as well as how achievable some of the criteria are. We welcome your comments on any aspect of the tool or criteria.

Important

Data collection tools adapted from these criteria will be provided with guidance notes to wards participating in the pilot programme before reviews take place. This document is provided for reference and not for data collection.

These are best practice statements and consequently we would not expect services to meet every criterion. While there are some statements that are based upon statutory requirements, this document is not intended to act as a legal guide in any way. This is not intended to be a guide to any reviews conducted by regulatory bodies, nor is it a substitute for legal advice about particular circumstances.

If you have any questions or comments, please email Anne O'Herlihy at aoherlihy@cru.rcpsych.ac.uk; Tel: 020 7977 6689/92.

GUIDING PRINCIPLES

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

Purposeful admission:

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

Least restriction:

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

Respect:

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

Participation:

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

Effectiveness, efficiency and equity principle:

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

HOW WERE THE CRITERIA DEVELOPED?

In developing the first draft, we focused on the amendments to the 1983 Mental Health Act that relate to young people, the accompanying revised Mental Health Act Code of Practice, and the following three publications:

1. The Accreditation for Acute inpatient Mental Health Services (AIMS) provide agreed standards that an adult mental health ward should meet if they are to protect patient safety, rights and dignity. If these standards are not met then patient's safety would be threatened and the Trust providing the ward would be in breach of the law. As a minimum starting point adult mental health wards have to meet these standards before they are consider for being designated to admit any young people.
2. Inpatient CAMHS professionals have agreed on the standards that should be met to provide a safe, age-appropriate, therapeutic environment for young people admitted to inpatient child and adolescent units (Quality Network for Inpatient CAMHS-QNIC service standards).
3. The 11 Million (Office of the Children's Commissioner) reports 'Pushed into the Shadows' and its follow-up 'Out of the Shadows?' summarise what needs to change in an adult ward environment from the perspective of the young person and changes in the law. The reports provide recommendations and markers of good practice that should be adhered to if wards are to meet young people's needs, however brief their stay.

These main documents in addition to other relevant documents (see bibliography) and trust protocols on the admission of children and young people to adult wards was the starting point for the 'Safe and Appropriate Care for Young People on Adult Mental Health Wards' criteria and Audit Toolkit.

The following consultation exercise was employed to develop this first set of criteria:

A. Developing the pre-consultation draft for the consultation workshop:	
1.	We started with the assumption that all adult mental health wards should meet the AIMS standards type 1 and 2.
2.	The AIMS standards were then compared with the QNIC standards and criteria to identify criteria relevant to in-patient CAMHS units that are not covered by AIMS.
3.	These standards were then reviewed against the recommendations, markers of good practice, and top tips from the 'Very Important Kids-VIK' group reported in the 11 Million reports: 'Pushed into the Shadows' and 'Out of the Shadows?'.
4.	The standards were reviewed to ensure they incorporated all the relevant provisions of the Mental Health Act 1983, as amended in 2007 and the Children Act (1989 & 2004), the Mental Capacity Act (2005) and requirements that are relevant to young people under 18, and the revised Mental Health Act Code of Practice (2008).
5.	'Star Wards: the sequel' report on ideas for good practice to improve care provided on an adult ward were considered.

<p>6. A range of current Trust policies and protocols for admitting young people to adult mental health wards were considered.</p>
<p>B Consultation workshop-25th September 2008</p>
<ol style="list-style-type: none"> 1. Delegates were selected from a total of 115 mental health professionals who expressed an interest in taking part. 2. Forty four delegates were selected to ensure broad representation from a range of professionals, regions and trusts. Professionals were selected to represent each of the following groups: <ul style="list-style-type: none"> • Young People and Carers; • IP Adult MHS; • Commissioners of CAMHS and AMH; • Inpatient CAMHS; • Community CAMHS; • Mental Health Act Implementation managers; • Mental Health Act Lawyer; • Mental Health Advocates; • CAMHS Policy and Strategy professionals from: Healthcare Commission; Rethink; National Patient Safety Agency. 3. The workshop delegates were allocated to one of three groups to review and discuss two sections of the standards: <ul style="list-style-type: none"> • Group 1: Environment and Facilities; Information, Advocacy, Consent and Confidentiality. • Group 2: Care and Treatment; Safeguards • Group 3: Staffing; Assessment, Admission and Discharge. 4. All delegates attended a final session for the reporting of each group's main points and an open session for delegates to raise issues and ask questions.
<p>C Project Reference Group - 23rd October 2008</p>
<p>The Project Reference Group (see acknowledgements for a list of the group's members) comprised a small number of young people, carers and professionals, from each of the stakeholder groups who met to inform and finalise the first set of service evaluation criteria.</p>
<p>D Consensus rating exercise</p>
<p>The criteria were amended and finalised according to the workshop and project reference group comments and decisions. To obtain agreement on how the criteria should be rated we undertook a consensus exercise with workshop delegates and other interested stakeholders. The purpose of the rating was to inform the importance of each criterion when evaluating how well an adult ward provides safe and appropriate care for young people.</p> <p>Delegates and interested stakeholders were asked to rate each criterion against the Adult Inpatient Mental Health Services (AIMS) rating scheme:</p>

Criteria Rating Scheme			
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.	
E Audit toolkit			
The final first set has been adapted into an audit toolkit to assist wards in their preparation for the MHA amendment to provide safe and 'age-appropriate' care for young people. This toolkit is currently being piloted with participating wards.			
F Pilot phase			
To assess the tool's usefulness and how workable the criteria are, we are piloting the audit tool in 16 adult mental health wards-two per region in England between January and April 2009. If your Trust would like to participate in the pilot, please refer to the flyer on the following web page: http://www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement/safecareforypaudittool.aspx and email Anne at aoherlihy@cru.rcpsych.ac.uk before the end of January 2009.			

HOW ARE THE CRITERIA ORGANISED?

The criteria are organised into seven sections:

Section 1:	Environment and facilities: These criteria focus on the ward's physical accommodation and the availability of facilities suitable for young people.
Section 2:	Staffing and training These criteria focus on the general staffing and training needs of wards that are preparing to provide safe and appropriate care for young people. Note: The staff young people should access during their time on the ward are specified in Section 4 on 'care and treatment' section.
Section 3:	Assessment, admission, transfers and discharge Workshop delegates requested that the criteria are organised around care paths, however we found that it was simpler to present the criteria on procedures for admission, transfers and discharge in one section.
Section 4:	Care and treatment These criteria outline the staff and services required to care for young people admitted, care planning, and the activities young people can expect to receive during their time on an adult ward, no matter how brief their stay.
Section 5:	Education and further learning These criteria apply to young people admitted with an atypical need (see below for definition) whose expected stay on a ward may be longer than a few days.
Section 6:	Information, consent, confidentiality and advocacy These criteria outline the information young people and parents/carers can expect to receive, their right to advocacy, and the procedures and processes that should be followed when obtaining consent and managing confidentiality issues specific to young people.
Section 7:	Other safeguards This section outlines safeguards not mentioned in the above sections that must be considered when young people are placed on adult wards, no matter how brief their stay.

SECTION 1: ENVIRONMENT AND FACILITIES

Mental Health Act (MHA) 2007-Section 31: 104. Section 31 adds new section 131A to the 1983 Act. *"This places hospital managers under a duty to ensure that patients aged under 18 admitted to hospital for mental disorder are accommodated in an environment that is suitable for their age (subject to their needs). In determining whether the environment is suitable, the managers must consult a person whom they consider to be suitable because of their experience in child and adolescent mental health services cases."*

	RATING	1 = Essential; 2=Expected; 3=Desirable
		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.
1.2	2	Young people and adults using this service report that the ward is comfortable and has a warm, welcoming atmosphere.
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.
1.4	3	Young people have access to a computer and the internet.
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. 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.
1.6.1	2	The outside space has seating available for relaxation, and has an area where patients and visitors can converse in private.
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.
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.

		SAFETY
1.7	1	There are policies and procedures to prevent unwanted visitors entering the ward and for adult service users entering areas designated for young people.
1.8	1	The ward has a policy to support and safeguard visitors under the age of 18.
1.9	2	Entrances and exits are designed to enable staff to see who is entering or leaving.
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.
		PRIVACY
1.11	1	The young person's sleeping area is in a securely separated area of the ward away from the opposite-sex.
1.12	2	Young people are provided with their own single-bedroom. Note: Young people reported that they would like the choice of a single room or sharing with another young person of the same sex. A young person should not share a bedroom with an adult.
1.13	1	All young people can bathe and wash in privacy and in areas separate from the opposite sex.
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).
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.
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.

SECTION 2: STAFFING AND TRAINING

MHA 2007 CSIP summary of amendments for under 18s: "Environment is not defined in the Act, but good practice suggests a suitable environment is one which has more than just appropriate physical facilities, but also staff who are trained to understand and address the young person's specific needs to allow them to continue to develop their personal, social and education development as normally as possible."

MHA Revised Code of Practice (2008): "...where possible, all those involved in the care and treatment of children and young people should be child specialists. Anyone who looks after them must always have enhanced disclosure clearance from the Criminal Records Bureau and that clearance must be kept up to date."

	Rating	1 = Essential; 2=Expected; 3=Desirable
		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.
2.2	2	When a young person requires one-to-one supervision the staff provided are trained to work with young people.
2.3	2	The ward manager can access bank nursing staff who regularly work with young people.
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.
2.5	1	There are named staff members who take responsibility for safeguarding the rights of young people admitted.
		STAFF TRAINING
2.6	1	Staff 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 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. • Risk assessment and awareness of risk factors in abuse and abuse to others, indicators of abuse and procedures for dealing with abuse.
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.

2.7	2	All clinical staff 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:
2.7.1	2	<ul style="list-style-type: none"> • Aetiology, symptoms and a range of relevant conditions.
2.7.2	1	<ul style="list-style-type: none"> • Pharmacological interventions for (for staff that prescribe, dispense, or administer medication to young people), including the use of psychoactive medication, recognition of side effects and non-concordance. <p>Note: Refer to NICE guidelines for use of medication off-licence. Evidence based psychological interventions.</p>
2.7.3	2	<ul style="list-style-type: none"> • Managing relationships and boundaries between young people and staff, including appropriate touch.
2.7.4	1	<ul style="list-style-type: none"> • Issues of consent, competency, parental rights, confidentiality and advocacy.
2.7.5	1	<ul style="list-style-type: none"> • Management of imminent and actual violence, age-appropriate breakaway techniques and restraint measures. Note: <p>Note: This is generally covered in restraint technique courses for mental health staff.</p>
2.8	2	Staff working with young people on adult wards have joint training sessions and regular meetings with CAMHS.
		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.
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
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.
2.12	1	There is a trust policy and written guidance available to staff about whistle-blowing, which forms part of the induction training.
		Note: Staff should know how to raise concerns about poor practice.

SECTION 3: ASSESSMENT, ADMISSION, TRANSFERS AND DISCHARGE

Note: From 1 December 2008 under 16s should not be admitted to adult mental health wards.

	Rating	1 = Essential; 2=Expected; 3=Desirable
		ASSESSMENT AND ADMISSION In addition to AIMS standards 9.1 to 12.10 (AIMS 3 rd 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.
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.
		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.
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.
3.4	2	All pre-admission clinical assessments are conducted and recorded by a staff member trained in risk assessment.
3.5	1	All 16 and 17 year olds must be escorted by a chaperone (whose gender they can choose) for intimate medical examinations.
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.
		Ward environment risk assessment
3.7	1	Prior to the admission of a young person, the admitting clinician consults with a CAMHS professional and ward manager about the suitability of the ward environment.
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.

3.9	1	All ward staff are made aware of the young person's risk status including the risks posed by other patients.
		Reporting and monitoring
3.10	1	The appropriate authorities are notified when a young person under the age of 18 is admitted to an adult ward:
3.10.1	1	<ul style="list-style-type: none"> The Mental Health Act Commission is informed if the young person is detained.
3.10.2	1	<ul style="list-style-type: none"> The Local CAMHS team are notified.
3.10.3	2	<ul style="list-style-type: none"> Managers of the local CAMHS / 16 to 19 services are notified.
3.10.4	1	<ul style="list-style-type: none"> Named nurse for safeguarding children is notified to take overall monitoring responsibility.
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.
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.
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.
		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.
3.15	2	The CAMHS or 16 to 19 team are responsible for allocating a named lead professional under the Care Programme Approach (CPA) for care coordination within one working day of admission.
3.16	2	The named lead professional under the CPA is then responsible for arranging a transfer to a more appropriate CAMHS environment.
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.
		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.
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).
		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.
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.
3.22	2	Assessed risk is communicated to the team caring for the young person after discharge and other relevant parties.
3.23	2	A written discharge and aftercare plan is produced with the young person and their named professional responsible for coordinating their care.
3.24	1	The discharge plan names the lead agency and professional responsible for overseeing the young person's aftercare plan.
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.
3.26	2	Where discharge is delayed the reason for the delay is documented and there are processes in place to expedite discharge.
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.
		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.
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.
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.

SECTION 4: CARE AND TREATMENT

	Rating	1 = Essential; 2=Expected; 3=Desirable
		CARE: ACCESS TO STAFF AND SERVICES
		Within one working day:
4.1	2	A. 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).
4.2	2	B. The young person is allocated a named professional from the adult ward (e.g. primary nurse) who has experience of working with young people.
4.3	2	C. The young person is informed about who these professionals are and their role in providing the young person's care is explained.
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.
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: <ul style="list-style-type: none"> • Young people with learning disabilities and mental health problems. • Young people who have visual impairment, hearing problems, physical disability and physical illness. • Young people with co-morbid substance abuse and mental health problems.
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.
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.
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.
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.

4.10	2	Young people can ask to see a professional on their own, e.g. without other nursing staff or family present, although this may be refused in certain circumstances.
4.11	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).
4.12	2	Interpreters used have received training or guidance about mental health matters and recognise the importance of full and accurate translation.
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.
4.14	2	<p>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.</p> <p>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.</p> <p>These include the following:</p>
4.14.1	2	<ul style="list-style-type: none"> • Young person's local child and adolescent mental health service
4.14.2	2	<ul style="list-style-type: none"> • Community adult mental health services
4.14.3	2	<ul style="list-style-type: none"> • Early intervention teams and/or assertive outreach teams
4.14.4	2	<ul style="list-style-type: none"> • Forensic and youth offending teams
4.14.5	2	<ul style="list-style-type: none"> • Substance and alcohol misuse services
4.14.6	2	<ul style="list-style-type: none"> • Learning disability services
4.14.7	2	<ul style="list-style-type: none"> • Accident and emergency facilities
4.14.8	2	<ul style="list-style-type: none"> • Other medical services
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.
4.14.10	2	<ul style="list-style-type: none"> • Social services
4.14.11	2	<ul style="list-style-type: none"> • Housing agencies
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.

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.
		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.
4.18	1	Assessed risk is addressed in the care plan.
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.
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.
4.21	2	Care plans include crisis plans with detailed contingencies for periods of intensive support.
4.22	2	The care plan is reviewed at defined and agreed intervals during admission (e.g. a weekly ward round and CPA reviews).
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).
4.24	2	Young people are involved in deciding who should be present at their care plan reviews.
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.
4.26	2	All relevant professionals and other staff in partner agencies are invited to the care plan reviews.
		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.
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.
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.

		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.
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.
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).
		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.
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.
4.35	2	The activities offered include opportunities to exercise, go outside, and day trips away from the hospital.
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.
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.

SECTION 5: EDUCATION AND FURTHER LEARNING

	Rating	1 = Essential; 2=Expected; 3=Desirable
		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.
5.2	2	Young people are consulted about their learning needs and this is reviewed on a regular basis.
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.
5.4	2	Young people not in education or who are over school leaving age are encouraged to engage in a learning activity.
5.5	2	Educational or learning activity programmes are developed in consultation with the young person and is based on their individual needs.
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).
5.7	2	Young people have access to a study space in a quiet area to support their educational or learning activities.
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).

SECTION 6: INFORMATION, CONSENT, CONFIDENTIALITY AND ADVOCACY

	Rating	1 = Essential; 2=Expected; 3=Desirable
		<p>INFORMATION</p> <p>Note: Staff should provide information as many times as necessary for the young person to understand regardless of illness.</p>
6.1	1	<p>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'.</p> <p>Refer to: Headspace toolkit http://www.headspacetoolkit.org/; YoungMinds leaflets see http://www.youngminds.org.uk/young-people/'Choosing what's best for you' http://www.annafreudcentre.org/ebpu/choosingjv.pdf)</p>
6.2	2	<p>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.</p>
6.3	1	<p>On the day of their admission the young person is given a "welcome pack" or introductory booklet giving specific information about:</p>
6.3.1	1	<ul style="list-style-type: none"> • The ward's facilities.
6.3.2	1	<ul style="list-style-type: none"> • Modes of treatment.
6.3.3	1	<ul style="list-style-type: none"> • Young person's rights.
6.3.4	1	<ul style="list-style-type: none"> • How to complain.
6.3.5	2	<ul style="list-style-type: none"> • How to access a second opinion.
6.3.6	1	<ul style="list-style-type: none"> • Access to advocacy and other services.
6.3.7	1	<ul style="list-style-type: none"> • The ward's activity programme highlighting activities suitable for young people.
6.3.8	2	<ul style="list-style-type: none"> • Contact details for the named local CAMHS team linked to the ward.
6.3.9	2	<ul style="list-style-type: none"> • Headspace Toolkit see: http://www.headspacetoolkit.org/
6.4	2	<p>As soon as they are well enough, staff should ensure that young people can discuss specific information.</p>

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.
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.
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.
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.
6.9	1	Staff always check that the information they have communicated has been understood.
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.
		<u>Throughout their stay (no matter how brief) young people are given information about:</u>
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.
6.12	1	<ul style="list-style-type: none"> the medication they are given, what it is for and how it would effect them.
6.13	1	<ul style="list-style-type: none"> the treatments they are offered.
6.14	1	Complaints procedures are well-publicised and there is help on how to use them.
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.
6.16	1	There is information available on how to get independent help and advocacy in making complaints.
		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.
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.

6.19	1	Staff take time to explain why they have been detained and how the Act applies to them.
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.
6.21	1	Staff explain who the young person's Nearest Relative (NR) is and why this is relevant.
6.22	1	Staff explain who the young person's Nearest Relative (NR) is and why this is relevant.
		<p>CONSENT</p> <p>Even if patients are detained (and therefore some treatments for mental disorder can be given without their consent) their consent still needs to be sought. The MHA Code of Practice states (23.37) <i>'Although the Mental Health Act permits some medical treatment for mental disorder to be given without consent, the patient's consent should still be sought before treatment can be given, wherever practicable.'</i></p> <p>For those aged 16 or over, capacity to consent to treatment must be assessed in accordance with the Mental Capacity Act 2005.</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).
6.24	1	Staff inform young people both orally and in writing of their right to agree to or refuse treatment and the limits of this.
6.25	1	Staff are proficient in assessing a young person's capacity to consent.
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>

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.
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.
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.
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.
6.31	1	Interventions are only conducted against the will of young people if discussion and modification of the intervention has been exhausted.
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.
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).
6.34	1	Staff are clear on who has parental responsibility and have obtained copies of the relevant court orders.
		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.
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.
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.

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.
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.
		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.
6.41	1	Information about an advocacy service is signposted on the ward so young people can approach them directly.
6.42	2	Ward staff ask the advocate manager to consult with the young person and offer a visit by an advocate.
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).
6.44	2	Staff support and encourage young people to use an advocacy toolkit throughout their stay.
6.45	1	Young people can see their advocate in a private room that is not audible from outside.
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.

SECTION 7: OTHER SAFEGUARDS		
	Rating	1 = Essential; 2=Expected; 3=Desirable
		SAFEGUARDS
		Legal status and child protection
7.1	1	Mental Health Act or Children Act status is known to staff.
7.2	1	The child protection status of young people is known to staff to help give clear guidance if abuse is suspected.
7.3	1	The ward has a named child protection lead.
7.4	1	The ward is compliant with child protection policies, procedures and protocols.
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.
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.
		Atypical admissions with stays longer than 3 months
7.8	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.
7.9	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).
		Treatment
7.10	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.
7.11	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.
7.12	1	Ward staff are trained in the use of age-appropriate physical restraint techniques.

7.13	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.
7.14	1	After restraint the young person is counselled on why it was necessary and their views are sought and included in post incident reflections.
7.15	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.
7.26	2	Staff provide information about when and why physical restraint might be used with young people and other adults on the ward.
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.
7.17	1	No young person is to be deprived of their liberty, except where there is clear legal authority to do so.
7.18	1	The ward follows policies for untoward occurrences, or critical incident reporting.
		Formal admissions
7.19	1	Detention under the Mental Health Act is carried out in full accordance with the legislation.
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.
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.
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.

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GLOSSARY OF ABBREVIATIONS

A&E	Accident and Emergency
AMHS	Adult 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
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
NIMHE	National Institute for Mental Health in England
NR	Nearest Relative
POCA	Protection of the Children Act
RCPsych	Royal College of Psychiatrist
VIK 11 Million`	Very Important Kids-11 Million Office of the Children's Commissioner

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FEEDBACK FORM

We hope you have found these service evaluation criteria useful and would now very much appreciate your feedback. Your comments will be incorporated, with the approval of the project's reference group, into future editions of this publication.

1. Have you found these criteria useful? Yes No

Comments:

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

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

5. What is your profession?

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

Please email a copy of this form and your comments to Anne O'Herlihy at aoherlihy@cru.rcpsych.ac.uk or Fax: 020 7481 4831