

Defining a health-based place of safety (S136) and crisis assessment sites for young people under 18

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Introduction

The need for this position statement has arisen alongside the development of the Crisis Care Concordat in England and Wales (www.crisiscareconcordat.org.uk). Its purpose is to:

- 1 inform the development of crisis care pathways for young people under 18 years of age;
- 2 inform identification of adequate health-based places of safety (HBPoS) and crisis assessment sites (CAS) in anticipation of a change in legislation such that young people will no longer be detained and assessed in police custody suites;
- 3 and as a result of the survey undertaken by the Faculty of Child and Adolescent Psychiatry of the Royal College of Psychiatrists, which demonstrates considerable variability in crisis care pathways and commissioned multi-agency service crisis care provision across England (details available from the authors on request).

The aim of this position statement is to define the health-based place of safety and crisis assessment sites, and to lay out the standards required for quality provision.

The position statement relates to legislation, policy and practice in England and Wales.

Definitions

A health-based place of safety is a space where young people detained and transported under Section 135/136 (S135/136) of the Mental Health Act 1983 (amended 2007)¹ can be managed safely while an appropriate assessment is undertaken (by a psychiatrist and an approved mental health professional (AMHP)).

Young people accessing services via the Mental Health Act are a low percentage of those presenting in crisis (unpublished survey; details available from the authors on request). More often young people need to be in a place that enables and facilitates appropriate, often multi-agency, assessments and planning. Such places have been termed 'crisis assessment sites'.

This position statement defines for the purposes of clarity that a 'health-based place of safety' refers to assessments under S136/135 of the Mental Health Act, and 'crisis assessment sites' to all other facilities providing a safe venue for assessment.

In any one area there is a need for a defined Mental Health Act health-based place of safety as well as crisis assessment sites. Crisis assessment sites may be health based (such as accident and emergency (A&E) departments), social care based (e.g. a children's home), a facility run by the third sector, or at home with access to a peripatetic multi-agency outreach service, such as provided by a crisis team or street triage service. There may be several crisis assessment sites in any one area to cater for the needs of young people presenting in different ways. The crisis assessment site for young people who have self-harmed, taken an overdose or are very unwell will need to be within an A&E department. The crisis assessment site for young people with significant intellectual disability or autism spectrum disorder and behaviour that challenges may be at a different venue.

Each area will need to develop inter-agency crisis care pathways in accordance with local resources, geography, pattern of service delivery and population need. Where there are gaps in service provision, or difficulty achieving the recommended standards, these should be made explicit and contingency plans identified in local procedures.

1. The Mental Health Act applies in both England and Wales (with different codes of practice).

Principles

GENERAL PRINCIPLES FOR A CRISIS ASSESSMENT FACILITY

An appropriate crisis assessment facility, either a health-based place of safety or crisis assessment site, needs to follow these general principles.

- 1 It needs to be accessible and appropriately staffed 24 hours a day.
- 2 It needs to enable and ensure access to appropriate medical, nursing and social care staff in order for adequate assessments to be undertaken in a timely manner.
- 3 Staff responsible for the care of a young person must have a Disclosure and Barring Service (DBS) check, have Level 3 Safeguarding Children Training (Royal College of Nursing *et al*, 2014), have an understanding of the Children Act 1989 as well as the Mental Health Act 1983 and the Mental Capacity Act 2005, and have training in a developmental approach to assessment and management of young people.
- 4 It needs to have developmentally appropriate play and entertainment activities available.
- 5 It needs to recognise the importance of, and be able to facilitate, family relationships, visiting and appropriate involvement in the care and planning for a young person.
- 6 Facilities are short term and for assessment only. In order to remain effective, pathways for ongoing care are needed, including options for placement or admission to hospital.
- 7 It requires a multi-agency access point that enables appropriate screening and initial definition of the problem underlying the crisis. This is in order to direct resources to the young person in crisis, or to direct the young person to the most appropriate local facility for assessment.
- 8 A triage or initial response service may be peripatetic, based in A&E, linked to a children's residential unit or linked to a third-sector provider. If assessed in a non-health setting, transfer to a mental health or general health crisis assessment site may subsequently need to be arranged.
- 9 Access to a health-based place of safety requires young people to be detained under S135/136 of the Mental Health Act, and should not be used to deal with or respond to other crises. Triage should take place before use of the Act, with diversion to the most appropriate service wherever possible.

- 10 The local health-based place of safety and crisis assessment sites should be defined and commissioned by Joint Commissioners (England) and Local Health Boards (Wales). It is likely that a range of facilities will be required, and that these should be identified within the locally commissioned and defined inter-agency crisis care pathway for young people under 18 years of age.

CRISIS ASSESSMENT SITES

Many behavioural/emotional problems and crises are associated with self-harm and have a physical basis (e.g. intoxication, effect of illicit drugs) or may be a response to social/care issues.

- 1 A health-based crisis assessment site will usually be the local A&E department.
- 2 Access to a general health screening and social care assessment should be provided in addition to assessment of mental health when a young person presents in crisis.
- 3 Self-harm requires a general health and social care assessment in addition to a mental health assessment.
- 4 Young people presenting with known or suspected mental health problems should not be excluded from A&E departments or assessment units on paediatric wards. Mental health is a health issue.
- 5 Young people with identified mental health needs/crises should be able to access appropriate urgent mental health assessment and treatment facilities.
- 6 It is likely that different facilities will be required for older adolescents and for younger adolescents (e.g. those under 15 years of age), and for young people with significant intellectual disability or autism. A facility based on an adult or adolescent mental health unit may be appropriate for the older adolescents, but less developmentally appropriate for the other groups. Triage of the younger group may be more appropriate in A&E, with subsequent transfer to a mental health site if needed. Alternatively, all out-of-hours crises could be assessed in A&E by mental health practitioners and social care out-of-hours services, or by peripatetic crisis/street triage services in order to triage to the most appropriate facility.
- 7 In addition, there is a need for crisis assessment sites for young people presenting in significant crisis or with acute mental health problems. There must be clarity with regard to the nature of the crisis assessment site if this is separate to A&E. Such a site would be an open facility, and not the same as the secure health-based place of safety required for those detained under S136/135 of the Mental Health Act. The operational policy and nature of problems they can respond to will need to be defined, with the facility appropriately staffed so that required assessments can be undertaken in a safe and effective way.
- 8 A mental health crisis assessment site could be a facility on an adolescent in-patient unit, an adult in-patient unit or linked to an A&E

- department. For young people presenting in crisis but not detained, A&E may be defined as, and be the preferred, crisis assessment site.
- 9 If the mental health crisis assessment site is in an adult mental health setting, the care and management of young people must be in a safe environment that is developmentally appropriate. This would need to include access to staff experienced in child and adolescent mental health.
 - 10 A crisis assessment site may also be located in non-health facilities (e.g. a children's home or respite facility).
 - 11 The local inter-agency commissioners may indicate more than one crisis assessment site, with different facilities for different groups of young people. This is likely to be helpful for crises related to social or housing issues, or for groups of young people who may respond better to smaller, quieter environments, for example young people with significant intellectual disability or autism. Clarity of purpose, access criteria and quality assurance will be needed.

HEALTH-BASED PLACE OF SAFETY FOR UNDER-18S DETAINED UNDER THE MENTAL HEALTH ACT

The health-based place of safety for young people detained under S136/135 of the Mental Health Act is often referred to as an 'S136 suite' or 'S136 facility'. The S136 suite may be located on an adult in-patient unit, an adolescent mental health in-patient unit or in a separate facility, for example, a facility linked to an A&E department.

- 1 In the absence of an adolescent-specific facility, an S136 suite on an adult mental health unit must accept and provide for assessment of young people under 18 years of age.
- 2 Caution is needed when establishing bespoke S136 facilities not linked to an in-patient unit to ensure that the facility is safe, and that the availability of adequate numbers of appropriately trained staff 24 hours a day is feasible and sustainable.
- 3 Consideration needs to be given to contingency plans should the defined local S136 facility be occupied and not available.
- 4 The environment must be developmentally appropriate, in accordance with standards set out in the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC) (Thompson & Clarke, 2015).
- 5 Immediate assessment and care planning should take place in accordance with the standards for S136/135. An inter-agency care planning meeting should be convened as soon as is practicable thereafter to ensure adequate after-care plans are in place.
- 6 Young people under 18 years of age who require admission to hospital for assessment and treatment of a mental health disorder following assessment under S136 of the Mental Health Act, should be transferred to an age-appropriate in-patient facility. They should not be admitted to an adult in-patient unit except under exceptional circumstances.

Appropriate onward transfer arrangements must be in place and consideration must be given to 'holding facility' arrangements while an appropriate bed is identified.

- 7 In circumstances where a young person is discharged from hospital following assessment under S136, it is not appropriate for them to remain in the S136 suite or to be admitted informally to a mental health facility for the primary purpose of awaiting the identification of an alternative social care placement or for a safeguarding/risk assessment to be undertaken.
- 8 Arrangements need to be in place for onward transfer to an adolescent in-patient unit, social care placement or home/community support, as appropriate, on completion of the Mental Health Act assessment.
- 9 Commissioning of an adequate multi-agency pathway that enables timely onward movement following mental health assessment is crucial to meeting the needs of young people.

Standards

MINIMUM STANDARDS FOR SAFE OPERATION OF THE S136 HEALTH-BASED PLACE OF SAFETY

- 1 Separate entrance to the health-based place of safety.
- 2 Staff are DBS checked.
- 3 Staff on the unit have attended Level 3 Safeguarding Children Training.
- 4 Access to advice on care planning, consultation and/or assessment as appropriate by staff trained and experienced in child and adolescent mental health. This includes access to assessment by doctors experienced in child and adolescent mental health.
- 5 Sufficient staffing to safely manage the mental health needs and care of the young person. This includes a minimum of 2 nursing staff (of which at least 1 should be registered) dedicated to the management of the young person, including line-of-sight supervision, and access to additional staff for de-escalation and restraint if needed (minimum of 3 nursing staff required).
- 6 Ready access to an AMHP and children's social care assessments.
- 7 Access to psychiatric medical staff (e.g. on-call core trainee) to assess and manage medical and medication needs including rapid tranquilisation when indicated, and access to paediatric/general medical assessment as needed.
- 8 Ideally, all staff providing care to a young person have appropriate prevention and management of violence and aggression (PMVA) training, Children Act legislation, Mental Health Act and Mental Capacity Act knowledge, and training in developmental approaches to assessment and treatment.

MONITORING S136/135 AND DETENTION IN A HEALTH-BASED PLACE OF SAFETY

There should be robust monitoring and case review of the local use of S136/135 and health-based place of safety. In England, the commissioners (Clinical Commissioning Group (CCG) and inter-agency commissioners of the

crisis care pathway) must monitor the local use of S136/135 and the health-based places of safety, and must ensure that:

- robust quality assurance and case review processes are agreed locally with all agencies
- these are implemented appropriately
- inter-agency learning is identified
- and appropriate actions are taken.

In Wales this is the responsibility of the Local Health Boards.

QUALITY ASSURANCE AND MONITORING

Appropriate quality assurance and monitoring entails the following.

- Notification of all young people under 18 who are detained on a S136/ S135 of the Mental Health Act in a health-based place of safety to the mental health provider trust board (England) or Local Health Board (Wales) and to the commissioners of service.
- Notification of all young people under 18 who are detained on an S136/ S135 of the Mental Health Act in a health-based place of safety to the local Safeguarding Children Board.
- The Safeguarding Children Board should convene a case review following each notification to review the circumstances leading to the crisis, use of the local crisis care pathway, appropriateness of the use of the Mental Health Act health-based place of safety, and the quality of subsequent aftercare planning.
- Monitoring of the standard of the S136 facility and use for assessment of young people under 18 by the local commissioners (CCG) or Local Health Boards (Wales).
- Monitoring by the local Safeguarding Children Board of the Inter-agency crisis care planning for vulnerable young people and the use of S136.
- Standards should be incorporated into the Royal College of Psychiatrists' Quality Networks for adult and adolescent in-patient settings (Accreditation for Inpatient Mental Health Services (AIMS) and QNIC respectively).
- Care Quality Commission Mental Health Act visits in England and Health Inspectorate Wales visits in Wales for the purpose of monitoring.

OTHER ISSUES

Although it is recommended that police cells are not used as places of safety for young people under the age of 18 for the purposes of accessing a mental health assessment, there may be rare circumstances when police custody is the most appropriate option. It is anticipated this will be further clarified

with amendments to the Mental Health Act Code of Practice (Department of Health, 2015) following any change in legislation.

Should local arrangements not meet the standards set out, members of the College should:

- request that this be documented by the organisation
- ensure that it is reported to the local Crisis Care Concordat
- take care that it be acknowledged by local commissioners
- and be confident that adequate contingencies have been put in place to ensure a safe and high-quality service for young people.

References

- Department of Health (2015) *Mental Health Act 1983: Code of Practice*. TSO (The Stationery Office).
- Royal College of Nursing, Royal College of Midwives, Community Practitioners and Health Visitors Association, et al (2014) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* (Intercollegiate Document, third edition). Royal College of Paediatrics and Child Health.
- Thompson P, Clarke H (2015) *Quality Network for Inpatient CAMHS Service Standards* (fourth edition) (CCQI113). Royal College of Psychiatrists' Centre for Quality Improvement (http://www.rcpsych.ac.uk/pdf/QNIC_Standards_2016_AW.pdf).