Out of the shadows?

A review of the responses to recommendations made in *Pushed into the Shadows: young people's experience of adult mental health facilities*

October 2008

"The 11 MILLION children and young people in England have a voice"
Children's Commissioner for England, Professor Sir Albert Aynsley-Green

Foreword by the Children's Commissioner for England

All those who read my report of 18 months ago, *Pushed into the Shadows*, would have been deeply concerned to learn of the care many children and young people with mental health problems experienced when inappropriately placed on adult wards.

They spoke of being bored, isolated and left out of decisions affecting their care. Worse, some young people said they felt unsafe in such settings, with a number subjected to verbal, physical and/or sexual abuse from other patients and, in some cases, staff. Other young people spoke of being able to engage in harmful behaviour such as misusing drugs and alcohol or self-harming while on adult wards.

Pushed into the Shadows made 20 recommendations, five focusing on the work to avoid admissions of young people on to adult wards, the remainder aimed at ensuring children and young people were safe if they are admitted to adult wards.

Following the report, the Government made a welcome commitment, underpinned by section 31 of the Mental Health Act 2007, to end the inappropriate admission to adult mental health wards of all children and young people by April 2010.

Out of the Shadows? sets out the progress made so far by Primary Care Trusts (PCTs) and mental health trusts in meeting those recommendations. It also shows what needs to be done if the Government's commitment is to be met, and gives advice on how children and young people should be treated if they are admitted to adult wards in the meantime.

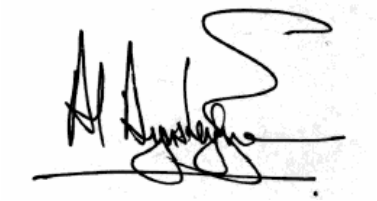
This was the first time I called on all PCTs and mental health trusts to respond to my recommendations, and many of the replies showed a real determination to address the gaps identified and a commitment to achieving concrete improvements. It is promising that the vast majority of responses showed that PCTs and mental health trusts have put in place, or have taken steps to put in place, a variety of measures to address the range of concerns identified by the recommendations set out in *Pushed into the Shadows.* They are to be applauded and I warmly welcome their efforts. However, it is clear that more needs to be done to ensure that young people placed on adult wards have the appropriate level of care and support that they need.

It is vital that the mental health services we offer to vulnerable children and young people are appropriate to their age and stage of development. We must recognise the rights of young people to receive age-appropriate, effective treatment and care including continuing education.

My thanks are due to Camilla Parker for writing this report and all those

involved in its production. In particular, the huge amount of fantastic work put in by those representing Very Important Kids (VIK) who helped produce *Out of the Shadows?* – Antonia, Rebecca and Lois – must be recognised. They have guided the development of this report so that it offers practical suggestions on how to introduce the much-needed improvements in the areas that we have identified. Their commitment to ensuring that these changes are introduced is an inspiration to us all. They have put together the 'markers of good practice' (in full at appendix 2) to highlight what is important to children and young people and what needs to be done, and I would urge all relevant organisations to use and develop them so that they can have a real impact on day-to-day services.

These young people have made a powerful and poignant case for action to be taken now so that all young people with mental health problems receive the age-appropriate, effective care in the correct settings that they need – and deserve.



Professor Sir Al Aynsley-Green
Children's Commissioner for England

Foreword by Antonia Wilkinson, Rebecca Collins and Lois Ward on behalf of Very Important Kids (VIK), and all children and young people across the country

Being admitted into hospital for any purpose can be a scary and daunting experience at any age. It can be so much worse when the admission is to a psychiatric ward. We know that such fear and trauma can be multiplied for children and young people admitted to an adult psychiatric ward. Although not all experiences were negative, many were. This not only affected their treatment as in-patients, but also had major adverse repercussions following their later discharge from hospital.

Our involvement in this report has enabled us to realise that change is possible. In reviewing the responses to the recommendations to *Pushed into the Shadows* we have been shown that many Primary Care Trusts (PCTs) and mental health trusts across England are focused on the needs of children and young people with mental health problems, and seek to provide an excellent service for them. It would be amazing if all children and young people could have access to such excellent services. We believe this to be entirely achievable but, sadly, not the case at the moment. This is demonstrated by a small number of the responses. These revealed an "I'll do it tomorrow" attitude which we found very upsetting. This is not acceptable when it comes to the life of any young person. The young people entering mental health services have their lives ahead of them, and it is essential that the environments in which they are placed are safe, supportive, and serve to boost their potential in the future. It is no longer acceptable to compound their difficulties through inappropriate admissions to unsafe environments.

We believe that a safe, appropriate, caring, and nurturing environment can be created for vulnerable young people. *Out of the Shadows?* makes recommendations which we hope will help to end inappropriate admissions to adult wards. We also want to ensure that those young people who are admitted to adult psychiatric wards are made safe.

But mental health services must do more than that. This report considers the areas that we think are so very important for young people – whether they are admitted to a Child and Adolescent Mental Health Services (CAMHS) ward or an adult psychiatric ward. We identified seven key areas: a safe and supportive environment; information about our treatment and care that is given in a format appropriate for our age group; being involved in decisions about our care; access to independent advocacy; access to education; the provision of daily activities and opportunities for our ongoing participation in designing and planning services. For each of these seven areas we have developed 'markers of good practice'.

Everyone involved in mental health services has a part to play in making sure mental health services for young people match, and ideally

exceed, our 'markers of good practice' in these areas. We urge all readers to look at these areas, and think about why they are so important and what can be done to ensure that they are met.

We hope that *Out of the Shadows?* will lead to improvements in policy and practice that will make a real difference to young people who need help from mental health services in the future.

This report should be used as a means to understand the needs of young people, to take on board their views and opinions and apply these in the work to improve existing services. This isn't just "another report", this is the report which will help you in providing services to help young people!!!! It will help mental health services for children and young people finally come "*Out of the Shadows*".

Rebecca Collins
Lois Ward
Antonia Wilkinson

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Who are we?

This report has been written by 11 MILLION in collaboration with YoungMinds and VIK (Very Important Kids). This section provides information on our organisations.

11 MILLION

11 MILLION is a national organisation led by the Children's Commissioner for England, Professor Sir Al Aynsley-Green. The Children's Commissioner is a position created by the Children Act 2004.

The Children Act 2004

The Children Act requires the Children's Commissioner for England to be concerned with the five aspects of well-being covered in *Every Child Matters* – the national government initiative aimed at improving outcomes for all children. It also requires us to have regard to the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC underpins our work and informs which areas and issues our efforts are focused on.

Our vision

Children and young people will actively be involved in shaping all decisions that affect their lives, are supported to achieve their full potential through the provision of appropriate services, and will live in homes and communities where their rights are respected and they are loved, safe and enjoy life.

Our mission

We will use our powers and independence to ensure that the views of children and young people are routinely asked for, listened to and that outcomes for children improve over time. We will do this in partnership with others, by bringing children and young people into the heart of the decision-making process to increase understanding of their best interests.

Our long-term goals

1. Children and young people see significant improvements in their wellbeing and can freely enjoy their rights under the United Nations Convention on the Rights of the Child (UNCRC).
2. Children and young people are more highly valued by adult society.

Spotlight areas

Mental health was one of 11 MILLION's 'Spotlight' areas for 2007/8, though we have continued to work on it during 2008/09 to ensure that our work to highlight the need to end inappropriate admissions of children and young people on to adult wards is followed through. Spotlight areas are those in which we seek to influence emerging policy and debate.

YoungMinds

Vision Statement

YoungMinds' vision is to help create a society that promotes good mental health and emotional wellbeing of all children and young people. We believe this is core to the achievement of active communities whose constituents are healthy, happy, independent, contributing adults.

Mission

To improve life chances for children and young people at risk of, and experiencing, mental health problems and emotional difficulties. To achieve better outcomes for parents and families who engage with children's mental health services. To promote the good mental health and well being of all children.

Values

- Commitment to promoting children's mental health.
- Collaborative approaches to achieve shared goals with colleagues and partner agencies.
- Founded in evidence based research and practice
- Innovation, 'think out of the box' and entrepreneurial approach
- Independence and credibility

Implementation

YoungMinds delivers its vision, mission and values through being the leading national charity promoting mental health and emotional wellbeing and has five broad areas of impact:

- Production and distribution of educational and informative publications and magazine and website information for children, young people, parents and professionals.
- Free telephone helpline for parents and carers concerned about the behaviour or mental health of a child, along with a 'call-back' service by specialist adviser and e-mail support.
- Participation work with young people who have experienced mental health difficulties and services to promote their views to policy makers, Ministers, practitioners and commissioners through our Young People's Participation Panel (known as VIK; Very Important Kids) and our online forum 'Healthy Heads'.
- Consultancy and Training Service providing bespoke strategic and staff development services across the UK to providers and commissioners of children and adolescent mental health services.
- Policy lobbying and campaign work to improve awareness and services for children and young people needing mental health support. Our unique position between children, parents and professionals means we listen to all views and can propose new effective solutions for change and improvement.

YoungMinds' VIK (Very Important Kids) panel

Set up in June 2007, VIK is a group of 15 children and young people aged between 5 and 25, from across England, who have had experience of emotional support across tiers 1-4 of CAMHS.

YoungMinds also have a virtual panel called Healthy Heads (set up in June 2007), which VIK consults with before meeting, and feeds back to following each meeting. This enables a larger number of children and young people with various experiences of mental health services to feed into national agendas, without the need to travel.

VIK meet regularly to help find solutions to current barriers that prevent children and young people from accessing support. They inform us of current issues which cause children and young people to develop mental health difficulties and they work with us to make decisions about how YoungMinds and other NGOs and children's services/ organisations can help.

All the children and young people who are on the panel or board are trained by YoungMinds to make sure they can make democratic decisions and feel in control of their involvement. Many members of VIK have been involved with this report. Their names have been changed to protect their identity.

Executive summary

"If you broke your leg or had pneumonia you would willingly go to hospital to get treated. If I suffered from a mental illness that needed treating I would not go back to hospital for the sheer fear of what would happen to me – let's make this different for other young people."
(Rachel, admitted to an adult ward when aged 16)

Introduction

Out of the Shadows? has been written by 11 MILLION in collaboration with YoungMinds and representatives of VIK (Very Important Kids)[1]. Some members of VIK have direct experience of being admitted to adult psychiatric facilities and want to prevent this from happening to other children and young people in the future.

Out of the Shadows? provides an overview of the responses to the recommendations set out in *Pushed into the Shadows - young people's experience of adult mental health facilities* (referred to in this report as *Pushed into the Shadows*), published by the Children's Commissioner for England in January 2007. *Pushed into the Shadows* described the experiences of children and young people[2] admitted on to adult psychiatric wards. It showed that, despite the national policy objectives that seek to end such practices, children and young people were still being admitted on to adult psychiatric wards, and that the level of care given to many of these young people was extremely poor.

Since the publication of *Pushed into the Shadows* in January 2007, the Government has made a commitment to end the inappropriate admission of **all** children and young people to adult wards by April 2010. This commitment is underpinned by section 31 of the Mental Health Act 2007 (the MHA 2007), which requires hospital managers to ensure that the environment of the hospital to which a young person to be admitted is suitable for that young person.

While *Pushed into the Shadows'* recommendations predate section 31 of the MHA 2007, they underpin the work required to ensure compliance with this provision. It comes into force in April 2010 and will become section 131A of the Mental Health Act 1983 (the MHA 1983).

Out of the Shadows? seeks to identify the further action required to prevent future admissions of young people to adult psychiatric wards. It also aims to ensure that, where such admissions do occur, young people receive the care that they need in an environment in which they feel safe and supported.

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[1] VIK is a group of 15 children and young people aged between 5 and 25 from across England who have had experience of emotional support across tiers 1-4 of CAMHS.
[2] We use the term 'children' in relation to those under 16 years of age and 'young people' in relation to 16 and 17 year olds.

Chapter 1 - General overview of the recommendations, and responses to those recommendations, featured in *Pushed into the Shadows*

Pushed into the Shadows made 20 recommendations which are set out in full in appendix 1 of this report. Using his statutory powers, the Children's Commissioner for England requested that mental health trusts, Primary Care Trusts (PCTs) and the Department of Health responded to the recommendations made in *Pushed into the Shadows.*

The quality of the responses varied widely. Around half of the responses demonstrated strong evidence of compliance with the recommendations. Nearly half of the responses within this group (approximately 25% of all the response) showed a real commitment to achieving tangible improvements in the planning, commissioning and delivery of mental health care to children and young people living in the area.

However, around 10% of the responses failed to respond to the recommendations adequately. They provided no, or insufficient, evidence of compliance to the majority of the recommendations. Where they did identify reasons for non-compliance, they failed to state whether any action was to be taken to address this or, if action was proposed, they provided no clear timetable for implementing such work. The Children's Commissioner will raise his concerns about these responses with the Department of Health.

Such responses suggest that the issues relating to children and young people with mental health problems are very low on the respondent's agenda, if on it at all.

The 20 recommendations made in *Pushed into the Shadows* can be divided into two categories:

- measures aimed at preventing inappropriate admissions of young people on to adult wards (recommendations 1 – 5); and
- measures that must be taken to safeguard those young people who are admitted to adult wards (recommendations 6 – 20).

This report explores the responses to the recommendations using these two categories.

Section A: Towards ending inappropriate admissions

(An overview of the policy context towards ending inappropriate admissions of young people on to adult wards, and an analysis of responses to *Pushed into the Shadows'* recommendations on the measures needed to prevent these inappropriate admissions)

Chapter 2 - Policy context: towards ending inappropriate admissions

This chapter explores the policy context behind the expectation that children and young people who need to be admitted to psychiatric wards should have access to appropriate care in an environment suited to their age and development. This chapter explains the current policy in relation to the admission of individuals who are 18 years of age, and explores the impact of section 31 Mental Health Act 2007.

Chapter 3 - Avoiding the admission of young people on to adult psychiatric wards (themes which emerge from responses to *Pushed into the Shadows – recommendations 1-5)*

The responses received from the Department of Health, PCTs and mental health trusts raise wide-ranging issues which this report explores under three headings:

a) The importance of achieving a comprehensive Child and Adolescent Mental Health Services (CAMHS)

It is essential that any gaps in the commissioning and provision of CAMHS are filled, including any lack of provision of in-patient facilities. While there has been considerable progress towards establishing a comprehensive CAMHS, including capital investment from Government to increase bed capacity and improve facilities, the pace of change differs across the country and there is still much to be done. The responses, in line with other sources of published evidence, showed that there are continuing gaps in:

- emergency provision;
- services for 16 to 17 year olds;
- services for young people with learning disabilities.

b) Alternate responses to crises

Some responses stated that they would admit young people to paediatric wards rather than adult psychiatric wards. There is a consensus that children and young people with mental health problems admitted to paediatric wards could be poorly-served and, in our view, they should not routinely be used for those requiring in-patient services.

The independent sector is widely used to avoid admitting a young person on to an adult ward though its use varies across the country. The question as to whether the independent sector should be used rather than developing additional local NHS services is beyond the scope of this report. What is important, however, is whether the young people admitted to private facilities receive appropriate services and whether they can maintain close contact with their families and friends.

c) Development of new adolescent facilities and of community-based services

There was evidence that work is being undertaken across England to increase the availability of in-patient provision, including facilities able to accept emergency admissions. The responses also highlighted a range of initiatives to develop community-based services. Increasing the scope and capacity of community-based services is important as this helps to ensure that the period of in-patient admission is as short as possible and young people are discharged with appropriate support. However, this must not be at the expense of developing and supporting tier 4 in-patient services. Both are of equal importance.

Section B – Safeguarding young people on adult wards

(An analysis of responses to *Pushed into the Shadows'* recommendations aimed at safeguarding those young people who *are* admitted to adult wards - recommendations 6 – 20)

Chapter 4 – Safeguarding young people on adult wards

Why measures to safeguard young people must be put in place

Even if it is thought that admissions of young people on to adult wards are likely to occur infrequently, robust safeguards must still be in place to ensure that young people feel safe and receive the appropriate care and support throughout their stay on these wards.

Insufficient data on the number of young people on adult wards

While there are no official figures on the number of admissions of young people to adult wards, surveys suggest that the use of adult psychiatric beds by young people is far from rare.

The Department of Health receives information on the number of 'occupied bed days' on adult psychiatric wards for those under 16 and for patients aged 16 or 17. However, this does not make clear how many children and young people are admitted on to adult wards in any given period, nor how long each individual stays on the ward.

The seven core elements of care and support

Out of the Shadows? identifies seven areas that are key to the safe and supportive provision of care. They will need to be considered when

determining, in the light of the young person's particular needs, if admission to an adult ward is appropriate.

The purpose of identifying these areas is not only to highlight the measures that need to be put in place in order to safeguard those young people who are admitted to adult wards; they are also core elements of the care and support that should be provided to all young people with mental health problems receiving in-patient care.

These seven core elements of care and support seek to identify the issues that those involved in planning, commissioning and delivering essential mental health care to young people should address. This is necessary to ensure that young people receive good quality, age-appropriate services that are responsive to their needs and are delivered in a manner that respects and promotes their rights.

Each of the seven 'core elements of care and support' described below have been identified by VIK as important to young people. They also reflect best practice outlined by Government policy and are underpinned by the rights set out in the United Nations Convention on the Rights of the Child (UNCRC).

The seven areas are as follows:

i. A safe and supportive environment
ii. Provision of age-appropriate information
iii. Involvement in care planning
iv. Access to independent advocacy
v. Access to education
vi. Involvement in daily activities
vii. Opportunities for participation

These seven core elements provide the framework for the later chapters of this report.

Chapter 5 – *A safe and supportive environment,* core element of care and support (i)

Approximately 80% of the responses to *Pushed into the Shadows* provided clear evidence that policies and protocols to ensure the safety and protection of young people admitted to adult wards (recommendation 7) are in place or are under development. However, the responses highlighted the need for further work in specific areas:

- Ensuring that young people have proper care and support from appropriately trained staff (recommendations 10 and 12):
    - Less than 25% of the responses provided clear evidence that each young person admitted on to an adult ward will have a key worker/lead professional with training on working with young people and who liaises with CAMHS (recommendation 10).

- Less than 10% of the responses provided clear evidence that all staff who are working with young people on adult wards will be trained in child and adolescent mental health (recommendation 12).

In relation to both recommendations, just over a third of the responses stated that these issues were under review.

The low numbers of responses able to show that staff working with young people on adult wards will have training on child and adolescent mental health are of serious concern.

It is essential that young people admitted to adult wards are provided with the care and support that they need from appropriately trained staff. This is made clear in the Code of Practice to the Mental Health Act 1983, due to come into force on 3 November 2008. The Code states that there should be staff with the right training, skills and knowledge to understand and address children and young people's specific needs[3].

- Securing the appropriate Criminal Record Bureau (CRB) disclosure checks for all staff on adult wards admitting young people (recommendation 11):

  Although almost all of those that responded had CRB checks for staff, there was a wide variation in the implementation of these procedures.

- Establishing visiting arrangements that safeguard the health and welfare of patients and visitors (recommendation 19):

  Just over 50% of the responses confirmed that they had relevant policies in place and/or could provide suitable visiting facilities. Almost a third stated that this area was under development.

- Safeguarding children and young people - complying with notification requirements under the Children Act 1989 (recommendation 20):

  Less than half the responses stated that mechanisms to ensure the necessary notifications were in place. Just under a third stated that these were under development.

  Given that this is a statutory requirement and that some young people are in hospital for a long time, it is imperative that all mental health trusts establish systems to ensure that local authorities are notified in every case where a young person's length of stay is likely to be for three months or more.

[3] Department of Health (2008) Code of Practice, Mental Health Act 1983, 2008 at 36.68, due to come into force on 3 November 2008.

Chapter 6 - *Provision of age-appropriate information,* core element of care and support (ii)

Recommendation 13 highlighted the need for young people and their families to be given information relevant to the young person's treatment and care, in an accessible format.

Although over half the responses confirmed that children and young people are provided with such information, less than 20% made clear that the written information was provided in a format accessible to children and young people.

Chapter 7 - *Involvement in care planning,* core element of care and support (iii)

Pushed into the Shadows highlighted the lack of care planning for the young people who had been admitted to adult wards, in particular the failure to involve young people in decisions about their care and discharge from hospital. Some of the young people did not know what medication they were taking, what it was for or how it would affect them.

Recommendations 8, 15 and 16 sought to address these issues:

- Involvement in care planning and information on medication (recommendation 8):

  Less than 50% of the responses demonstrated compliance with this recommendation, although nearly 45% of the remaining responses stated that the organisations would be reviewing, or carrying out further work to improve, patient information. Some of the responses mentioned that they intended to involve children and young people in this work. **We strongly support initiatives to involve children and young people in such work.**

- Decisions documented in a written care plan discussed and written jointly with the young person (recommendation 15):

  Nearly 70% of the responses indicated that they complied with this recommendation.

- Using the Care Programme Approach (CPA) to ensure the continuity of care and better discharge planning (recommendation 16):

  Over two thirds of the responses stated that the CPA was being applied in relation to children and young people and nearly another fifth stated that they would be undertaking work to implement the CPA.

Chapter 8 - *Access to independent advocacy,* core element of care and support (iv)

Almost all of the young people consulted for *Pushed into the Shadows* stated that there should be a greater provision of independent advocates who could speak up on their behalf.

Pushed into the Shadows stated that *'mental health trusts should ensure that young people admitted on to adult wards are advised of, and have access to, independent advocacy advice and support'* (recommendation 14). The responses to this recommendation indicated that there is a lack of provision of age-appropriate advocacy and insufficient recognition of the need to inform young people of the availability of advocacy services.

- The need to provide advice on the availability of advocacy:

  While the majority of responses were able to confirm that young people had access to independent advocacy, less than 20% of the responses confirmed that young people would be advised of the availability of such support.

- Lack of age-appropriate advocacy:

  Although nearly two thirds of the responses stated that advocacy services were available, less than ten made specific reference to the need to ensure that these were age-appropriate. Some responses stated that this recommendation would be met through Patient and Advisory Liaison Services (PALS), but only a very few of these mentioned the need to work with PALS to ensure that they were able to provide age-appropriate advocacy.

Since the publication of *Pushed into the Shadows,* the importance of advocacy has been emphasised by the Government. The responses to this report demonstrate an urgent need to develop age-appropriate advocacy services in order to comply with legislative and policy requirements:

- The Mental Health Act 2007 requires that independent mental health advocacy services are made available to all patients who are detained under the Mental Health Act 1983 and for young people aged under 18 where ECT is proposed (whether or not they are detained)[4]. This provision is due to come into force in April 2009.

- The Department of Health has made clear that advocates trained to work with children and young people and in mental health legislation should be available to young people admitted to adult wards[5].

[4] 130 A-D Mental Health Act1983
[5] See appendix 6

Chapter 9 - *Access to education,* core element of care and support (v)

The provision of education was highlighted by *Pushed into the Shadows* as being a crucial aspect of the care and support provided to young people on adult wards. It recommended that resources should be in place to assess and respond to the educational needs of young people, and that a named member of staff should have responsibility for ensuring that any links with a young person's existing place of education are maintained (recommendation 18).

Less than a third of the responses were able to confirm that they met this recommendation. Just over a third of the responses stated that this was being addressed.

A number of responses referred to policies which aim to ensure that young people are transferred to more appropriate settings within a day or so, thereby suggesting that education would not be a crucial factor in those circumstances. However, even where the intention is for young people to be placed on adult wards for only a short time, a member of staff should be responsible for maintaining links with the young person's existing place of education. In addition, procedures must be in place to cater for the situations where the young person's stay on the adult ward is longer than a few days.

Chapter 10 - *Involvement in daily activities,* core element of care and support (vi)

The lack of activities for young people on adult wards was highlighted by many of the young people in *Pushed into the Shadows*. They described feeling isolated, lacking individual time with staff and 'wall-watching'. Being the only young person on an adult ward makes it more important that suitable activities are provided since young people who are not in hospital receive much of their stimulation from spending time with other young people.

Pushed into the Shadows recommended that adult wards which admit young people should provide appropriate facilities and daily activities for those young people (recommendation 17).

Only 25% of the responses confirm that they comply with this recommendation. Another 45% stated that they are addressing this issue.

Activities are an important means of enabling young people's personal, social and educational development to continue as normally as possible. This is clearly an area in which further work is required.

The Government's ten year plan for young people, *Aiming High for Young People,* makes a commitment to providing integrated targeted support in terms of positive activities for the most vulnerable and difficult

to reach young people. This includes those who are not in school or other forms of education[6]. It is hoped that this will extend to young people who are in adult mental health wards.

Chapter 11 - *Opportunities for participation,* core element of care and support (vii)

Pushed into the Shadows highlighted the importance of involving young people as users (or potential users) of services in service design and planning to ensure that the services are appropriate and relevant. Recommendation 9 asked that PCTs and mental health trusts work together to actively involve children and young people in the designing and planning of services.

Less than 40% of the responses provided clear evidence of compliance with this recommendation, but another 25% stated that they would undertake work to ensure that children and young people have the opportunity to participate in the planning and design of services.

The need to improve participation work was identified by some of the responses. This is welcome.

While there are some positive developments, this is an area which requires further work to ensure that children and young people are able to participate in the planning and delivery of mental health services in a meaningful way. Such work should include involving young people in the planning and implementation of measures to safeguard young people on adult psychiatric wards.

Chapter 12 - Conclusions, recommendations and markers of good practice

Some of the responses to the Children's Commissioner's recommendations in *Pushed into the Shadows* are of a high quality, demonstrating a strong commitment to achieving tangible improvements in the planning, commissioning and delivery of mental health care to children and young people living in their area.

However, it is clear that, across the country, much more work is required to ensure compliance with the duty to provide age-appropriate services under section 31 of the Mental Health Act 2007 (section 131A Mental Health Act 1983). By April 2010, when this provision comes into force, children and young people admitted to hospital for treatment for mental disorder must be accommodated in an environment that is suitable for their age and individual needs.

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[6] Department for Children, Schools and Families and HM Treasury (July 2007), Aiming High for Young People: a ten year strategy for positive activities; page 62.

Both *Pushed into the Shadows* and *Out of the Shadows?* demonstrate why the provision of age-appropriate services is so important. By setting out 'markers of good practice', highlighting areas that need to be addressed in order to ensure services are age-appropriate, *Out of the Shadows?* seeks to assist mental health agencies to meet the requirements under section 131A Mental Health Act 1983. The Children's Commissioner reiterates VIK's comments that all those involved in provision of mental health services have a part to play in ensuring that children and young people receive good quality and age-appropriate mental health services.

Furthermore, it is disappointing that a small minority of PCTs and mental health trusts in England responded inadequately, or not at all, to the recommendations in *Pushed into the Shadows.* The Children's Commissioner will raise his concerns about these PCTs with the Department of Health.

The section below sets out the suggested areas for future work in the light of the responses to *Pushed into the Shadows*. Where appropriate, further recommendations are made.

a) Achieving a comprehensive CAMHS is vital in preventing inappropriate admissions to adult wards

Further work is required in order to ensure that all children and young people with mental health problems have access to services that are responsive to their needs.

Community-based services can be highly effective in preventing admissions, but they will not obviate the need for in-patient services. There will be times when young people require a period of in-patient care due to the severity and/or complexity of their mental health problems and the risk that they present to themselves or others. The facilities to which they are admitted must be age-appropriate and provide a safe and supportive environment.

The planning, commissioning and delivery of this spectrum of in-patient and community-based services is dependent on the sustained engagement and commitment of commissioners and providers in both adult mental health services and CAMHS. It is likely to require a whole systems approach. This may include redistributing resources so that money spent on under 18 year olds on adult wards is redirected to develop alternatives to admission or more emergency bed capacity suitable for under 18 year olds. As noted by the recent report which analysed regional Tier 4 Reviews[7], commissioning plays a very important role in the development of a comprehensive CAMHS. Accordingly, the first recommendation of *Out of the Shadows?* adopts (with the addition of a further point in relation to children's services added by us, this in italics) one of the recommendations of this Tier 4 Review report:

[7] Dr. Zarrina Kurtz (December 2007), Regional Reviews of Tier 4 Child and Adolescent Mental Health Services, Summary and Comment, Care Services Improvement Partnership (CSIP)

***Out of the Shadows?* recommendation 1**

'...the commissioning of tier 4 services is given due priority in each region of England. This should take account of the absolute necessity for commissioning tier 4 services in collaboration with the commissioning of tier 3 and jointly, by mental health commissioners of children's and adult services, with the appropriate commissioners of social care [our addition] *and other children's services commissioned under children trusts arrangements*.'

b) National data collection: we need to know how many young people are admitted to adult wards and the length of their stay. Information on the number of children and young people admitted on to adult wards in any given period, and the length of each patient's stay on the ward, is essential. This is in order to help identify the regions in which such admissions occur most frequently (and/or where the length of stay is more than a day or so), the reasons for this and what steps need to be taken to address them.

In *Pushed into the Shadows,* we recommended that the Department of Health should arrange for the collection of information on the numbers of all children and young people (whether detained under the Mental Health Act 1983 or not) who are admitted to adult psychiatric facilities, and the length of each admission. We also stated that this should be monitored both nationally and locally to ensure that progress is being made to eliminate the use of adult beds as a matter of urgency, and any unforeseen increases investigated through performance management and inspection (recommendation 6).

We reiterate the points made about the monitoring required at national and local level.

We also strongly support the decision of the Mental Health Act Commission (MHAC) to instigate a system to monitor the use of the Mental Health Act 1983 to admit children and young people to adult wards. We agree with the MHAC that this work is needed in order to advise the Government of the progress towards compliance with section 31 of the Mental Health Act 2007 when it comes into force in April 2010. However, we consider that the MHAC's monitoring role should be extended to all children and young people on adult wards, not just those who are detained[8].

Furthermore, as *Pushed into the Shadows* demonstrated, being placed on an adult psychiatric ward can be a frightening and negative experience for many young people. Therefore, a mechanism for

[8] Section 31 applies to all individuals under 18 whether they are detained under the Mental Health Act 1983 or admitted informally (in other words without the use of the formal procedures under the Act).

ensuring that the rights of the young people concerned are protected adequately is required.

While the Mental Health Act Commission has an important role in providing safeguards for patients (of any age) who are detained in hospital under the Mental Health Act 1983, it does not have a remit in relation to those patients who are admitted informally. We consider this to be a serious omission in relation to children and young people, many of whom will be admitted as informal patients. Accordingly, we make the following recommendation:

***Out of the Shadows?* recommendation 2**

The Secretary of State for Health should require the Mental Health Act Commission (and its successor body, the Care Quality Commission) to:

- collect information on the numbers and ages of children and young people admitted to an adult psychiatric ward (whether or not detained under the Mental Health Act 1983);
- 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).

Another area of concern is the use of paediatric wards as alternatives to admissions on to adult wards for children and young people with severe mental health problems who need a period of in-patient treatment.

***Out of the Shadows?* recommendation 3**

The Department of Health should arrange for the collection of information, either through routine statistical exercises on hospital care or by an organisation such as the Care Quality Commission, on the numbers of children and young people who are admitted to paediatric wards in order to receive specialist mental health care.

c) Establishing robust safeguards for young people on adults wards

The need for robust measures

While the goal is to end admissions of young people on to adult wards, the sad reality is that admissions of young people to adult psychiatric wards are likely to continue in the short to medium term, even if this is less frequent than before. It is therefore important that clear mechanisms are in place, so that all staff concerned are familiar with the actions that needs to be taken when young people are admitted to adult wards.

The only circumstances in which it might be justified not to have such measures in place is if it is clear that children and young people will **never** be admitted on to adult wards. Where this is the case, close monitoring will be required to ensure that this position is maintained.

Out of the Shadows? recommendation 4

All PCTs and mental health trusts put in place the range of measures to safeguard young people, as outlined in *Pushed into the Shadows'* recommendations 7 – 20, unless they are able to guarantee that such admissions will never occur.

Importance of information

The provision of information to young people is essential if they are to be able to be involved in decisions about their care and exercise their rights.

VIK and the Children's Commissioner agree that 'Your Right to Know: The Headspace Toolkit' (designed specifically to help young people admitted to mental health facilities) is an excellent resource and should be disseminated widely.

Out of the Shadows? recommendation 5

The Headspace Toolkit should be made available to all children and young people receiving in-patient mental health care.

It is clear from the comments made in many of the responses that there is a lack of available age-appropriate information on medication.

Out of the Shadows? recommendation 6

The Department of Health and the Care Services Improvement Partnership should work with mental health trusts and CAMHS to develop a system for pooling available information on medication, drawing on existing examples of best practice, and making this available nationally. This should include information on any unlicensed or 'off label' medicines that are routinely used in mental health treatment.

d) The need for further work: 'markers of good practice'
It is promising that the vast majority of responses showed that PCTs and mental health trusts have, or are taking steps to, put in place a variety of measures to address the range of concerns identified by the recommendations set out in *Pushed into the Shadows.*

However, it is clear that more needs to be done to ensure that young people placed on adult wards have the appropriate level of care and support that they need.

The seven core elements of care and support identified in this report are intended to assist those involved in planning, commissioning and delivering mental health care to young people. They should help ensure that young people receive good quality, age-appropriate services that are responsive to their needs and are delivered in a manner that respects and promotes their rights. Accordingly, for each of these areas, 'markers of good practice' have been developed (with the help of VIK). The full list of markers of good practice for each of the seven areas can be found in appendix 2 (page 116).

***Out of the Shadows?* recommendation 7**

PCTs and mental health trusts use the *Out of the Shadows?* 'markers of good practice' in relation to the areas set out below when developing their policies and protocols to safeguard young people on adult wards and in the planning, commissioning and delivery of mental health services for children and young people:

- A safe and supportive environment
- Provision of age-appropriate information
- Involvement in care planning
- Access to independent advocacy
- Access to education
- Involvement in daily activities
- Opportunities for meaningful participation

Introduction

***Out of the Shadows?* provides an overview of responses to the recommendations set out in *Pushed into the Shadows - young people's experience of adult mental health facilities* (referred to in this report as *Pushed into the Shadows*)[9], a report by the Children's Commissioner for England. It highlights what further action is needed to prevent admissions of young people to adult psychiatric wards in the future. It also aims to ensure that, if such admissions do occur, the young people receive the care that they need in an environment in which they feel safe and supported.**

This report has been written by 11 MILLION in collaboration with YoungMinds and representatives of VIK (Very Important Kids)[10]. Some members of VIK have direct experience of admissions on to adult psychiatric facilities. Representatives of VIK have contributed to this report because they want to ensure that, in the future, no child or young person[11] will have to face the negative and distressing experiences that some have already endured.

"…If I suffered from a mental illness that needed treating I would not go back to hospital for the sheer fear of what would happen to me – let's make this different for other young people." (Rachel, admitted to an adult ward when aged 17)

What was *Pushed into the Shadows* about?

Pushed into the Shadows described the experiences of children and young people who had been admitted on to adult psychiatric wards. It showed that, even though there had been significant progress in the development of children and adolescent mental health services (CAMHS) in England over the last few years, and despite the national policy objectives that seek to end such practices, children and young people were still being admitted on to adult psychiatric wards.

Of even greater concern was that, for many of the young people, the admission was not only inappropriate because the services provided were aimed at adults with different interests and needs, but that the level of care provided to them was extremely poor. In addition to being bored, isolated, uninformed and uninvolved in decisions about their care, some of the young people reported feeling extremely unsafe and at risk of aggression or sexual harassment from other patients. Often they felt unsupported by staff.

What has happened since *Pushed into the Shadows* was published?

Since the publication of *Pushed into the Shadows* in January 2007, the Government has made a commitment to end the inappropriate admission of **all** children and young people on adult wards by April 2010. In his letter enclosing the Department of Health's response to the *Pushed into the Shadows* recommendations, Secretary of State for Health Alan Johnson, stated:

[9] See appendix 1 for the list of the recommendations.
[10] Ibid page 10
[11] Ibid page 10

'Our commitment is that by April 2010 no child or young person will be inappropriately placed on an adult ward.' [12]

This commitment is underpinned by section 31 of the Mental Health Act 2007 (the MHA2007) which requires the managers of hospitals to ensure that the environment of the hospital in which a child or young person is to be admitted is suitable for that child or young person, having regard to the patient's age and needs. This provision is due to come into force in April 2010 (amending the Mental Health Act 1983 – the new provision will become s131A of the 1983 Act).

The Government added this provision to the MHA 2007 in response to calls for such a legislative requirement by YoungMinds, other children's charities and the Mental Health Alliance, strongly supported by peers and MPs as well as the Children's Commissioner. When describing the background to this amendment, the Health Minister Rosie Winterton commented on the role of *Pushed into the Shadows* in showing why the practice of placing young people on to adult wards needs to be eliminated, as:

'extremely timely in highlighting the bad experiences that some young people have on adult psychiatric wards."[13]

"*Between now and the implementation of the new Act, a LOT needs to change, and ideally, for the patients who are currently in the system, this should be happening now!"* (Robin, admitted to an adult ward when aged 16)

Through the Care Services Improvement Partnership (CSIP), the Department of Health is implementing an extensive work plan to put into practice the changes introduced by the Mental Health Act 2007. One of CSIP's six workstreams is focused on the amendments specific to children and young people, including the implementation of section 31 of the Mental Health Act 2007.[14]

Why a second report?

Out of the Shadows? seeks to identify the further action required to prevent future admissions of young people to adult psychiatric wards and to ensure that, if such admissions do occur, young people receive the care that they need in an environment in which they feel safe and supported.

The Government's goal to eliminate the use of adult wards for children, and limit the admission of young people to those few for whom admission to an adult ward would be appropriate, is very welcome. However, it cannot be achieved overnight. The national policies stating that young people will not be admitted on to adult psychiatric wards must be matched by the development of services that can provide appropriate care and support within CAMHS, thus rendering admission to adult wards unnecessary.

As CSIP makes clear in its briefing on the Mental Health Act 2007 in relation to children and young people, this requires careful planning

[12] See appendix 3
[13] House of Commons Debate on the Mental Health Bill, 18 June 2007, Col 1144
[14] See: www.mhact.csip.org.uk/workstreams/the-mental-health-act-amendment-workstreams.html

together with the joint commitment of, and collaboration between, commissioners and providers in both adult mental health services and children and adolescent mental health services:

'Commissioners and providers of services for Adults of Working Age and CAMHs, Local Implementation Teams and CAMHs partnerships will need to work together to consider whether or not new beds need to be commissioned and what opportunities there are to develop community adolescent outreach teams to prevent unnecessary admission or help speed safe discharge back to the community.'[15]

As VIK stress, such work needs to start now. April 2010 is only one and a half planning cycles away, and commissioners need to identify resources in the current planning cycle which can be used to fund whatever is required within their locality to ensure compliance. Outreach teams need time to recruit and train staff, and local protocols need to be agreed and tested. In some areas, wards may need to be physically remodelled. This will be essential in order to ensure that, by April 2010 (when section 131A of the MHA 1983 comes into force), age-appropriate facilities will be available for children and young people who require a period of in-patient treatment for their mental health problems.

As such work progresses, admissions of young people to adult wards will hopefully become increasingly rare. However, it is important that adequate safeguards are in place for times when such admissions do occur.

Section A of *Out of the Shadows?* considers issues and makes recommendations relevant to the work to avoid inappropriate admissions.

Section B considers a range of issues relevant to ensuring that, in circumstances where young people are admitted to adult wards, appropriate safeguards are in place. These chapters provide recommendations and 'markers of good practice' developed by VIK.

By setting out 'markers of good practice' in relation to seven areas that young people have told us are key to the safe and supportive provision of care, *Out of the Shadows?* also aims to ensure that all children and young people receive good quality, age-appropriate services that are responsive to their individual needs and respect and promote their rights.

The situation in Wales

A small number of young people involved in *Pushed into the Shadows* came from Wales. While many of the issues raised in *Out of the Shadows?* are likely to be equally relevant to Wales, this report focuses on the responses received from Primary Care Trusts and mental health trusts in England. The Healthcare Inspectorate Wales and Wales Audit

[15] Care Services Improvement Partnership, Mental Health Act 2007, *Briefing regarding children and young people*, updated January 2008.

Office are currently undertaking a review of CAMHS in Wales and the Children's Commissioner for Wales will consider what progress has been made in the light of this review.

Admission to adult wards and the United Nations Convention on the Rights of the Child[16]

Pushed into the Shadows highlighted serious concerns about unacceptable practices and human rights abuses in relation to children and young people admitted to adult psychiatric wards.

The United Nations Convention on the Rights of the Child (UNCRC) sets out a range of rights that apply to all children (defined as individuals aged under 18). By ratifying the UNCRC, the UK Government made a commitment to take steps to ensure that the rights set out in the UNCRC apply to all children and young people in the UK. Although the UNCRC is not part of UK domestic law, it can be taken into account by national courts and the European Court of Human Rights when considering cases relating to children and young people.

The function of the Children's Commissioner is to promote awareness of the views and interests of children and young people in England. In considering what constitutes the interests of children and young people, the Commissioner must have regard to the United Nations Convention on the Rights of the Child (UNCRC).

VIK have also identified promoting the human rights of children and young people as a priority area of work for their group.

Therefore, throughout this report reference is made to the UNCRC. Box 1 provides details on the UNCRC, highlighting articles that are of particular relevance to young people admitted on to psychiatric wards.

Box 1: The Convention on the Rights of the Child and young people's experience of adult psychiatric facilities

Non-discrimination (article 2): States must ensure that the UNCRC rights are available to all children without discrimination of any kind.

Best interests of the child (article 3): 'In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.'

Respect for the views of the child (article 12): States must ensure that children who are capable of forming their views have the right to express those views freely in all matters affecting them and their views are 'given due weight in accordance with the age and maturity of the child'.

[16] For further information on the UNCRC see: www.unicef.org/crc/ and www.everychildmatters.gov.uk/uncrc/

Right to freedom to freedom of expression (article 13): States must ensure that children have the right to freedom of expression which includes the right to receive and share information.

Right to protection from all forms of violence (article 19): States must take measures to protect children from 'all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse'. This includes a requirement to take measures to protect children from suicide and self-harm.

Right to education (article 28): States must ensure that there is equal access to education. This applies to all children, including those in detention.

Protection for children deprived of their liberty (article 37(c)): 'Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, **every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances**.' (Our emphasis)

Out of the Shadows?: an introduction by Antonia, Rebecca and Lois

All young people deserve a chance in life, whatever their background and whatever problems they are experiencing. Being offered support that recognises and provides treatment to a young person **as** a young person is vital to help young people feel better as soon as possible, and in the meantime minimise the distress and anxiety that they may be feeling.

Being admitted to hospital is scary. Leaving the people you live with, friends, maybe even school.... Everything possible should be done to ensure that young people can continue to participate in as many of their normal day to day activities as they can, and not be left to sit on a ward with older patients with very different needs to their own.

The level and quality of psychiatric care and support that young people receive when they first experience mental distress has a great impact on their view of psychiatric services and whether or not they would approach these services if they became unwell in the future. Being treated in an inappropriate setting with little to do, surrounded by much older adults and staff who were not trained to help us, did little to improve our mental state, and has put us off ever voluntarily approaching psychiatric services in the future.

Out of the Shadows? should not just be read and understood, it needs to be acted upon. We have worked with 11 MILLION and YoungMinds on this report because we would like to see better mental health services for all children and young people. Mental health services for this age group shouldn't just be "good enough" they should, and need to be, fantastic.

We hope that everyone who reads this report will, as a result, have at least one idea on how to make things better for children and young people with mental health problems. For example, we would like the 'markers of good practice' to be used by everyone working in mental health services to help ensure that the care and support offered to children and young people is of a high quality and responsive to their individual needs.

If this report means that even just one young person is not treated as some young people have been to date, then it has been worthwhile. But it needs to be used to ensure that EVERY young person out there is offered a fighting chance of recovery.

Chapter 1:
General overview of the recommendations, and the responses to those recommendations, featured in *Pushed into the Shadows*

This chapter provides an overview of the recommendations set out in *Pushed into the Shadows*, explains who they were addressed to and gives some general comments on the responses received.

What were the recommendations about?

Pushed into the Shadows made 20 recommendations. Recognising that the Government's aim to eliminate the use of adult wards for young people would take time to implement, these recommendations were divided into two categories:

- Recommendations 1 – 5 focus on the steps to be taken to avoid admissions of young people on to adult wards.
- Recommendations 6 – 20 are aimed at safeguarding children and young people who are admitted to adult wards.

The twenty recommendations are set out in full in appendix 1. The recommendations and the responses to them are discussed in more detail in the subsequent chapters of this report.

Who were the recommendations addressed to?

Seven recommendations were directed at the Department of Health. A copy of the Secretary of State's letter and response can be found in appendix 3. Sixteen recommendations were addressed to Primary Care Trusts (PCTs) and mental health trusts.

A copy of *Pushed into the Shadows?* was sent out to all PCTs and mental health NHS Trusts in England in March 2007. The covering letter informed these organisations that the Children's Commissioner for England was using his powers under the Children Act 2004[17] to require them to respond to the recommendations that applied to them. They were asked to state, in writing, what action they have taken, or proposed to take, in response to the recommendations. Respondents were asked to reply by September 2007. Although the majority did not meet this deadline, by March 2008 most organisations had provided a written response. Appendix 4 provides a list of the responses received and those organisations who have not replied.

[17] Section 2(10) Children Act 2004.

Just over one third of the responses were joint submissions with other local agencies with responsibilities for the wellbeing of children and young people.

A small minority (less than 10%) of the responses have not addressed all or, in some cases, any of the recommendations because they considered that their existing policies and practice in relation to the admission of children and young people make the recommendations redundant. This is discussed in more detail in chapter 4.

Wide variation in the quality of responses

The quality of the responses varies widely. Around half of the responses demonstrated strong evidence of compliance with the recommendations, or that concrete action was being taken to ensure compliance. Nearly half of the responses within this group (approximately 25% of all the responses) showed a real commitment to achieving tangible improvements in the planning, commissioning and delivery of mental health care to children and young people living in their area.

"A lot of the services failed to provide a timescale for the implementation of their changes, which we feel is important, as commitment at this stage will ensure the correct changes occur."
(VIK members)

However, around 10% of the responses failed to respond to the recommendations adequately. They provided no, or insufficient, evidence of compliance to the majority of the recommendations. Where they did identify reasons for non-compliance, they failed to state whether any action was to be taken to address this or, if action was proposed, they provided no clear timetable for implementing such work. The Children's Commissioner will raise his concerns about these responses with the Department of Health.

Such responses suggest that the issues relating to children and young people with mental health problems are very low on the respondent's agenda, if on it at all.

"We find it distressing to read through some feedback with a general "I'll do it tomorrow" attitude…The sooner these changes, both in terms of attitude and service provision, are implemented, the more potential these services have in preventing the revolving door syndrome." (VIK members)

Positive examples of responses

Some responses indicated that that the organisations concerned have taken great care to assess their progress, providing an honest appraisal of their compliance with the *Pushed into the Shadows* recommendations.

For example, South West London and St George's Mental Health NHS Trust and Liverpool PCT both set out clearly what recommendations they comply with and those that, as yet, they do not. They explain the action they will take to address the deficits identified and the timescale. Lancashire Care (now Lancashire Care NHS Foundation Trust) demonstrated its commitment to involving young people in service development by providing a very detailed action plan which included the views of young people (both positive and negative) on the areas covered by the recommendations.

One response that stands out as an excellent example of what can be achieved through joint working between local commissioners and providers is that of the East London and The City Mental Health NHS Trust. This response gave details of the Coborn Centre for Adolescent Mental Health which provides 12 acute beds, three intensive care beds and six day places. The Trust stated:

'We also have in place dedicated adolescent community mental health teams in each East London Borough which work actively to prevent admission and facilitate early discharge from hospital'.

This unit has been commissioned jointly by Newham, City & Hackney and Tower Hamlets PCTs. A copy of the response can be found at appendix 5.

"The East London and The City Mental Health NHS Trust's response has given us a fantastic example of how a service can and should be provided. This is the best response of all and a good example of a young person centred service." (VIK members)

Section A of this report looks at those recommendations concerned with ending the appropriate admission of young people to adult wards, and explains the legal and policy background to this issue.

Section B looks at those recommendations concerned with safeguarding young people if they are admitted to adult psychiatric wards. Chapters 5-11 consider the responses to the recommendations set out in *Pushed into the Shadows* in the light of the seven core elements of care and support developed with members of VIK.

SECTION A
Towards ending inappropriate admissions

Chapter 2 provides an overview of the relevant policy and its development towards ending inappropriate admissions. Chapter 3 considers responses to *Pushed into the Shadows'* recommendations aimed at preventing inappropriate admissions of young people on to adult wards.

Chapter 2:
Policy context: towards ending inappropriate admissions

"…every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so…" (article 37 (c) United Nations Convention on the Rights of the Child)

Policy development

The expectation that children and young people who need to be admitted to hospital for mental health care should *'have access to appropriate care in an environment suited to their age and development'* was made clear in 2004. This was one of the 'markers of good practice' for Standard 9 of the National Service Framework for Children, Young People and Maternity Services (the Children's NSF). Standard 9 states:

'All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families'.[18]

In November 2006, the Department of Health stated that, as a matter of good practice, no children under 16 should be admitted to adult wards and 16 and 17 year olds requiring in-patient treatment should be *'admitted to a specialist CAMHS unit unless for reasons of maturity and independence they prefer to be admitted to a ward specialising in treating young adults.'*[19] In that same month, Ivan Lewis, Parliamentary Under Secretary of State for the Department of Health, made a commitment that by November 2008, no children under 16 would be admitted to adult psychiatric wards. In June 2007, the Government underlined this commitment by requiring Strategic Health Authorities (SHAs) to treat any such admissions as a Serious Untoward Incident. In such 'exceptional' cases SHAs should set out:

'...how the child will be moved to appropriate accommodation within 48 hours and how the ward and staffing have been made appropriate for the child's needs.'

In relation to 16 and 17 year olds, the SHAs are asked to '*check that adult wards are used only when appropriate',* and *'decide locally what*

[18] Department of Health and Department of Education and Skills (2004), National Service Framework for Children, Young People and Maternity Services, Child and Adolescent Mental Health (CAMHS), appendix 2.
[19] Department of Health and Department of Education and Skills (November 2006), *Report on the Implementation of Standard 9 of the NSF for Children, Young People and Maternity Services*.

performance management of Trusts and PCTs is needed to ensure that this is achieved.'[20]

As discussed above, in his response to *Pushed into the Shadows*, the Secretary of State for Health stated that by April 2010, no young person under the age of 18 years will be admitted inappropriately on to an adult psychiatric ward.

Admission of young people on to adult wards: current policy

The current policy in relation to the admission of individuals who are under 18 years of age can be summarised as follows:

- **Young people under 16:** should **never** be admitted to an adult ward. Any such admissions are considered as Serious Untoward Incidents.

- **Young people aged 16 or 17:** should be admitted to CAMHS in-patient facilities **unless** there is good reason not to do so. Admissions of 16 or 17 year olds on to adult wards would fall into one of two categories:

    - **The atypical case:** when the young person is of sufficient maturity and expresses a wish to be placed on an adult ward.

    - **The overriding needs case:** when the admission to an adult ward is the most appropriate means of meeting the young person's needs at that time (this is most likely to be in an emergency situation where no other facilities are available).

In either case, it would be necessary to ensure that the ward is a suitable environment for the young person concerned. Even if the young person is deemed to be of sufficient maturity to be on an adult ward, appropriate safeguards need to be in place to reflect the fact that a minor is being cared for in an adult environment.

In all cases, the suitability of the ward environment for that particular young person must be kept under regular review.

The impact of section 31 Mental Health Act 2007

Section 31 Mental Health Act 2007 amends the Mental Health Act 1983 (MHA 1983) by inserting a new provision, section 131A, into the MHA 1983. It requires managers of hospitals to:

'...ensure that the patient's environment in the hospital is suitable having regard to his age (subject to his needs).'

The Code of Practice to the Mental Health Act (May 2008) ('the Code')[21] provides guidance on factors to be considered when deciding whether the ward environment is suitable for the young person concerned:

[20] The letter is set out in appendix 6

'This means that children and young people should have:

- *appropriate physical facilities;*
- *staff with the right training, skills and knowledge to understand and address their specific needs as children and young people;*
- *a hospital routine that will allow their personal, social and educational development to continue as normally as possible; and*
- *equal access to educational opportunities as their peers, in so far as that is consistent with their ability to make use of them, considering their mental state.'* [22]

The Code notes that, if this is not possible, then '*discrete accommodation in an adult ward, with facilities, security and staffing appropriate to the needs of the child might provide the most satisfactory solution, e.g. young female patients should be placed in single-sex accommodation.*[23]'

However, the admission of young people to adult wards should happen only in exceptional cases.

Whether or not the environment on an adult ward is 'suitable' will depend on the particular circumstances of each case. For example, as the Code points out, in a small number of cases, the need to accommodate the young person in a safe environment may take precedence over the suitability of that environment for someone of the patient's age. However, this does not mean that the admission will continue to be appropriate. While the admission of a young person on to an adult ward in response to a crisis situation may be appropriate in the short term, the Code makes clear that different considerations apply once the immediate emergency situation has been addressed:

'Once the initial emergency situation is over, hospital managers, in determining whether the environment continues to be suitable, would need to consider issues such as whether the patient can mix with individuals of their own age, can receive visitors of all ages and has access to education.' [24]

Duty to provide information on age-appropriate facilities

The Mental Health Act 2007 has also amended the Mental Health Act 1983 so that there are specific duties on Primary Care Trusts (PCTs) to provide information on age-appropriate facilities. PCTs must advise the local social services authorities in their areas of hospitals that provide accommodation or facilities that are designed to be 'specially suitable' for patients under 18. PCTs must also provide courts with such

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[21] The Code will come into force in November 2008. It is available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597

[22] Department of Health (2008) Code of Practice, Mental Health Act 1983, para 36.68

[23] Op cit, paragraph 36.71

[24] Op cit, paragraph 36.71

information where requested to do so under section 39 of the Mental Health Act 1983.

Child and Adolescent Mental Health Services (CAMHS) review: next steps to improving the psychological well-being and mental health of children and young people

Following the publication of the Children's Plan[25], the Government established a review of Child and Adolescent Mental Health Services to establish how high quality services can be improved for the growing number of children and young people with mental health needs. An interim report was published in July 2008[26] and a final report is due to be published in the autumn.

The review points to the considerable progress that has been made across the country, but also sets out the remaining challenges. These include the variability in access to services across the country,[27] and refer to emerging concerns about disinvestment in some areas[28]. They also acknowledge the *'continuing evidence of unmet need and interagency wrangling regarding responsibility for vulnerable children in some areas of the country'*[29]. Although young people on adult mental health wards are not addressed specifically in this interim report, the changes that are needed to meet the new legislative requirement for age-appropriate services will need to be addressed in the context of these wider issues.

[25] Department for Children, Schools and Families (December 2007), *The Childrens' Plan - Building Brighter Futures*, Department for Children, Schools and Families
[26] National CAMHS Review (29 July, 2008) Improving the mental health and psychological well-being of children and young people - Interim Report. www.dcsf.gov.uk/CAMHSreview
[27] National CAMHS Review (29 July, 2008) Ibid pp. 12 - 14.
[28] National CAMHS Review (29 July, 2008) Ibid p. 13.
[29] National CAMHS Review (29 July, 2008) Ibid p. 24.

Chapter 3: Avoiding the admission of young people on to adult psychiatric wards (themes which emerge from responses to *Pushed into the Shadows* – recommendation 1-5)

***Pushed into the Shadows* made five recommendations that sought to prevent the inappropriate admission of young people on to adult psychiatric wards. Recommendation 1 relates to ending the use of adult wards for treatment of individuals aged under 18 and recommendation 2 highlights the need to address the national shortage of emergency tier 4 beds. Recommendations 1 and 2 were addressed to the Department of Health as well as PCTs and mental health trusts[30]. This chapter focuses on the responses received from the Department of Health, PCTs and mental health NHS Trusts to these recommendations.**

Recommendation 1 of *Pushed into the Shadows* highlights the importance of ending the inappropriate use of adult wards for young people under the age of 18:

'PCTs and mental health trusts should ensure that adult wards are not used for the care and treatment of under 16s, and wherever possible should be avoided for 16 and 17 year olds unless they are of sufficient maturity and express a strong preference for an adult environment. The Department of Health should monitor this nationally. The Healthcare Commission should also address this through one of its future annual health-checks of individual health trusts and PCTs.'

Pushed into the Shadows identified two major factors that lead to children and young people in need of in-patient care being admitted to adult psychiatric wards: a) there are insufficient specialised CAMHS in-patient units, and b) the existing units have too high a bed occupancy rate. A particular concern was that services are not able to respond to emergencies. Accordingly, the following recommendation was made:

[30] The three remaining recommendations were directed to the Department of Health: recommendation 3 concerns the development of CAMHS, recommendation 4 calls for a range of appraisals and guidelines to inform evidence-based practice and recommendation 5 highlights the importance of developing transitional services that support young people moving from CAMHS to adult mental health services. The Department of Health's responses to these recommendations are set out in appendix 3.

Pushed into the Shadows recommendation 2:

'Action must be taken by the Department of Health, mental health trusts and Primary Care Trusts (PCTs) to ensure that the Royal College of Psychiatrist's recommendations (that around 24[31] to 40 beds are required per one million total population and a bed occupancy rate of 85%) are met consistently and geographical inequalities addressed. Tier 4 units include both acute care provision (to be able to respond to the need for emergency admissions of young people who are acutely disturbed or high risk) and medium to long term planned patient care.'

Less than 15% of the responses received from PCTs and mental health trusts demonstrated full compliance with both these recommendations. However, the majority of responses referred either to plans to develop in-patient tier 4 units or to ongoing discussions on the development of tier 4 capacity and it is likely that some will have since achieved compliance as their timetable for completion was before or by April 2008.

Over 40% of the responses referred specifically to policies that no child under 16 is to be admitted to an adult psychiatric in-patient facility. Some commented that it is not currently possible to avoid the use of adult beds for those aged 16 or 17 due to the lack of age-appropriate beds.

The responses received from the Department of Health, PCTs and mental health trusts to these two recommendations raise wide-ranging issues and these are discussed below under the following headings:

a. The importance of achieving a comprehensive CAMHS.
b. Alternative responses to crises.
c. Development of new adolescent facilities and of community-based services.

a. The importance of achieving a comprehensive CAHMS

The Department of Health's response to recommendation 1 reiterated the Government's commitment to ensuring that no child under the age of 16 would be treated on an adult psychiatric ward by November 2008. The Secretary of State made a further commitment, stating that *'by April 2010 no child or young person will be inappropriately placed on an adult ward'*. However, neither these commitments nor the legal and policy developments emphasising the need to end inappropriate admissions[32] can, in themselves, obviate the need for admissions to adult wards. In order to realise this goal, it is essential that the gaps in the provision of CAMHS are met. This is not just in relation to in-patient care, community-based services also need to be developed - both are needed and should not be considered as substitutes for one another (though they are, of course, closely related).

[31] This should read '20'.
[32] See chapter 2

The development of a comprehensive CAMHS is key
Recognising that concerted efforts were required to improve the situation of CAMHS, the Government set a target that by the end of 2006 a comprehensive CAMHS[33] would be available to all who need them. It identified three proxy measures to assess the extent to which this is achieved:

- 24 hour cover available for urgent needs, and specialist assessments undertaken within 24 hours or during the next working day;
- a full range of CAMHS available or accessible for children and young people with learning disabilities; and
- services available for all 16 and 17 year olds appropriate to their level of maturity.

Since the publication of *Pushed into the Shadows*, the Government has added a further proxy measure:

- 'joint commissioning of early intervention'.[34]

The evidence currently available suggests that, while there has been much progress towards establishing a comprehensive CAMHS, the pace of change differs across the country and there is still much work to be done to achieve this goal.[35]

The planning and provision of tier 4 services is a particular area of concern. Tier 4 services are described in the *National Service Framework for Children, Young People and Maternity Services, Child and Adolescent Mental Health (CAMHS)* (Standard 9 of the NSF for Children) as:

'highly specialised services' such as 'intensive outpatient services, assertive outreach, inpatient psychiatric provision, residential and secure provision or other highly specialised assessment consultation and intervention services'.[36]

The range of challenges that tier 4 services face in meeting the needs of children and young people with serious mental health problems are described in an analysis of the regional reviews of tier 4 Child and Adolescent Mental Health Services (CAMHS) that have been undertaken in England over the last couple of years. This report

[33] The term 'comprehensive CAMHS' was described in appendix 2 of Standard 9 of the Children's NSF to mean 'that in any locality, there is clarity about how the full range of users' needs are to be met, whether it be the provision of advice for minor problems or the arrangements for admitting to hospital a young person with serious mental illness'.
[34] HM Government (revised November 2007), *PSA Delivery Agreement 12: Improve the health and wellbeing of children and young people,* A.7, p. 25. www.hm-treasury.gov.uk/media/C/F/pbr_csr07_psa12.pdf
[35] See for example, Department of Health and Department for Education and Skills (November 2006), *Report on the Implementation of Standard 9 of the NSF for Children, Young People and Maternity Services*
[36] Department of Health and Department of Education and Skills (2004) Ibid, p. 31.

Regional Reviews of Tier 4 Child and Adolescent Mental Health Services ('the Tier 4 Review report') points out that:

- The needs that tier 4 CAMHS are required to meet are of children and young people with severe and complex problems, and this will be a relative small number of individuals in any Primary Care Trust (PCT) or Local Authority (LA) area.
- The services require highly specialist expertise and/or newly developed approaches and ways of working. These are not commonly available across the country and are often expensive.
- Tier 4 services are expected to provide input from a multi-disciplinary perspective involving education and social services, and in a child and family friendly environment.'[37]

The Tier 4 Review report noted the widespread concern about the shortage of in-patient beds:

'...children and young people are admitted inappropriately to both paediatric and adult mental health units, as well as the placement of young people in units that are a long distance away from their families and home services. Children and young people are increasingly placed in independent sector units, which may be desirable when these cater specifically for those with particular problems but otherwise may not offer best practice or best value.'[38]

Use of the Department of Health 'capital investment grant'
In its response to recommendation 2, the Department of Health referred to the £31 million of capital that it has made available for providers of CAMHS to increase bed capacity and improve facilities. The successful applicants were announced in November 2007. The Health Minister, Ivan Lewis, stressed that this investment was intended to help deliver the government's commitment that, by November 2008, no child under 16 will be treated on an adult psychiatric ward: *'by creating more than 150 new or upgraded in-patient beds and enhanced community facilities for children with the most complex mental health needs'*. He added: *'this investment will enable us to make substantive progress on the 16 – 18 age group'*.

Some of the responses to the recommendations in *Pushed into the Shadows* referred to this capital investment grant, with successful applicants describing how these funds would be used. For example, the Department of Health's press release stated that Pennine Care NHS Trust will use the Government funding to:

'...build a specialist adolescent inpatient unit designed to accommodate 16 beds in total, to be normally arranged as a 14 acute inpatient bedrooms and 2 intensive therapy beds. The project means that all young people under 18 will be treated in the appropriate inpatient

[37] Dr. Zarrina Kurtz (December 2007), Ibid, 2
[38] Op cit, 16

environment.'[39]

Cheshire and Wirrall Partnership NHS Trust would be using funding *'to develop services for 16 and 17 year olds, including 24 hour emergency admission'* which is planned to become operational in 2009/10. Hertfordshire Partnership NHS Trust stated that it would be developing its adolescent unit *'to provide 16 beds, a mix of acute and therapeutic, for children and young people from 12 to their 18th birthday'* and that this will become operational by January 2009. South Essex Partnership NHS Foundation Trust said it would be using £1.95m to build a new 15 bed adolescent in-patient unit.

Such investment is very welcome and will go some way to delivering age-appropriate services. It is, however, likely that not all applicants were successful and there is an ongoing need for additional investment in order to establish and maintain the infrastructure necessary to address the inequitable distribution of CAMHS services.[40]

A comprehensive CAMHS?

Despite the work to develop a comprehensive CAMHS over the last few years, the responses to *Pushed into the Shadows* provided further evidence of continuing gaps, including in relation to the proxy measures for CAMHS:

- **Emergency provision:** (Proxy measure: '24 hour cover available for urgent needs and specialist assessments undertaken within 24 hours or during the next working day.')

  The UK Government's report to the United Nations Committee on the Rights of the Child states that all 152 Primary Care Trusts in England had, by the end of 2006-07, reported that 24 hour cover was available for urgent needs and specialist assessments undertaken within 24 hrs or during the next working day.[41] However, this does not accord with reports on CAMHS provision. For example, the Tier 4 Review Report found that the capacity to admit emergencies varies depending on bed availability, staffing levels and the level of disturbance on the unit.

  Furthermore, a 2005 survey of all adolescent in-patient psychiatric units in England and Wales shows that, although there has been an increase in the number of units with dedicated 'emergency admission beds' since 2000, one third of these units could never admit in an emergency and 56% could never admit out of hours. The survey also showed that, in 2005, the majority of young people

[39] Department of Health (14 November 2007) 'Government invests £31 million in children and young people's psychiatric wards'. Press Release.
[40] O'Herlihy, A., Lelliott, P., Bannister, D., Cotgrove, A., Farr, H. & Tulloch., S. (2007) 'Provision of child and adolescent mental health in-patient services in England between 1999 and 2006', Psychiatric Bulletin (31), pp. 454-456.
[41] Available at: www.everychildmatters.gov.uk/uncrc/

assessed to require immediate admission did not receive this – this was offered to only 24% of those who had been referred.[42]

A survey of referrals of 12 - 18 year olds to in-patient CAMHS in two Strategic Health Authorities during the period 1 November 2004 to 30 April 2005 also highlighted a lack of emergency beds in NHS units. It found that: *'A significant number of young people referred to CAMHS inpatient units have admissions to adult mental health wards before and/or after referral.'*[43]

Although these two surveys were carried out in 2004/05, it is clear from the comments made in some responses that the situation has not improved to the extent suggested by the Government. For example, Wolverhampton City PCT stated: *'There is a shortage of regional beds and it is in particular at nights and weekends difficult to find a safe place/bed if a young person presents with significant mental health problems and is at risk to him/herself or others.'*

Berkshire Healthcare NHS Foundation Trust (BHFT) commented that the reasons for the four admissions of young people aged 16 – 18 on to adult wards (in the twelve months pre-ceding September 2007) were very similar: *'they were of an emergency nature and the individuals are often highly volatile/disturbed in presentation'*. BHFT adds that it is not currently commissioned to provide *'psychiatric intensive care/ emergency admissions for minors'*. Thus: *'Such placements are commissioned on a "spot purchase" basis by the two Berkshire Primary Care Trusts. Securing such placements often takes a number of days, not because of funding issues but because such placements are scarce nationally. Furthermore, many of these placements result in the young person receiving in-patient care a considerable distance from their home area.'*

In commenting on the findings of the 2005 survey, the authors expressed concern that the problem is unlikely to be resolved by requiring units to accept both emergency and planned admissions, as these groups have very different needs. A similar point was made by Leeds PCT: they questioned the feasibility of expecting tier 4 units to be able to provide both acute care provision[44] and planned in-patient care. The joint response of Cheshire and Wirral Partnership NHS Trust and others[45] also commented that: *'Young People's Centre provides emergency admission, but is currently not commissioned to admit young people during the evening, night or weekend. The current layout and proximity of Pine Lodge [inpatient adolescent unit] would make out of hours admission problematic,*

[42] Cotgrove, A., McLoughlin, R., O'Herlihy, A. & Lelliott, P. (2007) 'The ability of adolescent psychiatric units to accept emergency admissions: changes in England and Wales between 2000 and 2005', Psychiatric Bulletin (31), pp. 457 - 459.
[43] O'Herlihy, A., Lelliott, P., Cotgrove, A., Andiappan, M. & Farr, H.,(2007) '*The care paths of young people referred but not admitted to inpatient child and adolescent mental health services*', Department of Health: London, para 1.4
[44] Emergency admissions of young people who are acutely disturbed or at high risk.
[45] Western Cheshire PCT, Eastern Cheshire PCT and Wirral PCT.

and the CAMHS on call rota is not currently resourced to support 24 hour access.'

The Royal College of Psychiatrists' Research and Training Unit suggest that the delays in emergency admissions may be exacerbated in the future. This would be due to the increased demand created by the pressure to implement section 31 of the Mental Health Act 2007 (requirement to admit young people to age-appropriate settings). The College comments further that, unless the ability of NHS units to accept same day admissions, including those out of hours, has greatly increased since 2005, most emergency admissions will be to independent sector units. Accordingly, it recommends:

'Commissioners must ensure that procedures are in place to guarantee that adequate liaison occurs between the independent sector unit and local NHS services to ensure continuity of care for these very vulnerable young people.'[46]

We endorse this recommendation. Later in this chapter we discuss the importance of commissioning and this is particularly true in relation to emergency provision. The points highlighted above underline the need for commissioners to plan, specify and resource emergency services. Responding appropriately to the additional needs of young people who are admitted as emergency cases will require increased resources, and units should not be expected to accept emergency admissions if they have not been commissioned to do so.

- **Services for 16 – 17 year olds:** (Proxy measure: 'Services available for all 16 and 17 year olds appropriate to their level of maturity.')

  YoungMinds has expressed concern that the transition from adolescent to adult care is frequently poor. Young people may be left unsupported due to disputes between CAMHS and adult mental health services over where responsibility for funding or service provision lies. Or, on seeking a transfer from CAMHS to adult mental health services, they may find that they do not fit the criteria for ongoing care in the adult service[47].

  Similar concerns were highlighted in *Pushed into the Shadows,* and recommendation 5 asked that the Department of Health support the development of transition services to help young people who require transfer to, and ongoing support from, adult mental health services after leaving CAMHS.

[46] O'Herlihy, A, et al. (2007), Ibid, Recommendation 3
[47] See: SOS, YoungMinds (2006), Stressed Out & Struggling, Emerging Practice: Examples of Mental Health Services for 16-25 year-old and SOS, Stressed Out & Struggling, A Call to Action Commissioning Mental Health Services for 16-25 year-olds

Comments by PCTs and mental health trusts demonstrate that there continues to be a lack of provision for 16 and 17 year olds in many parts of the country. However, in most cases those that responded are taking action to address this. For example:

'Leeds CAMHS is currently only commissioned and resourced to provide services to young people who were referred before their 17th birthday, even though many young people referred are then seen beyond their 17th birthday at least until their 18th birthday.' (Leeds PCT)

'Local CAMHS will be increasing their age range of up to 18 and therefore a new protocol will be written to address expertise and support on the unit.' (Portsmouth City PCT)

Berkshire Healthcare NHS Foundation Trust stated that there is a difference in service provision across East and West Berkshire. In the West, CAMHS are provided for young people up to the age of 18 whereas, in the East, *'services are commissioned only for children up to their 16th birthday except for those individuals who remain in full-time school education, who are seen up to their 18th birthday'*.

'There is no local inpatient Tier 4 provision for young people over 16 years as the local adolescent unit do not take this age group.' (Rotherham PCT)

'It is not currently possible to avoid the use of adult beds for 16/17 year olds due to the lack of commissioned specialist adolescent inpatient provision in the region.' (Bradford District Care Trust)

'*Currently YP transfers to adult services at 17....New specifications for CAMHS will require providers to see young people up to 18yrs [April 2008]'* (Milton Keynes PCT)

It is of serious concern that, some four years after the NSF was published, 16 and 17 year olds in some parts of the country are likely to have problems accessing age-appropriate mental health services because this age group have yet to be included in CAMHS.

- **Services for young people with learning disabilities***:* (Proxy measure: 'Full range of CAMHS available or accessible for children and young people with learning disabilities').

  Although none of the recommendations in *Pushed into the Shadows* referred specifically to this issue, some responses commented on the lack of services for young people with learning disabilities:

  '...there is no provision available locally for children and young people with mild, moderate or severe learning disabilities.' (Doncaster Metropolitan Borough Council and Rotherham PCT)

  'An obvious gap...is appropriate in-patient provision in the south east of England for YP with mild to severe learning disabilities. This is an

area which commissioners and clinicians have cited as in urgent need of development.' (Camden PCT)

The Department of Health recognises that this is *'the most challenging of the proxy measures for local commissioners and providers to achieve because of the scale of the shortfall and the extent of the workforce issues to be addressed'*.[48] The above comments reinforce the need for urgent action to be taken to ensure that all children and young people with learning disabilities and mental health problems have access to appropriate CAMHS.

b. Alternative responses to crises

The use of paediatric wards

A small number of responses (less than 10%) stated that they would use paediatric wards for children under 16 rather than admit them to an adult psychiatric ward. For example, in its response to *Pushed into the Shadows*, West London Mental Health Trust stated that young people under the age of 16 are admitted to paediatric units. The Trust also stated that the local CAMHS service has specific liaison arrangements to enable close working with the ward. This is so that the young person can return to their home as soon as possible, or that arrangements for a more specialised placement can be made if necessary.

The Tier 4 Review Report noted that, although the data collected was extremely sparse, the widely expressed view was that those children and adolescents with mental health problems who are admitted to paediatric wards could get a poor service. The report explains: *'This is because staff are not equipped to deal with these young people, relying heavily on tier 3 support, which often proves inadequate. In addition, admissions are often prolonged due to lack of availability of services from partner agencies; this places the child at risk and can increase risk to other children on the ward.'*

The question as to whether the admission of a child under 16 to a paediatric ward is appropriate is likely to depend on a range of factors. These factors including the maturity of the child, the level of care and support from CAMHS and the length of stay. However, paediatric wards should not be routinely used for children and young people with severe mental health problems requiring in-patient treatment. We recommend below that such admissions should be monitored (see *Out of the Shadows?* recommendation 3).

The use of the independent sector

Over 10% of the responses made specific reference to their intention to find a child or adolescent bed in the independent sector in order to avoid admitting a young person on to an adult ward. For example, Dudley PCT stated:

[48] Department of Health and Department for Education and Skills (2006), Ibid, page 20.

'Tier 4 beds are commissioned through the West Midlands Specialised Commissioning team for all admissions. Where beds are not available in the commissioned NHS facilities then contract arrangements are in place with Independent Sector Providers of CAMHS services – Acute and Specialist CAMHS.'

The Tier 4 Review report found that the use of independent facilities varies widely across the country – *'between regions and between PCTs within regions'*. The report notes that the independent sector is nearly always used to admit a young person as an emergency because no local unit has a suitable bed. The report raised concerns about the use of private beds such as *'...long length of stays and difficulties with discharge; reporting and monitoring, and communication in general between the child's home resident PCT and the independent unit; and about the type and quality of care.'*

It is clear that the independent sector has a significant role in the provision of in-patient facilities for children and young people with mental health problems. The question as to whether the independent sector should be used to accommodate children and young people rather than developing additional local NHS services is beyond the scope of this report. The crucial issues, are whether or not the care and treatment children and young people receive is appropriate to their needs and of high quality, whether they are able to maintain close contact with their family and friends, and the measures outlined in recommendations 7 – 20 are in place.

c. Development of new adolescent facilities and community-based in-patient services

The responses demonstrate a range of work across England to increase the availability of in-patient provision, including facilities that are able to accept emergencies and out of hours referrals, and develop community-based services with the aim of reducing the need for admission to in-patient facilities.

Development of new adolescent facilities

Examples of the facilities being developed are as follows:

'All admissions of under 16 and 16 year olds and 17 year olds where an adult bed is not appropriate will be admitted to tier 4 CAMHS when the new NELMHT tier 4 High Dependency beds are in place.' (North East London Mental Health Trust)

Lancashire Care (now Lancashire Care NHS Foundation Trust) (LCT) referred to a new tier 4 in-patient unit, 'The Junction', but this is only for under 16s. The Trust said that it intends to develop a ward for those aged 16-23. East Lancashire CAMHS Multi-Agency Partnership Board stated: *'Across Lancashire there is no specific unit for young people 16 – 18 years, and tier 3 services for this group of young people are underdeveloped. A county wide Tier 3 multi agency commissioning group is considering increased provision for this group of young people. LCT (AMHS [adult mental health services]) has included adolescent*

inpatient provision as part of proposals to develop current inpatient provision'.

The East Sussex CAMHS Commissioning Partnership stated that they were planning a new tier 4 in-patient unit (they expect it to be open in the summer of 2008). This is to include provision for *'all 16 & 17 year olds who require admission, including those who suffer with learning disabilities, dual diagnosis/substance misuse and challenging behaviour, (of which the new building will be able to accommodate appropriately)*[49]*'*.

North East London NHS Trust is *'reconfiguring provision to extend the range of provision with a 4 bed Adolescent High Dependency Unit/PICU [psychiatric intensive care unit] to allow emergency admissions.'*

Development of community services

Responses from across the country described a range of initiatives to develop community based services. For example:

'Ealing, Hounslow, Hammersmith & Fulham are currently funding a pilot program with West London Mental Health Trust for an Intensive Community Support Team to work with all young people from the age of 12 – 18 to ensure young people are supported through the admission, inpatient stay and discharge to community process.' (Ealing and Hounslow)

*'A new community based tiers 3 and 4 team (CAMH rapid response and intensive support system) operates flexibly across the PCT to reduce and prevent admission to tier 4 beds, in that additional intensive support for the young person is delivered at home.' (*Hampshire PCT)

*'The investment made in CAMHS by the PCT and our partner agencies has enabled us to have excellent community services that are well linked into multi agency systems and planning. We continue to work to reduce length of stay and if possible reduce the need for admissions by Tier 2/3 intervention. For our PCT admissions rarely go above 6 young people per annum.' (*Westminster PCT)

Setting up a crisis and home treatment team is one of Wolverhampton City PCT's main priorities for 2008/09. The PCT hopes that, with this team in place, the need for emergency admissions of young people will be 'very infrequent'. However, it raises concerns that: *'...for the rare occasions where this is needed, immediate access to an inpatient bed will still be a challenge as there are not enough beds and the regional Parkview Clinic [a CAMHS Tier 4 unit] has no obligation to accept an admission.'*

[49] This hospital (Chalkhill) will be run by Sussex Partnership NHS Foundation Trust and is supported by NHS commissioners in the area. It will include provision for all 16 and 17 year olds who require admission, including those with complex needs. Where, in exceptional circumstances, a young person will be admitted to an adult setting, Sussex Partnership NHS Foundation Trust plan to draw on the experiences of young people and use its CAHMS participation worker to make whatever changes are necessary.

The need for a range of services (in-patient and community based)

As the Tier 4 Review Report notes, a range of CAMHS is needed in order to provide the most appropriate care for children and young people with mental health problems: *'There is enough evidence to show that children's needs will be met most appropriately and cost effectively by a range of types of in-patient, day care, and community (and home), based services.'* [50]

A small number of responses (approximately 10%) questioned the Royal College of Psychiatrist's recommendation on bed numbers per population (see recommendation 2 on page 41). Both Lewisham and Lambeth PCTs noted that the beds available in their area do not meet the recommended numbers, but stated that they do not intend to commission additional beds[51]. Rather, they intend to:

'...focus on supporting and caring for children and young people in their home environment through community services and admitting to in patient services only as a last resort.'

The action taken by many who responded to develop community-based services as a means of reducing the need for in-patient care is a welcome step. Such services are also essential to ensure that the period of in-patient admission is as short as possible and the young person can be discharged with appropriate support.

However, increasing the scope and capacity of community-based services must not be at the expense of developing and supporting tier 4 in-patient services. Both are of equal importance. While a range of community-based services can be highly effective in preventing admission, this will not be appropriate in all cases. Inevitably, there will always be cases where young people require a period of in-patient care due to the severity and/or complexity of their mental health problems and the risk that they present to themselves or others. Given the current high occupancy levels in many parts of the country, it would be of considerable concern if in-patient facilities were closed or reduced in anticipation of falling need for admissions.

Ensuring that community services provide an adequate level of support for young people who are at serious risk, presents a challenge. This was highlighted in a recent report by the Royal College of Psychiatrists:

'Services that are developed as alternatives to admission must be capable of providing safe care to young people who are assessed as

[50] Dr. Zarrina Kurtz (December 2007), Ibid, 14

[51] Both PCTs stated that under 16s are never admitted to adult wards and that it is rare for under 18s to be admitted because when '…there are no adolescent beds available and an emergency admission is required the PCT pays for an independent sector bed until a SLAM bed becomes available. The PCT also pays for Adolescent Psychiatric Intensive Care beds in the independent sector when secure care is needed.' Furthermore, where an under 18 year old is admitted to an adult ward '…there are joint policies/protocols in place to ensure the safety of young people….'

being at risk of self-harm and/or suicide if they are to substantially reduce demand for inpatient care.' [52]

The connection between tier 3 and tier 4 was stressed by the Tier 4 Review report. The report noted that the consensus across the reviews was that the effectiveness of tier 4 depends upon integrated working with local tier 3 CAMHS. Thus there was agreement that:

'...the number of inpatient beds that exist within their boundaries is not really the central issue, although it is a matter for concern where this number falls too low. All stress that the type of intervention and care that needs to be carried out within a psychiatric in-patient setting requires closer definition than at present and will be strongly influenced by service capabilities that can be developed in day patient, outpatient, outreach and community based services. At present, the existence of these kinds of services is patchy, both geographically and in terms of the expertise and facilities they can provide'.[53]

The importance of commissioning

Pushed into the Shadows' recommendations were directed to both PCTs and mental health trusts. This is because the factors leading to admissions of young people on to adult wards can only be effectively addressed through the joint efforts of commissioners and providers operating in a children's trust environment. The need for commissioners of both adult services and CAMHS to plan together to end the inappropriate use of adult wards is a theme which runs through many of the recommendations in this report.

Within the Department of Health, there is currently a focus on the development of World Class Commissioning within the NHS, and there is a Commissioning Improvement Programme underway in the Department for Children, Schools and Families (DCSF). This acknowledges the key role commissioning plays in improving the quality of care, and also the level to which the absence of strong commissioning limits service development[54]. As the Tier 4 Review report stresses, commissioning is of crucial importance to the development of both tier 3 and tier 4 CAMHS so that these services have the capacity and capability to meet the needs of local populations: *'The reviews all acknowledge that the overriding 'solution' lies in knowledgeable and effective commissioning of tier 4, closely linked with, and informed by, what is commissioned in terms of tier 3 CAMHS.'*[55]

The recent Interim Report of the CAMHS Review found evidence of a

[52] O' Herlihy, A., et al (2008) Ibid.
[53] Dr. Zarrina Kurtz (December 2007), Ibid, 7
[54] See Department of Health: www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm
[55] Dr. Zarrina Kurtz (December 2007), Ibid, 44

lack of expertise amongst commissioners required to address the full spectrum of need[56]. It is essential that commissioners work together to address all aspects of mental health and psychological wellbeing in young people, and that the requirements of those with the most severe needs who may require admission are recognised by all those involved in the commissioning process.

In many areas, commissioners and providers from adult mental health services (AMHS) and CAMHS have already worked together to develop Early Intervention Psychosis teams and strong transition protocols in accordance with the National Service Framework for Mental Health. In some areas, Crisis Resolution Teams within adult services already work to support 16 and 17 year olds to stay in the community. This history of joint working can inform the whole system's joint planning. This will support the identification of resources and better investment in preventing admission and improving safe discharge.

The Government has not announced further new funds to develop alternatives to admission - it is therefore imperative that CAMHS and AMHS commissioners understand the resources which are currently spent on under 18 year olds placed on adult wards. These resources are made up by the cost of the young person occupying a bed, the 'opportunity cost' of filling a bed which could be used by an adult patient, and the costs of any one-to one observation. In addition, there are some young people who may be deterred from treatment by adult teams as a result of their experiences on adult wards, leading them to reject planned treatment and require further crisis management and emergency admission[57]. This has further long term economic implications.

From November 2008, PCTs will be required to tell the Local Authority in advance, and the courts when asked, where beds have been provided or could be provided to meet the needs of under 18s. This is aimed at ensuring that the onus to plan for the implementation of section 31 of the MHA 2007 (duty to ensure an age-appropriate environment) falls to PCTs and Children's Trusts rather than on providers alone. Introducing this in November 2008 sends another clear signal to commissioners that they must be ready for April 2010, and acknowledges that planning for change will take time.

Avoiding admission of young people on to adult psychiatric wards: conclusions

It is clear from the responses to *Pushed into the Shadows* that further work is required in order to ensure that all children and young people with mental health problems have access to services that are responsive to their needs.

[56] National CAMHS Review (29 July, 2008) p. 20.
[57] There are examples around the country of 'invest to save' initiatives where specialist adolescent community teams have been successful in reducing the number of admissions and the length of stay.

This is essential in order to avoid the inappropriate admissions of young people to adult wards. It requires a range of services to be available – both community-based services and, for those who require a period of in-patient treatment, facilities that are age-appropriate and provide a safe and supportive environment. The planning, commissioning and delivery of this spectrum of services is dependent upon the sustained engagement and commitment of commissioners and providers in both adult mental health services and CAMHS.

Below, we set out VIK's 'top tips' for tier 4 in-patient services (these points will also be of relevance to the care and treatment of young people placed on adult psychiatric wards).

We strongly support the Tier 4 Review report's recommendation concerning commissioning and adopt it as the first recommendation of this report, with an additional point added by us (in italics) in relation to children's services:

***Out of the Shadows?* recommendation 1**

'...the commissioning of tier 4 services is given due priority in each region of England. This should take account of the absolute necessity for commissioning tier 4 services in collaboration with the commissioning of tier 3 and jointly, by mental health commissioners of children's and adult services, with the appropriate commissioners of social care [our addition] *and other children's services commissioned under children trusts arrangements*.'

Such work is essential in order to achieve the goal of ending inappropriate admissions of young people to adult psychiatric wards. In the meantime, it is vital that measures are put in place to safeguard the welfare and interests of those young people who are admitted to adult wards.

The responses to the recommendations aimed at safeguarding children and young people who are admitted to adult wards are considered in the following chapters.

Tier 4 - VIK's Top Tips

- Every unit should be linked to local children and young people's services.
- Children and young people's advocacy should be signposted on the ward to let young people know that advocacy is "their right" and it should be accessible without explicit permission from staff.
- Children and young people should receive user friendly

information about every step of their treatment in an in-patient unit, in ways that they can access the information and at various points so that they can take the information in (maybe through a computer programme/game/leaflets/DVD etc).

- Dignity nurse – there is now a 'dignity nurse' role at each hospital. This person should visit the psychiatric ward and have direct contact with patients through an available free phone on the ward.
- Key workers should have time to talk to children and young people about their care plans.
- Children and young people should be given allocated time to talk about their care plans (can be with a named person).
- Ward managers/dignity nurse/advocates should collate feedback from patients regularly. This should be through a range of methods (and enabling respondents to maintain their anonymity if they so wish), such as:
  - through a suggestion box
  - comments that can be sent to an email address
  - regular visits.
- Time during ward rounds should be dedicated to the child or young person so that s/he can ask questions or resolve queries. There must be enough time to do this.
- If agency staff are required they must be CAMHS trained.
- There should be guidance for agency staff regarding appropriate training/policies and procedures on the ward.
- Adult mental health services should be linked to CAMHS in good time so that children and young people can be supported in the transition to adult services (similar to the way in which children and young people are supported from primary to secondary school); for example staff visiting CAMHS wards, provision of a link worker, education and occupational therapy staff working together.
- Pre discharge – staff from the next team should come to the current ward/clinic to meet with the child/young person, so as to provide familiarity during the hand over period.
- The most appropriate bed should be given to the child/young person, for example those of higher risk should be the nearest to the nurses' station.

SECTION B
Safeguarding young people on adult wards

The chapters in this section form an analysis of responses to *Pushed into the Shadows* recommendations aimed at safeguarding those young people who *are* admitted to adult wards – recommendations 6-20.

Chapter 4: Safeguarding young people on adult wards

'Even with the robust plan that addresses all the recommendations of this report, the fact remains that CAMHS resources are limited and it is easy to foresee circumstances where the local adolescent unit will be full and a 17 year old, or younger, will require in-patient treatment and may in the first instance end up on an adult ward. The Trust may need to establish how they quickly facilitate transfer to an NHS unit out of the area or private CAMH service.' (Stockton-on-Tees PCT)

This chapter explains why *Pushed into the Shadows'* recommendations on measures to safeguard young people admitted on to adult wards are so important.

In November 2006, the Department of Health stated that 'the elimination of the unacceptable use of adult wards' should be possible within five years. In his Foreword to *Pushed into the Shadows*, the Children's Commissioner urged 'more rapid progress' towards this goal. Recognising that, inevitably, some young people will be admitted to adult wards during this period, *Pushed into the Shadows* made a series of recommendations seeking to ensure that adequate safeguards are in place where such admissions cannot be avoided (recommendations 6 – 20). These recommendations cover the following areas:

- Collection of data on the numbers of young people admitted to adult mental health beds (recommendation 6).
- Policies and protocols between CAMHS and adult mental health services (recommendation 7).
- Involving children and young people and their families in care planning, discharge and service design (recommendations 8 and 9).
- Access to appropriately checked and trained staff (recommendations 10 and 11).
- Ensuring adequate levels of staffing on adult in-patient wards (recommendations 12 and 13).
- Access to independent advocacy services (recommendation 14).
- Care planning and discharge arrangements (recommendations 15 and 16).
- Activities, education and therapeutic input (recommendations 17 and 18).
- Visiting on adult wards (recommendation 19).
- Safeguarding children and young people (recommendation 20).

Why measures to safeguard young people must be put in place

Even if admissions to adult wards are likely to occur infrequently, robust safeguards must be in place. This is to ensure that young people feel safe and receive the appropriate care and support throughout their stay on these wards, however long their admission lasts.

As suitable age-appropriate services with the capacity to respond to local needs develop (including those for children and young people who require urgent treatment and support), the necessity for young people to be admitted on to adult psychiatric wards will diminish. However, as the comment from Stockton-on-Tees PCT and its co-respondents[58] (cited at the beginning of this chapter) makes clear, for the foreseeable future it is likely that young people will be admitted to adult wards from time to time, usually in emergency situations.

PCTs and mental health trusts should prepare for such eventualities so that the young people who are admitted to adult wards are provided with care appropriate to their needs, in a safe and supportive environment. This is now made explicit in section 31 of the Mental Health Act due to come into force in April 2010 (it will become 131A Mental Health Act 1983 [accommodation, etc. for children]). While *Pushed into the Shadows'* recommendations predate this legislative amendment, they underpin the work required to ensure compliance with this provision.

Data collection: do we know how many young people are admitted to adult wards?

Pushed into the Shadows raised concerns about the lack of national data available on the numbers of young people admitted to adult wards. This not only has the potential to mask the problem, but makes it more difficult to monitor progress in addressing this issue. Whilst there are no official figures on the number of admissions of young people to adult wards, a Royal College of Psychiatrists' survey in 2004 indicated that around a thousand young people are admitted to adult wards each year[59]. Based on these figures, *Pushed into the Shadows* noted that the use of adult psychiatric beds by young people is far from rare. Accordingly, *Pushed into the Shadows* recommended:

> *Pushed into the Shadows* recommendation 6:
>
> 'The Department of Health should arrange for collection of information by an organisation such as the Mental Health Act Commission on the numbers of all children and young people (whether detained under the Mental Health Act 1983 of not) who are admitted to adult psychiatric facilities and the length of each admission. This should be monitored

[58] Joint response with Tees, Esk and Wear Valleys NHS Trust, North Tees PCT, Hartlepool PCT, Redcar and Cleveland PCT and Middlesbrough PCT

[59] Worrell, A.; O'Herlihy, A.; Bannerjee, S.; Jaffa T. et al (2004) 'Inappropriate admission of young people with mental disorder to adult psychiatric wards and paediatric wards: cross sectional study of six month's activity'. British Medical Journal (328) p. 867

both nationally and locally to ensure that progress is being made to eliminate the use of adult beds as a matter of urgency and any unforeseen increases investigated through performance management and inspection.'

In relation to young people detained under the Mental Health Act 1983, the Mental Health Act Commission (MHAC) calculated 'a rough average of one admission every day' (based on information provided to the MHAC over three and a half years)[60]. Given that this information was provided on a voluntary basis and it only related to those children and young people who are detained under the Mental Health Act 1983, these figures are likely to be an underestimate of the total number of admissions on to adult wards.

The Department of Health's response to this recommendation (6) stated that reporting requirements have been put in place:

'...with regards to the use of psychiatric wards for children of age 16 and under. For 16/17 year olds, SHAs [Strategic Health Authorities] will be checking that adult wards are used only when appropriate, in line with best practice set out in the National Service Framework, and decide locally what performance management of Trusts and PCTs is needed to ensure that this is achieved'.

While such reporting requirements are welcome, this does not fully address the concern that there is no national data on the numbers of young people who are admitted on to adult wards. The Department of Health receives information on the number of 'occupied bed days' on adult psychiatric wards for those under 16 and for patients aged 16 or 17. Collecting information in this form does not make clear how many children and young people are admitted on to adult wards in any given period, nor how long each individual patient stays there. Such information is necessary to help identify the regions in which such admissions occur most frequently (and/or where the length of stay is more than a day or so), the reasons for this and what steps need to be taken to address them.

Data collection: conclusions

We reiterate the points made in *Pushed into the Shadows*' recommendation 6 in connection with the collection of data and the monitoring at national and local level (see above).

We also strongly support the decision of the Mental Health Act Commission (MHAC) to instigate a system to monitor the use of the Mental Health Act 1983 to admit children and young people to adult wards. We agree with the MHAC that this work is needed in order to advise the Government of the progress towards compliance with section 31 of the Mental Health Act 2007 when it comes into force in April 2010. However, we consider that the MHAC's monitoring role should be extended to all children and young people on adult wards, not just those who are detained. Section 31 applies to all individuals under 18 whether

[60] Lord Patel of Bradford, Chair, Mental Health Act Commission, House of Lords, 15th January 2007, Column 550

they are detained under the Mental Health Act 1983 or admitted informally (in other words, without the use of the formal procedures under the Act).

Furthermore, by relying solely on information recording 'occupied bed days', it is easy to forget the fact that these figures concern children and young people. As *Pushed into the Shadows* demonstrated, being placed on an adult psychiatric ward is a frightening and negative experience for many young people. A mechanism for ensuring that the rights of the young people concerned are protected adequately, and their chances of recovery optimised, is therefore required.

While the Mental Health Act Commission has an important role in providing safeguards for patients (of any age) who are detained in hospital under the Mental Health Act 1983, it does not have a remit in relation to those patients who are admitted informally. We consider this to be a serious omission in relation to children and young people, many of whom will be admitted as informal patients.

Accordingly, we make the following recommendation:

***Out of the Shadows?* recommendation 2**

The Secretary of State for Health should require the Mental Health Act Commission (and its successor body, the Care Quality Commission) to:

- Collect information on the numbers and age of children and young people admitted to an adult psychiatric ward (whether or not detained under the Mental Health Act 1983).

- To 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).

Another area of concern is the use of paediatric wards as alternatives to admissions on to adult wards for children and young people with severe mental health problems who need a period of in-patient treatment.

***Out of the Shadows?* recommendation 3**

The Department of Health should arrange for the collection of information, either through routine statistical exercises on hospital care or by an organisation such as the Care Quality Commission, on the numbers of children and young people who are admitted to paediatric wards in order to receive specialist mental health care.

If admissions are possible, safeguarding measures are essential

As mentioned in chapter 1, a small minority of responses (less than 10%) took the view that all, or some, of the recommendations made in *Pushed into the Shadows* did not apply to them.

For the reasons set out below, we consider that not addressing the recommendations concerning the safeguarding of children and young people admitted on to adult psychiatric wards (recommendations 7 – 20) is only justified if it is clear that children and young people will **never** be admitted on to adult wards. This can be achieved, but only if local arrangements for responding to the needs of children and young people with serious mental health problems are established, and there are strict policies and procedures that prevent the admission of young people on to adult psychiatric wards, even in emergencies. This may include the use of 'spot purchase' of beds in the independent sector.

The reasons why some responses considered it unnecessary to address the safeguarding recommendations fall into two main categories: some stated that policies and practices that seek to ensure that children and young people are not admitted on to adult wards have already been developed (a), and some stated that young people will never be admitted 'inappropriately' [61](b).

These reasons are discussed below:

a) Policies and practice ensure that children and young people are not admitted to adult psychiatric wards.

Some responses stated that children and young people are not admitted to adult psychiatric wards in their area. For example, both Islington PCT and Plymouth PCT[62] provided clear and comprehensive responses to many of the recommendations. However, they stated that they do not consider it necessary to develop protocols to ensure the safety and protection of young people admitted to adult wards (recommendation 7) because they never need to do so.

The joint response of Barnet London Borough and Barnet PCT addressed recommendations 1 and 2, but not the safeguarding measures. It stated that adult psychiatric wards are not used for young people in Barnet, and that they will work to maintain this position through joint commissioning activities.

Birmingham East and North PCT stated that it had established a Birmingham-wide adolescent mental health service with a community focus, but also had access to age-specific beds in the independent sector. Accordingly, it responded to none of the recommendations,

[61] In addition, Doncaster and Bassetlaw Hospital NHS Foundation Trust states that many of the recommendations 'are not directly relevant to the services provided' by the Trust.

[62] This is a joint response with Plymouth Hospitals NHS Trust and Children's Services for Plymouth City Council.

commenting: *'We do not therefore anticipate having further cases of adolescents being admitted to adult wards in the future'.* The Heart of Birmingham Teaching PCT stated that no children from the PCT have been admitted on to an adult mental health ward.

Thus these PCTs appear to have concluded that their local arrangements are such that no children or young people will be admitted to adult psychiatric wards. In such circumstances, the range of safeguards outlined by *Pushed into the Shadows* may not be necessary. However, as the response from Barnet points out, work will be required to maintain the position that young people are not admitted on to adult wards. This will require close monitoring through the commissioning process.

South Birmingham PCT stated that it has had very few admissions of young people to adult wards, and it hoped that these figures would reduce further. Our view is that if it is accepted that in some, albeit exceptional, cases admission may be necessary, measures to ensure the safety and welfare of such young people must be put in place.

b) Limiting admissions of young people to 'appropriate admissions'

A few responses highlighted a potential confusion over what will be required if a young person is admitted to an adult ward 'appropriately'.

For example, Hillingdon PCT worked with other members of the North West London commissioning consortium to ensure that a sufficient number of CAMHS beds are available when required. Accordingly the PCT stated that *'...children in Hillingdon are never routinely placed on an adult ward. Exceptions to this are very rare'.* In response to recommendation 7 (protocols to ensure the safety of young people on adult wards), Hillingdon stated that *'protocols are in place to ensure that children are never placed inappropriately'*. This suggests that it is anticipated that there may be times when a young person is admitted on to an adult ward, even if only when this is considered to be 'appropriate'. However, in response to recommendations that are specific to safeguarding young people placed on adult psychiatric wards, the PCT stated that these are not applicable.[63]

The joint response of Kirklees PCT (and others[64]) took a similar approach. They responded to recommendations 7,10,12-14,17-20 as follows:

'South West Yorkshire Mental Health Trust no longer admits under 17s to adult wards & will avoid admitting 17 – 18 year olds unless, due to the level of maturity & following joint clinical decisions, which will consider the individual's choice of placement, in line with locally agreed

[63] Recommendations: 10 (the appointment of a key worker with training in working with children and young people), 12 (supervision of staff and for staff to have training in child and adolescent mental health), 13 (provision of information), 17 (appropriate facilities and activities), 18 (ensuring continuation of education) and 19 (visiting arrangements).

[64] Calderdale PCT, Wakefield District PCT, Southwest Yorkshire Mental Health NHS Trust and Calderdale and Huddersfield Foundation Trust.

transition protocols it would be appropriate for the young person to be admitted to an adult inpatient facility, as an adult following the CPA protocol.'

This approach fails to recognise that *Pushed into the Shadows'* recommendations address the range of issues that will need to be considered by those responsible for determining whether the young person's admission to an adult psychiatric ward is appropriate. Furthermore, the recommendations set out the safeguards that need to be put in place for all young people who are admitted to adult wards, whether or not such admissions are deemed to be appropriate.

Westminster PCT explained that, for many years, it has commissioned only adolescent beds for under 18 year olds and that it never uses adult beds *'unless this is on the recommendation of the CAMHS psychiatrist.'* The PCT stated that young people are rarely admitted to adult wards and *'where they are this is brief and we are confident that in practice appropriate protection and safeguards are in place to the relevant national standards'*. However, it was not entirely clear from the response what safeguards the PCT has arranged as it provided no response to the safeguarding recommendations set out in *Pushed into the Shadows*[65].

Even where it is intended that the young person will remain on an adult psychiatric ward for a period of less than 24 hours, appropriate safeguards must be in place.

Factors to be considered in determining whether admission is appropriate

In the rare circumstances in which it may be considered to be clinically appropriate for the young person to be admitted to an adult ward, it will

[65] In subsequent correspondence, Westminster PCT has assured us that safeguarding is addressed in the relevant service specification with Central and North West London NHS Mental Health Trust (CNWL). However, we did not receive a response to the *Pushed into the Shadows* recommendation from the mental health trust, CNWL.

[66] For the purposes of this Act, 'children' are persons under the age of 18.

still be necessary to establish adequate measures to safeguard and promote the welfare of the young person in accordance with section 11 Children Act 2004[66]. This is made clear in the Department of Health's letter to Strategic Health Authorities (SHAs) in June 2007. The letter identifies areas that must be considered where a patient under the age of 18 is to be admitted on to an adult psychiatric ward:

- *The beds have been specifically set aside for such use and are single sex;*
- *Staff are Criminal Record Bureau (CRB) checked and have support and training available to them from child mental health professionals;*
- *The Local Safeguarding Children Board is satisfied with the measures in place;*
- *Adult mental health staff and CAMHS work closely together to plan the care, discharge and after-care, utilising the Care Programme Approach;*
- *Education, recreational facilities and advocacy services are available to children and young people. Advocates are trained to work with children and young people and in mental health legislation; and*
- *Local authority and voluntary social care, vocational and housing services are part of the network supporting the young people.*[67]

Importance of safeguarding measures: conclusions

The fact that admissions of young people to adult psychiatric wards are likely to continue reinforces the need to have clear mechanisms in place so that all staff concerned are familiar with the actions that need to be taken.

Out of the Shadows? **recommendation 4**

All PCTs and mental health trusts put in place the range of measures to safeguard young people, as outlined *in Pushed into the Shadows'* recommendations 7 – 20, unless they are able to guarantee that such admissions will never occur.

By doing so, Trusts will not only be in a better position to provide for young people, but will enhance the services they provide to other patients. For example, when not required for a young person under the age of 18, the segregated area on a ward could be used for patients in their late teens or early twenties who may find their first time on an adult ward unsettling. Alternatively, the area could be used for patients of any age who are highly disturbed or, for other reasons, may need to have some space away from the general activities of the ward.

Furthermore, providing training to staff on CAMHS and working with young people can help to establish strong links between CAMHS and adult mental health services as well as ensuring that there are staff on

[67] See appendix 6

adult wards who have training and experience of working with young people. Since this is an area recognised as being problematic, partly due to the current lack of joint planning by CAMHS and adult mental health services, this can only improve the services for those transferring from CAMHS to adult mental health care.

Seven core elements of care and support: an overview

The responses of PCTs and mental health trusts to the recommendations addressed to them on safeguarding young people admitted to adult wards (7 – 20) are considered in the following seven chapters. In considering these responses, we have identified seven areas that are key to the safe and supportive provision of care. Each of these areas will need to be considered when determining, in the light of the young person's particular needs, if admission to an adult ward will be appropriate.

However, the purpose of identifying these areas is not only to highlight the measures that need to be put in place in order to safeguard those young people who are admitted to adult wards. These areas are core elements of the care and support that should be provided to young people with mental health problems.

Thus these 'seven core elements of care and support' seek to identify the issues that those involved in planning, commissioning and delivering mental health care to young people should address so that young people receive good quality, age-appropriate services that are responsive to their needs and delivered in a manner that respects and promotes their rights.

The seven areas are as follows:

i. **A safe and supportive environment**
ii. **Provision of age-appropriate information**
iii. **Involvement in care planning**
iv. **Access to independent advocacy**
v. **Access to education**
vi. **Involvement in daily activities**
vii. **Opportunities for participation**

Each of these seven areas have been identified by VIK as important to young people. They also reflect best practice outlined by Government policy and are underpinned by the rights set out in the United Nations Convention on the Rights of the Child.

The next seven chapters consider each of these areas in turn. As these chapters highlight, there is a need for further work in all these areas.

Chapter 5:
A safe and supportive environment, core element of care and support (i)

***Pushed into the Shadows* highlighted serious concerns that many young people felt isolated, unsafe and unsupported by staff during their stay on adult psychiatric wards. Some of the young people's experiences suggested a serious failure to take appropriate measures to protect them from harm. Some had been subjected to verbal, physical and/or sexual abuse from other patients and, in some cases, staff were threatening or abusive. Young people were also able to engage in harmful practices such as misusing drugs and alcohol or self-harming while on the wards. One young woman considered that her time on an adult ward had been so negative that she would need *'treatment to get over my treatment'* (Hattie, age 17).**

Pushed into the Shadows recommendation 7:

'Mental health trusts (CAMHS and adult services) and PCTs work together to ensure they have in place a joint policy and/or protocol to ensure the safety and protection of young people admitted to adult wards (including the provision of appropriately segregated sleeping and bathroom areas) and access to the expertise and support of CAMHS staff throughout their in-patient stay in line with the rights set out under the UN Convention on the Rights of the Child and the relevant national standards.'

This chapter considers the responses to recommendation 7, followed by responses to the recommendations related to those important factors in determining whether the environment is safe and supportive.

Therefore, the following areas will be considered (pages 69-78):

- **Policies and protocols:** to ensure the safety and protection of young people admitted to adult wards (recommendation 7).
- **Appropriately trained staff:** ensuring that young people have proper care and support from appropriately trained staff (recommendations 10 and 12).
- **Criminal Record Bureau (CRB) disclosure:** securing the appropriate checks for all staff on adult wards admitting young people (recommendation 11).
- **Visiting areas:** a safe and private place to meet with family and friends (recommendation 19).

- **Safeguarding children and young people:** complying with notification requirements under the Children Act 1989 (recommendation 20).

Why is a safe and supportive environment so important?

'During the time that young people are in hospital, they should be kept safe so that they have the chance to get better, not live in fear of what will happen next!'

(Jo, admitted to an adult ward when aged 16)

Young people admitted on to adult psychiatric wards need to feel protected and cared for throughout their stay.

Government policy emphasises the importance of a safe and supportive environment. Recommendation 7 reflects the recommendation in the National Service Framework for Mental Health (NSF for Mental Health), published in 1999. It recognised that there may be occasions where the admission of a young person on to an adult ward is necessary, but made it clear that protocols must be put place to cater for these situations:

'If a bed in an adolescent unit cannot be located for a young person, but admission is essential for the safety and welfare of the service user or others, then care may be provided on an adult ward for a short period. As a contingency measure, NHS Trusts should identify wards or settings that would be better suited to meet the needs of young people. A protocol must be agreed between the child and adolescent services, and adult services. Protocols should set out procedures that safeguard the patient's safety and dignity.' [68]

As Standard 9 of the NSF for Children notes, children and young people who require admission to hospital for mental health care should have access to appropriate care, in an environment suited to their age and development.[69]

The UN Convention on the Rights of the Child (UNCRC) is also relevant:

- Article 19 requires measures to be taken to protect children and young people from *'all forms of physical or mental violence, injury or*

[68] Department of Health (1999), *National Service Framework for Mental Health: Modern Standards and Service Models*, at 63.
[69] Department of Health and Department of Education and Skills (2004), Ibid, at 5.

abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse' (including suicide and self-harm).

- Article 37 requires that every child or young person deprived of their liberty *'is treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes account the needs of persons of his or her age.'* It also makes clear that children and young people should be separated from adults unless it is considered in the child's best interest not to do so.

VIK explain why a safe and supportive environment is so crucial:

- **It makes us feel more positive if it is nice.**
- **It makes us feel safe even if we are feeling vulnerable.**
- **If staff are empathetic and encouraging, it can lead to recovery.**
- **If we are feeling vulnerable, we have the right to live in a safe environment which promotes our emotional and psychological development.**

Policies and Protocols to ensure safety and protection of young people on adult wards

Approximately 80% of the responses confirmed that they had protocols in place, or that protocols were under development. For example, East London and the City University Mental Health NHS Trust stated:

'A protocol is currently being developed to cover the very rare occasions when a 16 or 17 year old would not be admitted to the Coborn Centre [adolescent unit]. In such circumstance, the young person would be admitted to Emerald Ward at the adjacent Newham Centre for Mental Health and spend much of the day at the Coborn Centre. The protocol will address admission, general care (observations, sleeping arrangements, safety issues, diet, activities, medication, reviews), and Coborn input (day attendance, provision of staff, medical cover, advice, training and support).'

Bradford District Care Trust responded:

'All adult wards are single sex and have two single rooms available with en suite facilities – these are generally used for young people under 18 years. An annex with a single room, sitting room and bathroom is available for more disturbed young people where they can be managed away from the main ward.'

Identifying the need for further work

Some of those who responded are likely to have significant work to do in order to meet recommendation 7. For example, Norfolk and Waveney Mental Health Partnership Trust stated that it is *'not fully compliant with this recommendation as 17 year olds, routinely admitted to adult wards in Gt. Yarmouth and Waveney and Kings Lynn have limited access to CAMHS staff during their stay.'*

North East Lincolnshire stated:

'The adult psychiatry wards do not easily lend themselves to the modification of the environment required. We are considering all options with a view to providing alternative settings for these young people by end of 2008, and a new way of managing and supporting those cases.'

The need for designated wards

It is nearly ten years since the publication of the NSF for Mental Health which stated that, as 'a contingency measure', NHS Trusts should identify wards or settings that would be better suited to meet the needs of young people[70]. It is of some concern that, despite this length of time, some have yet to make this designation. Stockton-on-Tees PCT stated:

'Adult services exploring opportunities to identify a specific ward in each locality, i.e. North Tees, South Tees, North Durham, South Durham, that could accept under 18s when no adolescent beds are available as a short term measure where specific staff could be trained in CAMHS issues.'

South West London and St George's Mental Health NHS Trust identified the need to undertake refurbishment so that the designated adult ward meets the criteria for appropriately segregated sleeping and bathroom areas.

Oxleas NHS Foundation Trust suggested that each Borough adult mental health unit considers designating one of its wards as "least unsuitable" for under 18s – *'upgrading staff training, policies, procedures and facilities as necessary'.* This would seem to be a sensible strategy as it then enables the Trust to focus on ensuring that these wards will be able to provide an age-appropriate environment, with appropriately trained staff who have up-to-date and enhanced CRB checks.

Monitoring

As discussed above in relation to recommendation 6, national monitoring of the numbers of young people admitted on to adult psychiatric wards is essential.

""You should not have constant supervision just because you are a minor on an adult ward – if that is where you have to be placed'
(VIK)

It will also be important for this to be monitored at a local level. Some responses commented on how they are going to monitor such admissions. For example, Northamptonshire Healthcare NHS Trust stated that there will be a monthly tier 4 *'Commissioner/provider monitoring of all young people who have needed admission and remain in hospital'*. Bolton, Salford and Trafford Mental Health NHS Trust stated that the number of 16 and 17 year olds admitted to adult wards will be included in the key performance indicators (KPIs) reported to the Trust Board.

Observation policies

Although this was not referred to in the recommendations, around 10% of responses stated that they have a one-to-one observation policy for all young people on adult wards. As VIK point out (see left margin), this

[70] Department of Health (1999) Ibid, at 63.

should not be a blanket policy. While such levels of observation may be necessary, this should be assessed on an individual basis[71]. Coventry PCT described a more flexible, individual needs-based approach:

'All young people admitted to adult wards have an individual risk assessment and management plan devised to meet their needs'. [72]

South Staffordshire and Shropshire Healthcare NHS Foundation Trust commented:

'Active Risk assessment processes in place which allows for increased supervision if required following assessment.'

Appropriate staffing

A common experience of the young people involved in the *Pushed into the Shadows* report was the unwillingness of staff to engage with them, with staff appearing to lack interest or empathy with their situation. This highlights the importance of ensuring that staff caring for young people on adult wards have sufficient training and/or experience in working with children and young people with mental health problems.

Pushed into the Shadows made two recommendations that sought to address these concerns. The first (recommendation 10) recommended that all young people admitted to adult wards should have an appropriately trained key worker to liaise with CAMHS. The second (recommendation 12) made recommendations concerning the supervision and training of staff working with young people on adult wards.

The Code of Practice to the Mental Health Act 1983, which has been revised and updated to take into account the changes introduced by the Mental Health Act 2007, identifies staffing as one of the key factors to be taken into account when assessing the suitability of a ward for a child or young person. It states that children and young people should have:

'Staff with the right training, skills and knowledge to understand and address their specific needs as children and young people...'[73]

Key worker to liaise with CAMHS

Pushed into the Shadows recommendation 10:

'All young people admitted to adult wards should have regular access to a named key worker/lead professional who has received some training in working with young people and who has responsibility for liaising with CAMHS and ensuring that young people's care is properly planned and

[71] There are also significant cost implications for such policies. It has been estimated that providing constant one to observation for one month to a young person on an adult ward would cost in the region of £36,000. See Kathryn Pugh, Getting ready for change, Mental Health Today, July/August 2008, page 30.
[72] Warwick PCT gave a similar response
[73] Department of Health, Code of Practice, Mental Health Act 1983, May 2008 at 36.68. It will come into force on 3 November 2008.

they are fully supported throughout their stay.'

Responses to recommendation 10

Less than 25% of the responses provided clear evidence that each young person admitted on to an adult ward will have a key worker/lead professional with training on working with CAMHS. Just over a third stated that this is under review.

"I was treated more like an animal than a human. On the adult ward they told me to stop behaving like a kid…I was a kid!!!" (Kim, admitted to an adult ward aged 16)

Hampshire Partnership NHS Trust thinks that it is not practicable, given the low numbers of young people admitted on to adult wards, to provide a named nurse with specific training. However, it stated that CAMHS will provide advice, assessment and support on request. North Staffordshire and Stoke-on-Trent PCTs also think that is it not feasible to guarantee that the key worker will have specific training in working with young people, but stated that CAMHS staff would provide supervision.

Other responses identified the need to develop training packages to enable existing staff to extend their skills in working with young people. Liverpool PCT plans to develop a joint training programme between CAMHS and adult mental health services. It stated that, by 2010, all adult mental health staff having contact with young people will have had training in child and adolescent mental health. We strongly support such initiatives and urge other organisations to develop similar training programmes.

We consider that it is crucial that the young person's key worker has received training on working with children and young people.

Staff to receive training on child and adolescent mental health

Pushed into the Shadows recommendation 12:

'PCTs and mental health trusts should work to review and, where appropriate increase the level of supervision by staff on adult wards who are working with young people. All staff who are working with young people on adult wards should be trained in child and adolescent mental health.'

Responses to recommendation 12

Less than 10% of the responses provided clear evidence that all staff working with young people on adult wards are trained in child and adolescent mental health. Just over a third stated that this is under review.

While recognising the challenges involved in meeting this recommendation, some responses sought to identify how to ensure that young people are cared for by people with the appropriate training. For example, Milton Keynes PCT stated that it will '*Make every effort to engage an appropriately trained CAMHS worker and only use other appropriately trained staff as a last resort'*. Liverpool PCT stated that, by 2010, all adult mental health staff having contact with young people will

have training in CAMHS. The joint response of Western Cheshire PCT and others stated that they are:

'...committed to ensuring that all children and young people admitted to adult mental health wards have access to staff with specialist training in CAMHS, and that adult mental health colleagues are supported by CAMHS or 16-19 service colleagues'.

Oxleas NHS Foundation Trust and Stockton-on-Tees PCT both seek to identify staff on adult wards who would be interested in receiving training on CAMHS. They stated:

*'CAMHS staff have also offered to provide CAMHS specific training to Adult ward staff. However, we feel it is not achievable that all staff of every AMHS ward are trained in CAMHS and that a process for identifying key staff to be trained in CAMHS may be more achievable with appropriate dissemination.' (*Stockton on Tees)

'We may need to see if it is possible to identify a ward in each of the adult mental health units that would be willing to take CAMHS clients and a core group of people in each unit who would be willing to undertake CAMHS training.' (Oxleas NHS Foundation Trust)

Herefordshire PCT intends to carry out an annual audit of qualifications of staff caring for children and young people on adult wards and feed this back to its CAMHS strategy group.

We strongly welcome these approaches. They demonstrate a commitment to ensuring that young people admitted to adult wards are provided with the care and support they need from appropriately trained staff.

Criminal Record Bureau (CRB) disclosure

Pushed into the Shadows recommendation 11:

'PCTs and mental health trusts should ensure that all staff (including agency other temporary staff) on adult wards admitting young people should have an appropriate and current Criminal Records Bureau (CRB) disclosure.'

Pushed into the Shadows identified a serious anomaly that there seemed to be no requirement for those staff on adult wards working with young people to have CRB checks, whereas in other areas of public service provision all staff with access to children and young people must have such checks. The Department of Health has since highlighted the need to ensure that staff are CRB checked in its letter to SHAs in June 2007 (see appendix 6).

In the future, all staff working with patients (of whatever age) on adult psychiatric wards will be required to register with the Independent

Safeguarding Authority. Registration will involve a CRB check (enhanced level)[74].

The Code of Practice to the Mental Health Act 1983 (due to come into force in November 2008) states that anyone who looks after children and young people on adult wards, *'...must always have enhanced disclosure clearance from the Criminal Records Bureau and that clearance must be kept up to date.'*[75]

Although almost all of those who responded had CRB checks for staff, there was a wide variation in how these procedures are implemented. For example, some, such as Barnsley PCT and Hampshire Partnership NHS Trust, had CRB checks for new staff and those that are changing their jobs but did not mention how or whether checks on existing staff are updated. Others identify the need to introduce such a mechanism, for example, Oxford and Buckinghamshire NHS Trust (now Mental Health NHS Foundation Trust) stated that, while '*new starters all have CRB clearance and people who have changed posts are CRB checked',* it is working '*against clinical priority*' to check the rest of the workforce[76]*.*

Wolverhampton PCT stated:

'All staff are CRB checked on commencement of employment. The PCT does not repeat CRB checks at regular intervals at the present time. However HR will give this issue consideration and will change the protocol in line with recommended timescales.'

The need to involve Local Safeguarding Children's Boards (LSCBs) in CRB checks was also identified. For example, North of Tyne CAMHS Partnership stated that enhanced CRB checks are part of the recruitment process and that the Local Safeguarding Children's Board advises on three year checks. Herefordshire PCT intended to establish an annual audit system by April 2008 in which an audit of CRB checks on staff caring for children on adult wards is carried out and fed back to the Safeguarding Board and/or CAMHS strategy group to action if appropriate.

Stockton-on-Tees PCT describes the approach taken by local services:

'Adult services have agreed to CRB check, at enhanced level, any staff in Ward areas identified to accept young people when adolescent beds are not available – this includes bank staff who may also wish to work in CAMHS areas'

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[74] See: www.isa-gov.org.uk/

[75] Department of Health (2008) Code of Practice, Mental Health Act, para 36.70

[76] Oxford and Bucks NHS Trust have since informed us that the following staff are CRB checked: 'New staff who have unsupervised contact with children as part of their duties…. Staff who transfer into CAHMS from other parts of the Trust and have unsupervised contact with children…. Staff who commenced employment within CAMHS prior to Oct 2002 have now had retrospective CRBs carried out.'

Visiting areas

Pushed into the Shadows recommendation 19:

'Mental health trusts and PCTs should ensure that where young people are admitted on to an adult ward, arrangements for seeing their family and friends should be made, taking into account the need to safeguard the health and welfare of patients and visitors. This must include visiting areas in which they meet with their families and friends (including those under 18) in private.'

Pushed into the Shadows highlighted the difficulties that some young people had in maintaining contact with their families and friends. In some cases, this was due to the distance of the unit from their home and the length of their stay. However, in others this was because the adult ward had a policy of not allowing young people under 18 to visit the ward.

***"There needs to be comfortable private places to meet families and friends, with facilities to make drink and snacks. There should be activities and music available"* (Young person's comment, Lancashire Care NHS Foundation Trust)**

Just over 50% of the responses confirmed that they had relevant policies in place and/or could provide suitable visiting facilities. Almost a third stated that this was under development.

'...work has been done to develop appropriate visiting arrangements and facilities outside the ward area and which are sensitive to the needs of the child or young person. Policy guidance has been prepared for child visitors. These facilities can be used to support families who may need to visit a young person in the relatively short period it is expected they would remain on an adult ward i.e. the commitment to move the child or young person to an appropriate setting within 24–48 hours.' (West London Mental Health Trust)

The small minority of responses that did not indicate whether the necessary arrangements for visiting are in place, nor if there were plans to make such arrangements, include those who stated that they do not intend to admit under 18s to adult wards. As discussed above, this is acceptable only if local arrangements are such that young people will definitely not be admitted to adult wards.

Another area of concern is the responses that gave little indication of what, if any, action is to be taken where it is anticipated that young people may be admitted to adult wards. For example, in the North East

region: Gateshead PCT made no response to this recommendation, and North of Tyne stated only *'Safeguarding is of prime concern (the timetable for completion is 'ongoing')*. In the East of England, Suffolk PCT's response was brief: *'West Suffolk adult unit have individual rooms'.*

Policies required for young patients as well as young visitors

Some responses focused on child visitors rather than young patients receiving visits. For example, Bolton, Salford and Trafford Mental Health NHS Trusts stated that children are not allowed to visit wards, but work is being undertaken to develop alternative visiting facilities. Similarly, Buckinghamshire PCT stated that family rooms for all visitors with young children are being developed. Presumably, these facilities will also be available to those visiting young people but policies and facilities should apply to both children and young people as visitors and as in-patients receiving visitors (some of whom may be minors). South West London and St George's made this point: it stated that they would be drafting specific guidance regarding visits to young people, and commented:

'The Trust has a Child Visiting Policy that has very specific guidance on what facilities should be available when a child/young person visits a relative on a ward. The essence of this policy applies in the case of a young person who is an inpatient on the ward and being visited, i.e. all visits need to be recorded, there needs to be child/young person family space available, etc.'

We strongly support the approach taken by this Trust. We also reiterate the need to establish clear policies to safeguard the health and welfare of both patients and visitors, and provide suitable facilities for young people to meet with their family and friends in private[77].

Safeguarding children and young people

Pushed into the Shadows recommendation 20:

'Mental health trusts, PCTs and local authorities should ensure that they comply with the requirement in sections 85 and 86 of the Children Act 1989 to notify the local authority where a young person who had been living in their area is accommodated or is likely to be accommodated in hospital for three months or more.'

NHS Trusts and independent hospitals providing accommodation to children for three months or more are required to notify the local authority. However, despite this, *Pushed into the Shadows* raised concerns that this is not always done. Given the general duty placed on local authorities to promote and safeguard the welfare of children in

[77] In relation to children visiting parents in hospital, see Sarah Scott, Barbara Robinson & Caroline Day (July 2007), *Parents in Hospital: How mental health services can best promote family contact when a parent is in hospital* , MHAC, Family Welfare Association, CSIP and Barnardos.
www.barnardos.org.uk/parents_in_hospital_final_report_july_2007.pdf

their area, it is crucial that local authorities are informed if children are likely to be accommodated in hospital for three months or more.

Responses to recommendation 20
Less than half the responses stated that mechanisms to ensure the necessary notifications were in place, and just under a third stated that they were under development.

The failure to comply with recommendation 20 is of serious concern. In some cases, this may be due to a misunderstanding of the scope of the Children Act 1989 which, in general, applies to individuals aged under 18. For example, the joint response of Kirklees PCT and others[78] did not address this recommendation. The response merely repeated that they no longer admit under 17s and will avoid admitting 17 – 18s unless, due to their maturity and following clinical advice and local protocols, it is considered appropriate to admit the young person to an adult ward. Suffolk PCT stated merely (and gave no indication that it intends to rectify the situation): *'Systems in place for CAMH in patients, but not adult wards, no admissions under 17yrs.'*

While it is hoped that young people will not stay on wards for more than a day or so at the most, and it is clear that many of those who responded are working to ensure that this is the case, there may be times when the length of stay is three months or more. This was the experience of the young people consulted for *Pushed into the Shadows*. One young person was on an adult ward for just over a year, and another (aged 14) stayed on an adult ward for seven months.

Local Safeguarding Children's Boards (LSCBs)

Local Safeguarding Children's Boards (LSCBs)[79] were not mentioned specifically in *Pushed into the Shadows'* recommendations. However, as already stated, the Department of Health stated that LSCBs should be satisfied with the measures put in place where a person under 18 is accommodated on an adult ward. Some responses referred to work with LSCBs, demonstrating the variety of ways in which agencies can work together to ensure the safety and welfare of young people admitted to adult psychiatric wards. For example:

- LSCBs to collate figures on young people admitted to adult wards as a safeguarding issue (Derbyshire Mental Health Service NHS Trust).
- Safeguarding Lead Professional to be informed of all young people admitted to adult wards. This means they can provide supervision and managerial support to individuals and teams managing admissions and young persons' care (Mersey Care NHS Trust).

[78] Joint response, with Calderdale PCT, Wakefield District PCT and South West Yorkshire Mental Health NHS Trust.
[79] LSCBs were established under the Children Act 2004 and provide the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

- A member of the Safeguarding Team will visit a young person on an adult ward within 24 hours (Northumberland Tyne and Wear NHS Trust).
- LSCB to be involved in the Serious Untoward Incident process and the monitoring of the Trust's compliance with the protocol on the care and treatment of 16 and 17 year olds (Cambridge and Peterborough Mental Health Partnership NHS Trust).

We endorse the Department of Health's emphasis on the importance of ensuring that LSCBs are satisfied with measures put in place to safeguard young people placed on adult wards.

A safe and supportive environment: conclusions

- **Policies and protocols:** it is essential that policies and protocols to ensure the safety and protection of young people on adult wards are put in place. As part of this work, NHS Trusts must designate adult wards that are better suited to meeting the needs of young people.

- **Appropriate Staffing:** the low numbers of responses able to show that staff working with young people on adult wards will have training on child and adolescent mental health are of serious concern. It is essential that young people admitted to adult wards are provided with the care and support that they need from appropriately trained staff.

- **CRB disclosure:** we consider that PCTs and mental health trusts should ensure that all staff who are likely to be working with children have enhanced CRB checks every three years.

- **Visiting policies:** clear policies to safeguard the health and welfare of both patients and visitors and provide suitable facilities for young people to meet with their family and friends in private must be established.

- **Safeguarding children and young people:** this is a statutory requirement, and some young people are in hospital for a long time. It is therefore imperative that all mental health trusts establish systems to ensure that local authorities are notified in every case where a young person's length of stay is likely to be for three months or more.

Markers of good practice: Area (i)

Markers of good practice: Area (i) – achieving a safe and supportive environment		Achieved?
Designating wards	Adult wards that can admit young people in emergency situations are identified.	
Co-ordinating care	Links between adult mental health staff and CAMHS staff are established through, for example: o joint training sessions and regular meetings, and o the appointment of individuals in CAMHS and adult mental health who are responsible for establishing and maintaining these links.	
Staff with the necessary training and expertise	Staff have the right training, skills and knowledge to understand and address children and young people's specific needs. Regular training and updates on CAMHS are provided for staff on designated wards.	
Safeguarding	All staff on designated wards are CRB (enhanced level) checked and this is reviewed at least every three years.	
Responding to individual needs	Policies and protocols are geared towards addressing young people's individual needs and blanket policies such as one-to-one observation for all young people on adult wards are avoided.	
Availability of advocacy	Links with advocacy organisations that specialise in mental health work and have experience of working with children and young people are established and maintained. (See also Area (iv).)	
Provision of information	Information for patients, including how to make a complaint and how to access mental health advocacy services, is accessible and age-appropriate. (See also Area (ii).)	
Visiting policies	Clear policies to safeguard the health and welfare of both patients and visitors and provide suitable facilities for young people to meet with their family and friends in private are established.	
Monitoring by LSCBs	The Local Safeguarding Children's Board (LSCB) has: o approved of the general measures in place; and o is notified of all admissions of young people on to adult psychiatric wards.	

Chapter 6: *Provision of age-appropriate information,* core element of care and support (ii)

Pushed into the Shadows identified a lack of timely and sufficiently detailed information given to young people admitted to adult psychiatric wards about their care and treatment. Accordingly, recommendation 13 highlighted the need for young people and their families to be given information relevant to the young person's treatment and care, in an accessible format.

Pushed into the Shadows recommendation 13:

'On admission to an adult ward, all young people and their families must receive information (both written and oral) in an appropriate format about what will happen to them and about their rights (including how to complain and, where applicable, the provisions of, and their rights under, the Mental Health Act 1983).'

Pushed into the Shadows also highlighted the importance of giving young people information about their medication. This forms part of recommendation 8, which concerns the need to involve young people in all aspects of their mental health care. Responses to this recommendation are discussed in the next chapter.

Why is information so important?

The provision of information to young people is essential if they are to be involved in decisions about their care and exercise their rights. The Code of Practice to the Mental Health Act (2008 edition) makes it clear that providing information is a requirement, not a matter for the practitioner's discretion:

'...children and young people should always be kept as fully informed as possible, just as an adult would be, and should receive clear and detailed information concerning their care and treatment, explained in a way that they can understand and in a format that is appropriate to their age...'[80].

[80] Department of Health (2008) Code of Practice, Mental Health Act, Chapter 36, Paragraph 36.4

The Code also states that:

'Effective communication is essential in ensuring appropriate care and respect for patients' rights. It is important that the language used is clear and unambiguous and that people giving information check that the information that has been communicated has been understood."[81]

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) sets out the right of children and young people to express their views. The right to information is a pre-requisite to the ability to exercise this right. In order for a young person to be able to make an informed decision about the matter in question, s/he must be provided with all the relevant information.

Article 13 UNCRC sets out the right of children and young people to freedom of expression. The right to information is also included in this right, which is closely linked to the right to express their views in article 12. Children and young people have the right to seek, receive and impart information.

VIK explain why information is so important:

- **It is a legal right!**
- **Having the right information to start with helps to prevent misunderstandings and avoid frustration or anger in the future.**
- **In relation to medication, it gives us an awareness of side effects, so we know what to expect – and offers us some choice in our treatment.**
- **It allows us to consider more options and helps us to make decisions.**
- **It makes us feel more empowered and less "done to".**
- **It gives us a chance to be involved in our care plans and decisions that affect us.**

Although over half the responses confirmed that children and young people are provided with the information outlined in recommendation 13, less than 20% made clear that the written information was provided in a format accessible to children and young people.

Some of those who responded already provided specific information for children and young people. Others identified the need to develop age-appropriate information and of this group, a few responses stated that this work would be in consultation with young people. Some responses simply stated that the information for patients was 'under review'. Others identified that information was not specific to young people, but failed to state what action, if any, was to be taken to remedy this.

Barnet, Enfield and Haringey Mental Health NHS Trust described the range of information made available to young people:

"Children and young people should receive user friendly information about every step of their treatment in an in-patient unit, in ways that they can access the information and at various points so that they can take the information in (maybe through a computer programme/game/ leaflets/DVD etc)." (Mark, admitted to an adult ward aged 17)

[81] Op cit, Chapter 2, Paragraph 2.2

'All patients admitted to inpatient wards are offered information relating to the nature and circumstances of admission. In the case of younger people both the patient and the carers and will be made aware of the process for admission into an appropriate CAMHS bed, and the interim arrangements in place to ensure wellbeing and safety.'

Your right to know: the 'Headspace Toolkit'

The Headspace Toolkit is an extremely useful resource for young people (and will also be of help to staff working with them). This publication was designed by young people specifically for young people admitted to mental health facilities. In addition to providing a range of information, such as an explanation of commonly used terms, confidentiality and relevant provisions of the Mental Health Act 1983, the toolkit includes ten 'Power Tools'. These have been prepared to help children and young people feel able to become involved in making decisions about all aspects of their care and treatment. All of these 'Power Tools' will be of use to young people who have been admitted to adult wards. Tool 2 ('It's my meeting'), Tool 3 ('What's my medication?') and Tool 4 ('What's in my care plan?') will be of particular help to young people and staff in planning the young person's care and treatment.

Provision of age-appropriate information: conclusions

More must be done to ensure that children and young people have the information they need, and in a format that they can understand, to enable them to be active participants in their treatment and care.

VIK and the Children's Commissioner agree that the Headspace Toolkit is an excellent resource. It provides, in a clear and straightforward manner, essential information for children and young people receiving in-patient care. It should be disseminated widely.

Out of the Shadows? recommendation 5

The Headspace Toolkit should be made available to all children and young people receiving in-patient mental health care.

Markers of good practice: Area (ii)

Markers of good practice: Area (ii) – ensuring age-appropriate information is available		Achieved?
Making information accessible	Age-appropriate information on issues such as medication, names of key staff, access to advocates and when the Mental Health Act might be applied (and an explanation of the rights of patients who are detained) is easily available on the ward.	
Information on advocacy	Young people are advised of the availability of independent mental health advocacy services. (See also Area (vi).)	
Using the Headspace Toolkit	Every young person admitted to the ward is given a copy of the Headspace Toolkit and their key worker explains how this can be of help to the young person during their stay in hospital.	
Explaining the Mental Health Act	Staff take time to explain to young people admitted under the Mental Health Act why they have been detained and how the Act applies to them. This should include: o their right to an Independent Mental Health Advocate (IMHA); o the circumstances in which they can be given treatment without their consent and the procedures to be followed before such treatment can be given; o who their Nearest Relative (NR) is and why this is relevant; o the role of the Mental Health Act Commission; and o how they can apply to be discharged from detention (including the role of Mental Health Review Tribunals [MHRTs] and hospital managers, their rights to legal representation and how long should expect to wait for a hearing date).	
Encouraging feedback and addressing complaints	Staff ensure that young people know what to do if they are unhappy with aspects of their care or have any other concerns.	

Chapter 7:
Involvement in care planning, core element of care and support (iii)

One of the serious concerns highlighted in *Pushed into the Shadows* was the lack of care planning for the young people who had been admitted to adult wards, in particular, the failure to involve young people in decisions about their care and discharge from hospital. Even though many of the young people were seriously unwell, they expressed a strong need to be involved in their care. Some of the young people did not know what medication they were taking, what it was for or how it would affect them.

Pushed into the Shadows recommendation 8:

'Mental health trusts and PCTs should work together to ensure that health care professionals involve children and young people (and their families where appropriate) fully in all aspects of their mental health care. This should include children and young people being provided with comprehensive and accurate information about the medication that they are prescribed and administered in a format that they are able to understand. Any decision-making about medication should involve the child or young person as an active partner.'

In addition to considering the responses to recommendation 8, this chapter also considers the responses to the recommendations highlighting the need to discuss the care plan with the young person (recommendation 15) and emphasising the importance of using the Care Programme Approach (recommendation 16).

Why is involvement in care planning so important?

One of the guiding principles included in the Code of Practice to the Mental Health Act (May 2008) stresses the importance of involving patients in the planning of their care. The 'Participation Principle' states:

'Patients 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 as appropriate and effective for them as possible.'[82]

[82] Op cit, Paragraph 1.5

Standard 3 of the NSF for children states that children and young people and their families should be 'actively involved in decisions about the child's health and well-being, based on appropriate information'[83].

Article 12 (respect for the views of the child) of the UNCRC makes clear that children and young people should be able to participate in decisions about their health and health care[84].

VIK explain why they think young people's involvement in care planning is so important:

- **We should be involved in all aspects of our care.**
- **We should be treated with respect and as individuals - our care plans should reflect this – what is unsafe for one patient might be OK for another patient.**
- **We should know the "what, why and how" aspects of our treatment and care, and have these explained to us as many times as necessary.**
- **We should be able to leave a unit with the necessary skills to manage our life post discharge from hospital (such as personal hygiene, cooking and finance).**

Discussing and agreeing the care plan

Pushed into the Shadows recommendation 15:

'Mental health trusts and PCTs should ensure that all decisions are documented in a written Care Plan that has been discussed and written jointly with the young person and, if appropriate, discussed fully with their family/carer.'

Nearly 70% of the responses indicated that this recommendation was met. Some provided details of the concrete steps being taken to ensure that children and young people are involved in their care planning as standard practice. For example East Lancashire CAMHS Multi-agency Partnership Board has agreed a participation strategy which '*outlines the process to ensure the full participation of children and young people in all aspects of their care.'*

Bradford District Care Trust has developed Good Practice Guidelines for the care of all 16-17 year olds, whether under the care of CAMHS or adult mental health services. *'This includes involving young people and their families/carers (if appropriate) fully in their care including the decision to use medication.'*

[83] Department of Health and Department of Education and Skills (2004), Ibid
[84] See: UNICEF (2002), Implementation Handbook on the Rights of the Child, at 179

Cambridge and Peterborough Mental Health Partnership NHS Trust stated that it was planning to adopt a revised version of the 'Choice of Partnership' model of CAMHS service[85] which emphasises the collaborative nature of the care process.

Norfolk PCT proposed that recommendation 15 should be adopted as one of the standards in the Joint CAMHS User Involvement strategy. The PCT stated that it will be incorporated into CAMHS service level agreements (SLAs) and regularly audited by the PCT.

Using the Care Programme Approach

Pushed into the Shadows recommendation 16:

'Mental health trusts and PCTs should work towards using the Care Programme Approach (CPA) more consistently to ensure the continuity of high quality treatment and care and, most importantly, better discharge planning. CPA must be used when young people are discharged back to the community CAMHS or to appropriate adult services.'

The recently published guidance on the CPA, *Refocusing the Care Programme Approach: Policy and Positive Practice Guidance* ('the new CPA guidance') promotes the application of the principles of the CPA when providing care and support to children and young people with serious mental health problems:

***'**An approach such as CPA can particularly add value for those children and young people with more complex needs, such as those which need help from specialist multi-disciplinary Child and Adolescent Mental Health Services (CAMHS).' [86]*

"Could you have a computer game that helped you plan for the CPA, that young people could have, so it explained why the CPA is so important who it is for, why it happens, who should be there, and what your role in it should look like in a language we could

"Answers responding to questions concerning CPA, referred to YP being "subjected to" the CPA - patients are, or should be, a part of the process, not the subject of it!"
(Jill, admitted to an adult ward aged 16)

[85] The Choice and Partnership Approach (CAPA) is 'a way of structuring a CAMH service that has components on organisation and flow as well as the user experience, informed choice and partnership'. For further information on CAPA see: www.camhsnetwork.co.uk and '*The 7 HELPFUL Habits of Effective CAMHS and the Choice and Partnership Approach, a workbook for CAMHS*'. (2nd edition 2006, reprinted 2008 Kingsbury S & York A. Surrey, CAMHS Network).

[86] Department of Health (March 2008), Refocusing the Care Programme Approach: Policy and Positive Practice Guidance, p. 47 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647

understand and presented in a fun way?"

(Sam, admitted to an adult ward aged 17)

Over two thirds of the responses stated that the CPA was being applied in relation to children and young people, and nearly another fifth stated that they would be undertaking work to implement the CPA. However, members of VIK noted that some responses refer to young people being "subject" to the CPA. This is not the case – the CPA is an approach to ensure that the delivery of care and support is appropriate to the individual's needs, and the person receiving the care should be a partner in this process[87].

CPA and the Common Assessment Framework

Some responses highlighted the need to link the CPA with the Common Assessment Framework (CAF). For example, Lincolnshire Children's Services stated:

'CPA is already used for all young people admitted for inpatient care. However there is scope to improve links with the Common Assessment Framework (CAF). The County Council is leading the implementation of CAF. LPT Child and Family Services are actively engaged in CAF implementation and will ensure that these links are made. It is clearly understood in Lincolnshire that close co-ordination between a range of services, and not just mental health services is required to support young people's return to and maintenance in their communities.' [88]

The new CPA guidance stresses the importance of clarifying these issues at local level:

'Local protocols should agree which system/co-ordinator/person is in the lead or, where care is shared, who takes the lead on which aspects. Certainly there should never be a situation where no-one takes the lead because it has been assumed that the other person/service has.' [89]

The importance of providing information on medication

The importance of ensuring that young people have comprehensive and accurate information about the medication they are prescribed and administered, in a format that they can understand, is stressed in Standard 10 of the NSF for children. This states that professionals should enable young people to be active partners in decisions about the medicines prescribed for them.

Concern about the lack of information on medication is raised by the new CPA Guidance:

[87] See for example, www.nimhe.csip.org.uk/silo/files/cpa-work-for-you-booklet.pdf
[88] The question of how the CPA and CAF link was also raised by Cornwall and the Isle's of Scilly PCT and Isle of Wight PCT.
[89] Department of Health (March 2008) Ibid, p. 30.

'Service users have expressed concerns that medication issues are not always appropriately addressed and reviewed, and information needs not adequately met, in the assessment and care planning processes.' [90]

VIK gives the following advice on providing information about medication:

- **Explain how PRN (medication that can be used 'as required') is used – what it actually is and the fact that patients can ask for it instead of just being given it.**
- **Medication should not be used as a threat (i.e. if they don't take it they will be sectioned).**
- **We are more likely to agree to our medication if we understand why you want us to take it and the difference it will make.**
- **Give us an example of the likely side effects so that we are not frightened if this happens.**

Responses to recommendation 8 (care planning)

Just under half of the responses demonstrated compliance with this recommendation.

Provision of information on medication

Some responses suggested that the provision of information on medication is standard practice. In some cases, it was not clear whether the information provided is age-appropriate.

The provision of information on medication is particularly challenging as it would seem that there is very little child-friendly information available.

Berkshire Healthcare NHS Foundation Trust (BHFT) commented:

'... BHFT has available a good range of child friendly supportive literature in respect of ADHD medication. However in terms of the psychoactive medication which is prescribed "off licence", there is currently no child friendly supportive literature. BHFT's clinical director for CAMHS and BHFT's chief pharmacist are of the view that this is a large scale and complex issue which could most effectively be addressed at a national level.'

Berkshire East Teaching PCT's response suggested that work is now being progressed at the local level. The PCT stated that its prescribing lead and the CAMHS pharmacist are working together *'to ensure that there is comprehe*nsive information on the medications used in a CAMHS service.'

Standard 10 of the Children's NSF highlights that the use of unlicensed and 'off label' medicines for children and young people with mental

[90] Op cit, p. 25.

health problems is sometimes unavoidable[91] and may make the provision of age-appropriate information more difficult.

Some of those who responded had developed or intended to develop written information. For example:

'We have locally developed leaflets that are given to young people about prescribed medication. These are comprehensive and child friendly.' (Walsall PCT)

*'LCT are committed to developing young people friendly medication guides for every type of medication, the information will be provided describing alternative medication to allow choice.' (*Lancashire Care NHS Foundation Trust)

'Information is available for young people about medication used, written specifically for them, in consultation with young service users'. (Solihull PCT and Birmingham and Solihull Mental Health NHS Trust)

Nearly 45% of the responses stated that the organisations would be reviewing, or carrying out further work to improve, patient information. Some intend to involve children and young people in this work. For example, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust and Buckinghamshire PCT both stated that:

'...within our Clinical Governance plan we are in the process of developing a full range of young people friendly leaflets in partnership with our Young People's consultation and advisory panel.'[92]

Others emphasised the importance of giving young people an opportunity of discussing their medication with a professional involved in their care. For example, Barnsley PCT stated that a named nurse provides information and involves the young person *'in decision making about medication'.* Oxleas NHS Foundation Trust stated:

'CAMHS professionals need to ensure that an age-appropriate discussion takes place and that comprehensive and accurate information is shared with the client and the family. This needs to be added to the policy.'

In many areas, pharmacists provide information on medication to young people. For example:

*'Our In-Patient Pharmacist gives information to individual patients and she will use appropriate leaflets for patients' needs. She also provides 1:1 sessions with all patients (and their families if required) with regards to medication.' (*Isle of Wight Healthcare PCT)

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[91] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089102: see sections 4, 7.2-7.4 and section 13

[92] The Trust has since informed us that, 'we now have leaflets in place within CAHMS which young people have been involved in designing.'

'...information leaflets provided as routine. Pharmacist available on a daily basis to discuss medication.' (Rotherham PCT)

'Each [adult] mental health unit also has a pharmacist who will work with service users on all aspects of medication information and management' (Hampshire Partnership NHS Trust)

It is clear from the comments made in many of the responses that there is insufficient age-appropriate information available.

***Out of the Shadows?* recommendation 6**

The Department of Health and the Care Services Improvement Partnership work with mental health trusts and CAMHS to develop a system for pooling available information on medication, drawing on existing examples of best practice and making this available nationally. This should include information on any unlicensed or 'off label' medicines that are routinely used in mental health treatment.

The box below outlines the procedures followed by the Coborn Centre (East London and the City University Mental Health NHS Trust) to ensure that young people have the information they need about their medication.

Procedures for providing information on medication - the Coborn Centre

Starting a new medication:
When a patient starts a new medication, they are always seen by the pharmacist or one of the doctors to talk about what the medication is, how it works, what it is for and any possible side effects. We use verbal and written methods each time. We also talk to the parents about medication too, and use verbal and written information in the same way.

Written information:
We have patient information leaflets available in 13 different languages for the psychiatric medicines that we use. They are available on the intranet at the moment, but in the future will also be available on the internet. We also have some specific CAMHS leaflets available on the intranet now, although they are designed for children rather than adolescents. There are also links to useful websites for CAMHS (such as the Royal College of Psychiatrists and YoungMinds), and we have leaflets on the use of unlicensed medicines for parents/carers and children/adolescents. (There is also a Trust policy for the use of unlicensed medicines.)

Side effects:
When a patient complains of a side effect, or a side effect is suspected

by a staff member, the patient is referred to the Pharmacist or one of the doctors for an assessment. If it may be medication related, the Pharmacist completes a rating scale (this is a standard tool, similar to a questionnaire) with the patient to assess what is happening. Completing this document gives us information about the nature and quality of the side effects – i.e. their frequency and severity. This means that if we make changes to reduce or eliminate the side effect we can measure the change over time. It also means that we can ask patients about the most common side effects and it often leads to us finding out about less intrusive or interfering side effects that patients were not necessarily aware of, or had not associated with the medication.

Documentation:
The rating scales are kept in the patients notes, and the interactions (verbal or other), are documented in the clinical notes. The medication chart includes a section for recording the information that has been given on specific medicines, so that it leaves an audit trail for information given.

Future work:
The Coborn Centre is planning to start a patient medicines education group and a parent group where medication issues can be discussed.

Involving young people in their care planning: conclusions

Enabling young people to become involved in their care planning is essential. However, it is likely to require revisiting how meetings are conducted and decisions made. The new CPA guidance advises that:

- The review and other meetings should be young-person friendly (including the language used, timing of meetings, location of venues, who is in attendance, the possible need for interpreters).
- Information leaflets and paperwork should be age-appropriate.
- Staff should be competent in managing meetings in such a way as to ensure young people's views are heard and taken into account.

The guidance adds:
'Young people should be supported in this process, using advocates as necessary, and assisted in developing skills to voice their views; the views of their parents and carers should also be incorporated, and where appropriate, distinguished from those of the young person.' [93]

Young people must be supported to become involved in their care-planning. The following 'markers of good practice' seek to ensure that this is established as standard practice.

[93] Department of Health (March 2008) Ibid, p. 48.

Markers of good practice: Area (iii)

Markers of good practice: Area (iii) – involving young people in their care planning		Achieved?
Engaging young people in their care	Young people are involved in decision-making about all aspects of their care (supported by an advocate if they so wish) and receive a copy of their care plan which records these decisions.	
Appointing a key worker	Young people have regular access to a named key worker trained in working with young people and responsible for liaising with CAMHS and ensuring the young person's care and support are properly planned and delivered throughout their stay.	
The Headspace Toolkit	This toolkit is available to young people when they are admitted to the ward and they are supported in using the toolkit throughout their stay.	
Making use of helpful resources	Staff who will be working with young people on adult wards are familiar with, have easy access to, and use, materials (such as the Headspace Toolkit) to help them work with young people.	
Training staff	Staff working with young people have received training on, and are familiar with, CAMHS policies and practice.	
Promoting equality	All staff recognise and respect the diverse needs, values and circumstances of each young person and are sensitive to the particular needs of young people from different black and minority ethnic groups and those with physical and/or sensory impairments or learning disabilities.	
Establishing a forum for discussion	Regular meetings between staff and patients are held to discuss any issues of concern and agree on the action required to address these (with feedback on the results of the action taken).	
Joint working	Local protocols on how the Care Programme Approach will link to the Common Assessment Framework and the responsibilities of the agencies involved are agreed and implemented.	

Chapter 8:
Access to independent advocacy, core element of care and support (iv)

***Pushed into the Shadows* highlighted the important role that advocacy can play in providing advice and support to young people who have been admitted on to adult psychiatric wards. However, it also raised the concern that few young people were made aware of this source of help.**

Pushed into the Shadows recommendation 14:

'All mental health trusts should ensure that any young people admitted to adult in-patient mental health wards are advised of, and have access to, independent advocacy advice and support.'

Why is advocacy so important?

Almost all of the young people consulted for *Pushed into the Shadows* stated that there should be a greater provision of independent advocates who could speak up on their behalf.

Since the publication of *Pushed into the Shadows*, the importance of advocacy has been emphasised by the Government. The Mental Health Act 2007 introduces a requirement that advocacy services are made available to all patients who are detained under the MHA 1983, and for young people aged under 18 where ECT is proposed (whether or not they are detained). This provision is due to come into force in April 2009.

It is of concern that this statutory requirement does not apply to all children young people receiving mental health services, particularly as many children and young people are likely to be admitted informally, for example on the basis of parental consent. However, in relation to children and young people admitted on to adult wards, the Department of Health has made clear that advocates trained to work with children and young people, as well as in mental health legislation, must be available (see appendix 6).

The new Care Programme Approach (CPA) guidance highlights the importance of advocacy for facilitating the involvement of services users in their care planning:

'Commissioners and services should recognise the positive role that advocacy can play in enabling effective service user involvement in the

development and management of their care and the benefits that a skilled advocate can bring in helping service users engage with what can often feel like an overwhelmingly complicated and intimidating system.' [94]

The provision of advocacy to young people on adult psychiatric wards would assist them in exercising their right under article 12 of the UNCRC to express their views freely. Advocates would be able to ensure that young people are able to participate more fully in planning their care, ensure that they are informed of their rights, and that they and their families are aware of, and know how to access, services and support.

VIK highlight why they regard advocacy to be crucial:

- **Many young people cannot speak up for themselves - through lack of information and also fear of repercussions.**
- **Many young people need support to speak up - some don't know they even have the right to!**
- **Young people need to speak to someone outside and unconnected with day to day ward staff.**
- **It is always hard to speak out without help when you're young, let alone when you are struggling too.**

Responses to the recommendation on advocacy

Although nearly two thirds of the responses stated that advocacy services were available, less than ten referred to the need to ensure that these were age-appropriate.

"Advocacy, in the main,was through adult services only. With few exceptions, the availability of information regarding advocacy remained unclear." (Ellen, admitted to an adult ward aged 17)

One of the concerns raised by *Pushed into the Shadows* was that few young people were made aware of their rights or offered the support of independent advocacy services. While the majority of responses were able to confirm that young people had access to independent advocacy, less than 20% of the responses confirmed that young people would be advised of the availability of such support.

Furthermore, while assistance should be available to all patients from PALS (Patient and Advisory Liaison Services), only a very few responses recognised the need to work with PALS to ensure that they were able to provide age-appropriate advocacy. For example, Oxleas NHS Foundation Trust points out that PALS would need to undertake an assessment of their staff and volunteers training needs in this area. In the East Midlands, Derbyshire Mental Health Services NHS Trust and the Chesterfield Royal Hospital NHS Foundation Trust note that the trusts will work with PALS to ensure that the service is age-appropriate.

Some responses identified advocacy for young people as an area for review or further development and training. For example, Lancashire Care (now Lancashire Care NHS Foundation Trust) aims:

[94] Department of Health (March 2008) Ibid, p. 8.

'...to ensure that it has independent specialist child and young person centred mental health advocacy services available to everyone accessing the service up to the age of 18. Audit on the current provision and use of advocacy throughout the Trust will be undertaken to inform the future commissioning of advocacy services. Young people need to be at the centre of that appraisal to ensure the function of advocacy is addressing their needs uniquely.'

Cornwall and the Isle of Scilly PCT stated that newly-commissioned advocacy services will be available to all service users. The PCT also plans to develop a protocol so that a dedicated young person's advocate from the local voluntary organisation is contacted immediately if a young person is admitted on to an adult ward. It is not clear, however, whether this person would have knowledge of mental health legislation and policy which will also be necessary.

In contrast, Suffolk PCT identified the gap but proposes no action to remedy this:

'*The independent advocacy advice and support is available but not specialist to young people*.'

Access to independent advocacy: conclusions

The responses to this recommendation suggested that there is a lack of provision of age-appropriate advocacy, and insufficient recognition of the need to inform young people of the availability of advocacy services. This is an area that requires urgent attention, because:

- the provisions requiring independent mental health advocacy to be made available to patients who are subject to the compulsory powers of the MHA 1983 are due to come into force in April 2009;
- the Government has made clear that any child or young person admitted to an adult ward should have access to advocacy.

Markers of good practice: Area (iv)

Markers of good practice: Area (iv) – ensuring access to independent advocacy		Achieved?
Age-appropriate with expertise in mental health	Young people have access to trained advocates who have: • experience of working with children and young people and communicating in a way that is accessible to them, • an in-depth understanding of law and policy relating to children and young people with mental health problems, and • a commitment to ensuring respect for children and young people's rights in line with the United Nations Convention on the Rights of the Child (UNCRC).	
Available to all	Independent mental health advocacy services are available to all young patients (both detained and informal). Young people who are detained are informed of their right to an Independent Mental Health Advocate (IMHA).	
Accessible	The contact details of advocates who are independent of the hospital are publicised on the wards so young people can approach them directly (without having to go through ward staff).	

Chapter 9:
Access to education, core element of care and support (v)

The provision of education was highlighted by *Pushed into the Shadows* as being a crucial aspect of the care and support provided to young people on adult wards. Since the report was published, the Government has committed to extending the compulsory age for participation in education or training. Initially, this will be up to the age of 17, subsequently rising to 18 years. This is provided for in the Education and Skills Bill, which is currently being considered by Parliament [95].

Pushed into the Shadows recommendation 18:

'Mental health trusts and PCTs should ensure that all adult in-patient wards have resources in place to assess and respond to the educational needs of any young person under 18 admitted to the ward. It is important that action is taken to ensure that young people can continue their education, especially those who are of compulsory school age. A named member of staff should have responsibility for ensuring that any links with a young person's existing place of education are maintained.'

Why is education so important?

"Being admitted into hospital, and losing a year at school/college, made me stand out more"
(Kim, admitted to an adult ward aged 16)

The Code of Practice to the Mental Health Act 1983 ('the Code') highlights the importance of education:

'No child or young person below the school leaving age should be denied access to learning merely because they are receiving medical treatment for a mental disorder. Young people over school leaving age should be encouraged to continue learning.' [96]

The Code also makes clear that education is a key factor to be considered when assessing the suitability of a ward for a child or young person in accordance with section 131A of the MHA 1983.

'This means that the child or young person should have:
...
...equal access to educational opportunities as their peers, in so far as is consistent with their ability to make use of them, considering their mental state.' [97]

[95] For further information see: www.dcsf.gov.uk/publications/educationandskills/
[96] Department of Health (2008), Ibid, para 36.77
[97] Department of Health (2008),Ibid, para 36.68

Article 28 of the UNCRC sets out the right children and young people have to an education. The Committee responsible for overseeing states' compliance with the UNCRC (the Committee on the Rights of the Child) has stressed that, in all cases of deprivation of liberty:

'Every child of compulsory school age has the right to education suited to his/her needs and abilities, and designed to prepare him/her for return to society; in addition, every child should, when appropriate, receive vocational training in occupations likely to prepare him/her for future employment'.

VIK consider that education is important because:

- **All children and young people are entitled to education.**
- **Lack of education can have a negative effect on our future life planning and opportunities.**
- **Education gives us something "normal" to hold on to – we need this to help us have a smooth transition back into society when we are discharged from hospital.**
- **It is important for children and young people to be equal to our peers when we leave hospital.**

Responses to the recommendation on education

Less than a third of the responses were able to confirm that they met this recommendation. Just over a third stated that this was being addressed.

Liverpool PCT highlighted this as an area requiring development. This was because young people of compulsory school age were not able to continue their education while on an adult psychiatric ward, and there was no named staff person for maintaining links with the young person's existing service provider. It stated that these gaps were to be addressed by April 2009. However, it was noted that young people were only admitted in emergencies and should be transferred to more appropriate settings within 48 hours.

The policy of transferring a young person from an adult ward to CAMHS within a day or so was mentioned in a number of responses. For example, West London Mental Health NHS Trust and Ealing and Hounslow PCT both referred to their policy of transferring young people from adult wards to adolescent units within 48 hours or less.

North East London Mental Health Trust (now NHS Foundation Trust) and Redbridge PCT stated that school-aged young people were transferred to CAMHS units within 24 hours of admission. Similarly, Barnet, Enfield and Haringey Mental Health Trust stated that:

'Adult wards on all sites with the exception of Edgware Community Hospital do not have the facility for the continuation of education on the wards of those younger people admitted of compulsory school age. It is

expected that service users within this category are transferred to a specialist CAMHS unit as quickly as possible.'

When considering the availability of education, it is important to include young people over the age of 16. The Code of Practice to the Mental Health Act 1983 (revised May 2008) makes clear that the provision of education is not limited to those of compulsory school age[98]:

'No child or young person below the school leaving age should be denied access to learning merely because they are receiving medical treatment for a mental disorder. Young people over school leaving age should be encouraged to continue learning.' [99]

Lincolnshire Children's Services planned to work with local authority partners and the school attached to the young people's adolescent unit in meeting this recommendation.

Other responses considered that this would be dealt with through the care planning process. For example, Bolton, Salford and Trafford NHS Trust stated:

'The identification of educational needs is established through the CPA assessment. The CPA policy identifies the key worker as responsible for the identification of educational needs and how these are appropriately met. The numbers of 16 and 17 year olds admitted across the Trust are small, so the needs are met on a case by case basis. The key worker is responsible for ensuring links with education are maintained.'

Bradford District Care Trust stated that a Connexions worker is seconded full-time to mental health services (CAMHS and AMHS) to support young people aged 16-17 and keep them in education, training and employment where appropriate.

Cambridgeshire and Peterborough Mental Health Partnership NHS Trust (now NHS Foundation Trust) stated that access to continuing education would be arranged as part of the young person's care plan, which would *'require discussion and agreement with PCTs and education partners'*. Furthermore, the Trust commented that there would be a "virtual school" with a focus on children *'who are educated out of the mainstream system and this will include children out of school for medical reasons'*.

Access to education: conclusions

A number of responses referred to policies which aim to ensure that young people are transferred to more appropriate settings within a day or so, thereby suggesting that education would not be a crucial factor in those circumstances. However, even where the intention is for young people to be placed on adult wards only for a short time, a member of

[98] Though this is likely to rise from 16 to 18, subject to legislation currently before Parliament.
[99] Department of Health (2008), Ibid, para 36.77

staff should be responsible for maintaining links with the young person's existing place of education. In addition, procedures must be in place to cater for situations where the young person's stay on the adult ward is longer than a few days. The extension of the compulsory participation age means that arrangements will need to be made eventually for those up to the age of 18 (subject to legislation).

Markers of good practice: Area (v)

Markers of good practice: Area (v) – access to education		Achieved?
Providing for education	Resources and facilities are in place to ensure that all young people are able to continue with their education during their in-patient stay (if they feel well enough).	
Establishing links with education	A named member of staff is responsible for maintaining links with the young person's place of education.	
Responding to the young person's individual needs	Educational programmes are based upon each young person's individual needs and are provided at a level that maintains and develops their existing understanding and abilities.	
Providing necessary materials	Young people have access to appropriate educational materials and facilities (e.g. books, paper, teachers and exams).	
Including life skills training	Educational programmes include life skills that young people will need when they leave hospital (e.g. opening a bank account and applying for housing).	

Chapter 10:
Involvement in daily activities, core element of care and support (vi)

The lack of activities for young people on adult wards was highlighted by many of the young people consulted for *Pushed into the Shadows*. They described feeling isolated, lacking individual time with staff and 'wall-watching'. Being the only young person on an adult ward makes it more important that suitable activities are provided, since young people who are not in hospital receive much of their stimulation from spending time with other young people.

Pushed into the Shadows recommendation 17:

'Mental health trusts and PCTs should ensure that any adult in-patient wards admitting young people under 18 should provide appropriate facilities and daily activities for young people including games, music, books, computer equipment and access to sports and physical exercise.'

Why are activities so important?

The Code of Practice emphasises the importance of establishing a hospital routine that will allow the young person's *'personal, social and educational development to continue as normally as possible'*[100]. The Department of Health's letter to SHAs in June 2007 identified the availability of recreational facilities as a factor to be taken into account when determining whether a young person's admission to an adult psychiatric ward would be appropriate[101].

Article 31 of the UNCRC recognises *'the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child'.* The Committee on the Rights of the Child considers that, in all cases of deprivation of liberty:

'Children should be provided with a physical environment and accommodations which are in keeping with the rehabilitative aims of residential placement, and due regard must be given to their needs for privacy, sensory stimuli, opportunities to associate with their peers, and to participate in sports, physical exercise, in arts, and leisure time activities.'[102]

[100] Department of Health (2008), Ibid, para 36.68
[101] See appendix 6.
[102] Committee on the Rights of the Child(2007), General Comment No 10 CRC/C/GC/10 15th April 2007, paragraph 89

Similarly, the Government's Ten Year Plan, *Aiming High for Young People,* sets out clear evidence of the importance of participation in constructive leisure time activities for young people. This includes a commitment to providing integrated targeted support in terms of positive activities for young people, including those who are not in school or other forms of education[103]. It is hoped that this will extend to young people who are in adult mental health wards, for whom having something to do is particularly important.

VIK explain why they think activities are so important:

- **They not only stimulate body, but also the mind.**
- **They can promote a positive relationship between staff and patients.**
- **They release endorphins and aid recovery.**
- **Specifically chosen games and activities can promote emotional and psychological development.**

'On the ward I am on now, there is a bible, a dictionary, a book about foxes and one about trains. Not even older people would want to read them. The magazines are better, but only because service users buy them.'
(Young person's comment, Lancashire Care's response)

'Exercise is really needed and should be encouraged' (Alex, admitted to an adult ward when aged 16)

Responses to the recommendation on activities

Only 25% of the responses confirmed their compliance with this recommendation. Another 45% stated that they were addressing this issue. For example, Sussex Partnership Trust intended to carry out a review of the ward environments, and make adaptations if necessary. Such work is to involve the CAMHS participation worker and young people.

Derbyshire Mental Health NHS Trust recognised that there were some areas which did not provide appropriate facilities and is therefore undertaking a review of all areas. Avon and Wiltshire NHS Trust stated that there was general access to facilities. It has since reviewed the suitability of all in-patient settings and accepts that these are not age-specific, and therefore access may need to be restricted to the more suitable facilities.

[103] Department for Children, Schools and Families and HM Treasury (July 2007), Ibid, p. 62.

Oxleas NHS Trust commented that this recommendation: *'highlights the need to identify one particular ward that would admit young people as necessary so that equipment could be made available.'*

Pennine Care Trust and the PCTs that commission its services[104] considered that appropriate activities could only be provided by developing new young people's facilities[105].

Involvement in daily activities: conclusions

The responses made clear that this is an area in which further work is required.

Markers of good practice: Area (vi)

Markers of good practice: Area (vi) – involvement in daily activities		**Achieved?**
Recognising the importance of activities	Activities are considered to be an important part of each young person's care plan but are regarded as separate, and additional to, education and therapeutic interventions.	
Routinely available and appropriate	Activities are not just offered as a bonus from time to time and are never patronising, tokenistic or used as a reward.	
Providing choice	Young people are able to choose the activities in which they wish to participate (not everyone likes the same things).	
Maintaining health and wellbeing	Exercise and opportunities to go outside and have some fresh air are included.	
Providing variety and fun	From time to time, activities include daytrips away from the hospital.	

[104] Bury PCT, Oldham PCT, Heywood, Middleton and Rochdale PCT, Stockport PCT and Tameside and Glossop PCT.
[105] The Trust has since informed us that a new 12 bedded mixed sex unit has opened and all PCTs are commissioning services from it. This development was in response to *Pushed into the Shadows* and will hopefully avoid the need for 16 and 17 year olds to be placed inappropriately on adult mental health wards.

Chapter 11:
Opportunities for participation, core element of care and support (vii)

***Pushed into the Shadows* highlighted the importance of involving young people, as users (or potential users) of services, in the design and planning of services to ensure that they are appropriate and relevant. This applies as much to the measures to safeguard young people on adult psychiatric wards as any other service that young people may receive.**

Pushed into the Shadows recommendation 9:

'The Department of Health and the Care Services Improvement Partnership, mental health trusts and PCTs should work together actively to involve young people in designing and planning of services. Regional development workers should ensure that there is increased participation in this area in line with other types of healthcare.'

Why is participation important?

Article 12 (respect for the views of the child), in conjunction with article 2 (non-discrimination), of the UN Convention on the Rights of the Child makes clear that all children and young people have the equal right to express their views and for these to be taken seriously.

VIK set out the benefits of participation for children and young people:

- **It feels empowering to be involved in decision making.**
- **It increases self esteem to feel that you can effect change.**
- **It leads to more appropriate services…. "sometimes children and young people do know best what they need - adults don't always get it right, and should be prepared to learn from us too".**
- **It gives children and young people the power to value their own opinions, to listen to their feelings and develop their own thoughts.**
- **It gives children and young people confidence.**
- **It encourages independence.**
- **It helps children and young people understand the value of their own experiences and use those experiences in a positive way.**

As noted by the Care Services Improvement Partnership (CSIP), children and young people's involvement in decisions that affect them

has become a key policy principle in the United Kingdom[106]. For example, Standard 9 of the Children's NSF expects service providers and commissioners to develop proposals for user involvement.

The Tier 4 Review report also highlighted the importance of participation: *'We recommend that providers and commissioners find effective ways of regularly obtaining user views; that these inform service development and practice and that feedback on this is made readily available.'* [107]

Responses to the recommendation on participation

Less than 40% of the responses provided clear evidence of compliance with this recommendation. However, we welcome the recognition by several responses of the need to improve participation. For example, the joint response from Brent Teaching PCT and Brent Council commented that they welcomed this recommendation and suggested that: *'...examples of good practice should be shared as this has been an area of difficulty locally, particularly the meaningful engagement of children and young people with service design and planning.'*

Derbyshire Mental Health NHS Trust stated that methods of ensuring consistent involvement of service users and carers need to be developed. Lancashire Care NHS Foundation Trust stated:

'CSIP and the Department of Health in partnership with mental health trusts need to make a long term investment into developing services that listen to service users and respond flexibly. This will take years to develop and then needs to be continued. LCT does not regard this as a short term project because designing and planning services requires young people to be involved in deciding what services they need and in reviewing and improving those services.'

The responses demonstrate that a wide range of participation activities are being utilised across the country. For example:

'New initiatives include a parallel user forum and young people complaints, comments and compliments feedback postcards.' (Portsmouth City PCT).

'We are currently engaging YoungMinds in our strategic partnership to help us further develop young people's participation further.' (Islington PCT)

'We have developed Young People's consultation and advisory panel; they are involved in service development, clinical interviews and building design.'[108] (Oxfordshire and Buckinghamshire Mental Health

[106] See CSIP's Children, Young People and Families Programme 'Involvement and Participation' at: www.csip.org.uk/
[107] Tier 4 report Op cit, paragraph 3.13
[108] In subsequent correspondence, the Trust added that 'The Oxfordshire Panel has been established for some time… We have now established a group in our Buckinghamshire Service known as *Article 12*….We are about to employ a YP

NHS Foundation Trust)

'Focus groups have recently taken place for those aged 16 - 25s who have experienced CAMHS or AMHS [adult mental health services] to inform the development of an improved local response for young people.' (Bradford District Care Trust)

'CWP is committed to working with CSIP and Regional Development Workers to develop systems of service user involvement.' (Western Cheshire PCT and others[109])

'LPT is implementing the Choice and Partnership Approach (CAPA) single care pathway...CAPA places the active participation of children, young people and their families at the heart of care planning and embeds a culture of participation across the service.' (Lincolnshire Children's Services[110])

'Participation needs to lead to change so that young people can see that what they suggest actually happens – it is not just "noted".'
(Katy, admitted to an adult ward aged 17)

Opportunities for participation: conclusion

While there are some positive developments, this is an area which requires further work to ensure that children and young people are able to participate in the planning and delivery of mental health services in a meaningful way. There is a range of resources available to assist organisations wishing to improve their participation work. For example:

- 'Hear by Right' standards for the active involvement of children and young people[111].
- The Care Services Improvement Partnership's Involvement and Participation Resource Compendium[112].
- 'You're Welcome' quality criteria: making health services young people friendly[113].

Participation worker to support and work with the two groups and continue to develop their involvement in all aspects of service.'

[109] Joint response with Eastern Cheshire, Cheshire and Wirral Partnership Trust and Wirral PCT

[110] Joint response with Lincolnshire Partnership NHS Trust and Lincolnshire Teaching PCT)

[111] See http://hbr.nya.org.uk/

[112] See http://kc.csip.org.uk/viewresource.php?action=viewdocument&pid=0&doc=100172&grp=1

[113] See www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

Markers of good practice: Area (vii)

Markers of good practice: Area (vii) – opportunities for meaningful participation		Achieved?
Actively seeking feedback	The views of service users are systematically sought and incorporated into reviews of service provision.	
Promoting participation	Service providers and commissioners develop proposals for user involvement, ranging from consultation to participation of children and young people and their parents or carers.	
Linking to quality of care	Audit arrangements take account of user's views in relation to individual outcomes and service provision.	
Seeking views on how to make wards age-appropriate	Young people advise on what will help to make an adult psychiatric ward more suited to young people's needs.	
Recognising the importance of participation	A member of the senior management team is responsible for developing and implementing effective participation.	
Making participation and priority	Regular reports are made to the PCT/NHS Trust/Foundation Trust Board on the views of children and young people in relation to the designing and planning of services and service provision.	
Valuing children and young people's input	Children and young people who participate in discussions on mental health services are treated as equal partners - as young people they are recognised as providing expertise on what issues matter to them (and what improvements can be made to how services respond to the needs of young people) and their views are valued and respected.	
Feeding back on decisions made	Clear mechanisms are established for reporting back to children and young people who have given their views on the action to be taken and the reasons for this.	
Facilitating discussion	A range of fora to discuss issues are established (e.g. meetings, virtual groups).	
Ensuring that participants feel comfortable in giving their views	Anonymity in all feedback is guaranteed unless the person chooses to be named.	
Providing more opportunities for children	For example, community meetings are run by children and young people and service providers to ensure that children and young people have direct contact with commissioners.	

and young people to give their views		

Out of the Shadows? conclusion and next steps

It is clear that, across the country, much more work is required to ensure compliance with the duty to provide age-appropriate services under section 31 of the Mental Health Act 2007 (section 131A Mental Health Act 1983). By April 2010, when this provision comes into force, children and young people admitted to hospital for treatment for mental disorder must be accommodated in an environment that is suitable for their age and individual needs.

Both *Pushed into the Shadows* and *Out of the Shadows?* demonstrate why the provision of age-appropriate services is so important. By setting out 'markers of good practice' that highlight areas that need to be addressed in order to ensure that services are age-appropriate, *Out of the Shadows?* seeks to assist mental health agencies in meeting the requirements under section 131A Mental Health Act 1983. The Children's Commissioner reiterates VIK's comments that all those involved in provision of mental health services have a part to play in ensuring that children and young people receive good quality and age-appropriate mental health services.

***Out of the Shadows?* recommendation 7**

PCTs and mental health trusts use the *Out of the Shadows?* 'markers of good practice' in relation to the areas set out below when developing their policies and protocols to safeguard young people on adult wards and in the planning, commissioning and delivery of mental health services for children and young people:

- A safe and supportive environment
- Provision of age-appropriate information
- Involvement in care planning
- Access to independent advocacy
- Access to education
- Involvement in daily activities
- Opportunities for meaningful participation

And finally, a few words from Antonia, Rebecca and Lois

All young people deserve a chance in life, whatever their background and whatever problems they are experiencing. Being offered support that recognises and provides treatment to a young person **as** a young person is vital to help young people feel better as soon as possible, and, in the meantime, minimise the distress and anxiety they may be feeling.

Being admitted to hospital is scary. Leaving the people you live with, friends, maybe even school.... Everything possible should be done to ensure that young people can continue to participate in as many of their normal day to day activities as they are able, and not be left to sit on a ward with older patients with very different needs to their own.

The level and quality of psychiatric care and support that young people receive when they first experience mental distress has a great impact on their view of psychiatric services and whether or not they would approach these services if they became unwell in the future. Being treated in an inappropriate setting with little to do, surrounded by much older adults and staff that are not trained to help young people, does little to improve the mental well-being of children and young people, and deters many from ever voluntarily approaching psychiatric services in the future.

Out of the Shadows? doesn't just need to be read and understood, it needs to be acted upon. We have worked with 11 MILLION and YoungMinds on this report because we would like to see better mental health services for all children and young people. Mental health services for this age group shouldn't just be "good enough" they should, and need to be, fantastic.

We hope that everyone who reads this report will, as a result, have at least one idea on how to make things better for children and young people with mental health problems. For example, we suggest that these 'markers for good practice' should be used by everyone working in mental health services to help ensure that the care and support offered to children and young people are of high quality and responsive to their individual needs.

If this report means that even just one young person is not treated as young people have been in the past, then it has been worthwhile. But it needs to be used to ensure that EVERY young person out there is offered a fighting chance of recovery.

Acknowledgements

The Children's Commissioner would like to thank all those who contributed to this report:

Camilla Parker, mental health consultant for 11 MILLION
Rebecca Collins, representing VIK group
Lois Ward, representing VIK group
Antonia Wilkinson, representing VIK group
Carly Raby, YoungMinds (until July 2008)
Anna Devereux, YoungMinds
Peter Thompson and Adrian Worrall, Royal College of Psychiatrists
Yvonne Anderson, (until August 2008) CAMHS Lead, Health and Social Care Advisory Service

THANKS A MILLION!

Appendix 1:
Recommendations from *Pushed into the Shadows*

Avoiding admission of young people on to adult psychiatric wards (recommendations 1 – 5)

End the use of adult wards for the treatment of under 18s

1. PCTs and mental health trusts should ensure that adult wards are not used for the care and treatment of under 16s and, wherever possible, adult wards should be avoided for 16 and 17 year olds unless they are of sufficient maturity and express a strong preference for an adult environment. The Department of Health should also monitor progress towards this nationally. The Healthcare Commission should also address this through one of its future annual health-checks of individual mental health trusts and PCTs.

Address the national shortage of emergency beds in tier 4 CAMHS

2. Action must be taken by the Department of Health, mental health trusts and Primary Care Trusts (PCTs) to ensure that the Royal College of Psychiatrist's recommendations (that around 24 to 40 CAMHS beds are required per one million total population and a bed occupancy rate of 85%) are met consistently and geographical inequalities addressed. Tier 4 units must include both acute care provision (to be able to respond to the need for emergency admissions of young people who are acutely disturbed or high risk) and medium to long-term planned in-patient care.

Development of alternatives to 'traditional' in-patient provision

3. The Department of Health should ensure that there is a continued investment into CAMHS at local level, to support the development of both high quality responsive community teams and in-patient units that are closely linked to tier 3 services. This should be backed by a commitment to develop a range of treatment interventions which adhere to the best available evidence and take account of children and young people's individual needs.

4. Through its topic selection process, the Department should commission a comprehensive range of appraisals and clinical guidelines on treatment for children and young people with mental health problems to inform evidence-based practice.

Meeting the needs of 16 and 17 year olds

5. As a part of the continued investment into CAMHS, support must be given by the Department of Health and the Care Services Improvement Partnership to the development of transition services that can support young people who require transfer to, and ongoing

support from, adult services post-CAMHS. CAMHS should be commissioned and resourced to provide services to all young people up to their eighteenth birthday.

Safeguards for young people in adult psychiatric wards (recommendations 6 – 20)

Collection of data on the numbers of young people admitted to adult mental health beds

6. The Department of Health should arrange for the collection of information by an organisation such as the Mental Health Act Commission on the numbers of all children and young people (whether detained under the Mental Health Act 1983 or not) who are admitted to adult psychiatric facilities and the length of each admission. This should be monitored both nationally and locally to ensure that progress is being made to eliminate the use of adult beds as a matter of urgency and any unforeseen increases investigated through performance management and inspection.

Policies and protocols between CAMHS and adult services

7. Mental health trusts (CAMHS and adult mental health services) and PCTs should work together to ensure they have in place a joint policy and/or protocol to ensure the safety & protection of young people admitted to adult wards (including the provision of appropriately segregated sleeping and bathroom areas) and access to the expertise and support of CAMHS staff throughout their in-patient stay in line with the rights set out under the UN Convention on the Rights of the Child and the relevant national standards.

Involving children and young people and their families in care planning and discharge and in service design

8. Mental health trusts and PCTs should work together to ensure that health care professionals involve children and young people (and their families where appropriate) fully in all aspects of their mental health care. This should include children and young people being provided with comprehensive and accurate information about the medication that they are prescribed and administered, in a format that they are able to understand. Any decision-making about medication should involve the child or young person as an active partner.

9. The Department of Health and the Care Services Improvement Partnership, mental health trusts and PCTs should work together actively to involve young people in designing and planning services. Regional development workers should ensure that there is increased participation in this area in line with other types of healthcare.

Access to appropriately checked and trained staff

10. All young people admitted to adult wards should have regular access to a named keyworker/lead professional who has received training in working with young people and who has responsibility for liaising with CAMHS and ensuring that young people's care is properly planned and they are fully supported throughout their stay.

11. PCTs and mental health trusts should ensure that all staff (including agency and other temporary staff) on adult wards admitting young people should have an appropriate and current Criminal Records Bureau (CRB) disclosure.

Ensuring adequate levels of staffing on adult in-patient wards

12. PCTs and mental health trusts should work to review and, where appropriate, to increase the level of supervision by staff on adult wards who are working with young people. All staff who are working with young people on adult wards should be trained in child and adolescent mental health.

Provision of rights information to young people and their families

13. On admission to an adult ward, all young people and their families must receive information (both written and oral) in an appropriate format about what will happen to them and about their rights (including how to complain and, where applicable, the provisions of, and their rights under, the Mental Health Act 1983).

Access to independent advocacy services

14. All mental health trusts should ensure that any young people admitted to adult in-patient mental health wards are advised of, and have access to, independent advocacy advice and support.

Care planning and discharge arrangements

15. Mental health care trusts and PCTs should ensure that all decisions are documented in a written Care Plan that has been discussed and written jointly with the young person and, if appropriate, discussed fully with their family/carers.

16. Mental health care trusts and PCTs should work towards using the Care Programme Approach (CPA) more consistently to ensure continuity of high quality treatment and care and, most importantly, better discharge planning. The CPA must be used when young people are discharged back to community CAMHS or to appropriate adult services.

Activities, education and therapeutic input

17. Mental health trusts and PCTs should ensure that any adult in-patient wards admitting young people under-18 should provide

appropriate facilities and daily activities for young people including games, music, books, computer equipment and access to sports and physical exercise.

18. Mental health trusts and PCTs should ensure that all adult in-patient wards have resources in place to assess and respond to the educational needs of any young people under 18 admitted to the ward. It is important that action is taken to ensure that young people can continue with their education, especially those who are of compulsory school age. A named member of staff should have responsibility for ensuring that any links with a young person's existing place of education are maintained.

Visiting on adult psychiatric wards

19. Mental health trusts and PCTs should ensure that where young people are admitted on to an adult ward, arrangements for their family and friends should be made, taking into account the need to safeguard the health and welfare of patients and visitors. This must include visiting areas in which they can meet with their families and friends (including those under 18) in private.

Safeguarding children and young people

20. Mental health trusts, PCTs and local authorities should ensure that they comply with the requirement in sections 85 and 86 of the Children Act 1989 to notify the local authority where a young person who had been living in their area is accommodated or is likely to be accommodated in hospital for three months or more.

Appendix 2:
Out of the Shadows? 'markers of good practice'

Markers of good practice: Area (i) – achieving a safe and supportive environment		**Achieved?**
Designating wards	Adult wards that can admit young people in emergency situations are identified.	
Co-ordinating care	Links between adult mental health staff and CAMHS staff are established through, for example: o joint training sessions and regular meetings, and o the appointment of individuals in CAMHS and adult mental health who are responsible for establishing and maintaining these links.	
Staff with the necessary training and expertise	Staff have the right training, skills and knowledge to understand and address children and young people's specific needs. Regular training and updates on CAMHS are provided for staff on designated wards.	
Safeguarding	All staff on designated wards are CRB (enhanced level) checked and this is reviewed at least every three years.	
Responding to individual needs	Policies and protocols are geared towards addressing young people's individual needs and blanket policies such as one-to-one observation for all young people on adult wards are avoided.	
Availability of advocacy	Links with advocacy organisations that specialise in mental health work and have experience of working with children and young people are established and maintained. (See also Area (iv).)	
Provision of information	Information for patients, including how to make a complaint and how to access mental health advocacy services, is accessible and age-appropriate. (See also Area (ii).)	
Visiting policies	Clear policies to safeguard the health and welfare of both patients and visitors and provide suitable facilities for young people to meet with their family and friends in private are established.	
Monitoring by LSCBs	The Local Safeguarding Children's Board (LSCB) has: o approved of the general measures in place; and o is notified of all admissions of young people on to adult psychiatric wards.	

Markers of good practice: Area (ii) – ensuring age-appropriate information is available		Achieved?
Making information accessible	Age-appropriate information on issues such as medication, names of key staff, access to advocates and when the Mental Health Act might be applied (and an explanation of the rights of patients who are detained) is easily available on the ward.	
Information on advocacy	Young people are advised of the availability of independent mental health advocacy services. (See also Area (iv).)	
Using the Headspace Toolkit	Every young person admitted to the ward is given a copy of the Headspace Toolkit and their key worker explains how this can be of help to the young person during their stay in hospital.	
Explaining the Mental Health Act	Staff take time to explain to young people admitted under the Mental Health Act why they have been detained and how the Act applies to them. This should include: o their right to an Independent Mental Health Advocate (IMHA); o the circumstances in which they can be given treatment without their consent and the procedures to be followed before such treatment can be given; o who their Nearest Relative (NR) is and why this is relevant; o the role of the Mental Health Act Commission; and o how they can apply to be discharged from detention (including the role of Mental Health Review Tribunals [MHRTs] and hospital managers, their rights to legal representation and how long should expect to wait for a hearing date).	
Encouraging feedback and addressing complaints	Staff ensure that young people know what to do if they are unhappy with aspects of their care or have any other concerns.	

Markers of good practice: Area (iii) – involving young people in their care planning		Achieved?
Engaging young people in their care	Young people are involved in decision-making about all aspects of their care (supported by an advocate if they so wish) and receive a copy of their care plan which records these decisions.	
Appointing a key worker	Young people have regular access to a named key worker trained in working with young people and responsible for liaising with CAMHS and ensuring the young person's care and support are properly planned and delivered throughout their stay.	
The Headspace Toolkit	This toolkit is available to young people when they are admitted to the ward and they are supported in using the toolkit throughout their stay.	
Making use of helpful resources	Staff who will be working with young people on adult wards are familiar with, have easy access to, and use, materials (such as the Headspace Toolkit) to help them work with young people.	
Training staff	Staff working with young people have received training on, and are familiar with, CAMHS policies and practice.	
Promoting equality	All staff recognise and respect the diverse needs, values and circumstances of each young person and are sensitive to the particular needs of young people from different black and minority ethnic groups and those with physical and/or sensory impairments or learning disabilities.	
Establishing a forum for discussion	Regular meetings between staff and patients are held to discuss any issues of concern and agree on the action required to address these (with feedback on the results of the action taken).	
Joint working	Local protocols on how the Care Programme Approach will link to the Common Assessment Framework and the responsibilities of the agencies involved are agreed and implemented.	

Markers of good practice: Area (iv) – ensuring access to independent advocacy		Achieved?
Age-appropriate with expertise in mental health	Young people have access to trained advocates who have: • experience of working with children and young people and communicating in a way that is accessible to them, • an in-depth understanding of law and policy relating to children and young people with mental health problems, and • a commitment to ensuring respect for children and young people's rights in line with the United Nations Convention on the Rights of the Child (UNCRC).	
Available to all	Independent mental health advocacy services are available to all young patients (both detained and informal). Young people who are detained are informed of their right to an Independent Mental Health Advocate (IMHA).	
Accessible	The contact details of advocates who are independent of the hospital are publicised on the wards so young people can approach them directly (without having to go through ward staff).	

Markers of good practice: Area (v) – access to education		Achieved?
Providing for education	Resources and facilities are in place to ensure that all young people are able to continue with their education during their in-patient stay (if they feel well enough).	
Establishing links with education	A named member of staff is responsible for maintaining links with the young person's place of education.	
Responding to the young person's individual needs	Educational programmes are based upon each young person's individual needs and are provided at a level that maintains and develops their existing understanding and abilities.	
Providing necessary materials	Young people have access to appropriate educational materials and facilities (e.g. books, paper, teachers and exams).	
Including life skills training	Educational programmes include life skills that young people will need when they leave hospital (e.g. opening a bank account and applying for housing).	

Markers of good practice: Area (vi) – involvement in daily activities		Achieved?
Recognising the importance of activities	Activities are considered to be an important part of each young person's care plan but are regarded as separate, and additional to, education and therapeutic interventions.	
Routinely available and appropriate	Activities are not just offered as a bonus from time to time and are never patronising, tokenistic or used as a reward.	
Providing choice	Young people are able to choose the activities in which they wish to participate (not everyone likes the same things).	
Maintaining health and wellbeing	Exercise and opportunities to go outside and have some fresh air are included.	
Providing variety and fun	From time to time, activities include daytrips away from the hospital.	

Markers of good practice: Area (vii) – opportunities for meaningful participation		Achieved?
Actively seeking feedback	The views of service users are systematically sought and incorporated into reviews of service provision.	
Promoting participation	Service providers and commissioners develop proposals for user involvement, ranging from consultation to participation of children and young people and their parents or carers.	
Linking to quality of care	Audit arrangements take account of user's views in relation to individual outcomes and service provision.	
Seeking views on how to make wards age-appropriate	Young people advise on what will help to make an adult psychiatric ward more suited to young people's needs.	
Recognising the importance of participation	A member of the senior management team is responsible for developing and implementing effective participation.	
Making participation and priority	Regular reports are made to the PCT/NHS Trust/Foundation Trust Board on the views of children and young people in relation to the designing and planning of services and service provision.	
Valuing children and young	Children and young people who participate in discussions on mental health services are treated as equal partners - as young people they are recognised as providing	

people's input	expertise on what issues matter to them (and what improvements can be made to how services respond to the needs of young people) and their views are valued and respected.	
Feeding back on decisions made	Clear mechanisms are established for reporting back to children and young people who have given their views on the action to be taken and the reasons for this.	
Facilitating discussion	A range of fora to discuss issues are established (e.g. meetings, virtual groups).	
Ensuring that participants feel comfortable in giving their views	Anonymity in all feedback is guaranteed unless the person chooses to be named.	
Providing more opportunities for children and young people to give their views	For example, community meetings are run by children and young people and service providers to ensure that children and young people have direct contact with commissioners.	

Appendix 3:
Department of Health's Response

From the Rt Hon Alan Johnson MP
Secretary of State for Health

DH Department of Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

SofS46230

Professor Sir Albert Aynsley-Green
Children's Commissioner for England
Office of the Children's Commissioner for England
1 London Bridge
London
SE1 9BG

24 SEP 2007

Dear Sir Albert

Statutory Requirement to Respond to Recommendations Arising from the Children's Commissioner's Report "Pushed into the Shadows - Young people's experience of adult mental health facilities

You wrote to Patricia Hewitt on 16 April enclosing a copy of this report and asking for a written response to some of the recommendations by the end of September. I am enclosing the Department's response with this letter, and sending a copy to Claire Phillips, the OCC's Director of Policy and Research, as you requested.

In addition to our formal response, I would like to take the opportunity to make some more general comments about the issues raised in your report. I welcome your interest in this area and share your determination to eliminate inappropriate admissions by children and young people to adult inpatient mental health facilities as soon as is practicable. The report serves as a useful reminder that we must maintain our efforts to ensure that age-appropriate mental health services are available to all children and young people who need them.

There have been some significant developments since you wrote in April relating to amendments to the Mental Health Act which completed its Parliamentary passage this summer. In June the then Minister of State for Health informed the House of Commons about what we will be doing for 16 and 17 year olds requiring inpatient psychiatric treatment. Our commitment is that by April 2010 no child or young person will be inappropriately placed on an adult ward. I use the word inappropriately because a few young people identify more closely with young adults than with other adolescents and for them an adult ward may be more appropriate. It demonstrates our commitment to the long-term aims set out in Standard 9 of the Children's National Service Framework and to the medium-term aims which were discussed in the report which Caroline Lindsey prepared for Louis Appleby, Sheila Shribman and Naomi Eisenstadt last Autumn. This is in addition to the commitment made by the Department last November to eliminate the inappropriate admissions of children under 16 to adult psychiatric wards within two years.

DG2109

Department of Health

Further details of the impact of amendments to the Mental Health Act in its passage through Parliament can be found in the detailed response. The Department listened to the representations made by OCC and others on this issue and has acted to address the points raised. The Minister of State for Health acknowledged, during the debate on the Bill, the positive and helpful approach adopted by the OCC and others in helping to frame the age-appropriate treatment amendment. I am very happy to endorse those comments.

I note from your letter that you have written in similar terms to PCTs and Mental Health Trusts. I hope that it will be possible to share the information gathered in this exercise with my officials.

Yours sincerely

Alan Johnson

ALAN JOHNSON

DG2109

DH CONT

'Pushed into the Shadows: Young people's experience of adult mental health facilities' Template for implementing recommendations

Recommendation	Action taken, or to be taken	Timetable for completion
1. PCTs and mental health trusts should ensure that adult wards are not used for the care and treatment of under 16s and, wherever possible, adult wards should be avoided for 16 and 17 year olds unless they are of sufficient maturity and express a strong preference for an adult environment. The Department of Health should monitor progress towards this nationally. The Healthcare Commission should address this through the annual healthcheck of individual mental health trusts and PCTs.	In November 2006 Ivan Lewis, DH Minister, made a commitment that within 2 years no child under 16 years of age would be treated on an adult psychiatric ward. In addition, DH has written to SHA Chief Executives setting out new reporting requirements with regards to the use of adult psychiatric wards for children aged under 16. In the exceptional case where a child aged under 16 is placed on an adult psychiatric ward, SHAs should use the Serious Untoward Incident protocol to notify the Department of Health setting out how the child will be moved to appropriate accommodation within 48 hours and how the ward and staffing have been made appropriate for the child's needs. For 16/17 year olds SHAs will want to check that adult wards are used only when appropriate, in line with best practice set out in the National Service Framework for Children, Young People and Maternity Services, and decide locally what performance management of Trusts and PCTs is needed to ensure that this is achieved. Section 31 (Accommodation etc) of the Mental Health Act 2007 includes provision to ensure that patients aged under 18 (including informal patients) are not placed on adult psychiatric wards unless that environment is suitable for their age. There is flexibility in the provision to allow for patients under 18 to be placed on adult psychiatric wards where the patient's needs are better met this way. This includes situations where the urgent need for treatment would outweigh the need for the child to be on an age	The new reporting arrangements came into force in June 2007. During the House of Commons debate on the Mental Health Bill on 18 June 2007 Rosie Winterton (then Minister of State for Health) said " We have not specified a commencement date (for section 31) in the Bill, because we do not feel that that would be productive. We would probably have to err on the side of caution, and we think we can probably achieve some of the changes soon. I want that to happen; I do not want to specify a date that kicks the matter into the future and sends a mixed

	appropriate ward. The word "environment" has been used in the provision because what matters to a child or young person goes well beyond mere physical segregation from older people. The word "environment" ensures that children and young people should have separate and appropriate physical facilities; staff with the right training to understand and address their specific needs as children; and a hospital routine that will allow their personal, social and educational development to continue as normally as possible. The provision does so by placing a duty on the hospital managers to ensure that this is the case. The provision ensures that those who make decisions about the detention of children (Approved Mental Health Professionals in Local Social Service Authorities (LSSAs) for Part II civil patients, and Courts for Part III offender patients) have the information they need about the availability of the beds. The amendment to section 39 provides that the court may obtain information from the Primary Care Trust (PCT) or Local Health Board (LHB) on the availability of accommodation or facilities designed so as to be specially suitable for patients under 18. This is to ensure that courts do not place a child in a prison setting when a suitable hospital bed would be a more appropriate option. The amendment to section 140 ensures that PCTs/LHBs will advise LSSAs in their area of hospitals providing accommodation specially suitable for patients aged under 18. And where no hospitals in	message to the NHS. However, I emphasise the Government's clear and firm intention to invest resources so that we can implement the provision as soon as possible. Our aim is to implement it fully in England by around April 2010. (The Bill) gives us the flexibility to allow, for example, new section 131A to be implemented in relation to part 2 and informal patients in England as soon as resources allow, rather than our having to wait until it can be implemented for part 2, informal and part 3 patients in England."

'Pushed into the Shadows: Young people's experience of adult mental health facilities'
Template for implementing recommendations

	the area have suitable accommodation it requires the PCT/LHB to inform the LSSA of what out of area arrangements are in place. This will focus the attention of PCTs/LHBs on the arrangements that they have in place. The duty to ensure that the patient's environment is suitable lies with the hospital managers but the provision requires the hospital managers to consult with a person who they consider to have the knowledge and experience of cases where patients are under 18 to make them a suitable person to consult. We have left this description wide enough to allow for future changes in the qualifications of professionals but it will be made clear in the Codes of Practice for England and for Wales that we would expect these people to be Tier 3 (multi-disciplinary teams or service working in a community health clinic or child psychiatry outpatients service) or Tier 4 (tertiary level services such as day units, highly specialised outpatient teams and inpatient units) CAMHS specialists.	
2. Action must be taken by the Department of Health, mental health trusts and Primary Care Trusts (PCTs) to ensure that the Royal College of Psychiatrist recommendations (that around 24 to 40 CAMHS beds are required per one million total population and a bed occupancy rate of 85%) are met consistently and geographical inequalities addressed. Tier 4 units must include both acute care provision (to be able to respond to the need for emergency admissions of young people who are acutely disturbed or high risk) and medium to long term planned in-patient care.	The Department of Health has made £31m of capital available for investment by providers of CAMHS in 2007/8. The money will be released for specific projects by named providers for which bids were requested by 17 August 2007. Priority is being given to projects which will help to eliminate the inappropriate use of adult psychiatric wards for children and young people. This is the last year in which capital will be made available in this way. In future NHS Trusts and PCTs	The bids will be evaluated during September 2007, and successful applicants notified during October 2007.

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	will access money for investment by Public Dividend Capital in a similar way to how NHS Foundation Trusts currently obtain capital.	
3. The Department of Health should ensure that there is a continued investment into CAMHS at local level, to support the development of both high quality responsive community teams and in-patient units that are closely linked to Tier 3 services. This should be backed by a commitment to develop a range of treatment interventions which adhere to the best available evidence and take account of children and young people's individual needs.	The Department welcomes the recognition by the Children's Commissioner that progress has been made on CAMHS in England in recent years. The Department wants local services to continue to improve. However, it is for commissioners to determine priorities for investment at a local level. See response to recommendation 4 for information on guidance which has been published or is being developed that should be taken into account in planning and delivering evidence-based practice.	Future funding levels for health and social care are subject to the outcome of the current Comprehensive Spending Review. Announcements about the CSR are due in Autumn 2007.
4. Through its topic selection process, the Department should commission a comprehensive range of appraisals and clinical guidelines on treatment for children and young people with mental health problems to inform evidence-based practice.	The National Institute of Health and Clinical Excellence (NICE) has produced guidance which should be taken into account in planning and delivering evidence-based practice. NICE guidance issued and in development includes – * Eating Disorders (published 2004) * Self Harm (2004) * Depression in children and young people (2005) * Obsessive-Compulsive Disorder (OCD) (2005) * Post-Traumatic Stress Disorder (PTSD) in adults and children (2005) * Technology Appraisal of parent training/education programmes in the management of children with Conduct Disorders (2006) * Attention-Deficit-Hyperactivity Disorder (ADHD) Technology Appraisal (2006) * Bipolar Disorder (2006) * Attention-Deficit-Hyperactivity Disorder (ADHD)	NICE has an ongoing programme of developing, publishing and reviewing guidance which should be taken into account in planning and delivering evidence-based practice.

'Pushed into the Shadows: Young people's experience of adult mental health facilities'
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	(due 2008) Among the public health interventions that NICE has in development are - * Mental wellbeing of children in primary education (due 2008) * Preventing the uptake of smoking by children (due 2008) * School-based interventions on alcohol (due November 2007) The Department favours the use of evidence-based, psychotherapeutic interventions (for example Cognitive Behavioural Therapy and Family Therapy) for the treatment of children and young people with mental health problems.	
5. As a part of the continued investment into CAMHS, support must be given by the Department of Health and the Care Services Improvement Partnership to the development of transition services that can support young people who require transfer to, and ongoing support from, adult services post-CAMHS. CAMHS should be commissioned and resourced to provide services to all young people up to their eighteenth birthday.	DfES/DH published *Transition: getting it right for young people* in March 2006, a good practice guide which aimed to show that the handover from children and young people's services to adult services should be planned and managed as a process. The guide suggested how this can best be accomplished in the context of the evidence base. In September 2006 a champions programme was launched. The Department of Health is working with the Royal Colleges to change the pre and post qualification training of health practitioners to improve the necessary communication skills when dealing with young people with long term or complex healthcare needs. Work is also underway to identify competencies for multi-disciplinary teams supporting young people during transition and to influence the content of the transitional curriculum for health	

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	professional training. DH is also working closely with DCSF in the development of a Transition Support Programme from 2008. This will enable young people with disabilities to exercise choice and control over the support they receive from age 14 onwards, including transition from children's to adult services.	
6. The Department of Health should arrange for the collection of information by an organisation such as the Mental Health Act Commission on the numbers of all children and young people (whether detained under the Mental Health Act 1983 or not) who are admitted to adult psychiatric facilities and the length of each admission. This should be monitored both nationally and locally to ensure that progress is being made to eliminate the use of adult beds as a matter of urgency and any unforeseen increases investigated through performance management and inspection.	See response to recommendation 1. New reporting requirements have been put in place with regards to the use of psychiatric wards for children of age 16 and under. For 16/17 year olds, SHAs will be checking that adult wards are used only when appropriate, in line with best practice set out in the National Service Framework, and decide locally what performance management of Trusts and PCTs is needed to ensure that this is achieved.	The new reporting arrangements came into force in June 2007.

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9. The Department of Health and the Care Services Improvement Partnership, mental health trusts and PCTs should work together actively to involve young people in designing and planning services. Regional development workers should ensure that there is increased participation in this area in line with other types of healthcare.	One of the Markers of Good Practice of the National Service Framework for Children, Young People and Maternity Services is that the views of service users are systematically sought and incorporated into reviews of service provision. The report on the Implementation of Standard 9 of the NSF, published in November 2006, stated that good practice could be delivered by – * Statutory services develop partnerships with voluntary organisations to facilitate user involvement, * Services appoint a professional with a brief to develop user involvement, and * Every CAMHS partnership should have a support network for service users and carers. DH has commissioned Young Minds to deliver a series of regional workshops involving young people, supporting the principles of inclusion in planning and delivering services. DH has also commissioned the Health and Social Care Advisory Service (HASCAS) to undertake a literature review to find best evidence of service user involvement. The National CAMHS Support Service (NCSS) has sponsored Investing In Children (IIC) to increase its capacity so that it can deliver a 3 year regional service user pilot in each region, subject to additional financial support from local providers and commissioners.	

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	The NCSS has revised its workplan to prioritise this work. A national lead for service user participation in NCSS will in the next 6 months – * be the main contact point for the NIMHE Making a Real Difference Programme, * develop and produce with colleagues a set of standards for user participation in the annual CAMH Self Assessment (SAM) process so that all CAMH partnerships will be aware of the principles underpinning these standards by March 2008 and that more than 50% of partnerships demonstrate that they are involving young people in the SAM by that time, and * maintain contact with key players – HASCAS, Young Minds, 11 MILLION, NHS Confederation, Investing In Children, national participation workers' network and NIMHE Experts by Experience programme in order to maintain clarity about their role, function, and outputs.	

Appendix 4:
Pushed into the Shadows: List of responses from PCTs and Mental Health NHS Trusts

North East

1. Durham and Darlington CAMHS Strategy Implementation /Partnership Action Plan (including County Durham PCT and Darlington PCT)
2. Gateshead PCT
3. North and South of Tyne CAMHS Strategy Implementation /Partnership Action Plan (including Northumberland, Tyne and Wear NHS Trust and South Tyneside PCT)
4. North of Tyne CAMHS Strategy Implementation /Partnership Action Plan (including Northumberland Care Trust, North Tyneside PCT and Newcastle PCT)
5. Stockton-on-Tees Teaching PCT (with Tees, Esk and Wear Valleys NHS Trust, North Tees PCT, Hartlepool PCT, Redcar and Cleveland PCT, and Middlesbrough PCT)
6. South Tyneside PCT
7. Sunderland Teaching PCT

Yorkshire and Humber

1. Barnsley PCT
2. Bradford and Airedale PCT (with Bradford District Care Trust)
3. Bradford District Care Trust
4. Doncaster Metropolitan borough Council (with Doncaster PCT)
5. Doncaster and Bassetlaw Foundation Trust: partial response (does not provide adult mental health services)
6. East Riding of Yorkshire Council (with East Riding of Yorkshire PCT): letter, partial response to few recommendations
7. Hull PCT
8. Humber Mental Health Teaching NHS Trust
9. Kirklees PCT (with Calderdale PCT, Wakefield District PCT and South west Yorkshire Mental Health NHS Trust)
10. Leeds PCT (with Leeds Mental Health Trust)
11. North East Lincolnshire Trust
12. North Lincolnshire PCT
13. North Yorkshire and York PCT
14. Rotherham PCT
15. Sheffield PCT (with Sheffield Care Trust)

North West[114]

1. Ashton Leigh and Wigan PCT (with 5 Boroughs Partnership NHS Trust and Warrington PCT)
2. Blackburn with Darwen Borough Council (letter enclosing the same template response as East Lancashire CAMHS Multi-Agency Partnership Board – see below)
3. Blackpool PCT

[114] Central Lancashire PCT is not included in this list. However, due to an administrative error this PCT may not have received a request to respond to the recommendations.

4. Bolton Salford and Trafford NHS Trust (now Greater Manchester West Mental Health NHS Foundation Trust) with Trafford PCT and Salford PCT)
5. Bolton PCT
6. Cheshire and Wirral Partnership Trust (with Western Cheshire PCT, Eastern Cheshire PCT and Wirral PCT)
7. Cumbria Partnership Trust (with Cumbria PCT and Cumbria County Council Children's Services)
8. East Lancashire CAMHS Multi-Agency Partnership Board (with Blackburn with Darwin Borough Council, Blackburn with Darwin PCT, Lancashire County Council and East Lancashire PCT, East Lancashire Hospitals NHS Trust and Lancashire Care Trust [now Lancashire Care NHS Foundation Trust)
9. Halton and St Helens PCT
10. Knowsley PCT
11. Lancashire Care Trust [now Lancashire Care NHS Foundation Trust] (with East Lancashire PCT and North Lancashire PCT)
12. Liverpool PCT
13. Manchester PCT (with Manchester Mental Health Trust)
14. Mersey Care NHS Trust: 2 page letter, partial response to some of the recommendations
15. Oldham PCT
16. Pennine Care NHS Trust (with Heywood, Middleton and Rochdale PCT)
17. Pennine Care NHS Trust (with Stockport PCT)
18. Pennine Care NHS Trust (with Tameside and Glossop PCT)
19. Pennine Care NHS Trust (with Bury PCT)
20. Sefton PCT: short email, no response to recommendations

West Midlands[115]

1. Birmingham East and North PCT: letter, no response to recommendations
2. Birmingham and Solihull Mental Health NHS Trust:
3. Coventry Teaching PCT (with Coventry and Warwickshire Partnership Trust)
4. Dudley PCT
5. Heart of Birmingham Teaching PCT: letter, no response to recommendations
6. Herefordshire PCT
7. North Staffordshire PCT
8. North Staffs Combined Healthcare NHS Trust
9. Sandwell PCT
10. Shropshire County Council (with Shropshire County PCT and Telford and Wrekin PCT
11. Solihull Care Trust
12. South Birmingham PCT: letter, no response to recommendations
13. South Staffordshire PCT
14. South Staffordshire (with Shropshire Healthcare NHS Foundation Trust)
15. Stoke on Trent PCT

[115] Solihull PCT is not included in this list. However, due to an administrative error this PCT may not have received a request to respond to the recommendations.

16. Walsall Teaching PCT
17. Warwickshire PCT
18. Wolverhampton City PCT
19. Worcestershire PCT
20. Worcestershire Mental Health NHS Trust

East Midlands

1. Chesterfield Royal Hospitals NHS Foundation Trust
2. Derby City PCT
3. Derbyshire County PCT (letter enclosing responses from Derbyshire Mental Health Services NHS Trust and Chesterfield Royal Hospitals NHS Foundation Trust): no specific responses to recommendations
4. Derbyshire Mental Health Services NHS Trust
5. Leicestershire City Council (with Leicester City PCT, Leicestershire County and Rutland PCT and Leicestershire Partnership NHS Trust and Nottingham City PCT): two page letter, partial response to some recommendations
6. Lincolnshire Children's Services (with Lincolnshire Partnership NHS Trust and Lincolnshire Teaching PCT)
7. Northampton County Council (with Northamptonshire Teaching PCT)
8. Northamptonshire Healthcare NHS Trust
9. Nottinghamshire County PCT (with Nottinghamshire Healthcare NHS Trust and Bassetlaw PCT)

East of England

1. Bedfordshire and Luton MH and Social Partnership Trust (with Bedfordshire PCT and Luton PCT)
2. Cambridgeshire and Peterborough Mental Health Partnership NHS Trust [now NHS Foundation Trust] (with Cambridgeshire PCT and Peterborough PCT)
3. Great Yarmouth and Waveney PCT
4. Hertfordshire Partnership NHS Trust (with East and North Hertfordshire PCT and West Hertfordshire PCT)
5. North East Essex PCT (with South East Essex PCT, South West Essex PCT, Mid Essex PCT and West Essex PCT)
6. North East Essex Partnership NHS Foundation Trust
7. Norfolk CAMHS Strategic Partnership (including Norfolk County Council and Norfolk PCT): letter, no response to specific recommendations[116]
8. Norfolk and Waveney MH Partnership Trust
9. Norfolk PCT
10. South Essex Partnership NHS Foundation Trust
11. Suffolk PCT (with Suffolk Mental Health partnership Trust)

South East

1. Brighton and Hove City PCT
2. Medway Teaching PCT

[116] Norfolk PCT submitted a separate response. Accordingly this response was not been included in the assessment of the adequacy of PCTs' and mental health trusts' responses to the recommendations.

3. East Sussex CAMHS Commissioning Partnership (including East Sussex County Council, East Sussex Downs and Weald PCT and Hastings and Rother PCT): letter attaching Sussex Partnership Trust's response
4. Sussex NHS Partnership Trust (with West Sussex PCT)
5. West Kent PCT

NO RESPONSES
Eastern and Coastal Kent Teaching PCT
Surrey PCT

South Central

1. Berkshire East PCT
2. Berkshire Healthcare NHS Trust
3. Buckinghamshire PCT
4. Hampshire Partnership NHS Trust
5. Hampshire PCT
6. Isle of Wight Healthcare PCT
7. Milton Keynes PCT
8. Oxford and Bucks NHS Trust (now Mental Health NHS Foundation Trust)
9. Portsmouth City Teaching PCT
10. Southampton City PCT

NO RESPONSES[117]
Oxfordshire PCT
Berkshire West PCT

South West

1. Avon and Wiltshire MH Partnership Trust
2. Bath and North East Somerset PCT
3. Bournemouth and Poole Teaching PCT (with Dorset Healthcare NHS Trust and Dorset PCT)
4. Bristol Teaching PCT
5. Cornwall and Isles and Scilly PCT (with Cornwall Partnership Trust)
6. Devon PCT (with Devon Partnership Trust)
7. Gloucester County Council Children and Young People's Directorate (with Gloucestershire PCT, Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Partnership NHS Trust)
8. North Somerset PCT
9. Plymouth Teaching PCT (with Plymouth Hospitals NHS Trust and Children's Services for Plymouth City Council)
10. Somerset PCT (with Somerset Partnership NHS and Social Care Trust)
11. South Gloucestershire PCT
12. Swindon PCT
13. Torbay Care Trust
14. Wiltshire PCT

[117] It is possible that these PCTs responded jointly with another respondent. However, no confirmation of this has been received from either PCT.

London

North West London

1. Hillingdon PCT
2. Brent Teaching PCT and Brent Council (Children and Families)
3. Hammersmith and Fulham PCT
4. Harrow PCT
5. Ealing PCT and Hounslow PCT
6. Kensington and Chelsea PCT
7. West London Mental Health NHS Trust
8. Westminster PCT

North Central London

1. Barnet Enfield and Haringey NHS Trust (with Enfield PCT and Barnet PCT)
2. Barnet London Borough: **partial response** (recommendations 1 and 2 only)
3. London Borough of Camden, Children, Schools and Families Directorate with Camden and Islington Mental Health and Social Care NHS Trust and Camden PCT
4. Haringey Teaching PCT
5. Islington PCT
6. Tavistock and Portman NHS Foundation Trust

No response:

Central and North West London MH NHS Trust

North East London[118]

1. City and Hackney Teaching PCT
2. East London and The City University Mental Health NHS Trust
3. Havering PCT
4. London Borough of Hackney
5. North East London Mental Health Trust [now North East London NHS Foundation Trust] (with Waltham Forest PCT)
6. Redbridge PCT

No response:

Newham PCT

Tower Hamlets PCT

SE London

1. Oxleas NHS Foundation Trust (with Bexley Care Trust PCT, Bromley PCT and Greenwich Teaching PCT)
2. South London and Maudsley Healthcare NHS (with Croydon PCT, Lambeth PCT, Lewisham PCT, Southwark PCT)[119]

[118] Barking and Dagenham PCT is not included in this list. However, due to an administrative error this PCT may not have received a request to respond to the recommendations.

[119] Lewisham PCT and Lambeth PCT both sent letters but subsequently submitted joint response with South London and Maudsley Healthcare NHS

SW London

1. South West London and St Georges Mental Health NHS Trust (with Kingston PCT, Richmond and Twickenham PCT, Sutton and Merton PCT and Wandsworth Teaching PCT)

Appendix 5: response from East London and The City University Mental Health NHS Trust]

East London and The City University NHS
Mental Health NHS Trust

Dr Robert Dolan
Chief Executive
Trust Headquarters
EastONE
22 Commercial Street
London, E1 6LP
Telephone: 0207 655 4030
Fax: 0207 655 4075
Email: robert.dolan@elcmht.nhs.uk

15 October 2007

Claire Phillips
Director of Policy and Research
Office of the Children's Commissioner
1 London Bridge
London
SE1 9BG

Dear Claire

Statutory Requirement to Respond to Recommendations arising from the Children's Commissioner's report *'Pushed into the shadows – Young people's experience of adult mental health facilities'*

I am writing to formally respond on behalf of East London and the City University Mental Health NHS Trust to the recommendations arising from the Children's Commissioner's report on young people's experience of adult mental health facilities. We found this a very helpful document which carried added weight because of its focus on what young people themselves have been saying.

It is very pleasing that with the publication of Professor Sir Aynsley-Green's report and the new Mental Health Act 2007, national attention is finally being given to the provision of age-appropriate inpatient services for young people. We have been lucky in East London that our PCT commissioners and clinicians recognized this need some years ago and as a result a state of the art, new-build adolescent mental health unit opened in Newham, East London in March 2006. The Coborn Centre for Adolescent Mental Health provides 12 acute beds, 3 intensive care beds and 6 day places and should have sufficient capacity to meet local need for the foreseeable future. We also have in place dedicated adolescent community mental health teams in each East London borough which work actively to prevent admission and facilitate early discharge from hospital.

Because of our dedicated adolescent inpatient and day patient provision, we anticipate that young people aged 16 and 17 will be admitted to an adult ward only in very rare circumstances. To safeguard the interests of such young people, we have agreed that they would be admitted to a specific ward (Emerald ward at the Newham Centre for Mental Health) with close links to the adjacent Coborn Centre. The young people would attend Coborn during the day and attend school there. Coborn staff would be closely involved in planning their care and in supporting staff on the adult ward working with them. A protocol is currently being devised to cover such an unusual scenario.

Attached to this letter is our point by point response to the report's recommendations. You will note that most of the recommendations are already met and those outstanding will be covered by the protocol we are developing.

Thank you again for providing such a useful report.

Yours sincerely

Robert Dolan
Chief Executive

'Pushed into the Shadows: Young people's experience of adult mental health facilities'
Template for implementing recommendations

EAST LONDON AND THE CITY UNIVERSITY MENTAL HEALTH NHS TRUST

Response to Recommendations arising from
'Pushed into the Shadows – Young People's Experience of Adult Mental Health Facilities'.

'Pushed into the Shadows: Young people's experience of adult mental health facilities' Template for implementing recommendations

Recommendation	Action taken, or to be taken	Timetable for completion
1. PCTs and mental health trusts should ensure that adult wards are not used for the care and treatment of under 16s and, wherever possible, adult wards should be avoided for 16 and 17 year olds unless they are of sufficient maturity and express a strong preference for an adult environment. The Department of Health should monitor progress towards this nationally. The Healthcare Commission should address this through the annual healthcheck of individual mental health trusts and PCTs.	The three East London PCTs (City & Hackney, Newham and Tower Hamlets) commission the Coborn Centre for Adolescent Mental Health, a state of the art new-build adolescent inpatient and day patient service (12 acute beds, 3 intensive care beds and 6 day places) which opened in March 2006. All under 18s are admitted to the Coborn Centre except in exceptional circumstances when they would be admitted to Emerald Ward at the adjacent Newham Centre for Mental Health with appropriate safeguards in line with the 'Pushed into the Shadows' recommendations.	Already in place
2. Action must be taken by the Department of Health, mental health trusts and Primary Care Trusts (PCTs) to ensure that the Royal College of Psychiatrist recommendations (that around 24 to 40 CAMHS beds are required per one million total population and a bed occupancy rate of 85%) are met consistently and geographical inequalities addressed. Tier 4 units must include both acute care provision (to be able to respond to the need for emergency admissions of young people who are acutely disturbed or high risk) and medium to long term planned in-patient care.	The new Coborn Centre (with 15 inpatient beds and 6 day places) has been planned to have sufficient capacity to cater for the adolescent population of East London, taking into account projected growth over the coming years.	Already in place
7. Mental health trusts (CAMHS and adult mental health services) and PCTs work together to ensure they have in place a joint policy and/or protocol to ensure the safety & protection of young people admitted to adult wards (including the provision of appropriately segregated sleeping and bathroom areas) and access to the expertise and support of CAMHS staff throughout their in-patient stay in line with the rights set out under the UN Convention on the Rights of the Child and the relevant national standards. Children's Commissioner, March 2007	A protocol is currently being developed to cover the very rare occasions when a 16 or 17 year old would not be admitted to the Coborn Centre. In such a circumstance, the young person would be admitted to Emerald ward at the adjacent Newham Centre for Mental Health and spend much of the day at the Coborn Centre. The protocol will address admission, general care (observations, sleeping arrangements, safety issues, diet, activities, medication, reviews), and Coborn input (day attendance, provision of staff, medical cover, advice, training and support).	Nov 2007

'Pushed into the Shadows: Young people's experience of adult mental health facilities' Template for implementing recommendations

8. Mental health trusts and PCTs should work together to ensure that health care professionals involve children and young people (and their families where appropriate) fully in all aspects of their mental health care. This should include children and young people being provided with comprehensive and accurate information about the medication that they are prescribed and administered, in a format that they are able to understand. Any decision-making about medication should involve the child or young person as an active partner.	This is standard practice at the Coborn Centre and would also be applied to any young people admitted to Emerald ward.	Already in place
9. The Department of Health and the Care Services Improvement Partnership, mental health trusts and PCTs should work together actively to involve young people in designing and planning services. Regional development workers should ensure that there is increased participation in this area in line with other types of healthcare.	Young people were consulted by Young Minds and unit staff about the development of the new Coborn Centre. The service continues to consult with young people on an ongoing basis about service delivery issues.	Already in place
10. All young people admitted to adult wards should have regular access to a named keyworker/lead professional who has received training in working with young people and who has responsibility for liaising with CAMHS and ensuring that young people's care is properly planned and they are fully supported throughout their stay.	This recommendation will be included in the protocol being developed around possible admission of young people to Emerald ward.	Nov 2007
11. PCTs and mental health trusts should ensure that all staff (including agency and other temporary staff) on adult wards admitting young people should have an appropriate and current Criminal Records Bureau (CRB) disclosure.	All staff employed by East London and the City University Mental Health NHS Trust who could come in contact with young people have enhanced CRB disclosure.	Already in place
12. PCTs and mental health trusts should work to review and, where appropriate, to increase the level of supervision by staff on adult wards who are working with young people. All staff who are working with young people on adult wards should be trained in child and adolescent mental health.	This recommendation will be included in the protocol being developed around possible admission of young people to Emerald ward.	Nov 2007

'Pushed into the Shadows: Young people's experience of adult mental health facilities' Template for implementing recommendations

13. On admission to an adult ward, all young people and their families must receive information (both written and oral) in an appropriate format about what will happen to them and about their rights (including how to complain and, where applicable, the provisions of, and their rights under, the Mental Health Act 1983).	This is standard practice at the Coborn Centre and would also be applied to any young people admitted to Emerald ward.	Already in place
14. All mental health trusts should ensure that any young people admitted to adult in-patient mental health wards are advised of, and have access to, independent advocacy advice and support.	Mind provide independent advocacy to young people at the Coborn Centre and would extend this to cover any young people admitted to Emerald ward.	Already in place
15. Mental health trusts and PCTs should ensure that all decisions are documented in a written Care Plan that has been discussed and written jointly with the young person and, if appropriate, discussed fully with their family/carers.	This is standard practice.	Already in place
16. Mental health trusts and PCTs should work towards using the Care Programme Approach (CPA) more consistently to ensure continuity of high quality treatment and care and, most importantly, better discharge planning. The CPA must be used when young people are discharged back to community CAMHS or to appropriate adult services.	CPA is used routinely for all young people admitted as inpatients.	Already in place
17. Mental health trusts and PCTs should ensure that any adult in-patient wards admitting young people under-18 should provide appropriate facilities and daily activities for young people including games, music, books, computer equipment and access to sports and physical exercise.	Any young person admitted to Emerald ward would spend the day at the Coborn Centre and avail of the facilities and activities there.	Already in place
18. Mental health trusts and PCTs should ensure that all adult in-patient wards have resources in place to assess and respond to the educational needs of any young people under 18 admitted to the ward. It is important that action is taken to ensure that young people can continue with their education, especially those who are of compulsory school age. A named member of staff should have responsibility for ensuring that any links with a young person's existing place of education are maintained.	Any young person admitted to Emerald ward or another adult ward would have full access to the school at the Coborn Centre.	Already in place

'Pushed into the Shadows: Young people's experience of adult mental health facilities' Template for implementing recommendations

19. Mental health trusts and PCTs should ensure that where young people are admitted onto an adult ward, arrangements for their family and friends should be made, taking into account the need to safeguard the health and welfare of patients and visitors. This must include visiting areas in which they can meet with their families and friends (including those under 18) in private.	The Coborn Centre includes a family room where parents/carers can stay overnight. The visiting facilities at the Coborn Centre would be made available to families and friends of any young people admitted to Emerald ward.	Already in place
20. Mental health trusts, PCTs and local authorities should ensure that they comply with the requirement in sections 85 and 86 of the Children Act 1989 to notify the local authority where a young person who had been living in their area is accommodated or is likely to be accommodated in hospital for three months or more.	This is standard practice.	Already in place

Appendix 6:
Department of Health letter, June 2007

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 4987
Switchboard: 020 7210 3000

To: SHA Chief Executives

29 June 2007

Gateway Number: 8390

Dear everyone,

Thank you for your hard work to achieve the CAMHS PSA target in Q4 of 06-07, and please pass our thanks on to your PCTs and Trusts. The LDPR results for Q4 show that all bar four PCTs delivered on all three proxy measures in Q4, and I understand one of these is now fully compliant. PCTs will continue to be asked about these services in 2007/08 via the LDPR mechanism, and monitoring of performance in this area will be carried out by the Healthcare Commission as part of the Annual Healthcheck.

Building on this achievement, I am writing to set out new reporting requirements with regards to the use of adult psychiatric wards for children of age 16 and under, which we have discussed with Directors of Performance. Please share these with the relevant organisations.

The National Service Framework for Children, Young People and Maternity Services (2004) highlights the importance of ensuring that "children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development." Ministers recently committed that within 2 years no child under 16 years of age will be treated on an adult psychiatric ward.

In the exceptional case where a child of 16 or under is placed on an adult psychiatric ward, SHAs should use the Serious Untoward Incident protocol to notify the Department of Health setting out how the child will be moved to appropriate accommodation within 48 hours and how the ward and staffing have been made appropriate for the child's needs.

For 16/17 year olds, SHAs will want to check that adult wards are used only when appropriate, in line with best practice set out in the NSF, and decide locally what performance management of Trusts and PCTs is needed to ensure that this is achieved.

Where any young person under the age of 18 is accommodated on an adult ward, providers and commissioners must have measures in place to meet their statutory obligations and their safeguarding requirements as set out under section 11 of the Children Act 2004. Key concerns are that:

- The beds have been specifically set aside for such use and are single sex;
- The staff are Criminal Record Bureau (CRB) checked and have support and training available to them from child mental health professionals;
- The Local Safeguarding Children Board is satisfied with the measures in place;
- Adult mental health staff and CAMHS work closely together to plan the care, discharge and after-care, utilising the Care Programme Approach;
- Education, recreational facilities and advocacy services are available to children and young people. Advocates are trained to work with children and young people and in mental health legislation; and
- Local authority and voluntary social care, vocational and housing services are part of the network supporting the young people.

Thank you for your assistance and best wishes

Yours sincerely

Richard Gleave
Performance Director

"The 11 MILLION children and young people in England have a voice"
Children's Commissioner for England, Professor Sir Albert Aynsley-Green

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