mental welfare
commission for scotland

Young people monitoring report 2018-19

Annual statistical monitoring

18 March 2020

Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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Executive summary

1. The Mental Health (Care and Treatment) (Scotland) Act 2003 requires health boards to provide appropriate services and accommodation for young people admitted to hospital for treatment of their mental ill health.

2. In 2018-19, the number of young people under the age of 18 admitted to non-specialist hospital wards – primarily adult wards – for treatment of their mental health difficulties in Scotland rose to 118 admissions involving 101 young people. This is a rise on the 2017-18 figures which were 103 admissions involving 90 young people.

3. Reasons for young people being admitted to adult wards include a shortage of specialist beds, and a lack of provision for:
    a. Highly specialised care for young people with learning disability,
    b. Young people who have offended due to mental health difficulties and require forensic care; and
    c. Young people who require intensive psychiatric care provided on specialised units.

4. In some instances it may be appropriate for a child or a young person to be admitted to a non-specialist setting, however the United Nations Convention of the Rights of the Child indicates the necessity of ensuring special safeguards for children and young people due to their stage of development.

5. Health board areas differ in relation to their admission figures with some achieving similar results to the previous year and others admitting more young people to non-specialist units.

6. In recognition of the need to provide standards, safeguards and promote best practice, the Scottish Government has commissioned the Child and Adolescent Mental Health Services (CAMHS) Lead Clinician group to develop a protocol for admissions of young people to non-specialist wards (Action 19 of the Mental Health Strategy 2017-2027). The Commission has been part of this protocol that should be published shortly. We will adapt our monitoring accordingly.

7. The majority of admissions of young people to non-specialist wards continue to be short in length, however 38% remain on those wards (mostly adult) for over a week.

8. A positive finding is that in 57% of these non-specialist setting admissions the senior medical practitioner was a specialist Child and Adolescent Consultant Psychiatrist and in a further 34% of admissions, a Child and Adolescent consultant was available to give support – this means that 91% of admissions had specialist senior medical input.

9. Of all the young people admitted to non-specialist wards, 21% were 'looked after and accommodated' by a local authority. This is a higher percentage than in previous years.

10. The Commission was disappointed to note that while 76% of young people had access to advocacy, only 16% had access to advocacy that specialised in the particular needs

and rights of young people.

11. The Commission notes that CAMHS clinicians continue to provide support to young people in non-specialist inpatient wards, but over recent years the proportion of young people being able to access specialist CAMHS input whilst an in-patient on a non-specialist ward has not improved substantially. This may reflect workforce issues within CAMHS.

12. Action 20 of the Mental Health Strategy is a commitment to scoping the level of highly specialist mental health inpatient services for young people and act on the findings. The Commission notes the progress towards developing inpatient facilities for children and young people who require specialist forensic care and for those young people who have a learning disability. The progress report on the strategy indicates that business cases for these units are being developed in NHS Ayrshire and Arran and NHS Lothian respectively.

13. The Commission is disappointed that there has not been the same progress with regards to developing a pathway/protocol and identifying the resource required for young people who require CAMHS specialised intensive psychiatric care unit (IPCU) support. This has been a recommendation of the Commission for a number of years in these monitoring reports, and we repeat it here.

Recommendations

1. The Scottish Government should prioritise the need to address the lack of provision of IPCU facilities for young people under the age of 18 in Scotland. Work could be undertaken in partnership with the regional CAMHS Tier 4 networks and the Commission to address this issue. Part of this activity should be to develop mutually agreed protocols to ensure that young people requiring IPCU facilities or their equivalent have timely access to these environments when required.

2. Health boards review the adequacy of provision and accessibility of specialist advocacy to young people admitted in non-specialist settings.

3. Whilst the progress on Action 20 of the Mental Health Strategy 2017-2027 is welcome, the Commission recommends the development of clear protocols in the interim for young people who require forensic or learning disability inpatient facilities and these are not yet available in Scotland. This work could be undertaken with the CAMHS Lead Clinicians group and the CAMHS learning disability network.

Cases

The following composite cases illustrates the problems this report seeks to highlight. These are not real cases but are based on the information that Commission is aware of through our work.

JD is a 15-year-old young person who is a secondary school student, and lives with their family. Unfortunately, JD developed an episode of psychosis and required admission to a regional CAMHS inpatient unit, which is some distance from home. Whilst there, as part of their illness, JD became paranoid about the staff and other young patients. This led to episodes of aggression, and the clinical team felt JD's care needs required more intensive psychiatric care. There is no IPCU for young people in Scotland and the nearest adult IPCU to the CAMHS unit JD is currently in suggested JD might be better placed in the Adult IPCU nearest to their home. That IPCU said that they could not accept a 15-year-old and advised them to speak to other IPCUs instead. This lack of clarity was difficult for the young person, their family and the clinicians involved in JD's care. JD remained on the adolescent unit whilst unwell but this was not ideal for JD or for the other young people in the unit. The lack of a specialised IPCU facility for young people and the lack of a clear protocol for how to progress the request for more support was unhelpful.

SK is a 16-year-old person who enjoys dancing and painting. She has diagnoses of autism and mood disorder. She developed an episode of mania and required an admission to a regional young people's inpatient unit. She was very distressed and hit out at a support worker. This led to an admission to the local adult IPCU to ensure the level of care she needed. However this was on a ward with adults and she was vulnerable. This required her to have staff with her constantly and she perceived this as restrictive although she understood it was for her safety. The clinical team informed the Mental Welfare Commission of the admission of this young person to a non-specialist ward and the MWC collected information about her stay on the ward and access to CAMHS clinicians, education and age appropriate recreation. Despite the efforts of the CAMHS team, local adult mental health services, the admission was difficult for SK and her friends and family who were concerned about the environment in which she was placed.

Introduction

The Mental Health (Care & Treatment) (Scotland) Act 2003 (the 'Act') places a legal duty on health boards to provide appropriate services and accommodation for young people who are under the age of 18 years and who are admitted to hospitals for treatment of their mental disorder (or mental illness, as we refer to it in this report).

The Code of Practice to the Act states "whenever possible it would be best practise to admit a child to a unit specialising in child and adolescent psychiatry "and that young people should be admitted to a non-specialist ward only in "exceptional circumstances". [1]

Admitting a young person to an adult ward would only be acceptable in rare situations. This would depend upon the individual circumstances of the young person e.g. their maturity, the nature of mental health difficulties and the care they require and the distance to the regional unit. Where such an admission does become unavoidable then every effort should be made to provide for the young person's needs as fully as possible.

Specialist units and wards designed to treat the needs of adults with mental illness differ in staff training and the ward environment and a young person's needs might not be fully met on an adult ward.

Since 2005, the Commission has monitored the admissions of young people to adult wards to ensure that their rights are respected, to identify and highlight any deficiencies in care, and to monitor and record the provision of age appropriate services under the Act. We publish our findings annually.

The most common non-specialist wards to which young people are admitted are adult mental health wards and adult intensive psychiatric care units (IPCUs). [2]

The Scottish Government's approach to mental health is outlined in In the Mental Health Strategy 2017-27 and outlines a number of actions to further develop services across Scotland. Some of these actions are specific to Child and Adolescent Mental Health Services (CAMHS) with the aim of promoting and protecting children's and young people's mental health and wellbeing and improve their access to timely, evidenced based intervention and support. [3]

As part of Action 19 of the Strategy the CAMHS Lead Clinician's Group has been commissioned to develop a nationally agreed best practice guideline to ensure a clear protocol and standards for those occasions when a young person is admitted to a non-specialist ward. The Commission will adapt its young person's monitoring data collection to report against some of those standards once these are published.

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[1] Code of Practice Volume 1, chapter 1 paragraph 50
https://www2.gov.scot/Publications/2005/08/29100428/04302

[2] Adult IPCU facilities are specialised psychiatry wards designed to provide a care setting for adults when they are very unwell and present with high levels of risk either to themselves or others.

[3] Mental Health Strategy 2017-2027, published March 2017
http://www.gov.scot/Publications/2017/03/1750

Action 20 of the Mental Health Strategy 2017-2027 states plans to: “Scope the required level of highly specialised mental health inpatient services for young people and act on its findings.” The services referred to in this action are those that would meet the needs of young people who also have learning disability or autism; or that need intensive psychiatric care units (IPCU), or who due to the nature of their illness may have committed offences that require care to be delivered in specialist child and adolescent psychiatric forensic care.

Currently Scotland does not have these inpatient facilities.

NHS Ayrshire and Arran has been chosen as the site for the building of a National Secure CAMHS Inpatient Facility (National Secure Adolescent Inpatient Service (NSAIS)) and this development is still in the capital planning stage with the intention that submission of a full business case will be made in June 2020. This proposed development would meet the needs of those young people who require specialised forensic psychiatric care.

NHS Lothian has been chosen as the location for the development of a six-bedded unit for young people between the ages of 12 and 18 with a learning disability.

Facilities for the under 12s with a learning disability are to be developed within the National Child Inpatient Unit in Glasgow.

It does not appear that there is any further progress around specialist IPCU facilities for young people in Scotland. The Commission has been calling for this for some years now.

The Commission regards the development of a specialised child and adolescent pathway for IPCU provision as delayed. The lack of a resource or an agreed plan on how to manage situations when this resource is required causes difficulties for children and young people, their families and the clinicians working for them,.

Specialist child and adolescent inpatient services in Scotland

In Scotland, there are three NHS regional adolescent in-patient units for young people aged between 12–18. These units are:

Skye House is a 24-bedded specialist adolescent unit based in Stobhill Hospital, Glasgow. that receives admissions of young people from NHS Dumfries and Galloway, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Forth Valley (West of Scotland region).

The Young People's Unit in Edinburgh is a 12-bedded unit in the Royal Edinburgh Hospital campus and receives admissions of young people from NHS Lothian, NHS Borders and NHS Fife (East of Scotland region).

Dudhope House in Dundee is a purpose-built 12-bedded unit that receives admissions of young people from NHS Highland, NHS Grampian, NHS Tayside, NHS Shetland and NHS Orkney (North of Scotland region). During this monitoring period two beds (April-November) were closed to carry out essential safety work.

The National Child Inpatient Unit based in Glasgow receives admissions of children under the age of 12 years with mental health difficulties from across Scotland.

In February 2019 the 10-bedded non-NHS Huntercombe Hospital in West Lothian which admitted some Scottish NHS patients between the ages of 12 and 18 closed.

The young people monitoring process

The Commission collects information through notifications from health boards about the admissions of young people under the age of 18 years when they are admitted to wards for mental health care that are not in any of the units mentioned above. The Commission data management systems also alert staff to the admission of a young person to a non-specialist ward.

The Commission does not collect information on those admissions that are less than 24 hours in duration, are solely related to drug or alcohol intoxication or are solely for the medical treatment of self-harm.

Once we have been notified about an admission we send out a questionnaire to the consultant or responsible medical officer (RMO) in charge of the young person's care to find out further information about the admission.

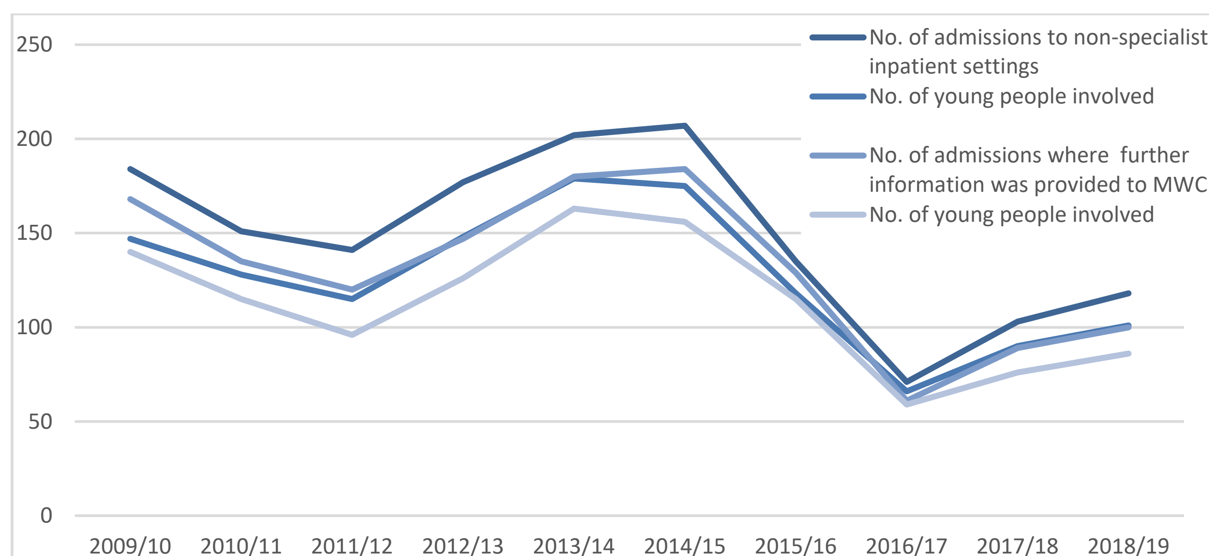
Young people (under 18) admitted to non-specialist facilities, by year 2011-2019

Table 1: Young people (under 18) admitted to non-specialist facilities, by year 2009-2019

Years	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19
No. of admissions to non-specialist inpatient settings	184	151	141	177	202	207	135	71	103	118
No. of young people involved	147	128	115	148	179	175	118	66	90	101
No. of admissions where further information was provided to MWC*	168	135	120	147	180	184	129	61	89	100
No. of young people involved	140	115	96	126	163	156	115	59	76	86

**admissions where completed monitoring form returned to MWCS*

Figure 1: Young people (under 18) admitted to non-specialist facilities, by year 2009-2019



In 2018-19 we were notified of 118 admissions to non-specialist wards which involved 101 young people and received further information on 100 of the 118 admissions.

This is an increase from last year when the figures had increased to 103 admissions involving 90 young people.

The lowest numbers were collected in 2016-17 (71 admissions involving 66 young people).

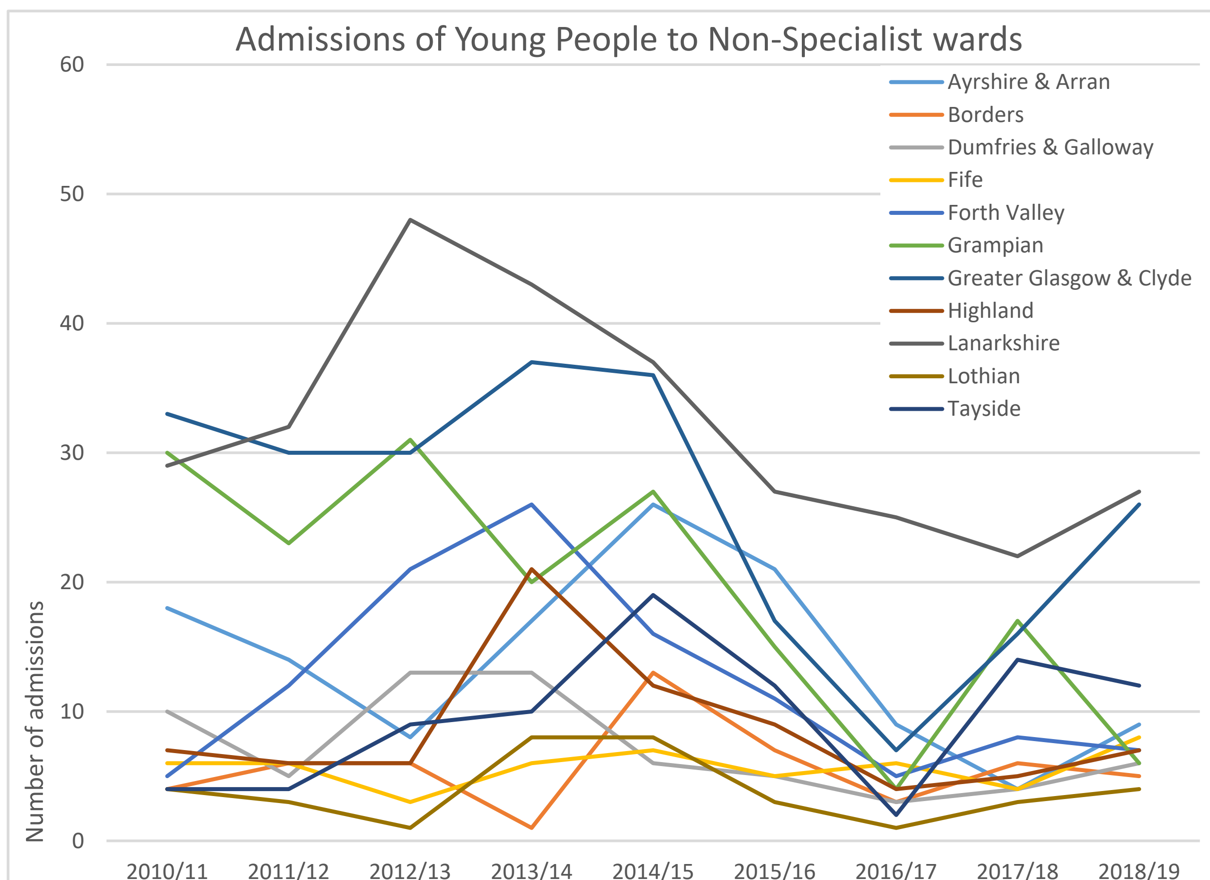
This year's figures, however, remain an improvement on 2013-14 and 2014-15 when admissions above 200 were recorded each year.

Young people admitted to non-specialist facilities by NHS board, by year 2011-2019

Table 2: Young people admitted to non-specialist facilities by NHS board, by year 2011-2019

Health Board	2011-12		2012-13		2013-14		2014-15		2015-16		2016-17		2017-18		2018-19	
	Admissions	Young People	Admissions	Young People	Admissions	Young People	Admissions	Young People	Admissions	Young People	Admissions	Young People	Admissions	Young People	Admissions	Young People
Ayrshire & Arran	14	11	8	8	17	15	26	21	21	17	9	8	4	4	9	9
Borders	6	6	6	5	1	1	13	6	7	7	3	3	6	4	5	4
Dumfries & Galloway	5	4	13	10	13	9	6	6	5	5	3	3	4	3	6	4
Island Boards *****	0	0	0	0	0	0	1	1	3	3	1	1	0	0	1	1
Fife	6	6	3	3	6	5	7	4	5	5	6	6	4	4	8	6
Forth Valley	12	10	21	19	26	25	16	15	11	9	5	5	8	8	7	7
Grampian	23	17	31	22	20	17	27	23	15	12	4	4	17	14	6	5
Greater Glasgow & Clyde	30	23	30	24	37	34	36	30	17	16	7	7	16	14	26	23*
Highland	6	5	6	6	21	19	12	11	9	8	4	4	5	4	7	7
Lanarkshire	32	27	48	40	**** 43	**** 38	37	34	27	24	25	22	22	19	27	21*
Lothian	3	3	1	1	8	7	8	8	3	1	1	1	3**	3**	4	4
Orkney	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shetland	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0
State	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Tayside	4	3	9	9	10	9	19	17	12	11	2	2	14	12	12	10
Independent (Ayr Clinic) ***											1	0				
Scotland	**141**	**115**	**177**	**148**	**202**	**179**	**207**	**176**	**135**	**118**	**71**	**66**	103	90	118	101

** GGC total = 23 as one YP also admitted to Lanarkshire. Some of these figures (<3) relate to young people looked after by Esteem.*
*** We were informed that one admission to NHS Lothian was an out of area admission from NHS Greater Glasgow and Clyde (2017-18).*
**** Ayr Clinic shown as independent rather than included in NHS Ayrshire and Arran figures. This admission followed a preceding admission to a non-specialist ward in Scotland. It is therefore not included in the individual data due to the young person being counted already elsewhere.*
***** We were informed that one admission to NHS Lanarkshire was an out of area admission from NHS Greater Glasgow and Clyde (2013-14).*
****** Island Boards comprise Eilean Siar (Western Isles), Shetland, and Orkney. The figures have been pooled in line with good practise relating to the publication of small numbers.*



Reflecting the requirements of the Mental Health Act on health boards in relation to the provision of child inpatient care and the Act's clear principle that the child's welfare should be most important in framing service response, the Commission's view is that when a young person requires in-patient treatment, their individual clinical needs should be given paramount importance.

When comparing admissions to non-specialist facilities by NHS board area, the Commission is looking to see whether there have been significant changes in the number of admissions within a specific area compared with the previous year.

There continues to be differences in the configuration of CAMHS across the country with varying eligibility criteria for young people for CAMHS versus adult mental health depending on their age and educational status.

Scottish Government CAMHS specifications suggest that health boards provide services for all children and young people up to the age of 18. [4]

However, this has not happened everywhere in Scotland and some health boards CAMHS continue to provide mental health services for children and young people under the age of 16 years and only for young people between the ages of 16 and 18 years who are in full time education.

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[4] National Service Specifications for CAMHS, February 2020
https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/

This difference in service configuration can affect the numbers of young people admitted to non-specialist wards. In the Commission's 2015-16 report an additional monitoring exercise[5] showed that those young people aged between 16 and 18 who were not in full time education and therefore looked after ordinarily by general adult mental health teams in some health boards were unlikely to access a specialist adolescent bed when admitted to hospital due to perceived continuity and consistency issues for the local adult psychiatric team.

We know of no further changes to CAMHS eligibility criteria and populations since our last monitoring report and so this factor will still have an impact on non-specialist admissions in some health board areas over the past year.

Figures in Table 2 compare admissions to non-specialist in-patient mental health beds for young people up to the age of 18 years by NHS board area from 2011-12 to 2018-19. This year, admission numbers for each NHS board areas in Scotland have varied widely with some experiencing falls (Grampian,) some similar numbers to recent years (Forth Valley Borders, Lothian) and others experiencing higher levels once again (Lanarkshire, Greater Glasgow and Clyde) .

What is clear from the figures is that a single year's figures are difficult to interpret and several years of data collection is required in order to be able to make conclusions about trends with confidence.

Length of stay in non-specialist wards, by year 2015-16 to 2018-19

We have been aware, from our monitoring activity and from our visits to young people that lengths of stay in non-specialist environments can vary considerably and a small but significant minority of young people are looked after for long periods of time on wards which are not designed for their needs.

The length of stay is the amount of time that a young person remained in a non-specialist ward during an admission.

We believe that length of stay together with standards of care provided while a young person is looked after in a non-specialist environment are important quality issues to consider alongside the overall numbers of young people admitted to non-specialist wards nationally.

[5] Young Person Monitoring 2015-2016. October 2016.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf

Table 3: Length of stay in non-specialist wards, by year 2016–19

Length of Stay*	2015-16	%	2016-17	%	2017-18	%	2018-19	**%
1-3 days	36	27%	25	35%	29	27%	35	30%
4-7 days	28	21%	17	24%	23	22%	37	31%
8-14 days (1-2 weeks)	28	21%	8	11%	20	19%	13	11%
15-21 days (2-3 weeks)	13	10%	4	6%	10	9%	12	10%
22-28 days (3-4 weeks)	11	8%	7	10%	3	3%	6	5%
29-35 days (4 weeks+)	7	5%	3	4%	2	2%	5	4%
36 days or more (5 weeks +)	12	9%	7	10%	19	18%	10	8%
Total	**135**	**100%**	**71**	**100%**	**106**	**100%**	**118**	**100%**
Mean (days)	*15*		*19*		*23*		*16*	

** The Commission collects data on admissions that are 24 hours and above. Totals are based on the total number of admissions for that year.*
*** Based on 118 admissions.*

The majority of admissions continue to be short in length (30% are between one and three days). However, sizable numbers of young people remain inpatients in a non-specialist environment for longer periods (38% last over seven days, 27% last over two weeks and 8% lasted over five weeks).

Of these admissions many involved young people for whom there was no national provision of inpatient beds for their age group and/or mental health needs. This often relates to young people who have learning disability.

In longer admissions of young people to non-specialist wards, it is very important that the young person has access to a range of CAMHS specialist care relevant to their needs and provided by differing professional groups as appropriate.

While a small majority of admissions are less than one week in length, this still represents a considerable amount of time for young people in a non-specialist environment, many of whom have never been in hospital before.

Specialist health care provision for young people in non-specialist care, 2018-19

The Commission seeks assurance as to whether specialist child and adolescent services input is available to a young person admitted to a non-specialist ward, to ensure that appropriate care and treatment is being provided to the young person, and that relevant guidance and support is available for staff in non-specialist units who will have less experience of providing treatment and support to young people.

Access to specialist child and adolescent services following admissions of a young person to an adult ward varies across the country.

Table 4: Specialist health care for admissions of young people in non-specialist care, 2018-19

Specialist medical provision	**Age 0-15**	**Age 16-17**	**All**	***%**
RMO at admission was a child and adolescent specialist	16	41	57	57%
CAMHS consultant available to give support other than as RMO	4	30	34	34%
Nursing staff with experience of working with young people were available to work directly with the young person	11	45	56	56%
Nursing staff with experience of working with young people were available to provide advice to ward staff	15	65	80	80%
The young person had access to other age appropriate therapeutic input	11	35	46	46%
None of the above	0	7	7	7%
Total admissions*	20	80	100	100

** Total=100, all admissions where further information was provided; percentages may sum to more than 100% as more than one type of specialist medical provision might be provided at any one admission.*

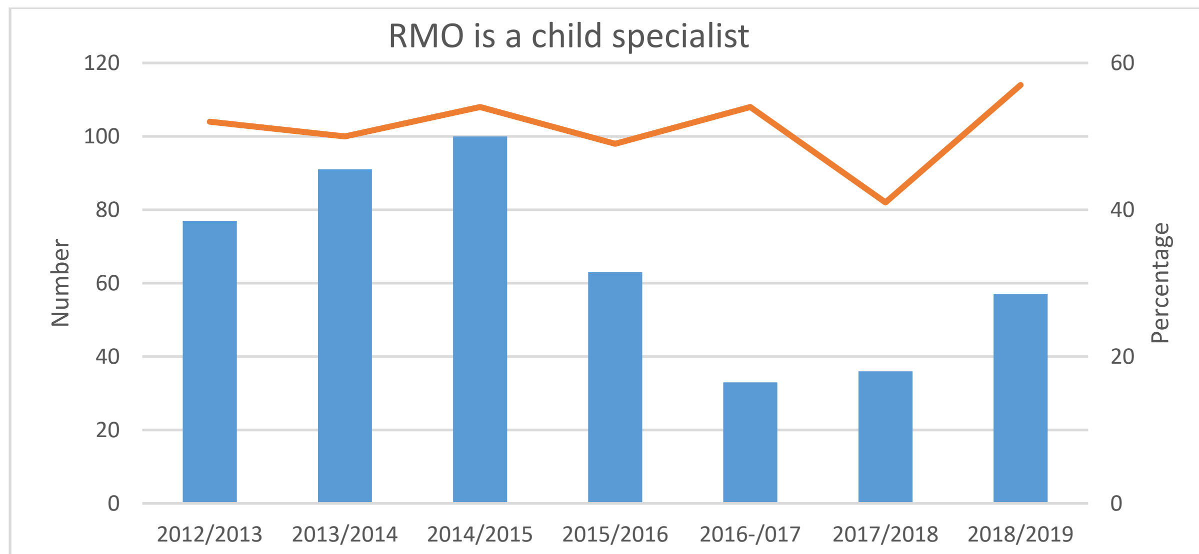
In 2018-19 there has been no substantial improvement in the percentages of young people receiving specialist care input from CAMHS staff during their admission to a non-specialist unit and the figures have now remained at a similar level over several years.

In some circumstances where an admission might be of very short duration, the provision of direct specialist clinical contact might not be as important in terms of provision of care as stays of longer duration.

However, even in short admissions the task of liaison, communication and co-ordination of care around discharge and discharge planning is crucial for young people presenting in crisis.

In 2018-19 the consultant in charge of a young person's care (or RMO) was a child and adolescent specialist in 57 out of the 100 admissions (57%), which compares with 41% in 2017-18, 54% in 2016-17, 49% in 2015-2016, 54% of admissions in 2014-15, 50% in 2013-14 and 52% in 2012-13.

However in 2018-19 there were a further 34 admissions (34%) where a CAMHS consultant was available for advice for the admissions although was not the actual consultant in charge of care.

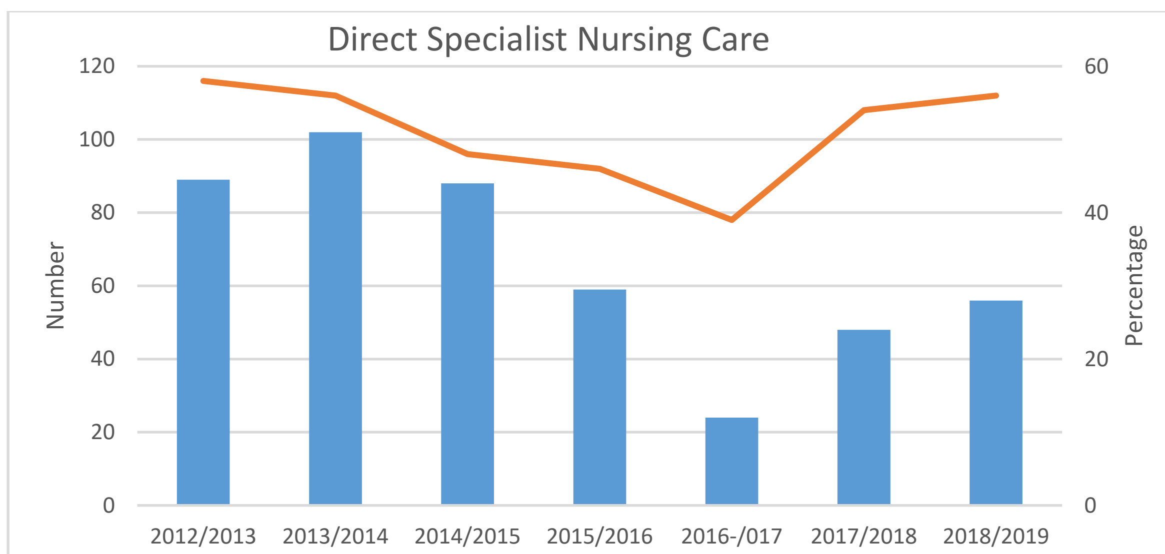


Data is based on the further information provided to the Commission and reported on annually.

In a large proportion of admissions there has been no direct input from nurses experienced in working with children and adolescents.

This year 56 out of the 100 (56%) admissions experienced direct nursing care from experienced nurses.

This compares with 54% in 2017-18, 39% in 2016-17, 46% in 2015-16, 48% in 2014-15, 56% in 2013-14 and 58% in 2012-2013. The percentage of admissions where there have been nurses available with relevant CAMHS experience to provide advice to ward staff also remains similar to previous years (in 2018-19 80 out of 100 admissions 80%). This compares with 85% in 2017-18, 84% in 2016-17, 78% in 2015-16, 85% in 2014-15, 80% in 2013-14, and 76% in 2012-13. This data reports the number of admissions when nurses with CAMHS experience were available for advice if needed but not whether that advice was ever sought.



Data is based on the further information provided to the Commission and reported on annually.

In 2018-19 46 out of 100 admissions (46%) were able to access additional age appropriate therapeutic input.

This compares with 41% in 2017-18, 49% in 2016-17, 38% in 2015-16, 59% in 2014-15, 51% in 2013-14 and 88% in 2012-13.

When looking at the information provided to the Commission in relation to the admissions of young people to non-specialist wards it is often not clear what factors influence whether a young person receives input from CAMHS whilst an inpatient.

For those health boards where adult mental health services provide services for some 16-17 year olds, such young people would not necessarily be expected to receive input from CAMHS while in hospital.

Where admissions are very short or over a weekend, for example, specialist input may not be provided.

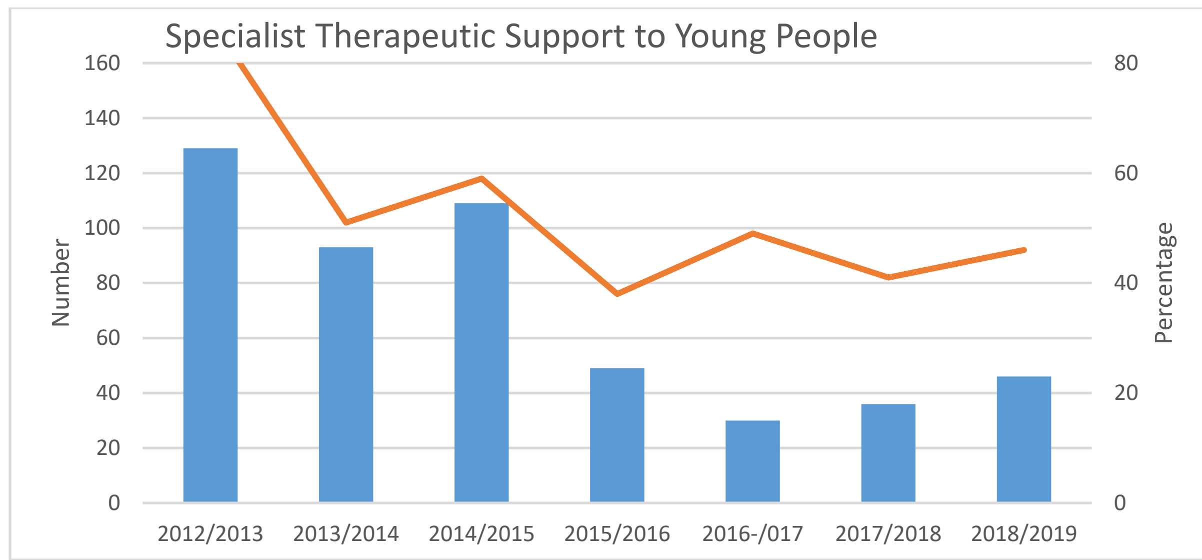
These factors do not explain many findings, however. This year, as in previous years, the provision of specialist care is inconsistent across non-specialist admissions.

Of the 10 admissions involving young people that lasted longer than 36 days, a high percentage (9 or 90%) had either a consultant in charge of their care who was a child specialist or a CAMHS consultant available for advice if needed.

Only four of the 10 admissions had direct CAMHS nursing provision provided to the admission. In the six admissions where there was no direct CAMHS nursing provision, two admissions took place in a health board where CAMHS was provided to the age of 18. Only seven of the 10 admissions were described as having CAMHS nursing advice available and only five out of the 10 admissions were provided with additional therapeutic input from CAMHS staff during their stay even though a further admission was in a health board where CAMHS would be provided to the age of 18.

Of the 100 admissions that we obtained additional information about, 28 neither received direct specialist nursing support or specialist therapeutic input (28%) during their stay. Of the 28 admissions, seven lasted between 1-3 days (25%), seven lasted between 4-7 days (25%), three lasted between 8-14 days (11%), three lasted between 15-21 days (11%) and eight lasted longer than 21 days (29%).

It is not clear if capacity issues in community CAMHS staff has impacted negatively on the availability of nursing and other clinical staff to support non-specialist admissions of young people.



Data is based on the further information provided to the Commission and reported on annually.

Admissions of care experienced young people and social work provision for admissions of all young people to non-specialist care, 2018-19

Table 5: Social work provision for admissions of young people to non-specialist care, 2018-19

Social work provision	Age 0-15	Age 16-17	All	*%
Young person was looked after and accommodated by the local authority	3	18	21	21%
No information	0	1	1	1%
Young person had access to social work	10	61	71	71%
No information	1	3	4	4%
Total	20	80	100	100%

**Total=100, based on all admissions where further information was provided to the Commission.*

Many young people admitted to a non-specialist facility will have had no prior involvement with social work services, but our expectation would be that if social work input is felt to be necessary at the time when an admission is being considered, or after admission, there should be clear local arrangements to secure that input.

The Commission is particularly concerned about vulnerable groups of individuals and is interested in the provision of services to "looked after" children.[6] A young person is described as being 'looked after 'if, under the provisions of the Children (Scotland) Act 1995, they are under the care of their local authority and either subject to statutory measures and looked after at home, or looked after away from home in foster or kinship care, a residential care home, a residential school or secure young people unit.

There is evidence that such children generally experience poorer mental health and there is now a national requirement that NHS boards ensure that the health care needs of 'looked after' children are assessed and met, including mental health needs.[7] The Guidance on Health Assessments for Looked after Children and Young People[8] emphasises that mental health problems for care experienced young people are markedly greater than for their peers in the community.[9]

[6] Children and young people looked after by the local authority or young people leaving care wish to be known collectively as care experienced. For this report we retain the use of the term 'looked after and accommodated' to describe a specific group of children and young people who are care experienced and are accommodated by the local authority.

[7] Action 15, Looked After Children and Young people: We can and must do better. January 2007. https://www2.gov.scot/resource/doc/162790/0044282.pdf

[8] The Scottish Government (28 April 2009) CEL16 http://www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf

[9] The Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland* http://www.gov.scot/Resource/0045/00450743.pdf

In the recent Mental Health Strategy 2017-2027[10] Action 5 addresses particular issues "for young people on the edges of and in secure care" and seeks to ensure mental health needs are considered in the pathway of care for these children and young people.

We have been collecting information about young person's admissions to non-specialist wards and whether they are 'looked after and accommodated' since 2014. We would assume that any 'looked after' young person admitted to a non-specialist facility should have an identified social worker.

Twenty one (21%) of the admissions for which we received further information involved young people who were described as being 'looked after and accommodated'. This compares with 16% (14 out of 89 admissions) in 2017-18, 13% (8 out of 61 cases) in 2016-17, 13% (17 out of 129 cases) in 2015-16 and 13% of young people in 2014-15 (23 cases out of 184).

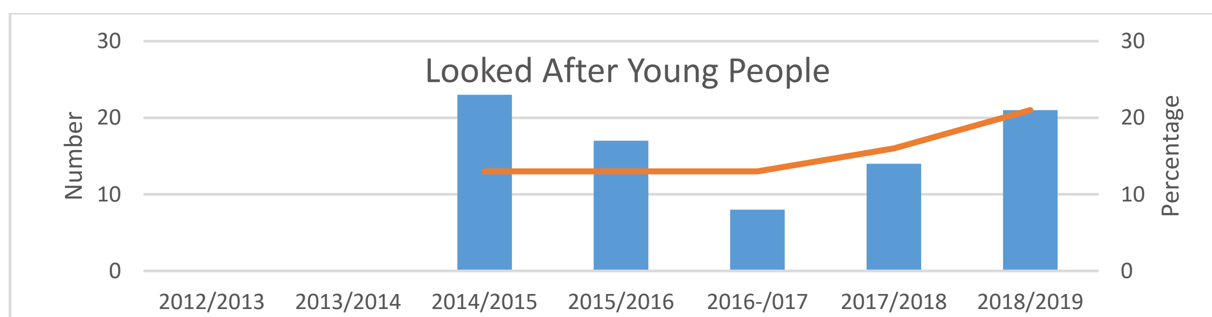
Of the 21 admissions of young people this year, three were admissions of young people under the age of 15 or and 19 related to admissions of young people aged 16 to 17 years. In terms of length of stay, five of the admissions (23%) lasted longer than four weeks.

Of the nine IPCU admissions of young people in 2018-19, three were for looked after and accommodated young people. Also, three of the 21 admissions involving young people who were "looked after and accommodated "involved young people who had an identified learning disability (14%).

A small number of young people who are 'looked after' accommodated by a local authority are admitted to non-specialist wards at a time of crisis and breakdown of their care placement.

At times there are substantial concerns about the young person's mental health and these admissions are entirely appropriate. However, there are other occasions when it appears that a lack of suitably available and/or suitably adapting care provision appears to be an important factor behind admission.

In 2018-19, 71 out of 100 admissions (71%) had access to a social worker. This compares with 64% of the admissions we were given additional information about in 2017-18, 77% in 2016-17, 71% in 2015-16, 74% in 2014-15, 76% in 2013-2014, and 74% in 2012-2013.



Data is based on the further information provided to the Commission and reported on annually.

[10] Mental Health Strategy. March 2017. http://www.gov.scot/Publications/2017/03/1750

Supervision of young people admitted to non-specialist care 2018-19

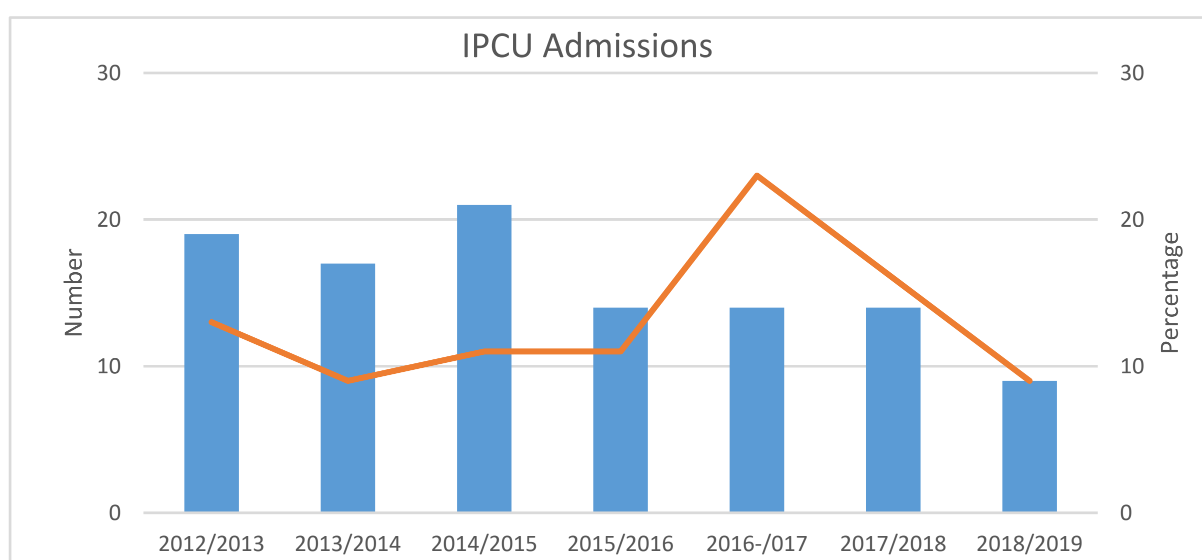
The Commission asks for specific information about the supervision arrangements for young people admitted on non-specialist facilities to monitor whether the need for increased observation is being carefully considered.

In previous reports the Commission has reported that young people report feeling lonely and bored due to intense supervision that might be in place on a ward on which they might be more vulnerable than they might be if on a ward with peers of a similar developmental age.

Table 6: Supervision of young people admitted to non-specialist care, 2018-19

Supervision arrangements	Age 0-15	Age 16-17	All	%**
Transferred to an IPCU or locked ward during the admission*	0	9	9	9%
Accommodated in a single room throughout the admission	17	73	90	90%
Nursed under constant observation	15	52	67	67%
Constant observation because of ward policy	11	41	52	52%
Constant observation following an individual assessment of the young person	11	49	60	60%
Total**	20	80	100	100

** This is taken from information recorded on the forms.*
*** Total=100, based on all admissions where further information was provided to the Commission; percentages may sum to more than 100% as more than one of the above arrangements may apply.*



Data is based on the further information provided to the Commission and reported on annually.

In 2018-19 the number of young people cared for within a single room (rather than a dormitory) is 90% (90 out of 100 cases) which is comparable to figures in recent years. Implementation of policies relating to single rooms and enhanced observation levels to promote the safeguarding of young people on non-specialist wards seems to be well established.

This year nine of the 100 admissions (9%) where further information was supplied to the Commission were cared for in an IPCU or locked ward during admission.

This contrasts with 14 of 89 admissions last year (16%) 14 admissions in 2016-17 (23%), 14 in 2015-16 (11% of 129 cases), 21 (11% of 184 admissions) in 2014-15, 17 (9% of 180 admissions) in 2013-14 and 19 (13% of 147 admissions) in 2012-2013.

In 2018-19 no young person under the age of 16 was admitted to an IPCU. In previous years the proportion of the young people admitted to an IPCU or locked ward under the age of 16 has been around 25% of those admitted to an IPCU overall and in 2017-18 this figure rose to 36%.[11]

The lack of specialist adolescent IPCU service provision and the lack of clear pathways around access to adult IPCU facilities that are equipped to cater to the needs of younger people can add significant difficulties for the young person, their family and their clinical team when a bed for the young person within a secure hospital environment is required. Clinicians inform the Commission that this is particularly difficult for young people under the age of 16 and for female young people in general requiring IPCU care.

We are also concerned that, because of the lack of any IPCU some young people have to be cared for with significant restrictions in place in an attempt to manage risk on an open ward; a situation which may prove to be unsuitable for the young person and the other patients on the ward.

The figures we report are likely to underrepresent the number of young people whose care needs indicate the need for IPCU facilities as the lack of IPCU provision means that clinicians have to try to manage these needs in other ways.

Recommendation 1

The Scottish Government should prioritise the need to address the lack of provision of IPCU facilities for young people under the age of 18 in Scotland. Work should be undertaken in partnership with the regional CAMHS Tier 4 networks and the Commission to address this issue. Part of this activity should be to develop mutually agreed protocols to ensure that young people requiring IPCU facilities or their equivalent have timely access to these environments when required.

[11] MWCS Young Person's Monitoring report 2017/2018 www.mwcscot.org.uk/publications

Other care provision for young people, 2018-19

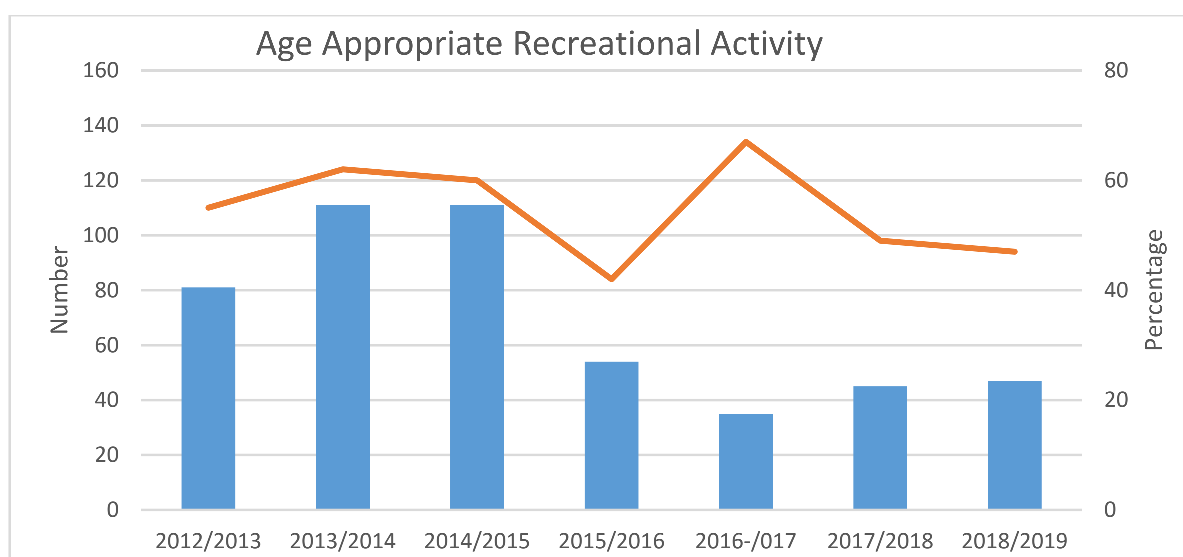
Table 7: Other care provision for young people, 2018-19

	Age 0-15	Age 16-17	All	*%
Access to age appropriate recreational activities	10	37	47	47%
Appropriate education was provided	2	2	4	4%
Access to advocacy service	14	62	76	76%
Has access to specialist advocacy service	2	14	16	16%
Total*	20	80	100	100

** Total = 100, based on all admissions where further information was provided to the Commission.*

The Commission asks about access to other provisions to develop a clearer picture of how NHS boards are fulfilling their duty to provide age-appropriate services to young people. The importance of access to age-appropriate recreational activities and consideration of access to education becomes more important as the length of stay in the non-specialist environment increases.

In 2018-19 the proportion of admissions where a young person was described as having access to age-appropriate recreational activity dropped again to 47% (47 out of 100 cases). This compares to 49% in 2017-18, 67% in 2016-17, 42% in 2015-16, 60 % in 2014-15, 62% in 2013-14 and 55% in 2012-13.



Data is based on the further information provided to the Commission and reported on annually.

Each year we ask for information about the activities that young people had access to while they were receiving care and treatment as in-patients. Many young people are reported to have access to electronic games, their phones and to music and DVDs. Some young people are

reported to be able to access gym facilities. In previous reports we have suggested that, even when admitted for a relatively short space of time, staff looking after the young person should give sufficient attention to structuring daily activity for young people with clear documentation regarding decisions made regarding appropriate activities available to a young person (involving the young person's views) and how these can be provided.[12]

The Commission seeks to check that independent advocacy services are readily available, given the important role advocacy can play in ensuring that a young person's views are heard and the right that anyone with a mental disorder has in being able to access this service. In the 2015 amendments to the 2003 Mental Health Act, health boards have new responsibilities to demonstrate how they are discharging their legal responsibilities in relation to advocacy.

In 2018-19, 76% of young people were reported as having access to advocacy during admission this year (76 out of 100 admissions in which further information was provided) which compares with 67%in 2017-18, 61% in 2016-17, 65% in 2015-16, 72% in 2014-15, 65% in 2013-14 and 70% in 2012-13.

Of the young people who had access to advocacy during the admission, 16% of the young people had access to advocacy which specialised for the particular needs and rights of young people. This result remains disappointing and compares with 2017-18 data of 18%, 20% in 2016-17, 17% in 2015-16 and 29% in 2014-15.Our data does not provide information about how many of the young people accessed advocacy during their admission, only that advocacy might have been available should they have wished to have done so.

We expect advocacy support to be available and to be routinely offered to young people. It may be that during a very brief admission there is no time to involve advocacy to support a young person. However, the findings from our monitoring project described in 2016 raised concerns about the accessibility of advocacy supports during young people's admissions to non-specialist wards.[13]

As part of our monitoring activity, we ask RMOs whether access to education has been discussed with the young person and, if not, to give reasons why. If education has been discussed with a young person, we ask whether education has been provided.

In 2018-19 19 out of the 100 admissions in which further information was provided to the Commission were reported to have had a discussion regarding access to education during their inpatient stay (19%) and four young people had educational materials provided to them during their admission. These figures are comparable to previous years. The remaining young people were described as being either too unwell to access education, their admission was too short or the young person either was no longer in education or had not been in education due to their mental health difficulties.

[12] Young Person Monitoring 2015-2016. October 2016, page 28.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf
[13] Young Person Monitoring 2015-2016. October 2016, page 48.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf

It may not always be appropriate or relevant to discuss access to education or learning if an admission is for a very short period of time or during a weekend or school holidays or when the young person is no longer in education.

However, we are aware from previous reports that access to education remains a fragile area of service provision when a young person has been admitted to a non-specialist facility. Education authorities have a duty to arrange for the education of young people who cannot attend school because of prolonged ill-health. We do think it is important that education needs are considered when a young person is admitted to an adult ward for a sustained period and remain concerned that staff in adult wards may not know how to access education services should that be appropriate while a young person is in hospital.

Recommendation 2

Health boards review the adequacy of provision and accessibility of specialist advocacy to young people admitted in non-specialist settings

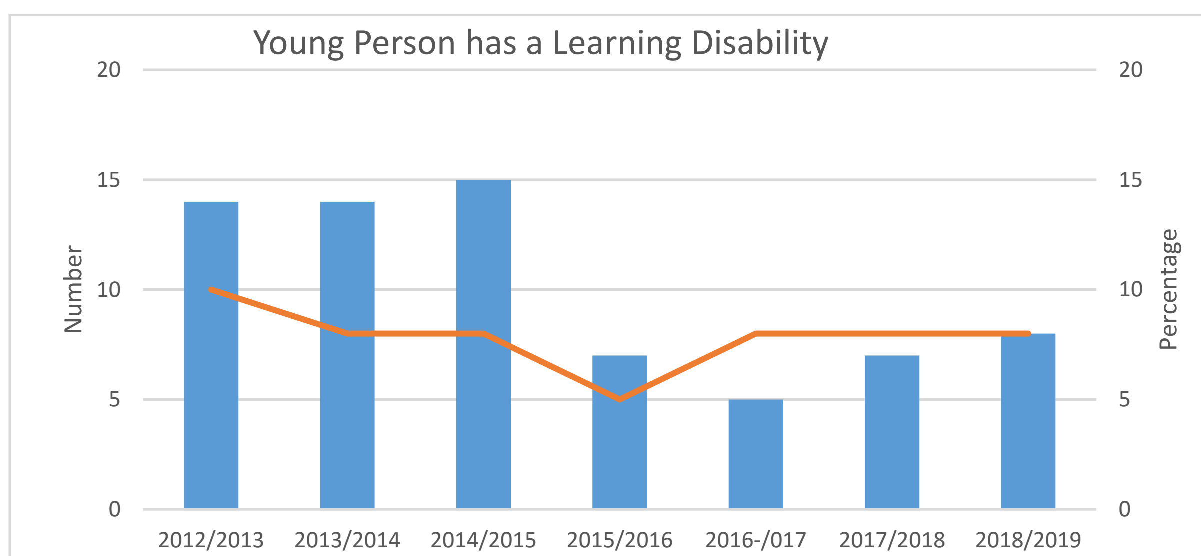
Young people with a learning disability

The Commission is concerned about the ongoing lack of a dedicated resource for the admission of a young person with a learning disability and a mental health difficulty or with behaviours that are difficult to support outside of a specialist placement. The admission process for these young people, their families and carers and the clinical team remains stressful and uncertain. We make a recommendation regarding this in the Executive Summary.

Table 8: Young people with a learning disability by age group

	Age 0-15	Age 16-17	All	*%
Young person has a learning disability	0	8	8	8%
Total*	20	80	100	100

Total=100 admissions where further information was provided to the Commission.



Data is based on the further information provided to the Commission and reported on annually.

The number of admissions to non-specialist settings where additional information was obtained and the young people had a learning disability in 2018-19 was eight out of 100 admissions (8%). This is similar to previous years in terms of percentages (seven out of 89 admissions (8%) in 2017-18, five out of 61 admissions (8%) in 2016-17, seven out of 129 (5%) in 2015-16; 8% (15 admissions out of 184) in 2014-15, 8% in 2013-14 and 10% in 2012-13.

Of the eight admissions this year only three (38%) were for less than seven days, two were between 15 and 21 days (25%) and three for more than five weeks (38%).

No admissions to an adult IPCU in 2018-19 involved individuals with a diagnosed learning disability, which contrasts with 2016-17 when 29% of those young people with a learning disability were looked after in an IPCU. In 2018-19 three of the eight admissions of young people with a learning disability were also looked after and accommodated by their local authority (38%).

Recommendation 3

Whilst the progress on Action 20 of the Mental Health Strategy 2017-2027 is welcome, the Commission recommends the development of clear protocols in the interim for young people who require learning disability or forensic inpatient facilities and these are not yet available in Scotland. This work could be undertaken with the CAMHS Lead Clinicians group and the CAMHS learning disability network.

Age and gender

We are interested in the age and gender of young people admitted to non-specialist settings to identify trends that develop over time that might indicate particular unmet needs.

In 2018-19 there were four children under 12 admitted to a non-specialist environment and most of these were admitted to a paediatric ward in the local hospital. There were no admissions of young people who were 13 years old in 2018-19 and there were eight admissions of young people who were aged 14, five of these were female, three were male.

In 2018-19 the proportion of 16 and 17 year old young people admitted to a non -specialist environment was 76 out of 101 people (75%) which compares with 72% in 2017-18, 82% of the young people in 2016-17, 82% in 2015-16 , 69% in 2014-15, 65% in 2013-14 and 62% in 2012-13.

The higher rates of admissions of young people in the 16-17 year age range reflects current understanding of the prevalence and the types of mental health difficulties affecting young people in this age group in particular.[14]

Table 9: Age of young person by gender

	2015-16			**2016-17**			**2017-18**			**2018-19**		
Age at last birthday (years)	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
15	6	3	9	2	4	6	9	3	12	10	3	13
16	21	20	41	10	6	16	12	10	22	16	8	24
17	26	30	56	20	18	38	20	20	40	28	24	52
Total*	**63**	**55**	**118**	**37**	**29**	**66**	**49**	**36**	**85**	**62**	**39**	**101**

Total describes the number of young people who were admitted over the year rather than number of admissions. The data for young people 14 years and under is included in this total but not provided in the table due to the low numbers.

[14] Mental Health of Children and Young People in England 2017.
https://dera.ioe.ac.uk/32622/1/MHCYP%202017%20Summary.pdf
https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

Figure 2: Young people admitted to non-specialist wards by gender (number of individuals), by year 2008-18

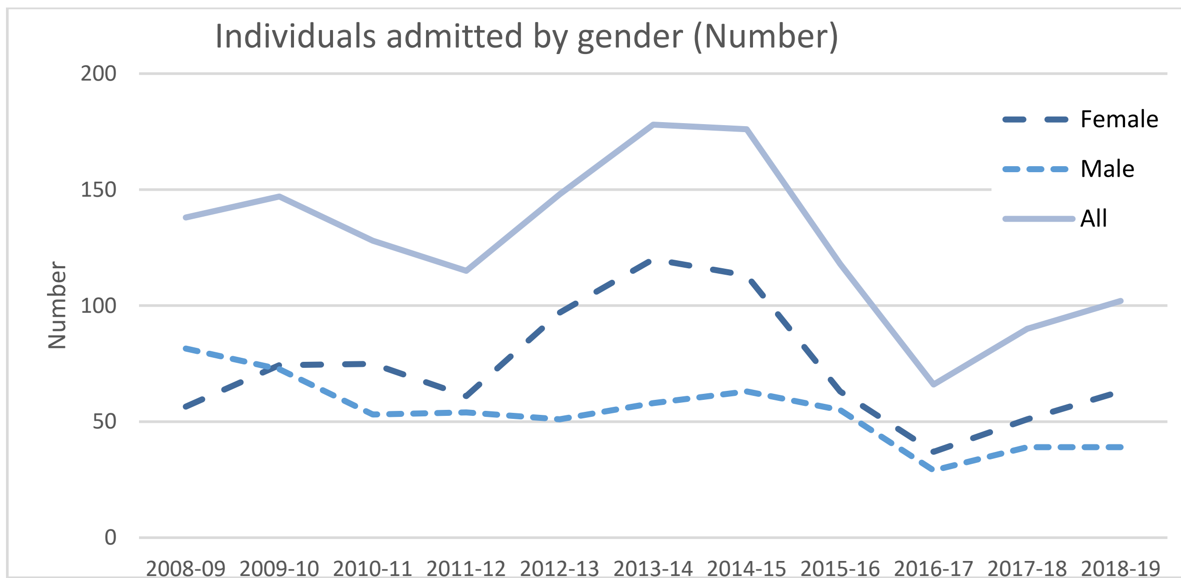
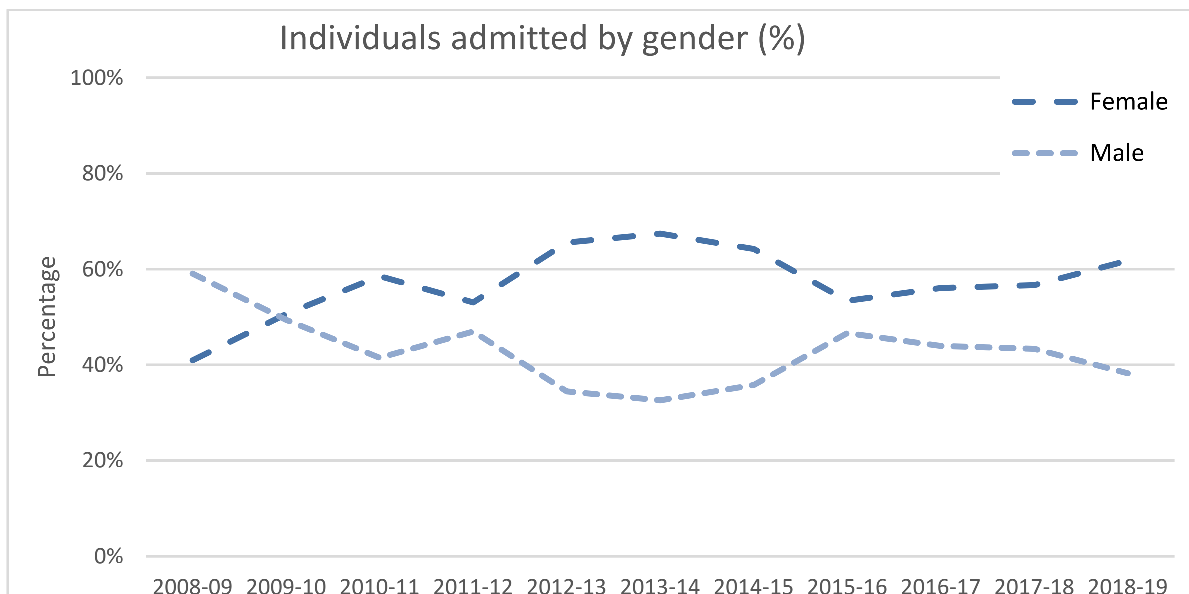


Figure 3: Young people admitted to non-specialist wards by gender (%), by year 2008-18



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