



mental welfare
commission for scotland

Young people monitoring report 2022-23

Admissions of young people under the age of 18
to non-specialist wards in Scotland 2022-23

October 2023



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

Contents

Foreword – Sandy Riddell, chair of the Board	4
Executive summary	5
Introduction	6
Monitoring duties	6
United Nations Convention on the Rights of the Child (UNCRC).....	6
Specialist child and adolescent inpatient services in Scotland	7
The young person’s monitoring process.....	8
Admissions to non-specialist wards	9
Length of stay in non-specialist wards	14
Specialist health care provision for young people in non-specialist care	16
Supervision of young people admitted to non-specialist care	19
Other care provision for young people.....	20
Recreational activity	20
Advocacy	21
Education.....	22
Access to a social work.....	22
Young people admitted to an adult IPCU at some point during their non-specialist hospital stay	23
Young people with a learning disability.....	24
Admissions of care experienced young people to non-specialist care	25
Age and gender.....	26
Conclusion.....	28

Foreword – Sandy Riddell, chair of the Board



It is good to confirm in this year's report that numbers of young people admitted to non-specialist – mostly adult - wards for mental health care and treatment in 2022-23 have gone down. This follows a longer term trend and shows much lower numbers than a decade ago.

Every year we monitor and publish information on these admissions. We do this because, under the Mental Health Act, health boards must provide services and accommodation that are appropriate for young people admitted to hospital for treatment for their mental health. This usually means one of Scotland's three specialist young people's units.

While there can be some instances when it might be in the best interests of the child or young person to be treated on an adult ward, this should only happen in rare situations.

Key facts

There were 79 admissions involving 66 young people in 2022-23 compared to 90 admissions involving 88 young people the previous year.

Seventy four percent of admissions of young people to non-specialist wards were for females – the biggest difference in admissions between the two genders since 2013-14.

Just over half of all admissions of young people to non-specialist wards were for a week or less, however 49% remained on those wards for over a week and 15% remained for over five weeks.

The proportion of specialist medical staff either supporting, or available to support, these admissions is high – 63% of the doctors in charge of care or the responsible medical officers (RMO) were child specialists and in a further 33% of admissions, a child and adolescent mental health services (CAMHS) consultant was available to give support, if needed. This is reassuring.

Further concerns

Much still remains to be achieved in relation to inpatient provision for children and young people and we welcome the forthcoming developments around forensic provision and the work towards inpatient services for children and young people with mental ill health and learning disability and those who need intensive psychiatric care.

Executive summary

1. This year's report covers the year from 1 April 2022 to 31 March 2023 and describes the admissions of children and young people under the age of 18 to non-specialist wards in Scotland.
2. The Mental Health (Care and Treatment) (Scotland) Act 2003 places a legal obligation on health boards to provide appropriate services and accommodation for young people admitted to hospital for treatment of their mental ill health.
3. In 2022-23, 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 was 79 admissions involving 66 young people. This is lower than last year however the overall rate of 7.7 admissions per 100,000 under 18 Scottish population is similar. Eight of these young people were 15 or younger.
4. In most years, the majority of instances where a young person needs inpatient care is provided within the regional or national specialist child and adolescent inpatient units. According to the latest Public Health Scotland data, however, during the year long period ending 30 September 2022, 31.9% of overall psychiatric admissions of children and young people under the age of 18 for care and treatment of their mental health were to NHS non-specialist wards.¹
5. The majority of admissions of young people to non-specialist wards continue to be short in length, however 49% remained on those wards (mostly adult) for over a week and 15% remained for over five weeks.
6. The admissions which were over five weeks in length involved many young people for whom there was no national provision of inpatient beds for their age group and/or mental health needs. These included young people who have learning disability and/or those requiring intensive psychiatric care unit (IPCU) facilities.
7. A continued positive finding is that the proportion of specialist medical staff either supporting or available to support these admissions remains high – 63% of the doctors in charge of care or the responsible medical officers (RMO) were child specialists and in a further 33% of admissions a child and adolescent mental health services (CAMHS) consultant was available to give support, if needed.
8. Of all the young people admitted to non-specialist wards, 25% were care experienced and looked after and accommodated by a local authority. This is the highest proportion that we have seen over the years.
9. Access to specialist advocacy remains limited. We were disappointed to note that while 57% of young people were said to have access to advocacy, only 10% had access to advocacy that specialised in the particular needs and rights of young people.
10. This year we noted a reduction in the number of admissions (n=7, 10% of admissions) in which children and young people were admitted to an adult IPCU (intensive psychiatric care unit) or locked ward during their admission, down from 21% in 2021-22
11. We note that 74% of admissions of young people to non-specialist settings were for females.

¹ PHS (2021) Quality Indicator Profile for Mental Health

<https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/mental-health-quality-indicator-profile/>

Introduction

This year's report describes the admissions of children and young people under the age of 18 years to non-specialist wards in Scotland as a consequence of their mental illness over a twelve month period, between 1 April 2022 and 31 March 2023. Most of these admissions were for those over

Monitoring duties

One of the Commission's duties is to monitor the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Act') and each year the Commission produces a report that describes the number of children and young people who are admitted to non-specialist wards for treatment of their mental health difficulties. Section 23 of 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 the Commission refers to it in this report). 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 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"³. Specialist adolescent units are designed to treat the needs of adolescents with mental illness and differ in staff training and the ward environment to adult settings, which means a young person's needs might not be fully met on an adult ward.

The Commission believes that admitting a young person to an adult ward should only happen in rare situations. This would depend upon the individual needs and circumstances of the young person e.g., the nature of their mental health difficulties and the care they require and the distance to the regional unit and what is in their best interests. When an admission to a non-specialist ward does become unavoidable, every effort should be made to provide for the young person's needs as fully as possible and for a short a time as possible.

United Nations Convention on the Rights of the Child (UNCRC)

Section 23 duties on health boards correspond to a number of rights outlined in the United Convention on the Rights of the Child (UNCRC). This is an international human rights treaty that outlines a comprehensive range of rights which should be available to all children. (Under the UNCRC a child is defined as an individual who is younger than 18 years old.) In 1991 the UK government ratified UNCRC and made a commitment to take steps to ensure that the rights described in UNCRC should apply to all children in the UK.

The importance of children's mental health and access to appropriate mental health services is described in a number of UNCRC rights. These in turn reflect areas that the Commission explores in its routine monitoring process relating to an admission to a non-specialist ward. We note that Scottish Government is intending to incorporate UNCRC into Scots law.

² Adult ICU 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 Code of Practice Volume 1, chapter 1 paragraph 50. <https://www2.gov.scot/Publications/2005/08/29100428/04302>

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 years. These units are:

Skye House which is a 24-bedded specialist adolescent unit based in Stobhill Hospital, Glasgow. Skye House 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 Melville Young People's Mental Health Unit in Edinburgh is a 12-bedded unit located in the Royal Hospital for Children and Young People at Little France, Edinburgh. This unit now replaces the unit formally known as the Young People's Unit which was based at the Royal Edinburgh Hospital and which is now being repurposed. The Melville unit continues to receive 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, NHS Orkney and NHS Western Isles (North of Scotland region).

In addition to these regional units for adolescents 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 (six beds).

The young person's 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 specialist mental health units mentioned in the previous section. Information from mental health act forms also feed into this routine collection process.

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 again this year we also did not include in our figures a small number of admissions (eight in total) that we were told about which had occurred to paediatric/medical wards for the treatment of eating disorder and where it was not clear from the information provided whether the admission related to mental health treatment of the illness rather than medical treatment. This can be a grey area in practise and can be difficult to disentangle what is regarded as a specialist or non-specialist admission. Sometimes children and young people with an eating disorder are looked after in a paediatric or medical bed while they wait for a specialist bed to become available. However sometimes children and young people are admitted to a medical bed to stabilise their physical health only. A further complicating factor is that in some areas (NHS Glasgow) low weight pathways have been developed enabling children or young people access to paediatric wards to support their overall care in the community. Given the rise in eating disorders in children and young people since the pandemic, how we monitor these cases will be an area under active review and we will take steps to provide greater clarity if required in the future for our monitoring duties.

Once the Commission has been notified about an admission it sends out a questionnaire to the consultant in charge of the young person's care (or to the responsible medical officer) to find out further information about the admission.

In order to improve accuracy of the Commission's data collection in addition to the above routine process, every three months medical records staff from each health board area submit details of any young person under the age of 18 who has been admitted to a non-specialist ward in their health board area and who meets the Commission's criteria. Commission staff then cross reference this information with the admissions the Commission has been notified about and progress including records that are missing from routine notification processes.

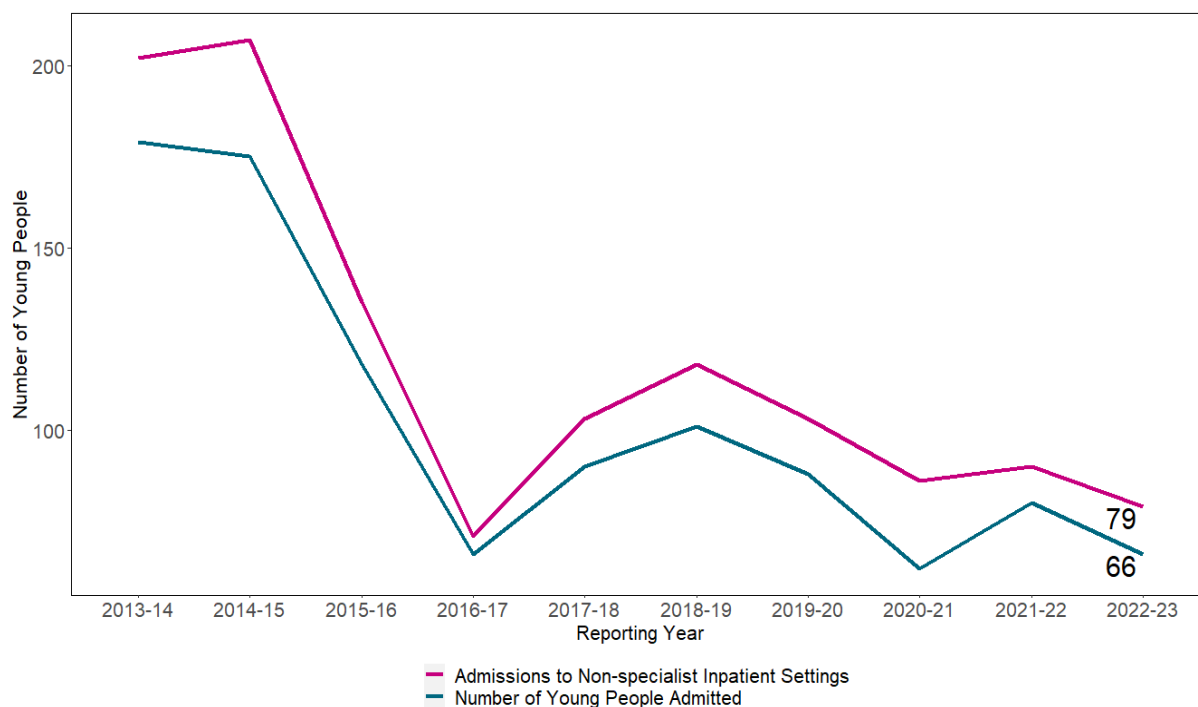
Admissions to non-specialist wards

In 2022-23 the Commission was notified of 79 admissions to non-specialist wards which involved 66 young people across Scotland as a whole (Table 1 and Figure 1).

Table 1: Young people (under 18) admitted to non-specialist facilities, by year 2013-2023

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
No. of admissions to non-specialist inpatient settings	202	207	135	71	103	118	103	86	90	79
No. of young people admitted	179	175	118	66	90	101	88	62	80	66
No. of admissions where further information was provided to the Commission	180	184	129	61	89	100	89	62	70	67
No. of young people about whom further information was provided	163	156	115	59	76	86	77	43	65	58

Figure 1: Young people (under 18) admitted to non-specialist facilities, by year 2013-14 to 2022-23



We received further information about the care provided for 67 of these the admissions (85%). This is a slight increase from last year when the Commission received information on 78% of admissions, see Figure 2. As in previous years, a small number of young people were admitted multiple times to non-specialist wards over the course of the year.

Figure 2: The proportion of admissions in which we received further information

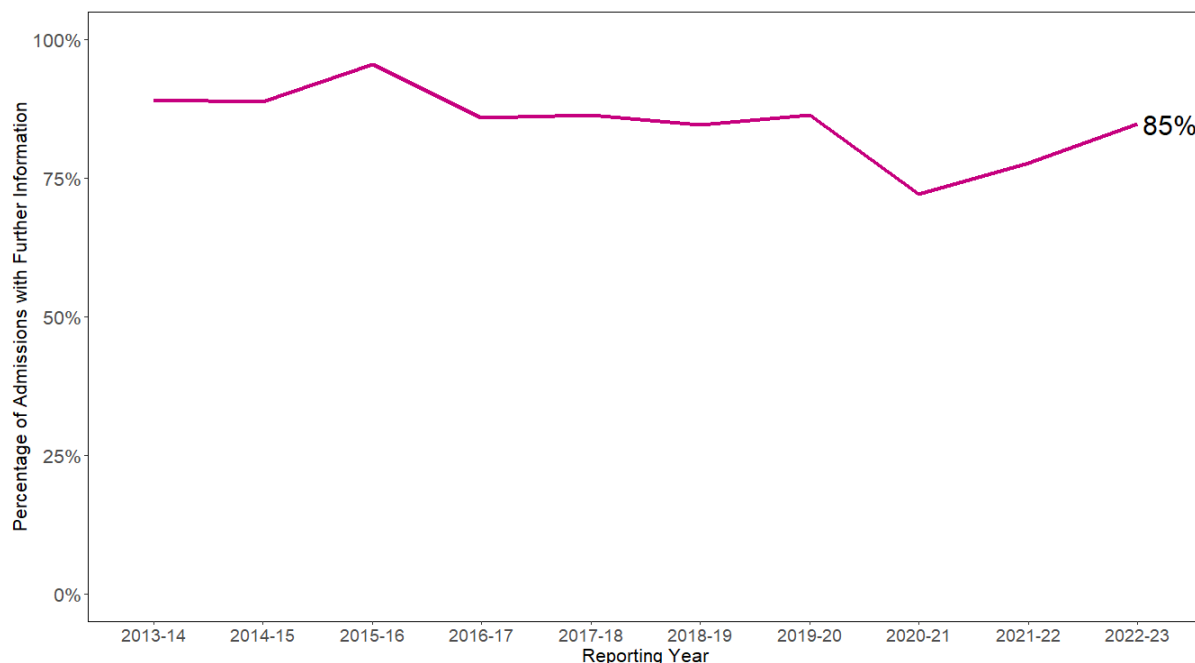


Table 2 provides the figures of the number of admissions of young people to non-specialist wards in each health board area. In 2022-23 the overall rate in Scotland is similar to last year 7.7 per 100,000, however there is variability by health boards. Greater Glasgow and Clyde and Lothian were similar to last year, small increases were seen in Ayrshire & Arran and Lanarkshire, all other health boards showed decreases. Despite the decrease seen this year, in 2022-23 NHS Borders and NHS Lanarkshire continue to have higher rates of admissions than other health boards with 47.2 per 100,000.

When considering this data it is also important to take into account the differences in configuration of child and adolescent mental health services (CAMHS) across the country with varying eligibility criteria for young people for CAMHS versus adult mental health services, depending on the young person’s age and educational status. Some CAMHS 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. Others provide mental health services for children and young people up to the age of 18 years. The Commission knows from its work in previous years that this difference in service configuration can affect the numbers of young people admitted to non-specialist wards⁴. The CAMHS service specification suggests that all such services in Scotland should provide services for all children and young people up to the age of 18. We will continue to monitor and assess the impact of these changes on the numbers and experience of children and young people admitted to non-specialist wards in future years.⁵

4 Young Person Monitoring 2015-16. October 2016. <https://www.mwscot.org.uk/node/904>

5 National Service Specifications for CAMHS February 2020 <https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/>

Table 2: Young people admitted to non-specialist facilities within an NHS board, by year 2013-14 to 2022-23

Health Board	2013-14		2014-15		2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		2022-23	
	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP
Ayrshire & Arran	17	15	26	21	21	17	9	8	*	*	9	9	6	*	8	*	0	0	*	*
Borders	*	*	13	6	7	7	*	*	6	*	*	*	7	*	*	*	12	10	10	6
Dumfries & Galloway	13	9	*	6	*	*	*	*	*	*	6	*	*	*	8	*	*	*	0	0
Fife	*	*	7	*	*	*	6	6	*	*	8	6	8	6	*	*	10	9	7	6
Forth Valley	26	25	16	15	11	9	*	*	8	8	7	7	7	6	*	*	6	*	*	*
Grampian	20	17	27	23	15	12	*	*	17	14	6	*	*	*	9	7	*	*	*	*
Greater Glasgow & Clyde	37	34	36	30	17	16	7	7	16	14	28	24	20	18	*	*	*	*	*	*
Highland	21	19	12	11	9	8	*	*	*	*	7	7	7	*	7	7	8	7	*	*
Lanarkshire	43	38	37	34	27	24	25	22	22	19	27	21	22	18	16	12	22	21	25	20
Lothian	8	7	8	8	*	*	*	*	*	*	*	*	8	8	7	7	9	8	9	9
Tayside	10	9	19	17	12	11	*	*	14	12	12	10	11	10	18	11	12	10	8	6
Island Boards	0	0	*	*	*	*	*	*	0	0	0	*	0	*	0	0	*	*	*	*
Scotland	202	179	207	176	135	118	71	66	103	90	120	102	103	88	86	64	90	80	79	66

* n≤5 and secondary suppression to maintain confidentiality

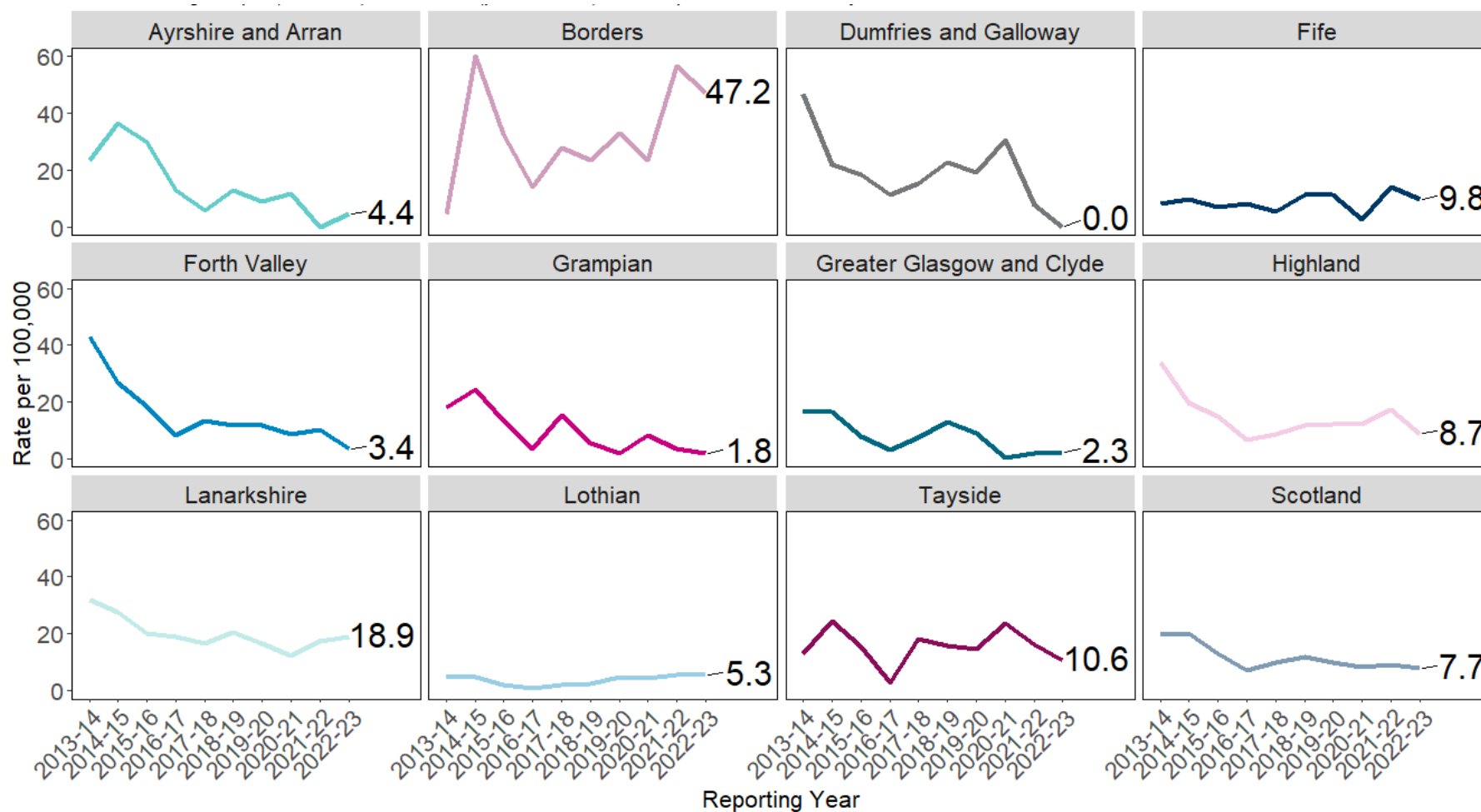
Admissions to the Independent sector or The State Hospital are not reported in this table.

Island boards comprise Eilean Siar (Western Isles), Shetland and Orkney.

ADM – Number of Admissions

YP – Distinct Count of Young People

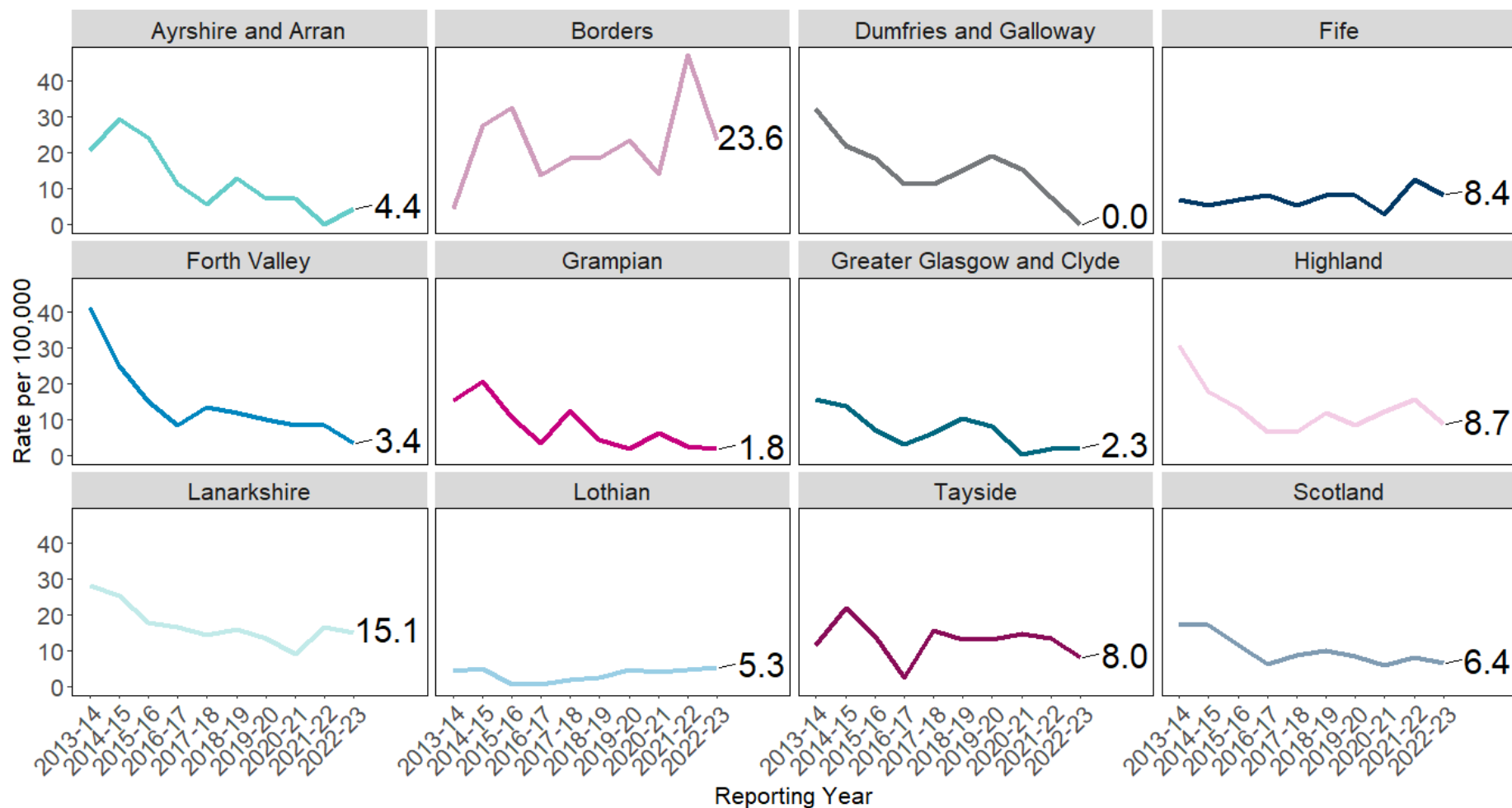
Figure 3: Rates (per 100,000) of number of young person admissions to non-specialist wards, by health board area 2013-14 to 2022-23⁶



Island Boards and independent hospitals have been omitted due to low numbers

⁶ Rates based on Scottish mid-year population estimates for under 18 year olds for each year 2013-2021. 2022-2023 rates are based on 2021 mid-year population figures. The health board in which the admission occurred is reflected in the figures. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>. 25 July 2023.

Figure 3a: Rates (per 100 000) of number of young people admitted to non-specialist wards, per health board area 2013-14 to 2022-23⁷



Island Boards and independent hospitals have been omitted due to low numbers

⁷ Rates based on Scottish mid-year population estimates for under 18 year olds for each year 2013-2021. 2022-2023 rates are based on 2021 mid-year population figures. The health board in which the admission occurred is reflected in the figures. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>. 25 July 2023.

Length of stay in non-specialist wards

We routinely collect data on admissions that are longer than 24 hours and since 2015 we have reported annually on the length of stay of young people in non-specialist wards. The length of stay is the amount of time that a young person remained in a non-specialist ward during an admission and does not include time in A&E for example. Many young people may be discharged after their stay in a non-specialist ward, however many others are transferred to a regional specialist adolescent ward or the national child unit for ongoing care.

We are aware from our monitoring activity and from our visits to young people, that lengths of stay in non-specialist environments can vary considerably. 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.

Table 3: Length of stay in non-specialist wards, by year 2015-16 to 2022-23

Length of Stay	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
1-3 days	27%	35%	27%	30%	35%	40%	32%	25%
4-7 days	21%	24%	22%	31%	24%	22%	21%	25%
1-2 weeks	21%	11%	19%	11%	18%	12%	18%	16%
2-5 weeks	23%	20%	14%	19%	10%	18%	13%	18%
5+ weeks	9%	10%	18%	8%	13%	8%	16%	15%

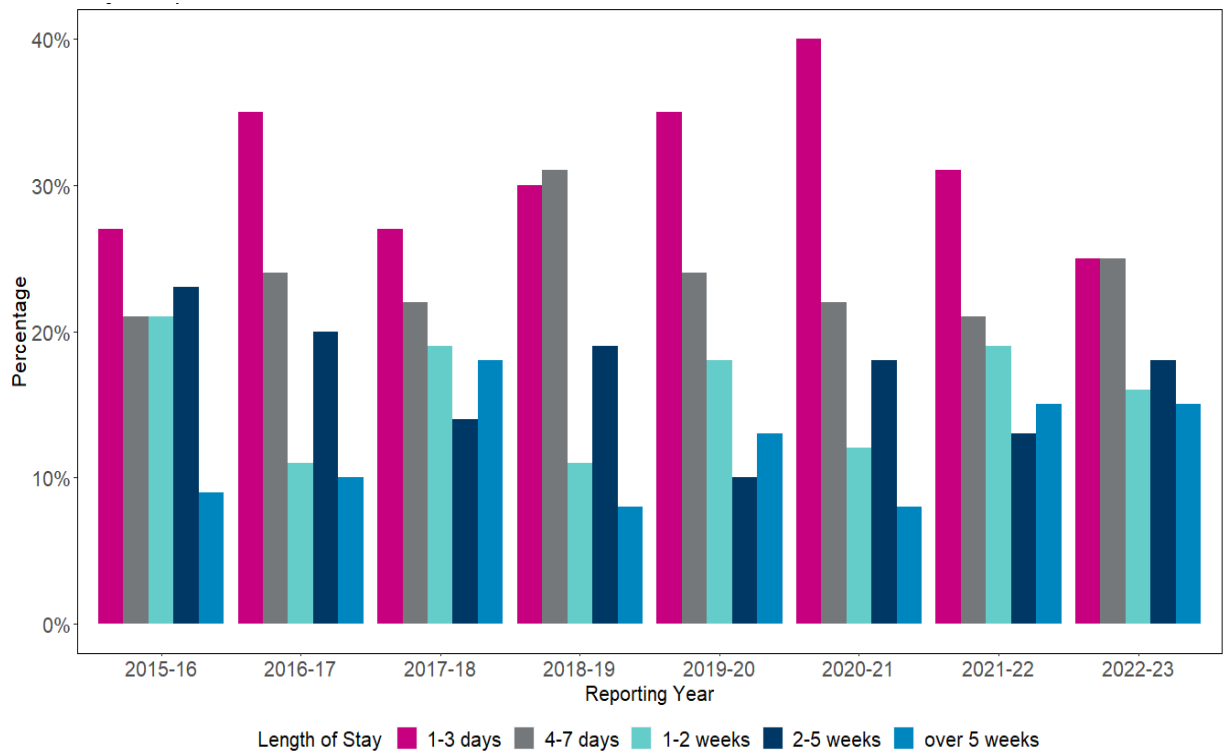
Average days (mean)*	15	19	23	16	21	23	26	25
Most frequent number of days (Median)	8	6	6	6	6	5	7	7

*Average expressed as a mean. This is susceptible to outlying numbers and should be interpreted alongside the median.

In 2022-23 the average length of stay for many children and young people in a non-specialist ward was similar to previous years. However, for a number of children and young people the length of their non-specialist stay was substantially longer in 2022-23. In 2022-23 six children and young people experienced a stay in hospital over 80 days.

In 2022-23, 25% of admissions were short in length lasting between one and three days and 25% of stays were up to one week. As with previous years, a sizable number of young people remained inpatients in a non-specialist environment for longer periods (49% admissions lasted for over seven days slightly higher than last year (47%), 33% lasted over two weeks, compared to 29% last year and 15% lasted over five weeks).(Figure 4)

Figure 4: Length of stay of admissions as a percentage of total admissions 2015-16 to 2022-23



Note: Information not available for prior to 2015-16

Specialist health care provision for young people in non-specialist care

It is important to consider the specialist child and adolescent mental health support a young person receives while an inpatient. Access to specialist child and adolescent services following admission of a young person to an adult ward continues to vary across the country.

Table 4: Specialist medical provision 2022-23

Specialist medical provision	n	%
Total admissions where further information was provided	67	100%
RMO at admission was a child and adolescent specialist	42	63%
CAMHS consultant available to give support (other than as RMO)	22	33%
Nursing staff with experience of working with young people were available to work directly with the young person	37	55%
Nursing staff with experience of working with young people were available to provide advice to ward staff	57	85%
The young person had access to other age appropriate therapeutic input	32	48%

Percentages may sum to more than 100% as more than one type of specialist medical provision might be provided at any one admission

In 2022-23 there has been a slight improvement in the percentages of young people receiving specialist care input from CAMHS staff during their admission to a non-specialist unit.

Figures 5, 6 and 7 describe how specialist CAMHS input has changed over time for consultant in charge of care (Figure 5), CAMHS nurses available to work directly with the young person while an inpatient (Figure 6) and finally other CAMHS clinicians such as psychology, occupational therapy and speech therapy being available to support the young person while they are admitted to a non-specialist ward (Figure 7).

Figure 5: Percentage of admissions where RMO is a child specialist 2013-14 to 2022-23 (where the Commission received extra info)

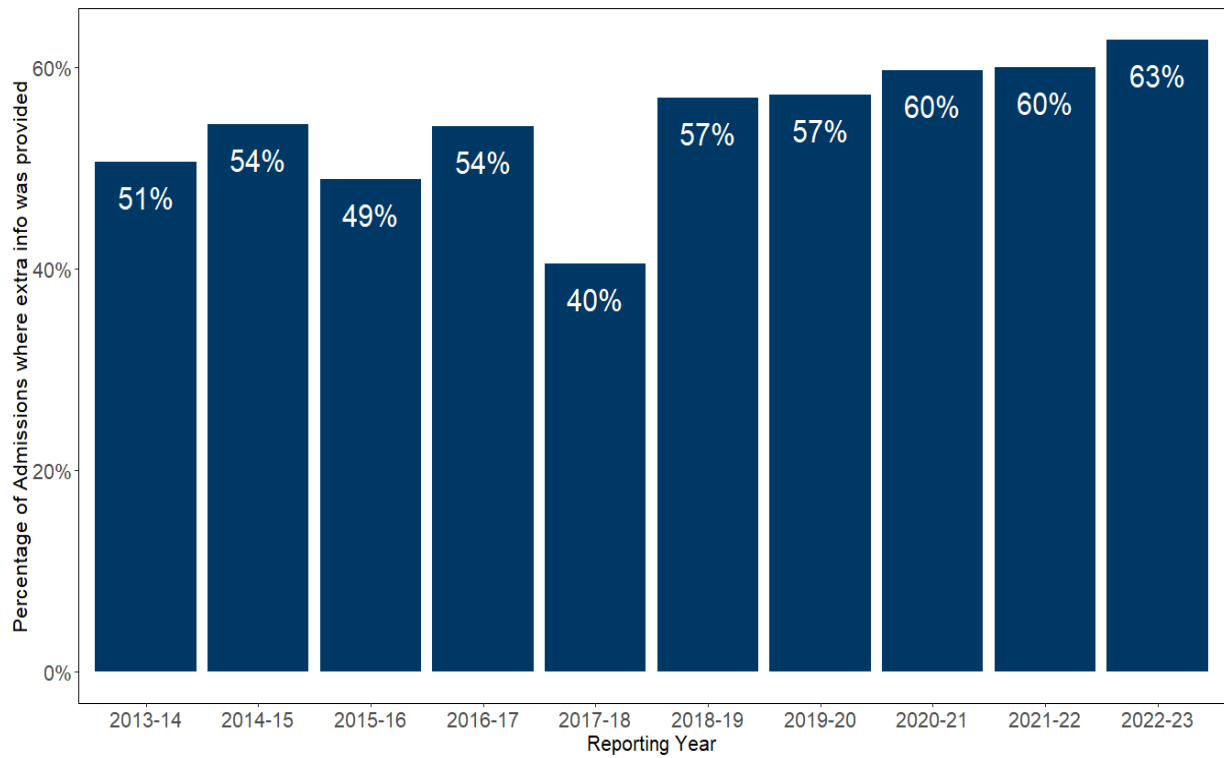


Figure 6: Percentage of admissions where direct specialist nursing care provided 2013-14 to 2022-23 (where the Commission received extra info)

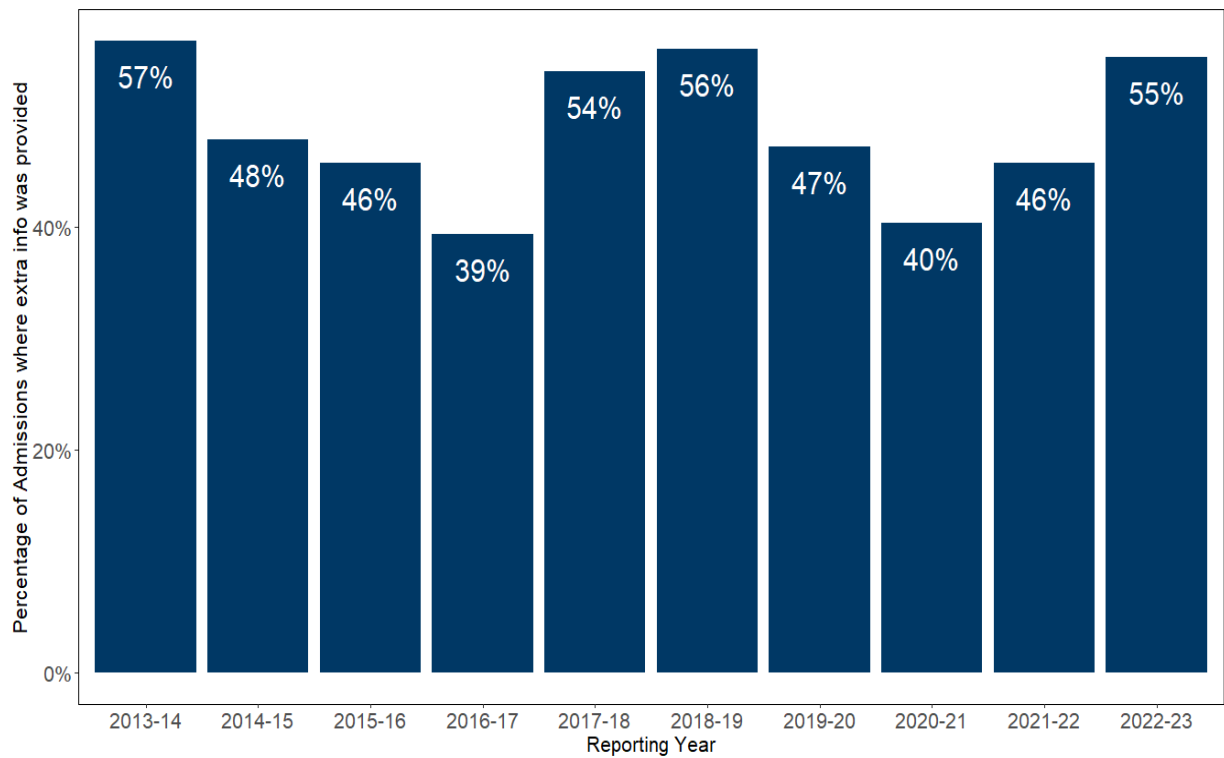
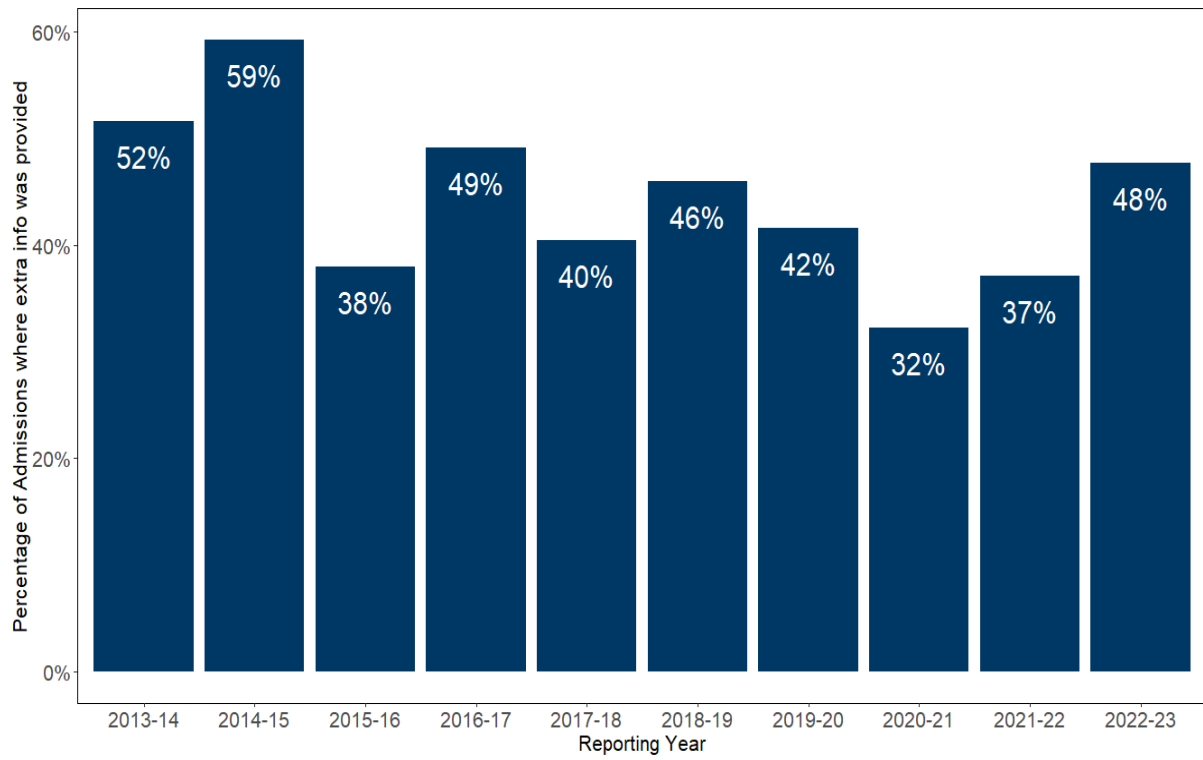


Figure 7: Percentage of admissions where there was other specialist therapeutic care, 2013-14 to 2022-23 (where the Commission received extra info)



Supervision of young people admitted to non-specialist care

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

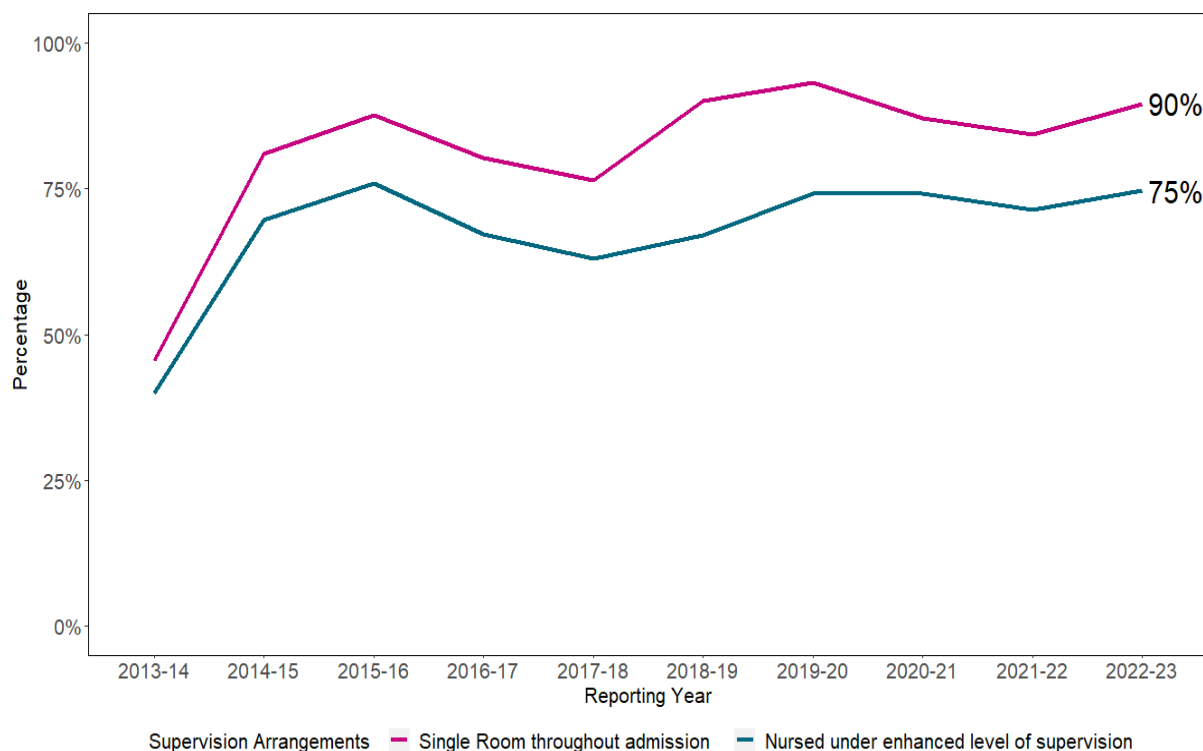
Table 5: Supervision of young people admitted to non-specialist care, 2022-23

Supervision arrangements	n	%
Total admissions where further information was provided	67	100
Accommodated in a single room throughout the admission	60	90%
Nursed under enhanced level of observation	50	75%
Enhanced observation because of ward policy	44	66%
Enhanced observation following an individual assessment of the young person	50	75%

Percentages may sum to more than 100% as more than one of the above arrangements may apply.

The levels of children and young people who are placed in a single room throughout their admission to a non-specialist environment and the use of enhanced observations levels to support the young person while in a non-specialist environment remains high.

Figure 8: Supervision arrangements of young people admitted to non-specialist care, 2013-14 to 2022-23 (where the Commission received extra info)



Other care provision for young people

Table 6: Other care provision for young people, 2022-23

Other care provision	n	%
Total admissions where further information was provided	67	100%
Access to age appropriate recreational activities	30	45%
Appropriate education was provided	7	10%
Access to advocacy service	38	57%
Advocacy access was a specialist advocacy service	7	10%
Young Person had access to social work	45	67%

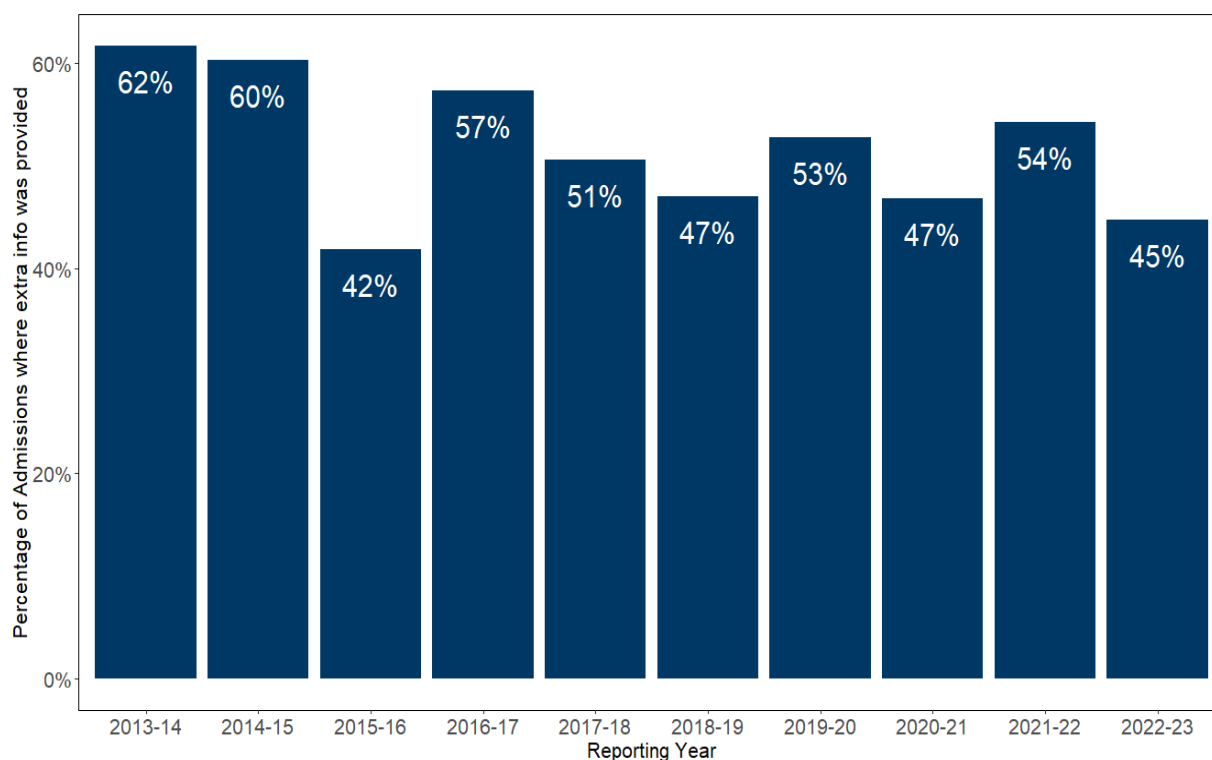
Percentages may sum to more than 100% as more than one of the above categories may apply.

As part of its monitoring duties 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 when they are admitted to non-CYP settings. The importance of access to age-appropriate recreational activities and consideration of access to education reflects a holistic assessment of the needs of the child rather than consideration of their health needs only.

Recreational activity

Article 31 of the UNCRC describes a child's right to recreational facilities, leisure and play and to take part in cultural activities. In 2022-23 the proportion of admissions where a young person was described as having access to age-appropriate recreational activity was slightly lower compared to previous years (30 out of 67 admissions 45%, Figure 9)

Figure 9: Access to age appropriate recreational activity 2022-23 (where the Commission received extra info)



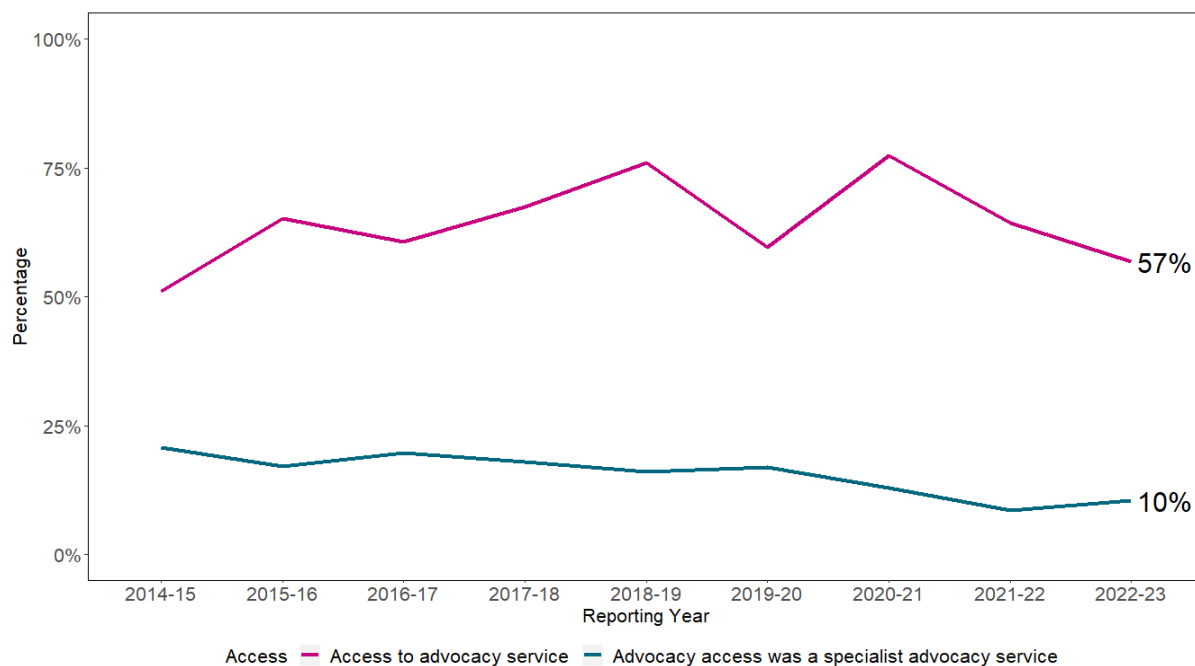
Each year the Commission asks for information about the activities that young people are able to access while they were receiving care and treatment as in-patients. We are often told that many young people are reported to have access to various craft activities, their phones and to listen to music whilst an inpatient. Some young people are reported to be able to access gym facilities and snooker or pool. However, it is disappointing that in almost half of admissions (45%), no age-appropriate recreational activities were reported or described.

Advocacy

Article 12 of UNCRC describes the rights of all children to express their views freely in all matters that affect them and have their views “given due weight in accordance with their age and maturity.” Accessibility and availability of independent advocacy services for children is a key way in which this right can be respected and upheld. Anyone with a mental disorder has a right to be able to access independent advocacy services and in the 2015 Mental Health Act amendments, health boards were given new responsibilities to demonstrate how they are discharging their legal responsibilities in relation to the provision of advocacy.

In 2022-23 only 57% of children and young people (38 out of 67 admissions in which further information was provided to the Commission) were described as having access to advocacy. Of the young people who had access to advocacy during their admission only 7 (10%) had access to advocacy specialising in the needs of children and young people. Note that we ask about access to advocacy not whether the young person actually engaged with advocacy provision. The Commission has recently published a report looking at advocacy services across Scotland⁸, in this report we draw attention to the limited progress that has been made with regards to planning for the provision of specialist advocacy services for children and young people.

Figure 10: Availability of advocacy and specialist advocacy provision as a proportion of admissions 2014-15 to 2022-23 (where the Commission received extra info)



Note: Information not available for 2013-14

⁸ [The right to advocacy - a review of advocacy planning across Scotland | Mental Welfare Commission for Scotland \(mwscot.org.uk\)](https://www.mwscot.org.uk)

Education

Article 28 of the UNCRC gives rights to children to access education and this applies whether the child is in hospital or not. In its general comments in 2007 the UNCRC stressed that “every child of compulsory school age has the right to education suited to his/her needs and abilities.”⁹ As part of its monitoring activity, the Commission asked for information about whether education has been considered for and discussed with the young person and, if not, to give reasons why. If education has been considered for a young person, the Commission asked whether education has been provided.

In 2022-23 in only 10% of admissions was education provided, however we note that 50% of admissions were for less than a week.

Access to a social work

Finally for this section we are aware that many of the young people admitted to a non-specialist ward may not have had any prior involvement with social work services, but we would expect if social work input was felt to be necessary at the time during admission, there should be clear local arrangements to secure that input.

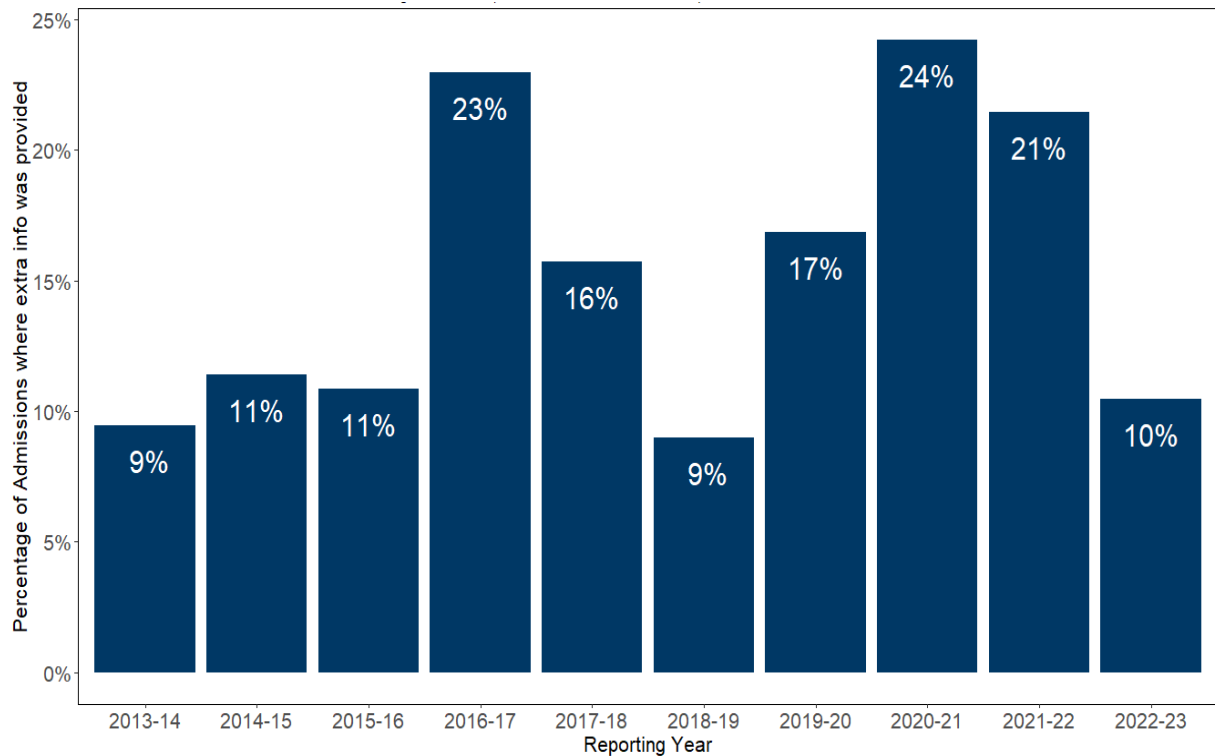
In 2022-23, 45 out of the 67 admissions (67%) the Commission obtained further information about confirmed access to a social worker. This is comparable to previous years.

⁹ UN Committee of the rights of the child, general comment no 10 (2007) Children’s rights in juvenile justice, para 89.

Young people admitted to an adult IPCU at some point during their non-specialist hospital stay

This year seven of the 67 admissions (10%) where further information was supplied to the Commission were cared for in an adult intensive psychiatric care unit (IPCU) or locked ward at some point during their hospital stay, a decrease from 21% in 2021-22.

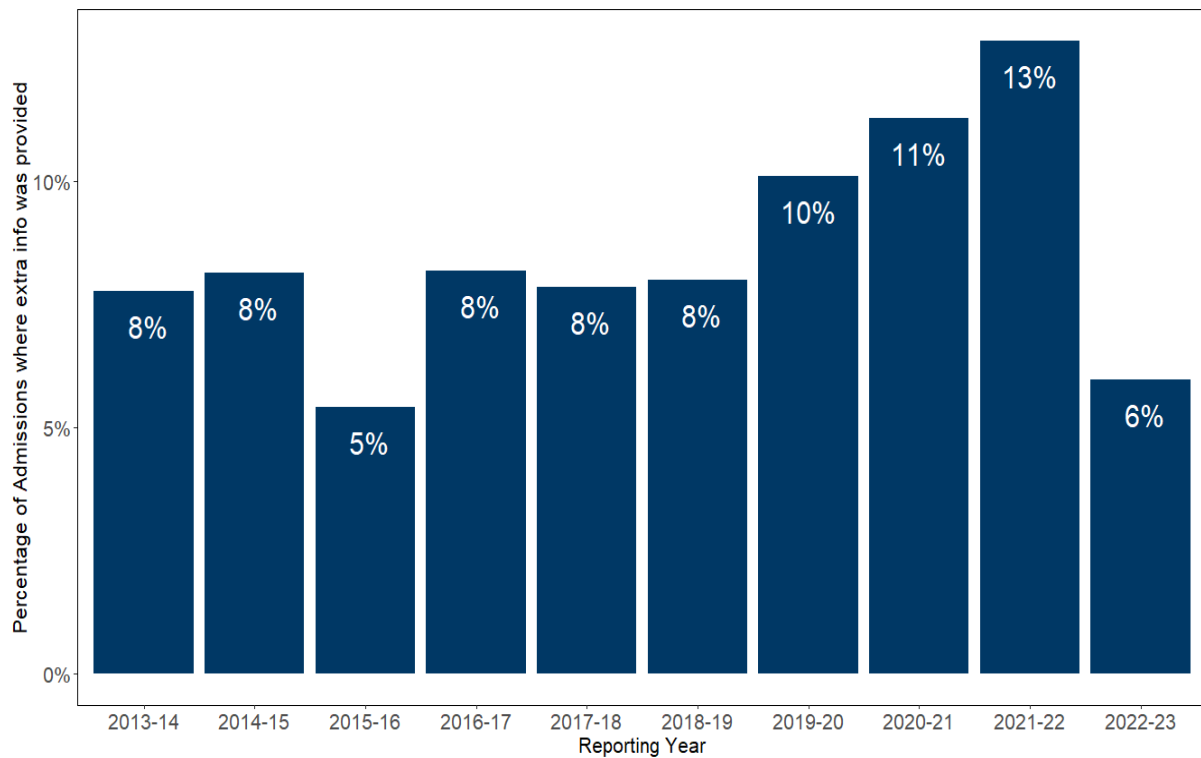
Figure 11: Young People admitted to an adult IPCU at some point during their hospital stay 2013-14 to 2022-23 (where the Commission received extra info)



Young people with a learning disability

In 2022-2023 the numbers of young people under the age of 18 admitted to non-specialist wards who had a learning disability remained small and this year the proportion of these admissions decreased from 13% in 2021-22 to 6%.

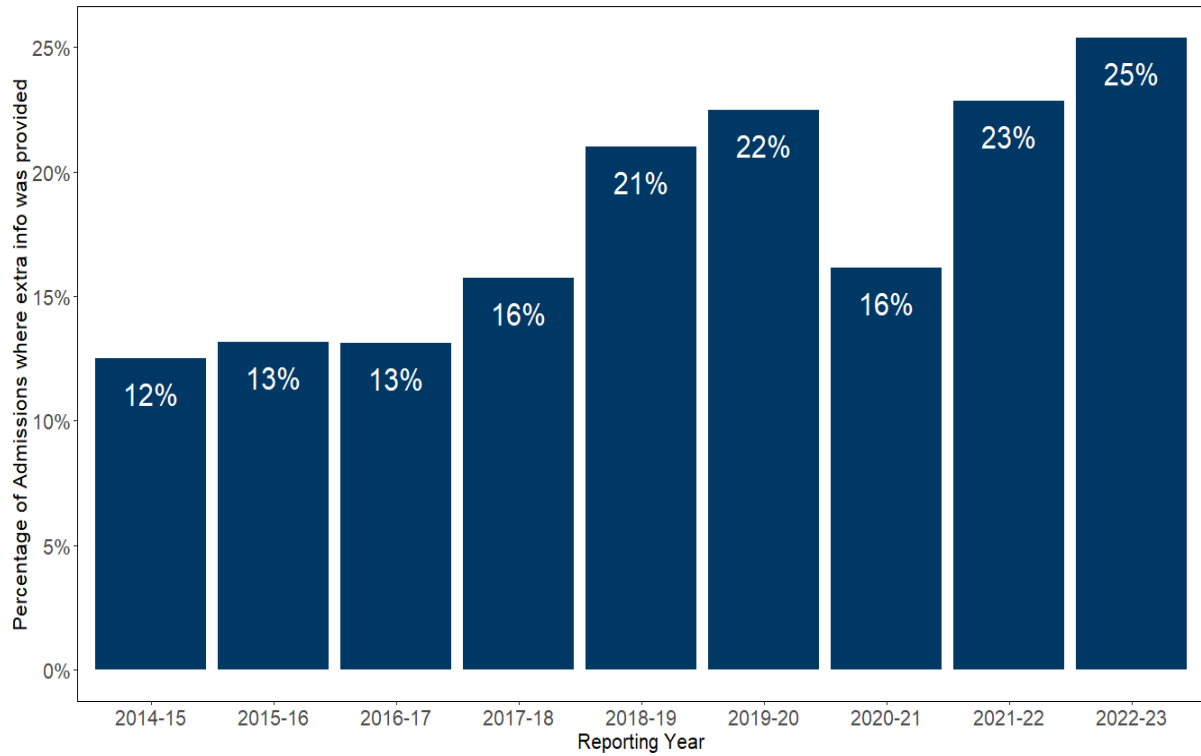
Figure 12: Admissions involving a young person with a learning disability 2013-14 to 2022-23 (where the Commission received extra info)



Admissions of care experienced young people to non-specialist care

In 2022-23, 17 admissions (25%) that the Commission received further information on related to admissions of young people who were described as being looked after and accommodated by the local authority.

Figure 13: Admissions involving looked after and accommodated young people 2014-15 to 2022-23 (where the Commission received extra info)



Note: Information not available for 2013-14

Age and gender¹⁰

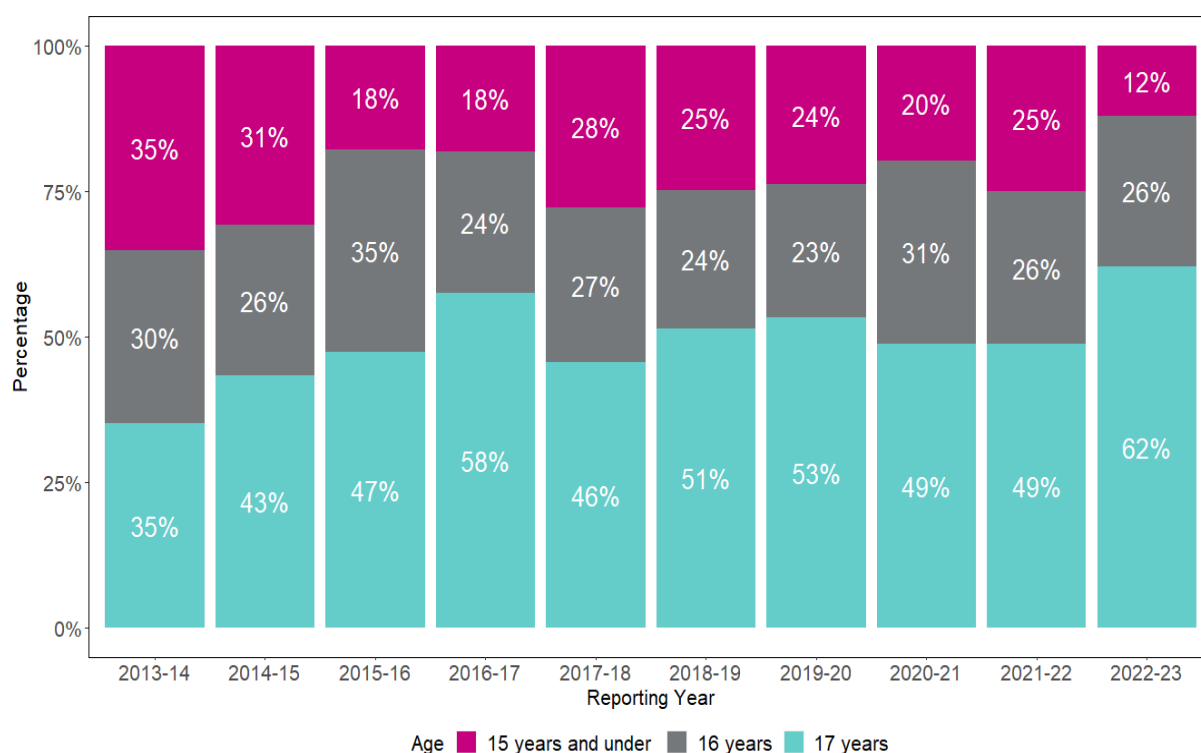
In 2022-23 there were eight children and young people aged 15 years or younger who were admitted to a non-specialist environment.

Table 7: Age of young person by gender 2022-23

Age at last birthday (years)	Female	Male	Total
15 and younger	*	*	8
16	*	*	17
17	29	12	41
Total	49	17	66

* n<5 and secondary suppression to maintain confidentiality

Figure 14: Proportion of young people (number of individuals) as a percentage of admissions of young people under 18s 2013-14 to 2022-23, by age



In 2022-23, 88% of young people admitted to a non-specialist environment were aged 16 or 17 years, this is higher than last year. 74% of admissions were for females.

¹⁰ This is based on the information we receive each year about gender from Health Boards. We intend to review how best to collect information regarding gender in the future to better reflect the preferences of children and young people.

Figure 15: Young people admitted to non-specialist wards by gender (number of individuals), by year 2013-14 to 2022-23

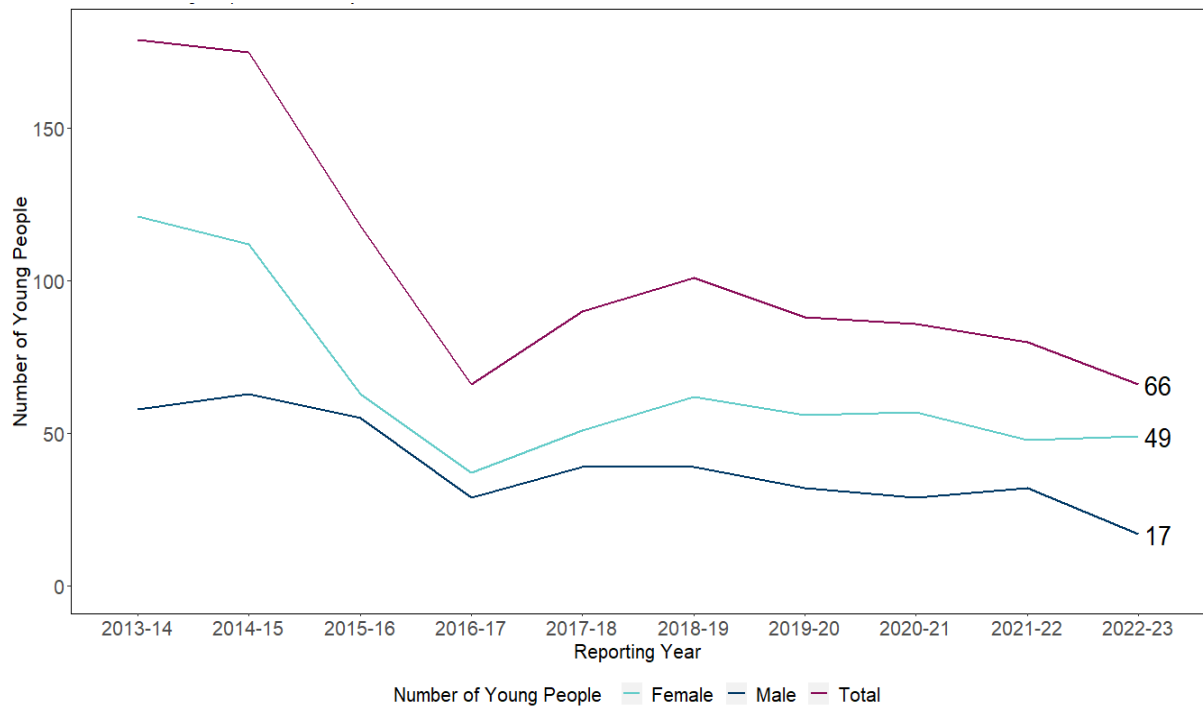
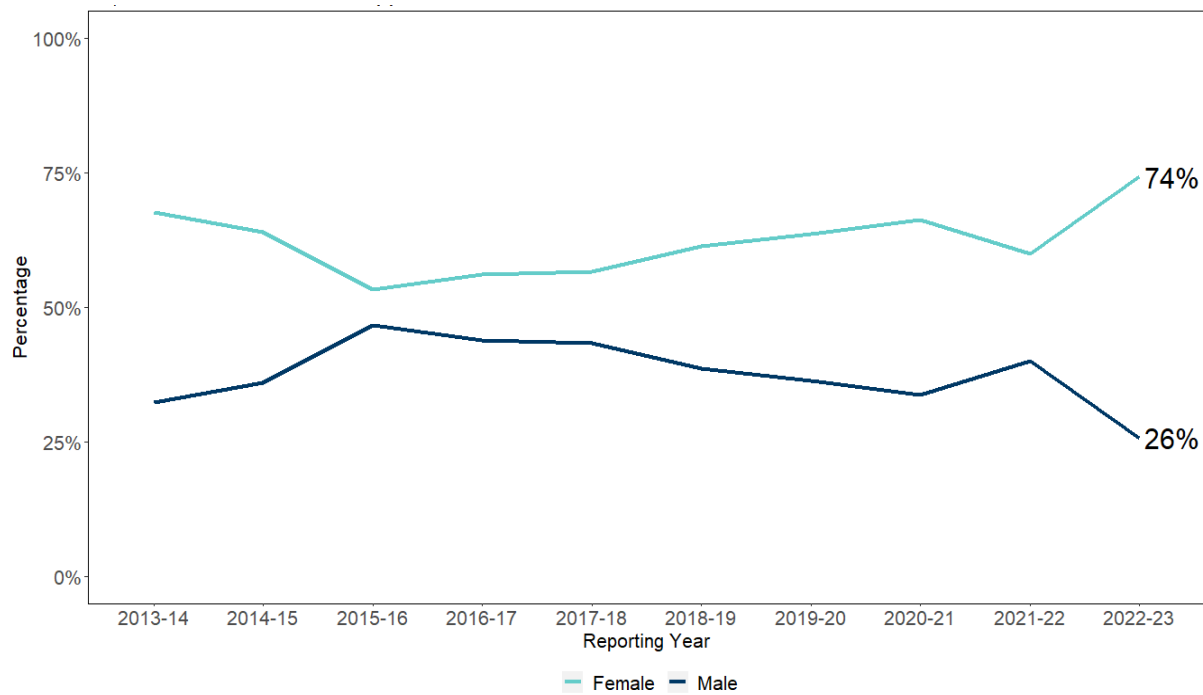


Figure 16: Young people admitted to non-specialist wards by gender (%), by year 2013-14 to 2022-23



Conclusion

The reduction of children and young people admitted to non-specialist wards in 2022-23 is welcome. While overall numbers are much lower than a decade ago and supervision arrangements of children and young people in non-specialist wards remains high, there continues to be a need for improvements in the delivery of specialist inpatient care to children and young people admitted to non-specialist wards e.g., many children and young people do not receive specialist advocacy services.

There continues to be ongoing demand for inpatient care by children and young people for whom there are no specialist inpatient facilities in Scotland such as young people with a learning disability and those requiring IPCU facilities. We are aware that young people who are deprived of their liberty in IPCU settings are cared for alongside adults. We also continue to note the high levels of children and young people who are care experienced and who access non-specialist inpatient care. We do not know whether these numbers reflect levels of inpatient care overall required by this group of children and young people or whether there are differences in rates of admissions between specialist as opposed to non-specialist inpatient beds.

Scottish Government continues to work towards Scotland becoming the first UK nation to incorporate UNCRC into domestic law and to try to ensure that Scotland becomes a country where children's rights are respected and where children and young people will be able to access, remedy and redress if their rights are breached. Much still remains to be achieved in relation to inpatient provision for children and young people and we welcome the forthcoming developments around forensic provision and for the work towards inpatient services for children and young people with learning disability and those who need intensive psychiatric care (IPCU).



If you have any comments or feedback on this publication, please contact us:

Mental Welfare Commission for Scotland
Thistle House,
91 Haymarket Terrace,
Edinburgh,
EH12 5HE
Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk

Mental Welfare Commission 2023