mental welfare commission for scotland

Children and young people monitoring report 2023-24

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

November 2024

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

Admissions of young people under the age of 18 to non-specialist wards in Scotland 2023-24

Contents

Executive summary

1. This report covers the year from 1 April 2023 to 31 March 2024 and describes the admissions of children and young people under the age of 18 to non-specialist wards in Scotland. The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) places a legal obligation on health boards to provide appropriate services and accommodation for children and young people admitted to hospital for treatment of their mental ill health.
2. In 2023-24, the number of children and 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 67 admissions involving 59 children and young people, lower than the figures seen in 2022-23 (79 admissions, 66 children and young people). The overall rate of 6.7 admission per 100,000 under 18 population is also slightly lower than the 7.7 admissions per 100,000 seen in 2022-23.
3. The majority of admissions of children and young people to non-specialist wards continue to be short in length, however 40% remained on those wards (mostly adult) for over a week and 12% remained for over five weeks.
4. The admissions which were over five weeks in length involved many children and young people for whom there was no national provision of inpatient beds for their age group and/or mental health needs. These included children and young people who have a learning disability.
5. This year the Commission received further information about the relevant admissions in only 57% of cases. This is much lower than all previous years where the figure sat in the upper 70% or lower 80% of all admissions. Having further information about only 57% of the admissions to non-specialist ward limits what we can confidently say about certain aspects of the admission including clinical care provided. We are reviewing the reasons behind this change to see whether a return to higher rates of additional information can be achieved.
6. From the admissions where we have received additional information, we continue to find that the proportion of specialist medical staff either supporting or available to support these admissions remains high - 84% of the doctors in charge of care or the responsible medical officers (RMO) were specialists in child psychiatry.
7. Of the children and young people admitted to non-specialist wards and where the commission was provided with further information, 16% were care experienced and looked after and accommodated by a local authority.
8. Access to specialist advocacy remains limited. We were disappointed to note that, in the admissions where we gathered additional information, while 63% of young people were said to have access to advocacy, less than 13% had access to advocacy that specialised in the needs and rights of children and young people.

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 2023 and 31 March 2024.

Monitoring duties

One of the Commission's duties is to monitor the use of the Mental Health Act and each year the Commission produces a report that indicates the number of children and young people who are admitted to non-specialist wards for treatment of their mental health difficulties and provides an overview of their care and treatment.

Section 23 of the Mental Health Act places a legal duty on health boards to provide appropriate services and accommodation for children and 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 children and young people are admitted are adult mental health wards and adult intensive psychiatric care units (IPCUs).[1]

The Code of Practice to the Mental Health Act states "whenever possible it would be best practise to admit a child to a unit specialising in child and adolescent psychiatry" and that children and young people should be admitted to a non-specialist ward only in "exceptional circumstances"[2]. 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 child or young person to an adult ward should only happen in rare situations. This would depend upon the individual needs and circumstances of the child or young person, for example, the nature of their mental health difficulties and the care they require, 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 child or young person's needs as fully as possible and the admission should be for a short a time as possible in respect of the child's or young person's needs.

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

United Nations Convention on the Rights of the Child

Section 23 duties on health boards correspond to several rights outlined in the United Nations 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. In 2024, the UNCRC (Incorporation) (Scotland) Act became law in Scotland and directly incorporated UNCRC into domestic law within the maximum extent of the powers of the Scottish Parliament. The aim of this legislation is that the rights envisaged by the UNCRC treaty should be more readily applied and accessed in practise for all Scottish children.

The importance of children's mental health and access to appropriate mental health services is described in several UNCRC rights. UNCRC rights, in turn, reflect the areas that we explore in our routine monitoring process relating to an admission to a non-specialist ward.

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 within the newly built Royal Hospital for Children and Young People at Little France, Edinburgh. The Melville Unit 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, 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 children and young people's monitoring process

The Commission collects information through notifications from health boards about the admissions of children and 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 units mentioned in the previous section. Information from Mental Health Act forms also feed into this routine collection process.

We do 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 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 was for medical treatment for the consequences of the eating disorder or for the mental health treatment of the eating disorder.

It can be difficult to disentangle what is regarded as a specialist or non-specialist admission to paediatric wards. Sometimes children and young people with an eating disorder and other mental disorders 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 plan. Given the rise in eating disorders in children and young people since the pandemic, how we monitor these cases is an area that we will review.

Once the Commission has been notified about an admission, we send 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.

To improve accuracy of our data collection in addition to the routine process above, every three months medical records staff from each health board area also submit a detailed summary of any person under the age of 18 who has been admitted to non-specialist wards in their health board area and who meet the Commission's criteria. We then cross reference this information with the admissions the Commission has been notified about and progress asking for records that are missing from routine notification processes.

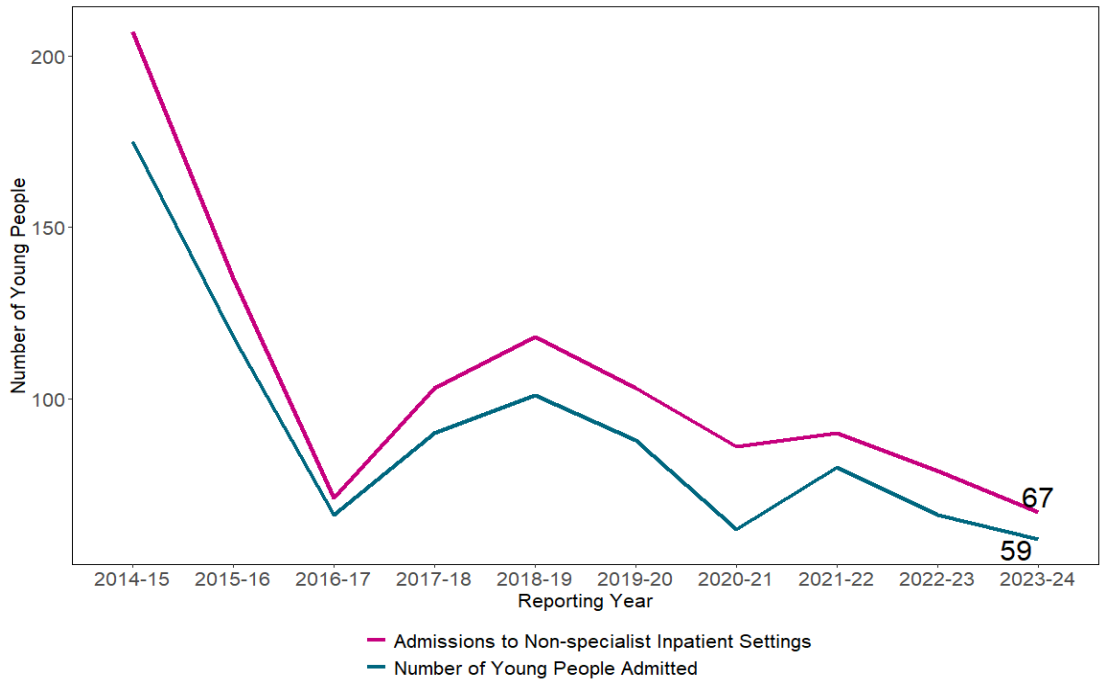
Admissions to non-specialist wards

In 2023-24 the Commission was notified of 67 admissions to non-specialist wards which involved 59 children and 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 2014-2024

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
No. of admissions to non-specialist inpatient settings	207	135	71	103	118	103	86	90	79	67
No. of young people admitted	175	118	66	90	101	88	62	80	66	59
No. of admissions where further information was provided to the Commission	184	129	61	89	100	89	62	70	67	38
No. of young people about whom further information was provided	156	115	59	76	86	77	43	65	58	34

Figure 1: Children and young people (under 18) admitted to non-specialist facilities, by year 2014-15 to 2023-24



We received further information about the care provided for 38 of these the admissions, which is 57%, the lowest percentage we have seen in the last 10 years, see Figure 2. We are actively reviewing the reasons behind this lower number of returns. As in previous years, a small number of children and young people were admitted multiple times to non-specialist wards over the course of the year.

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

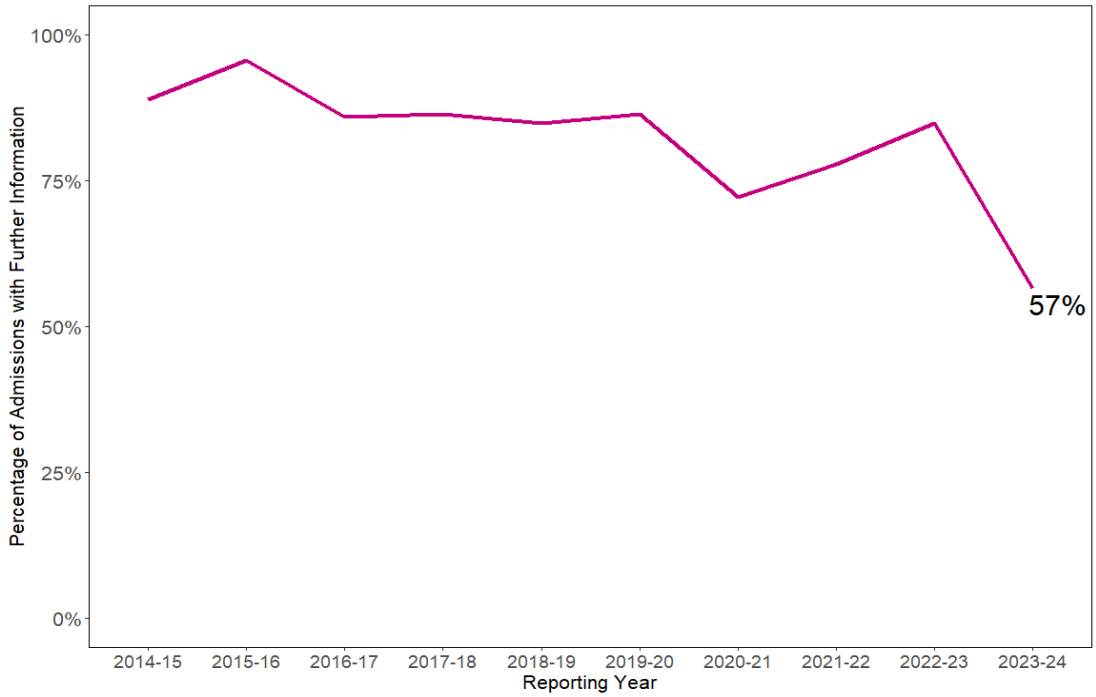
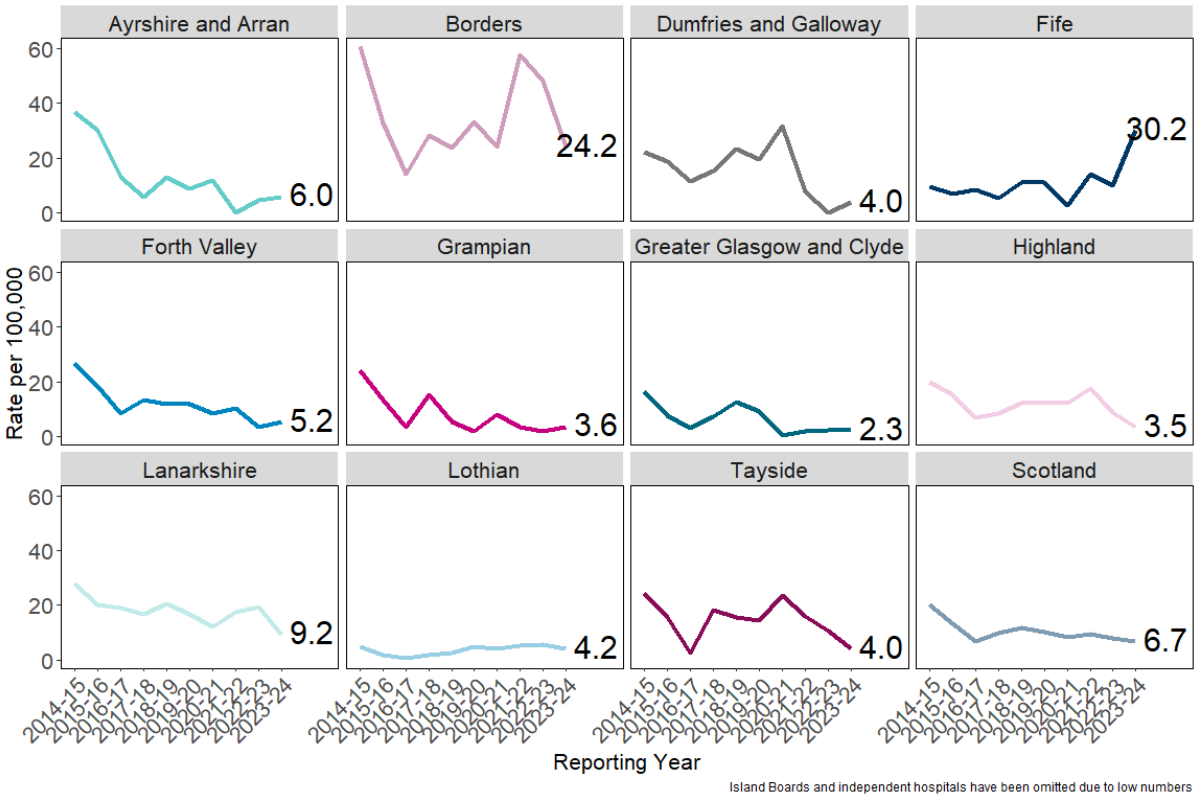


Table 2 provides the figures of the number of admissions to non-specialist wards in each health board area. In 2023-24 the overall rate of admissions in Scotland is slightly lower than last year at 6.7 per 100,000 compared to 7.7 per 100,000 in 2022-23. However, there is variability by health boards. Ayrshire and Arran, Greater Glasgow and Clyde, Grampian and Lothian were similar to last year, small increases were seen in Dumfries and Galloway, and Forth Valley. There was a larger increase in rate in NHS Fife from a rate of 10.1 per 100,000 in 2022-23 to 30.2 per 100,000 in 2023-24. All other health boards showed decreases. Figures from any single year should be interpreted with caution as changes occur from year to year.

Figure 3: Rates (per 100,000) of number of young person admissions to non-specialist wards, by health board area 2014-15 to 2023-24



When considering this data, it is also important to take into account of the differences in configuration of child and adolescent mental health services (CAMHS) across the country with varying eligibility criteria for children and 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. This difference in service configuration can affect the numbers of young people admitted to non-specialist wards[3]. The CAMHS service specification suggests that all CAMHS 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.[4]

[3] Young Person Monitoring 2015-16. October 2016. https://www.mwcscot.org.uk/node/904

[4] 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: Children and young people admitted to non-specialist facilities within an NHS board, by year 2014-15 to 2023-24

Health Board	2014-15		2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		2022-23		2023-24	
	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP
Ayrshire & Arran	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	*	6	*	*	*	*	*	*	6	*	*	*	8	*	*	*	0	0	*	*
Fife	7	*	*	*	6	6	*	*	8	6	8	6	*	*	10	9	7	6	21	16
Forth Valley	16	15	11	9	*	*	8	8	7	7	7	6	*	*	6	*	*	*	*	*
Grampian	27	23	15	12	*	*	17	14	6	*	*	*	9	7	*	*	*	*	*	*
Greater Glasgow & Clyde	36	30	17	16	7	7	16	14	28	24	20	18	*	*	*	*	*	*	*	*
Highland	12	11	9	8	*	*	*	*	7	7	7	*	7	7	8	7	*	*	*	*
Lanarkshire	37	34	27	24	25	22	22	19	27	21	22	18	16	12	22	21	25	20	12	11
Lothian	8	8	*	*	*	*	*	*	*	*	8	8	7	7	9	8	9	9	7	7
Tayside	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	**207**	**176**	**135**	**118**	**71**	**66**	**103**	**90**	**120**	**102**	**103**	**88**	**86**	**64**	**90**	**80**	**79**	**66**	**67**	**59**

* n≤5 and secondary suppression to maintain confidentiality

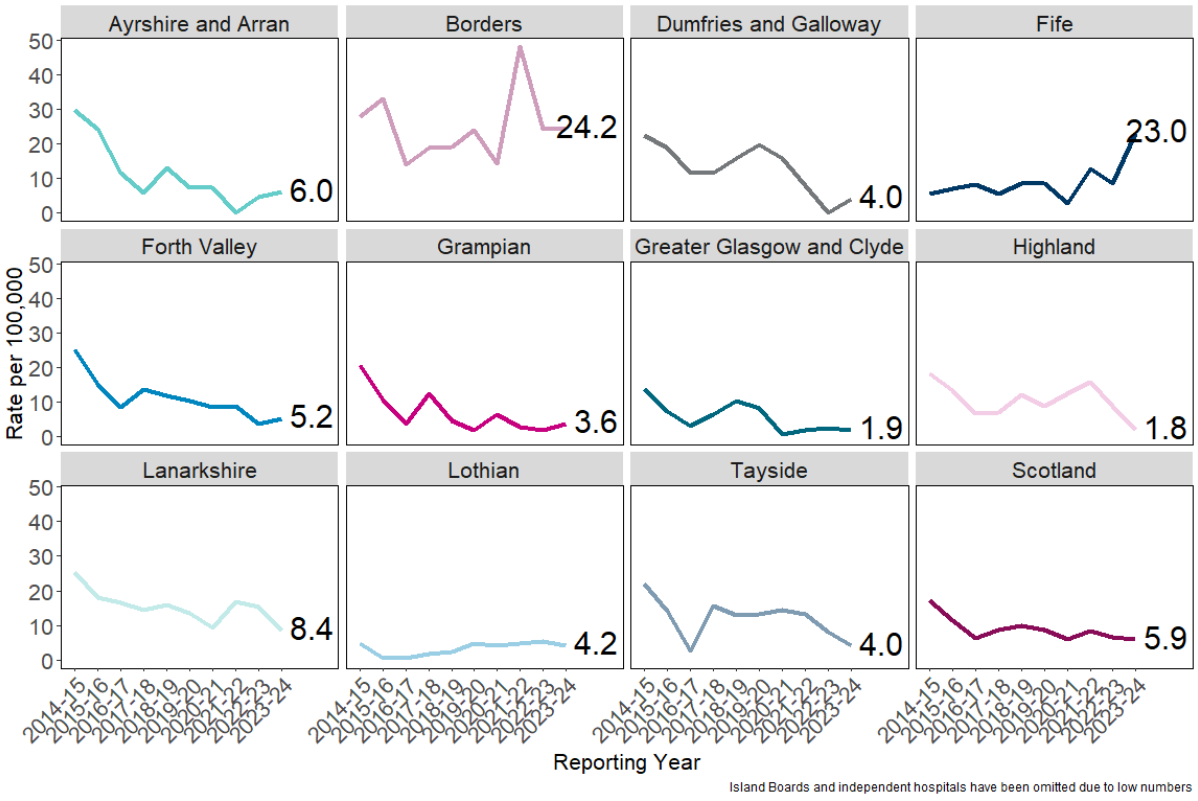
Admissions to the Independent sector or The State Hospital are not reported in this table.

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

ADM – Number of Admissions

YP – Distinct Count of Young People

Figure 3a: Rates (per 100 000) of number of children and young people admitted to non-specialist wards, per health board area 2014-15 to 2023-24



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 home 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 that 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 2023-24

Length of Stay	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
1-3 days	27%	35%	27%	30%	35%	40%	32%	25%	27%
4-7 days	21%	24%	22%	31%	24%	22%	21%	25%	33%
1-2 weeks	21%	11%	19%	11%	18%	12%	18%	16%	10%
2-5 weeks	23%	20%	14%	19%	10%	18%	13%	18%	18%
5+ weeks	9%	10%	18%	8%	13%	8%	16%	15%	12%
Average days (mean)*	15	19	23	16	21	23	26	25	22
Most frequent number of days (Median)	8	6	6	6	6	5	7	7	6

*Average expressed as a mean. This is susceptible to outlying numbers and should be interpreted alongside the median.
Note: Information not available for prior to 2015-16

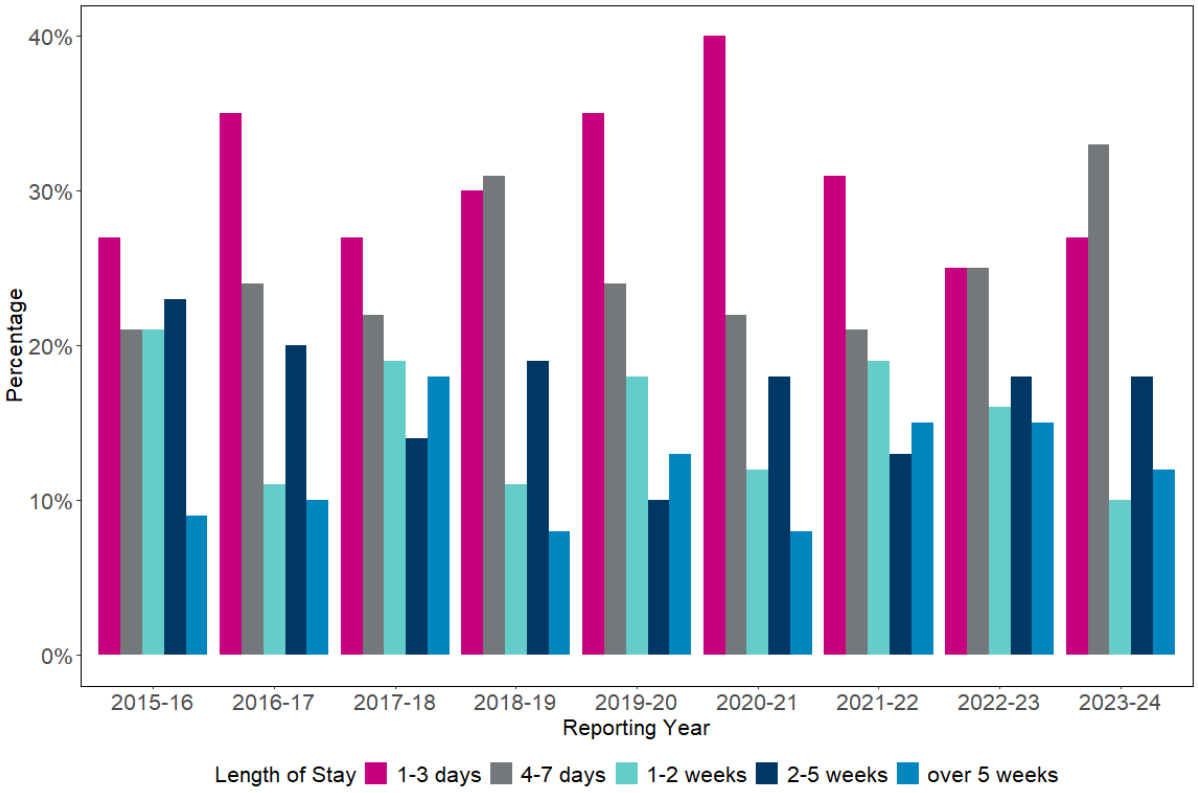
In 2023-24 the average length of stay for many children and young people in a non-specialist ward was similar to previous years. However, for a number of children and young people the length of their non-specialist stay was substantially longer. In 2023-24 six children and young people experienced a stay in hospital over 65 days.

In 2023-24, 27% of admissions were short in length lasting between one and three days and 33% of stays were up to one week. As with previous years, a sizable number of children and young people remained inpatients in a non-specialist environment for longer periods (40% admissions lasted for over seven days slightly lower than last year (49%), 30% lasted over two weeks, compared to 33% last year and 12% lasted over five weeks), see Figure 4.

In previous years, children and young people who have a learning disability can experience longer admissions in non-specialist wards. In 2023-2024, although our ability to report on admissions is more constrained, in the admissions for which we received additional information we found a similar pattern. Of the six admissions which were over five weeks in length a substantial minority had a learning disability. Of the children and young people we were told had a learning disability and were admitted to a non-specialist ward in 2023-2024, over half of them were admitted for more than three weeks.

We found a similar pattern in children and young people we were told were care experienced. Of the six admissions which were over five weeks in length a substantial minority we were told were care experienced. Of the children and young people we were told were care experienced and admitted to a non-specialist ward in 2023-2024 over half were admitted for more than three weeks.

Figure 4: Length of stay of admissions as a percentage of total admissions 2015-16 to 2023-24



Note: Information not available for prior to 2015-16

Specialist health care provision for children and 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. We find out about the specialist health care support from the further information we receive from clinicians in our monitoring process.

Table 4: Specialist medical provision, 2023-24

Specialist medical provision	**n**	**%**
Total admissions where further information was provided	**38**	
RMO at admission was a child and adolescent specialist	31	84%
CAMHS consultant available to give support other than as RMO	<5	<13%
Nursing staff with experience of working with young people were available to work directly with the young person	27	71%
Nursing staff with experience of working with young people were available to provide advice to ward staff	32	84%
The young person had access to other age-appropriate therapeutic input	15	39%

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

From the 57% of admissions in which we received further information we found that in 2023-24 there appears to have been an improvement in the percentages of children and young people receiving specialist care input from CAMHS staff during their admission to a non-specialist unit, however, this should be interpreted with caution given the low percentage of cases where we received further information (57%) and the fact that a single year's results can vary depending on many different factors.

Figures 5, 6 and 7 describe how specialist CAMHS input has changed over time for consultant in charge of care (Figure 5) where we note an increase, CAMHS nurses available to work directly with the child and young person while an inpatient (Figure 6) where there is also an increase 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) which appears to show a decrease.

Figure 5: Percentage of admissions where RMO is a child specialist 2014-15 to 2023-24 (where the Commission received extra information)

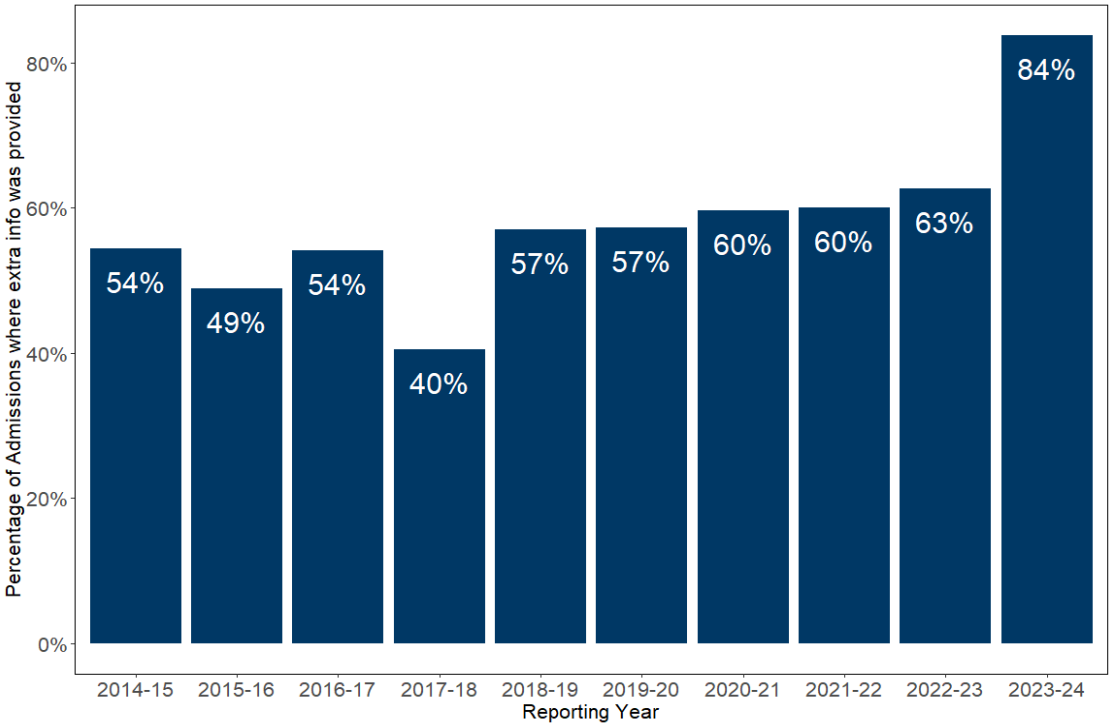


Figure 6: Percentage of admissions where direct specialist nursing care provided 2014-15 to 2023-24 (where the Commission received extra information)

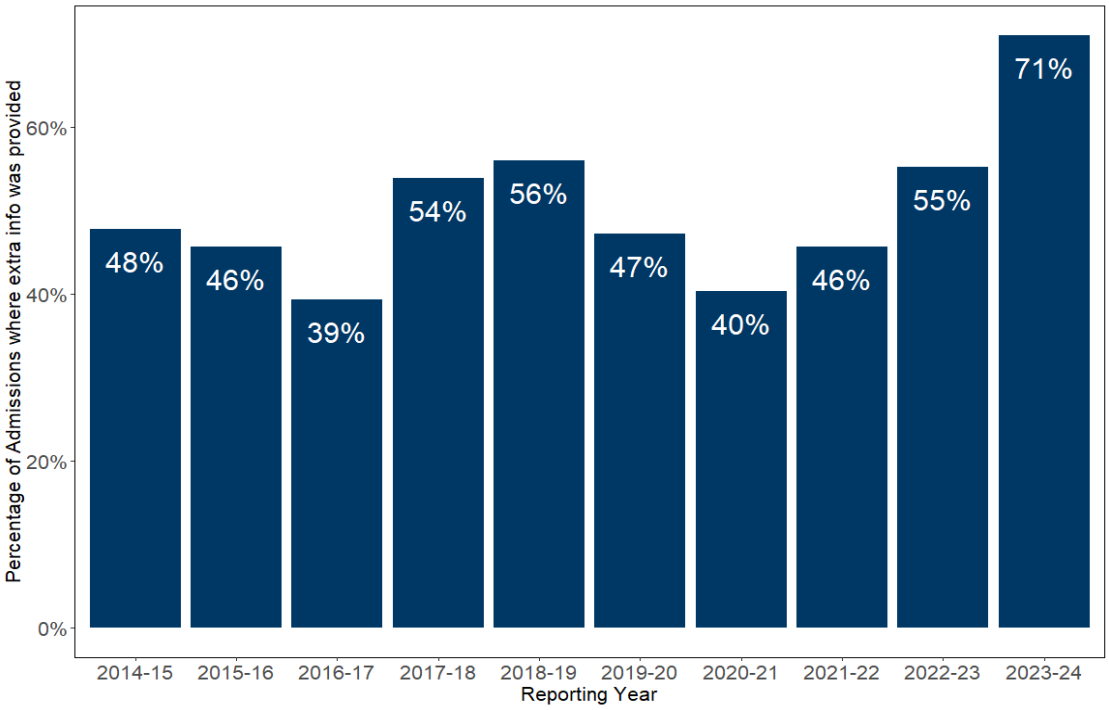
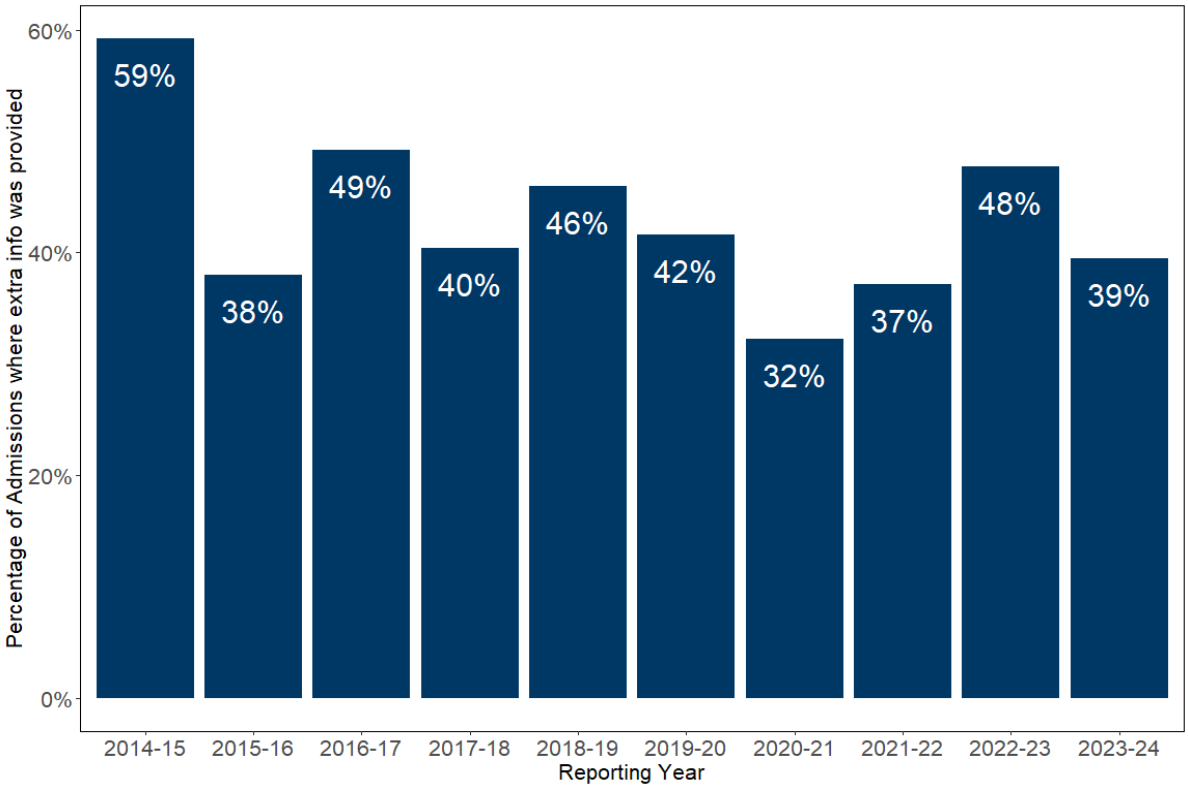


Figure 7: Percentage of admissions where there was other specialist therapeutic care 2014-15 to 2023-24 (where the Commission received extra information)



Access to CAMHS specialists is especially important in lengthy admissions. We found that in the admissions in which we were able to gather further information, we were told that, in one third of the admissions which lasted over five weeks, a CAMHS consultant was the RMO or consultant in charge. 50% of the admissions lasting over five weeks had direct care provided by CAMHS nursing staff and 67% of admissions had access to CAMHS nursing advice if requested. Specialist CAMHS provision from other health professionals such as psychologists or occupational therapists was provided in a third of the admissions that were for over five weeks.

Supervision of children and young people admitted to non-specialist care

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

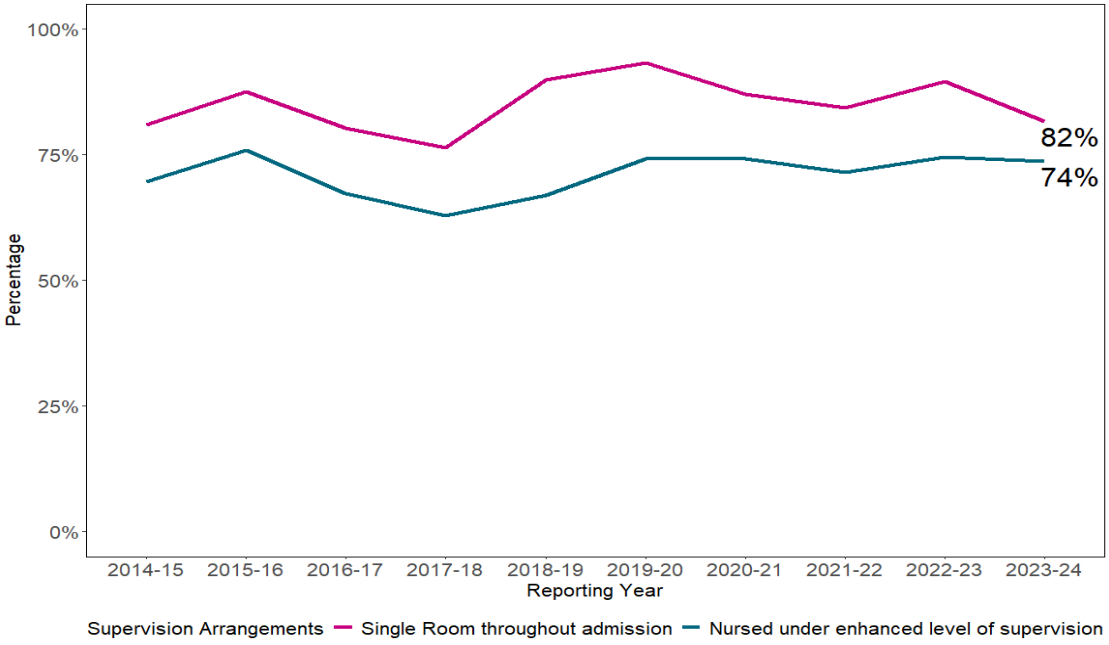
Table 5: Supervision of children and young people admitted to non-specialist care, 2023-24

Supervision arrangements	n	%
Total admissions where further information was provided	**38**	
Accommodated in a single room throughout the admission	31	82%
Nursed under enhanced level of observation	28	74%
Enhanced observation because of ward policy	24	63%
Enhanced observation following an individual assessment of the young person	29	76%

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

The percentage of children and young people who are placed in a single room throughout their admission to a non-specialist environment has decreased from 90% in 2022-23 to 82% in 2023-24. The use of enhanced observations levels to support the child or young person while in a non-specialist environment remains high and the percentage is similar to 2022-23.

Figure 8: Supervision arrangements of children and young people admitted to non-specialist care 2014-15 to 2023-24



Othe care provision for children and young people

Table 6: Other care provision for children and young people, 2023-24

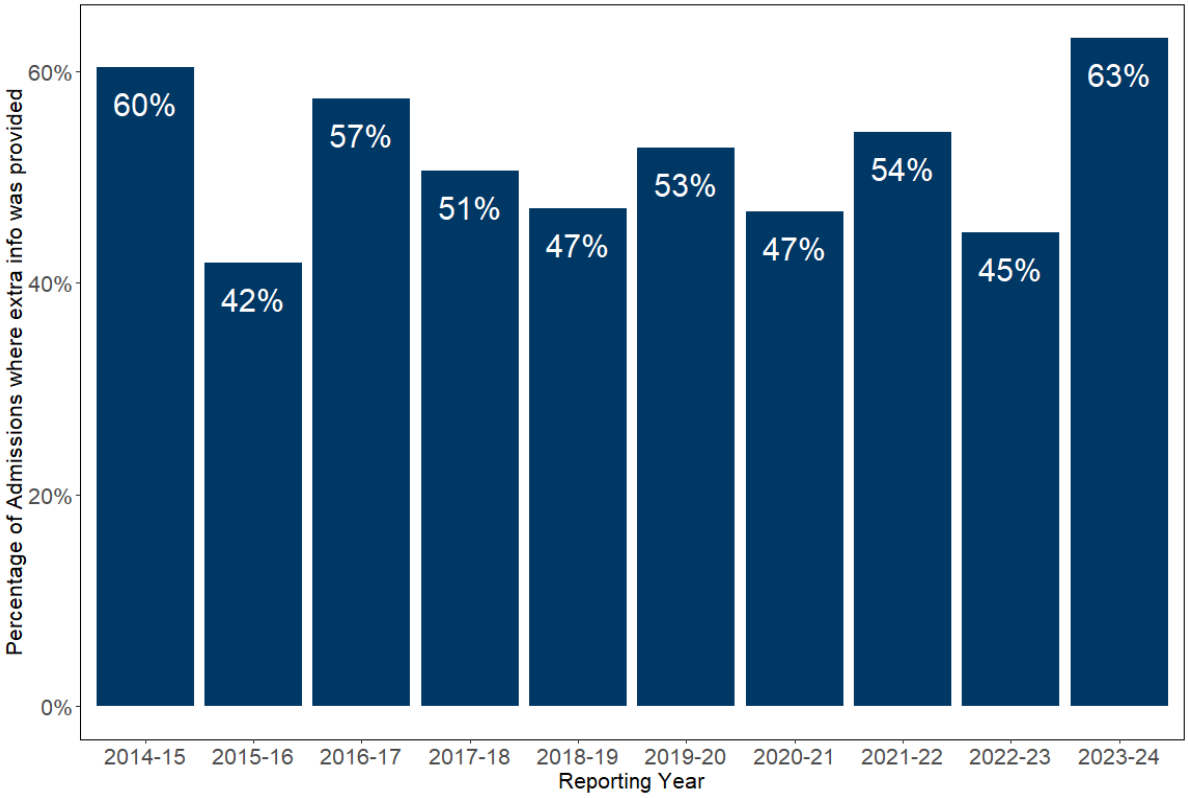
	n	%
Total admissions where further information was provided	**38**	
Access to age-appropriate recreational activities	24	63%
Appropriate education was provided	<5	<13%
Access to advocacy service	24	63%
Advocacy access was a specialist advocacy service	<5	<13%
Young Person had access to social work	27	71%

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

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 2023-24 the proportion of admissions that we obtained further information and where a child or young person was described as having access to age-appropriate recreational activity was higher compared to previous years (24 out of 38 admissions 63%, Figure 9).

Figure 9: Access to age-appropriate recreational activity 2014-15 to 2023-24 (where the Commission received extra info)



Each year the Commission asks for information about the activities that young people can 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. It is disappointing that in over a third of admissions, 37%, no age-appropriate recreational activities were reported or described, however this does appear to be a slight improvement on the 2022-23 figure of 45%.

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 mechanism through 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 2023-24, 63% of children and young people (24 out of the 38 admissions in which further information was provided to the Commission) were described as having access to advocacy. Of the children and young people who had access to advocacy during their admission of less than five weeks 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 engaged with advocacy provision. The Commission published a report in 2023 looking at advocacy services across Scotland[5]. In this report we drew 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 and made a number of recommendations regarding future planning.

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."[6] As part of its monitoring activity, the Commission asked for information about whether education has been considered for and discussed with the child or young person and, if not, to give reasons why. If

[5] The right to advocacy - a review of advocacy planning across Scotland | Mental Welfare Commission for Scotland (mwcscot.org.uk)
[6] UN Committee of the rights of the child, general comment no 10 (2007) Children's rights in juvenile justice, para 89.

education has been considered for a child or young person, the Commission asked whether education has been provided.

In 2023-24 in only 15% of the admissions where we obtained further information was education provided, higher than the 10% reported in 2022-23 but still a small percentage. Sometimes children and young people are too unwell to access education or they may be staying in hospital for too short a time for it to be arranged.

Access to a social worker

Finally, 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 2023-24, 27 out of the 38 admissions (71%) that we obtained further information about confirmed access to a social worker. This is comparable to previous years.

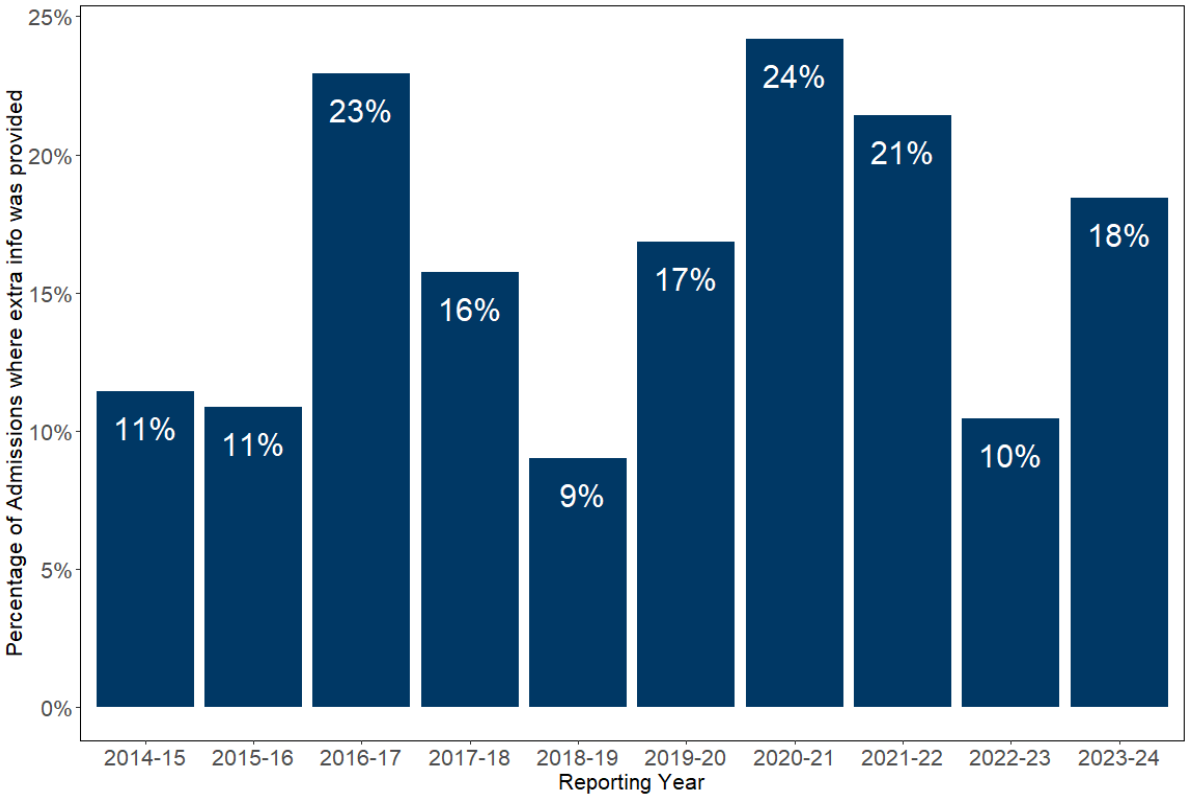
Children and young people admitted to an adult IPCU at some point during their non-specialist hospital stay

Table 7: Admissions of children and young people to adult IPCU, 2023-24

Locked facility	n	%
Children and young people transferred to an IPCU or locked ward during admission	7	18%
Young people admitted to non-specialist settings	**38**	

This year seven of the 38 admissions (18%) where further information was supplied to the Commission were cared for in an IPCU or locked ward at some point during their hospital stay, an increase from 10% in 2022-23.

Figure 10: Children and young people admitted to an adult IPCU at some point during their hospital stay 2014-15 to 2023-24 (where the Commission received extra information)



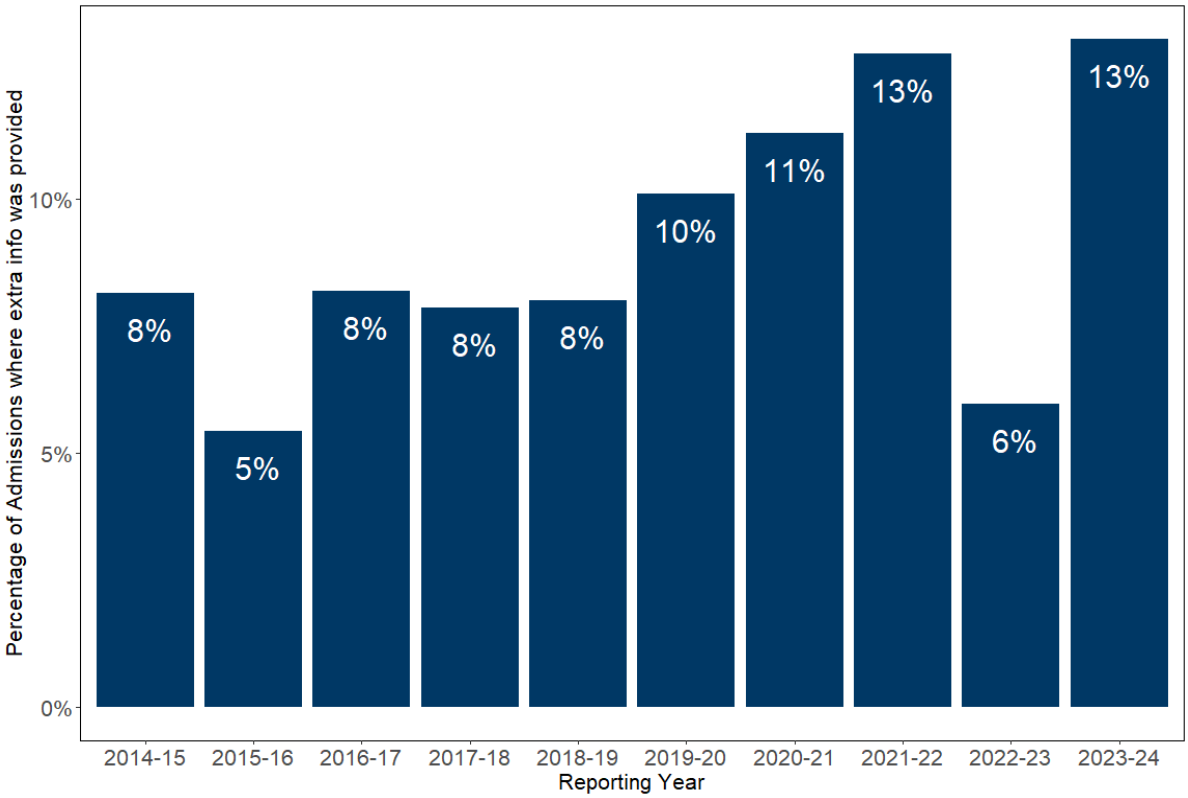
Most young people accessing an IPCU were aged 16 or 17 years old and the majority of young people accessing an IPCU in 2023-2024 were female. A small minority had a learning disability and a larger minority of young people accessing an IPCU were care experienced.

We were pleased to find that in the young people whose care involved IPCU and whose admission we received further information about, in all cases the RMO was a child specialist; in 70% CAMHS nurses were providing direct care and in 100% of admissions CAMHS nursing advice was available if requested; in less than half of these admissions specialist CAMHS therapeutic provision was also provided.

Children and young people with a learning disability

In 2023-24 the numbers of children and young people under the age of 18 admitted to non-specialist wards who had a learning disability remained small (13%).

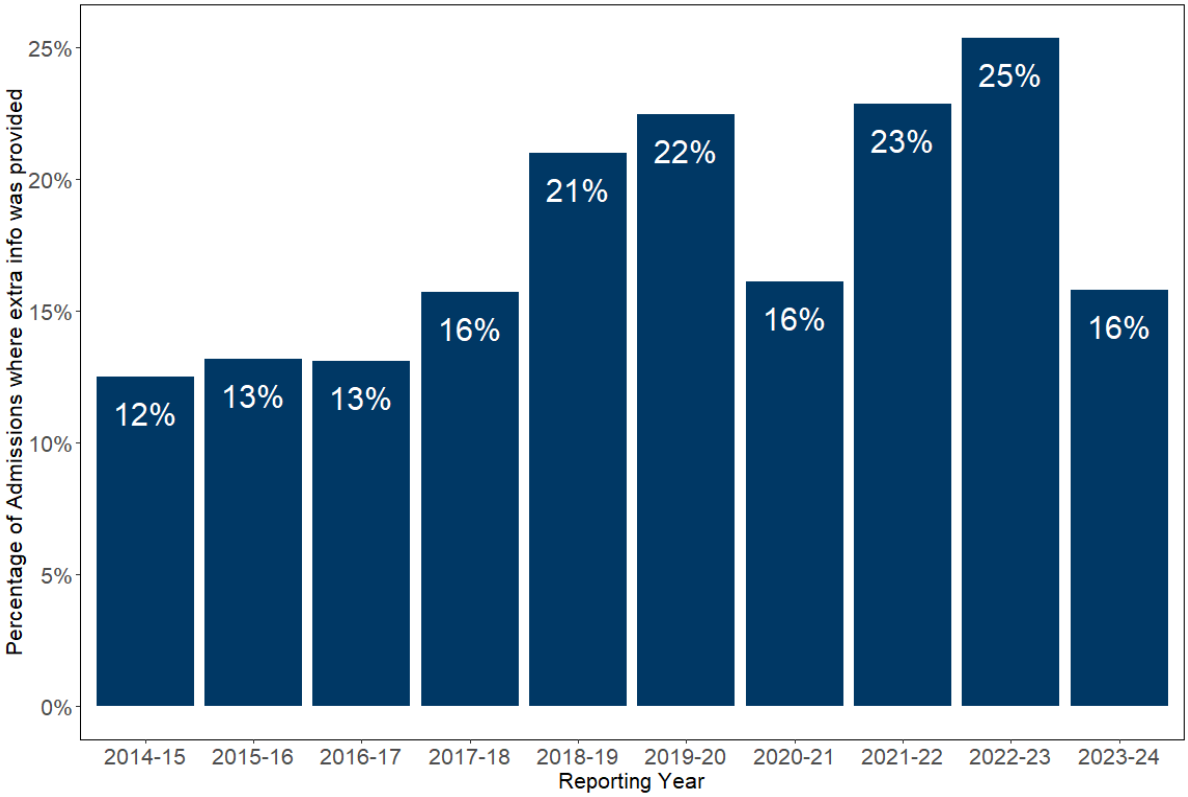
Figure 11: Admissions involving a child or young person with a Learning Disability 2014-15 to 2023-24 (where the Commission received extra information)



Admissions of care experienced children and young people to non-specialist care

In 2023-24, six of the admissions (16%) where we received further information about involved children and young people who were reported as looked after and accommodated by the local authority.

Figure 12: Admissions involving looked after and accommodated children and young people 2014-15 to 2023-24 (where the Commission received extra information)



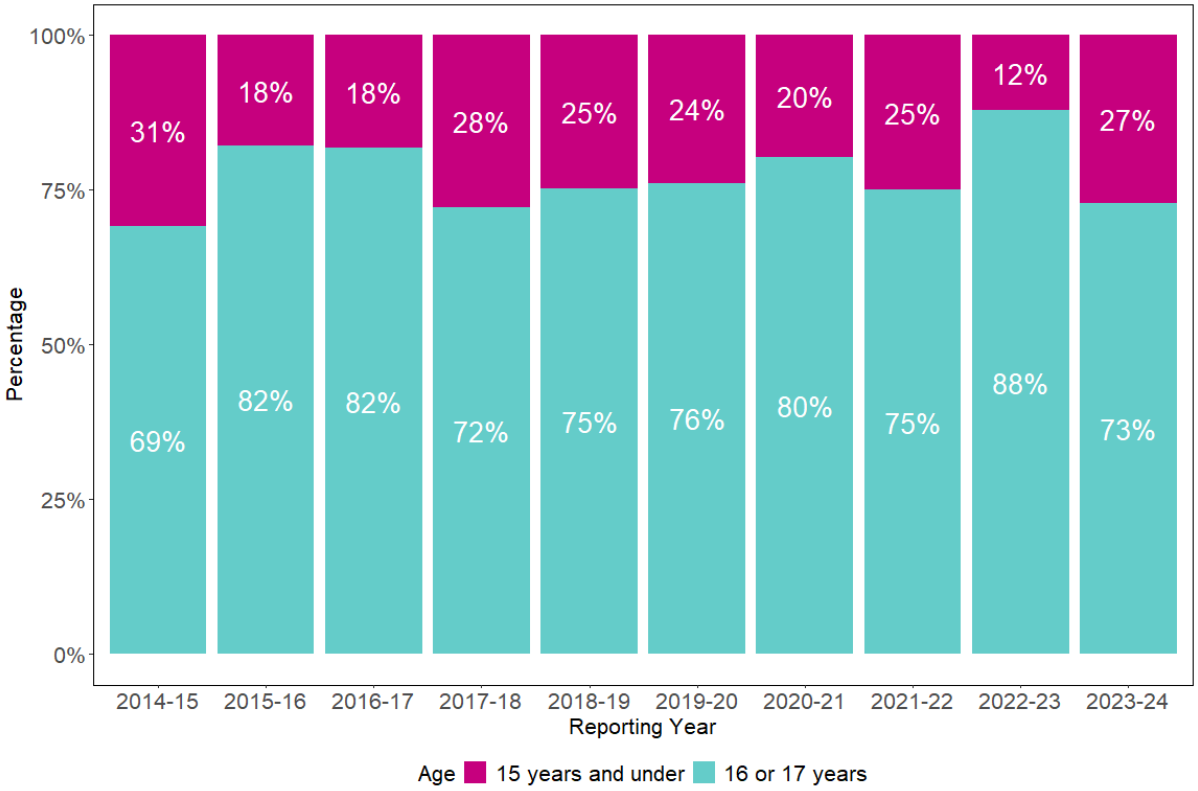
Age and gender[7]

In 2023-24 there were 16 children and young people aged 15 years or younger who were admitted to a non-specialist environment.

Table 10: Age of child or young person by gender, 2023-24

Age at last birthday (years)	Female	Male	Total
15 and younger	10	6	16
16 or 17	29	14	43
Total	**39**	**20**	**59**

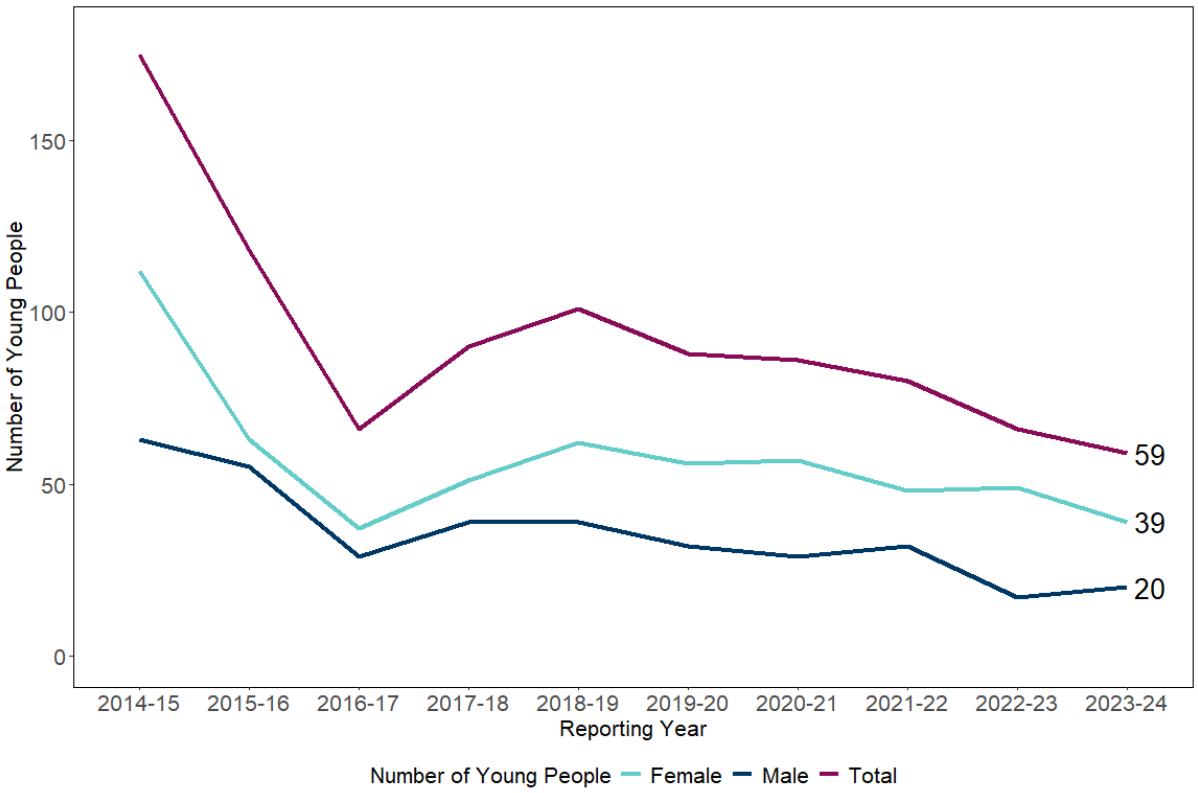
Figure 13: Proportion of children and young people (number of individuals) as a percentage of admissions of children and young people under 18s 2014-15 to 2023-24, by age



[7] 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.

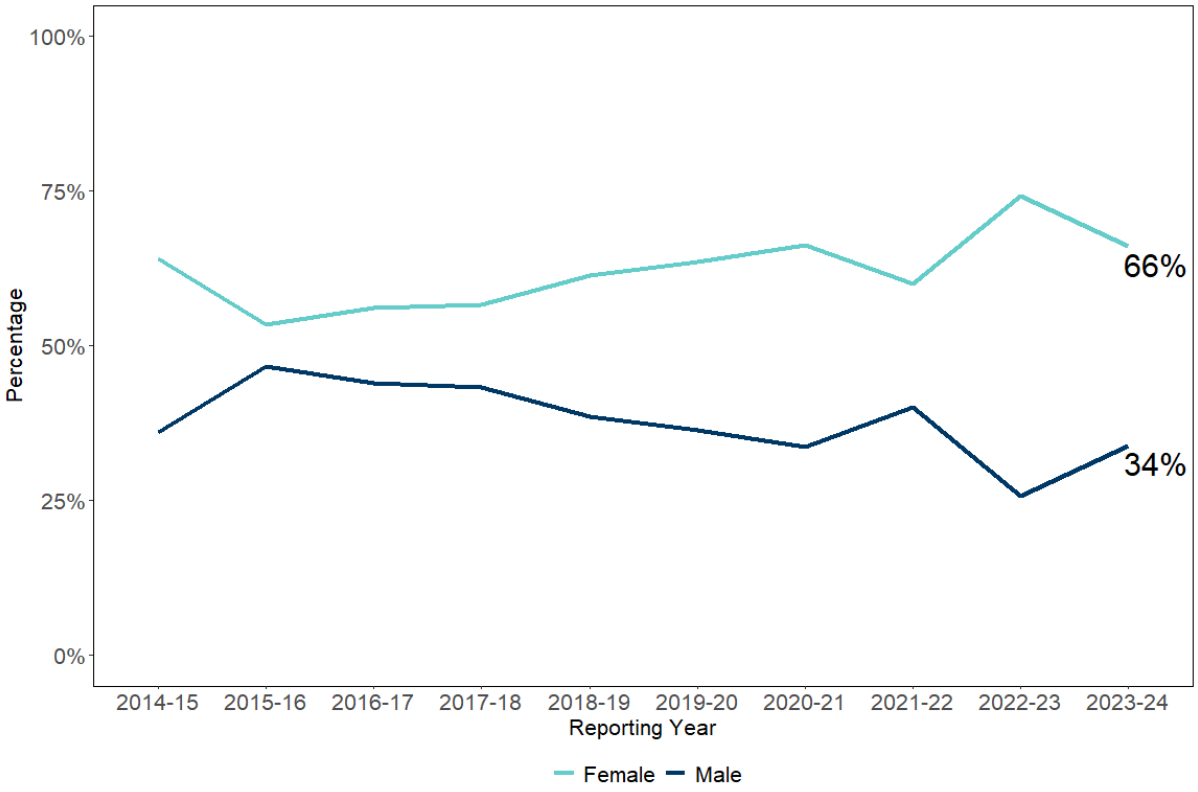
Overall, there were higher rates of admissions of young people in the 16–17-year age range and in females this year and reflects the current understanding of the prevalence and the types of mental health difficulties affecting young people in this age group in particular[8]. In 2023-24, 73% of young people admitted to a non-specialist environment were aged 16 or 17 years, this is slightly lower than last year and highlighting the higher percentage of young people aged 15 and under this year of 27%.

Figure 14: Children and young people admitted to non-specialist wards by gender (number of individuals), by year 2014-15 to 2023-24



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

Figure 15: Children and young people admitted to non-specialist wards by gender (%), by year 2013-14 to 2022-23



Conclusion

We welcome the continued reduction in the number of children and young people admitted to non-specialist wards in 2023-24.

Going forwards we are keen to better understand the reasons why the number of admissions that we received further information about was much reduced this year.

While overall numbers of admissions to non-specialist wards are much lower than a decade ago and supervision arrangements of children and young people in non-specialist wards remains high, we are aware that inpatient specialist CAMHS provision to non-specialist admissions remains patchy across the country and that 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 children and young people with a learning disability and those requiring IPCU facilities. We also continue to recognise the high levels of children and young people who access non-specialist inpatient care for their mental health needs each year and who are care experienced.

We are aware of the work taking place regionally and locally to develop services in line with the CAMHS national service specification. We expect that some of this work should have a direct impact on both inpatient demand and service provision for children and young people with mental health difficulties in the future. We have been told about work undertaken by the west of Scotland region who are leading on IPCU provision for children and young people, by the north of Scotland region, who leading on work developing CAMHS intensive home treatment services as an alternative to inpatient care and by the south-east of Scotland region who are leading on work to improve community services for children and young people with learning disability.

Although it may take some time for this work to come to fruition and make an impact on the admissions of young people to non-specialist wards, we are keen to see how this work will lead to more child-centred holistic provision focussed on the child and young person's mental health needs in the future. In many cases, for this to be successful it will require good partnership working with wider children's services including social work and education. In future years we are keen to see not only that numbers of admissions of children and young people to non-specialist wards will fall further but that the duration of admissions will reduce, and that the holistic nature of care received in any non-specialist admission will better reflect children's needs and their rights.

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