



“What services should be in place to support young people aged 16 and 17 years with acute mental health needs in Lancashire?”



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All images produced in this report are of LCFT services 2008

Introduction

“What services should be in place to support young people aged 16 and 17 years with acute mental health needs in Lancashire?”

By April 2010 the provision of age appropriate inpatient services will be a legal requirement. Lancashire Care Foundation NHS Trust (LCFT) currently has no dedicated provision for this age group. LCFT are exploring how it should develop and provide this service. In the event of services not being available by April 2010 all 16 and 17 year olds could be placed in private in patient services, which may not be available within Lancashire. The implications of this could mean young people are placed long distances from their families, friends and communities which would be in contradiction of the principles of the Every Child Matters 4 change for children agenda

The project has been undertaken by Child and Adolescent Mental Health Services (CAMHS) 1 Tier 4 2 to provide information to support Lancashire Care Foundation Trust in partnership with commissioners and service users to develop an informed and agreed answer to the above questions.

The work has focussed upon in patient services; those currently provided and those needing to be developed. The outcomes of this work, identifies the importance of accessible and effective community services being in place, in order for acute in patient services to be used appropriately. Detailed mapping and analysis of community services, alongside the needs of 16 and 17 year olds in Lancashire is a further piece of work.

The project Team believe the historical commissioning arrangements and current provision of community mental health services throughout Lancashire, for 16 to 18 year olds is detrimental to young people receiving an age appropriate, needs led effective service.

This report brings together -

- | | |
|-----------------------------|--|
| Pushed into the Shadows 1 | What young people, parents and national experts believe needs to be changed – with recommendations |
| Out of the Shadows 2 | The national picture from Health Trusts - with good practice markers |
| LCFT audit | The perspective of staff, young people and parents/carers – with recommendations |
| Safe and Appropriate Care 3 | National criteria for adult services to meet (April 2010) if young people 16/17 years are ever placed on adult wards |

LCFT is committed to working in partnership with service users and carers. This project has been developed, undertaken and analysed by service users alongside professional staff. The project has been equally committed to involving adult ward management and staff and the Safeguarding Champions. 3

How to use this report

The report has been structured to enable staff to use it as a resource as it brings together several documents. The findings are organised under the same categories as the original Pushed into the Shadows 1 report. Some staff will need to know and understand the full contents, while others may need to focus upon the sections relevant to their responsibilities either within the Trust or in their capacity for commissioning services for this age group.

Hopefully staff will find the information easily accessible and be able to cross reference national standards and recommendations with LCFT information.

Each category includes :

- The Pushed into the Shadows 1 recommendation
- LCFT Ward perspective
- Ward images where relevant
- Perspectives of young people in **blue**
- Perspectives of families and carers in **green**
- Recommendations for LCFT

Pushed into the Shadows Recommendation.



Recommendations from the project

- Out of the Shadows 2 – Markers of good practice
- Safe and Appropriate Care 3 Essential Criteria

Safe and Appropriate Care essential criteria

Referencing

Explanations of jargon are **numbered in red** see appendix 1 p50

Documents and legal references are **numbered in purple** see appendix 7 p69



Background

This work began in the summer of 2007 with the 'Pushed into the Shadows' ¹ Report. The report included several recommendations and a 'request' from the Office of the Children's Commissioner ⁴ to all Trust's in England and Wales, to provide information about mental health inpatient services for 16 and 17 year olds.

Lancashire Care Foundation Trust (LCFT) chose to respond by working in collaboration with young people who had experienced those services and then produced a response which clearly identified the views of those young people. The work generated more questions than answers. The final submission was commended by the Commissioner's Office ⁴, in their follow up report, 'Out of the Shadows?' ². LCFT's response was one of only four nationally, that were identified as being positive responses.

"LCFT demonstrated its commitment to involving young people in service development by providing a very detailed action plan which included the views of young people (both positive and negative) on the areas covered by the recommendations." (Out of the Shadows? ² p34)

The work is also framed within national Government agenda's for improving outcomes for all children, the Every Child Matters Change for Children Agenda ⁴ the National Service Framework Standard 9 ⁵ requirement that :

"All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support for them and their families".

The project and outcomes of this work take into account the legal requirements of the Mental Health Act 2007 ⁶ the Children Acts 1989/2002/2004 ⁷ and the Human Rights Act 1998 ⁸ and the United Nations Convention on the Rights of the Child 1989. ⁹



The Project

The project aims were simple -

- LCFT needed to answer the questions raised by Pushed into the Shadows 1
- Information was needed to enable young person effective commissioning of appropriate inpatient services for 16 and 17 year olds in Lancashire by April 2010

The Pushed into the Shadows 1 project Team was created in April 2008. The team consists of Laura Gasgarth, Rachael Haddon and Lisa Baird who are Young Consultants 5 with The Junction 6. They have diverse personal experiences of inpatient care within CAMHS 1, private sector provision and adult inpatient services. The Young Consultants 5 have been central to the design, development, implementation, analysis and presentation of the Project.

Ian Voyle, Lindy Ketchen and Phil Boswell are the LCFT staff members who complete the Team. They provided knowledge and experience of providing CAMHS 1 Tier 4 2 and Tier 3 services 7, Outreach Nursing, Social Work, Advocacy and Children's Rights and Participation. The Project was designed to meet the advanced standards of Hear by Right 10.

The Project Steering Group ensured the project worked in partnership with Adult Services and Safeguarding. Statistical information has been obtained identifying the use of in patient services throughout Lancashire, by 16 and 17 year olds between March 2007 and December 2008. See appendix 6 p66

The Project Plan

June 08	Launch the Project by presenting to each of the 7 Hospital sites
June/Dec 08	£500 proposal 8 for each ward – initiate consideration of the issues and improve the environment/experience for 16/17 year olds immediately
July 08	Provide advanced audit tool to enable each ward to prepare their information
July/Sept 08	Provide a direct ward audit for each of the 23 wards. The audits were undertaken, by members of the Project Team with members of staff on the wards. (The Safeguarding Champion 3 where possible)
Oct 08	Present the work and initial findings to the LCFT Safeguarding Conference. Contribute to The Royal College of Psychiatrist's 'Safe and Appropriate Care Standards' 3
Oct/Jan 09	Undertake interviews with young people 16/17 (11 young people were interviewed) and families (5 families were interviewed) who have had recent experience of adult inpatient services
Feb 09	Visit established specialist services – 3 services visited See appendix 5 and obtain LCFT admissions data – See Appendix 6
March 09	Analyse the information, cross-referencing with 'Out of the Shadows?' 2 and 'Safe and Appropriate Care Standards' 3. Report the findings to LCFT Trust Board 9

Findings of the project

The Recommendations

The current commissioning arrangements for mental health services for 16 and 17 year olds are inconsistent and inadequate to provide effective, safe and supportive services.

There is an urgent need to develop more effective community and inpatient services for 16 and 17 year olds across Lancashire, which are supported by a coordinated commissioning strategy.

There are a number of areas nationally where CAMHS¹ services are provided for young people up to their 19th birthday.

Services need to

- Develop using the views of young people and families
- Be responsive to young people and their families
- Have CAMHS trained and experienced staff
- Prevent admissions
- Keep admission length to a minimum
- Provide acute admissions within the locality of Lancashire (Including emergency, forensic, learning disability and dual diagnosis)
- Enable supported multi agency discharge planning
- Enable seamless transfers to adult services

The following recommendations are based upon findings that directly relate to the current service provision for young people on adult wards. They need to be considered in relation to Safe and Appropriate Care Standards ³, as some admissions will continue post April 2010 when the assessment determines the adult ward is appropriate for the young person. Many of these recommendations are also relevant to adult patients.



Recommendation 7 Safeguarding

PITS Recommendation - Mental health trusts (CAMHS **1** and adult mental health services) and Primary Care Trusts (PCTs) **10** work together to ensure they have in place a joint policy and/or protocol to ensure the safety & protection of young people admitted to adult wards (including the provision of appropriately segregated sleeping and bathroom areas) and access to the expertise and support of CAMHS **1** staff throughout their in-patient stay in line with the rights set out under the UN Convention on the Rights of the Child **9** and the relevant national standards.

WARD PERSPECTIVE



Rooms

Regardless of the ward structures all young people would be placed in an individual room. En suite facilities are limited.

Psychiatric Intensive Care Units (PICU's) **11** are all mixed gender young people have individual rooms – not all en suite (One PICU **11** cannot guarantee shower/toilet to be gender specific)



Criminal Records Bureau (CRB) **12**

All staff are CRB **12** checked upon appointment. There appears not to be a review process.

(Social Care **13** complete mandatory CRB **12** checks every 3 years. Safe and Appropriate Care Standards **3** identify 3 yearly checks as essential criteria)



Observations

Minimum 15 minutes can be 5 minutes or 1:1

Schedule 1

The process of notification to the wards of a patient being a schedule 1 offender **14** is not clear/uniform. It seems up to the agencies to share information. Arrangements are in place such as :

- Non – admission of either offender or young person
- Transfer of one if an admission of the other
- 1:1 of the young person if admission is unavoidable



Named /Primary Nurses 15 (The title of this role varies)

- Young people are all allocated a named nurse 15
- The staff report that the higher ratios of staff when there is a young patient on the ward provides more opportunities for 1 to 1 sessions

Pre admission risk assessments — These are uniformly completed by CRISIS 16, Accident and Emergency 17 and other mental health wards. This provides good information sharing as a result of Electronic Care Programme Approach (ECPA) 18. Information is shared between the services involved the young person and the family.

Admission — Clear processes exist for initial ward assessments. (72 hours) There is a general aim to involve young people in the risk assessment and care planning. Information comes from observations and the views of staff and young people. All young people are allocated a named nurse 15.

Development, decision making, involvement and reviews of risk assessment –

- All patients receive a risk assessment – they are developed through conversations with the young person, observations and information from other wards/services/files
- Review of the risk assessment usually takes place within 72 hours of admission. They are informally reviewed on a daily basis, formally reviewed weekly and additionally when there is change in circumstances, medication, or presentation. (One hospital reviews twice weekly with the Consultant)
- Risk assessments are reviewed by Consultants with young people
- Young people are involved in the process but are not always influencing the final decision making
- Involvement in care and risk planning varies in practice. There is evidence of staff encouraging young people to be involved and understanding that this is best practice. One hospital stated all care plans are co written with the patient. However several reasons were given for this not always and sometimes rarely happening e.g. time – view of the patients mental state – need to complete on the computer
- Signing of care plans is another area of inconsistent practice and understanding. Some patients are not signing their plans or getting their own copy. Others sign to indicate they have seen and read the document whereas some hospitals interpret the patients signature as agreement with the plan

Staff awareness of safeguarding and access to training and policies

- Policies – there is a general awareness amongst staff of the Trust's safeguarding and admission of minors policies. Staff are aware the policies are accessible on the intranet and in named office locations.
- All wards have an identified Safeguarding Champion Nurse 3 who liases with the Safeguarding Lead 19 and CAMHS 1. There is inconsistency with the name of this nurse some are called Link Nurses 3
- High levels of staff are reported to have attended Child Protection (CP) level 1 training 20. Availability of and access for adult mental health nurses onto CP level 2 training 21 and external safeguarding training is difficult

- CAMHS 1 and general young person training is an identified need
- One hospital mentioned the use of the mandatory training work book and this is one way of monitoring staff awareness and their training needs
- Concern was expressed in relation to the induction, supervision and training of Bank Staff 22 in relation to working with young people and safeguarding

Issues in practice during 2008

- The completion of Multi Agency Referral Form (MARF) 11 and Common Assessment Framework (CAF) 12 by staff on the wards is taking place. Good liaison with the Safeguarding Lead 19 is reported.
- Admission policies and the ward environment can create difficulties. Wards with disinhibited and disturbed patients and sex offenders are not suitable environments
- Additional staffing costs for 1:1 care due to young people's vulnerability rather than clinical need

An example was given of very good practice between the adult ward and CAMHS Tier 4 2. This related to the admission, assessment and subsequent transfer of the young person.

YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE

When they were asked if they had felt safe on the ward, 4 young people said yes 2 said sometimes and 2 said no.



I can't get off the ward so feel safe from hurting myself although I have scratched my arms with nails in my room. Sometimes I feel anxious about other people

I don't feel safe when other patients are unwell, I feel very uncomfortable, makes me feel worse. I don't talk to anyone about it they are too busy with the people who are unwell.

A planned discharge with lots of support would increase my chance of keeping safe

Have own bedroom with en suite. I was initially on 1:1 obs for my own safety which was reduced to 10 minute obs. Had a meeting today and not sure what new obs level is.

I don't know what arrangements there are to keep me safe. I saw two women fighting. Staff make me feel safe.

Yes I felt too safe, locked up it felt like a secure unit. Someone constantly on the door and garden surrounded by big buildings.

I didn't feel staff were approachable, not many clients did approach them .

Although someone was there all the time it still felt unsafe from other clients

Was on constant 1:1 obs because of my age which was annoying, they took it off the day of discharge. I had my own room



He was safe on the ward, constant 1: 1 and his own room. It was safe.

Yes as safe as she could be, there will always be risks, it was as safe as possible. She had her own room and was being observed.

She was on 5 minute obs then 15 minute obs so it was more difficult for her to get things to hurt herself. She had her own room and was escorted to the toilet. She wouldn't go out as she knew she would be sectioned.

Always a member of staff around to prevent her leaving, although she got out on some occasions, usually when not a regular member of staff on the door. Mixed areas with males and females she didn't like. Sometimes the males stare and scare her having said that women shouting can be scary.

At times she feels scared, when others are agitated, becoming aggressive, she has hid under the table to try to feel safe and when this didn't work deliberately self harmed by cutting her arms.

She doesn't feel able to talk to staff, doesn't feel welcome and feels they stay out of her way.

Recommendations from the project

1. Criminal Records Bureau (CRB) **12** Checks need to be reviewed by a formal process within LCFT every 3 years
2. A process of notification to wards of identified Schedule 1 offenders **14** needs to be in place and operational
3. Young people need to be central to the development of risk assessments. Consistency is required in the engagement and involvement of young people in their planning and decision - making.
4. The induction, supervision and training of Bank Staff **22** need to be reviewed in relation to Safeguarding
5. Staff need to be CAHMS **1** trained and experienced and there needs to be greater access to, safeguarding training and supervision.

Out of the Shadows? Markers of good practice: Area (i)

Markers of good practice: Area (i) – achieving a safe and supportive environment	Achieved?
Designating wards	Adult wards that can admit young people in emergency situations are identified.
Co-ordinating care	Links between adult mental health staff and CAMHS 1 staff are established through, for example: Joint training sessions and regular meetings, and The appointment of individuals in CAMHS 1 and adult mental health who are responsible for establishing and maintaining these links.
Staff with the necessary training and expertise	Staff have the right training, skills and knowledge to understand and address children and young people's specific needs. Regular training and updates on CAMHS 1 are provided for staff on designated wards.
Safeguarding	All staff on designated wards are CRB 12 (enhanced level) checked and this is reviewed at least every three years.

Responding to individual needs	Policies and protocols are geared towards addressing young people's individual needs and blanket policies such as one-to-one observation for all young people on adult wards are avoided.
Availability of advocacy	Links with advocacy organisations that specialise in mental health work and have experience of working with children and young people are established and maintained. (See also Area (iv).)
Provision of information	Information for patients, including how to make a complaint and how to access mental health advocacy services, is accessible and age-appropriate. (See also Area (ii).)
Visiting policies	Clear policies to safeguard the health and welfare of both patients and visitors and provide suitable facilities for young people to meet with their family and friends in private are established.
Monitoring by Local Safeguarding Children's Boards (LSCB) 23	The Local Safeguarding Children's Board (LSCB) 23 has: 1 Approved of the general measures in place 2 Is notified of all admissions of young people on to adult psychiatric wards.

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

See appendix 4 page 55 for criteria covering

- Safeguarding visitors policies p55 1.7 -1.8
- Bed and bathing facilities and allocation p55 1.10 - 1.13
- Ward environment risk assessment p57 3.7 - 3.9
- Reporting and monitoring p57 3.0 - 3.10.4
- Overriding need admissions (emergencies) p57 3.14
- Legal status and child protection p62 7.1 - 7.7.6
- Atypical admissions with stays longer than 3 months p62 7.8 - 7.9
- Treatment medication and restraint p62 7.10 -7.18

Recommendation 8 Involvement

Mental health trusts and PCTs **10** should work together to ensure that health care professionals involve children and young people (and their families where appropriate) fully in all aspects of their mental health care. This should include children and young people being provided with comprehensive and accurate information about the medication that they are prescribed and administered, in a format that they are able to understand. Any decision-making about medication should involve the child or young person as an active partner.

WARD PERSPECTIVE

What systems and structures are in place to enable young people and their families to be involved in their mental health care?

- Various systems are in place to provide information

MEETINGS

- 1:1 with named nurse **15**
- Ward rounds **24**
- Care planning meetings (one hospital also mentioned leave planning and discharge planning)



Review meetings **25** one hospital mentioned the use of a digital projector to share all information and update. Another Ward stated they plan to keep the numbers in the meetings low to reduce the possibility of intimidating service users

Young people and parents are also involved in Mental Health Review Tribunal Meetings. **26**

CARE PLANNING

The development of Care Plans within eCPA **18**

(One ward stated they involve the service users in negotiating their medication regime)

- Wards reported differing levels of involvement in the writing Care Plans **27**. Some described them being written jointly between the Named Nurse **15** and the service user onto a computer. Others were enabling involvement via discussion and then later typing as the computer was in the office. Others described the care plans being written by staff

- Signing of Care Plans 27 highlighted another area of inconsistency of practice and interpretation across the Trust as mentioned previously
- Providing copies of Care Plans 27 was another method of involvement where practice differed across the Trust. From some wards stating all service users are provided with copies, to one ward saying they provide copies if they are requested and then only if the staff assess it is appropriate
- All wards reported that parental/carer involvement was with the permission of the young person

OTHER ROLES

- Wards mentioned a variety of roles that support involvement advocacy (one ward is having daily ward visits) Occupational Therapy (OT) 28. Pharmacy 29, Family Liaison/Support 30, Doctors, Safeguarding Champions 3, Named/Primary Nurses 15

What is the current practice of young people's involvement from the perspective of the staff?

Staff have used positive words to describe current practice eg. Empowerment, positive, encourage. There is evidence of understanding that involvement is a good thing although in practice it can be inconsistent and difficult to achieve.

They have added that the following impact upon involvement

- Staff views, understanding and attitudes
- Staff time
- Care planning practice
- Resources ie access to computers/internet
- Mental health of young person
- Young person's choice not to be involved (one ward stated they would still be given the opportunities)

What evidence is there of young people and families involvement?

- eCPA 18 has a section for carer's views
- Ward round 24 (one ward has a section to include the views of young people)
- Daily records
- Reviews 25
- The work of the Family Support/Liaison Workers 30
- One PICU 11 gave the example of enlisting the services of an interpreter who could sign to enable a service user to be involved

What information is provided about medication and therapies to support young people's involvement in their own health care?

- Leaflets and intranet
- Some nurses have levels of training in Cognitive Behavioural Therapy (CBT) ³¹, Solution Focussed Brief Therapy (SFBT) ³², Psycho Social Intervention (PSI) ³³. Use of these skills varies (3 wards mentioned this)
- 4 hospitals mentioned there was no psychology input
- 2 hospitals stated the pharmacist ²⁹ will meet with young people and families to provide information regarding medications
- Young people and families obtain information independently
- Advocates can provide information

YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE

When the young people were asked if they had been involved in their health care plans and decision making, 4 said yes and 4 said no.



I was not involved in the ward care plans but have been involved with the review

I think I was involved in the plan and how they could help. I don't have a copy of the care plan, not sure if I want one.

I got to read the care plan and if I was unhappy with it they would change it. I just read it rather than actually wrote it. I also had the opportunity to be involved in CPA reviews. ²⁵

They write care plans and then go through it and then change it if you disagree. There haven't been any issues.

Staff told me what was going on and who was coming to see me, can't remember if involved in the plans.

They gave me a care plan initially and involved me in the discharge care plan. ²⁷ I felt listened to in the review.

I knew I was going to be transferred but they never said when it was actually happening.

I saw the care plan ²⁷ when it was finished. I was not involved. I would like to have had some say in my care rather than be shown it by a nurse and asked if it was ok. They said that was it.



The Community Psychiatric Nurse ³⁴ keeps us involved, no real involvement in decision making as yet.

We didn't receive information about medication or treatment from the ward.

The plan was explained of 72 hour assessment and the aim to keep her safe.

We receive copies of care plans ²⁷ and have involvement through discussion, leave, visiting plans. We feel they listened to concerns that we had and monitored these.

They explained each time new medication had been introduced, why they were introducing it, reasons for blood tests etc.

He was reviewed by the doctor and social worker on Friday, they removed the section ³⁵ and said he could go home, we were not invited to the review but everyone was happy with the decision from it.

Recommendations from the project

6. Care planning ²⁷ and review processes ²⁵ and practice are evaluated and developed to maximise involvement.
7. Guidelines and training are developed to support staff to obtain the understanding, skills and methods to enable effective involvement in joint care planning and decision making.
8. The interpretation by staff and service users of signing/non signing of plans is made explicit and consistently understood throughout the Trust.
9. The provision to young people and parents of assessment, care plan ²⁷ and review documentation needs to be consistently practiced.

Out of the Shadows? Markers of good practice: Area (iii)

Markers of good practice: Area (iii) – involving young people in their care planning	Achieved?
Engaging young people in their care	Young people are involved in decision-making about all aspects of their care (supported by an advocate if they so wish) and receive a copy of their care plan 27 which records these decisions.
Appointing a key worker 36	Young people have regular access to a named key worker 36 trained in working with young people and responsible for liaising with CAMHS 1 and ensuring the young person’s care and support are properly planned and delivered throughout their stay.
The Headspace Toolkit 13	This toolkit 13 is available to young people when they are admitted to the ward and they are supported in using the toolkit 13 throughout their stay.
Making use of helpful resources	Staff who will be working with young people on adult wards are familiar with, have easy access to, and use, materials (such as the Headspace Toolkit 13) to help them work with young people.
Training staff	Staff working with young people have received training on, and are familiar with, CAMHS 1 policies and practice.
Promoting equality	All staff recognise and respect the diverse needs, values and circumstances of each young person and are sensitive to the particular needs of young people from different black and minority ethnic groups and those with physical and/or sensory impairments or learning disabilities.
Establishing a forum for discussion	Regular meetings between staff and patients are held to discuss any issues of concern and agree on the action required to address these (with feedback on the results of the action taken).
Joint working	Local protocols on how the Care Programme Approach 18 will link to the Common Assessment Framework 12 and the responsibilities of the agencies involved are agreed and implemented.

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

See appendix 4 page 55 for criteria covering

UNLICENSED MEDICATION p62 7.10

CONSENT p60 6.23 - 6.34

CONFIDENTIALITY p61 6.35 - 6.39

Recommendation 9 CSIP and D of H support

The Department of Health 37 and the Care Services Improvement Partnership 38, mental health trusts and PCTs 10 should work together actively to involve young people in designing and planning services. Regional development workers should ensure that there is increased participation in this area in line with other types of healthcare

WARD PERSPECTIVE

This information was provided directly by the wards. There were significant numbers of wards who did not provide any information.

Some wards showed little awareness of national policy, guidelines resources etc.

Those who did display awareness of policies and relevant recommendations were positive about complying with them and showed a willingness to make improvements in line with these.

Recommendations from the project

10. Strategic participation standards structures and systems need to be developed. These need to enable all young people and families using LCFT services to have opportunities for their views to be heard within the commissioning, development, delivery and evaluation of services. A Director is identified to lead this work with dedicated financial and staff resources.

11. Computer and Internet access on the wards is highly recommended for the above purpose.

Out of the Shadows? Markers of good practice: Area (vii)

Markers of good practice: Area (vii) – opportunities for meaningful participation	Achieved?
Actively seeking feedback	The views of service users are systematically sought and incorporated into reviews of service provision.
Promoting participation	Service providers and commissioners develop proposals for user involvement, ranging from consultation to participation of children and young people and their

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

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

1.1 The ward, identified by the Trust for the admission of young people, participates in a quality improvement process that includes an element of peer review, and can demonstrate that it meets these standards and the AIMS - (Accreditation for Inpatient **Mental Health Services**)³⁹ standards type 1 and 2 or an equivalent measure of quality improvement

Recommendation 10 Training

All young people admitted to adult wards should have regular access to a named keyworker/lead professional **36** who has received training in working with young people and who has responsibility for liaising with CAMHS **1** and ensuring that young people's care is properly planned and they are fully supported throughout their stay.

WARD PERSPECTIVE

Currently there are very few Mental Health Nurses **40** with CAMHS **1** training. None of the PICUs **11** reported having any CAMHS **1** experienced staff.

Many members of staff feel they have to learn on the job as there is not adequate knowledge within staff teams. Some wards are addressing this by linking with CAMHS **1** Early Intervention Services (EIS) **41** and Safeguarding teams. **42**

What training is needed? The overall view was that the wards would welcome access to training about how to deal with young people. They believe this would increase their skills and confidence in engaging this group. There are also issues accessing the child protection training that is available as places are limited for adult Mental Health Nurses. **40**

There remains a lot of confusion around the use of CVQ 9A forms **14**. One ward suggested the need for training on these and Serious Untoward Incident (SUI) **15** documentation.

There was also some uncertainty about Child Protection training. **20/21** Some believed this was provided during the Trust Induction **43**. There is confusion whether this is the case, and if it is what level of training is this, and also how often does it need to be updated.

Do Bank **22** and Domestic Staff **44** access child protection training? **20/21**



Recommendations from the project

12. Training needs to be provided about

- Communicating with young people
- CAMHS **1**
- Children's legislation – Children Acts **7** and Human Rights Act **8**
- Participation Strategic Service Development
Personal Health Care Planning
- Safeguarding (more is needed) **20/21**
- CVQ 9A **14** assessments and Serious Untoward Incident (SUI) **15** processes

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

See appendix 4 page 55 for criteria covering

CAMHS 1 professional staff availability

STAFF TRAINING p56 2.6 - 2.7.5

STAFFING SAFEGUARDS p56 2.9 - 2.12

Recommendation 11 Criminal Records Bureau 12

PCTs 10 and mental health trusts should ensure that all staff (including agency and other temporary staff) on adult wards admitting young people should have an appropriate and current Criminal Records Bureau (CRB) 12 disclosure.

WARD PERSPECTIVE

All the hospitals report they are aware of the policy for enhanced CRB 12 requirements for all clinical employees and adhere to these

One hospital expressed an awareness/consideration for the renewal process. Most wards believed this was the responsibility of Human Resources Department. 45

There appears not to be a renewal process within the Trust. One ward was looking into developing a rolling CRB 12 update.

No evidence of a multi agency 'flagging' system or process for the identification of Schedule 1 offenders 14 to the wards

Two wards stated they were under the impression that Bank staff 22 CRB 12 checks were reviewed annually.

The following recommendations have already been identified in the Safeguarding section

Recommendations from the Trust

1. Criminal Records Bureau (CRB) 12 Checks should be reviewed by a formal process within LCFT every 3 years
2. A notification process to wards of identified Schedule 1 offenders 14 needs to be in place and operational
3. Young people need to be central to the development of risk assessments. Consistency is required in the engagement and involvement of young people in their planning and decision - making.
4. The induction, supervision and training of Bank Staff 22 need to be reviewed in relation to Safeguarding
5. Staff need more access to, safeguarding training and supervision.

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

See appendix 4 page 56 2.9

Recommendation 13 Information

On admission to an adult ward, all young people and their families must receive information (both written and oral) in an appropriate format about what will happen to them and about their rights (including how to complain and, where applicable, the provisions of, and their rights under, the Mental Health Act 1983). ⁶

WARD PERSPECTIVE

What information is provided to young people and families?

Staff – There are a variety of information sheets and checklists for admitting young people

Young people - Verbally on admission, information about the ward includes information about the routines, visiting and care team.

Written –

Notice boards including :
Leaflets/booklets/business cards

- Routines
- Meals
- Visiting times
- Activities
- MH Act ⁶
- Details of Consultant and Named Nurse
- Laundry
- Medication
- Illnesses
- Family Support
- Welcome packs are available (Some held in a file in the office)

The above are being provided with an adult focus, wards have identified the need for specific young person information. Information is seen as important

The PICUs ¹¹ level of information provided for young people varied from 'no information' to providing a 'specific PICU ¹¹ welcome pack'

Wards reported inconsistent information being provided to families



What information is needed?

For staff –

- CVQ9A 14 completion and clear process
- Role of the Safeguarding champion
- Mental Health Act 6 and role of Independent Mental Capacity Advocates 46
- Involving of young people in care
- Working with young people
- Individual information from CAMHS Tier 3 7 about young people admitted to adult mental health wards

For young people – Information needs to be developed in a format and language they understand and can access. Information needs to be provided for individuals to keep. Some wards have an information file. These are individual files used a resource for the whole ward and are developed with adult patients in mind.

Information is needed for young people about :

- Medication
- Mental illnesses
- Advocacy
- MH ACT 6
- Other support services (and the benefits of using them)
- Notice boards for young people
- People's roles
- Care planning and discharge planning
- Young people's rights

Families and carers

- Medication
- Mental Illnesses
- MH Act 6 nearest relative 47
- General LCFT leaflets written for families
- Support services/groups/websites

Is the information effective?

The wards report that the information sharing is effective. They believe time spent by staff with young people to share and explain information is very important and effective.

Written information would be more effective if it was designed for young people. Where this has happened the results have been effective.

Describe the processes to ensure information is understood?

There were several examples of very good information processes involving ward staff and other agencies.

Methods used:

- Care plans 27
- Booklets/leaflets
- Meet with pharmacist 29 if about medication
- Meet with advocate
- Ask specific questions
- Invite questions
- Ask young person to repeat the information and share their understanding
- Repeat sessions going over information until it is understood
- No jargon
- Age appropriate language
- Handover
- Nursing notes
- Letters and telephone conversations with other agencies

YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE

Young people said upon admission	1 was not asked about information
	6 received information
	2 didn't receive information
Parents said upon admission	3 received information
	1 didn't receive information



I was told about my named nurse 15, consultant and about advocacy

I didn't get written information but told about the smoke times, obs levels, named nurse 15 and meal times.

I received a booklet I was a bit frightened but the information was good. I didn't know what to expect, explanations from the staff helped that.

I can't remember getting anything in writing but was explained about named nurse ¹⁵ and consultant so it was good

I got a small letter about OT ²⁸ and section 5 (2) ³⁵. I also received an information booklet and they explained it all as well.

Got a small pamphlet basic but told you what you needed to know. Language in it was ok but dull maybe a young person could re design it.



We received a booklet which was quite good. We were also kept informed of what was happening, who was becoming involved and why, and invited to all the CPAs. ¹⁸

We got information from our daughter's CPN ³⁴ like when the consultant was visiting. We also spoke to staff daily, not aware of any pamphlet information. They explained things clearly so it was good, my son was also told information.

We were informed about 72 hour assessment and routines of the ward. We were also told the names of the consultant and named nurse ¹⁵, given contact numbers and lots of information verbally.

Recommendations from the project

13. Information needs to be designed specifically for young people.
14. Information and a check - list needs to be developed for staff to support their work with young people. This would be to ensure and evidence information had been shared and understood
15. Computers with internet access would improve young people's access to information about advocacy, legislation, medication and therapies. It would also enable access to information to support discharge planning.

Out of the Shadows? Markers of good practice: Area (ii)

Markers of good practice: Area (ii) – ensuring age-appropriate information is available	Achieved?
Making information accessible	Age-appropriate information on issues such as medication, names of key staff, access to advocates and when the Mental Health Act 6 might be applied (and an explanation of the rights of patients who are detained) is easily available on the ward.
Information on advocacy	Young people are advised of the availability of independent mental health advocacy services. (See also Area (vi).)
Using the Headspace Toolkit 13	Every young person admitted to the ward is given a copy of the Headspace Toolkit 13 and their key worker explains how this can be of help to the young person during their stay in hospital.
Explaining the Mental Health Act 6	Staff take time to explain to young people admitted under the Mental Health Act 6 why they have been detained and how the Act 6 applies to them. This should include: <ol style="list-style-type: none"> 1. Their right to an Independent Mental Health Advocate (IMHA);⁴⁸ 2. The circumstances in which they can be given treatment without their consent and the procedures to be followed before such treatment can be given; 3. Who their Nearest Relative (NR) ⁴⁷ is and why this is relevant; 4. The role of the Mental Health Act Commission ⁴⁹ ; and 5. How they can apply to be discharged from detention (including the role of Mental Health Review Tribunals [MHRTs] ²⁶ and hospital managers, their rights to legal representation and how long should expect to wait for a hearing date).
Encouraging feedback and addressing complaints	Staff ensure that young people know what to do if they are unhappy with aspects of their care or have any other concerns.

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

See appendix 4 page 55 for criteria covering

Accessibility of information p59 6.1

Ward Information p59 6.3.1 - 6.16

Formal Admission information p60 6.17 - 6.22

Recommendation 14 Advocacy

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

WARD PERSPECTIVE

What information is provided to young people and families?

- Overall clear understanding of the role of independent advocacy. The role of advocacy is valued on behalf of service users and the benefits it has for the nursing role. General comments of welcoming and encouraging advocacy.
- The work is viewed as very positive to improve communication. Decisions, plans and understanding
- The Wards are not sure whether the current advocacy services are young people focussed
- The quality of the service depends upon the individual advocate
- There are different providers. There are posters on the wards
- Advocates attend regular ward meetings and attend specific individual meetings by request
- Patient Advisory Liaison Service (PALS) 50 meet weekly on all wards
- 5 hospitals named independent providers of advocacy
- Issue of PICU 11/seclusion. Is Trust policy being followed? It is reported that service users in seclusion are not receiving advocacy services in line with the Trust's requirements in the policy
- One hospital mentioned the involvement of Connexions 51
- There is publicity on all the wards about advocacy provision

YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE

Young people were asked whether advocacy was available to them. Four of them said yes, two said no, and two didn't know.



I haven't used this advocacy as I would prefer to use Children's Rights as I've been involved with them recently and don't want lots of people involved

I was told about it and there are posters. The ward is happy to arrange advocacy for young people.

I got told about it by one of the staff because of my age.

Nurses told me when I first came in and there are leaflets around the ward. They encouraged us to use it.

I was informed by the advocacy lady. I didn't use it.

Don't know it was never mentioned.

My advocates really good – she's a really good advocate, very supportive.

The ward didn't have much of a say in whether I got an advocate.

Haven't used them, wouldn't want to.

It wasn't offered.

Parents were asked.....



'Is an advocacy service available?'.....3 YES1 Not sure

'Does your child use the advocacy service?'.....3 NO.....1 YES

Not sure about advocacy, they didn't mention it. I'm unsure of the wards views.

He has an advocate who attends CPA 18 meetings.

It has been offered but not involved. She has got stronger and more able to voice her views/opinions or she will write them down and her named nurse will read them.

No idea what the wards attitude to advocacy is, it wasn't mentioned on the ward.

Recommendations from the project

16. Advocacy is provided to young people from an advocate with specific young person mental health expertise.

17. The Headspace Toolkit 13 is made available.

18. Advocacy provision across the adult wards is evaluated from the perspective of service users. Advocacy, Service Level Agreements (SLAs) 52 are evaluated to ensure the requirements of the Mental Health Act 2007 6 are met.

Out of the Shadows? MARKERS OF GOOD PRACTICE: Area (iv)

Markers of good practice: Area (iv) – ensuring access to independent advocacy		Achieved?
Age-appropriate with expertise in mental health	Young people have access to trained advocates who have: <ul style="list-style-type: none"> ▪ experience of working with children and young people and communicating in a way that is accessible to them ▪ an in-depth understanding of law and policy relating to children and young people with mental health problems, and ▪ a commitment to ensuring respect for children and young people’s rights in line with the United Nations Convention on the Rights of the child (UNCRC) ⁹ 	
Available to all	Independent mental health advocacy services are available to all young patients (both detained and informal). Young people who are detained are informed of their right to an Independent Mental Health Advocate (IMHA). ⁴⁶	
Accessible	The contact details of advocates who are independent of the hospital are publicised on the wards so young people can approach them directly (without having to go through ward staff).	

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

See appendix 4 page 55 for criteria covering

p61 6.40 - 6.45

Recommendation 15 Joint Decision Making in Care Planning

Mental health trusts and PCTs **10** should ensure that all decisions are documented in a written Care Plan that has been discussed and written jointly with the young person and, if appropriate, discussed fully with their family/carers.

WARD PERSPECTIVE

ECPA **18** is instant and data can be easily kept up to date and printed. There are issues when the system is down and some wards cannot access the computer with the young person due to it being in the Office. Some wards are using pen and paper to develop care plans with young people and then typing the information up later. One ward stated that eCPA **18** is more detailed for young people

Wards describe an initial standardised 72 hour assessment – service users are not involved the assessment is undertaken by the staff

Individual care plans are developed towards the end of the 72 hours. There was no mention of care plans **27** including education. Some mention referrals to re-start and OT **28** for age appropriate activities.

The feedback from the wards indicates a belief that it is considered best practice. Barriers identified were, time, culture of the ward, risk and involvement are inversely related, access to computers and the mental state of the young person

There was inconsistent practice in relation to

- Methods and quality of involvement (one ward indicated they do not use jargon and try to use language service users understand)
- Providing copies of documentation
- Understanding of the practice of service users signing plans – one ward stated ‘most don’t sign as they feel it signifies agreement’

One ward however stated that the care plans **27** are developed with the young person and they are offered copies. The plans are reviewed **25** and discussed with the young person then re drafted if they are not happy. There were several comments to suggest that the level of involvement was regularly compromised with care plans **27** being written by Named Nurses **15** and then being given to the service user.

There was only one ward that identified they supported service users to prepare for their review meetings.

Ad hoc practice and understanding, of service users needs/rights to have copies of their documentation. From all service users are given copies to only when they ask and then after it has been decided whether it is appropriate.

YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE

Young People were asked, 'Were you involved in your health care plans and decisions?'.....



'Were you involved in writing your care plan?'.....6 said **NO** and 2 said **YES**.

I'm unsure if I had one.

They write it and then show it to me afterwards and change it as necessary.

'Did your care plan contain your views?'.....6 said **NO** and 1 said **YES** and one said **YES and NO**

'Do you have a copy of your care plan?'.....5 said **NO** and 3 said **YES**

They said they were going to give me a copy but never did.

I agree with it and knew I could have gone to my named nurse **15**.

Who can change your care plan?.....2 said they didn't know.

Just me because it's about me.

I think parents can.

I think if they wanted something reasonable they would change it



Parent were asked,

'Were you involved in your child's health care plans and decisions?'.....2 said **YES** and 2 said **NO**

'Were you and your child involved in writing their care plan?'.....2 said **YES** and 2 said **NO**

'Did you receive a copy of the plan?'.....2 said **YES** and 2 were **not sure**

'Were you and your child able to influence the care plan?'
NO.....YES.....Don't know.....In agreement with it.....

'Who could change the plan?'The nurse...they also did one for discharge but I was not involved and I'm his Mum

Health care professionals from the ward.

We think we would have input as co operative parents

The Drs and Ward Manager can change them, our daughter and our selves can have input

Recommendations from the project

19. Senior Management direction is required detailing the Trust's beliefs and standards for service users' involvement in decision making. Guidance and training is needed to support staff to develop the understanding, skills and methods to engage service users in decision making. This should include Human Rights Act 1998 **8**, Children Acts 1989/2002/2004 **7** and UN Convention on the Rights of the Child **9**.

20. Multi Agency working needs to be developed for this age group.

21. Partnership working between CAMHS **1** and Adult Services needs to be supported to provide greater flexibility of resources.

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

See appendix 4 page 55 for criteria covering

- Processes for admission p56 3.1
- For young people with an overriding need p56 3.1.1
- Individual risk assessment p57 3.2 - 3.5
- Activities p58 4.37
- Transfers p57 3.19
- Discharge planning p57 3.20 - 3.27
- Record keeping p58 4.18 - 4.29
- Young people on a Care Order **53** p58 4.30 - 4.32
- Formal admissions p63 7.19 - 7.22

Recommendation 17 Facilities and activities

Mental health trusts and PCT's **10** should ensure that any adult in-patient wards admitting young people under-18 should provide appropriate facilities and daily activities for young people including games, music, books, computer equipment and access to sports and physical exercise.

WARD PERSPECTIVE

- There is an under use of minibus, beauty room, gym reported due to the lack of availability of trained staff
- Books and games on the wards are dated and generally for older people
- Where OT **28** and activities co-ordinators are available they are really active and providing most activities
- External links rarely developed and depend upon individual staff
- PICU's **11** there is the least to do alongside the issue of no leave from the ward
- Access to activities during the evening and weekends is unclear
- No access to the internet on the wards
- Nothing specific for young people
- Activity co-ordination varies

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
08:00-09:00	08:00-09:00	08:00-09:00	08:00-09:00	08:00-09:00	08:00-09:00	08:00-09:00
09:00-10:00	09:00-10:00	09:00-10:00	09:00-10:00	09:00-10:00	09:00-10:00	09:00-10:00
10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00
11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00
12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00	12:00-13:00
13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00	13:00-14:00
14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00	14:00-15:00
15:00-16:00	15:00-16:00	15:00-16:00	15:00-16:00	15:00-16:00	15:00-16:00	15:00-16:00
16:00-17:00	16:00-17:00	16:00-17:00	16:00-17:00	16:00-17:00	16:00-17:00	16:00-17:00
17:00-18:00	17:00-18:00	17:00-18:00	17:00-18:00	17:00-18:00	17:00-18:00	17:00-18:00
18:00-19:00	18:00-19:00	18:00-19:00	18:00-19:00	18:00-19:00	18:00-19:00	18:00-19:00
19:00-20:00	19:00-20:00	19:00-20:00	19:00-20:00	19:00-20:00	19:00-20:00	19:00-20:00
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21:00-22:00	21:00-22:00	21:00-22:00	21:00-22:00	21:00-22:00	21:00-22:00	21:00-22:00
22:00-23:00	22:00-23:00	22:00-23:00	22:00-23:00	22:00-23:00	22:00-23:00	22:00-23:00
23:00-00:00	23:00-00:00	23:00-00:00	23:00-00:00	23:00-00:00	23:00-00:00	23:00-00:00



YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE

We asked what activities are available on the wards?



I have been referred to restart for an assessment

There is the art group and the TV in the lounge

There are OT ²⁸ activities, bingo on Friday, art group Tuesday but an OT ²⁸ assessment has to happen first, this is a bit unfair as due to demand not everyone can do the activities and you can be on a waiting list.

OT ²⁸ run pottery, woodwork which are enjoyable but the ward is boring.

Portable TV and Heat magazine.

Just TV, it was boring.

Gym, board games, trivia nights, computer games

Supposed to have activities according to time table but didn't take place. Had TV and snooker table, not very good for a young person

What would you like to have access to on the wards?

Access to computers on the ward and I would like to do baking

Could do with more things to do but I'm not sure what.

Need more to do on the ward, I spend most of the time in my room. I have an i-pod and DVD brought from home. There are old magazines and books.

Not sure, DVDs "I'd just sit around waiting for visits."

A gym, pool table, computer and games.

Have more open areas both inside and outdoors – more things to do – not sure what

There was not enough to keep me occupied

More things to do, cooking lessons, art and craft – stuff to keep you occupied, should have DVDs.

Recommendations from the report

22. Age appropriate activities are needed which are also accessible in the evenings and weekends. (This includes access to a gym to provide access to physical exercise with sufficiently trained members of staff to support this.)

Computer and Internet access on the wards is needed for the above purpose.

23. Psychiatric Intensive Care Unit (PICU) 11 activities need to be developed.

24. Links with local libraries and services need to be developed.

Out of the Shadows? Markers of good practice: Area (vi)

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

Safe and Appropriate Care essential criteria

When a young person aged 16/17 years is placed on an adult ward the following criteria **MUST** be met

P55 1.6 - 1.13

Young people have access to outside space on a daily basis.

Staff are available to ensure the young people are safe.

Denial to outside space must be related to clinical risk and recorded in the notes

Recommendation 18 Education

Mental health trusts and PCTs **10** should ensure that all adult in-patient wards have resources in place to assess and respond to the educational needs of any young people under 18 admitted to the ward. It is important that action is taken to ensure that young people can continue with their education, especially those who are of compulsory school age. A named member of staff should have responsibility for ensuring that any links with a young person's existing place of education are maintained.

WARD PERSPECTIVE

Named role responsible for developing links with colleges, 6th forms, Connexions **51** etc

- The Trust needs to explore joint strategic working between Connexions **51**, National Health Service (NHS) **54** and Colleges
- No access to Internet, computers where pen drives printers can support education. This is restricting education plans.
- There is inconsistent practice regarding educational needs assessments and implementation. This is included in the CVQ9A **14** but not completed consistently
- Information about local educational resources are not often available on the wards
- Admissions are low and those accessing education are even lower
- There are few structures to support education – it tends to be motivated staff who respond to individual needs
- Other than OT **28** and Connexions **51** the staff feel they have little experience or knowledge of managing educational support for this age group
- PICUs **11** – generally health and risk issues lead to education being on hold



YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE



'Do/did you have educational/work commitments while on the ward?'

Education is a problem I am 16 and in Year 11 and about to do my GCSE's ⁵⁵ in 8 weeks time and am not getting taught lessons.

I am at college and if I miss 2 weeks I will lose my place.

I don't want to continue at the moment. College are aware and I hope to continue at a later date

I attend college usually, not much is happening at present as can't access computers and carers haven't brought stuff in plus can't do assignment as needs to be done at home

I have to go home to access on line education as can't get a connection from the ward room as it has no windows and staff won't let me use another room where a signal could be got.

Dropped about of college 3 weeks after starting, not heard from Connexions worker ⁵¹ since.

No X 3

'What happened to support you with your education when you were admitted?'

I have advised they need to liaise with college

Care home worker has liaised with college

No one has liaised with college, causing extra worries as I won't be able to catch up, I want to go back but can't at present

No support from January to September. Connexions ⁵¹ changed this after my named nurse contacted them.

My discharge plan included Connexions ⁵¹ seeing me once home.

'Do you need support with education/work?'

No X 5

Yes access to the internet for mobile broadband to access online course

Connexions 51 arranged a 'virtual academy' with A level lessons held via a webcam at set times. We managed to get an agreement for her to have her laptop but only in her room - with no windows. She couldn't get an internet connection from the mobile dongle but staff won't let her use another room. I don't drive so can't bring her home where she could use her laptop.

She has missed course work which she is worried about, we have spoken to college but it's unlikely they will bring work in.

Not aware they have looked at this.

Recommendations from the project

Computer and Internet access on the wards is essential for the above purpose.

25. Quiet space to study is needed.

26. Education and work coordinators are needed on the wards to develop education plans and ensure links with local colleges and Connexions 51

Markers of good practice: Area (v)

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

Recommendation 19 Contact with family and friends

Mental health trusts and PCTs **10** should ensure that where young people are admitted onto an adult ward, arrangements for their family and friends should be made, taking into account the need to safeguard the health and welfare of patients and visitors. This must include visiting areas in which they can meet with their families and friends (including those under 18) in private.

WARD PERSPECTIVE

Methods of contact

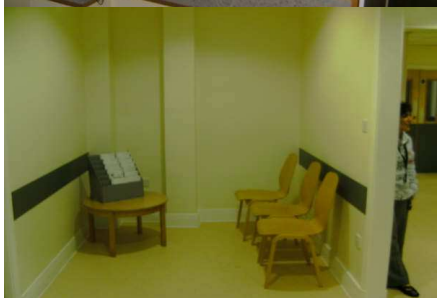
- Visits to wards (all)
- Visits off the wards – leave plans(varies)
- Pay phone (all – limited privacy)
- Office phone (all – restricted use)
- Internet e.mail (varies)
- Letters (all)

The arrangements and access to the above varies across the hospitals. This has an impact upon the quality of the patients contact with their family and friends

Ward Environment Facilities to enable direct contact

- Off ward room
- Communal visiting area on the ward – lounge, dining area
- Interview room
- Family room
- Hospital grounds

None of the above were consistently available across the hospitals. Visiting facilities appear to have grown from the existing ward/hospital environment. Facilities do not appear to be needs led.



Policies and practice

- No under 16s on the wards to visit
- Visiting times are shared with patients and families however in practice for 16/17 year olds greater flexibility is reported
- Call before setting off to ensure ward and their relative are both settled (one ward)
- Book in advance for visitors who are under 16 years (most)
- Risk assessment, care plan and appropriateness of visitors agreed by Multi Disciplinary Team (MDT) 56 (most)
- Only 2 visitors at one time (one)
- Staff can end visits (one)
- No visitors in bedrooms (all)
- Under 16 year old visitors are to be prepared in advance and accompanied by an adult (one)
- Can go off the ward following risk assessment (all)
- Can be supervised (all)



YOUNG PEOPLE'S AND FAMILIES PERSPECTIVE



How suitable are the facilities and arrangements for you to have contact with your family?

OK but not very private as visits are held in the open space but we can use a room if there is one free.

Can't have contact with friends from home, well could - but they have mental health problems so it wouldn't be right to see them on the ward. I miss them and have talked to nurses about seeing them at OT but staff from where they are admitted, have not brought them down. We can use mobiles to stay in touch. Visiting times are OK.

My friend of 16 couldn't come onto the ward without an adult. The visiting times are OK and there's a payphone you can use whenever.

The room wasn't nice – plain and people can see you in it. My younger brothers couldn't visit due to policy of no visitors under 16 years. I was allowed to use the meeting room because of my age, otherwise it's a very open space there is no privacy.

They were OK but because of my age I could use a special room – it isn't too good if you are older.

Visiting times were fine.

Set visiting times were OK and they were flexibility.

Do you have any issues about contact?

No.

There is no privacy.

Not being able to see my brothers because they are under 16

Visiting space isn't very private, it's an open space.

Lack of privacy if not allowed to use the room.

Can you suggest any improvements?

More privacy X 4



Nothing for them to do, we brought CD player but hard work getting them to allow it. She spends a lot of time in her room but can't concentrate on reading.

Visiting times are okay and flexible.

We were told we could visit outside visiting times as she was a young person, we saw her in the main lounge not aware of any private places.

Privacy is poor, even in the side room it's too hot and no air. It's difficult when our daughter's upset and other families are around.

Recommendations from the report

27. Visiting facilities for family and friends need to be reviewed at each hospital site to ensure good quality and safe visiting for young people on the wards and for children visiting siblings and parents/relatives.

The Conclusion of Recommendations

Conclusion for 16/17 year old services

Services need to be tailor made for this age group as they have historically fallen between the following:

- Service eligibility criteria
- Complex commissioning responsibilities
- Over lapping legal frameworks

Health service providers for this age group need to simplify and if necessary take a lead in providing accessible and effective services.

The project has established that young people and their families when an admission is necessary, need to have access to safe and appropriate services. These must enable holistic approaches to their needs as a young person. They want services to be near to where they live, which is a requirement of children's legislation, Comprehensive CAMHS 16 and is considered to be best practice.

The project has also established that community services are under resourced and inpatient services are not able to meet the needs of 16 and 17 year olds effectively. This is largely due to the environments not being age appropriate and the staff not having CAMHS 1 training or experience.

Where should these young people be placed?

Why are young people being transferring from CAMHS 1 to community adult mental health services at the age of 16, when they are still subject to children's legislation and eligible for children's services as directed by Every Child Matters 4 ?

- Young people and families need to be connected strategically to the commissioning process
- Coordinated community multi agency and multi disciplinary services need to be developed throughout Lancashire as detailed in National Service Framework (NSF) Standard 9 5 and Every Child Matters 4 agenda for change
- In patient provision needs to be identified/developed that will meet the needs of young people, and the requirements and standards of the Mental Health Act 2007, 6 Children Acts 1989/2004 7 Pushed into the Shadows 1 , Out of the Shadows? 2, Safe and Appropriate Care Standards 3, Working Together 17 and the content and recommendations of this report.

Conclusion for LCFT

Much of the information obtained throughout the project was as relevant to the health care needs and experiences of adults and older adults as well as young people.

- Development of a culture to actively promote service user participation in planning and decision making in their own health care, supported by standards, structures with staff training and support.
- Development of standards systems and structures for the strategic participation of service users in all aspects of service provision from commissioning to evaluation
- Internet access on the wards
- Development of education and work coordinators on each ward
- Develop links with Connexions 51, Housing and Libraries
- Review of advocacy provision, in particular access during seclusion and Headspace Toolkit 13
- CRB 12 review process
- Clarification of the following processes
 - Use of CVQ 9A 14 and the accuracy of data collection
 - Notification to the wards of Schedule 1 Offenders 14
- Review of visiting facilities to support safe private visiting for all service users and their visitors
- Review of ward environments to create comfortable and appropriate living space to promote emotional well being
- Greater access to activities and facilities to promote confidence, skills and abilities



Appendix 1

What did that mean?

- 1 CAMHS Child and Adolescent Mental Health Services www.camhs.org.uk
- 2 CAMHS Tier 4 www.everychildmatters.gov.uk/health/camhs
- 3 Safeguarding Champion – Identified nurse representative on each ward to lead on child protection issues
- 4 Office of the Children’s Commissioner www.11million.org.uk
- 5 Young Consultants – Young people who have experience of mental health issues and services. These young people participate in the development of services at The Junction and across LCFT
- 6 The Junction – Mental health inpatient service for young people aged 12 - 16 years who live in Lancashire and South Cumbria
- 7 CAMHS Tier 3 community services
www.everychildmatters.gov.uk/health/camhs
- 8 £500 proposal – The stage of this work aimed to stimulate thinking about the needs of young people and improve their experiences on the wards immediately
- 9 LCFT Trust Board – The Board is responsible for all aspects of the Trust’s business and consists of Executive and Non Executive members
- 10 PCTs www.nhs.uk/servicedirectories/Pages/PrimaryCareTrustListing
- 11 PICU Psychiatric Intensive Care Unit
- 12 CRB Criminal Records Bureau - An executive agency of the Home Office which vets applications for people who want to work with children and vulnerable people. www.crb.gov.uk
- 13 Social Care is responsible for delivering social care services
www.dh.gov.uk/en/SocialCare
- 14 Schedule 1 offenders are persons convicted of an offence listed in the first schedule of the Children and Young Persons Act 1933 www.nacro.org.uk
- 15 Named Nurse – A nurse identified to lead on an individual’s care
- 16 CRISIS - Teams are known as the Crisis Response Service, Crisis Intervention Team or Mental Health Rapid Response Team
www.mentalhealthcare.org.uk
- 17 Accident and Emergency A&E treats patients who have suffered a serious injury or accident, or who have developed a sudden serious illness or medical condition www.dh.gov.uk
- 18 CPA Care Programme Approach System for recording and sharing information about service users www.cpa.org.uk eCPA is electronic Care Programme Approach
- 19 Safeguarding Lead – Person responsible within the Trust for all aspects of safeguarding service users
- 20 Child Protection Training Level 1 – Basis introductory training for all members of staff
- 21 Child Protection Training Level 2 – More detailed training for staff who are working directly with safeguarding issues
- 22 Bank Staff - Staff employed by LCFT to work as required on a variety of wards
- 23 Local Safeguarding Children’s Board - www.everychildmatters.gov.uk/lscb
- 24 Ward Round - Weekly decision making meetings between the service user and their clinical team
- 25 Review Meetings – Regular meetings with the service user and their core team to review the care plan and identify future plans
- 26 Mental Health Review Tribunal Meetings - www.mhrt.org.uk

- 27 Care plans – Document written with the service user which contains details of the aims of the plan, purpose of the services provided and all aspects of care needs with tasks, timescales and targets
- 28 Occupational Therapy www.cot.co.uk
- 29 Pharmacy www.rpsgb.org.uk
- 30 Family liaison/support – workers focussing upon the relationships between service users with their families
- 31 CBT Cognitive Behavioural Therapy www.nhs.uk/conditions/cognitive-behavioural-therapy
- 32 SFBT Solution Focussed Brief Therapy www.brieftherapy.org.uk
- 33 PSI Psycho- Social Intervention www.library.nhs.uk/CHILDHEALTH/ViewResource
- 34 CPN Community Psychiatric Nurse - psychiatric nurses who work in the community rather than in hospitals
- 35 Section under Mental Health Act www.hyperguide.co.uk/mha/overview
- 36 Key Worker - Professional who takes lead responsibility
- 37 Department of Health – Government Department responsible for health promotion and care www.dh.gov.uk
- 38 CSIP Care Services Improvement Partnership – ceased to exist on 31.04.09 www.csip.org.uk
- 39 AIMS - Adult Inpatient Mental Health Services www.scie-socialcareonline.org.uk
- 40 Mental Health Nurses - Mental health nurses work with children, adults and older people suffering from various types of mental health problems
- 41 EIS Early Intervention Services – Services to support first episodes of psychotic illnesses
- 42 Safeguarding teams – Social Care children’s services - specialist teams to safeguard children
- 43 Trust Induction – One day training and introduction to LCFT
- 44 Domestic Staff – Staff with responsibility for house keeping and cleaning within the Trust
- 45 Human Resources Department www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining
- 46 Independent Mental Capacity Advocates www.legislation.gov.uk/si/si2006/draft/20064825.htm
- 47 Nearest Relative - The Nearest Relative has certain powers and rights in connection with the patient's compulsory admission to hospital www.yourrights.org.uk/yourrights/rights-of-people-detained-under-the-mental-health-act/the-nearest-relative.html
- 48 IMHA – Independent Mental health Advocate www.mhact.csip.org.uk/silo/files/imha-guidance-for-commissioners.pdf
- 49 Mental Health Act Commission - The Mental Health Act Commission ceased to exist on 31 March 2009. The Care Quality Commission is the new health and social care watchdog for England. ... www.mhac.org.uk
- 50 PALS Patient Advice and Liaison Services www.pals.nhs.uk
- 51 Connexions Impartial information & advice for all teenagers www.connexions-direct.com
- 52 SLA Service Level Agreement
- 53 Care Order - A care order is a court order (made under section 31 of the Children Act 1989) www.everychildmatters.gov.uk
- 54 NHS National Health Service
- 55 GCSE General Certificate of Secondary Education www.direct.gov.uk/en/EducationAndLearning/QualificationsExplained
- 56 Multi Disciplinary Team

- 57 Mary Burberry – NHS Intensive Multi Disciplinary Service working in the community and providing day care provision with education. Up to 16 years. Burnley
- 58 McGuiness Unit – NHS inpatient service 12 -18 years Prestwich, Manchester
- 59 POCA - Protection of Children Act 1999 introduced the PoCA list –in which the Secretary of State has a duty to record the names of individuals who are considered unsuitable to work with children.
www.crb.gov.uk
- 60 Local Authority www.direct.gov.uk
- 61 Section 117 meetings. Meetings to plan aftercare post discharge
www.mind.org.uk/Information/Legal/s117
- 62 Parental Responsibility - **Parental responsibility** (PR) in family law is a legal status derived from the Children Act 1989.
www.childrenslegalcentre.com
- 63 Residence Order - A **Residence order** settles with whom the child lives and not to whom the child belongs. It also provides Parental Responsibility to the holder of the **order** www.cafcass.gov.uk
- 64 YoungMinds - Promotes child and adolescent mental health and mental health services www.youngminds.org.uk
- 65 Electro-convulsive therapy - The patient's body goes into **convulsions** that are reduced by muscle relaxants and anaesthetic
www.rcpsych.ac.uk

Appendix 2

Interviews with young people and their parents

We have obtained the views and opinions of nine young people (one of whom was transferred between wards) admitted to adult in-patient services whilst aged under 18 years. We also interviewed six parents/carers. The majority of young people, (6) had been admitted to Chorley General Hospital. This does not necessarily mean that they have the highest incidence of such admissions. This could equally be viewed, that they were the most engaged in joint working with this project. There was 1 interview each for Blackburn Hospital, Royal Preston Hospital and Blackpool Victoria. Obviously as many wards were not represented and the number of interviewees was low this provides a snapshot and ongoing auditing in this area would be useful.

The interviews covered a variety of areas from the young person and parent/carers perception:

- Experience of moving to adult services
- Information provided by the wards
- The young person's perceived involvement in their care
- Access to advocacy
- Feelings of safety
- Age appropriate facilities, activities
- Meeting of educational needs
- Ability to maintain contact with important others

Services experienced by the young people who contributed to the project

The following services had been experienced by the young people interviewed during the project. The numbers refer to the number of young people stating they had used that service.

CAMHS Tier 3 7	8
A and E 17	2
Crisis Team 16	2
EIS 41	1
The Junction 6	2
Mary Burberry 57	1
McGuinness Unit 58	1

LCFT adult wards in Blackburn – Chorley – Preston – Burnley - Blackpool

Appendix 3

£500 outline of proposal and what was provided

All adult wards that may potentially admit young people aged 16-17 years were invited to apply for up to £500 to spend on improving facilities for these young people. The bids had to assist in empowering the young person in their care planning, increase stimulation or improve the ward environment for 16-17 year olds. It was also hoped that it would encourage ward staff to become more aware of the issues that young people face on adult mental health wards. All hospitals were informed of this opportunity and of the need to involve young people in this process. Wards could either submit individual applications or combine with other wards from that hospital. Only one ward chose not to submit an application and as result received no items. In some hospitals there are teams who work on age appropriate activities for clients, (similar to past Occupational Therapy) and they also became involved in developing idea's for the applications.

All applications were reviewed by a panel consisting of Directors from both adult and child/adolescent mental health service and the young consultants. Some wards were asked for further information to clarify various issues e.g. Where would the items be kept? How would they ensure that they were returned after use? etc. Various items were requested the most common being gaming computers and electrical goods e.g. Nintendo Wii and fit boards to allow a person more activity whilst on the wards, DS Lites with brain train game, televisions. There were also several requests for more age appropriate books, CD's and computer games to go along with the new gaming computers. One ward requested money to be spent on self help books and training for staff. Requests for bean bags, age appropriate bedding and curtains were received. These were to be used specifically in the young person's individual room. Another hospital requested a camera and printer to be used in planned sessions. Most items requested were able to be purchased although the process of having to work through NHS 54 supplies, led to large delays in the items reaching the wards. They are now all on the wards and it is hoped that this will make a positive impact on all young people's experiences of admission to adult in-patients. The wards will be asked to evaluate the impact of the facilities in September 2009.

There were also requests for laptop computers and access on the wards to the internet which would allow young people to continue with college/studies as appropriate. This became too difficult to implement due to the Trust's current lack of internet access on the wards.

Appendix 4

Safe and Appropriate Care for Young People on Adult Mental Health Wards

The complete document including all the requirements can be obtained www.mhact.csip.org.uk

This document contains only the **ESSENTIAL** requirements -

“Failure to meet these criteria would result in a significant threat to patient safety, rights and dignity and/or would breach the law.”

The full document contains the **EXPECTED** and **DESIRABLE** criteria

SECTION 1: ENVIRONMENT AND FACILITIES

1.1	The ward, identified by the Trust for the admission of young people, participates in a quality improvement process that includes an element of peer review, and can demonstrate that it meets these standards and the AIMS 39 standards type 1 and 2 or an equivalent measure of quality improvement
1.6	Young people on the ward have easy access to outside space on a daily basis for exercise and fresh air
1.6.2	Staff take the necessary action to ensure the young person's safety outside by, for example, providing a member of staff to escort the young person outside
1.6.3	Reasons for denying access to outside space must relate to a young person's individual clinical risk, and be justified and recorded in the notes each time access is denied
1.7	There are policies and procedures to prevent unwanted visitors entering the ward and for adult service users entering areas designated for young people
1.8	The ward has a policy to support and safeguard visitors under the age of 18
1.10	Young people should be given the most appropriate bed according to their clinical need, i.e. those at a high risk should be given a bed located in an area with clear lines of sight for closer observation
1.11	The young person's sleeping area is in a securely separated area of the ward away from the opposite-sex
1.13	All young people can bathe and wash in privacy and in areas separate from the opposite sex

SECTION 2: STAFFING AND TRAINING

2.1	Ward staff are able to access a named CAMHS 1 professional for consultation and advice throughout a young person's admission and receive supervision from a named CAMHS 1 consultant
2.5	There are named staff members who take responsibility for safeguarding the rights of young people admitted

STAFF TRAINING

2.6	Staff working with young people on an adult ward have received relevant statutory and mandatory training on:
2.6.1	All staff are trained in Safeguarding Children Level 1 20 -for all staff; Level 2 21 -for staff that work with young people, or local equivalent. Risk assessment and awareness of risk factors in abuse and abuse to others, indicators of abuse and procedures for dealing with abuse
2.6.2	Legal frameworks such as the Children Acts 7 , Mental Health Act 1983 6 (as amended by the 2007 Act) and the revised Code of Practice 18 , Disability Discrimination Act 19 and the Mental Capacity Act 20
2.7.2	Pharmacological interventions for (for staff that prescribe, dispense, or administer medication to young people), including the use of psychoactive medication, recognition of side effects and non-concordance. Note: Refer to NICE guidelines 21 for use of medication off-licence. Evidence based psychological interventions
2.7.4	Issues of consent, competency, parental rights, confidentiality and advocacy
2.7.5	Management of imminent and actual violence, age-appropriate breakaway techniques and restraint measures. Note: This is generally covered in restraint technique courses for mental health staff

STAFFING SAFEGUARDS

2.9	All staff (including temporary or agency staff and ancillary staff) have enhanced Criminal Record Bureau (CRB) 12 disclosure checks that are reviewed every three years, and are checked against the Protection of the Children Act (POCA) 59 register before appointment.
2.10	All staff (including temporary or agency staff) receive an induction which covers key aspects of caring for young people on the ward (e.g. observation and child protection) before they can have unsupervised access to the young people
2.11	Legal advice is available for practitioners when needed, specifically in relation to the Mental Health Act 1983 6 , Mental Capacity Act 2005 20 , and Children Act 1989 and 2004 7
2.12	There is a trust policy and written guidance available to staff about whistle blowing, which forms part of the induction training. Note: Staff should know how to raise concerns about poor practice.

SECTION 3: ASSESSMENT, ADMISSION, TRANSFERS AND DISCHARGE

3.1	The adult ward, CAMHS 1 team, Early Intervention Psychosis Team 41 , A&E 17 and Local Authority 60 have jointly agreed integrated care pathways and agreed protocols for the admission (both informal and compulsory) of young people to the adult ward, including emergency and 'out of hours' admissions
3.1.1	For young people with an overriding need (see introduction for definition) , the ward has agreed with relevant agencies and services that the referral letters include evidence that all other CAMHS 1 options have been exhausted prior to referral

INDIVIDUAL RISK ASSESSMENT

3.2	The ward uses an approach to clinical risk assessment that is agreed with CAMHS 1 as being appropriate for the under 18s age group
3.3	Young people admitted are individually risk assessed and the risk is regularly reviewed by appropriately trained staff, one of whom has experience of working with young people in CAMHS 1
3.5	All 16 and 17 year olds must be escorted by a chaperone (whose gender they can choose) for intimate medical examinations

WARD ENVIRONMENT RISK ASSESSMENT

3.7	Prior to the admission of a young person, the admitting clinician consults with a CAMHS 1 professional and ward manager about the suitability of the ward environment
3.9	All ward staff are made aware of the young person's risk status including the risks posed by other patients

REPORTING AND MONITORING

3.10	The appropriate authorities are notified when a young person under the age of 18 is admitted to an adult ward
3.10.1	The Mental Health Act Commission 49 is informed if the young person is detained
3.10.2	The Local CAMHS 1 team are notified
3.10.4	Named nurse 15 for safeguarding children is notified to take overall monitoring responsibility

OVER-RIDING NEED ADMISSIONS (EMERGENCIES)

3.14	For young people admitted in an emergency with an overriding need, the ward staff immediately contact the named CAMHS 1 or 16 to 19 team who initiate transfer arrangements to an adolescent CAMHS 1 unit or another age appropriate care option (e.g. therapeutic community) to ensure their stay is for as brief a time as is possible
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TRANSFERS

3.19	There are policies and protocols in place to guide the transfer of a young person to another service and the responsibilities are clearly allocated to named professionals in accordance with the Care Programme Approach (CPA). 18
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DISCHARGE PLANNING

In addition to AIMS standards (3rd Edition) 39 15.1 to 17.2

3.20	The care of all young people takes place within a formal Care Programme Approach (CPA) 18 framework (England only) or a local care plan that is based on the CPA 18 to avoid protracted stays within an inpatient environment
3.24	The discharge plan names the lead agency and professional responsible for

	overseeing the young person's aftercare plan
3.27	For those detained under the MHA 6 , section 117 meetings 61 are held prior to the discharge of all young people detained under a treatment section of the Mental Health Act 6

SECTION 4: CARE AND TREATMENT

4.18	Assessed risk is addressed in the care plan
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RECORD KEEPING

4.27	The care plan clearly states the date of referral, assessments, admission, date of transfer to another service and date of discharge
4.28	The young person's legal status is recorded in the care plan e.g. if the young person has been formally detained the relevant section has been noted in the health record
4.29	29 Information about the date and time of discharge and the young person's address following discharge from the ward should be recorded in the young person's care plan

YOUNG PEOPLE ON A CARE ORDER **53**

4.30	If a local authority 60 has parental responsibility as a result of a care order 53 , then the hospital should obtain the local authority's 60 consent where necessary, and consult on the young person's management or care plan
4.31	When a care order 53 is in place, subject to advice from the Local Authority 60 , there is also consultation with the parent with regard to the management or care plan
4.32	32 Where a young person is subject to a care order 53 the hospital check that the local social service authority arrange for visits and take 'such other steps in relation to the patient while in hospital as would be expected to be taken by his parents' (Section 116 MHA 1983) 6

ACTIVITIES-In addition to AIMS standards **39 38.1 to 40.3 (3rd Edition)**

4.37	No disciplinary measures are used which include any form of corporal punishment, any deprivation of food or drink, any restriction of visits or communication by phone or post, bathing and use of the toilet
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SECTION 5: EDUCATION AND FURTHER LEARNING

There were no Essential criteria in this section.

SECTION 6: INFORMATION, CONSENT, CONFIDENTIALITY AND ADVOCACY

INFORMATION

Note: Staff should provide information as many times as necessary for the young person to understand regardless of illness.

6.1	Young people and parent/carers are presented with information in a way that they can understand, for example, the language used is plain, jargon free and 'child and young person friendly'. Refer to: Headspace toolkit http://www.headspacetoolkit.org/ ; 13 YoungMinds 64 leaflets see http://www.youngminds.org.uk/young-people/'Choosing what's best for you' http://www.annafreudcentre.org/ebpu/choosingjv.pdf
On the day of their admission the young person is given a “welcome pack” or introductory booklet giving specific information about:	
6.3.1	The ward's facilities
6.3.2	Modes of treatment
6.3.3	Young person's rights
6.3.4	How to complain
6.3.6	Access to advocacy and other services
6.3.7	The ward's activity programme highlighting activities suitable for young people
6.7	Young people and parents/carers who need it, are given information in languages other than English and in forms in which people with sight, learning and other disabilities can use, within a specified period as determined by the Hospital/Trust
6.9	Staff always check that the information they have communicated has been understood
6.10	On the day of their admission and as often as is required, staff explain and provide information about why they have been admitted
Throughout their stay (no matter how brief) young people are given information about:	
6.11	The level of observation they are under, the reasons for that level and how often it will be reviewed
6.12	The medication they are given, what it is for and how it would effect them
6.13	The treatments they are offered
6.14	Complaints procedures are well-publicised and there is help on how to use them
6.15	Young people and their parents/carers receive information about how complaints may be made without the knowledge and involvement of the person complained about, and with the assurance that they will not be discriminated against if they complain
6.16	There is information available on how to get independent help and advocacy in making complaints

FORMAL ADMISSIONS

6.17	Young people are given information about the Mental Health Act 6 and when it might be used, in a manner they can use and a format they can retain
6.18	Young people are provided with information (verbal explanation and written) about being given treatment without their consent and the procedures that must take place before such treatment is given
6.19	Staff take time to explain why they have been detained and how the Act 6 applies to them
6.20	Young people are provided with information about their rights to access a mental health tribunal 26 and/or managers' hearings that explains how they can apply to be discharged from detention including the role of the tribunal and the hospital manager, their rights to legal representation, and how long they should expect to wait for a hearing date
6.21	Staff explain who the young person's Nearest Relative (NR) 47 is and why this is relevant
6.22	Staff explain who the young person's Nearest Relative (NR) 47 is and why this is relevant

CONSENT

Even if patients are detained (and therefore some treatments for mental disorder can be given without their consent) their consent still needs to be sought. The MHA Code of Practice 18 states (23.37) 'Although the Mental Health Act permits some medical treatment for mental disorder to be given without consent, the patient's consent should still be sought before treatment can be given, wherever practicable.'

For those aged 16 or over, capacity to consent to treatment must be assessed in accordance with the Mental Capacity Act 2005. 20

6.23	The ward staff can access a Trust policy or protocol that lists the procedures for obtaining written consent, and what to do when there is disagreement between parties e.g. between a young person with capacity to make treatment decisions and their parent(s) or health care professional(s)
6.24	Staff inform young people both orally and in writing of their right to agree to or refuse treatment and the limits of this
6.25	Staff are proficient in assessing a young person's capacity to consent
6.26	Young people's capacity to consent to treatment is assessed in accordance with Mental Capacity Act 2005.20 Guidance: See the Code of Practice to the Mental Capacity Act 2005 18 (Chapter 12). The MHA Code of Practice 18 states that any assessment of an individual's capacity has to be made in relation to the particular decision being made (e.g. proposed admission or treatment). Capacity in an individual with a mental disorder can be variable over time and should be assessed at the time the decision in question needs to be taken (e.g. admission or treatment). All assessments of an individual's capacity should be fully recorded in the patient's medical notes (See MHA Code of Practice 18 23.29)
6.27	Consent is obtained by the person proposing to give the treatment, who uses reasonable skill and care in providing sufficient information about the proposed treatment and alternatives to it. Where necessary this is with the assistance of a person who has received specialist training on advising young people about the intervention
6.28	The patient's consent or refusal is recorded in their notes in addition to the treating clinician's assessment of the patient's capacity to consent to the treatment in question
6.29	Where young people are not detained and assessed as not having capacity, the basis for providing the treatment without the young person's consent is recorded, and the views of the young person are ascertained and taken into account

6.30	Staff tell young people that their consent to treatment can be withdrawn at any time and that fresh consent is required before further treatment can be given or reinstated
6.31	Interventions are only conducted against the will of young people if discussion and modification of the intervention has been exhausted
6.32	When a young person who is assessed as having capacity is treated against their will, this is conducted within the appropriate legal framework and is noted in their health record
6.33	Young people and their parents/carers are informed about the procedures for obtaining consent where parental responsibility is held by a third party. Guidance: For example, if the young person is subject to a care order 53 (where the local authority 60 has parental responsibility 62) or a residence order 63 (in which case the person (s) named in the order will have parental responsibility)
6.34	Staff are clear on who has parental responsibility 62 and have obtained copies of the relevant court orders

CONFIDENTIALITY

6.35	Ward staff receive clear guidance on confidentiality issues, with regard to family liaison, young people's rights to confidentiality and requirements for parental authority
6.36	Young people and their parents/carers are informed of their right to confidentiality and the limits of this, and receive written information on this right
6.37	Young people who are assessed as able to make such decisions are asked whether they wish to give or withhold their consent to information about their care and treatment being disclosed to their parents or carers. Guidance: Staff explain the reasons why it might be helpful for their parents to be given this information
6.38	Young people are informed when confidential information about them is to be passed on to other services and agencies, and the reasons why this is important to their continuing care is explained
6.39	Audio and visual material is kept confidential and secure and young people and their parents or carers are assured about this and any limitations to this

ADVOCACY

In addition to AIMS standard **39** (3rd Edition) 6.1 'The ward provides access to independent advocacy service that includes IMCA. **46**'

IMPORTANT NOTE:

From April 2009 in England (already available in Wales), access to an Independent Mental Health Advocate (IMHA) **48** will be a right for most young people detained under the Mental Health Act **6**, except for those under sections 4, 5, 135 or 136 (see Code of Practice 20.4- 20.6) **18**. It is also available to those subject to guardianship, or those "under 18 and being considered for electro-convulsive therapy **65** or any other treatment to which section 58A applies ("a section 58A treatment") (MHA C of P 20.6 pg 158) **18**. It will also be a legal requirement for staff to inform patients of this right. For informal

admissions access to an advocate is good practice and is to be encouraged.

6.40	Within 24 hours of admission and as often as required young people (both detained and informal) are given advice about how to get independent help and advocacy, and it is explained what advocacy is
6.41	Information about an advocacy service is signposted on the ward so young people can approach them directly
6.45	Young people can see their advocate in a private room that is not audible from outside

SECTION 7: OTHER SAFEGUARDS

LEGAL STATUS AND CHILD PROTECTION

7.1	Mental Health Act 6 or Children Act 7 status is known to staff
7.2	The child protection status of young people is known to staff to help give clear guidance if abuse is suspected
7.3	The ward has a named child protection lead 19
7.4	The ward is compliant with child protection policies, procedures and protocols
7.5	The ward has up-to-date and regularly reviewed policies and procedures on how to deal with allegations of abuse during and out of working hours
7.6	Young people are informed about what will happen if they tell staff they are being, or have been, abused and they are reassured that what they say will be taken seriously

ATYPICAL ADMISSIONS WITH STAYS LONGERS THAN 3 MONTHS

7.8	The local authority 60 is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not visited the young person for a significant period of time
7.9	The named child protection lead 19 informs the local authority 60 if a child or young person remains, or is likely to remain, an inpatient for a period of over three months (in line with section 85 of the Children Act 1989) 7

TREATMENT

7.10	Where drugs are prescribed for use outside the terms of their licence (off label), the medical practitioner or prescriber complies with BNF for Children recommendations (2007) 22, Royal College of Paediatrics and Child Health recommendations (2007) 23 and General Medical Council guidance on unlicensed applications of licensed medicines (2006) 24 and accesses specialist expertise where indicated
7.11	There are written guidelines for the use of rapid tranquillisation that specify the need to modify treatment for young people i.e. dose calculations
7.12	Ward staff are trained in the use of age-appropriate physical restraint techniques 66
7.13	Physical restraint 66 is used only when immediate action is needed to prevent a young person from significantly injuring themselves or others, or causing serious damage to property, or, when a young person is detained under the MHA 6 or under the holding power of section 5, they attempt to leave the unit without authority
7.14	After restraint 66 the young person is counselled on why it was necessary and their views are sought and included in post incident reflections
7.15	Physical restraint 66 is only attempted when there are sufficient staff who have undergone control and restraint training at hand to ensure it can be achieved safely
7.16	The circumstances and justification for using physical restraint 66 are recorded immediately; every such incident is documented within 24 hours (one working day); the consultant or clinician in charge of the patient's case is informed and a report is submitted by the nurse in charge to the Trust management in line with Trust incident reporting policy
7.17	No young person is to be deprived of their liberty, except where there is clear legal authority to do so
7.18	The ward follows policies for untoward occurrences, or critical incident reporting

FORMAL ADMISSIONS

7.19	Detention under the Mental Health Act 6 is carried out in full accordance with the legislation
7.20	Hospital managers refer the case of a patient under 18 after one year (instead of 3 years for older patients) where the patient has not been seen by a Mental Health Review Tribunal 26
7.21	The hospital managers notify the tribunal service 26 that the patient is under the age of 18 to allow the service to ensure that one of the tribunal members is a 'CAMHS' 1 panellist
7.22	Young people under 18 who do not have a responsible clinician from a CAMH 1 service are assessed by a CAMHS 1 specialist prior to their Tribunal hearing 26

Appendix 5

North West services providing in patient care for 16-17 year olds

McGuiness Unit, Prestwich, age range 12-18 years
The Priory, Altrincham, age range 12-18 years
Affinity Healthcare, Cheadle Royal Hospital, Cheadle, age range 13-18 years
The Priory, Bury, specialized eating disorder unit, age range 14 and over
The Hope Unit, Bury, age range 16-17 years

Specialist services visited Hope – Coburn and EIS Leo Unit

The project team visited the following services:

The Coburn Centre, Newham, London. A purpose built mixed gender unit for 12-18 year olds experiencing significant emotional and/or mental distress. The unit has 15 beds (12 acute and 3 PICU) and 9 day places and covers Newham, Hackney and Tower Hamlets with referrals coming from the local CAMHS or as emergencies initially assessed by on call medic (85% of admissions). The unit is able to accept admissions both at weekends and out of hours. The unit regularly use leave beds to meet the demands on the service and have an average client age of 15 ½ years. The unit employs an on site cook who provides food to the young people and also has its own education facilities. The unit has facilities for parents to sleep overnight, a fitness room with qualified instructor, gardening group (ran by the O.T), sessional art and music therapy and many age appropriate activities. The average length of stay for a young person is 70 days. The unit aims to work with young people and their families/carers to improve the situation and allow the young person to return home or to help in moving them on to somewhere who can care for them on a longer term basis.

The Hope Unit, Bury. A 12 bedded mixed gender unit providing acute psychiatric care for young people aged 16-17 years. The unit was developed with the Mental Health Act 2007 in mind, to meet the requirements that no 16 or 17 year old should be inappropriately admitted to adult wards from April 2010. The unit aims to provide short term (around 4-6 week) intensive support for those suffering severe acute mental illness for which enhanced community support is no longer viable/safe. There is a focus on all the Trusts involved to develop robust community services for this age group to reduce the need for admission and also prevent delays in discharge.

The Leo Unit, London. An 18 bedded, mixed gender unit that provides support for young people experiencing acute psychotic episode. The unit is strongly supported by robust community teams, the LEO Crisis Assessment Team provide home based early detection and assessment of young people experiencing a first psychotic episode. The LEO Community Team provide ongoing support for up to 2 years in the community and can arrange admission to the LEO Unit if required.

All units function with multi disciplinary teams

Issues identified from visiting other services when considering the development of a 16/17 year old in patient service

Community Teams

- Each of the services visited stressed the importance of the existence and joint working protocols with the community teams to ensure the inpatient service is used appropriately and most effectively

The building

- Building design in relation to function
- Heating and lighting
- Location and public transport
- Parent's and visitors needs
- Education and training facilities
- Nursing staff facilities on the wards
- Access to outside space

Staffing

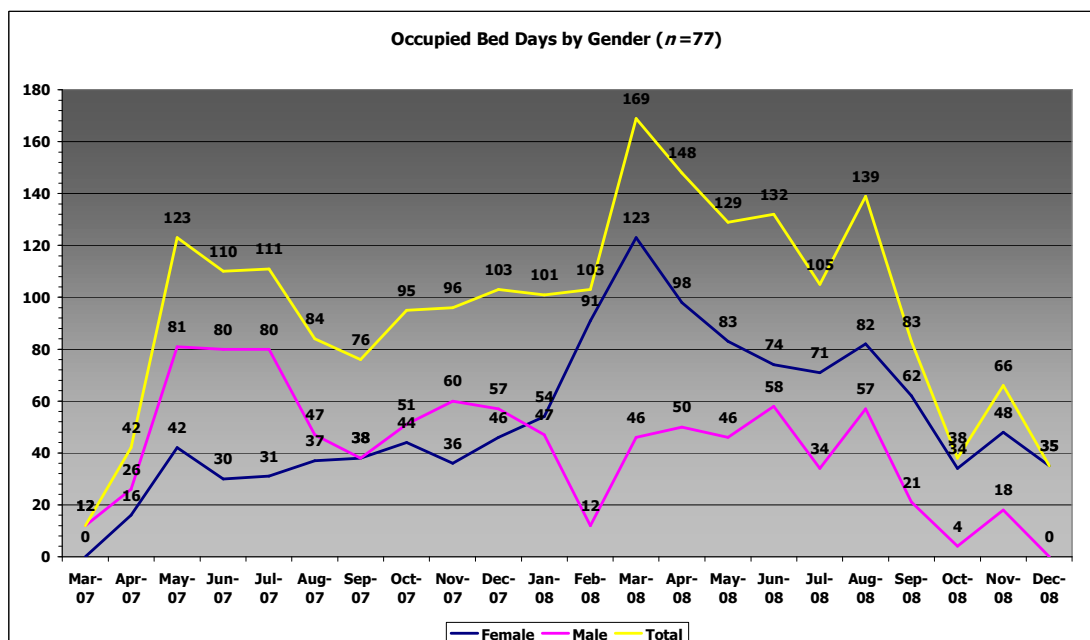
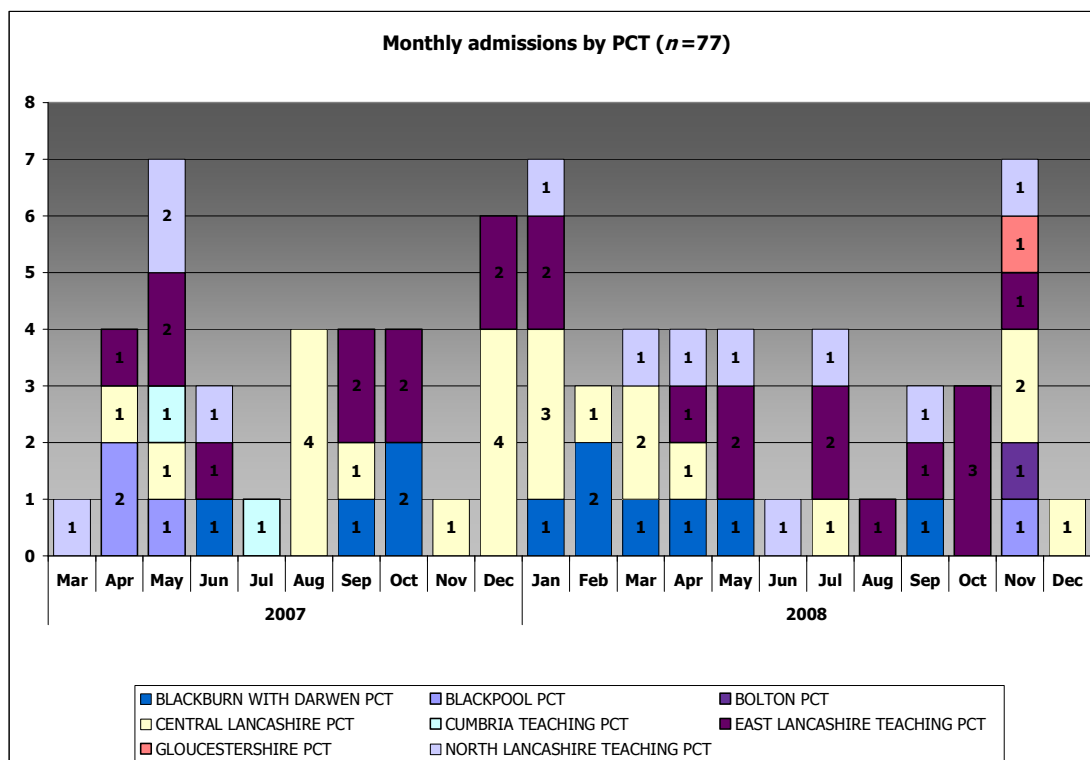
- Multi disciplinary team roles, responsibilities and decision making
- Induction, supervision and training
- Cultural mix of staff to reflect the cultural mix of young people

Care processes

- Eligibility criteria
- Assessment and admission process
- Care planning and review processes
- Discharge process
- Engagement with community teams
- Engagement with young people and families
- Advocacy

Appendix 6

Statistical data relating to the numbers of in patient admissions of 16 and 17 year olds March 2007 to December 2008



Total number of bed nights used per year

The data supplied runs from the beginning of March 2007 to the end of December 2008. The total number of bed days used in the full calendar year 2008 is 1,248.

The total number of bed days used from March to the end of 2007 was 852, which equates to an average occupancy of 85.2 bed days per month, or an estimated occupancy of 1,022 for the whole calendar year based on this figure.

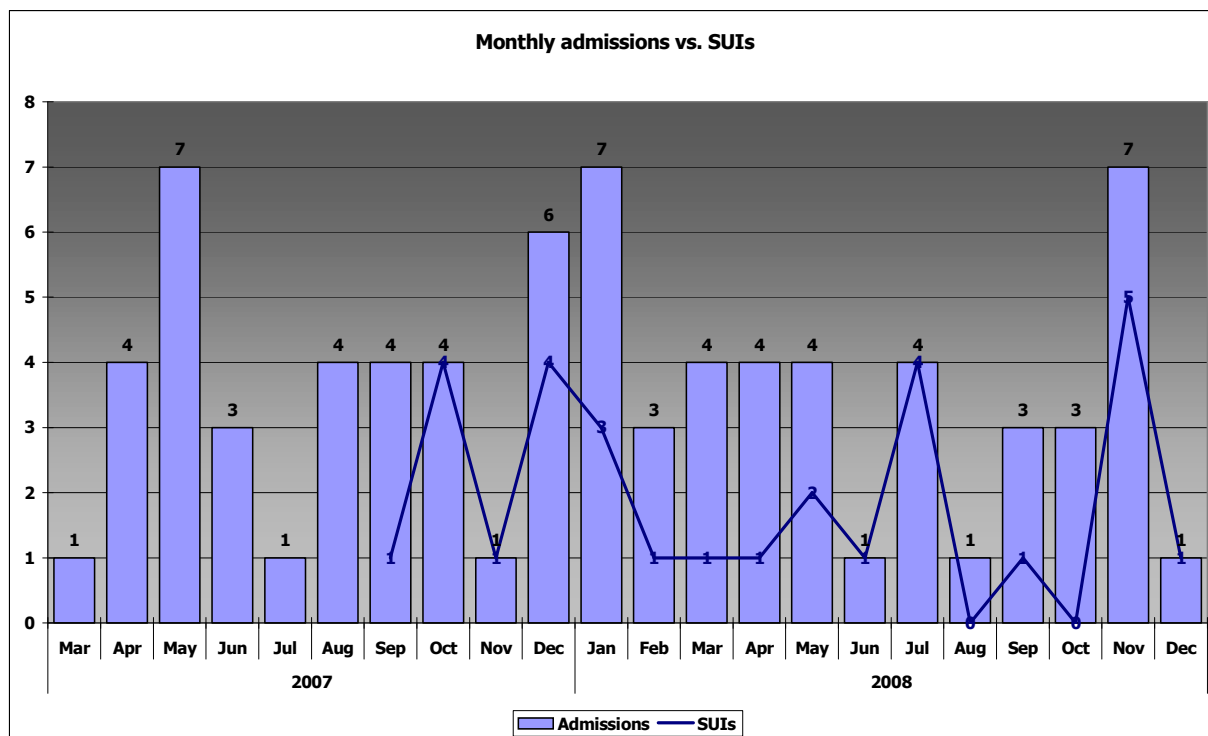
Total number of bed nights used per year (broken down to PCT)

March – December 2007			
Responsible PCT	Occupied Bed Days	Monthly average	Pro-rata for year
BLACKBURN WITH DARWEN PCT	141	14	169
BLACKPOOL PCT	35	4	42
BOLTON PCT	0	0	0
CENTRAL LANCASHIRE PCT	92	9	110
CUMBRIA TEACHING PCT	59	6	71
EAST LANCASHIRE TEACHING PCT	162	16	194
GLOUCESTERSHIRE PCT	0	0	0
NORTH LANCASHIRE TEACHING PCT	363	36	436
Grand Total	852	85	1,022

January – December 2008	
	Occupied Bed Days
BLACKBURN WITH DARWEN PCT	264
BLACKPOOL PCT	4
BOLTON PCT	2
CENTRAL LANCASHIRE PCT	726
CUMBRIA TEACHING PCT	0
EAST LANCASHIRE TEACHING PCT	122
GLOUCESTERSHIRE PCT	11
NORTH LANCASHIRE TEACHING PCT	119
Grand Total	1,248

Average length of stay (with shortest and longest)

The average length of stay for service users admitted during the period surveyed was 28 days. The shortest stay was one day, and the longest was 425 days, for a service user who was discharged in March 2009.



Amount of admissions (number per year).

A total of 35 admissions were recorded in 2007 and 42 in 2008. The table shows a breakdown of these admissions by responsible PCT.

Responsible PCT Name	2007												2008												Grand Total
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
BLACKBURN WITH DARWEN PCT				1		1	2				1	2	1	1	1			1					11		
BLACKPOOL PCT		2	1																		1		4		
BOLTON PCT																						1	1		
CENTRAL LANCASHIRE PCT		1	1			4	1		1	4	3	1	2	1			1				2	1	23		
CUMBRIA TEACHING PCT			1		1																		2		
EAST LANCASHIRE TEACHING PCT		1	2	1			2	2		2	2			1	2		2	1	1	3	1		23		
GLOUCESTERSHIRE PCT																						1	1		
NORTH LANCASHIRE TEACHING PCT	1		2	1							1		1	1	1	1	1		1		1		12		
Grand Total	1	4	7	3	1	4	4	4	1	6	7	3	4	4	4	1	4	1	3	3	7	1	77		

Appendix 7 References

1	PITS – Pushed into the Shadows Jan 07 Office of the Children's Commissioner www.childrenscommissioner.org
2	OOTS? Out of the Shadows Oct 08 Office of the Children's Commissioner www.childrenscommissioner.org
3	Safe and Appropriate Care Standards for young people on adult mental Health wards 2009 www.mhact.csip.org.uk
4	Every Child Matters – Change for Children www.everychildmatters.gov.uk
5	NSF standard 9 This provides the standard for the provision of child and adolescent mental health services within the National Service Framework www.dh.gov.uk
6	Mental Health Act 1983 and 2007 www.dh.gov.uk
7	Children Acts 1989/2002/2004 www.hms.o.gov.uk/acts
8	Human Rights Act 1998 www.justice.gov.uk/whatwedo/humanrights
9	United Nations Convention on the Rights of the Child 1998 www.everychildmatters.gov.uk/uncrc
10	Hear by Right – Standards for the active involvement of children and young people www.hbr.nya.org.uk
11	MARF The multi agency referral form was used when a professional judged that a child or young person had a level of need that required assessment and intervention. It has been replaced by CAF
12	CAF Common Assessment Framework www.everychildmatters.gov.uk/delivering/services/caf
13	Headspace Toolkit – Advocacy materials for young people using mental health services www.headspacetoolkit.org
14	CVQ9A – An assessment requested by the Mental Health Act Commission for all young people under 18 detained. LCFT have also undertaken these for informal admissions www.mhac.org.uk/files/MHAC%20annex%20A%20.pdf
15	SUI Serious Untoward Incident www.london.nhs.uk/publications/tools-and-resources/serious-untoward-incident-sui-reporting-guidance
16	Comprehensive CAMHS www.youngminds.org.uk/publications/all-publications/comprehensive-camhs
17	Working Together to Safeguard Children www.everychildmatters.gov.uk/workingtogether
18	Mental Health Act 1983 Code of Practice www.dh.gov.uk/en/Publicationsandstatistics/Publications/
19	Disability Discrimination Act 1995 /2005 www.Direct.gov.uk/Disability
20	Mental Capacity Act 2005 www.opsi.gov.uk/acts/acts2005
21	NICE Guidelines National Institute for Health and Clinical Excellence www.nice.org.uk
22	BNF for Children 2007 British National Formulary www.bnfc.org
23	Royal College of Psychiatrists Recommendations 2007 www.rcpsych.ac.uk/clinicalservicesstandards/crtupublications/2007
24	General Medical Council Guidance on unlicensed Medicines 2006 www.gmc-uk.org/guidance

