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Consultation Document

Inappropriate Admissions Guidance

Date of issue: **15 September 2014**

Action required: Responses by **5 December 2014**

Overview

This consultation seeks views on draft national Guidance on Inappropriate Admissions of Children and Young People to Adult Mental Health Wards across Wales. You are asked to respond using the consultation questions proforma.

How to respond

The closing date for responses is 5 December 2014. Responses to this consultation should use the attached questionnaire either via post or e-mail to the following address:

Mental Health & Vulnerable Groups Division
Department for Health Social Services
Welsh Government
Cathays Park
Cardiff CF10 3NQ

MentalHealthandVulnerableGroups@wales.gsi.gov.uk

When responding, please state whether you are doing so as an individual or representing the views of an organisation. If you are responding on behalf of an organisation, please make it clear who the organisation represents.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

Contact details

For further information:

Mental Health & Vulnerable Groups Division
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Data protection

How the views and information you give us will be used

Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

Inappropriate Admissions Guidance

1. Introduction

Since the publication of “Everybody’s Business” in 2002¹, the Welsh Government has sought to work with NHS Wales and key partners to improve the provision of Child and Adolescent Mental Health Services (CAMHS). This work continued with the Breaking the Barriers CAMHS Action Plan (2010)² and in 2012, the Together for Mental Health Strategy³. A key commitment in the Strategy’s Delivery Plan (action 12.4 (c)) is to reduce the numbers of inappropriate admissions of under 18s to adult wards. The Welsh Government is clear that children admitted to hospital for treatment should be accommodated in the most suitable environment and this must take account of their age and developmental needs. The Mental Health Act 1983 Code of Practice⁴ (section 33.9) for Wales confirms this expectation.

The Wales Audit Office/Healthcare Inspectorate Wales (WAO/HIW) follow-up review of safety issues in CAMHS⁵ (December 2013) highlighted that more work is required in reducing the numbers of children placed on adult wards, including:-

- the accurate reporting of the number of under 18 year olds admitted to adult mental health wards, identifying those admissions that are inappropriate and the steps taken to minimise risks;
- reporting the number of designated wards, the appropriateness of their environments, and the number of admissions to designated and non-designated wards;
- the provision of a range of detailed examples provided by Welsh Government of what constitutes an inappropriate admission of a young person to an adult mental health ward.

2. The Guidance

This guidance aims to address the issues raised by the WAO/HIW work. It details the pathways, processes and procedures that the Welsh Government expects Local

¹ www.wales.nhs.uk/publications/men-health-e.pdf

² <http://wales.gov.uk/docs/dhss/publications/130326breakingbarriersen.pdf>

³ <http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en>

⁴ www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33960

⁵ https://www.wao.gov.uk/system/files/.../CAMHS_English_2013.pdf

Health Boards (LHBs) to follow to ensure the safety of the patient and to ensure the appropriate provision of support and treatment.

2.1 Guiding Principles

1. Ensuring that services for children and young people are fit for purpose.
2. Working together ensuring that care for children and young people is integrated across services.
3. Inpatient services to consider the individual needs and develop services to cater for these needs.

2.2 Serious Untoward Incidents (SUI) Reporting

Welsh Government's correspondence in December 2011 (annex 1), reminded LHB's of the necessity to comply with their legal duties regarding the appropriate placement of children in hospital. It also reminded LHBs that, when circumstances require that an under 18 year old is placed on an adult ward, each LHB area should have designated ward(s), or ward areas that appropriately meet the needs of children and young people.

Section 9 of the Welsh Government's *Putting Things Right* (v.3 November 2013) Guidance⁶ requires ALL admissions of children and young people under the age of 18 admitted to an adult ward to be reported to the Welsh Government using the Serious Untoward Incident (SUI) procedure. Where possible, the incident should be reported to the Welsh Government within 24 hours of the incident taken place. The SUI should also include the rationale behind the decision of placement and whether it was deemed appropriate or inappropriate. Welsh Government also expects to receive SUI closure forms that should include findings, recommendations, number of days of admission to the ward and ongoing plans, from both Adult and CAMHS for every incident, within 3 to 6 months.

2.3 Admissions of Children to an Adult Mental Health Inpatient Unit

Admission of a young person to any inpatient unit (IPU) (adult or CAMHS) should be a rare event. A child or young person is defined as being under 18 years of age within the Children Act⁷ and the Mental Health Act Code of Practice for Wales. Health boards should ensure that services such as intensive home treatment teams are available to young people to minimise the likelihood of inpatient admission still further. In addition Health Boards should also ensure the 7 day availability of CAMHS professional input to support partner services when care is provided outside

⁶ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=932&id=170588>

⁷ www.wales.nhs.uk/sitesplus/863/opendoc/204221

of the two Welsh CAMHS IP units. Service provision for young people in crisis or requiring inpatient care must be available 24 hours a day. This will necessitate good joint working with local adult mental health services and local authority social services

When a child or young person does require inpatient care for a mental disorder, in the vast majority of cases, it will be expected that the Welsh CAMHS inpatient units will be the most appropriate place of care (see section 4.9 for admission criteria). As soon as the need for admission becomes evident, contact with the unit should be made by the senior clinical staff managing the case to agree a safe plan of care and transfer if necessary. It is expected that this will occur within 24 hours when required. The decision to admit is ultimately that of the specialist CAMHS team, but this should be done in collaboration with all clinicians involved in the young persons care, and should be based on comprehensive risk assessment.

There are however, some conditions or circumstances that may require a different provision;

- a. Admission to a designated Adult mental health ward for assessment and treatment will be appropriate if the young person is 16 years or older, is of sufficient maturity and expresses a wish to be treated by local adult mental health services; and clinical advice confirms that is appropriate they can (and indeed in most circumstances should) by virtue of s8 of The Family Law Reform Act 1969, be able to give valid consent without recourse to their parents. This circumstance then requires adult mental health and child & adolescent mental health services to work together to ensure transition services for this age group are developed, with agreed outcomes that meet the needs of the child or young person. Whilst inpatient care may be provided on an adult unit, ongoing involvement and/or liaison with CAMHS staff is still required.
- b. The young person is nearing their 18th birthday, (usually no earlier than six months of their 18th birthday) and it is likely that the initial period of in patient care and subsequent after care will continue after their 18th birthday, hence admission to a CAMHS unit would mean a lack of long term continuity and a delay in accessing their likely providers of care for the foreseeable future. It would be appropriate in this case for the young person to access the most appropriate adult unit for their condition. Again it would be expected that patient choice, alongside clinician advice and the desired patient outcome, will guide this decision.

When criteria a or b are met Health Boards are still required to inform Welsh Government under the serious untoward incident reporting framework. However, in these circumstances the admission will be regarded as appropriate to the individuals needs and should be identified as such on the SUI form.

There may also be a requirement to admit to other units in the following circumstances:-

- c. When secure placement is required due to the young person displaying behaviour that presents a high risk to themselves or others. The Welsh CAMHS inpatient units do not have low or medium secure environments of care available. Admission would therefore be required to one of the CAMHS UK secure care providers.
- d. When the legal status of the patient through the Mental Health Act (MHA) or Court process requires a secure placement e.g. section 37/41 of MHA, as paragraph c above.
- e. The young person is of primary school age. Admission would be required to a Welsh paediatric ward or UK children's unit.
- f. The young person has moderate to severe learning disability and the presenting needs require specialist learning disability services. Admission would be required to a UK child and adolescent learning disability inpatient unit in exceptional circumstances, if admitted for mental health problems CAMHS inpatient services would need to work closely with Learning Disability clinicians to ensure care is appropriate to meet the individual's needs⁸. The young person has significant hearing impairment and their needs require specialist services for the deaf. Admission would be required to the National Deaf Children's inpatient unit
- g. The young person presents with significant physical health concerns that need immediate assessment and treatment, e.g. due to severe eating disorders or self harm. In these cases admission to the paediatric, A&E or medical ward (according to local policy) is required. Whilst CAMHS interface with paediatric and medical units is variable, and require greater consistency and joint planning, it is expected that CAMHS services work alongside the services and will have shared practices and policies in place for such eventualities. This includes the need for appropriate training required for paediatric, A&E or medical staff to include mental health awareness. It is not appropriate to prolong admission, once the physical needs are addressed, to treat the mental health condition on paediatric or medical wards for older adolescents. If admission to the mental health inpatient unit is likely, the planning should commence as soon as the need becomes apparent, not once all medical interventions have been completed.
- h. There is a delay until the transfer of the young person to the relevant inpatient unit can safely take place. This may be due to the patient presenting in the early hours, the national IP unit being full, or a requirement to access one of the UK national resources. The child's safety takes primacy in such circumstances.

⁸ <http://www.1000livesplus.wales.nhs.uk/news/30945>

Health Boards must report these admissions under the inappropriate admission reporting mechanism.

When admission is simply delayed due to time of day and transport access, the clinician must risk assess as to the most appropriate temporary placement. In most cases the choice will be the local paediatric ward or the designated/CAMHS bed on the adult ward. For children under 15 years old the expectation would be a paediatric ward. When there is a delay due to accessing specialist UK provision the temporary placement options may include a short term placement in the Welsh IP units if this is the safest and most appropriate placement. In all cases risk assessment must include risk to self and others who may be on the ward. It will rarely be appropriate for a child of 15 or under to be admitted to an adult ward. Clearly documented risk assessments and care plans are essential.

In all cases children and young people who are admitted must be offered access to an independent advocate and be involved in their care planning once this process begins. Family and carers should be centrally involved in the Care and Treatment Planning process and supported (see appendix for good practice and principles).

All cases must also be notified to the lead safeguarding nurse in each Health Board.

In addition to reporting the admissions, health boards should periodically review (one year minimum) their incidents, unmet needs and commissioning service provision as necessary to meet the needs of the population to support the future commissioning and training agenda. This should also inform further developments of Welsh Health Specialised Services Committee's (WHSSC) provision in the inpatient care.

2.4 Crisis out of hours

Current CAMHS services are small and have limited capacity to provide comprehensive out of hours services independently of other services/LHBs, without significantly reducing working hours services to an unacceptable degree. It is therefore expected that, as has always been the practice, young people presenting in crisis out of hours will have access to those aspects of assessment services currently available to them from general adult mental health services provision. The services should be enhanced by clear and timely access to specialist CAMHS professionals for specialist advice, support, consultation by phone and, whenever necessary, direct face to face assessment and management. Health Boards should prioritise the resources available in CAMHS services to assure themselves that Crisis Resolution and Home Teams (CRHTTs) have access to sufficient CAMHS expertise in managing the demands of young people in the Health Board area.

Clear joint working pathways that clarify roles and responsibilities should be developed in partnership by adult and child mental health services.

Trainee junior doctors in both psychiatry and general practice are required to develop competency in managing CAMHS crisis to enable them to carry out emergency assessment of children with mental health problems and they may be involved in services provision with appropriate support from CAMHS medical staff. If inpatient admission is required then this will, in most circumstances, be under the care of CAMHS services unless there are very exceptional circumstances and patients particular needs and/or wishes indicate that they could be more safely managed by adult mental health services as described above. LHB's should ensure that;

- There is extended hours crisis support services available using adult and CAMHS resources 24 hrs a day, 7 days a week.
- All people under 18, presenting for out of hours emergency assessment are assessed by the on-call mental health specialist in the nearest appropriate clinical setting.
- When necessary there is collaboration with other LHB's and/or WHSCC to deliver the services that respond to local need in a sustainable and proportionate manner.

2.5 Section 135 and 136 of the Mental Health Act 1983

Section 135 provides power of entry by a police officer with a warrant when it is necessary to gain access to a mentally disordered person who is not in a public place, and, if necessary, remove him or her to a place of safety. Section 136 empowers a police officer to remove, to a place of safety from a public place, any person appearing to be suffering from mental disorder and in immediate need of care and control. Across Wales, using the powers of section 136 to detain children and young people is low, with reportedly fewer than 30 episodes documented in 2013/14. Welsh Government issued Good Practice guidance (2012)⁹ in the operation of both sections 135 and 136 of the 1983 Act.

2.5.1 Places for safety for children and young people

The Mental Health Act 1983 Code of Practice for Wales makes clear that the most appropriate place of safety for children and young people must be considered carefully. A place of safety within the context of sections 135 and 136 means:

- a. residential accommodation provided by a local social services authority under Part 3 of the National Assistance Act 1948;
- b. a hospital (including an independent hospital); suitable paediatric wards or Emergency Departments;

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<http://wales.gov.uk/topics/health/publications/health/guidance/section/;jsessionid=0CswQf3fqCPmGQpS4ZW9TjpppsgQyFvyjkv3rrSVfVxhWv8BNnB9!-1988510053?lang=en>

- c. child and adolescent inpatient units;
- d. a care home for mentally disordered persons;
- e. a police station (only in the most exceptional cases will a police station be the most appropriate place of safety to conduct a mental health assessment).
- f. any other suitable place where the occupier is willing temporarily to receive the patient.

This principle applies to all ages, and particular attention should be given with respect to children and young people especially in the light of the United Nations Convention on Children Rights (Article 3), which states that "All organisations concerned with children should work towards what is best for each child" as well as the Code of Practice. Assessment of a child in a police station should be regarded as an serious untoward incident (SUI) and if any person is assessed in a police station a report will be required by the LHB Mental Health Act Monitoring Committee. In the case of a child or young person this will trigger the SUI procedure. The best interests of the child and young person must always be the primary consideration. ***When using Sections 135 and 136, and for the purpose of this guidance, the most appropriate Place of Safety for assessment of under 18 year olds is considered.***

- When undertaking an assessment of person under 18, a s12.2¹⁰ approved doctor (preferably a Psychiatrist in Child and Adolescent Mental Health Services (CAMHS) and an Approved Mental Health Practitioner (AMPH) (preferably one with special experience in CAMHS) should carry out the assessment.
- As soon as possible following arrival at the Place of Safety, the parent/legal guardian should normally be contacted.
- If the young person subject to 135/136 person is considered inappropriate for assessment in a general hospital setting such as an ED or paediatric ward, then agreement will be reached, in liaison with CAMHS, to assess them at the adult 136 suite, or travel to the nearest facility that is suitable elsewhere in LHB or by arrangement sited in other LHB,

¹⁰ Section 12 (2) of the Mental Health Act 1983, states that "Of the medical recommendations given for the purposes of any such application, one shall be given by a practitioner approved for the purposes of this section by the Secretary of State as having special experience in the diagnosis or treatment of mental disorder; and unless that practitioner has previous acquaintance with the patient, the other such recommendation shall, if practicable, be given by a registered medical practitioner who has such previous acquaintance."

2.6 Out of area placements

The key aim is to ensure that all children, where possible and practical, are treated within the NHS in Wales. Utilising the remaining beds and transfers between North and South Wales may at times be preferable to placements in England, if the proposed distances, or travel times, are in fact no further. There will be occasions e.g. when the transfer to a specialist facility in England, will be in the best interests of the individual. However, numbers should reduce as capacity develops in the two Wales inpatient units.

2.7 Transition between CAMHS to Adult Mental Health Services (AMHS)

Young people in the transition age group should have their needs managed through a patient centered approach, with a tailoring of services from CAMHS and AMHS to meet their needs. This may, on occasion, mean competent 17 year olds may opt and choose to receive the greater part of service provision from Adult Mental Health Services with CAMHS expertise informing their care.

2.8 Use of Tier 4 inpatient units

Referral to the two inpatient units in Wales should only be considered when:

1. There is no viable alternative within the local provision of care and all other options have been exhaustively considered.
2. Inpatient care, or intensive community treatment is the least restrictive, effective and safe option available to manage the clinical situation; and
3. The patient meets the referral criteria for the service.

See attached link for WHSSC's admission criteria¹¹

2.9 Paediatric Involvement

Where the young person receives physical healthcare, we would expect young people, 15 years old and under, will be cared for at the appropriate paediatric wards, however in exceptional circumstances, particularly related to the risk to self or other patients within the paediatric units, it may be necessary to accommodate such a young person within the adult general healthcare ward. This will be an exceptional circumstance and only be done after appropriate discussions between CAMHS Senior Nurse and Consultant Psychiatrist/Paediatrician and relevant senior clinician/manager within AMH services.

2.10 Designated Adult Ward

Welsh Government correspondence in December 2011 (annex 1), reminded LHBs that, when circumstances require that an under 18 year old is placed on an adult ward, each LHB area should have designated ward(s), or ward areas that

¹¹ <http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=898&id=194173>

appropriately meet the needs of children and young people in terms of environment, staff training, Disclosure and Barring Service (DBS) checking of all staff etc.

There will be occasions, for instance, if a person chooses to remain in an adult ward, or if there is no bed available at the time of crisis, that a designated bed should be provided in an adult ward. The decision should be based on clinical needs, risk and wishes of the young person. This should only be considered as a last resort and that all other possible alternatives are assessed as presenting greater risks to the young person. Once admitted to the designated bed, it is the CAMHS responsibility to ensure that a tier 4 bed is secured within the agreed standard timescale of 72 hours. CAMHS psychiatrist or on-call CAMHS psychiatrist is responsible for sanctioning the admission to the designated bed. All clinicians working with CAMHS should:

- Have access to specialist training provided by Specialist CAMHS in the areas of self harm, depression and eating disorders.
- Have access to training in the use of the Rapid Assessment of Young People in Distress.
- Receive additional training in relation to MHA 1983/2007 and Safe Holding for Children and Young People.
- Attend Child Protection Training (level 3) for all staff with direct contact with children.
- To have enhanced DBS checks.

2.11 Advocacy

The Mental Health Act 1983 was amended by the Mental Health (Wales) Measure 2010 to introduce increased Independent Mental Health Advocacy for all persons receiving treatment for their mental disorder to include those admitted to hospital informally and equally applies to young people. Children and young people should have access to an Independent Mental Health Advocate who has had specific training in meeting their needs. MEIC is the national and advice helpline for children and young people in Wales and offers a confidential and free helpline 24 hours a day, 7 days a week. www.meiccymru.org

2.12 Monitoring

Welsh Government expects that:-

1. All 16 and 17 year olds admitted to adult wards, and those who chose to receive their service provision from adult mental health services are recorded and reported as SUI to the Welsh Government.
2. All admissions under 18 to be notified as SUI to the Welsh Government and formally confirm within two weeks as either appropriate or inappropriate, or clarify whether to a designated or non designated ward.

3. LHBs should inform Welsh Government as to their designated wards by November 2014 and then annually, and to clarify whether admissions of under 18's have been to designated or non designated areas.

Annex 1

Yr Adran Iechyd, Gwasanaethau Cymdeithasol a Phlant
Department for Health, Social Services and Children

Chief Executives of Local Health Boards

Directors of Primary, Community
and Mental Health Services

Local Authority Directors of Social Services



Llywodraeth Cymru
Welsh Government

Our Ref/Your Ref:

Date 14 December 2011

Dear Colleague

Extending the Child and Adolescent Mental Health Services (CAMHS) age range to 18 years, and transition between CAMHS and Adult Mental Health Services (AMHS)

You will be aware that Welsh Ministers have stipulated all children under 18 years of age with Mental Health needs should be cared for by CAMHS services by April 2012.

I am writing to ask you to ensure that LHBs and Local Authorities will be fully compliant with this requirement by that date. This is likely to mean that your area will be already running this age requirement in order that you have time to resolve any outstanding issues for your area. I attach with this letter a paper (Annex A) setting out our proposals for a joint approach to the provision of specialist mental health services for 16 & 17 year olds.

In addition, we would wish to remind you that there are clear expectations within previous guidance and under the Mental Health Act 1983 that children should be placed in an age appropriate environment and can only be accommodated on adult wards in exceptional circumstances. We would also remind you that even if an under 18 year old is briefly placed on an adult ward that each LHB area should have designated ward(s) where all appropriate processes (e.g. staff police checks and staff training regarding the needs of adolescents has been completed). In such circumstances the expectation is that CAMHS Psychiatry and Nursing would lead on care with support from Adult Mental Health Services (AMHS). A synopsis of the requirements is attached at Annex B. In particular I would draw your attention to the requirement to report all incidents of admission of children to adult wards as part of the Untoward Incident Procedure, irrespective of whether these are managed in line with the requirements of the Code of Practice. Anecdotal evidence suggests not all cases are being reported.

If you require any further clarification on these issues please contact me.

Yours sincerely

A handwritten signature in black ink that reads "S. K. Watkins". The signature is written in a cursive style with a horizontal line underlining the name.

Dr Sarah Watkins

Is-adran Grwpiau Iechyd Meddwl ac Agored i Niwed
Head of Mental Health & Vulnerable Groups Division
Uwch Swyddog Meddygol

Senior Medical Officer

Adran Iechyd y Cyhoedd a'r Proffesiynau Iechyd
Public Health and Health Professions Department

Annex B

Admissions of Children under age 18 to adult psychiatric wards

In recent months there have been a number of cases of the admission of children, under the age of 18, to adult psychiatric wards. In addition, anecdotal evidence points to significant numbers of 16-18 year olds who are being cared for in Adult Mental Health Services.

The Welsh Government is clear that these incidents of admissions to adult wards, whilst relatively few, should not occur. When they do they are recorded via the Untoward Incident Procedure (though anecdotal evidence also indicates that not all incidents are reported) and monitored by the Welsh Government, through the Breaking the Barriers Delivery Assurance Group. This multiagency body exists to take forward our agenda for the emotional health and wellbeing of children and young people.

Since 2010 it has been a requirement under section 131A of the Mental Health Act 1983 that when an under 18 is admitted to a hospital that the environment is suitable having regard to their age. In order to fulfil this duty the Act also requires that the managers of the hospital should consult someone who appears to them to be suitable because they are experienced in CAMHS cases.

The Mental Health Act 1983 – Code of Practice for Wales states that “In a few cases, the child’s need to be accommodated in a safe environment could, in the short term, take precedence over the suitability for their age. It is also important to recognise the clear difference between a suitable environment for a young person in an emergency and a suitable longer-term environment for a young person..... Once the initial emergency has subsided, the hospital managers must consider what a suitable environment is....” (Paragraph 33.12).

The Welsh Government expects LHBs to adhere to the guidance in the Code of Practice and ensure that admissions of individuals under 18 should only occur when a formal assessment has taken place by CAMHS services of the child, irrespective of whether they are in or outside of education. We recognise that not every 16 or 17 year old is appropriate for inpatient care in local CAMHS units. Until they have been assessed and a formal decision made by a CAMHS specialist, all services must ensure that no child is excluded from CAMHS services. The issue as to whether or not the child is in full time education is irrelevant and is not a criterion for exclusion.

A further consideration is the requirements of the Mental Health (Wales) Measure 2010. This places the same obligation on CAMHS services as on services for adults and older people, to introduce Care and Treatment Planning from June 2012 for people within secondary mental health services. NLIAH and the NHS

Delivery Support Unit have been reviewing this in relation to its introduction for adults and older people and have commenced a similar review for CAMHS.

Where instances of admission do occur, adult and CAMHS services need to review the case to ensure that lessons are learnt for the future. In due course we will need to consider what further work is needed to assess current and future demand and service capacity to inform future planning and service models. In the meantime Health Boards and Local Authorities are expected to ensure that existing resources from adult and child mental health services are used in a coordinated manner to meet the requirements within their area.

Annex 2 - GOOD PRACTICE

Example 1 - Flow Chart of Transition Protocol

Patient is identified by CAMHS as requiring ongoing care from Adult Services 6 months prior to 18th birthday. Agreed with CAMHS MDT, discussed with CMHT where clarity required.



CAMHS worker to alert CMHT coordinator that a care coordinator will be required.



CMHT coordinator to respond (within 4 weeks) to the CAMHS worker with the name of the proposed care coordinator from adult services



CAMHS worker and Adult worker to commence dialogue to plan/arrange the CTP. CAMHS worker to negotiate with the client and family.



CTP to help to plan care at most convenient location for the client/family – all parties to attend. Final transition date to be agreed at CTP meeting.



Period of joint working/shared care if discussion at CPD indicates it.



Final handover from CAMHS to AMHS at agreed point from initial CTP meeting.

Example 2 – Section 136 – Example of Good Practice - Admission to Mental Health Facility [source a Multiagency Procedure within Gwent for Section 135 and 136 Mental Health Act 1983]

Where the Mental Health Facility is the Place of Safety

19.1.1 As soon as the decision has been made to detain a person under Section 136, the police will contact, via the Control Room, the appropriate mental health facility in accordance with the agreed procedure in paragraph 14.2 of this document, and inform them of the detention.

At this stage the police will inform the nurse in charge of the following:

- a. any information they have about the person regarding their identity;
- b. the circumstances leading to the person's detention under Section 136;
- c. any indication that the person may present a risk of harm to themselves or others;
- d. In circumstances where the person detained under Section 136 is, or is believed to be, a victim of a physical or sexual assault, hospital staff will be guided by the Police Officers with regard to the correct procedure in terms of any criminal investigation.

19.1.2 Where the mental health facility is already being used to assess a person detained under Section 136, any subsequent detentions under Section 136 will be diverted to the nearest Place of Safety until the mental health facility is available once more.

19.1.3 When contacted about a person detained under Section 136, the nurse in charge will take the following action:

- a. Obtain the person's details and check against the database. If the person's history indicates previous violence during assessments, this should be discussed with the relevant police officers;
- b. If the detained person is considered to be of too high a risk to be safely managed in a hospital setting then agreement will be reached for the detained person to be taken to a Police Station as the Place of Safety via a police vehicle;
- c. Contact the relevant senior nurse and inform them of the detention and discuss any resource implications;
- d. Contact the AMHP who will then assume responsibility for co-ordinating the Mental Health Act assessment;
- e. Advise the police of any potential delays in the process of assessment.

19.1.4 In accordance with the Code of Practice (paragraph 7.16), it has been agreed in Gwent that the AMHP and the Section 12 doctor will start the examination within **two hours** of the detained person's arrival in the mental health facility.

19.1.5 On the arrival of the detained person at the mental health facility, the nurse in charge will undertake a risk assessment of the detained person's immediate physical

and mental state, to be agreed with the escorting police officer in order to make a joint plan for the detained person's care and detention until an assessment can be made under the Mental Health Act, 1983.

19.1.6 The nurse in charge will then make the suitable arrangements for the care of the person during their stay in the Place of Safety, including regular monitoring if necessary.

19.1.7 Police officers will inform the nurse in charge if compliant techniques for restraint have been used on the detained person, in accordance with paragraph 16.5 of this procedure.

19.1.8 Where police officers have used compliant techniques for restraint, the nurse in charge will assess for any physical injuries. A physical examination is not required at this stage, only if the detained person is admitted into hospital. Should there be any concern about symptoms displayed by the detained person, the person must be transferred to an Accident & Emergency department. Where the detained person refuses to be examined the nurse in charge should ensure this is fully recorded.

19.1.9 If a police officer is aware of any faith or cultural needs of the detained person, they will inform the nurse in charge at the earliest opportunity.

19.1.10 The nurse in charge will arrange for an interpreter to attend if required.

19.1.11 Care should be taken that any risk assessment carried out at this stage is not based on stereotyped images or inappropriate generalisations.

19.1.12 Any property seized from a person detained under Section 136 will need to be recorded by the Police Officer in his/her notebook and when the property is handed over to the nurse in charge this needs to be recorded on the form 'MHA Detainee Report'.

19.1.13 The nurse in charge will negotiate with the Police Officer(s) on the management of the detained persons, including allocating member(s) of the nursing staff to remain with the detained person.

19.1.14 The nurse in charge will ensure that the police officer has completed the relevant part of the form 'MHA Detainee Report', provided at the mental health facility, and also will record the time of the detained person's arrival at the Place of Safety and the time Social Services were informed that an assessment is required (Code of Practice paragraph 7.43).

19.1.15 The nurse in charge will also:

- a. Arrange for food and drink for the detained person if required;
- b. Assist the duty psychiatrist and the AMHP with the assessment;
- c. Regularly review the management of the detained person;
- d. Consider, with the police officers, the requirement to transfer the detained person to another Place of Safety if circumstances require.

19.1.16 The nurse in charge will regularly review with the police officers the necessity for them to remain at the Place of Safety.

19.1.17 The person detained under Section 136 has the following rights under Section 132 of the Mental Health Act 2007 and the Code of Practice (paragraph 7.36):

- a. the right to have another person of his/her choice informed of the detention;
- b. access to free and independent legal advice should be facilitated whenever it is requested (Code of Practice paragraph 7.37).

These rights are continuous throughout the period of detention and the detained person can change their minds at any time with regard to these rights.

Additional care must be taken where a detained person is felt to lack capacity to consent to particular decisions. Arrangements must be made for an advocate to support the individual (see paragraph 22.2 of this procedure).

19.1.18 The nurse in charge will assist with the arrangements for the detained person after the assessment has ended.

19.1.19 At the conclusion of the assessment the nurse in charge will inform the Police Control Room of the outcome of the assessment and arrange for Police assistance, if required, to return the individual to the community (see paragraphs 28.1 to 28.2 of this procedure).

19.1.20 The nurse in charge will record the end of the detention under Section 136 on the form 'MHA Detainee Report'.

Section 136 – Admission to Emergency Department

19.3.1 A person detained under Section 136 will **only** be taken to an Accident & Emergency Unit if they are in need of urgent physical/medical intervention or where they are being transferred from another Place of Safety to receive physical/medical intervention (see paragraph 17.1 and paragraphs 24.1 to 24.6 of this procedure).

19.3.2 Evidence of an overdose or an obvious injury does not necessarily invoke the use of Section 136. Any person may be conveyed voluntarily to an Accident & Emergency Department for treatment (see paragraph 17.2 of this procedure).

19.3.3 Following the dynamic risk assessment and decision to detain under Section 136, the police officer will contact, via the Control Room, the Senior Nurse in the appropriate A & E Department to notify them of the Section 136 admission. The Control Room will also notify the appropriate Social Services Department of the Section 136. In the circumstances of a detained person being transferred from another Place of Safety, the Senior Nurse within the appropriate A & E Department will be notified of the transfer and the follow on arrangements.

19.3.4 The police officer(s) will remain with the detained person whilst they are in the A & E Department to receive physical/medical intervention, at the guidance of A & E

staff. During this time, the dynamic risk assessment will determine the appropriate Place of Safety to which the detained person will be transferred. The police officer(s) can take advice from staff within the A & E Department and any other professional if necessary. The decision as to the appropriate Place of Safety will take into account all circumstances and information obtained.

19.3.5 The police officer(s) may leave when it is agreed with the A & E staff that it is safe for them to withdraw. The police officer(s) may be requested to return if there is a change in circumstances or assistance is required to transfer the person to another Place of Safety.

19.3.6 There will be a few occasions where a mental health assessment of the detained person is urgently required whilst they are in the A & E Department. This will be a joint assessment involving the appropriate doctor and AMHP. A decision to discharge the detained person from Section 136 cannot be undertaken without the involvement of the AMHP. An 'MHA Detainee Report' form will be provided for the police officer to complete the relevant part and to record the time of the detained person's arrival at the Place of Safety. The responsibilities of staff are as outlined in the rest of this procedure.

19.3.7 Arrangements to convey the detained person to another Place of Safety will be in accordance with paragraphs 24.1 to 24.6 within this procedure.