



Children's experiences in mental health wards

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Authors

Harriet Waldegrave, Jack Roffe

Contact: harriet.waldegrave@childrenscommissioner.gov.uk

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Introduction

As part of our research into the experiences of children admitted to inpatient mental health wards, we carried out visits to four different Child and Adolescent Mental Health Service (CAMHS) inpatient wards, including: two general CAMHS wards, one Psychiatric Intensive Care Unit (PICU) and one Specialist Eating Disorder Unit. The primary focus of the work was about how children's experiences differed for those admitted to a mental health hospital 'informally' (that is where they or their parents consented to the admission) compared to those detained under the Mental Health Act. We also spoke to all children more widely about how they felt about being in hospital, and the things that made their stay there easier or harder to manage.

The differences between informal admission and admission under the Mental Health Act

Detention under the Mental Health Act

The children who were admitted to hospital under the Mental Health Act generally found this very difficult. This started from the initial assessment, where the children felt confused and disorientated by the process of admission:

"I was put on doctor's hold [Section 5 of the MHA], the psychiatrist came to see me, it was at 10 o'clock at night, these two people came around, a doctor and another lady, and they assessed me and put me on a Section 2, that was a month and a half ago, that ran out and then they put me on a section 3 which lasts 6 months" – Teenage girl

One of the children that we spoke to was assessed, detained and subsequently admitted to the nearest available hospital bed some two and a half hours from her family home. This resulted in her only being able to see them once a week. Understandably, she spoke about being lonely and missing her family 'like hell'.

"I was sectioned under the Mental Health Act, brought in by secure. Three people on me, even though I wasn't showing any signs of running away or anything. I had three massive people all turn up at my door and brought here by a secure ambulance and it's like two and a half hours" – Teenage girl

Despite these difficult experiences, many children we spoke to said they trusted that the people making the decisions were doing so in their 'best interests' even if they felt they were not ill enough to need to be in hospital:

"I've got all the leaflets in my room for it, but I just haven't been bothered to read them...I just do what they say, their intentions are good" – Teenage boy

“I cried, obviously when you are ill, you don’t want people to keep you safe, so I struggled a lot with it. The thought that someone else would be keeping me safe. I’ve been to a previous hospital before, so I knew what hospitals were like, I just felt like I wasn’t ill enough” – Teenage girl

Others recognised the importance of having legislation in place to help keep them safe at a time of crisis:

“A bit upset really, but it probably needed to happen...I was getting in so much trouble...needed to keep me safe” – Teenage boy

“I wouldn’t be here; I wouldn’t be alive” – Teenage girl

Nevertheless, children who were being detained under the Mental Health Act, or had experience of this in the past felt they were being ‘told how to live your life’. In response to this, several of the children spoke about hiding their true feelings in the hope that they could get off their section, as they felt that telling the truth was likely to lead to a longer stay in hospital:

“I’ve got to do what they want me to do. Manage everything and don’t mess it up, don’t show your actual feelings, just cover it up” – Teenage girl

“I have feelings that other people don’t want to let me have but I want to have...they’ll say we need to figure out a way to stop that, it immediately puts up a barrier” – Teenage girl

“They’re always expecting you to be fine. When something does happen, they’re like ‘but you’ve been so good, you’ve been managing’. I’m like, no, that’s just what I’m showing you” – Teenage girl

Not feeling able to be honest about their feelings is likely to have a detrimental impact on children’s treatment, and make it harder for staff to properly safeguard them.

Children often said they did not know what a section actually meant. Some understood that it was a law, which left them feeling as though they had done something legally wrong:

“It’s a law isn’t it...I’m a kid at the end of the day. I’m being detained by a law when I haven’t done anything wrong, it’s like a punishment...but, for being ill” – Teenage girl

There was a very mixed understanding of what their section meant, but the children were generally aware that they had certain rights; although they commonly felt that these weren’t actually enforced appropriately. Some referenced posters that they had seen which had informed them of their right to appeal the section, to talk about their treatment and medication and to speak to an advocate. However, many felt that their position in treatment was governed by their Mental Health Act status, rendering them voiceless as they believed that the clinical team had already made a decision about their care:

“Feel like all of your rights have been taken away, so you feel useless and you don’t really have a voice. You can say what you want but at the end of the day it’s up to the staff here to decide. If they’ve already made a decision, then you can’t change their mind” – Teenage girl

“It didn’t feel like good in any way, I didn’t feel like the responsibility had been lifted, I just feel like now I can’t do anything. I want to leave but now they can stop me” – Teenage girl

Access to advocacy

All children detained under the Mental Health Act have a right to see an advocate, and all the children that we spoke to had been given the opportunity to do so. Some felt that this gave them the option to challenge decisions if required:

“I met with the advocate a few days ago, she introduced herself, she’s a really lovely lady, she explained what her role is and what she does for people here and if I had anything that I wanted to talk to her about. It’s really nice to know that you have access to that if you have a complaint or anything” – Teenage girl

Others were more reluctant to talk to another person about their problems:

“I’ve never used it before. I get the reasoning behind it, I think it’s a really good idea, I can never be bothered to use it. Like I don’t want to talk about my problems again and again” – Teenage girl

Leaving the hospital

Many of the children that were sectioned spoke about the importance of getting leave from hospital, and did receive regular leave with other children, the staff team and their families. They all welcomed this, but struggled with the lack of autonomy and freedom to come and go as they pleased:

“It’s just a bit strange because I’m not used to being cooped up or like kept somewhere that I don’t want to be, usually I’d just go to the door and walk out” – Teenage boy

The process of obtaining leave in the first place was often a frustrating, overly bureaucratic experience for the children:

“Awful. It’s so weird going from being out of hospital to going in hospital and being on a section. You can’t decide when you open the door, you can’t decide when you leave and go out and see your friends. You can’t do any of that. You have to have a piece of paper that is signed by someone who thinks that they are higher up to decide when you get to leave a building” - Teenage girl

“I think it’s quite, it’s almost like dehumanising me. It seems a bit unreal that a person’s leave and that they can get out into actual life is determined by a piece of paper” – Teenage girl

Informal admission

We also interviewed several patients who had been admitted informally. Some of these children were there on the basis of their own consent, and some because their parents had consented on their behalf. Children told us that they could feel left out of the decision-making process when the choice to admit them was made by parents:

“My parents just made the decision, I was 15 then, so I didn’t really get much of a say” – Teenage girl

“Yeah, my parents are involved, they said they wanted me to go anyway...they are [consenting]...it’s always what they want as parents. So, nothing is actually your decision” – Teenage girl

Despite this, some of the children could recognise that their parents didn’t make this decision lightly, having to weigh-up whether they felt that they could keep their child safe if they were to remain at home. However, they stressed that their own opinion about the admission and their resulting treatment should still be considered. Some said their parents might have felt the admission was the only option available:

“If I was my parents, I think I probably would have [done the same], they’re parents so they want to protect me and make me better and if this is what has to be done. They just ran out of options to be honest” – Teenage girl

“My parents didn’t... want me to be taken into care. They had felt very threatened I think by it and the whole process, because it’s very intimidating, the whole thing. It’s like playing with the law really but about your health” – Teenage girl

Some of the children had been admitted and remained in treatment based on their own consent. However, the children often raised questions about the validity of their consent, suggesting that they would have been ‘sectioned’ if they didn’t agree to be admitted and would be ‘sectioned’ should they express a desire to leave the unit:

“The team [community] said it was either that I’d be sectioned and come here, or I could just say okay I will come here, so I chose to say yes that I’d come here as informal... I was going to come in either way and the better decision is to say that you would” – Teenage girl

“I’m only staying informally because I don’t want to be put on a Section 3. So, again, you’re consenting to treatment but only because I don’t want to be put on a Section 3. Don’t get me wrong, I want to get better, but I don’t want to be here, I’d rather be at home” – Teenage girl

“Last time I said I’d go informally but again; it was under that thing of...I could agree to come informally on the Tuesday, or I could be sectioned and come in on the Wednesday. It’s not a choice is it?” – Teenage girl

Some children who were there informally did not believe that they were truly free to leave the hospital if they wanted to; which they have the right to do. One child mentioned that she had been given a leaflet that informed her of her freedom to come and go at will. Other children were clear that they did not feel they had this freedom:

“It’s not true. You can come and go at your will? If I go to the nurse right now and say right, I want to leave, I would get put on hold for 72 hours, wait for the Doctor and then I will get put on a Section 3” - Teenage girl

“I was speaking to one of the nurses over the weekend and said what if I wanted to leave and she said if we don’t think that you’re well enough to leave then we have the holding powers” – Teenage girl

“First admission and they were pretty much like ‘the doors that are locked, they’re not locked for you, they’re locked for others’ and all of this and the more I got into my admission the more like, literally, if you said that you want to go home then they’d put you on a section straightaway” – Teenage girl

“I would get sectioned and that I’ve seen other patients that came in informal and they’ve been sectioned because they’ve asked to leave, so I’d try not to say that despite as much as I’d love to go home, I do know that I’m unwell and that I need to stay informal ... if I was to go home then I know that I’d regret it instantly” – Teenage girl

Although the views of these children raised questions about whether they were providing valid informed consent, many were clear that they still had a strong desire to remain informal rather than being detained under the Mental Health Act. It seemed that informal admission had more connotations with having power and being listened to in comparison to their expectations of what it might be like to be sectioned:

“I have power in my treatment. They listen to me with what I would like” – Teenage girl

“What matters to me is that I am getting the help that I need and that I am being listened to” – Teenage girl

“I feel quite proud of myself in the way that I’ve took a stand and said look I know that I am in crisis and I need this help and that I’ve been able to have a say in that really. It helps recovery a lot more really” – Teenage girl

The children really valued having input into their care and felt that it was critical for their own recovery to have a say in their treatment. It might be that remaining informal appeared to give them a greater sense of hope and helped them to build more trusting relationships with staff:

“It’s nice that it’s a safe place and that the staff are that nice that I can open up and say that I am struggling at times, whereas before I was telling the community team that ‘I’m fine, I’m fine’ just because I didn’t feel that I could trust them” – Teenage girl

Notably, the impact of remaining informal was often expressed through the ability to have leave without the need for paperwork to be signed and completed. Even though there was a feeling that they couldn’t necessarily discharge themselves, there was a sense that they had more opportunity for leave and further discussions about their treatment:

“I’m able to just say, can I go on leave and they’ll complete a risk assessment” – Teenage girl

“If I want to go on leave last minute or something...to go out for a meal or something then just get the risk assessment straightaway. It feels nice to be able to say that I would really like to go out and be able to do that” – Teenage girl

This research raises serious questions about whether some children who have been informally admitted are being admitted on the basis of consent that is not truly valid. They are also potentially being unlawfully deprived of liberty as they felt they were not allowed to leave, and would be sectioned if they asked to do so. Concern about informal patients being unlawfully detained has regularly been raised by the CQC in their annual review of the Mental Health Act¹. There is clearly a very difficult balance to strike here, as many children found being admitted informally gave them a sense of more power and control over their own lives and treatment, which is certainly positive. But there are also risks that these children can end up de-facto deprived of liberty, without all the same safeguards that children formally detained have – such as the right to an Independent Mental Health Advocate.

Additionally, those children who were admitted on the basis of their parents’ consent felt similarly powerless in decision making to those admitted under the Mental Health Act, and yet also did not have the same legal protections in place as children formally detained. The Mental Health Act Code of Practice is clear that 16 and 17 year olds should not be admitted on the basis of parental consent if they have capacity, and also says that *‘it is not advisable to rely on the consent of a parent with parental responsibility to admit or treat a child (under 16) who is competent to make the decision and does not consent to it’*². This however does not apply to younger children who may not be deemed competent to make the decision on their own behalf, and yet may still have strong views about the decision.

¹ Monitoring the Mental Health Act 2018/19, CQC

² Mental Health Act Code of Practice 2015 paragraph 19.39

Experience of care received in hospital, and restraint

We also spoke to children more broadly about their experiences of being in hospital, and what was most important to them. Children told us about how important it was for them to be listened to, and about the distressing nature of being restrained.

Being listened to

Children knew they might not always agree with decisions that were going to be made but this was more tolerable when they felt that they had been listened to. Unfortunately, some of the children did not feel that this was what happened:

“We don’t want to be just sat here in the dark whilst people make decisions about our lives” – Teenage girl

“If I’m not too ill to consent to my treatment then why am I too ill to be listened to” – Teenage girl

Others had similar experiences where they had felt dismissed and treated as younger than their years:

“If you make a decision, that’s totally up to the team and the person. You can listen to us all you want, and you can discuss it. Whether you choose to go by our option or the teams’ option then that’s up to you and you get the final say. But, there’s a difference between discussing it and ordering it, almost. The number of times I’ve had it where it almost feels like I’m a toddler being told stuff” – Teenage girl

Furthermore, many shared examples of where requests that they had made had been ‘laughed at’ which had left them feeling like their lives were not being taken seriously. One girl described how powerless she felt as she was passed between services:

“I didn’t feel involved in it at all, I felt I was almost an object being moved” – Teenage girl

Others had negative experiences of being labelled with a mental health difficulty which was subsequently used as a reason for them not to be heard. Understandably, this left some of the children feeling upset:

“We need to be listened to. That we are able to consent and we’re able to make decisions without it being rammed down our throat that it’s our illness speaking, because we are capable of making valid decisions but they immediately assume that we are too ill to think, but we want a say in our care without it just being declined because it’s the illness speaking” – Teenage girl

Children wanted to receive a consistent message about their care and what was going to be happening at each stage. Many were unsure when they would be discharged, and some felt that decisions were being made about them, without them receiving an adequate explanation. This left them confused and exacerbated a feeling that things were just done to them:

“Just being told you’re not doing something without an explanation, again, it’s just being punished” – Teenage girl

However, some of the children did have more positive experiences of where they had felt listened to, even if those caring for them disagreed with what they wanted. Central to the success of this was when time was taken to explain the decision to them:

“They said, no you’re not quite ready for this, take it slower and as it was my leave went pear shaped and they were right. I mean I needed an extra week of practice” ... “they spoke to me, they explained it and they said right look last week didn’t go amazing, let’s try it again and then we’ll increase. But, they explained it” – Teenage girl

Restraint

Many children had either been subject to or witnessed restraint whilst being on the units. Many of the children reflected on their experience of restraint as being traumatic in itself, and triggering memories of previous trauma they had experienced:

“They would grab me and I’d instantly start screaming my head off because I’m straight back to that place that I don’t want to be at. They grab you and it takes a lot of people for me to be restrained” ... “I don’t even remember half of what happens. It just comes over me” – Teenage girl

This experience was further intensified for those that had endured an intramuscular injection (which can be used as a kind of restraint in order to calm someone down):

“When you know those nurses are coming into the room it’s a wave of terror because you know that it’s happening and I do everything I can but when there’s like seven people on top of you trying to hold down each limb of your body, it’s the worst thing. I just cry – don’t do it” – Teenage girl

Some children felt that staff were sometimes left with no choice but to step in and only used restraint when absolutely necessary to protect them or someone else from coming to harm. However, this was not always the case. Some children felt that staff only gave the injection because it made their jobs easier and provided a quick fix to a difficult situation. Moreover, there was evidence of confusion between what was ‘allowed’ and ‘not allowed’ depending on admission status (informal versus detained under the Mental Health Act), with one teenage girl saying:

“I thought that they could do anything if you were on a section, I thought that if you were informal they can’t touch you but if you’re on a section then they can hang you by your arms for all you care” – Teenage girl

Children clearly appreciated when staff minimised the amount of restraint that they used, and took into account their individual needs:

“The way that the staff did it made it alright. They held on to me for the minimal amount of time, then they let go and just sat with me. I always work better when there’s less people there, so they got most people away, and then just sat with me for a bit and chatted” – Teenage boy

Where restraints had been managed well this had been the result of reliable planning during calmer times where the staff team could meet with the young person to identify how they could be best supported. This helped the child to feel valued:

“It starts off saying what things you struggle with, so I struggle with anxiety and certain things like that and it says why do you struggle with these, so you answer that. Then it goes on to being restrained and if you were going to be restrained what should the staff keep in mind ... it’s to make sure that during your treatment if there is an incident that they know how to comfort you and make sure that you’re okay and not as distressed which is nice...it’s nice that they’ve put that thought and effort into it” – Teenage girl

Children also described the distressing experience of witnessing restraints occur, especially for those who had been restrained themselves, as it reminded them of their own experiences:

“I don’t think that people realise they are your best friends and you see them being pulled back and forth and you just have to sit there. You can choose to look or not but it’s just horrible having to see your friend being put to the floor and being restrained down like they’re an animal ... It always makes me think what it felt like for me. You don’t ever feel good about it, it just brings you back to bad emotions and memories” – Teenage girl

Conclusion

The children we spoke to wanted to be listened to, and to be treated with the respect and care that they deserve. For all these children being admitted to a mental health ward was a very difficult experience, and being subject to or witnessing restraint was understandably especially traumatic. There appeared to be very variable practice, particularly when it comes to restraint – with only some children feeling this was truly done as a last resort, and with sensitivity to the trauma it might cause. The Children’s Commissioner has consistently called for improved access to community mental health services, to ensure that as few children as possible are admitted to inpatient care. She also chairs the Oversight Board of an NHS taskforce which aims to reduce the length of time children spend in inpatient wards, and improve the quality of care that they receive. The experiences of these children highlight why this is so urgent.

It is also essential that children who are admitted have their rights equally protected, and the recommendations of the Independent Review of the Mental Health Act on providing access to advocacy for informal patients should urgently be adopted.



Children's Commissioner for England
Sanctuary Buildings
20 Great Smith Street
London
SW1P 3BT

Tel: 020 7783 8330
Email: info.request@childrenscommissioner.gov.uk
Visit: www.childrenscommissioner.gov.uk
Twitter: @ChildrensComm