A best practice guideline for admission to adult mental health wards for under 18s with mental health problems.

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Glossary of abbreviations

A&E	Accident and Emergency
AIMS	Accreditation for Inpatient Mental Health Services
AMHS	Adult Mental Health Services
ASD	Autism Spectrum Disorder
BNF	British National Formulary
CAMHS	Child and Adolescent Mental Health Services
CAMHS LD	Child and Adolescent Mental Health Services Learning Disability
CPA	Care Programme Approach
CMHT	Community Mental Health Team
IPCU	Intensive Psychiatric Care Unit
GIRFEC	Getting It Right For Every Child
LSCB	Local Safeguarding Children Board
MDT	Multi-Disciplinary Team: all health professionals involved in patient care
MHA	Mental Health Act
MWCS	Mental Welfare Commission for Scotland
NICE	National Institute for Health and Clinical Excellence
NMHDU	National Mental Health Development Unit (formerly known as the National Institute for Mental Health in England – NIMHE)
PVG	Protecting Vulnerable Groups membership scheme
RMO	Responsible Medical Officer
RCPsych	Royal College of Psychiatrists
SIGN	Scottish Intercollegiate Guidelines Network
STAR	Salford Tool for Assessment of Risk
YPU	Young Person's Unit

Introduction

These best practice guidelines were developed in support of Action 19 of the Mental Health Strategy 2017-27:

Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non-specialist wards for young people with mental health problems

The guidelines seek also to support the implementation of section 23 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) which states that:

S23. Provision of services and accommodation for certain patients under 18

A Health Board shall provide for any child or young person who—

a) is detained in hospital under Part 5 or 6 of this Act; or
b) has been admitted to hospital, whether voluntarily or not, for the purposes of receiving treatment for a mental disorder, such services and accommodation as are sufficient for the particular needs of that child or young person.

2) In this section, "child or young person" means a person under the age of 18 years.

When a young person under the age of 18 requires inpatient treatment, the needs of each individual young person are paramount and should be central to determining the care he or she receives. Section 23 places a duty on Health Boards to provide sufficient services and accommodation to meet the needs of young people under the age of 18 when they are admitted to hospital for treatment of their mental disorder.

For the purposes of this guidance non-specialist wards are defined as wards that have not been designed solely for the mental health care and treatment of young people under the age of 18. The most common non-specialist mental health wards to which young people are admitted are adult mental health.

In 2013 The Mental Welfare Commission for Scotland (MWCS) published guidance on the admission of young people to adult mental health wards. The aim of these standards is to develop that guidance further by incorporating elements adapted from accreditation standards developed by the Royal College of Psychiatrists in 2009 to enable adult mental health wards to demonstrate their ability to provide safe and appropriate care for young people under 18 who require admission.

When expanding on Section 23 of the MHA, the statutory guidance provided by the Code of Practice states that "whenever possible, it would be best practice to admit a child to a unit specialising in child and adolescent psychiatry" and that "a young patient should only be admitted to an adult ward in exceptional circumstances, for example, where no bed in a child or adolescent ward is immediately or directly available."

At times there may be no available alternatives to admission to a non-specialist ward and so such admissions may become necessary. When addressing the question of where a young person should be admitted, the needs of each individual child or young person should be regarded as paramount and it should be their needs, rather than constraints of services involved, that should guide the decision-making process.

In circumstances where there is no available specialist inpatient bed, a balance needs to be struck between the risks to the young person of failing to admit them and the potential adverse effects of the admission. Additionally, on rare occasions, it may be acceptable and appropriate for a young person to be cared for in an adult ward in preference to a specialist young person's unit. This decision will depend on the individual circumstances of the young person and factors that may influence this decision include the developmental maturity of the young person, their occupation and the nature of their mental health problems. It may also be the case that, on balance, an admission to an adult ward nearby may be preferable to an admission to a young person's unit far from home. Where an admission to a non-specialist bed does become unavoidable, however, every effort should be made to provide for the young person's needs as fully as possible including their ability to access age appropriate specialist care. In addition, when appropriate, every effort should be made to facilitate the young person's transfer to a specialist young person's unit as soon as possible. An agreement to admit a young person to an adult ward should never be seen as an acceptable alternative to the development of appropriate services.

If a child or young person is admitted to a non-specialist ward the MHA's Code of Practice emphasises the need of the clinical team to consider carefully the environment to which a young person is admitted and the impact that this might have on the young person. Considerations should include the potential risks to the young person in a ward environment designed for adults and a plan should be put in place to minimise such risks. This might include the allocation of a single room or special arrangements in relation to observation levels or monitoring of the young person while on the ward. The likely impact of other patient's behaviour, the potential availability of illicit substances and the avoidance of distressing experiences is also important to take into account and modification of visiting or smoking policies might be required. The Code of Practice recommends that nursing staff with experience of working with young people should be available to provide direct input into a young person's care as well as to support and guide ward staff. It recommends best practice would be for the RMO responsible for the child's care to be a child specialist and that hospital managers should advise the MWCS whenever a young person is admitted to a non-specialist ward.

Section 2(4) of the MHA states that any activity under the MHA undertaken in relation to a young person under 18 must be done so in manner that <u>best secures the welfare of that individual child or young person</u>. The Code of Practice outlines key aspects of

this principle which includes taking into account the views and wishes of the child and the views of their carers; considering the carer's needs which are relevant to any activity under the MHA; providing sufficient information to the carer, when appropriate, to enable them to care for the patient; providing appropriate services to a child or young person where they are subject to compulsory powers under the MHA and acting under the MHA in a way that appears to involve the minimum restriction on the child or young person as is necessary under the circumstances. Section 278 of the Act requires that Health Boards take all reasonable steps to reduce any adverse effect on the relationship or contact between the child or individual with parental responsibilities if either individual are detained. Clinical staff should have an awareness of the young person's educational needs and sensitivity towards the needs of the families and to the complex issues that may exist for a young person around family involvement.

The original accreditation standards for England and Wales were subject to extensive consultation with young people, parents/carers, community and inpatient CAMHS professionals, inpatient adult mental health professionals, CAMHS and adult mental health service commissioners, mental health advocates, mental health lawyers, MHA implementation managers, CAMHS policy and strategy professionals from the Healthcare Commission (now the Care Quality Commission), Rethink and the National Patient Safety Agency (NPSA). In 2009 the standards were developed and piloted in 26 adult mental health wards across England - details on how the standards were developed, and the pilot findings and recommendations are available in the Royal College of Psychiatrists. AIMS – SC4Y: Safe and Appropriate care for young people on adult mental health wards. 2nd Edition, December 2009. In Scotland stakeholders and advisors were involved in the adaption of these standards for the Scottish context.

The standards cover the following eight topics:

1) Environment and facilities
2) Staffing and training
3) Assessment, admission, transfers and discharge
4) Care and treatment
5) Education and further learning
6) Information and advocacy
7) Consent and confidentiality
8) Other safeguards

The full set of standards is extensive and it is unlikely that any ward would meet all of them. To support their use in clinical governance activity, however, each standard has been categorised as follows:

> **Type 1:** Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law;

Type 2: Standards that a ward in Scotland would be expected to meet;

Type 3: Standards than an excellent ward would meet or standards that are not the direct responsibility of the ward.

Important notes:

- Whenever possible young people should be admitted to an age-appropriate environment. These standards have been developed to guide services at times when young people are admitted to non-specialist wards. It is important that, when this does happen, the young person receives the best age-appropriate care possible in relation to their needs in a safe and therapeutic environment.
- Decision-making about where a young person should be admitted can sometimes be complex and involve multiple factors. Appendix 1 provides a decision making tree ("Protocol for admission to non-specialist wards for young people") to help guide clinicians through aspects of this decision making process when an admission is required.
- These standards apply to all young people under the age of 18, including those who have left school and are working, living independently and have been referred by the adult CMHT.
- Using these standards will not guarantee that Boards are compliant with the requirements of legislation in every case. The standards are not a substitute for legal advice, and Boards must ensure that every young person is assessed.

Useful Resources

To support the changes required, there are a number of useful resources for Boards, commissioners, and professionals from AMHS and CAMHS:

1) **The Mental Welfare Commission Guidance on the admission of young people to Adult Mental Health Wards (April 2013).** https://www.mwcscot.org.uk/sites/default/files/2019-06/mental_welfare_commission_guidance_on_the_admission_of_young_people_to_adult_mental_health_wards__review2_.pdf

2) **Working Together to Provide Age-Appropriate Environments and Services for Mental Health Patients aged under 18:** A briefing for commissioners of adult mental health services and child and adolescent mental services (NMHDU, 2009).

3) **The Somerset Advocacy Headspace Toolkit** (https://headspaceireland.ie/) has been updated and placed on the internet.

4) **A staffing and training guide *'Working within Child and Adolescent Mental Health Inpatient Services: A Practitioners Handbook'* by Angela Sergeant** is available online: Working within Child and Adolescent Mental Health Inpatient Services.

   The guide was developed to support all staff in CAMHS and adult wards who work with young people in an inpatient mental health setting.

Section 1: Environment and Facilities

No.	Type	Standard
GENERAL (INCLUDING FACILITIES)		
1.1	**Young people have access to a safe and appropriate environment, suitable to their needs as a young person.**	
1.1.1	2	The ward provides a comfortable environment for young people.
1.1.2	2	Young people can access a diverse range of age-appropriate and developmentally appropriate games and media entertainment on a daily basis, with discretion around patient and staff safety and privacy. **Note:** Young people have requested that this is managed discretely and does not limit the choice of materials for others over 18 on the ward.
1.1.3	1	The ward has safeguards in place to monitor media use (including the internet) and prevent exposure to inappropriate material.
1.1.4	1	Young people on the ward have easy access to outside space on a daily basis for exercise and fresh air.
1.1.5	2	The outside space has seating available for relaxation, and has an area where patients and visitors can converse in private.
1.1.6	1	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.
1.1.7	1	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.

No.	Type	Standard
SAFETY		
1.2	**The ward has procedures in place to ensure a young person's safety throughout their stay or visit to the ward.**	
1.2.1	1	There are policies and procedures to prevent unwanted visitors entering the ward.
1.2.2	2	Where possible and if required, young people can access a discrete age-appropriate day area, where young people can be cared for away from the adult patient group. This is to be based on clinical need only.

		Note: Young people emphasise that they are not to be kept away from other adult service users on the ward unless there is a clinical need for separation.
1.2.2.1	1	There are policies and procedures to prevent adult service users from entering the young person's designated area.
1.2.3	1	The ward has a policy to support and safeguard visitors under the age of 18.
1.2.4	2	Entrances and exits are designed to enable staff to see who is entering or leaving, and if required CCTV is used to achieve this.
1.2.5	1	Young people are given the most appropriate bed according to their clinical need i.e. those at high risk should be given a bed located in an area with clear lines of sight for closer observation.

PRIVACY		
1.3	**The ward is designed and managed so that young people's rights, privacy and dignity are respected.**	
1.3.1	1	The young person's sleeping area is in a securely separated area of the ward, away from the opposite-sex.
1.3.2	2	Young people are provided with their own single bedroom. **Note:** Young people reported that they would like a choice of a single room or sharing with another young person of the same sex. A young person should not share a bedroom with an adult where at all possible.
1.3.3	1	All young people can bathe and wash in private and in areas separate from the opposite sex.
1.3.4	2	Young people have access to a comfortably furnished private room, other than their bedroom, where they can meet with visitors such as their family or friends (including children or younger siblings).
1.3.5	2	Young people have access to a telephone to make and receive calls in private (not right outside the nurses' station) and on which they may raise concerns without being overheard (e.g. to Childline). There is a clear communication policy about the use of mobile phones.

Section 2: Staffing and Training

No.	Type	Standard
STAFFING		
2.1	**Young people are cared for by staff who are trained to work with under 18s, and who receive supervision and support from a named CAMHS professional throughout the young person's stay.**	
2.1.1	1	It would be regarded as good practice that a Consultant Child and Adolescent Psychiatrist should take consultant responsibility and/or act as the RMO if the young person is detained during their inpatient stay.
2.1.1.1	1	If it is not in the young person's best interests for a CAMHS Consultant Psychiatrist to act as RMO (for example, as a result of difficulties of distance or access), an Adult Psychiatrist may take Consultant and RMO responsibility. **Note:** The expectation is that the relevant Child and Adolescent Consultant and the Adult Psychiatrist should work closely together during the admission and that all staff must be aware of who the responsible consultant is.
2.1.2	1	Ward staff are able to access a named CAMHS professional for consultation and advice throughout a young person's admission, even where the CAMH service ordinarily does not work up to 18 if the young person has left school.
2.1.2.1	1	Non-medical CAMHS staff will be available to provide in-reach into the ward if the needs of the young person are such that they cannot be provided by the ward staff.
2.1.3	2	Ward staff designated to work with young people receive supervision from a named CAMHS Consultant.
2.1.4	2	When a young person requires one-to-one supervision, the staff provided are trained to work with young people.
2.1.5	2	Where possible, the ward manager can access bank nursing staff who regularly work with young people.
2.1.6	2	Staff working with young people on adult wards have joint training sessions and regular meetings with CAMHS.
2.1.7	2	Staff designated and trained to work with young people on the ward are available on each shift throughout a young person's stay.

2.1.8	2	There are named staff members from the CAMHS and the adult ward team who maintain links between the teams.
2.1.9	1	There are, for each young person, staff members who take responsibility for safeguarding the rights of young people admitted.
STAFF TRAINING		
2.2	**Staff designated to work with young people have completed clinical training for this age-group, as well as the statutory and mandatory training required to safeguard young people on the ward. This will include GIRFEC training. Where required the local CAMHS and CAMHS LD clinicians will work flexibly with wards to ensure access to training and support is available.**	
Stem	Staff working with young people on an adult ward will have received the relevant statutory and mandatory training on:	
2.2.1	1	• Child Protection
2.2.2	1	• Risk assessment and awareness of risk factors in abuse and abuse to others, indicators of abuse and procedures for dealing with abuse.
2.2.3	1	• Legal frameworks concerning mental health care of young people such as the Children Acts, Mental Health (Care and Treatment)(Scotland) Act 2003 (as amended by the 2015 Act), and the Adults with Incapacity (Scotland) Act 2000.
2.2.4	1	Where the young person has a Learning Disability, the staff should have training in Learning Disability and have access to support and Supervision from someone with CAMHS LD experience.
Stem	The clinical staff designated to work with young people on the ward are appropriately trained with extensive knowledge and training in the following areas:	
2.2.5	2	• Aetiology, symptoms or range of relevant conditions.
2.2.6	1	• Pharmacological interventions (for staff who 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/SIGN guidelines for use of medication off-license (see 4.8.1) and evidence-based psychological interventions.
2.2.7	2	• Managing relationships and boundaries between young people and staff, including appropriate touch.
2.2.8	1	• Issues of consent, capacity for young people, role of parental responsibility, confidentiality and advocacy.

2.2.9	1	• Management of imminent and actual violence, age-appropriate breakaway techniques and restraint measures.
STAFFING SAFEGUARDS		
2.3	**All ward staff have undergone the mandatory checks and have received an induction that includes providing appropriate care for young people on the ward.**	
2.3.1	1	All staff (including temporary or agency staff and ancillary staff) should have enhanced Child and Adult PVG disclosure checks before appointment.
2.3.2	1	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.
2.3.3	1	There is a Board policy and written guidance available to staff about whistle-blowing, which forms part of the induction training. **Notice:** Staff should know how to raise concerns about poor practice.
2.3.4	1	Legal advice is available for practitioners when needed, specifically in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Children's Acts. This can be accessed via the MWC advice line, the Central Legal Office and Clan Law.

Section 3: Assessment, Admission, Transfer and Discharge

<table>
<tr><td colspan="3">ASSESSMENT AND ADMISSION
In addition to AIMS standard 9.1 to 12.10 (AIMS 3rd Ed)</td></tr>
<tr><td>3.1</td><td colspan="2">All relevant agencies and services agree on the protocols for the admission of young people (including ‘out-of-hours’ admissions) to an adult ward. There is also local agreement about who will coordinate these admissions.</td></tr>
<tr><td>3.1.1</td><td>1</td><td>The adult ward, CAMHS team, Early Intervention Psychosis Team, A&E and Local Authority have jointly agreed integrated care pathways and protocols for the admission (both informal and compulsory) of young people to the adult ward, including emergency and ‘out of hours’ admissions.</td></tr>
<tr><td>3.1.2</td><td>1</td><td>For young people admitted as an unplanned emergency, the ward has agreed with relevant agencies and services that the referral letters include evidence that all other CAMHS options have been exhausted prior to referral.</td></tr>
<tr><td></td><td colspan="2">Individual Risk Assessment</td></tr>
<tr><td>3.2</td><td colspan="2">Age appropriate risk assessment tools are employed by staff trained to assess young people.</td></tr>
<tr><td>3.2.1</td><td>1</td><td>The ward uses an approach to clinical risk assessment that is agreed with CAMHS as being appropriate for the under 18’s age group.</td></tr>
<tr><td>3.2.2</td><td>1</td><td>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.</td></tr>
<tr><td>3.2.3</td><td>2</td><td>All pre-admission clinical assessments are conducted and recorded by a staff member trained in risk assessment.</td></tr>
<tr><td>3.2.4</td><td>1</td><td>All young people under the age of 18 are escorted by a chaperone (whose gender they can choose) for intimate medical examinations.</td></tr>
<tr><td>3.2.5</td><td>1</td><td>Individualised intervention levels are determined by a multi-professional assessment of the young person’s mental health needs. The needs of the young person should determine the levels of supervision recommended and take into account their potential vulnerability in an environment designed for adults.</td></tr>
<tr><td>3.2.6</td><td>2</td><td>One-to-one enhanced engagement is based on assessed risk and clinical need, and is reviewed regularly.</td></tr>
<tr><td></td><td colspan="2"></td></tr>
</table>

	Ward Environment Risk Assessment	
3.3	**An appropriate risk assessment of the ward environment is undertaken for every admission of a young person.**	
3.3.1	2	Prior to the admission of a young person, the admitting clinician consults with a CAMHS professional and ward manager about the suitability of the ward environment, whenever required. **Note:** This applies to each young person on every admission.
3.3.2	2	After undertaking an assessment of risk, the admitting clinician is responsible for discussing the admission with the ward manager and admitting authority i.e. the Hospital Managers or individuals to whom responsibility has been delegated.
3.3.3	1	All ward staff are made aware of the young person's risk status, including the risks posed by other patients.
	Reporting and Monitoring	
3.4	**Systems and procedures are in place to ensure all under 18 admissions are monitored by the Board/Hospital and reported to the appropriate authorities including the MWC.**	
	Unplanned Emergency Admission	
3.5	**Young people admitted as an unplanned emergency are transferred to an age-appropriate environment shortly after admission.**	
3.5.1	1	For young people admitted as an unplanned emergency, the ward staff immediately contact the named CAMHS team who initiate transfer arrangements to an adolescent CAMHS unit or another age-appropriate care option to ensure their stay is for as brief a time as is possible.
3.5.2	2	The CAMHS team are responsible for allocating a named lead professional for care coordination within one working day of admission.
3.5.3	2	The named lead professional is then responsible for arranging a transfer to a more appropriate CAMHS environment.
3.5.4	2	The transfer of a young person to an adolescent CAMHS unit of an age-appropriate alternative should take place within a maximum time of 48 hours.

		Note: The 48 hour maximum time-frame is an indicator of good practice for unplanned emergency admissions of under 18s.
3.5.4.1	2	Young people with a Learning Disability or ASD should be prioritised for transfer out of the adult ward. **Note:** All factors should be considered when arranging a transfer, for example an Adult Learning Disability ward might be more appropriate than an Adolescent Inpatient Ward.
TRANSFERS		
3.6	**Staff employ appropriate transfer arrangements, as stipulated under the Care Programme Approach (CPA).**	
3.6.1	2	When a young person needs to transfer to another mental health service, a transition care plan (TCP) must be developed with the young person and those involved in their care undertaken to ensure effective communication takes place: https://www.nhsinform.scot/media/2254/tcp-guidance-document-july-2018.pdf
3.6.2	1	There are policies and protocols in place to guide the transfer of a young person to another service and the responsibilities are allocated to named professionals.
DISCHARGE PLANNING **In addition to AIMS standards (3rd Edition) 15.1 to 17.2**		
3.7	**Before discharge, decisions are made about meeting the young person's continuing needs (QNIC 20).**	
3.7.1	2	Throughout their stay on the ward, young people have a named lead professional who coordinates their care and attends all reviews and discharge planning meetings.
3.7.2	2	Assessed risk is communicated to the team caring for the young person after discharge and other relevant parties.
3.7.3	2	A written discharge and aftercare plan is produced with the young person and the named professional responsible for coordinating their care. If the young person was known to CAMHS before admission and is going to be transitioned to adult services due to age, a transition plan will be agreed and adhered to. The young person will not be transferred to adult services at point of admission.

3.7.4	1	The discharge plan names the lead agency and professional responsible for overseeing the young person's aftercare plan.
3.7.5	2	**For those admitted in an unplanned emergency,** there is an agreement with the involved CAMHS team or lead agency, regarding aftercare pathways.
3.7.6	1	**For those detained under the MHA,** discharge planning meetings are held prior to the discharge of all young people detained under a Compulsory Treatment Order of the Mental Health (Care and Treatment) (Scotland) Act 2003.
	Young people and parents'/carers' participation	
3.8	**Young people, and where appropriate their parents or carers, are involved in decisions about their treatment, care and discharge plans.**	
Stem	Young people and, where appropriate, parents/carers:	
3.8.1	1	Are invited to care planning meetings;
3.8.2	1	Are involved in decisions about care after discharge from the ward;
3.8.3	1	Know the names of workers involved in their follow-up care and have met them prior to discharge;
3.8.4	1	Before discharge, know the dates and times of appointments with the workers involved in their care after discharge.

Section 4: Care and Treatment

CARE: ACCESS TO STAFF AND SERVICES		
4.1	**Young people receive an age appropriate treatment**	
4.1.1	1	The care of all young people takes place within an agreed care plan to avoid protracted stays within an inpatient environment.
Stem	Within one working day:	
4.1.2	2	The appropriate agencies identify and agree on the lead professional and agency that will take responsibility for coordinating the young person's care.
4.1.3	2	The young person is allocated a named professional from the adult ward (e.g. primary nurse) who has experience of working with young people.
4.1.4	2	The young person is informed about who these professionals are and their role in providing the young person's care is explained.
4.1.5	2	Each young person's named lead professional and named adult ward professional liaise with each other, and the relevant agencies, to ensure the young person receives appropriate care and treatment.
4.1.6	2	**For those admitted as an unplanned emergency:** during the young person's stay on the ward, a named lead professional takes responsibility for establishing and maintaining links with specialist services for: a) Young people with learning disabilities and mental health problems. b) Young people who have a visual impairment, hearing problems, physical disabilities and/or physical illness. c) Young people with co-morbid substance abuse and mental health problems.
4.2	**Young people have access to staff and a range of services as appropriate to their needs.**	
4.2.1	2	The named lead professional, the named professional on the adult ward, and the ward team promote access to a range of services, as appropriate to the age and needs of the young people. **Note:** For some young people, this admission may be their first contact with mental health services and it provides an opportunity to put them in contact (and hopefully engage them) with other appropriate agencies.

		These include the following:
4.2.1.1	2	• Young person's local child and adolescent mental health service;
4.2.1.2	2	• Community adult mental health services;
4.2.1.3	2	• Early intervention teams and/or assertive outreach teams;
4.2.1.4	2	• Forensic and youth offending teams;
4.2.1.5	2	• Substance and alcohol misuse services;
4.2.1.6	2	• Learning Disability services;
4.2.1.7	2	• Accident and emergency facilities;
4.2.1.8	2	• Other medical services;
4.2.1.9	2	• Voluntary sector organisations such as those for Mental Health and Black and Minority Ethnic groups and Learning Disability groups;
4.2.1.10	2	• Social services;
4.2.1.11	2	• Housing agencies.
4.2.2	2	Staff wear name badges or there is a picture board of ward staff, so that young people and visitors know who they are, and for reasons of security.
4.2.3	2	Young people and parents have access to key clinicians and members of the MDT as needed, for example outside of planned meetings.
4.3	**Young people and their parents'/carers' views are respected.**	
4.3.1	2	The young person's views are taken into account if they are not satisfied with their named adult ward professional or lead professional, and there is a process in place to deal with this.
4.3.2	2	The parents' or carers' views are taken into account if they are not satisfied with their named adult ward professional or lead professional, and there is a process in place to deal with this.
4.3.3	2	Young people, their parents/carers and adults using the service report that staff are friendly and approachable and that they feel respected and understood by staff.
4.3.4	2	As far as is practical, efforts are made to ensure that young people are able to consult with a staff member of the gender of their choice.
4.3.5	2	Young people can ask to see a professional on their own, e.g. without other nursing staff or family present, although this may be refused in certain circumstances (e.g. due to risk of violence and aggression).

4.4	**Staff can access the appropriate support for young people, and where appropriate their parents or carers, who require an interpreter or who have specific communication needs.**	
4.4.1	2	Interpreters are readily available and a minimum level of access is agreed so that relatives are not used as interpreters. This includes young people with communication difficulties relating to Learning Disability or ASD where non-verbal communication systems should be available.
4.4.2	2	Interpreters used have received training or guidance about mental health matters and recognise the importance of a full and accurate translation.
4.4.3	2	Young people and parents who have specific communication needs (such as those arising from sensory impairments) are given appropriate assistance to enable their participation.
4.5	**All young people have a written care plan.**	
4.5.1	2	There are explicit protocols and procedures for developing and recording a joint care plan that clarifies the role of each team and outlines the level of daily input from the liaising lead agency (e.g. CAMHS team, Early Intervention Team or Community Adult Mental Health Team) and ward staff. The admitting ward should be able to access the notes/records of the young person at any time.
4.5.2	1	The young person's assessed risk is addressed in the care plan.
4.5.3	2	The young person's care plan shows evidence that a social care needs assessment has taken place. This includes establishing if the young person and/or parents/carers are involved with other agencies.
4.5.4	2	Young people, and where appropriate parents/carers, are either given a copy of the management/care plan, or have ready access to it.
4.5.5	2	Care plans include crisis plans with detailed contingencies for periods of intensive support.
4.5.6	2	The care plan is reviewed at defined and agreed intervals during admission (e.g. a weekly ward round and review meetings).
4.5.7	2	Regular meetings between the young person and their care team are held to discuss any issues of concern and to agree on the action required to address these (with feedback on the results of the action taken).

4.5.8	2	Young people are involved in deciding who should be present in their care plan reviews.
4.5.9	2	In consultation with the named lead professional, there is a multi-disciplinary written care plan for every young person that is kept with their records.
4.5.10	2	All relevant professionals and other staff in partner agencies are invited to the care plan reviews.
		Record keeping
4.5.11	1	The records of the young person states the date of referral, assessments, admission, date of transfer to another service, and the date of discharge.
4.5.12	1	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.
4.5.13	1	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 care order
4.6	**Staff ensure the needs of young people on a care order are met and the relevant authorities are contacted.**	
4.6.1	1	Where a Local Authority has parental responsibility as a result of a care order, the hospital should obtain the Local Authority's consent where necessary, and consult with that Local Authority on the young person's management or care plan.
4.6.2	1	When a care order is in place, subject to advice from the Local Authority, there is also consultation with the parent with regard to the young person's management or care plan.
4.6.3	1	Where a young person is subject to a care order, the hospital check that the local social service authority arrange for visits.
TREATMENT		
4.7	**A comprehensive range of interventions suitable for young people is made available throughout their stay on the ward (QNIC 23).**	
4.7.1	1	Treatments are provided in accordance with the NICE/SIGN guidelines **See:** www.nice.org.uk and www.sign.ac.uk
Stem	The ward has access to a range of suitable interventions available for young people, these include:	
4.7.2	1	• Medication

4.7.3	2	• Individual psychological therapies
4.7.4	2	• Group psychological therapies
4.7.5	1	• Family support
4.8	**Safeguards are in place to ensure young people receive medication and treatment appropriate to their age and development.**	
4.8.1	1	Where drugs are prescribed for use outside the terms of their license (off-label), the medical practitioner or prescriber complies with BNF for Children recommendations (2007), Royal College of Paediatrics and Child Health Recommendations (2007), and General Medical Council guidance on unlicensed application of licensed medicines (2006) and accesses specialist expertise where indicated.
4.8.2	1	There are written guidelines for the use of rapid tranquilisation that specify the need to modify treatment for young people, i.e. dose calculations.
4.8.3	1	No young person is to be deprived of their liberty, except where there is a clear legal authority to do so.
ACTIVITIES **In addition to AIMS standards (3rd Edition) 38.1 to 40.3**		
4.9	**There is a structured programme of activities for young people during their stay on the ward.** **Note:** Where appropriate, young people should be offered participation in the existing adult programme of activities.	
4.9.1	2	Young people are involved in developing their programme of activities with staff throughout their stay on the ward.
4.9.2	2	Young people are able to choose the activities they wish to participate in from a wide and diverse range of activity options.
4.9.3	2	The activities offered to young people include opportunities to exercise, go outside.
4.9.4	2	Activities are considered an important part of the young person's care plan by staff and are not offered as a bonus. They are not to be tokenistic and used as a reward, or withdrawn as a sanction.
4.9.5	1	No disciplinary measures are used which includes: any form of corporal punishment; any deprivation of food or drink; any restriction of visits or communication by phone or post; any restriction of access to bathing or use of the toilet; restriction of access to recreational/communal area

		facilities. The Mental Health Act sets out the circumstances and requirements around communications and specified persons.

Section 5: Education and Further Learning

No.	Type	Standard
This only applied to young people admitted with an 'Atypical' need whose stay is longer than five days		
5.1	**Young people are supported and encouraged to continue with their education or other learning opportunities when admitted (QNIC 26).**	
5.1.1	3	When a young person's stay is more than five days, there are procedures in place to support their ongoing education and ensure their learning programme is maintained. **Note:** If a young person's stay is expected to be longer than one week, their educational or learning needs should be considered shortly after admission. **Note:** For those with Learning Disability, continuing access to education is crucial. School staff often have key knowledge and experience of the young person's communication and daily routines that can be invaluable to the ward staff. Continuity with the child attending their school from the ward, or school staff attending the ward regularly can be very helpful.
5.1.2	3	Ward staff are able to access an education officer for the young person, who is available to discuss their educational or learning needs and advise on accessing further learning opportunities. **Note:** This applies to all young people including those who are no longer in full-time education.
5.1.3	2	Young people are consulted about their learning needs and this is reviewed on a regular basis.
5.1.4	2	Young people in formal education have a named professional who takes responsibility for liaising with the young person's place of education.
5.1.5	2	Young people not in education or who are over school leaving age are encouraged to engage in a learning activity.

5.1.6	2	Educational or learning activity programmes are developed in consultation with the young person and is based on their individual needs.
5.1.7	2	Educational or learning activity programmes include life skills that young people will need when they leave hospital (e.g. opening a bank account or applying for housing).
5.1.8	2	Young people have access to a study space in a quiet area to support their educational or learning activities.
5.1.9	2	Young people have access to appropriate educational or learning materials and facilities (e.g. computer, desk, books, paper, staff at their school or college, and exams).

Section 6: Information and Advocacy

No.	Type	Standard
INFORMATION		
6.1	**Information developed specifically for young people and their parents and carers is available on admission and throughout their stay.** **Note: Staff should provide information as many times as necessary for the young person to understand, regardless of the young person's illness.**	
6.1.1	1	Young people and parent/carers are presented with information in a way that they can understand. The language used is plain, jargon free and 'child and young person friendly.'
6.1.1.1	1	Where the young person has a Learning Disability and/or specific communication need, information may need to be provided in a form specifically developed for the individual child, e.g. using visuals or social stories.
6.1.2	2	The information provided to young people and parents/carers is written in consultation with, and peer reviewed by, young people and parents/carers who have had experience of inpatient care on a CAMHS or adult ward.
6.1.3	1	On the day of their admission, the young person is given "welcome information" or introductory booklet giving specific information about:
6.1.3.1	1	• The ward's facilities
6.1.3.2	1	• Modes of treatment
6.1.3.3	1	• Young person's rights
6.1.3.4	1	• How to complain
6.1.3.5	2	• How to access a second opinion
6.1.3.6	1	• Access to advocacy and other services
6.1.3.7	1	• The ward's activity programme highlighting activities suitable for young people
6.1.3.8	2	• Contact details for the named local CAMHS team linked to the ward
6.1.3.9	2	• Headspace Toolkit or other advocacy tools **See:** https://headspaceireland.ie/

6.1.4	2	As soon as they are well enough, staff ensure that young people can discuss any questions or specific information they require.
6.1.5	2	Those with parental responsibility receive a parent or carer information pack that contains all the details described under 6.1.3.
6.1.6	2	The young person's and the parent/carer packs clearly state that the participation of the parent, carer or person with parental responsibility is encouraged whenever possible.
6.1.7	1	Young people and parents/carers that 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/Board).
6.1.8	2	The young person and their parent/carer are supported by staff in making use of the 'information pack' as often as required.
6.1.9	1	Staff regularly check that the information they have communicated has been understood.
6.1.10	1	On the day of their admission, and as often as required, staff explain and provide information about why they have been admitted.
Stem	Throughout their stay (no matter how brief), young people are given information about:	
6.1.11	1	• The level of observation they are under; the reasons for that level; and how often it will be reviewed.
6.1.12	1	• The medication they are given; what it is for; and how it might affect them.
6.1.13	1	• The treatments they are offered.
6.1.14	1	Complaints procedures are well-publicised and there is help on how to use them.
6.1.15	1	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 assurance that they will not be discriminated against if they complain.
6.1.16	1	There is information available on how to get independent help and advocacy in making complaints.
	Formal Admissions	
6.2	**Ward staff ensure that young people understand, and are provided with information about the use of the Mental Health**	

	(Care and Treatment) (Scotland) Act 2003 and how it applies to them.	
6.2.1	1	Young people and their parents/carers are given information (a verbal and written explanation) about the Mental Health (Care and Treatment) (Scotland) Act and when it might be used, in a manner they can understand and in a written format they can retain. **See:** https://www.mwcscot.org.uk/sites/default/files/2019-07/a_short_intro_to_the_mental_health_act.pdf and https://www.mwcscot.org.uk/law-and-rights/mental-health-act
6.2.2	1	Young people are provided with information (a verbal and written explanation) about being given treatment without their consent, and the procedures that must take place before such treatment is given. **See:** https://www.mwcscot.org.uk/looking-help/your-rights#989 and https://www.mwcscot.org.uk/law-and-rights/mental-health-act
6.2.3	1	Staff take time to explain to a young person about why they have been detained and how the Mental Health (Care and Treatment) (Scotland) Act applies to them. **See:** https://www.mwcscot.org.uk/looking-help/your-rights and https://www.mwcscot.org.uk/law-and-rights/mental-health-act (This document has not yet been updated with changes to the Act in 2015).
6.2.4	1	Young people are provided with information (verbally and a written explanation) about their rights to access a mental health tribunal and/or manager's hearings that explains how they can apply to be discharged from detention including: - The role of the tribunal and hospital manager - Their rights to legal representation - How long they should expect to wait for a hearing date

		See: https://www.mwcscot.org.uk/the-law/mental-health-act/mental-health-tribunal/
6.2.5	1	Young people and parents/carers are given information about the rights of carers under The Mental Health (Care and Treatment) (Scotland) Act 2003. **See:** https://www.mwcscot.org.uk/the-law/mental-health-act/rights-of-carers/
6.2.6	1	Staff provide information (verbally and a written explanation) about who the young person's Named Person is, and why this is relevant. **See:** https://www.mwcscot.org.uk/law-and-rights/mental-health-act#246
ADVOCACY **In addition to AIMS standard (3rd Edition) 6.1**		
Important Note: As described in the Mental Health (Care and Treatment) (Scotland) Act 2003, access to an Independent Mental Health Advocate (IMHA) is a right for any young person who has a mental disorder. **See:** https://www.mwcscot.org.uk/the-law/mental-health-act/independent-advocacy/ and https://www.mwcscot.org.uk/sites/default/files/2019-06/working_with_independent_advocates.pdf		
6.3	**Young people are informed about how to seek independent advice and are supported in their use of advocacy services.** **Note:** Young people with Learning Disability and/or those who are severely unwell may lack capacity to decide on the use of advocacy services. This should not mean that they are denied access.	
6.3.1	1	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.
6.3.2	1	Information about an advocacy service is signposted on the ward so young people can approach them directly.
6.3.3	2	Ward staff ask the advocate manager to consult with the young person and offer them a visit by an advocate.

6.3.4	2	The young people are given access to an age-appropriate advocacy toolkit, such as the Headspace Toolkit in a range of accessible formats. **See:** https://headspaceireland.ie/
6.3.5	2	Staff support and encourage young people to use an advocacy toolkit throughout their stay.
6.3.6	1	Young people are able to meet with their advocate in a private room that is not audible from outside.
6.3.7	2	Young people have access to trained advocates who have been trained to work with young people and communicate in an accessible way.

Section 7: Consent and Confidentiality

No.	**Type**	**Standard**
CONSENT		
Note: Even if patients are detained (and therefore some treatments for mental disorder could be given without their consent), the patient's capacity to consent to particular treatments should be kept under review. Even where they lack capacity to make a decision about treatment, their views should always be sought and they should be facilitated to participate in decisions as far as possible. **Authority to treat children and young people must be established. For young people with capacity to give consent, the relevant authority may be derived from the young person themselves or from a legal framework such as the Mental Health (Care and Treatment) (Scotland) Act or the Adults with Incapacity (Scotland) Act. For children <u>under</u> the age of 16 years, authority to treat may derive from the child if they have capacity to consent to treatment, or from an individual with parental authority if they are incapable of consenting or from legal frameworks such as the Mental Health (Care and Treatment) (Scotland) Act.** **The Code of Practice to the Mental Health (Care and Treatment) (Scotland) Act suggests that the definition of incapacity for patients treated under the Act involved factors similar to those defined in Adults with Incapacity (Scotland) Act 2000.**		
7.1	**All examination and treatment is conducted with the appropriate consent, as specified for young people under 18 years (QNIC 36).**	

7.1.1	1	The ward staff can access a Board policy or protocol that provides guidance on the legal framework for decision making on care and treatment for under 18s.
7.1.2	1	Staff inform young people, both verbally and in writing, of their right to agree or refuse treatment and the limits of this.
7.1.3	1	Staff are proficient in assessing a young person's capacity to consent.
7.1.4	1	Young person's capacity to consent to treatment is assessed in accordance with the definitions described in the Adults with Incapacity (Scotland) Act 2000.
7.1.4.1	1	All assessments of an individual's capacity should be fully recorded in the patient's medical notes.
7.1.5	1	The young person's consent or refusal is recorded in their notes, as well as the treating clinician's assessment of the young person's capacity to consent to the treatment in question.
7.1.6	1	Where young people are not detained, and are assessed as not having capacity, the basis for providing treatment without the young person's consent is recorded, and the views of the young person are ascertained and taken into account.
7.1.7	1	Staff should inform informal young people with capacity that their consent to treatment can be withdrawn at any time and that fresh authority to treat is required before further treatment can be given or reinstated.
7.1.8	1	Interventions are only conducted without the consent of young people in line with the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003.
7.1.9	1	When a young person who is assessed as having capacity is treated without consent, this is conducted within the appropriate legal framework, such as the Mental Health (Care and Treatment) (Scotland) Act 2003.
7.1.10	1	Staff are clear on who has parental rights and responsibilities.
7.1.11	1	Young people and their parents/carers are informed about the procedures for obtaining consent where the parental responsibility is held by a third party. For example, parental responsibility may be shared with others if the young person is subject to a care order

		(where the local authority may have parental responsibility).
CONFIDENTIALITY		
7.2	**Mental Health (Care and Treatment) (Scotland) Act 2003 principles suggest sharing information with carers, however when considering what information to share with carers, it is best practice to consider the patient's right to confidentiality about their private medical details (QNIC 35).**	
7.2.1	1	Ward staff receive clear guidance on young people's rights to confidentiality and the circumstances in which information can be shared with third parties, including those with parental responsibilities.
7.2.2	1	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.
7.2.3	1	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. **Note:** It is good practice for staff to explain the reasons why it might be helpful for their parents to be given this information.
7.2.4	1	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.
7.2.5	1	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.

Section 8: Other Safeguards

No.	Type	Standard
LEGAL STATUS		
8.1	**Ward staff are aware of the legal and child protection status of young people admitted to their ward.**	
8.1.1	1	Staff are aware of the legal status (for example if the young person is subject to a care order) of young people admitted and the implications of this.
8.2	**The ward complies with Local Child Protection Procedures (QNIC 41).**	
8.2.1	1	It is possible for those working with the young person to access their child protection status.
8.2.2	1	The ward knows who the child protection lead is, and how to contact them.
8.2.3	1	Ward staff are able to access and comply with child protection policies, procedures and protocols.
8.2.4	1	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 house.
8.2.5	1	Staff know what to do if young people disclose allegations of abuse and that, if something is disclosed, young people are told what will happen.
ADMISSIONS WITH STAYS LONGER THAN 3 MONTHS		
8.3	**Ward staff liaise and work with the local authority to safeguard and promote the welfare of longer staying young people (QNIC 42).**	
8.3.1	1	The Local Authority 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.
8.3.2	1	The named child protection lead informs the Local Authority if a child or young person remains, or is likely to remain, an inpatient for a period of over three months.
USE OF PHYSICAL RESTRAINT		
8.4	**The ward operates within the appropriate legal framework in relation to the use of physical restraint with young people (QNIC 40).**	
8.4.1	1	Ward staff are trained to adapt their physical restraint techniques so that they are age-appropriate for young people.
Stem	Physical restraint is only used in the following situations:	

8.4.2	1	• When immediate action is needed to prevent a young person from significantly injuring themselves or others.
8.4.3	1	• When immediate action is needed to prevent a young person from causing serious damage to property.
8.4.4	1	• Where appropriate, when a young person is detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.
8.4.5	1	• If a young person attempts to leave the unit without authority, under the Nurses Holding Power of section 299 of the Mental Health (Care and Treatment) (Scotland) Act amended by section 20 of the 2015 Mental Health (Scotland) Act.
8.4.6	1	After restraint, staff should spend time with the young person reflecting on why it was necessary and their views are sought and included in the post incident analysis.
8.4.7	1	The circumstances and justification for using physical restraint 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 Board management in line with the Board incident reporting policy.
8.4.8	1	The ward follows policies for untoward occurrences or critical incident reporting.
FORMAL ADMISSIONS		
8.5	**Ward staff ensure young people's rights to access a Mental Health Tribunal are respected, and that the Tribunal accounts for their status as a minor under 18 years.** **See:** https://www.mwcscot.org.uk/the-law/mental-health-act/mental-health-tribunal	
8.5.1	1	The Hospital Managers notify the tribunal service that the patient is under the age of 18 to allow the service to ensure that one of the tribunal members is a 'CAMHS' panellist.
8.5.2	1	Young people under 18 who do not have a responsible clinician from a CAMH service are assessed by a CAMHS specialist prior to their Tribunal hearing.

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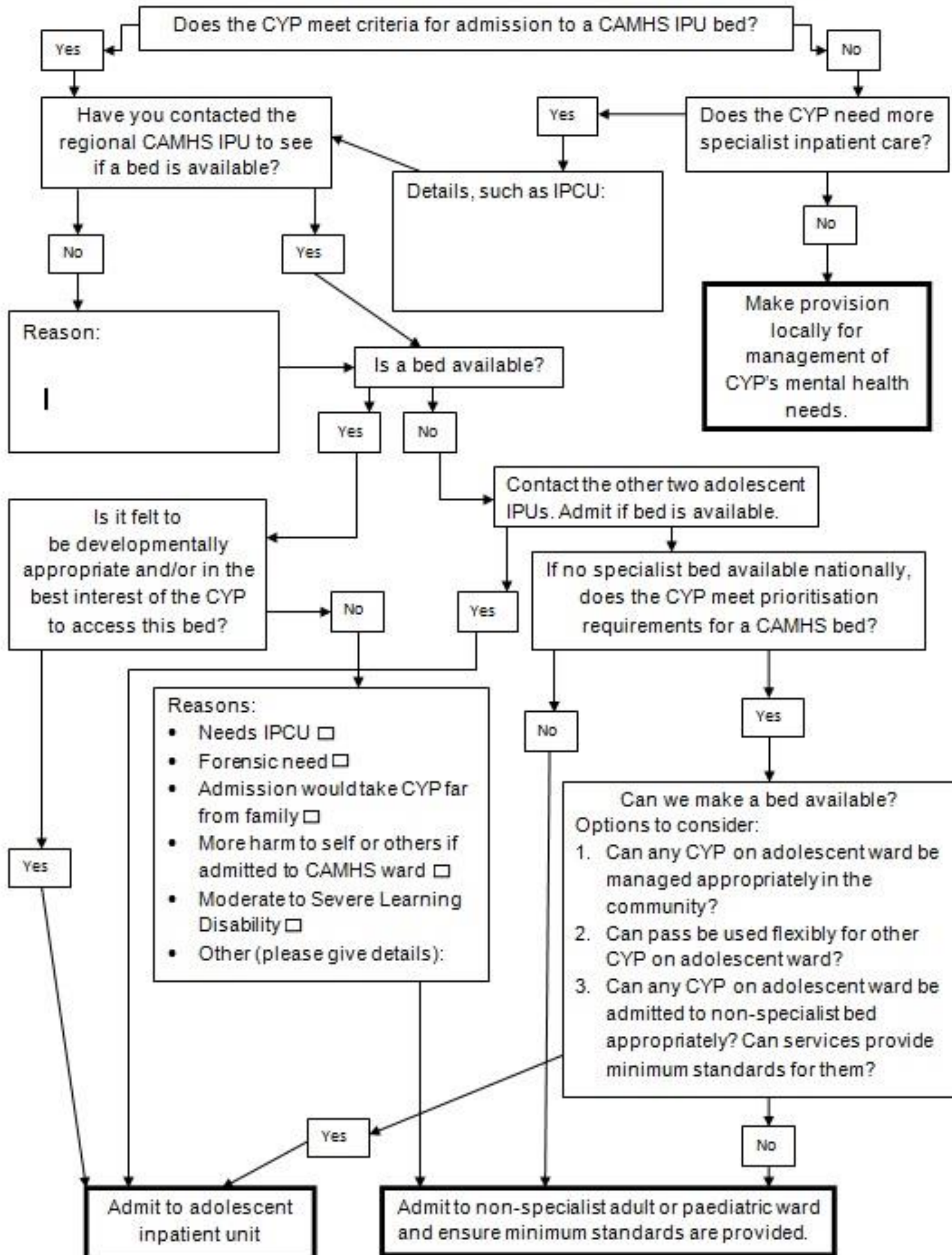
Appendix 1.



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