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STATISTICAL MONITORING

Young Person monitoring 2013/2014

Young person monitoring 2013-14

Key Findings

Admissions to non-specialist inpatient settings have risen for a second year in 2013-14 (202 admissions involving 179 young people). Twenty eight admissions were to paediatric wards, which are still non-specialist wards for treatment of mental illness. The main rise has been in the 16 and above age group

In a few complex cases there was an identified need for a cross border transfer, to specialist units in England, because there were no suitable beds available in Scotland. The Commission is aware of proposed work being undertaken to look at this issue and we look forward to seeing the outcome of this work

CAMHS workers continue to provide support to colleagues in non-specialist in-patient wards, but only 50% of young people had an RMO who was a CAMHS psychiatrist.

The predominant reason for admission was self harming, and/or suicidal ideation.

There was improved access to age appropriate activities, but this could be even better.

The Commission is concerned about young people having limited access to education and about the lack of consideration of this issue in many cases.

Provision of age-appropriate care for people under 18

Here, we report on our work to examine the care and treatment of young people admitted to non-specialist mental health care. Section 23 of the 2003 Act places a responsibility on NHS Boards to provide accommodation and services to meet the needs of persons under the age of 18. There is a risk that this will not happen if a young person is admitted to an adult mental health ward.

Young people (under 18) admitted to non-specialist facilities, by year 2008-2014

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
No. of admissions to non-specialist inpatient settings	149	184	151	141	177	202
No. of young people involved	138	147	128	115	148	179
No. of admissions where further Information was provided to MWC	139	168	135	120	147	180
No. of young people involved	131	140	115	96	126	163

Our interest in these figures

Monitoring the admission of young people to non-specialist settings such as adult and paediatric wards, for the treatment of mental illness, has been one of our monitoring priorities since the Mental Health (Care and Treatment) Act 2003 (the Act) came into force. We have raised concerns about the number of admissions for several years.

We noted in 2010-11 and 2011-12 that there were drops in admissions across the country, which was consistent with the Scottish Government's aspiration to reduce admissions. There was a rise in admissions in 2012-13, and we are disappointed to see a further rise in admissions in 2013-14.

Young people (under 18) admissions to non-specialist beds by bed type

Health Board	Hospital	Paediatric	Adult	Total
Ayrshire and Arran	Ailsa	0	5	5
	Crosshouse	2	10	12
Borders	Borders general	0	1	1
Dumfries and Galloway	Dumfries and Galloway Royal Infirmary	3	0	3
	Midpark	0	10	10
Fife	Stratheden	0	4	4
	Whytemans Brae	0	2	2
Forth Valley	Forth Valley Royal	15	11	26
Grampian	Royal Cornhill	1	19	20
Greater Glasgow and Clyde	Dykebar	0	2	2
	Gartnavel Royal	0	7	7
	Inverclyde Royal	0	3	3
	Leverndale	0	10	10
	Mackinnon House	0	5	5
	Parkhead	0	1	1
	Priory	0	3	3
	RHSC Yorkhill	1	0	1
	Rowanbank Clinic	0	2	2
	Royal Alexandra	0	1	1
	Southern General	0	1	1
	Surehaven	0	1	1
Highland	Argyll and Bute	0	4	4
	New Craigs	0	16	16
	Raigmore	1	0	1
Lanarkshire	Hairmyres	0	6	6
	Kirklands	0	1	1
	Leverndale	0	1	1
	Monklands	0	8	8
	Wishaw General	5	22	27
Lothian	Royal Edinburgh	0	5	5
	Royal Infirmary Edinburgh	0	2	2
	St Johns	0	1	1
Tayside	Carse View Centre	0	1	1
	Murray Royal	0	2	2
	New Craigs	0	1	1
	Ninewells	0	1	1
	Strathcarro	0	4	4
	Strathmartine	0	1	1
Total		28	174	202

There has been an increased national focus on the mental health needs of children and young people over the past eight years, and the importance of children and young people's health and health care, including mental health, is recognised in a number of Scottish Government policies and publications. Information on the children and adolescent mental health services (CAMHS) workforce across Scotland has been collected routinely since 2006, and is now published quarterly, and staffing levels have been steadily increasing from 2009 to 2013[1]. The Scottish Government also sets targets for health priorities, and the importance of CAMH services is highlighted in the target for faster access to CAMHS – an 18 week referral to treatment target for CAMHS is due for delivery by December 2014[2].

We have noted the increase in community teams in a number of areas in Scotland, and improvements in how admissions to non-specialist settings are supported by child and adolescent clinicians. We have seen this up to 2012-13 as having an impact on the numbers, and on the length of stay of young people admitted to non specialist settings.

In our monitoring of the admissions of young people under 18 across Scotland we seek to confirm whether NHS Boards are managing to fulfil their legal duty to provide age appropriate services and accommodation. We expect to be notified of all formal and informal admissions to non-specialist facilities. We ask Responsible Medical Officers (RMOs) to provide us with more detailed information once we have been notified of an admission. From April 2014 we have made some further changes to the questionnaire we send out so that we are collecting better information about the admissions, and about some particular aspects of care and treatment provided.

We also now indicate that we do not require to be notified about an admission if it is related solely to alcohol or substance misuse, or has been for less than 24 hours. We have also asked NHS Boards, since 2005, to send us quarterly retrospective reports about the admission of young people to non-specialist wards. This data helps

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[1] Information Services Devision Scotland; https://isdscotland.scot.nhs.uk/Health-Topics/Workforce/Publications/2014-05-27/2014-05-27-CAMHS-Report.pdf?93011111022

[2] Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; reducing to 18 weeks from December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014. The target is for at least 90% of young people to start CAMH services treatment within 18 weeks by the quarter ending March 2015. During the quarter ending March 2014, 3,601 children and young people started treatment at CAMH services in Scotland and 83.9% were seen within 18 weeks.

http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/CAMHS

us to check if we have received all the notifications about individual admissions that we would expect.

Monitoring admissions of children and young people to non-specialist facilities will remain a priority for us in the coming year. We will visit hospitals to look at how care and treatment is being provided, when the young person is under 16, or when we know that a young person is in an IPCU (intensive psychiatric care unit). We are aware that we may have been notified about an admission to an adult assessment ward, but that we may not be notified about any transfer to an IPCU facility within the same hospital after admission. When we are aware that a young person is being treated in an adult IPCU we will visit them, as we would want to visit any young person where care and treatment is being provided in a locked, secure environment.

We ask for monitoring information each time we are notified about the admission of a young person to a non-specialist in-patient unit. In 2013-14 we received further information for 89% of these admissions (a total of 180 admissions), up from 84% last year.

Sometimes we find that there has been confusion about which psychiatrist is responsible for a young person's care and treatment during an admission, and this prevents us receiving information. We will look at how we chase up information this year, to reduce the number of admissions we are told about, but about which we receive no further monitoring information.

What we found

The figures in the table above show that in 2013-14 we were notified of 202 admissions, involving 179 young people. These figures compare with 177 admissions, involving 148 young people, in 2012-13, and 141 admissions involving 115 young people in 2011-12.

As mentioned in previous reports we had anticipated that NHS Boards would experience difficulties meeting a commitment to reduce admissions of young people to non-specialist wards. We were pleased to see decreases in 2010-11 and 2011-12. This trend did not continue in 2012-13, and the total number of admissions in 2013-14 has increased again, by 14%, and the number of young people involved has increased by 21%.

We continue to be concerned about the number of repeat admissions, that is, the small number of young people who are admitted to a non-specialist ward on several different occasions. The number of repeat admissions has fallen slightly though in 2013-14. We look closely at the reasons for re-admission and at the information we get about arrangements to provide support on discharge. We had some follow up contact with services about most of the young people re-admitted to hospital during the year. We will continue to look at this group of young people and to follow any issues up.

We continue to be aware of a small number of very complex cases where a young person is admitted to an adult ward, and where the provision of appropriate services proves to be challenging. Young people in this group were often looked after and accommodated in residential care prior to admission, or were experiencing serious and complex issues at home, and were often at significant risk of harming themselves and/or others.

We are aware again of several cases where plans were being made to transfer young people from secure care accommodation to specialist units in England, but where there have been difficulties arranging transfers because of difficulties identifying a suitable in-patient bed in Scotland where the young person could be placed on an interim basis before transfer. In the absence of any unit for young people in Scotland, young people will continue to be placed in specialist units in England. A national working group looked at this issue, and reported to the Scottish Government in March this year. Another group is being convened to produce a detailed proposal for secure care, and we look forward to seeing how this work progresses.

We undertook a series of joint visits with the Care Inspectorate in 2013-14, when we went to the five secure accommodation units for young people in Scotland. In these visits we were looking at how services were being provided to meet the needs of young people with an identified mental health problem, and talking to young people about the specialist care and treatment they have received. A report on these visits will be published later this summer.

Young people admitted to non-specialist facilities by NHS Board, by year 2010 to 2014

Health Board	2010 - 2011		2011 - 2012		2012-13		2013-14	
	Admissions	Young People Involved	Admissions	Young People Involved	Admissions	Young People Involved	Admissions	Young People Involved
Ayrshire and Arran	18	16	14	11	8	8	17	15
Borders	4	3	6	6	6	5	1	1
Dumfries and Galloway	10	7	5	4	13	10	13	9
Eilean Siar	0	0	0	0	0	0		
Fife	6	6	6	6	3	3	6	5
Forth Valley	5	5	12	10	21	19	26	25
Grampian	30	23	23	17	31	22	20	17
Greater Glasgow and Clyde	34	28	30	23	30	24	37	34
Highland	7	7	6	5	6	6	21	19
Lanarkshire	29	25	32	27	48	40	43*	38*
Lothian	4	4	3	3	1	1	8	7
Orkney	0	0	0	0	0	0	0	**0**
Shetland	0	0	0	0	0	0	**0**	0
State	0	0	0	0	1	1	0	0
Tayside	4	4	4	3	9	9	10	9
Scotland	151	128	141	115	177	148	202	179

*We were informed that one admission to NHS Lanarkshire was an out of area admission from NHS Greater Glasgow and Clyde.

Our interest in these figures

Our view is that when a young person needs in-patient treatment their individual clinical needs should be paramount. In comparing admissions to non-specialist facilities by NHS Board area we are looking to see whether there have been significant changes in the number of admissions within a specific area compared to figures from the previous year. In this year's figures we are also identifying not only the number of admissions in each area but the number of young people involved.

The 2003 Act is clear that the specific duty on NHS Boards to provide sufficient services for young people continues to their 18th birthday. We are aware that child and adolescent services (CAMHS) are configured differently across areas, with varying eligibility criteria. We highlighted this issue in our published report on our themed visit to look at CAMHS (2009)[3]; we recommended that all NHS Boards should provide a CAMHS to a young person up to their 18th birthday, unless clinical need indicates otherwise in a particular case. We are aware that Boards who do not currently have CAMHS up to age 18 are striving to do so by 2015. We are also aware that CAMH services are making strenuous efforts to admit under-16s to specialist facilities, and that work is in progress nationally to develop agreed criteria for the admission to and discharge from specialist in-patient units, and to establish agreed ways of working across the three regional areas in Scotland. We look forward to seeing changes and improvements in the coming year.

What we found

Figures in the table above compare admissions to non-specialist in-patient mental health beds for young people up to the age of 18 years old by NHS Board area from 2010/11 to 2013/14. In seven NHS Board areas admission numbers increased in 2013/14, in three areas they have decreased, and in the other areas the number of admissions has been static.

We were pleased to note the continued support of CAMHS clinicians to their colleagues in non-specialist areas during young people's admissions across all areas in Scotland. We also welcome the reductions in admissions in three areas, in NHS Borders, NHS Grampian, and NHS Lanarkshire.

It was good to note that NHS Borders decreased admissions to one. We are aware that the CAMH service has an intensive home treatment service in place and that in part this decrease in admission has been due to this service development. We were also pleased to note that NHS Lanarkshire has had a small decrease in admissions and again attribute this to the development of their intensive treatment service.

In NHS Grampian the number of admissions decreased, back to slightly below the level in 2011-12. We have said previously that we could see that considerable efforts were made to

[3] Report from our visits to young people using in-patient and community mental health services in Scotland 2009 (2010)
http://www.mwcscot.org.uk/media/53171/CAMHS_report_2010.pdf

provide age appropriate input within adult wards in NHS Grampian when a young person was admitted. This effort seems to have been maintained, and in almost all cases a CAMHS psychiatrist was the responsible doctor, and there was often very intensive input from other CAMHS professionals, including nurses, psychologists, and OTs.

We have seen a notable increase in admissions in NHS Ayrshire and Arran from 8 in 2012/13 to 17 in 2013/14. This is back up to the number of admissions in the area in 2010/11. Although the reason for the increase is not completely clear to the Commission we are aware from information provided on feedback forms that the admissions have been in part due to no age appropriate beds being available at the time of the admissions.

In the NHS Greater Glasgow and Clyde area the number of admissions has increased. We are disappointed to see this increase in light of the changes that had been introduced to avoid the need for admission, such as the intensive home treatment service. We are aware of ongoing work being done locally, regionally and nationally around length of stay and the treatment model, to improve access to the regional in patient units. We would hope that the Board will continue to focus on building community services alongside regional work around management of admissions to the regional unit, Skye House.

Once again in 2013/14 in NHS Forth Valley self harm and suicidal ideation and planning were the most common reasons for admission given on returned monitoring forms. We were concerned about the increase in admissions but in all circumstances they appeared to be appropriate to the risk of harm to the young people involved. We are aware that the practice in the Board has been not to admit to learning disability specialist beds at weekends which can result in people with complex learning disability needs having to stay in adult mental health beds at the beginning of an admission. When this is in conjunction with the person being under 18 years of age it appears that their specialist needs are not being adequately addressed. We would urge the Board to review this practice.

NHS Lothian admission figures have increased, from one last year (2012/13) to eight this year (2013/14). We are disappointed to see this increase. Of these admissions 6 were in the 16-17 year old age group and two of the admissions involved the same young person. We are aware that the regional unit are participating in national discussions around management of admissions and looking to ensure clear admission protocols and management of in-patient stays. We hope that these discussions will assist with bed availability and assist in the management of care in the community.

In NHS Tayside there was a very small increase in admissions in 2013-14, 10 compared to 9 the previous year. In two cases the young person would have been admitted to a specialist young persons unit but no beds were available in Scotland at the time. We know that work has now started on the new young person's unit in Dundee. When this is completed, 12 beds will be available for the NHS Boards in the north of Scotland who are part of the regional network. We know that young people have been contributing to the design of this new unit, and we would hope the eventual increase in specialist beds will

reduce the number of in-patient admissions to adult wards, in NHS Tayside and in the other areas which are part of the regional network.

The health board which had the biggest increase in admissions in 2013-14 was NHS Highland, where admissions rose from 6 in 2012-13 to 21 in 2013-14. We have looked at all the monitoring information relating to these cases provided by NHS Highland. Five admissions involved young people where there were either emerging or recurring psychotic symptoms, and self harm and suicidal ideation were the most common reasons given for admission on monitoring forms returned to us. While we are concerned about this large rise in admissions in NHS Highland the admissions did seem to be appropriate to the risk of potential harm to the young people involved. The Commission will discuss this issue with NHS Highland at our end of year meeting with senior managers this autumn.

Specialist health care for admissions of young people in non-specialist care, 2013-14

Specialist medical provision	Age 0-15	Age 16-17	All	*%
RMO at admission was a child and adolescent specialist	33	58	91	50%
Nursing staff with experience of working with young people were available to work directly with the young person	41	61	102	56%
Nursing staff with experience of working with young people were available to provide advice to ward staff	49	95	144	80%
The young person had access to other age appropriate therapeutic input	33	60	93	51%
None of the above	0	8	8	4%
Total admissions*	59	121	180	100%

* Base=180, all admissions where further information was provided; percentages may sum to more than 100% as more than one type of specialist medical provision might be provided at any one admission

Our interest in these figures

When a young person is admitted to a non –specialist ward it is important that NHS Boards fulfil their duties to provide appropriate services. To enable us to monitor how this duty is being fulfilled we continue to ask RMOs to provide us with more detailed information once we have been notified of an admission, and some of the information we request is summarised in the table above.

We specifically want to see whether specialist CAMH service input is available, to ensure that appropriate care and treatment is being provided to the young person, and that relevant guidance and support is available for staff in non-specialist units who will have less experience of providing treatment and support to young people.

In the course of our visits we have been made aware that access to specialist CAMH services when a young person is admitted to an adult ward varies across the country. Although we can report some improvement overall as we commented last year there

continue to be reports of limited access to CAMHs support during admissions to some adult wards.

What we found

Once again this year we were pleased to note an increase in the cases where the RMO at the point of admission was a child and adolescent specialist, with an increase from 77 to 91 out of the 180 cases where we were given further information about the admission. This is however, a small percentage decrease from 52% last year to 50% this year. We are pleased to see that in many cases specialist child and adolescent consultants continue to provide advice and support during admissions. We are encouraged that Boards remain focussed on the provision of appropriate care for this vulnerable group of young people. We are aware that this approach greatly increases the continuity of care for young people already engaged with CAMH services prior to admission.

Although we saw an increase in the number of direct input from experienced nurses working in the field, up to 102 admissions from 85 admissions the previous year, as with the RMO numbers above this was also a 2% decrease from last year. We also noted a significant increase in the availability of nurses with relevant experience to provide advice to ward staff, up from 111admissions in 2012-13 to 144 admissions this year. Overall this demonstrates a continued increase in nursing availability in recent years which we welcome.

In this year we saw an increase in the access to age appropriate therapeutic input to care provision. Last year 17 (12%) of young people admitted had no appropriate input down to 8 (4%) this year. This would in the main appear to be from clinical psychology and psychiatrists who have been engaged with the young person prior to admission. We are interested in the coming year in hearing more about the provision of therapeutic input that also is provided initially during admission.

Social work provision for admissions of young people to non-specialist care 2013-14

Social work provision	Age 0-15	Age 16-17	All	*%
Young person had an allocated social worker	32	55	87	48
If no allocated social worker, had access to a social worker	14	37	51	28
Neither of the above	9	17	26	14
No information	1	7	8	4
Total*	59	121	180	100%

*Total=180, based on all admissions where further information was provided to the Commission

Our interest in these figures

We receive information on monitoring forms about social work input. Many young people admitted to a non-specialist facility will have had no prior involvement with social work, but our expectation would be that if social work input is felt to be necessary at the time when an admission is being considered, or after admission, then there should be clear local arrangements to secure that input. There certainly is a very clear emphasis in national policy, for children's services and for adult care, on co-operation and good joint working between health and social work.

We have an interest in the provision of services to "looked after" children. There is evidence that such children generally experience poorer mental health and there is now a national requirement that NHS Boards ensure that the health care needs of looked after children are assessed and met, including mental health needs. We would assume though that any looked after young person admitted to a non-specialist facility will have an identified social worker.

What we found

In 2010-11 and 2011-12 there was a significantly higher proportion of young people who had an allocated social worker at the time of admission or had access to a social worker if they had no allocated worker, compared with previous years. In 2012-13 we noted a small reduction in the proportion of young people who were reported as having a social worker when admitted, or as having access to a worker during admission. This was disappointing and surprising, because of the policy emphasis on developing more integrated approaches to providing care and support to meet the needs of young people.

In 2013 -14 48% of young people had an allocated social worker when admitted, compared to 52% in 2012-13, while 28% had access to a social worker during admission, compared to 22% the previous year. This means that there was overall a small increase in the number and proportion of young people receiving social work support before and/or during an admission. We welcome this, as we would expect to see that social work input is provided where this is appropriate. Where the monitoring information we received after the admission of a young person indicated that there were issues about arranging for input from social work we follow these cases up. We will continue to monitor this issue and to make follow

up enquiries about individual cases when concerns about social work provision are brought to our attention.

We have reviewed and revised the monitoring form we send out when we are notified about the admission of a young person. From April 2014 we have been asking if the young person was looked after and accommodated by the local authority before admission. We will therefore be able to comment in next year's monitoring report on the number of admissions which involved looked after young people, and on whether these young people all have an allocated social worker.

Supervision of young people admitted to non-specialist care 2013-14

Supervision arrangements	Age 0-15	Age 16-17	All	%
Transferred to an IPCU or locked ward during the admission*	4	13	17	9
Accommodated in a single room throughout the admission	50	98	148	82
Nursed under constant observation	48	83	130	72
Total**	59	121	180	100%

*This is taken from information recorded on the forms.
**Total=180, based on all admissions where further information was provided to the Commission; percentages may sum to more than 100% as more than one of the above supervision arrangements may apply

Our interest in these figures

We ask for specific information about the supervision arrangements for young people admitted to non-specialist facilities to enable us to monitor whether the need for heightened observation is being carefully considered. We use this information to help us decide if we want to arrange to visit a young person. We will arrange a visit if the young person is particularly vulnerable, to look at the care and support arrangements in place.

What we found

We were pleased to see a small decrease in the use of IPCU care for young people over the last year from 19 to 17 admissions.

We have previously commented on young peoples' experience of being on constant observations in a single room as lonely and boring, and on the need to ensure that, where this is necessary, efforts are in place to mitigate against these adverse consequences. Although we reported a decrease in the number of young people being nursed on constant observations last year this has risen again this year from 95 admissions to 130 admissions. We have also seen an increase in the use of single rooms from 118 in 2012-13 to 148 this year. We are aware that most Boards now have policies in place that recommend when a young person is admitted to an adult mental health ward they should be cared for in single room accommodation where possible. This is a consideration that should be made for all such admissions when thinking through the safety aspects of such an admission.

This year we can report the percentage of young people accommodated in single rooms has increased from 118 (80%) last year to 148 (82%) this year. .

Other care provision for young people 2013-14

Other provision	Age 0-15	Age 16-17	All	*%
Access to age appropriate recreational activities	38	73	111	62
Access to education was discussed	16	34	50	28
Access to advocacy service	22	95	117	65
Young person has a learning disability	3	11	14	8
Total*	59	121	180	100%

*Total=180, based on all admissions where further information was provided to the Commission; percentages may sum to more than 100% as more than one of the above supervision arrangements may apply

Our interest in these figures

We ask for further information about access to other provisions to give us a clearer picture of how NHS Boards are fulfilling their duty to provide age appropriate services.

We are aware that because a large proportion of admissions are for very short periods of time access to appropriate recreational activities and education may not be significant for many young people. We want to know if independent advocacy services are readily available, given the important role advocacy can play in ensuring that any patient's views are heard.

We want to know how many young people with a learning disability are admitted to non-specialist facilities, because of the ongoing concerns about the lack of appropriate services for young people who have significant learning disabilities and require in-patient admission for assessment and/or treatment, particularly where there are significant problems with challenging behaviour.

What we found

The information provided indicates that an increasing number of young people were reported to have access to age appropriate activities during admissions in 2013-14 than in the previous year. In total 62% (111) of young people were said to have been able to access appropriate recreational activities, compared to 55% (81) in 2012-13, and we feel this is a positive change. With advocacy services a slightly higher number of young people were reported as having access to advocacy during admission this year (117 compared with 103), although the percentage has fallen from 2012-13, from 70% to 65% because of the increase in the overall number of young people admitted. We would expect advocacy support to be available and to be offered to young people routinely. We remain concerned if all young people are not reported as having access to advocacy during their admission.

We have said in previous years that we have been pleased to see more attention being paid to ensuring that young people have access to age appropriate recreational activities during an admission. While the increase in the proportion of young people able to engage in age appropriate activities is welcome it is disappointing to see that there are a significant number of admissions where we are being told that age appropriate recreational activities

were not available. We are aware that many admissions are for relatively brief periods but we feel that more attention can be paid to the issue of access to appropriate recreational activities. We do see that where beds have been designated in specific adult wards for the admission of young people, and where specialist CAMHS staff including nurses and OTs are involved with the young person, there are examples of considerable attention being paid to providing age appropriate activities. We are also asking for more specific information about the specific age appropriate activities available to the young person in the monitoring forms we have been sending out from April 2014. We will have more detailed monitoring information available, to allow us to say more next year about how young people are engaging in activities while they are in adult wards.

The information provided indicates that access to education was discussed in relation to a lower percentage of young people this year (2012-13, 48, 33% ; 2013-14, 50, 28%). We know that it may not be appropriate to discuss access to education if an admission is for a very short period of time. We have concerns though that in certain situations it clearly would have been appropriate to consider issues about access to education, when a young person was in a non-specialist facility. We have made a specific recommendation about this issue in a previous themed visit report[4], and we remain concerned that in the absence of specialist CAMHS or social work input staff in adult wards will not know how to access education services if this is appropriate while a young person is in hospital. We are now starting to get more specific details about how this issue is being addressed in our monitoring forms so that we will be gathering better and more consistent information about education provision in the future, and we will be looking more closely at reasons why access to education was not discussed during an admission. As we have said in previous reports education authorities do have a duty to arrange for the education of young people who cannot attend school because of prolonged ill-health, and we do think it is important that education needs are met when a young person is in an adult ward for a prolonged period

The number of young people with a learning disability admitted to non-specialist facilities is the same as in 2012-13, at 14, with the percentage reducing slightly because of the overall increase in admissions (8% compared to 10% in 2012-13). As we have said above we have ongoing concerns about the lack of appropriate services for young people who have significant learning disabilities and require in-patient admission. We are aware of a small number of young people who have to transfer to specialist facilities outwith Scotland for this reason. In some cases we are aware that NHS Boards go to considerable lengths to try to put a specific service in place locally to meet the needs of young people in this situation. We will continue to monitor such admissions, and to visit to look at how care and treatment is provided when we feel this is appropriate.

[4] Visits to young people who use mental health services: Report from our visits to young people using in-patient and community mental health services in Scotland 2009 (2010) http://www.mwcscot.org.uk/media/53171/CAMHS_report_2010.pdf

Age of young person by gender 2013-14

Age at last birthday (years)	Female	Male	Total
10	2	0	2
11	1	0	1
12	0	0	0
13	9	1	10
14	18	3	21
15	22	7	29
16	35	18	53
17	34	29	63
Total*	120	58	179

*Base=179 all individuals admitted over the year, including where no further information was supplied to the Commission

Our interest in these figures

We are interested in the figures for the age and gender of young people admitted, because they can indicate whether there are any trends evident over a period of time, with regard to the admission of young people. They can suggest where services should be giving careful thought to arrangements in place to meet needs, or where there may be specific issues to address.

What we found

Since beginning to gather data in 2008-09 on the admissions of young people into non-specialist mental health beds the Commission has identified early trends in the admissions of females and males. We said in earlier years that it appeared that young males were being treated differently from young females in that they had more admissions to adult mental health beds especially in the 17 year old age group. We speculated on what the reasons may have been for this in previous reports. We then noted in 2009-10 that although admission had risen, admissions for both males and females in the 16 and 17 year age group were almost equal.. In 2010-11 the pattern we had been observing was observed again with a drop in female admissions and an increase in male admissions. However we noted a marked change in the number of females being admitted in 2012-13 rising to 97 individuals from 61 in 2011-12 whereas males being admitted remained fairly consistent having fallen slightly from 53 individuals in 2011-12 to 51 in 2012-13. This trend has continued this year. We are again seeing a rise in female individuals from 97 last year to 120 this year with a smaller rise in males being admitted from 51 to 58.

As was the case in previous years there were more 16 and 17 year olds admitted than of any other age group (2013-14, 116 individuals, 67% of all young persons admitted to non-specialist mental health beds). It is of interest to note that females being admitted in the 16 year old age group have risen in the last year from 28 to 35 with a decrease of 1 in the numbers of individual males being admitted in this group from 19 to 18. This is in contrast to the individual admissions of females at 17 years old having had a small increased from 30

last year to 34 this year and individual males being admitted in the same age group increasing from 16 to 29.

As in previous years the most prominent reasons for admission reported to us this year have been self harm and suicidal ideation.

We are aware that tier 4[5] services have been in discussions with Scottish Government regarding length of admissions to the specialist mental health in-patient units for young people and exploring options to support young people in the community along with intensive treatment teams in many Boards. We are also aware of the imminent opening of the additional beds in the North of Scotland specialist in-patient unit. At this early stage in this process we are unable to comment on how this will effect admissions to non-specialist beds across the country.

However we remain concerned about the position of the older adolescents and will continue to monitor the situation, to try to identify whether there are any particular barriers to admission to specialist in-patient care.

[5] In Scotland, CAMH services are generally delivered through a tiered model of service organisation. Tier 4 encompasses essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment.

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