mentalwelfare
commission for scotland

Wrong place, wrong time

Summary report of
our investigation into
deficiencies in the care
and treatment of Ms Y

Introduction

Ms Y was 16 years old when she first came to the Commission's attention in December 2006. We had received notice of Ms Y's admission to hospital through our monitoring of young people's admissions to adult psychiatric settings. We had further involvement with Ms Y when we visited her in August 2007. Our visit followed a Mental Health Tribunal decision that made specialist care for a younger person a required part of her care.

After our visit we were concerned that, despite Ms Y's good progress towards recovery and discharge, she had not received care and treatment that was suited to her needs as a young person. For large amounts of time, between December 2006 and August 2007, Ms Y was cared for in an adult psychiatric ward with little or no input from specialist services for younger people. It appeared to us that the failure to provide access to specialist services was due to difficulties in providing a qualified assessment of Ms Y. Alongside this lack of assessment, there seemed to be a lack of flexibility on the part of specialist services to find a solution that placed proper emphasis on Ms Y's welfare.

We decided to investigate Ms Y's case more fully to identify what had gone wrong and to identify learning points for mental health services providing care and treatment for children and young people.

The investigation process

In addition to visiting Ms Y and discussing her care and treatment with her, we conducted a detailed examination of her case records and met with relevant members of the clinical and management team who were responsible for her care and treatment. Following our investigation we held a meeting with all parties, including representatives of the Scottish Government, in April 2008.

Areas of concern

Provision of appropriate services for a 16 year old

The Mental Health (Care & Treatment) (Scotland) Act 2003 places a responsibility on health boards to provide appropriate services and accommodation for persons under the age of 18 years in hospital. This is the case whether or not the young person is subject to compulsory treatment. It does not appear that the NHS Health Board responsible for Ms Y's care and treatment complied with the legislation in this regard.

Ms Y was admitted to an adult psychiatric ward in the Health Board area in which she lived. The Health Board for this hospital does not have specialist adolescent in-patient facilities. These are provided in a nearby Health Board area.

While the consultant who admitted Ms Y to hospital stated that she would refer her to the adolescent unit in her neighbouring NHS Health Board area, this did not happen. After her admission to the adult ward, it seems that child and adolescent mental health services largely withdrew from her care.

The doctor responsible for Ms Y's care in hospital made attempts to refer Ms Y to the adolescent unit. The unit however, would not accept a referral from an adult psychiatrist. An attempt to secure a referral from a specialist colleague was refused.

Hospital policy, where Ms Y received care and treatment, made no reference to provision of adolescent mental health expertise to support the care and treatment of 16 and 17 year olds.

One of the effects of the lack of age-appropriate service was the effect on Ms Y's education. Ms Y was not supported to re-engage with education as her mental health improved. As a result she was unable to keep up with her education and lost important social contact with her peers. The consequences of this have the potential for significant and lasting damage to Ms Y's welfare and well-being.

Ms Y reported that her stay in hospital was boring and she spent her time smoking, eating and reading. Ms Y is now a smoker, where she wasn't prior to her hospital admission. During her stay she had also given her mobile phone number to a male patient who could have posed a risk to her. Staff intervened quickly to stop any further contact. Ms Y told us that she had not felt safe while in hospital and had been offered drugs and alcohol by other patients.

In the NHS Board responsible for Ms Y's care, adolescent mental health services appear to offer care up to the age of 16. About half of Scotland's Health Boards offer adolescent mental health services for people aged 16-17. The remainder either offer no service, or only offer services if the person is still attending school. It is hard to see how these arrangements are consistent with the legal duty placed on Health Boards to provide services and accommodation for individuals under the age of 18 who need treatment in hospital.

Diagnostic assessment

There was a lack of clarity around Ms Y's diagnosis. For more than one period of admission, there was no working diagnosis which guided Ms Y's care. We believe this can be partly explained by the lack of on-going specialist clinical input. The lack of specialist input meant that many practitioners gave advice on diagnosis, without ever having seen Ms Y. We are not convinced that this was good practice in Ms Y's case.

Team working

It is of paramount importance, for a young person suffering significant emotional distress, that there is a consistent approach to management. We found a number of instances where poor team working, both within and across teams, hampered Ms Y's care. There were three occasions on which it appeared that individual services had made unilateral decisions to discharge Ms Y, without any consultation with other services involved. We think this indicates a poor level of co-ordination and communication. It is perhaps not a coincidence that these instances were followed by a period of increased distress on Ms Y's part.

Attitudes to disturbed behaviour

We would question the use of language used

about Ms Y and what this seems to say about professional attitudes towards her. She was variously described as 'appearing behavioural' and having problems which were 'more psychological than psychiatric'. While it is not clear what these terms mean, we believe they indicate that people involved in her care did not consider her to be seriously ill. We think that the response to Ms Y was often judgmental. In our view, an approach that attempted to understand her distress and then decide how best to respond to it would have been more appropriate. The doctor responsible for Ms Y's care had set an objective of helping her to take more responsibility for her mental health; however, there was no evidence of a systematic approach to working with a person with 'challenging behaviour'.

Legal issues

We were concerned that the levels of observation and interventions in Ms Y's care meant that on several occasions she was 'de facto' detained. Ms Y may, when interviewed, have consented to remain in hospital. However, her behaviour made it clear that this was not a consistent decision. We believe that Ms Y's informal status placed her health and safety at greater risk. Further, the safeguards provided by mental health law, had she been formally detained, were not available to her.

On one occasion, where a doctor decided not to support an application for a Compulsory Treatment Order, that doctor did not examine Ms Y. We cannot support making such a decision without conducting an examination of the patient.

Positive findings from our investigation

While we have many concerns about Ms Y's care and treatment, we would particularly commend:

- The efforts made by many members of hospital nursing staff to develop and maintain a therapeutic relationship with Ms Y and her mother.
- The strenuous efforts of the Responsible Medical Officer to provide the best care and treatment that she could and to secure input and opinions from colleagues. We are satisfied that the doctor responsible for Ms Y's care observed the limits of her professional competence and took every action she could to ask for assistance from practitioners with greater knowledge of younger persons' mental health.
- The community mental health services, for doing everything they could to support Ms Y and for responding quickly and appropriately to any deterioration in her mental health.
- Not least, Ms Y's own resilience and the support of her family which were of great importance in her recovery.

Our recommendations

The NHS Board responsible for Ms Y's care and treatment should:

- ensure that all people under the age of 18 admitted to general psychiatric wards have access to expert multidisciplinary assessment and advice, from practitioners skilled in the care of younger people;
- review the provision of activities within admission wards to ensure that they cater for all persons who may need acute in-patient care and treatment;
- via educational supervisors, ensure that psychiatrists in training make appropriate working and/or differential diagnoses in all people for whom they complete an initial assessment;
- ensure that occupational therapy and psychology are available to all acute in-patients who need this service and that this service is integrated into multidisciplinary team working at ward level;
- ensure that qualified staff providing direct care for people with challenging behaviour are able to understand and apply basic techniques for analysing and managing behaviour problems;
- provide guidance to staff on the need to consider legal measures when heightened observation levels are used to prevent absconding, and to ensure that all such decisions are clearly recorded and justified;
- provide medical staff with guidance on whether and when to provide clinical opinions in the absence of examination;
- review the separation of adolescent and adult mental health records, to ensure that clinical information is available to support clinical care at all times.

Both the NHS Boards involved in Ms Y's care and treatment:

- must examine the route of entry, continued communication and post-admission arrangements for younger people from neighbouring NHS Health Boards who may need the services of the specialist admission unit for adolescents.

All NHS Health Boards in Scotland should:

- take note of our findings and review their policies and provision in light of their legal obligations in relations to care and treatment of people aged 16-17.

The Scottish Government should:

- as a matter of urgency, review the operation of adolescent mental health services across Scotland, to ensure a consistent approach to the care of 16 and 17 year-old people.

Actions taken since our investigation took place

In April 2008, we met with representatives of both Health Boards and Scottish Government to discuss Ms Y's case. We were impressed with action already taken to address our concerns. The NHS Board responsible for Ms Y's care has already made several changes to age-appropriate service provision for in-patients. A new consultant post has been established to co-ordinate specialist service input to people under the age of 18 who are admitted to adult wards. This person will also be primarily responsible for liaising with the adolescent unit over possible transfer. We were pleased with this response as it addresses the most urgent problem that we identified.

We also noted plans to address the other recommendations in our report. An initial draft action plan appears to address our concerns and we have been promised reports on progress.

The NHS Board that provides specialist in-patient services for children and young people in Ms Y's area, informed us that there were plans to increase the number of adolescent beds. They have already made changes to admission criteria to allow for a broader range of practitioners to make referrals, including adult services and non-medical members of adolescent mental health teams.

Scottish Government recognises that specialist mental health services for younger people should be available for people up to the age of 18 (and beyond, to facilitate transition to adult services) and will respond to our recommendations. Some people under the age of 18 can be managed appropriately by general adult mental health services. However, specialist services must always be available to support care, where appropriate.

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July 2008