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GOOD PRACTICE GUIDE

**Mental Welfare Commission guidance on the admission of young people to adult mental health wards.
November 2012**

When young people under the age of 18 require inpatient treatment the needs of each individual young person are paramount and should be central to determining the care he or she receives. The Mental Health (Care and Treatment) (Scotland) Act 2003 places a duty on Health Boards to provide sufficient services and accommodation for young people up to the age of 18, who require admission. It is the Commission's view that young people under 16 years should be admitted to a young person's unit. On rare occasions we think it may be acceptable for a young person to be cared for in an adult ward. This will depend on the individual circumstances of the young person: his or her maturity, occupation, and the nature of mental health problems. We recognise it may be appropriate for a young person being treated by a specialist mental health service eg. Esteem for early onset psychosis, to be admitted to the adult ward this service uses. However in these circumstances there must still be access to age appropriate specialist care.

With this rare exception, the admission of young people to mental health wards catering for adults is deeply undesirable and may be detrimental to the young person. However where there is no available alternative, such admissions may become necessary. A balance needs to be struck between the risks to the young person of failing to admit him or her and the potentially adverse effects of the admission. For example, admission to an adult ward may be preferable to admission to a young person's unit far from home. However, 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. Where such an admission does become unavoidable, every effort should be made to provide for the young person's needs as fully as possible. In addition, where an appropriate young person's unit exists, every effort should be made to ensure transfer to that unit as soon as possible.

When a young person is admitted to an adult mental health ward the Mental Welfare Commission should be informed via the completion of an ADM2 form. We would also expect:

- 1) That the particular needs of each young person be central to decisions about admission and management (i.e. **not** the needs or constraints of services involved.) The needs of families and carers must also be taken into account.
- 2) That every effort be made to provide for age appropriate specialist care. There should be consideration given to developmental and child protection issues when planning care. Services should develop clear procedures to deliver the best possible care within resources available to them.

- It is the Commission's view that a child and adolescent psychiatrist should take consultant responsibility where at all possible*. The child and adolescent psychiatrist and the relevant adult psychiatrist should work closely together during the admission. There should be clarity around who the responsible psychiatrist is for the young person during their admission and all staff must be aware of who the responsible psychiatrist is.
- Nursing staff with experience of working with young people should be available to provide direct input to care, and support and guidance to ward staff.

- Access to other available local Child and Adolescent Mental Health (CAMH) services should be ensured as appropriate to the needs of the young person.

(*This is particularly important for those young people under 16. We think it may be acceptable in some circumstances for an adult psychiatrist to have responsibility for a young person aged 16 or 17. However, for treatment under Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003 a child and adolescent psychiatrist must carry out the relevant assessments)

- 3) There must be attention to the needs of young people in terms of their protection and welfare within a ward environment that is designed for adults. This is particularly so where the admission is to an intensive psychiatric care unit (IPCU). This must include awareness of the young person's potential physical, emotional and sexual vulnerability. There should therefore be careful consideration of: levels of supervision; use of side rooms rather than dormitory areas; visiting and other ward policies, such as smoking and illicit drug use, which may need modification to apply to young people. Where a young person is cared for in isolation from adult in-patients consideration of the impact of this isolation on the young person must be taken into account and benefit to the young person must be central to the decision making processes.

- 4) There should be access to appropriate therapeutic and recreational activities. There should also be awareness of education needs, and sensitivity both to the needs of families and to the complex issues that may exist for a young person around the involvement of family.

- 5) Staff need to be aware of the legal context of a young person's admission and treatment. This includes: provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003, the rights of the young person, parental responsibilities, and the role of local authorities in safeguarding the interests of a young person.

- 6) The Commission would encourage the practice of identifying a particular ward within an adult inpatient service to receive young people's admissions. This allows a particular group of medical and nursing staff to become more familiar with the needs of young people.



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