mentalwelfare commission for scotland

STATISTICAL MONITORING

Young person monitoring report 2016-17

October 2017

Contents

The Mental Welfare Commission

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Executive summary

In this year's annual report we are pleased to report that the number of admissions of young people under the age of 18 to non-specialist hospital wards for treatment of their mental health difficulties has reduced substantially nationwide. This year there were 71 admissions involving 66 young people to non-specialist wards. This compares favourably with the already improved figures of 2015-2016, when 135 admissions involving 118 young people were recorded. This contrasts with the two year period of 2013-2015, when each year over 200 admissions involving over 170 young people annually occurred in non-specialist environments across the country.

This year every health board area has experienced lower admission figures than last year, and a sizeable number of health boards have witnessed large reductions. All health boards apart from one have achieved admission numbers to non-specialist environments of single figures. This is a substantial achievement.

We continue to see more females than males being admitted overall, with the predominant age range in both genders being between 16 and 17 years old. The predominant reason for admission, as reported last year, was self-harming and/or suicidal ideation.

There continues to be an identified need for a small number of complex cases for access to specialist inpatient adolescent units that are not available within Scotland. Cross-border transfers may then occur to specialist units in England because there are no suitable beds available in Scotland. Scotland does not have any specialist hospital beds for young people under the age of 18 years with a learning disability, forensic needs or who require an intensive psychiatric care unit (IPCU) environment as part of their care. This lack of provision can mean that young people awaiting transfer to specialist beds in England are placed in non-specialist wards in Scotland. We are pleased to hear of the Scottish Government's commitment to undertake further work as part of the Mental Health Strategy to review highly specialist inpatient services for young people and act on its findings.[1]

We continue to advocate for the need to review the availability of national hospital provision for young people with a learning disability and forensic needs, but also highlight the importance of the lack of specialist service provision for young people requiring IPCU provision during their hospital stay. In our report last year[2] we highlighted this issue, but thus far are not aware of any ongoing work to explore the issues around specialist provision or co-ordination of adult IPCU provision for young people across Scotland. This year nearly a quarter of the young people admitted to a non-specialist environment, and about whom we have gathered additional information,

[1] Mental Health Strategy for Scotland 2017-2027. March 2017. http://www.gov.scot/Publications/2017/03/1750
[2] Young Person Monitoring 2015-2016. October 2016. http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf

were looked after in an IPCU (14 out of 61 admissions, 23%). Out of the total 71 non-specialist admissions over the course of the year, 21% (15 out of 71 admissions) involved an admission to an IPCU.

Child and Adolescent Mental Health Services (CAMHS) remain a key focus area for Scottish Government and this is reflected in the recently published Mental Health Strategy.[3] While it is acknowledged that access to CAMHS has improved, demand for this provision is continuing to increase. It is recognised that there is a need to look at the whole system supporting children and young people with mental health difficulties, recognising not just the importance of care provided by specialist CAMHS but also early interventions involving less intensive levels of support, including the provision of support for families through parenting programmes and emphasis being placed on the most vulnerable young people.

We are pleased that Action 19 of the Mental Health Strategy 2017-2027 takes forward a recommendation made last year regarding standards relating to the care provision for young people whilst being cared for for in a non-specialist environment. The CAMHS lead clinician group has been commissioned to develop a protocol for admissions of young people to non-specialist wards (Action 19, Mental Health Strategy 2017-2027)[4].

The number of admissions of young people to non-specialist wards is an important but not the only reflection of the quality of care and service provided to young people requiring treatment in hospital for mental health difficulties. Additional aspects, such as the length of stay of the young person and the availability of specialist care provided to the young person while in a non–specialist ward, are also crucially important. It is hoped that the development of nationally agreed standards will serve as a benchmark for future service development, and as a focus for CAMHS services to help ensure the needs of the young person while looked after in a non-specialist environment are not overlooked. From our annual monitoring data, we are aware that CAMHS clinicians continue to provide support to young people in non-specialist inpatient wards, but over recent years the proportion of young people being able to access specialist CAMHS input while an inpatient in a non-specialist ward has not improved substantially. We know from our work throughout the course of the year that specialist CAMHS support available to young people in non-specialist wards can vary considerably and does not necessarily reflect the needs of the young person.

This year we once again recommend continued work by hospital managers in reviewing the admission protocols for young people accessing beds in the specialist NHS adolescent units within Scotland. We have been told that the three specialist adolescent units have different admission processes around admissions of young people out-of-hours or at the weekend, particularly when the young person is not a

[3] Mental Health Strategy for Scotland 2017-2027. March 2017. http://www.gov.scot/Publications/2017/03/1750
[4] Mental Health Strategy for Scotland 2017-2027. March 2017. http://www.gov.scot/Publications/2017/03/1750

resident of the health board area in which the adolescent unit is placed. Although we have been told that work around this issue did begin following our recommendations last year, we think this area of enquiry should continue to be taken forward to ensure there is equity of access to specialist adolescent beds across the country whenever possible.

Summary of recommendations

1. Hospital managers of the regional adolescent units should continue to review admission procedures to establish whether access to the unit can be improved for all new referrals out-of-hours and at the weekend.

2. The Scottish Government, together with health boards, should review the availability of IPCU beds nationally for young people under the age of 18 in Scotland to ensure that young people requiring such provision have timely access to these environments when required.

Introduction

The Mental Health (Care & Treatment) (Scotland) Act 2003 places on health boards in Scotland a legal obligation to provide appropriate services and accommodation for young people who are under the age of 18 years and are admitted to hospitals for treatment of their mental disorder. Since the implementation of the Act in 2005, the Mental Welfare Commission for Scotland has monitored the admissions of young people under the age of 18 years to non-specialist wards.

Every year we report on this monitoring activity and publish our findings. In previous years, including last year, we have undertaken additional monitoring exercises to explore in more detail some of the difficulties that can arise when young people are admitted to wards and some of the reasons behind young people being admitted to wards that are designed primarily for the needs of other age groups or different patient populations.

For over a decade now, the mental health of children and young people in Scotland has been a key area of focus for policy makers, and the Scottish Government has articulated its aspiration that Scotland be the best country in the world in which a young person can grow up. CAMHS have been a key focus of mental health strategy. The government has aimed to increase access of children and young people to specialist CAMHS across the country, to increase the availability of psychological therapies to children and young people and to reduce the admissions of children and young people to non-specialist wards to low levels. Information on the specialist CAMHS workforce across Scotland has been collected routinely since 2006 and is now published quarterly. Overall, CAMHS staffing levels have steadily increased since 2009, although since March 2015 there has been only minimal change occurring in the

workforce.[5] It is recognised that the demand for specialist CAMHS services will continue to grow, and we welcome that the new Mental Health Strategy identifies a number of actions seeking to promote and protect children's and young people's mental health and wellbeing and improve their access to timely, evidenced based intervention and support[6]. In recent years, in order to try and improve access to specialist CAMHS, Scottish Government has set an 18 week referral to treatment HEAT target for CAMHS, with the aim of this being delivered by December 2014[7]. Following additional work and engagement with health boards and stakeholders, the Scottish Government determined that the CAMHS service standard should be set at a maximum wait of 18 weeks in 90% of patients. Although this target has not yet been reached across Scotland as a whole, 10 health boards have been able to reach this target in the last quarter of reporting.[8]

In the recently published Mental Health Strategy for 2017-2027, the strategic direction for the next decade for mental health services has been outlined. The strategy continues to place a strong emphasis on improving mental health services for children and young people. Importantly, it continues to emphasise the need to improve access to specialist CAMHS, and to improve prevention and early intervention services provided for children and young people together with a focus on the most vulnerable children in society, including those living in poverty, children in care or involved with offending, and those children and with a disability and/or autism.

Specialist child and adolescent inpatient provision remains a key feature of specialist CAMH services across the country. In Scotland, there are three regional adolescent inpatient units provided within the National Health Service and one private hospital that provides care for young people under the age of 18 years with mental health difficulties[9]. In addition to these specialist adolescent units, the National Child Inpatient Unit based in Glasgow receives admissions of children under the age of 12 years with mental health difficulties from across Scotland.

Monitoring the admissions of children and young people to non-specialist facilities remains a priority for the Commission. We routinely collect information about the admissions of young people when they are admitted to wards for mental health care

[5] Information Services Division Scotland (07/06/2016); Child and Adolescent Mental Health Services (CAMHS) in NHSScotland: Workforce information as of 31 March 2017 https://www.isdscotland.org/Health-Topics/Workforce/Publications/2017-06-06/2017-06-06-CAMHS-Summary.pdf

[6] Mental Health Stategy 2017-2027 published March 2017 http://www.gov.scot/Publications/2017/03/1750

[7] 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. The latest figures are reported are available for 31 March 2017 https://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2017-06-06/2017-06-06-CAMHS-Summary.pdf

[8] 18 week standard met by NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles. https://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2017-06-06/2017-06-06-CAMHS-Summary.pdf

[9] NHS provision: Skye House, Stobhill Hospital, Glasgow; Young People's Unit, Royal Edinburgh Hospital, Edinburgh; Dudhope House Young People's Unit, Dundee. Private provision: Huntercombe Hospital, West Lothian.

that are not the above specialist adolescent units or the National Child Inpatient Unit. We do not collect information on those admissions that are less than 24 hours in duration, are solely related to drug or alcohol intoxication, or are solely for the medical treatment of self-harm. We expect to be notified of all admissions of young people to non-specialist facilities that meet our criteria, and once we have been notified about an admission we send out a questionnaire to the consultant in charge of the young person's care (responsible medical officer or RMO) to find out further information about the admission. We publish these findings annually.

In 2016-17 we received further information about the admission for 86% (61) of admissions, a fall from last year's high level of 96%. As part of our monitoring process at quarterly intervals throughout the year, we liaise with health boards across the country to try and ensure we have been notified about all the appropriate admissions. In this year's annual report, we are able to report once again on the duration of young people admissions to a non-specialist environment, an initiative which began last year.

In addition to collecting information about the admissions of young people to non-specialist wards we also visit young people in hospitals to look at how their care and treatment is provided. We do this particularly when the young person is under 16 or when we know that a young person is placed in an IPCU. IPCUs are specialist secure general adult wards that provide care for adults who are at significant risk of either harming themselves or others as a consequence of their mental health difficulties. They also provide care for individuals with mental disorder who have been transferred from prison or the courts.

Provision of age-appropriate care for people under 18

In this part of the publication, we report on our work to examine the care and treatment of young people admitted to non-specialist mental health care over the full year period (April 2016 – March 2017). Section 23 of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Act') places a responsibility on NHS boards to provide accommodation and services to meet the needs of persons under the age of 18 who are admitted to hospital as a consequence of mental disorder.

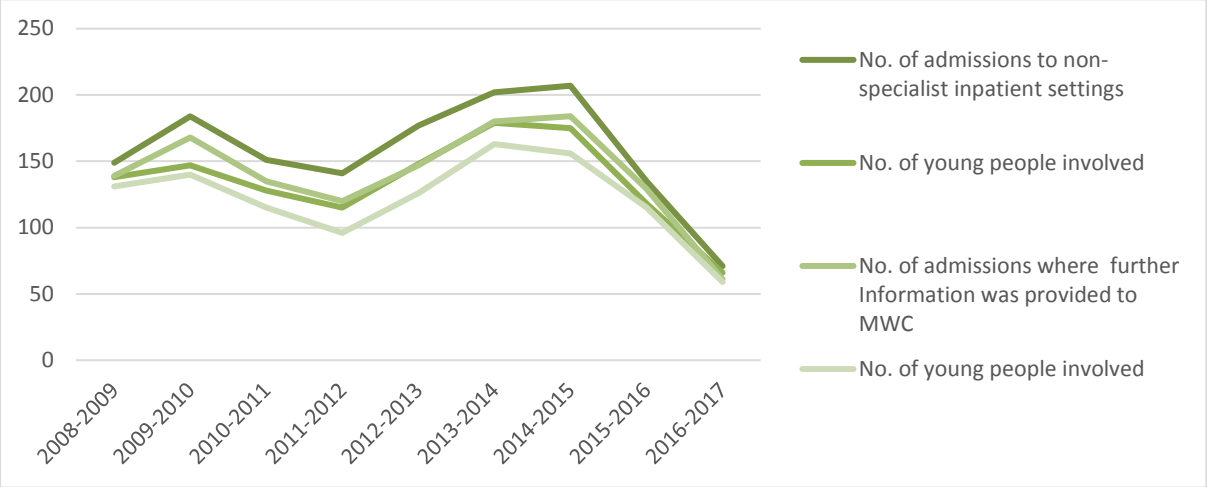
The Code of Practice states that young people should be admitted to a non-specialist ward only in exceptional circumstances. There are a number of differences between specialist adolescent units and wards designed to treat the needs of adults with mental disorder, both in terms of staff training and experience and in terms of the ward environment. There is a concern that the needs of a young person may not be met in a comparable way when a young person is admitted to an adult mental health ward for mental health reasons as opposed to a specialist adolescent unit. Unfortunately the demand for specialist adolescent inpatient beds in the under 18 population has been greater than supply in recent years, and CAMH services across the country have been working hard both to try and reduce the number of young people admitted to non-specialist wards and to improve their experience of care whilst an inpatient in these settings.

Young people (under 18) admitted to non-specialist facilities, by year 2008-2017

Table 1 Young people (under 18) admitted to non-specialist facilities, by year 2008-17

	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
No. of admissions to non-specialist inpatient settings	149	184	151	141	177	202	207	135	71
No. of young people involved	138	147	128	115	148	179	175	118	66
No. of admissions where further information was provided to MWC	139	168	135	120	147	180	184	129	61
No. of young people involved	131	140	115	96	126	163	156	115	59

Figure 1 Young people (under 18) admitted to non-specialist facilities, by year 2008-17



Our interest in these figures

Since 2005 we have monitored admissions of young people to non-specialist environments, and seek to confirm whether NHS boards are fulfilling their legal duties to provide age-appropriate services and accommodation. We have raised concerns about the number of admissions of young people to non-specialist environments for several years.

In 2010-11 and 2011-12 there were drops in admissions across the country. Unfortunately thereafter the number of admissions increased to an all-time high of 207 admissions, involving 175 young people in 2014-2015. Last year, however, a substantial drop in the number of admissions occurred across the country, falling to 135 admissions over the course of the year involving 118 young people.

It is important to try and understand what factors have been important in reducing non-specialist admissions in order to try and ensure there is ongoing matching of inpatient and tier IV (most intensive) CAMH service provision to the mental health needs of Scotland's under 18 population of young people. It is also important to keep in mind that in some cases admission to a non-specialist ward may be regarded as the best option for the child or young person in a particular situation. In a significant number of cases admissions are for short periods only, and an admission to a local non-specialist ward might enable contact with the family to be maintained more easily and local community services to be co-ordinated more effectively.

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

Table 2 Young people (under 18) admissions to non-specialist beds, by bed type

Health Board	Hospital	Paediatric	Adult	Total
Ayrshire and Arran	Ailsa	0	2	**2**
	Crosshouse	1	3	**4**
	Woodland View	0	3	**3**
Borders	Borders General/Huntlyburn house	0	3	**3**
Dumfries and Galloway	Dumfries and Galloway Royal Infirmary	0	0	**0**
	Midpark	0	3	**3**
Fife	Queen Margaret	0	1	**1**
	Whyteman's Brae	0	3	**3**
	Lynebank	0	1	**1**
	Stratheden	0	1	**1**
Forth Valley	Forth Valley Royal	0	5	**5**
Grampian	Dr Gray's	0	0	**0**
	Royal Cornhill	0	4	**4**
Greater Glasgow and Clyde	Dykebar	0	0	**0**
	Gartnavel Royal	0	1	**1**
	Inverclyde Royal	0	2	**2**
	Leverndale	0	3	**3**
	Parkhead	0	0	**0**
	Queen Elizabeth	0	1	**1**
	Royal Alexandra	0	0	**0**
Highland	Argyll and Bute	0	1	**1**
	New Craigs	0	3	**3**
Independent	Ayr Clinic	0	1	**1**
Lanarkshire	Hairmyres	1	11	**12**
	Monklands	0	4	**4**
	Wishaw General	3	6	**9**
Lothian	Royal Edinburgh	0	0	**0**
	St Johns	0	1	**1**
Shetland	Gilbert Bain Hospital	0	0	**0**
Tayside	Carseview Centre	0	1	**1**
	Monroe House	0	0	**0**
	Ninewells	0	1	**1**
	Stracathro Hospital	0	0	**0**
Eilean Siar (Western Isles)	Western Isles	0	1	**1**
Scotland		**5**	**66**	**71**

What we found

In 2016-17 we were notified of 71 admissions to non-specialist wards involving 66 young people. This is a large reduction from last year's already improving figures (135 admissions involving 118 young people in 2015-2016), and contrasts with the previous two years where we were notified of 207 admissions involving 175 young people in 2014-2015 and 202 admissions involving 179 young people in 2013-2014 figures respectively.

In the 2012-2015 Mental Health Strategy, the Scottish Government stated its commitment to reducing admissions of young people to adult wards to rates comparable to those achieved in the South of Scotland area. Approaches to achieve this goal have included increasing capacity of the specialist adolescent estate and promoting the development of CAMHS intensive services to provide alternatives to admission and help reduce length of stay within adolescent units. Although this commitment was not achieved across Scotland within the time frame of the Mental Health Strategy, this year and last we have seen numbers of young people admitted to non-specialist wards fall substantially. When making enquiries about the reasons behind this, the role of CAMHS intensive treatment services has been identified as a key contributory factor, as well as other approaches to help co-ordinate and streamline admission and discharge procedures of the specialist inpatient units, the stability of staffing within the inpatient units and the expansion of capacity to deliver evidence based and intensive treatment within the community.

As mentioned in previous Commission reports, there continue to be several cases each year where young people from Scotland are transferred to specialist adolescent units in England due to a lack of national provision able to cater comprehensively for the particular mental health needs of a small group of young people. In the absence of any similar unit for young people in Scotland, these young people will continue to be placed in specialist units in England. One such group for whom Scotland has no inpatient provision at present is young people who have both significant mental health difficulties and forensic needs. A second group for whom there is currently no inpatient provision in Scotland is young people with a learning disability (intellectual disability) and/or autism. The Commission very much welcomes the inclusion in the Mental Health Strategy 2017-2027 of action 20: "Scope the required level of highly specialised mental health inpatient services for young people and act on its findings." We are pleased to hear news that work in relation to both of these groups of young people is in progress, and look forward to hearing how this work will impact on service development and provision for young people over the coming years.

A third group whose inpatient requirements are not currently met fully in Scotland is young people under the age of 18 requiring access to IPCU facilities during the course of their hospital stay. Although a small proportion of these young people looked after in IPCU facilities are in transition to secure forensic provision in England (and so might be more appropriately placed for in any secure forensic unit once developed), the

majority of young people are not and require IPCU facilities for a short period of time during the course of their hospital admission. As a consequence, these young people will be unaffected by any proposed new forensic service provision. We discuss the lack of IPCU provision for children and young people in more detail on page 23.

Young people admitted to non-specialist facilities by NHS board, by year 2010-2017

Table 3 Young people admitted to non-specialist facilities by NHS board, by year 2010-2017

Health Board	2010 - 2011		2011 - 2012		2012 – 2013		2013 - 2014		2014 - 2015		2015 - 2016		2016 - 2017	
	Admissions	Young People Involved	Admissions	Young People Involved	Admissions	Admissions	Admissions	Young People Involved	Admissions	Young People Involved	Admissions	Young People Involved	Admissions	Young People Involved
Ayrshire & Arran	18	16	14	11	8	8	17	15	26	21	21	17	9	8
Borders	4	3	6	6	6	5	1	1	13	6	7	7	3	3
Dumfries & Galloway	10	7	5	4	13	10	13	9	6	6	5	5	3	3
Eilean Siar (Western Isles)	0	0	0	0	0	0	0	0	1	1	1	1	1	1
Fife	6	6	6	6	3	3	6	5	7	4	5	5	6	6
Forth Valley	5	5	12	10	21	19	26	25	16	15	11	9	5	5
Grampian	30	23	23	17	31	22	20	17	27	23	15	12	4	4
Greater Glasgow & Clyde	33	27	30	23	30	24	37	34	36	30	17	16	7	7
Highland	7	7	6	5	6	6	21	19	12	11	9	8	4	4
Lanarkshire*	29	25	32	27	48	40	*****43	*****38	37	34	27	24	25	22
Lothian	4	4	3	3	1	1	8	7	8	8	3	1	1	1
Orkney	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shetland	0	0	0	0	0	0	0	0	0	0	2	2	0	0
State	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Tayside	4	4	4	3	9	9	10	9	19	17	12	11	2	2
Independent (Ayr Clinic)**													1	0
Scotland	**150**	**127**	**141**	**115**	**177**	**148**	**202**	**179**	**207**	**176**	**135**	**118**	**71**	**66**

*****We were informed that one admission to NHS Lanarkshire was an out of area admission from NHS Greater Glasgow and Clyde (2013/14).

** Ayr Clinic is shown as independent rather than included in NHS Ayrshire and Arran figures. This admission followed a preceding admission to a non-specialist ward in Scotland. It is therefore not included in the individual data due to the young person being counted already elsewhere.

Our interest in these figures

It is our view that when a young person requires inpatient treatment, their individual clinical needs should be given paramount importance. When 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 with the previous year.

There continue to be differences in the configuration of CAMH services across the country with varying eligibility criteria for young people depending on their age and educational status. It had been hoped that by the end of 2015 all CAMH services in Scotland would reconfigure to provide services for all children and young people up to the age of 18. However, this has not happened everywhere in Scotland, and some CAMH services continue to provide mental health services for children and young people under the age of 16 years and only for young people between the ages of 16 and 18 years in full time education. This difference in service configuration can affect the numbers of young people admitted to non-specialist wards. In last year's additional monitoring exercise[10] we learned that those young people aged between 16 and 18 who were not in full time education, and therefore looked after ordinarily by general adult mental health teams, were less likely to access a specialist adolescent bed when admitted to hospital due to continuity and consistency issues for the local psychiatric team. We know of no further changes to CAMHS eligibility criteria and populations since last year's report, and so this factor is likely to still have an impact on non-specialist admissions in some health board areas. As a consequence, the levels of non-specialist admissions may be higher in those areas where a proportion of young people between the ages of 16 and 18 are looked after routinely by general adult mental health services.

In our report last year we made a recommendation that hospital managers of the regional adolescent inpatient units should review admission procedures for all new referrals out of hours and at the weekend.[11] We are aware that access to beds within some adolescent units can vary depending on the location of a young person in the out-of-hours/weekend period. We have been told that work in relation to this question is ongoing, but the difference in accessibility of young people to some specialist beds might impact on admission figures for some health board areas. This work to try and reduce inequity of access to specialist adolescent inpatient beds should continue.

[10]Young Person Monitoring 2015-2016. October 2016.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf
[11] Young Person Monitoring 2015-2016. October 2016.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf

Recommendation 1: Hospital managers of the regional adolescent units should continue to review admission procedures to establish whether access to the unit can be improved for all new referrals out-of-hours and at the weekend.

In April 2015, we began collecting data relating to duration of stay of young people in non-specialist settings. We wanted to see how long young people remained in non-specialist wards. We are aware from our monitoring activity and from our visits to young people that lengths of stay in non-specialist environments can vary considerably. We will continue to report on length of stay in each year's annual monitoring report.

What we found

Figures in Table 3 compare admissions to non-specialist inpatient mental health beds for young people up to the age of 18 years by NHS board area from 2010-11 to 2016-17. This year we are pleased to report that all NHS board areas in Scotland have experienced admission numbers at reduced levels, and in many cases substantially reduced levels, to previous years. In 2015-2016 we drew attention to the reduction achieved in NHS Greater Glasgow and Clyde which achieved a pronounced reduction in admission numbers (53% reduction in 2015-2016 from those experienced in 2014-2015). This year NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Grampian, NHS Tayside have all achieved comparable reductions.

West of Scotland

Health boards involved in the West of Scotland network (NHS Dumfries and Galloway, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Forth Valley) refer into Skye House, a 24 bedded specialist adolescent unit based in Stobhill Hospital, Glasgow.

Over the past few years a number of initiatives have taken place across the West of Scotland network to redefine and redesign service provision for young people requiring the most intense clinical input who could be at high risk of hospital admission. These initiatives working together have reconfigured the pathway for young people requiring this high level of clinical input across the network, and helped reduce non-specialist admissions of young people across much of the region.

Greater staffing stability in Skye House and ongoing service redesign initiatives within the unit have had a positive impact in increasing capacity of the specialist inpatient estate and reducing admission numbers to non-specialist wards. The introduction of a bed manager post working initially within the NHS Greater Glasgow and Clyde region, and latterly across the network, has had significant positive impact in terms of facilitating admission of young people to Skye House and co-ordinating intensive CAMHS support to a young person in the community at risk of admission.

In addition to initiatives within Skye House, development of community services across the network has taken place both in terms of increasing the range of evidence based treatments able to be provided within the community (e.g. family-based treatment for anorexia nervosa) and the development of intensive treatment service provision now in all of the West of Scotland's network areas. Both these initiatives have increased capacity within community based services to respond to and address the needs of young people requiring high levels of clinical input without resorting to inpatient care.

In this visit year NHS Lanarkshire has reduced its number of admissions of young people to non-specialist units to 25 from 27 in 2015/16, but has not experienced the sizeable reductions in admissions as other health board areas. Although it is reported that access to Skye House for planned admissions has improved, services have told us they have experienced a high number of young people presenting out-of-hours to A&E having self-harmed and with suicidal ideation, and these young people have been admitted to specialist beds locally. We have also been told that this year services have experienced an increase in presentations in young people over the age of 16 with psychosis often associated with substance misuse. These young people were looked after by the adult services due to health board service configuration. We are also aware of one admission from another health board area that lasted for four weeks due to a dispute between the CAMHS and adult services in the home board regarding which service would take the patient back. NHS Lanarkshire is a health board in which adult services look after young people above the age of 16 who are in less than full time education. This may influence the figures recorded.

South of Scotland

The Young People's Unit in the Royal Edinburgh campus in Edinburgh receives admissions of young people from NHS Lothian, NHS Borders and NHS Fife. All three health board areas have experienced low figures of non-specialist admissions this year and in recent years. NHS Fife has experienced similar figures to previous years, and we are pleased to report that NHS Borders has reduced its admissions of young people to non-specialist beds from seven in 2015/16 to three this year. There is no dedicated intensive treatment team for young people in NHS Borders, however the CAMHS staff work closely with the adult crisis team to ensure an out of hours service to young people is available when needed. We are pleased to report that NHS Lothian has once again had only one admission to a non-specialist facility. In this instance it was appropriate and the young person was admitted to a service that best matched their health care needs.

North of Scotland

The five health boards in the North of Scotland, which includes Highland (excluding Argyll and Bute), Grampian, Tayside, Shetland and Orkney, are all involved in the North of Scotland CAMHS Tier 4 Network. In the network, there are CAMHS network liaison nurses in post, with a role in providing consultation and support to professionals

working with young people in the community and supporting transition into and out of the young person's unit at Dudhope House in Dundee. This is a new purpose built 12 bedded unit, which opened in 2015 and has doubled the number of specialist beds available for these five health board areas from six.

There was a short period in 2015/16 when all the beds in the new young person's unit in Dundee could not be used, due to vacant staff posts. However, the unit has been fully operational in 2016/17 and this increased capacity seems to be reflected in the decrease in the number of young people admitted to non-specialist wards across the network. There has been a substantial reduction in the number of non-specialist admissions in all the network's health board areas, including NHS Tayside, NHS Grampian and NHS Highland, with no admissions recorded in Orkney and Shetland. We are also aware from the monitoring information provided to us that young people are transferring to the new unit in Dundee smoothly after admission when this is seen as necessary.

In NHS Grampian all the admissions in 2016/17 were to Royal Cornhill Hospital. For a number of years now the arrangement has been that a young person would be admitted to one adult acute admission ward, with a dedicated nursing team who had undertaken additional training in relation to working with young people. We are pleased that this arrangement for the provision of nursing care continues to be in place, to help ensure that the specific needs of a young person in an adult ward are addressed. We are also aware that in NHS Highland senior managers in adult mental health and CAMH services are meeting regularly now to look at developing communication and joint working procedures between the two service areas. We would anticipate this will improve joint working if a young person is admitted to an adult ward there.

In NHS Tayside the new young person's unit has had a recent gateway review. These are short focussed reviews conducted at various points with major public sector building projects, and this review looked at the operation of the facility and whether intended benefits were being delivered. Some recommendations were made but the review report was positive, concluding that the facility was delivering the expected benefits.

Length of stay in non-specialist wards, by year 2016-2017

Table 4 Length of stay in non-specialist wards, by year2016-2017

Length of Stay*	2015-2016	%	2016-2017	%**
1-3 days	36	27%	25	35%
4-7 days	28	21%	17	24%
1-2 weeks	28	21%	8	11%
2-3 weeks	13	10%	4	6%
3-4 weeks	11	8%	7	10%
4 weeks+	7	5%	3	4%
5 weeks +	12	9%	7	10%
Total	**135**	**100%**	**71**	**100%**

Mean (days)	15		19	
Median (days)	8		6	
Mode (days)	2		3	

*The Commission collects data on admissions that are 24 hours and above.
** Base = 71 admissions

This is the second year that we have reported on the length of stay (LOS) of admissions of young people to non-specialist wards. The LOS is the amount of time that a young person remained in a non-specialist ward. We wanted to capture data reflecting this area because we were aware from our work during the year that length of stay can vary considerably and a small but significant minority of young people are looked after for long periods of time on wards that are not designed to look after their needs. We believe that length of stay, together with standards of care provided while a young person is looked after in a non-specialist environment, are important quality issues to consider, alongside the overall numbers of young people admitted to non-specialist wards nationally. Once again, and as expected, a large proportion of admissions are for three days or under (35%), and 59% are for seven days and under.

There continue to be sizable numbers of young people who remain inpatients in a non-specialist environment for well over three weeks (17 young people or 24%). Most of these admissions involved young people where there was no national provision of inpatient beds for their age group and mental health needs.

The length of a small number of very long admissions is reflected in the average length of stay calculated. The mean LOS is 19 days, while the median is shorter at six days. The most frequent length of stay or mode was three days.

In longer admissions of young people to non-specialist wards, it is very important that the young person has access to a range of CAMHS specialist care relevant to their needs and provided by differing professional groups as appropriate. While a small majority of admissions are less than one week in length, this still represents a

considerable amount of time for young people in a non-specialist environment, many of whom have never been in hospital before.

Specialist health care for admissions of young people in non-specialist care, 2016-2017

Table 5 Specialist health care for admissions of young people in non-specialist care, 2016-2017

Specialist medical provision	Age 0-15	Age 16-17	All	*%
RMO at admission was a child and adolescent specialist	7	26	33	54
Nursing staff with experience of working with young people were available to work directly with the young person	6	18	24	39
Nursing staff with experience of working with young people were available to provide advice to ward staff	9	42	51	84
The young person had access to other age appropriate therapeutic input	7	23	30	49
None of the above		2	2	3
Total admissions*	**10**	**51**	**61**	**100**

***** Base=61, 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 responsible medical officers (RMOs) to provide us with more detailed information once we have been notified of an admission. Some of the information we request is summarised in the table above.

Each year, we specifically want to see whether specialist child and adolescent services 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 child and adolescent services when a young person is admitted to an adult ward varies across the country. Although we can report some improvements, overall there continue to be reports of limited access to CAMHS support during some admissions.

It is important that health boards remain focussed on the provision of appropriate care for this group of young people while in hospital, and ensure that the care and treatment provided during their stay in a non-specialist environment reflects the clinical needs of

the young person. Last year in our monitoring report we drew attention to the care standards that had been developed by the Royal College of Psychiatrists to establish a benchmark for care provided to young people in England and Wales while looked after in a non-specialist hospital environment[12]. We welcome the Scottish Government taking this recommendation forward and commissioning the CAMHS lead clinician's group in Scotland as part of its Mental Health Strategy Action 19 to develop admission protocols and care standards to guide service provision nationally in the future.

What we found

This year there has been no improvement in the percentages of young people with specialist care input from CAMHS staff during their admission to a non-specialist unit. In fact, the figures in the table above have changed little in recent years and we continue to have concerns about this. We hope that the developments of CAMH services in many NHS board areas will increase the provision of CAMHS multi-disciplinary staff available to support the admission of a young person in a non-specialist environment in the future. In some circumstances where an admission might be of very short duration, the provision of direct specialist clinical contact might not be as important in terms of provision of care as stays of longer duration. However, even in short admissions the task of liaison, communication and co-ordination of care around discharge and discharge planning is crucial for young people presenting in crisis.

This year the consultant in charge of a young person's care (or RMO) was a child and adolescent specialist in 33 (54%) of the 61 admissions we were given additional information about. This compares with 63 (49%) of the 129 cases in 2015-2016, 54% of admissions (100 out of the 184 cases) in 2014-2015, 50% in 2013-2014 (91 out of 180 cases) and 52% (77 out of 147 cases) in 2012-2013. However, we are pleased to see that in many cases specialist child and adolescent consultants continue to provide advice and support to young people during admissions. This approach greatly increases the continuity of care for young people already engaged with child and adolescent services prior to admission.

Once again, we have seen a decrease in the proportion of admissions where there has been direct input from nurses experienced in working with children and adolescents. This year the figure is 39% (24 out of 61 cases), down from 46% (59 out of 129 cases) in 2015-2016, 48% in 2014-2015, 56% in 2013-14 and 58% in 2012-2013. However, the percentage of admissions where there have been nurses available with relevant CAMHS experience to provide advice to ward staff has slightly increased from last year at 84% (51 out of 61 cases), compared with 78% (100 out of 129 cases) in 2015-2016, 85% in 2014-2015, 80% in 2013-2014, and 76% in 2012-2013.

[12] Young Person Monitoring 2015-2016. October 2016.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf

It is not clear whether the increased focus on the 18-week referral to treatment HEAT target for community CAMHS staff has impacted negatively on the availability of nursing staff to support non-specialist admissions of young people. We would have expected a higher proportion of direct input from nursing staff experienced in working with children and adolescents, due to the expansion of intensive treatment services across the country. We will continue to monitor the impact of the increasing investment in intensive treatment provision that is occurring in many health board areas to see whether this will improve access to specialist nurses while a young person is an inpatient in a non-specialist ward.

This year we report an increase in the proportion of young people being able to access additional age-appropriate therapeutic input (49% or 30 out of 61 cases). This compares with 38% or 49 out of 129 cases last year, 59% in 2014-2015, 51% in 2013-2014 and 88% in 2012-2013. As is the case for specialist nursing provision described above, the provision of age appropriate multidisciplinary therapeutic input is an area of interest to the Commission, and we will continue to monitor this closely, both in terms of our monitoring activities and also in terms of our visits to young people in non-specialist environments.

Social work provision for admissions of young people to non-specialist care, 2016-2017

Table 6 Social work provision for admissions of young people to non-specialist care, 2016-2017

Social work provision	Age 0-15	Age 16-17	All	*%
Young person was looked after and accommodated by the local authority	2	6	8	13
Young person had access to social work	8	39	47	77
Neither of the above	1	10	11	18
No information	0	2	2	3
Total*	**10**	**51**	**61**	**100**

*Total=61, 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 provision. Many young people admitted to a non-specialist facility will have had no prior involvement with social work services, 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, there should be clear local arrangements to secure that input.

We have an interest in the provision of services for ‘looked after’ children. A young person is described as being ‘looked after and accommodated’ if, under the provisions of the Children (Scotland) Act 1995, they are under the care of their local authority and

either subject to a supervision requirement and looked after at home, or looked after away from home in foster or kinship care, a residential care home, a residential school or secure young people unit.

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. The recent Guidance on Health Assessments for Looked after Children and Young People[13] emphasises that mental health problems for 'looked after' young people are markedly greater than for their peers in the community. In the recent Mental Health Strategy 2017-2027[14], Action 5 addresses particular issues "for young people on the edges of and in secure care" and seeks to ensure mental health needs are considered in the pathway of care for these children and young people.

In last year's monitoring report, we identified that a proportion of young people admitted to non-specialist wards came from and returned to local authority funded residential accommodation, including secure care provision. Since 2014 we have been collecting information about young people's admissions to non-specialist wards and whether they are 'looked after and accommodated'. We would assume that any 'looked after' young person admitted to a non-specialist facility should have an identified social worker.

What we found

This year 77% (47 out of 61 cases) of young people had access to a social worker, either at the point of admission or during their admission. This compares with 71% (91 out of 129 cases) of young people in 2015-2016, 74% in 2014-15, 76% in 2013-2014, and 74% in 2012-2013.

Of the 61 admissions where further information was provided to the Commission, we were told that in eight cases (13%) a young person was designated as 'looked after and accommodated'. This compares with 13% (17 out of 129 cases) in 2015-2016 and 12.5% of young people in 2014-2015 (23 cases out of 184). Of the eight young people this year, two were aged 15 or under and six were aged 16 to 17 years.

[13] The Scottish Government (28 April 2009) CEL16 http://www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf
The Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland* http://www.gov.scot/Resource/0045/00450743.pdf
[14] Mental Health Strategy. March 2017. http://www.gov.scot/Publications/2017/03/1750

Supervision of young people admitted to non-specialist care, 2016-2017

Table 7 Supervision of young people admitted to non-specialist care, 2016-2017

Supervision arrangements	Age 0-15	Age 16-17	All	%
Transferred to an IPCU or locked ward during the admission*	2	12	14	23
Accommodated in a single room throughout the admission	8	41	49	80
Nursed under constant observation	10	31	41	67
Was this because of ward policy?	7	23	30	49
Was this following an individual assessment of the young person?	6	32	38	62
Total**	**10**	**51**	**61**	**100**

***This is taken from information recorded on the forms.

****Total=61, 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 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

This year 14 young people (23%) out of the 61 cases where further information was provided to the Commission were cared for in an IPCU or locked ward during admission. This percentage is a large increase from recent years, and compares with 11% in 2015-2016 (14 out of 129 cases), 11% (21 cases out of 184) in 2014-2015, nine per cent (17 cases out of 180) in 2013-2014 and 13% (19 cases out of 147) in 2012-2013. The actual number of young people requiring IPCU facilities this year is comparable with previous years, but as the numbers of young people admitted to non-specialist environments has fallen overall, the proportion of young people requiring IPCU facilities has grown as a consequence. Once again, this year a proportion of the young people concerned were under the age of 16 years (two out of the 14 young people admitted to IPCU), which is slightly reduced from recent years where the proportion of the young people admitted to an IPCU or locked ward under the age of 16 has been around 25%.

We continue to be concerned about the numbers of young people whose care necessitates the use of secure facilities, but because of a lack of a specialist

adolescent provision have to be cared for in an adult IPCU or locked ward environment.

We are aware of difficulties that can arise when a young person requires IPCU facilities from our work during the year and the concerns expressed to us by clinicians regarding the unsuitability often of an adult IPCU environment for young people. As mentioned earlier, IPCU facilities are specialised environments designed to help care for adults when they are very unwell and present with high levels of risk either to themselves or others. IPCU facilities are also used routinely to provide care for adults who are engaged in the criminal justice system and court processes due to the security of the environment. The lack of specialist adolescent IPCU service provision and the lack of clear pathways around access to adult IPCU facilities can add significant difficulties for the young person and their clinical team when a bed for the young person within a secure hospital environment is required. Issues around difficulty accessing IPCU facilities adds complication at a time when there is often clinical urgency and challenge anyway about the availability of provision of appropriate care for the young person. The issue of young people experiencing difficulty in accessing IPCU facilities appears to be especially problematic when the young person is under the age of 16 years. This is because the concerns about the young person's vulnerability in an IPCU can be heightened when a young person is under 16 years of age. This year two young people under the age of 16 years were admitted to an adult IPCU.

We are aware that the issue of young people being able to access IPCU facilities has arisen on occasion in the past at various different strategic levels, and it may be that the issue of IPCU access to the under 18s is best addressed regionally. However, to date we know of no ongoing work being undertaken to look at IPCU requirements nationwide or regionally in the under 18 population, and importantly no work has looked at developing agreed pathways for accessing IPCU provision for young people in Scotland.

Recommendation 2: The Scottish Government, together with health boards, should review the availability of IPCU beds nationally for young people under the age of 18 in Scotland and develop mutually agreed pathways to ensure that young people requiring such provision have timely access to these environments when required.

We continue to monitor the use of enhanced observation levels and the use of single rooms for young people admitted to non-specialist environments. We are aware of many health boards having policies in place stating that young people should be cared for in a single room whilst an inpatient in a non-specialist environment, and be placed on enhanced observation levels for the duration of their stay. This year the number of young people cared for within a single room is 80% (49 out of 61 cases), which is comparable to last year's figures of 88% (113 out of 129 cases) 81% in 2014-2015,

82% in 2013-2014 and 80% in 2012-2013. We are aware from our visits that awareness and implementation of policies relating to single rooms and enhanced observation levels to promote the safeguarding of young people on non-specialist wards seems to be well established.

Other care provision for young people, 2016-2017

Table 8 Other care provision for young people, 2016-2017

Other provision	Age 0-15	Age 16-17	All	*%
Access to age appropriate recreational activities	7	28	35	57
Appropriate education was provided	3	13	16	26
Access to advocacy service	3	34	37	61
Has access to specialist advocacy service	1	11	12	20
Young person has a learning disability	2	3	5	8
Total*	**10**	**51**	**61**	**100**

***Total=61, 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 a large proportion of admissions are for very short periods of time, and so access to appropriate recreational activities and education may not be significant for many young people. However, for longer admissions this area of service provision can be very important. We want to know if independent advocacy services are readily available, given the important role advocacy can play in ensuring that a young person's views are heard, and the right that anyone with a mental disorder has in being able to access this service.

In the 2015 amendments to the 2003 Mental Health Act, health boards will have new responsibilities to demonstrate how they are discharging their legal responsibilities in relation to advocacy. The Commission will have a role in reviewing this information to ensure that independent advocacy services are available and accessible for individuals with mental disorders in each health board area.

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

What we found

In previous years we have been pleased to see attention being paid to ensure that young people have access to age-appropriate recreational activities during an admission. This year the proportion of admissions where a young person was described as having access to age-appropriate recreational activity has increased to 57% (35 out of 61 cases), which compares to 42% (54 out of 129 cases) in 2015-2016, 60% (111 cases out of 184) in 2014-2015, 62% in 2013-2014 (111 out of 180 cases) and 55% (81 out of 147 cases) in 2012-2013.

Each year we ask for information about the activities that young people had access to while they were receiving care and treatment as inpatients. Many young people are reported to have access to electronic games (including their phones, Xboxes, Wiis, computer games or other equipment) and to music and DVDs. Access to physical activities, including gyms, are also mentioned for some young people. We are aware that many admissions are for relatively brief periods, but we are concerned that not enough attention is given to structuring daily activity for young people with clear documentation regarding decisions made regarding appropriate activities available to a young person (involving the young person's views) and how these can be provided[15].

Once again a smaller proportion of young people were reported as having access to advocacy during admission this year: 61 % (37 out of 61 cases in which additional information was gathered), which compares with 65% (84 out of 129 cases) in 2015-2016, 72% in 2014-2015, 65% in 2013-14 and 70% in 2012-2013. Of the young people who had access to advocacy during an admission, 20% (12 out of 61 cases) had access to specialist advocacy services, and this compares with 17% (22 out of 129 cases) in 2015-2016 and 29% (38 out of 184 cases) in 2014-2015. This result is disappointing. We expect advocacy support to be available and to be routinely offered to young people. It may be that during a very brief admission there is no time to involve advocacy to support a young person. However, the findings from our monitoring project described last year raise concerns about the accessibility of advocacy supports during young people's admissions to non-specialist wards.[16]

As part of our routine monitoring activity, we ask RMOs whether access to education has been discussed with the young person and, if not, to give reasons why. If education has been discussed with a young person, we ask whether education has been provided. This year we saw an improvement in the number of young people who were provided with some form of educational provision: 16 of the 61 admissions we gained additional information about were provided with education (26%). This is a welcome improvement on 2015-2016 figures (five per cent of cases had education discussed and provided) and nine per cent of young people in 2014-2015. Of the 10

[15] Young Person Monitoring 2015-2016. October 2016.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf
[16] Young Person Monitoring 2015-2016. October 2016.
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf

young people under the age of 16 admitted to non-specialist wards in 2016-2017 and about whom we have further information, only three young people were provided with education. In two others under the age of 16 it was considered and deemed inappropriate due to the young person's presenting difficulties and in two admissions the admission was too short for it to be useful. For 24 (40%) of the young people under 18 years education was not provided due to the young person either having left school or being in employment. In 10 young people (16%) the admission was for too short a time to be useful.

We know that it may not be appropriate to discuss access to education or learning if an admission is for a very short period of time or during a weekend or school holidays, or when the young person is no longer in education. Sometimes a young person may be too unwell for education to be considered appropriate. Young people accessing education remains a fragile area of service provision, however, when a young person has been admitted to a non-specialist facility. Some of the responses we receive indicate there is confusion about this issue and we have made a specific recommendation about this issue in a previous themed visit report[17]. We remain concerned that in the absence of specialist CAMHS or social work input, staff in adult wards may not know how to access education services if this is appropriate while a young person is in hospital. As we have said in previous reports, education authorities have a duty to arrange for the education of young people who cannot attend school because of prolonged ill-health; we 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 settings this year was five out of the 61 cases (eight per cent) where additional information was obtained. This compares with last year's figures of seven out of 129 (five per cent) in 2015-2016; eight per cent (15 cases out of 184) in 2014-2015, eight per cent in 2013-14 and 10% in 2012-2013. We have ongoing concerns about the lack of appropriate services for young people who have significant learning disabilities and require inpatient admission. We are aware of a small number of young people who have to transfer to specialist facilities outside 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 these young people. We are aware of the work currently being undertaken at national level to review the lack of specialist CAMHS LD beds, and we hope that this will lead to the development of an appropriate service in Scotland. In the meantime, we will continue to monitor such admissions, and to visit these young people to look at how care and treatment is provided when we feel this is appropriate.

[17] Visits to young people who use mental health services: Report from our visits to1 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, 2016-2017

Table 9 Age of young person by gender, 2015-2016 and 2016-2017

	2015-2016			2016-2017		
Age at last birthday (years)	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
Under 12	0	0	0	1	0	1
12	3	0	3	2	0	2
13	2	0	2	1	1	2
14	5	2	7	1	0	1
15	6	3	9	2	4	6
16	21	20	41	10	6	16
17	26	30	56	20	18	38
Total*	**63**	**55**	**118**	**37**	**29**	**66**

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

Figure 2 Young people admitted by gender (number of individuals), by year 2008-2017

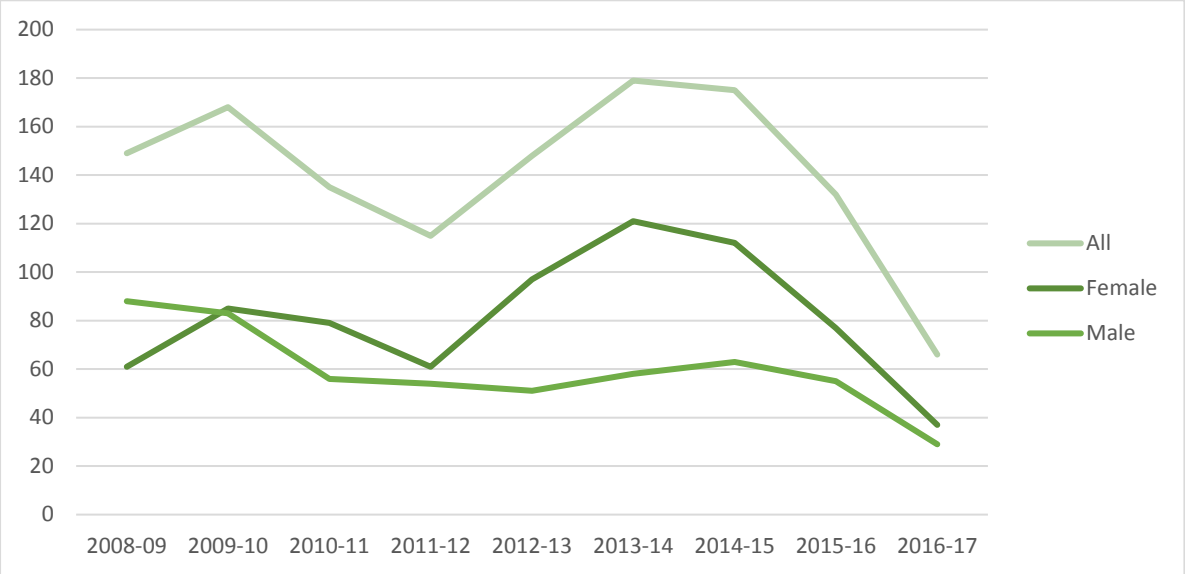
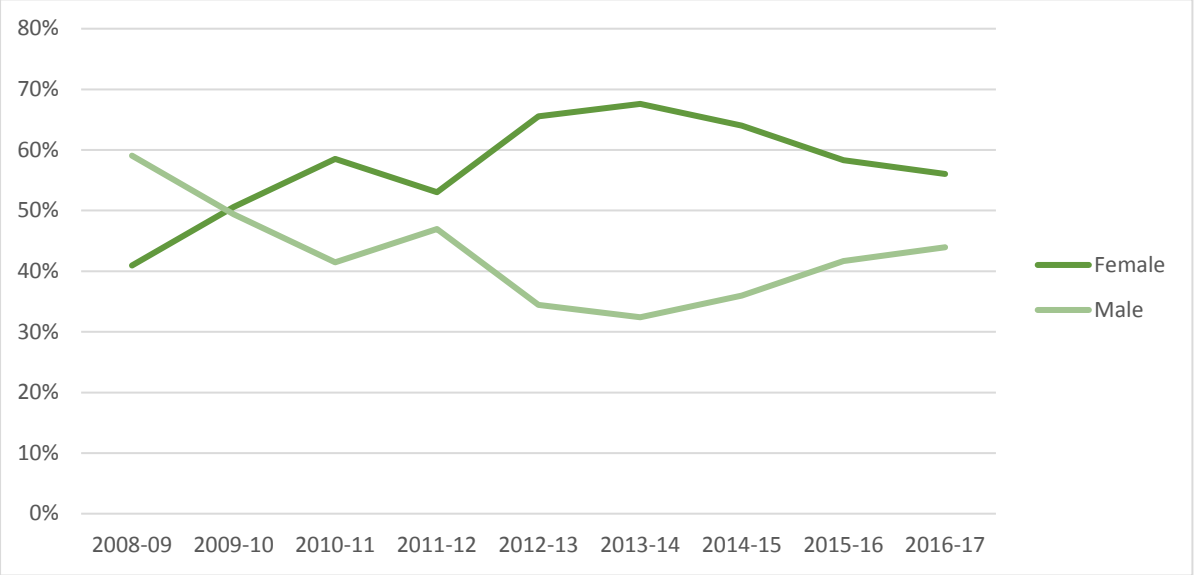


Figure 3 Young people admitted by gender (%), by year 2008-2017



Our interest in these figures

We are interested in the age and gender of young people admitted to non-specialist settings and any trends that develop over time. Locally services need to consider arrangements to meet the need and any specific issues related to a young person's age and/or gender.

What we found

In 2016-2017 there were a total of 71 admissions of young people under the age of 18 to non-specialist wards, which involved 66 young people. Since we began to gather data on the admissions of young people into non-specialist mental health beds, the Commission has identified early trends in admissions across the age range and in both females and males. In recent years, the age range of admissions to non-specialist wards continued to expand and children under the age of 10 years were being admitted to non-specialist wards in 2014-2015 and 2013-2014. Last year the trend did not continue, but this year once again an admission of a child under the age of 12 occurred to a non-specialist environment.

In 2016-2017 the proportion of 16 and 17 year old young people admitted was 54 out of 66 (82%) of the admissions. There continues to be a greater number of 16 and 17 year olds admitted to non-specialist wards than any other age group, and it is in this age group where there are repeat admissions this year. The proportion of 16 and 17 year olds admitted to non-specialist wards this year is comparable to the figures of 2015-2016 (82% in 2015-2016 97 out of 118 cases) and compares with 69% in 2014-15, 65% in 2013-14 and 62% in 2012-13. This increasing proportion of 16 and 17 year olds being admitted might reflect service initiatives being more effective in reducing admissions of young people under the age of 16 to non-specialist wards, or it might be reflect differences in service provision for this age group across the country and the

contribution made by general adult psychiatry for the care of these young people in certain health board areas.

Conclusion

We very much welcome the substantial reduction in young people admitted to non-specialist wards for the treatment of their mental health difficulties. We hope that this will be sustained and even improved upon in the future. These changes in young people's non-specialist admissions appears to have come about as a result of targeted investment and focussed, co-ordinated service re-design of key elements of CAMH services across the country. We hope that the development of many intensive CAMH services nationally will continue to benefit both the reduction in admissions of young people to non-specialist wards and the increased provision of specialist CAMHS care for those young people while they are looked after in a non-specialist environment. We welcome the ongoing commitment to scope the inpatient provision for young people with forensic needs and young people with a learning disability and/or autism, but remain concerned about the lack of progress in the exploration of access to IPCU beds for young people during the course of their inpatient stay. We intend to continue our monitoring and visiting of young people in non-specialist wards and will report on ongoing developments.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