mentalwelfare commission for scotland

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STATISTICAL MONITORING

Young Person Monitoring 2014/15

SEPTEMBER 2015

Contents

What we do

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

We do this by:

- Checking if individual care and treatment are lawful and in line with good practice
- Empowering individuals and their carers through advice, guidance and information
- Promoting best practice in applying mental health and incapacity law
- Influencing legislation, policy and service development

Key Findings

Admissions to non-specialist inpatient settings are at a similar level (207 admissions involving 175 young people) to last year. Thirty admissions were to paediatric wards, which are non-specialist wards for treatment of mental illness. We continue this year to see more females than males being admitted with the predominant age range in both genders being 16 and 17 years old.

The predominant reason for admission, as reported last year, was self harming and/or suicidal ideation. However we also noted an increase in admissions of young people presenting with psychotic symptoms.

As last year, 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 welcomes the additional funding announced by the Scottish Government for mental health service provision, across the country over the next 5 years, with a priority area of focus being child and adolescent mental health services (CAMHS). We look forward to seeing how this develops and impacts on access and waiting times.

From our monitoring data we can see that CAMHS workers continue to provide support to colleagues in non-specialist in-patient wards. This year we can report an increase of 4% to 54% of cases having a CAMHS responsible medical officer (RMO) in charge of their care.

We are disappointed to see that access to age appropriate activities has remained the same as last year; we had hoped to see this increase as in the previous year.

The Commission is concerned about young people having limited access to education and about the lack of consideration of this issue in many cases. However, we are pleased to see an increase from 50% to 57% of cases where education had been discussed this year.

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 Mental Health (Care and Treatment) (Scotland) Act 2003 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 - 2015

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

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) (Scotland) Act 2003 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 to non specialist settings. We are disappointed to see that in 2014/15 the number of admissions (207) has remained high and at comparable levels to those seen in 2013/14.

In many cases admission to a non-specialist ward may be the best option for the child or young person. In a significant number of cases admissions are for very short periods, and an admission to a local non-specialist ward will enable contact with the family to be maintained. It is not clear from the figures though whether the continuing high level of admissions reflects the number of cases where admission to a non-specialist ward is a positive choice. Furthermore, as we discuss later, the level of specialist support to children and young people in non-specialist wards appears to be very variable.

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

Health Board	Hospital	Paediatric	Adult	Total
Ayrshire and Arran	Ailsa		8	8
	Arrol Park Resource Centre		1	1
	Ayr Clinic		1	1
	Crosshouse		16	16
Borders	Borders general	1	8	9
	Huntlyburn House		4	4
Dumfries and Galloway	Dumfries and Galloway Royal Infirmary	1	1	2
	Midpark		4	4
Stratheden	Stratheden		5	5
	Whyteman's Brae		2	2
Forth Valley	Forth Valley Royal	9	7	16
Grampian	Aberdeen Royal Infirmary	1		1
	Dr Grays		1	1
	Royal Aberdeen Children's Hospital	2		2
	Royal Cornhill		23	23
Greater Glasgow and Clyde	Dykebar		2	2
	Gartnavel Royal		10	10
	Leverndale		9	9
	Mackinnon House		8	8
	Parkhead		4	4
	Priory		1	1
	RHSC Yorkhill	1		1
Highland	Argyll and Bute		7	7
	New Craigs		5	5
Lanarkshire	Hairmyres	3	11	14
	Kirklands		1	1
	Monklands	1	4	5
	Wishaw General	9	8	17
Lothian	Royal Edinburgh		5	5
	St Johns	1	2	3
Tayside	Carseview Centre		13	13
	Monroe House		1	1
	Murray Royal		5	5
Western Isles	Western Isles	1		1
Total		**30**	**177**	**207**

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 2015[1]. The Scottish Government also sets targets for health priorities, and the importance of CAMHS is highlighted in the target for faster access to CAMHS – an 18 week referral to treatment target for CAMHS was due for delivery by December 2014[2].

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.

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 asked NHS Boards, since 2005, to send us quarterly retrospective reports about the admission of young people to non-specialist wards. This data helps us to check if we have received all the notifications about individual admissions that we would expect. Most Boards across the country provide us with this data routinely and over the last year the proportion of Boards that provide us with these quarterly reports has increased further. However, there are still a small number of Health Boards where there are difficulties in obtaining quarterly reports on a consistent basis and we intend to write to these Board areas in the near future to try and improve data collection.

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 intensive psychiatric care unit (IPCU). We are aware that we may have been

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[1] Information Services Division Scotland (26/05/2015); Child and Adolescent Mental Health Services (CAMHS) in NHSScotland: Workforce information as at 31 March 2015 https://isdscotland.scot.nhs.uk/Health-Topics/Workforce/Publications/2015-05-26/2015-05-26-CAMHS-Report.pdf?94553774596

[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 December 2014, 4,100 children and young people started treatment at CAMH services in Scotland (excluding NHS Highland and NHS Lothian (July only)) and 78.9% were seen within 18 weeks.
http://www.gov.scot/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/CAMHS18weeks

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 2014/15 we received further information for 88% (184) of these admissions, maintaining last year's high level (89%).

In the coming year we plan to focus more closely on our monitoring role regarding admissions of young people to non-specialist beds. This additional activity will include follow-up with RMOs and detailed reviews of medical records. We plan to provide a report on this exercise as part of the annual report in 2015/16.

What we found

The figures in the table above show that in 2014/15 we were notified of 207 admissions involving 175 young people. This is a small increase from 2013/14 where we were notified of 202 admissions, involving 179 young people. 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 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. This year we noted 20 individuals had repeat admissions to non-specialist beds. 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 again aware of several cases where plans were being made to transfer young people from secure care accommodation to specialist units in England. In these cases transfers were difficult to arrange because of difficulties in 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. We can report that the national group tasked with exploring this issue further have done so specifically regarding mentally ill

and forensic young people who have required in-patient care in English units. A paper detailing this work and highlighting the need for an inpatient facility in Scotland to accommodate young people in this situation has been discussed at a national planning level and is being forwarded to the Scottish Government for consideration. We look forward to hearing how this progresses. Alongside this work the NHS Information Services Division, in partnership with the Commission and Scottish Government, are conducting an exercise to collect data about young people with learning difficulties, who have also had to be placed in English units due to lack of provision in Scotland. We hope to have a paper with findings from this work ready to present to the Scottish Government later in the year.

Under the new Children and Young People's (Scotland) Act 2014 the Commission have a role as corporate parents to looked after children. In future years we will report on any specific work we do in relation to this group and will prepare specific reports for Scottish Government in this regard as detailed in the requirements of the Act.

Young people admitted to non-specialist facilities by NHS Board, by year 2010 - 2015

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

*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

It is our view that when a young person requires in-patient treatment their individual clinical needs should be given paramount importance. 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 with figures from the previous year. Once again in this year's figures we are identifying the number of admissions in each area and also the number of young people involved.

The 2003 Act is clear that the specific duty on NHS Boards to provide sufficient services and accommodation for young people continues to their 18th birthday. There continues to be some differences in configuration of child and adolescent services (CAMHS) across the country, with varying eligibility criteria. However we are aware that Boards who do not currently have CAMHS up to the age of 18 are striving to do so by the end of 2015. We are also aware that CAMHS are making strenuous efforts to admit under-16s to specialist facilities. However we are disappointed to learn that work that had been taking place 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, has not progressed as had been expected. We are aware that the regions continue to focus on this area and we would hope to see a more cohesive approach in the coming year.

In April 2015 we began collecting data relating to duration of stay of young people in non-specialist settings. 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 hope to be able to begin reporting on these figures in next year's annual monitoring report.

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 by NHS Board area from 2010/11 to 2014/15. In seven NHS Board areas admission numbers increased in 2014/15, in four areas they have decreased and in the other areas the number of admissions has remained 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 four Health Board areas, NHS Dumfries and Galloway, NHS Forth Valley, NHS Highland and NHS Lanarkshire.

Admissions in NHS Borders increased from 1 in 2013/14 to 13 this year. We were disappointed to see such a large increase. We are aware that 2 young people had

multiple admissions. The main age range for admissions was 16-17 years old. Some admissions were partly due to patients (and families) preferring not to move to an age appropriate bed outwith the Board area. We note that CAMHS RMOs continued to hold responsibility for these young people during their admissions in line with our good practice guidance.

Once again there have been increases in admissions in NHS Ayrshire and Arran from 8 in 2012/13, 17 in 2013/14 to 26 in 2014/15. A number of these have been repeat admissions of young people and this appears to reflect the lack of availability of age appropriate beds at the time of the admission.

In the NHS Greater Glasgow and Clyde area the number of admissions increased from 30 in both 2011/12 and 2012/13 to 37 in 2013/14 and 36 in 2014/15. This continued rise is disappointing given recent service developments such as the Board's intensive home treatment service. 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.

In NHS Forth Valley we were pleased to see a significant drop in admissions from 26 in 2013/14 to 16 this year. We are aware that the Board has been focussing on improving CAMHS provision and look forward to seeing how this progresses over the coming year.

NHS Dumfries and Galloway has managed to reduce admissions to non-specialist beds from 13 to 6. While we cannot identify any specific reason for this we would speculate that their intensive treatment service is contributing to supporting young people effectively in the community.

NHS Lothian admission figures have remained at eight this year unchanged from last year and of these admissions one was under 16 years old. We are aware that the regional unit have had staffing difficulties over this year which may have affected the management and through put of patients to the unit. Managers are addressing the situation and we will look to see the impact of staff changes in visits over the coming year.

We are pleased to see that NHS Lanarkshire has decreased admissions to non-specialist beds from 43 in 2013/14 to 37 this year. Admissions in the main were of short duration. Of these admissions 23 were in the 16-17 years age group. In 21 of the cases suicidal ideation or actions were sighted as the reasons for admission. We are aware that the Board have prioritised child and adolescent services and that the intensive treatment team have been supporting young people on the wards and during transitions back to the community.

In both NHS Grampian and NHS Tayside there has been an increase in admissions in 2014/15, with self harm and suicidal ideation the most common reported reasons for

admission. In NHS Grampian admission figures have fluctuated over the past five years, and the number of admissions for last year has increased, but the number is lower than in three of the past five years. In NHS Tayside there was a significant increase in admissions, and the number of admissions there has been rising steadily since 2010/11.

The new young person's unit in Dundee has now opened, which has substantially increased the number of specialist beds available for NHS boards who are part of the North of Scotland regional network. We are starting to see young people admitted initially to adult wards in Tayside and Grampian and then transferring to the new unit, and we hope the increase in specialist bed provision will reduce admissions to adult wards in both these areas. We also know that the North of Scotland planning group is working to develop tier 4 services to support the provision of specialist services in local settings, and would hope to see this work also having an impact on admissions in the future.

The health board which had the biggest increase in admissions in 2013/14 was NHS Highland, and the reduction in admissions there in 2014/15 is welcome. We do know, from our monitoring forms, that where the young person is over 16 and out of education the responsible psychiatrist in NHS Highland will be an adult psychiatrist. We understand that by the end of 2015 child and adolescent services across Scotland should be working with young people up to 18 who have left education, and we anticipate seeing this happening in NHS Highland during this coming year.

Specialist health care for admissions of young people in non-specialist care, 2014 - 2015

Specialist medical provision	Age 0-15	Age 16-17	All	*%
RMO at admission was a child and adolescent specialist	33	67	100	54
Nursing staff with experience of working with young people were available to work directly with the young person	36	52	88	48
Nursing staff with experience of working with young people were available to provide advice to ward staff	52	95	148	85
The young person had access to other age appropriate therapeutic input	41	67	109	59
None of the above	0	9	9	5
Total admissions*	**56**	**126**	**184**	**100**

* Base=184, 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 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 of young people to adult wards. It is important that Health Boards remain focussed on the provision of appropriate care for this group of young people and ensure that the care and treatment provided during their stay in a non-specialist environment reflects the clinical needs of the young person.

What we found

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. This amounted to 54% of admissions (100 out of the 184 cases where we were given further information about the admission) a four percentage point increase from the previous year (50%). We are pleased to see that, in many cases even when not RMO, specialist child and adolescent consultants continue to provide advice and support to young people during admissions. We are aware that this approach greatly increases the continuity of care for young people already engaged with child and adolescent services prior to admission.

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, to the young person on the ward, from 56% last year to 48% in 2014/15. Figures had been rising year on year to reach a high point of 58% in 2012/13 (compared with 35% in 2008/09). However this year's result is offset by the increased percentage of admissions (85%) where there has been availability of nurses with relevant CAMHS experience to provide advice to ward staff compared with last year (80%) and continues the upward trend of this provision for young people from 56% in 2008/09.

This year we can report an increase in the number of young persons being able to access age-appropriate therapeutic input (59%), an improvement from 51% in 2013/14.

The provision of age appropriate multi-disciplinary therapeutic input is an area of interest to the Commission and we will be looking in closer detail at this area when we undertake the additional monitoring exercise later in the year.

Social work provision for admissions of young people to non-specialist care 2014 - 2015

Social work provision	Age 0-15	Age 16-17	All	*%
Young person had an allocated social worker or access to social work	48	89	137	74
Neither of the above	8	32	40	22
No information	2	5	7	4
Total*	**58**	**126**	**184**	**100**

*Total=184, 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. The recent Guidance on Health Assessments for Looked after Children and Young People [3] emphasises that mental health problems for looked after young people are markedly greater than for their peers in the community. This guidance has a specific section on mental and emotional health which identifies a number of factors which may impact on a looked after young person's mental health. We would assume though that any looked after young person admitted to a non-specialist facility will have an identified social worker.

[3] 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

What we found

In 2010/11 and 2011/12 we noted that a higher proportion of young people 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 there was 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. In 2013/14 there was another small increase in the proportion and number of young people receiving social work support before and/or during an admission. We welcomed this, as we would expect to see social work input where this is appropriate, because of the policy emphasis on an integrated approach to providing care and support to meet the needs of young people.

In 2014/15 74% of young people had an allocated social worker when admitted, or during an admission. This means that both the number and proportion of young people receiving social work support before and/or during an admission was almost exactly the same as the previous year. We followed up cases where monitoring information received after the admission of a young person indicated issues concerning arranging social work input. 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.

Since April 2014 we have been asking if the young person was looked after and accommodated by the local authority before admission on our revised monitoring form. Of the 184 admissions where further information was provided to the Commission we were told in 23 cases (12.5%) that the young person was looked after and accommodated. Of these 23 young people, four were under 16 and nineteen were aged 16-18. As we have said earlier in this report we will be undertaking more detailed monitoring work in relation to the admission of young people to non-specialist beds, between October 2015 and March 2016. We will gather more detailed information about social work input and involvement during periods of in-patient care and treatment and be able to comment more fully on social work provision in the 2015/16 annual report.

Supervision of young people admitted to non-specialist care 2013 - 2014

Supervision arrangements	Age 0-15	Age 16-17	All	%
Transferred to an IPCU or locked ward during the admission*	5	16	21	11
Accommodated in a single room throughout the admission	50	99	149	81
Nursed under constant observation	46	82	128	70
Was this because of ward policy?	40	59	99	54
Was this following an individual assessment of the young person	32	81	113	61
Total**	**58**	**126**	**184**	**100**

*This is taken from information recorded on the forms.

**Total=184, 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 note there was once again an increase in the use of IPCU care for young people, from 17 to 21 admissions over the last year.

We have previously commented on young people's experience of being on constant observations in a single room as lonely and boring, and on the need to ensure that, where necessary, efforts are made to mitigate against these adverse consequences. Although we reported an increase in the number of young people being nursed on constant observations last year this has decreased a little this year from 130 to 128 admissions. We note that the use of single rooms has remained similar to last year, increasing by one to 149. We are aware that most NHS Boards now have policies in place that recommend that when a young person is admitted to an adult mental health ward they should be cared for in single room accommodation where possible. We feel strongly that this should be considered when thinking through the safety aspects of all such admissions.

Other care provision for young people 2014 - 2015

Other provision	Age 0-15	Age 16-17	All	*%
Access to age appropriate recreational activities	40	71	111	60
Access to education was discussed	29	28	57	31
Appropriate education was provided	12	4	16	9
Access to advocacy service	20	74	94	72
Has access to specialist advocacy service	17	21	38	29
Young person has a learning disability	3	12	15	8
Total*	**58**	**126**	**184**	**100**

*Total=184, 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. There are 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

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. The information provided indicates that the same number and almost the same proportion of young people (111, 60%) were reported to have access to age appropriate activities during admissions in 2014/15 as in the previous year (111, 62%). We asked for information about activities which young people had access to while they were receiving care and treatment as in-patients. In one case we received a copy of a detailed activity programme; some young people were reported to be attending specialist day units which had activity programmes; other specific therapeutic activities cited, included art and relaxation therapy. Many young people had access to electronic games (including Xboxes, Wiis, computer games or other equipment), and to music and DVDs. Access to physical activities, including gyms, was also mentioned. We suspect

though that some activities which were detailed in monitoring forms, such as access to pool tables, were not activities specifically available for young people in adult wards, but reflected the fact that young people were able to access activities in adult wards which were provided and were available for all in-patients.

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 will gather more specific information about this issue when we undertake more detailed monitoring work later this year.

With advocacy services a higher proportion and number of young people were reported as having access to advocacy during admission this year – 72% (132) compared to 65% (117) in 2013/14. Of the young people who had access to advocacy during an admission 29% (38) had access to a specialist service, for young people. This is encouraging, although we would expect advocacy support to be available and to be offered to young people routinely. It may be that during a very brief admission there is no time to involve advocacy to support a young person, but we remain concerned if all young people are not able to access advocacy support during their admission.

The information provided indicates that access to education was discussed in relation to a slightly higher percentage and number of young people this year compared to the previous year – 31% (57) compared to 28% (50). 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 may 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. We were told that for 16 young people (9%) education was discussed and provided, and a small number were too unwell or not able to engage in education provision. Thirty eight young people (21%) were reported as having left school or education, and in 34 cases (18%) we were told that the admission was too brief to allow any discussion about education, or that the admission was during a holiday period. We will be looking more closely at reasons why access to education was not discussed during an admission in the detailed monitoring exercise later this year, and will discuss

[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

this issue more fully in next year's annual report. 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; 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 almost the same as in 2013/14: 15 (8%) compared to 14 (8%). As we have said previously 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 these young people. The Scottish Government committed to taking forward work to identify good models of learning disability CAMH services (Commitment 10 in the Mental Health Strategy for Scotland 2012 - 2015). We know that work is being done, with clinicians and the Scottish Government, looking at the provision of in-patient care for young people with learning disabilities. 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.

Age of young person by gender 2014 - 2015

Age at last birthday (years)	Female	Male	Total
9		1	1
10	1		1
11			
12			
13	9	2	11
14	13	2	15
15	17	9	26
16	28	17	45
17	44	32	76
Total*	**112**	**63**	**175**

*Base=175 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 age and gender of young people admitted and any trends over time. Locally services need to consider arrangements to meet need and any specific issues related to age and gender.

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 admissions across the age range and in females and males. There continues to be a greater number of 16 and 17 year olds admitted to non specialist wards than any other age group. However, the 16 and 17 year olds now represent a smaller proportion of the under 18 population (62% in 2012/13; 65%, 2013/14); 69%, 2014/15) than in the earlier years (73%-80% in years 2008-2012).

The age-range for admissions to non-specialist wards continues to widen. Whilst the 12 year old and under population continue to be a very small proportion of the total, in recent years they have appeared more consistently. We urge caution in interpreting this data, however, because it is not clear whether more regular reporting of this younger group reflects changes in admissions or more consistent data collection.

Until recently more young men aged 16 and 17 were admitted to non specialist wards than young women. However this balance began to change in 2009/10 when the numbers became equal and from 2012/13 more young females than males have been admitted to non specialist units in the 16-17 age group. More admissions of young females continue to occur in the 13-15 year old population but overall there is gender parity in the admissions to non specialist beds for the 12 year old age group and under.

As in previous years the most prominent reasons for admission reported to us in 2014/15 have been risk management in association with self harm and suicidal ideation. This year management of psychosis has been cited as an admission reason in more cases than before.

Nationally we are aware that Tier 4[5] services have been in discussions with the Scottish Government regarding the length of admissions to the specialist mental health in-patient units for young people. Options to support young people at risk of inpatient admission in the community are also being explored. The new North of Scotland in-patient unit in Dundee has recently opened, with six extra specialist beds (bringing the total to 12 beds). Next year monitoring data might indicate whether this expansion has impacted upon regional and/or national levels of admissions to non-specialist beds.

[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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Mental Welfare Commission (09/15)