

## **Justice Committee**

### **Secure Care for Children and Young People in Scotland**

#### **Submission from the Mental Welfare Commission for Scotland**

4 September 2019

Our direct involvement in secure units since our 2014/15 visit has been very limited. We were considering at some point a return visit, but this is not in our immediate plans. We will however consider carefully the findings of the Committee, in developing any future plans in relation to this sector.

In terms of updates since our visit, we have not had the capacity systematically to follow up the issues we found in our 14/15 report, but have had casework from time to time which illustrates some of the problems which arise, particularly around differences in professional views, difficulties in joint working, problems at the point of transition to adult services, and gaps in services.

For example, one case related to difficulties in discharge of a young person who was about to turn 18 and was being discharged from secure care to her home area. Discharge from the secure unit would involve multiple transitions including from secure to non-secure placement, from one part of the country to another, from a specialist CAMHS service to a general adult mental health service. The Chief Social Worker from the area to which the young person was transferring was not in agreement that the young person was safe enough to leave secure care due to the extent of their self-harming and the type of care package they might need in the community and believed they needed a secure NHS inpatient stay. The CAMHS psychiatrist who knew the young person in secure care did think they were safe to be discharged but was having no success in getting cooperation from general adult psychiatry colleagues in the home area who, notwithstanding guidance about transitions of young people to adult services, were not involving themselves in any of the transition planning until the young person actually turned 18.

In another case a young person who had been placed in a residential unit (open door) had to be detained and admitted to an adult psychiatric bed following an episode of substantial behavioural disturbance and the (very experienced) CAMHS RMO was very uncomfortable with this because she was quite clear this was inappropriate but an adult ward appeared to be the only available place of safety for him in the interim ( residential unit were refusing to have him back) while the process to secure a secure unit placement was undertaken.

We can also provide some data from our work monitoring the use of the Mental Health (Care and Treatment) Act. Since 2014 we have monitored the admissions of young people to who are Looked After and Accommodated for mental health care, where the ward is not a specialist mental health ward for children and young people. (The reports are on our website at <https://www.mwscot.org.uk/publications?type=44> click on Young People filter)

In 2017/18 of the 89 admissions of young people who were admitted to non-specialist wards and where further information was provided to the Commission, we were told that in 14 (16%) of cases these young people were 'looked after and accommodated'. This compares with 13% (8 out of 61 cases) in 2016-17, 13% (17 out of 129 cases) in 2015-16 and 13% of young people in 2014-15 (23 cases out of 184). Of the 14 young people, five were aged 15 or under and nine were aged 16 to 17 years.

In 2015/2016 the MWCS undertook an additional monitoring exercise to look in more detail at the cases of those young people who were admitted over a six-month time frame to non-specialist psychiatric wards. In the 12 months of 2015/2016 there were 135 admissions of young people to non-specialist wards. Over the six-month additional monitoring exercise period there were 59 admissions and we obtained further information about 57 of them. Of the children and young people who were admitted during the six-month additional monitoring period 21% were identified as being Looked After and Accommodated by the Local Authority (which was slightly higher than the eventual percentage recorded over a 12-month period). During the monitoring project we were struck by the number of young people who had been admitted to non-specialist wards and were not living within a family home at the time of admission. 14 % of young people (8 out of the 59 cases) were living in either a foster or kinship placement or were looked after in residential local authority accommodation just prior to admission.

When we looked at where the young people went to following admission in a non-specialist setting, of the 57 young people who were admitted to non-specialist settings 6 were returned to either residential or secure local authority care. 3 of these 6 young people were placed in secure care (none of the young people were admitted to hospital from Local Authority secure care provision).

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