mental welfare commission for scotland

Children and young people monitoring report 2024-25

Admissions of young people under the age of 18 to non-specialist wards in Scotland

December 2025

Our mission and purpose

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

Admissions of young people under the age of 18 to non-specialist wards in Scotland 2024-25

Contents

Executive summary

1. This report covers the year from 1 April 2024 to 31 March 2025 and describes the admissions of children and young people under the age of 18 to non-specialist wards in Scotland. The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) places a legal obligation on health boards to provide appropriate services and accommodation for children and young people admitted to hospital for treatment of their mental illness.
2. In 2024-25, 57 children and young people under the age of 18 were involved in 71 admissions to non-specialist hospital wards (primarily adult mental health wards) for treatment of their mental health difficulties. While this represents a higher number of admissions than the previous year (67 admissions), it involved fewer individuals (59 children and young people). The admission rate of 7.0 per 100,000 under 18 population is similar to the 2023-24 rate of 6.7 per 100,000.
3. Half of admissions of children and young people to non-specialist wards were short in length, however half of admissions were for over a week and 13% (seven admissions) were for over five weeks.
4. The admissions which were over five weeks in length involved seven children and young people, a number of whom had a learning disability.
5. This year the Commission received further information about non-specialist admissions in 76% of cases, higher than the 57% seen in 2023-24 and more in keeping with the percentages seen in previous years.
6. From the admissions where we received further information, we continue to find that the proportion of specialist medical staff either supporting or available to support these admissions remains high; 76% of the doctors in charge of care or the responsible medical officers (RMO) were specialists in child psychiatry.
7. Of the children and young people admitted to non-specialist wards and where the Commission received further information, 22% were care experienced and looked after and accommodated by a local authority.
8. Access to specialist advocacy remains limited. We were disappointed to note that in the admissions where we received further information, although 69% of young people were said to have access to advocacy, less than 13% had access to advocacy that specialised in the needs and rights of children and young people.

Introduction

This year's report describes the admissions of children and young people under the age of 18 years to non-specialist wards in Scotland as a consequence of their mental illness over a twelve-month period, between 1 April 2024 and 31 March 2025.

Monitoring duties

One of the Commission's duties is to monitor the use of the Mental Health Act[1] and each year the Commission produces a report that describes the number of children and young people who are admitted to non-specialist hospital wards for treatment of their mental health difficulties and provides an overview of their care and treatment.

Section 23 of the Mental Health Act places a legal duty on health boards to provide appropriate services and accommodation for children and young people who are under the age of 18 years and who are admitted to hospitals for treatment of their mental disorder (or mental illness, as the Commission refers to it in this report). The most common non-specialist wards to which children and young people are admitted are adult mental health wards and adult intensive psychiatric care units (IPCUs).[1]

The Code of Practice to the Mental Health Act states "whenever possible it would be best practice to admit a child to a unit specialising in child and adolescent psychiatry" and that children and young people should be admitted to a non-specialist ward only in "exceptional circumstances"[2]. Specialist adolescent units are designed to treat the needs of adolescents with mental illness and differ in staff training and the ward environment to adult settings, which means a young person's needs might not be fully met on an adult ward.

The Commission believes that admitting a child or young person to an adult ward should only happen in rare situations. This would depend upon the individual needs and circumstances of the child or young person, for example, the nature of their mental health difficulties and the care they require, the distance to the regional unit, and what is in their best interests. When an admission to a non-specialist ward does become unavoidable, every effort should be made to provide for the child or young person's needs as fully as possible and the admission should be for a short a time as possible in relation to the child's or young person's needs.

[1] Adult IPCU facilities are specialised psychiatry wards designed to provide a care setting for adults when they are very unwell and present with high levels of risk either to themselves or others.

United Nations Convention on the Rights of the Child

The Mental Health Act section 23 duties on health boards correspond to a number of rights outlined in the United Nations Convention on the Rights of the Child (UNCRC)[3]. This is an international human rights treaty that outlines a comprehensive range of rights which should be available to all children. Under the UNCRC a child is defined as a person who is younger than 18 years old.

In 1991 the UK government ratified the UNCRC and made a commitment to take steps to ensure that the rights described in UNCRC should apply to all children in the UK. In 2024, the UNCRC (Incorporation) (Scotland) Act[4] became law in Scotland and directly incorporated UNCRC into Scottish domestic law to the maximum extent of the powers of the Scottish Parliament. The aim of this legislation is to drive change by making UNCRC rights more accessible for Scottish children.

As part of its role, the UNCRC Committee undertakes periodic reviews of participating countries and publishes reports on their findings. The latest review of UNCRC rights in the UK was completed in 2023 and the UN Committee published its Concluding Observations in June 2023[5]. It recommended that reform of mental health legislation should take place to ensure that law "explicitly prohibits the detention or placement in adult psychiatric units or police stations of children with mental health issues, learning disabilities and autism." This is in line with previous views expressed by the UN Committee in earlier periodic reviews of the UK.

Although the UNCRC describes the importance of children being able to access appropriate mental health services, it is a comprehensive convention and describes a range of other rights relating to many other aspects of a child's life. The data we gather as part of our routine monitoring process is informed by a number of UNCRC rights and seeks to provide a reflection of the care and facilities provided to a child when they are admitted to a non-specialist ward.

Specialist child and adolescent inpatient services in Scotland

In Scotland, there are three NHS regional adolescent specialist inpatient units for young people aged between 12-18 years. These units are:

Skye House which is a 24 bedded specialist adolescent unit based in Stobhill Hospital, Glasgow. Skye House receives admissions of young people from NHS Dumfries and Galloway, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lanarkshire, and NHS Forth Valley (west of Scotland region).

The Melville Young People's Mental Health Unit in Edinburgh is a 12 bedded unit located within the recently built Royal Hospital for Children and Young People at Little France, Edinburgh. The Melville Unit receives admissions of young people from NHS Lothian, NHS Borders, and NHS Fife (east of Scotland region).

Dudhope House in Dundee is a 12 bedded unit that receives admissions of young people from NHS Highland, NHS Grampian, NHS Tayside, NHS Shetland, NHS Orkney, and NHS Western Isles (north of Scotland region).

In addition to these regional units for adolescents, 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 (six beds).

The children and young people's monitoring process

The Commission collects information through notifications from health boards about the admissions of children and young people under the age of 18 years when they are admitted to wards for mental health care that are not in any of the specialist mental units mentioned above. Information from Mental Health Act forms also feed into this routine collection process.

We exclude these types of admissions:

- Stays that are shorter than 24 hours
- Stays that are solely related to drug or alcohol intoxication
- Stays that are solely for the medical treatment of self-harm
- Where a person with an eating disorder is placed in a paediatric or medical ward solely to treat medical complications that cannot be treated in a mental health ward and there is no delay in accessing a specialist mental health bed

It can be difficult to disentangle what is regarded as a specialist or non-specialist admission to paediatric wards. Sometimes children and young people with an eating disorder and other mental disorders are looked after in a paediatric or medical bed while they wait for a specialist bed to become available. However sometimes children and young people are admitted to a medical bed to stabilise their physical health only. A further complicating factor is that in some areas (NHS Greater

Glasgow and Clyde), low weight pathways have been developed, enabling children or young people access paediatric wards to support their overall care plan in the community. Given the rise in eating disorders in children and young people since the pandemic, we are reviewing how best we monitor these cases.

Once the Commission has been notified about an admission, we send out a questionnaire to the consultant in charge of the young person's care (or to the RMO) to find out further information about the admission.

To improve accuracy of our data collection in addition to the routine process above, every three months medical records staff from each health board area provide a detailed summary of all people under the age of 18 who have been admitted to non-specialist wards in their health board area and who meet the Commission's criteria. We then cross reference this information with the admissions that the Commission has already been notified about and progress any missing records from our routine notification processes.

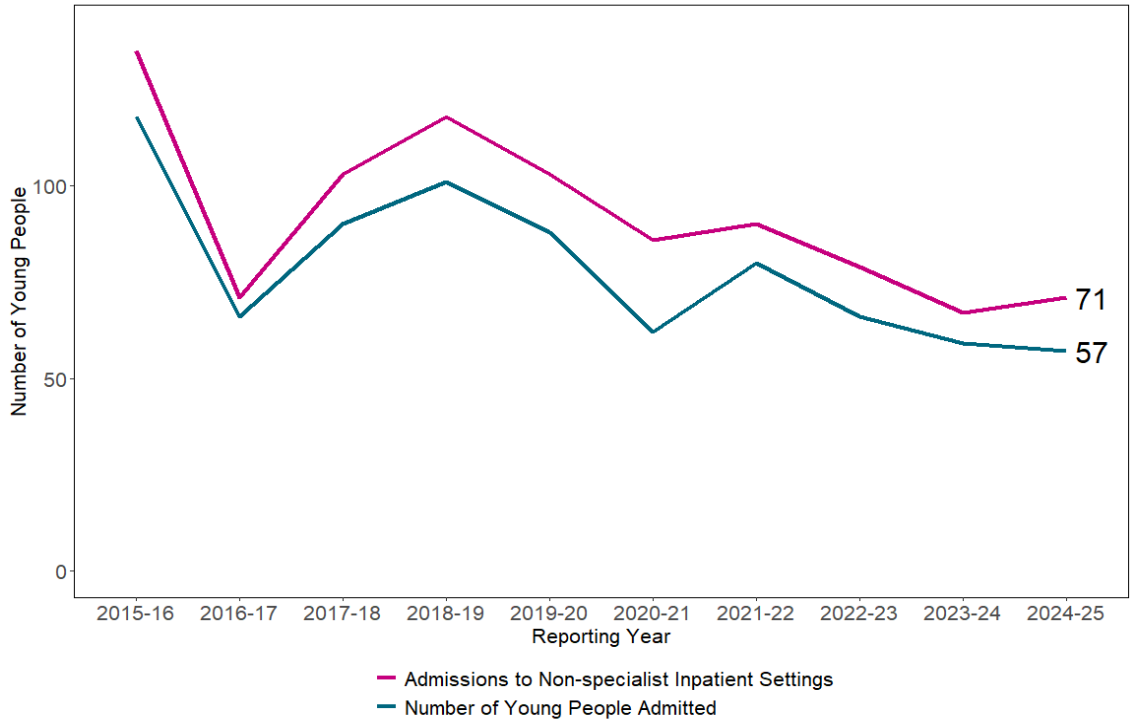
Admissions to non-specialist wards

In 2024-25 the Commission was notified of 71 admissions to non-specialist wards which involved 57 children and young people across Scotland (Table 1 and Figure 1).

Table 1: Young people (under 18) admitted to non-specialist facilities, by year 2015-25

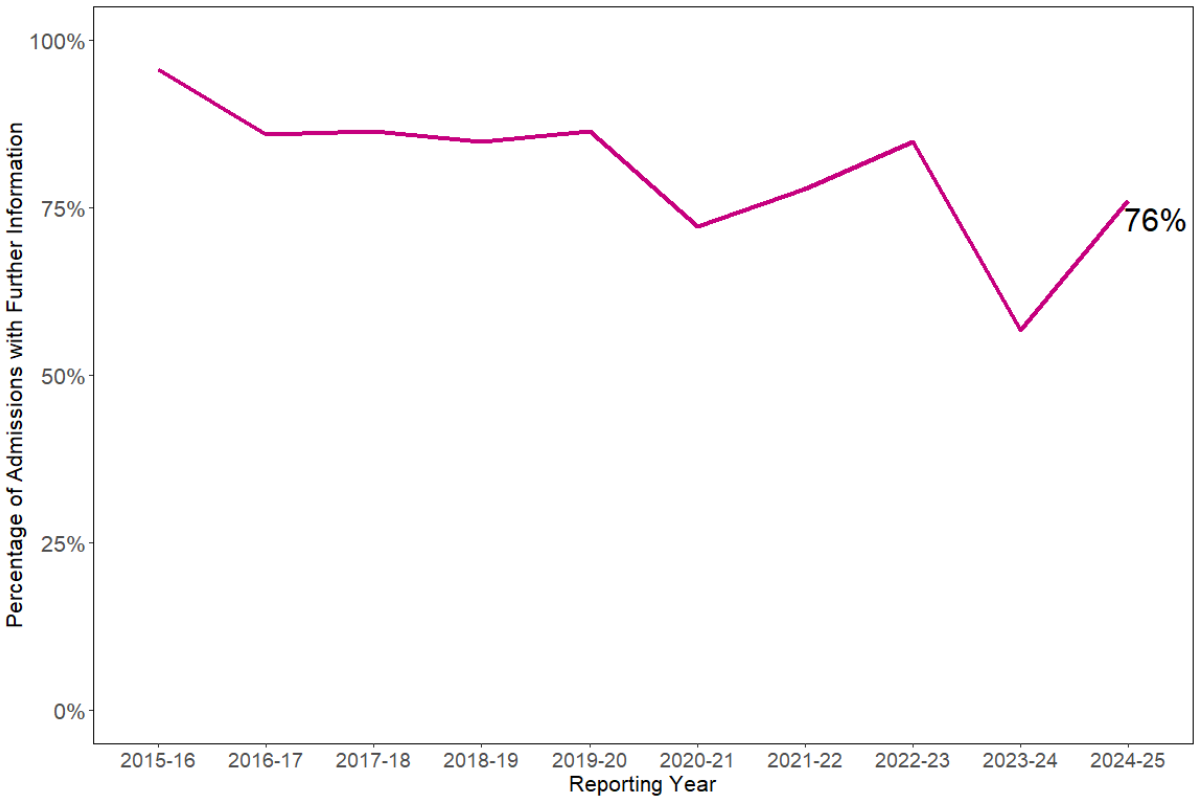
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
No. of admissions to non-specialist inpatient settings	135	71	103	118	103	86	90	79	67	71
No. of young people admitted	118	66	90	101	88	62	80	66	59	57
No. of admissions where further information was provided to the Commission	129	61	89	100	89	62	70	67	38	54
No. of young people about whom further information was provided	115	59	76	86	77	43	65	58	34	42

Figure 1: Children and young people (under 18) admitted to non-specialist facilities, by year 2015-16 to 2024-25



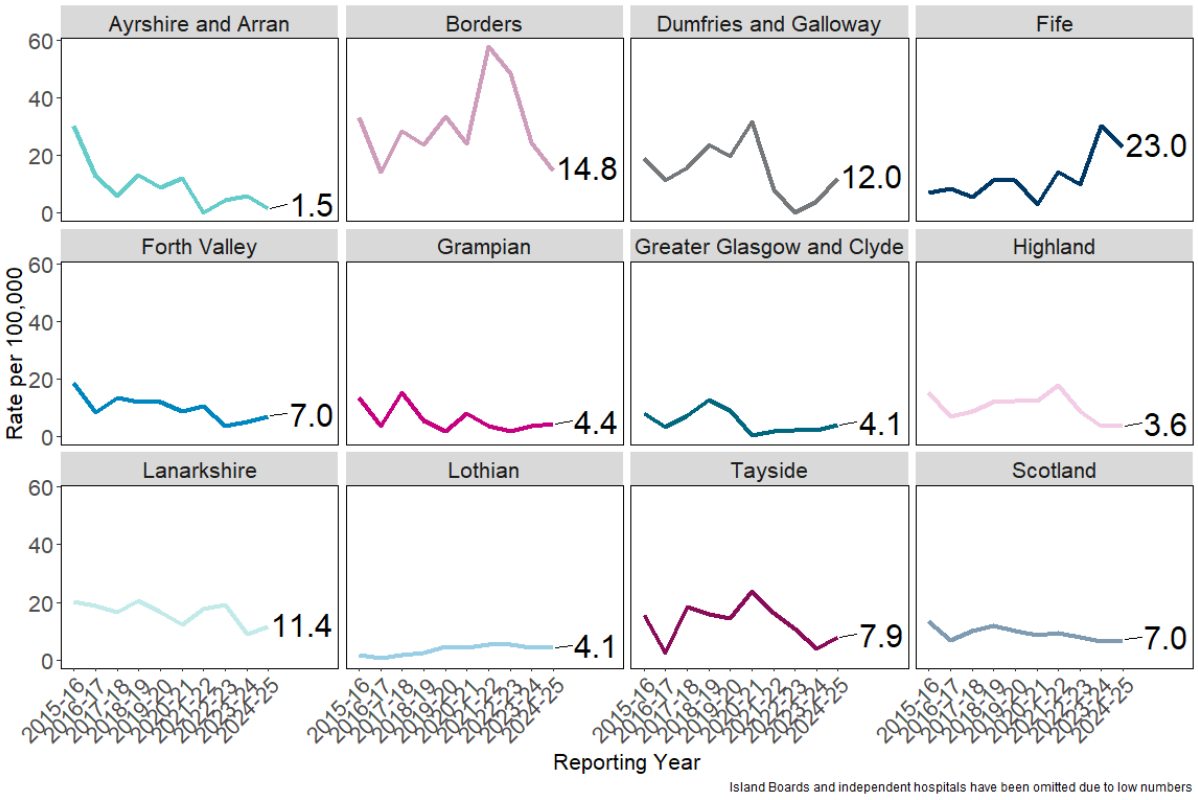
We received further information about the care provided for 54 of these the admissions, which is 76%, higher than the 57% seen last year but still slightly lower than in most of the previous 10 years, see Figure 2. This year, twelve children and young people were admitted multiple times to non-specialist wards over the course of the year.

Figure 2: The proportion of admissions in which the Commission received further information



In 2024-25, the overall admission rate is 7.0 per 100,000. This is similar to the 2023-24 rate of 6.7 per 100,000. However, there continues to be variability by health boards. Rates in Greater Glasgow and Clyde, Grampian, Highland and Lothian were similar to last year. Small increases were seen in Dumfries and Galloway, Forth Valley, Lanarkshire, and Tayside. Slight decreases were seen in Ayrshire and Arran, Borders, and Fife, see Figure 3.

Figure 3: Rates (per 100,000) of number of young person admissions to non-specialist wards, by health board area 2015-16 to 2024-25



When considering this data, it is also important to take into account of the differences in configuration of child and adolescent mental health services (CAMHS) across the country with varying eligibility criteria for children and young people for CAMHS versus adult mental health services, depending on the child or young person's age and educational status. Some CAMHS 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 who are in full-time education. Others provide mental health services for children and young people up to the age of 18 years. This difference in service configuration can affect the numbers of young people admitted to non-specialist wards [6]. The CAMHS service specification suggests that all CAMHS services in Scotland should provide services for all children and young people up to the age of 18. We will continue to monitor and assess the impact of these changes on the numbers and experience of children and young people admitted to non-specialist wards in future years[7].

Table 2 provides the figures of the number of admissions to non-specialist wards in each health board area.

Table 2: Children and young people admitted to non-specialist facilities within an NHS board, by year 2015-16 to 2024-25

Health board	2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		2022-23		2023-24		2024-25	
	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP
Ayrshire & Arran	21	17	9	8	*	*	9	9	6	*	8	*	0	0	*	*	*	*	*	*
Borders	7	7	*	*	6	*	*	*	7	*	*	*	12	10	10	*	*	*	*	*
Dumfries & Galloway	*	*	*	*	*	*	6	*	*	*	8	*	*	*	0	0	*	*	*	*
Fife	*	*	6	6	*	*	8	6	8	6	*	*	10	9	7	6	21	16	16	9
Forth Valley	11	9	*	*	8	8	7	7	7	6	*	*	6	*	*	*	*	*	*	*
Grampian	15	12	*	*	17	14	6	*	*	*	9	7	*	*	*	*	*	*	*	*
Greater Glasgow & Clyde	17	16	7	7	16	14	28	23	20	18	*	*	*	*	*	*	*	*	9	8
Highland	9	8	*	*	*	*	7	7	7	*	7	7	10	9	*	*	*	*	*	*
Lanarkshire	27	24	25	22	22	19	27	21	22	18	16	12	23	22	25	20	12	11	15	13
Lothian	*	*	*	*	*	*	*	*	8	8	7	7	9	8	9	9	7	7	7	7
Tayside	12	11	*	*	14	12	12	10	11	10	18	11	12	10	8	6	*	*	*	*
Island Boards	*	*	*	*	0	*	*	*	0	0	0	0	*	*	*	*	0	0	0	0
Scotland	135	118	71	66	103	90	120	102	103	88	86	62	94	84	79	66	67	59	71	57

* n≤5 and secondary suppression to maintain confidentiality

Admissions to the Independent sector or The State Hospital are not reported in this table.

Island Boards comprise Eilean Siar (Western Isles), Shetland and Orkney.

ADM – Number of Admissions

YP – Distinct Count of Young People

Greater Glasgow and Clyde figures may include young people who were admitted to specialist adult services such as Esteem.

Length of stay in non-specialist wards

We routinely collect data on admissions that are longer than 24 hours. Since 2015 we have reported on the length of stay of children and young people in non-specialist wards. The length of stay is the amount of time that a child or young person remained in a non-specialist ward during an admission and does not include time in Accident and Emergency for example. Many children and young people may be discharged home after their stay in a non-specialist ward. However, others are transferred to a regional specialist adolescent ward or the National Child Inpatient Unit for ongoing care.

The lengths of stay in non-specialist environments can vary considerably. A small but significant minority of young people are looked after for long periods of time in wards which are not designed for their needs.

Table 3: Length of stay in non-specialist wards, by year 2015-16 to 2024-25

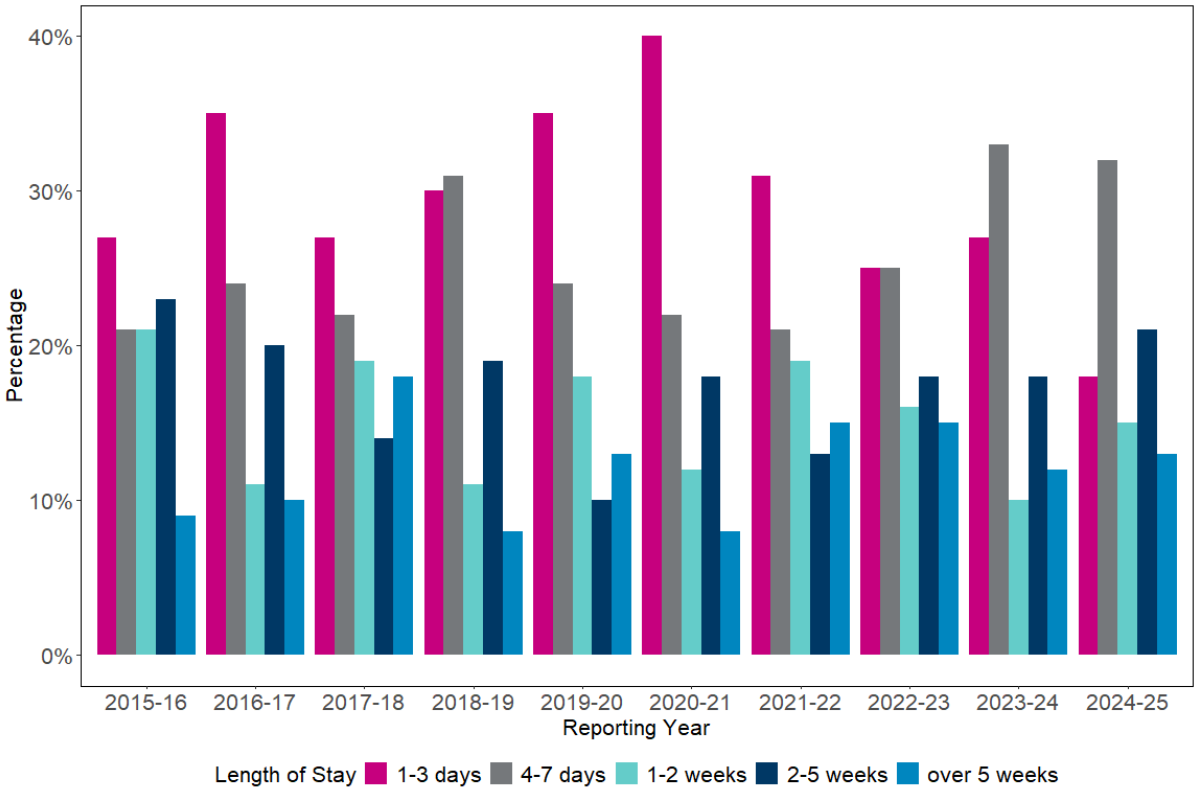
Length of Stay	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1-3 days	27%	35%	27%	30%	35%	40%	31%	25%	27%	18%
4-7 days	21%	24%	22%	31%	24%	22%	21%	25%	33%	32%
1-2 weeks	21%	11%	19%	11%	18%	12%	19%	16%	10%	16%
2-5 weeks	23%	20%	14%	19%	10%	18%	13%	18%	18%	21%
5+ weeks	9%	10%	18%	8%	13%	8%	15%	15%	12%	13%
Average days (mean)*	15	19	23	16	21	23	26	25	22	15
Most frequent number of days (Median)	8	6	6	6	6	5	7	7	6	7

*Average expressed as a mean. This is susceptible to outlying numbers and should be interpreted alongside the median.

In 2024-25, the average (mean) length of stay for children and young people in a non-specialist ward appeared to drop to 15 days from 22 days in 2023-24. However, this figure is strongly affected by outlying figures and, when reviewed together with the most frequent duration of stay (median), there was little change in duration of stay from previous years. Once again, the length of stay for a number of children and young people was substantial. In 2024-25, five young people experienced a stay in hospital of over 44 days.

In 2024-25, 18% (n=13) of admissions were short in length, lasting between one and three days. This is the lowest percentage of short-term admissions seen in the last 10 years. However, 32% (n=23) of stays were up to one week, similar to the percentage seen last year but slightly higher than most previous years. This year, half (n=35) of non-specialist says were for longer than 7 days, 34% (n= 24) lasted over two weeks, and 13% (n=7) were for longer than 5 weeks, see Figure 4.

Figure 4: Length of stay of admissions as a percentage of total admissions 2015-16 to 2024-25



Specialist health care provision for children and young people in non-specialist care

Access to specialist child and adolescent services following admission of a young person to an adult ward continues to vary across the country. We find out about the specialist health care support from the further admission information we receive from clinicians.

Table 4: Specialist medical provision 2024-25

Specialist medical provision	**n**	**%**
Total admissions where further information was provided	**54**	
RMO at admission was a child and adolescent specialist	41	76%
CAMHS consultant available to give support other than as RMO	11	20%
Nursing staff with experience of working with young people were available to work directly with the young person	31	57%
Nursing staff with experience of working with young people were available to provide advice to ward staff	48	89%
The young person had access to other age-appropriate therapeutic input	20	37%

Percentages may sum to more than 100% as more than one type of specialist medical provision might be provided during any one admission

It is difficult to compare these proportions directly with the 2023-24 figures as last year, the return rate for our monitoring forms was low and may not be a reliable point of reference of the care received. However, there appears to be very slightly lower percentages where the RMO was a child and adolescent specialist (Figure 5) and where there was direct specialist nursing care provided in the non-specialist unit compared to last year (Figure 6), although the figures for the current reporting year are higher than in years prior to 2023-24. Figures for nursing advice and therapeutic input are similar to last year. There appears to be a very slight decrease in other CAMHS clinicians such as psychology, occupational therapy, and speech therapy being available to support the young person while they are admitted to a non-specialist ward (Figure 7).

Figure 5: Percentage of admissions where RMO is a child specialist 2015-16 to 2024-25 (where the Commission received further information)

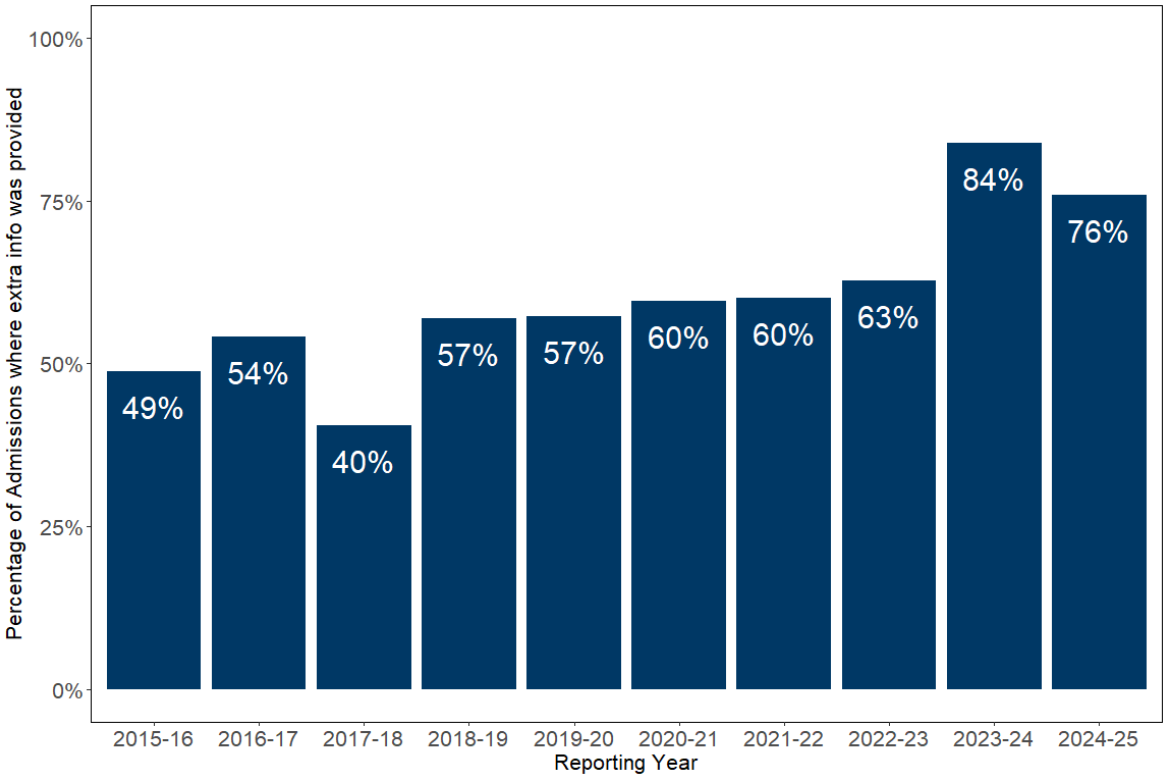


Figure 6: Percentage of admissions where direct specialist nursing care provided 2015-16 to 2024-25 (where the Commission received further information)

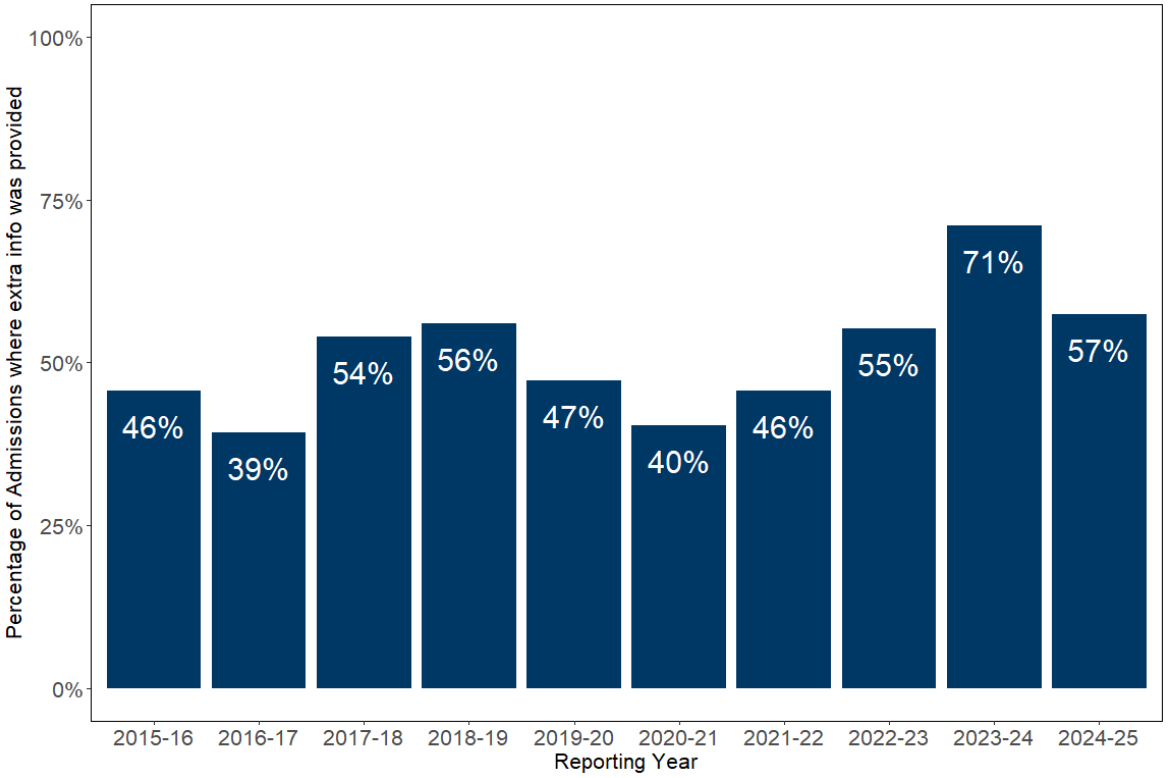
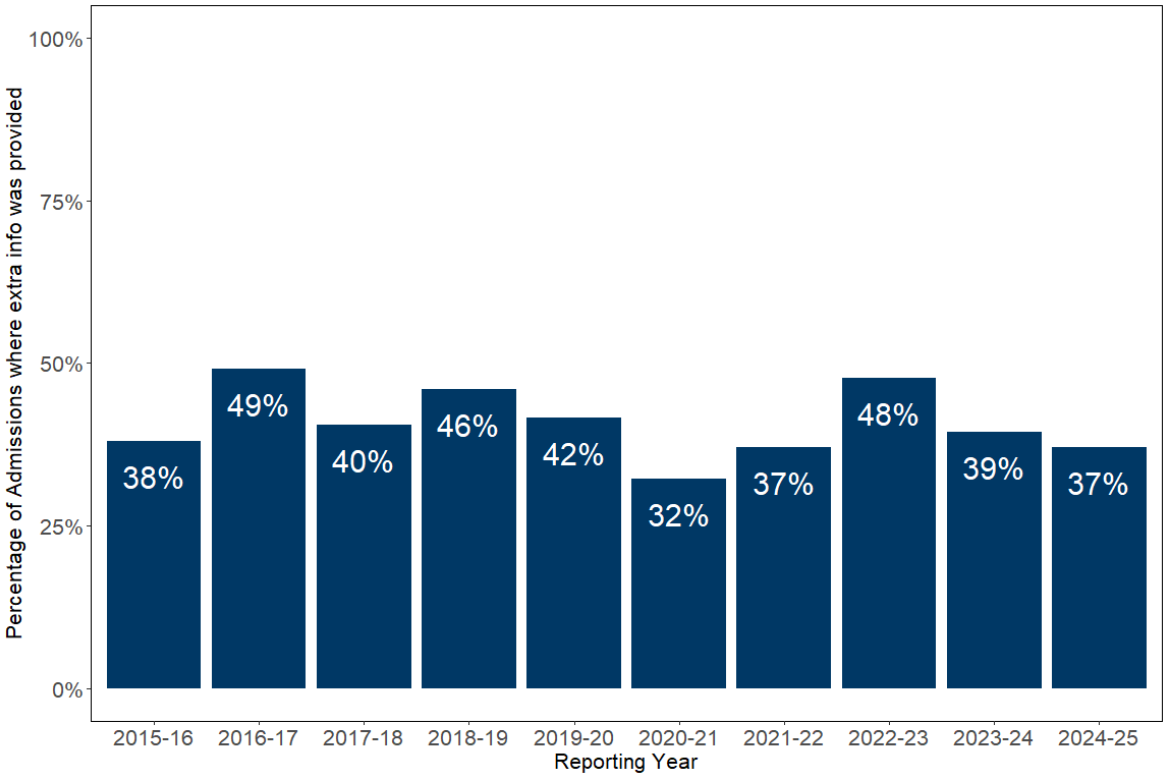


Figure 7: Percentage of admissions where there was other specialist therapeutic care 2015-16 to 2024-25 (where the Commission received further information)



Access to CAMHS specialists is especially important in lengthy admissions and we would expect the needs of the child or young person to be comprehensively reflected in the services and professionals who are involved in their care during any hospital admission and particularly in those who require a more prolonged hospital stay.

Supervision of children and young people admitted to non-specialist care

The Commission routinely asks for specific information about the supervision arrangements for children and young people admitted to non-specialist facilities to monitor whether the need for increased observation is being carefully considered.

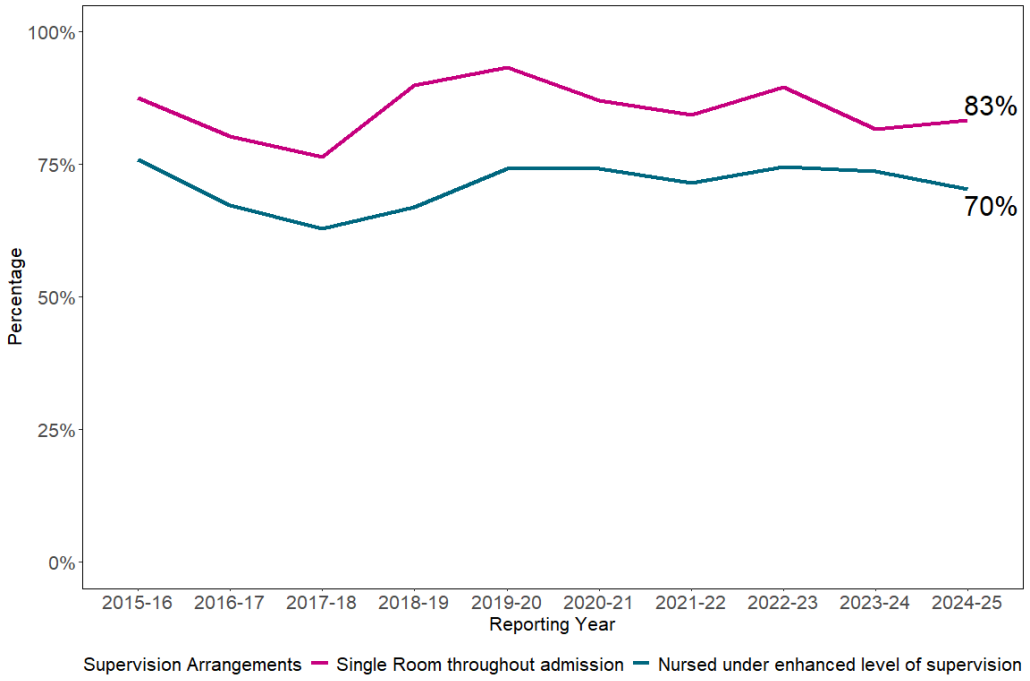
Table 5: Supervision of children and young people admitted to non-specialist care, 2024-25

Supervision arrangements	n	%
Total admissions where further information was provided	**54**	
Accommodated in a single room throughout the admission	45	83%
Nursed under enhanced level of observation	38	70%
Enhanced observation because of ward policy	34	63%
Enhanced observation following an individual assessment of the young person	31	57%

Percentages may sum to more than 100% as more than one of the above arrangements may apply.

The percentage of children and young people who are placed in a single room throughout their admission to a non-specialist environment has remained similar to last year (82% in 2023-24 and 83% in 2024-25)(Figure 8). The percentage of enhanced observations following an individual assessment decreased from 76% in 2023-24 to 57% in 2024-25.

Figure 8: Supervision arrangements of children and young people admitted to non-specialist care 2015-16 to 2024-25



Other care provision for children and young people

Table 6: Other care provision for children and young people, 2024-25

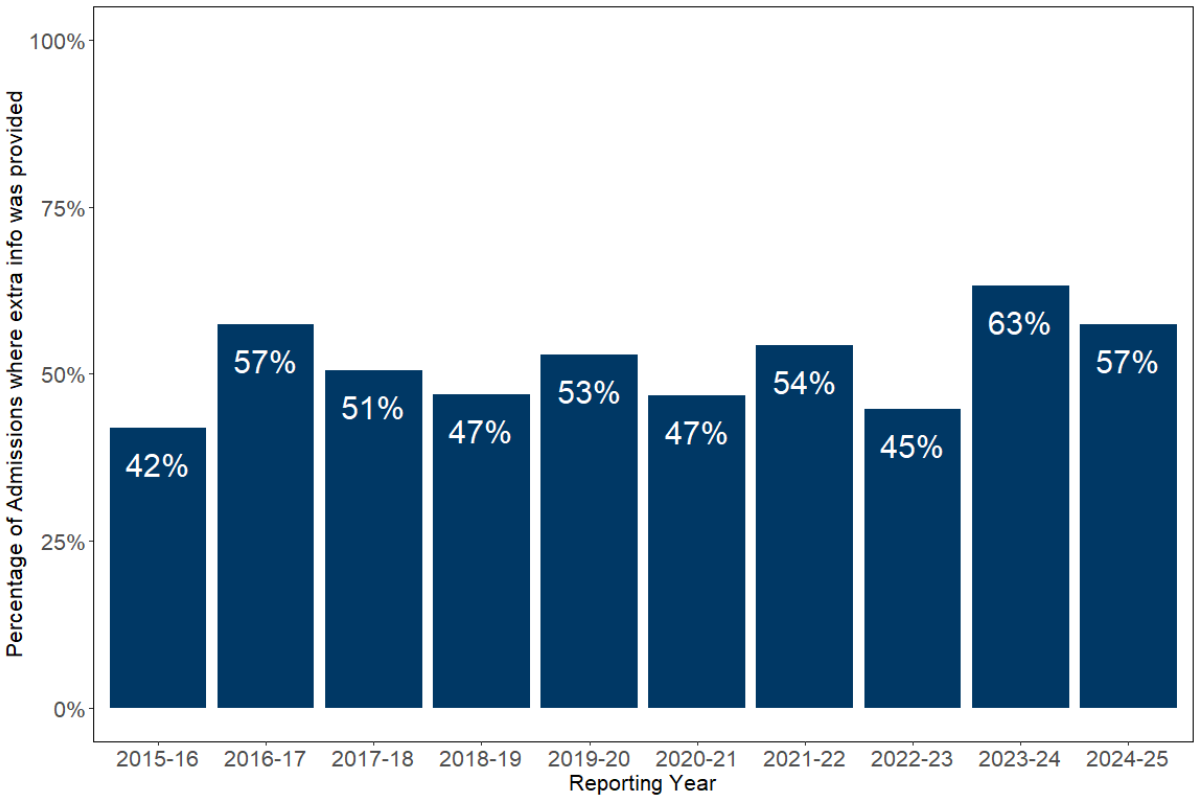
Other care provision	n	%
Total admissions where further information was provided	**54**	
Access to age-appropriate recreational activities	31	57%
Appropriate education was provided	<5	<9%
Access to advocacy service	37	69%
Advocacy access was a specialist advocacy service	7	13%
Young person had access to social work	39	72%

Percentages may sum to more than 100% as more than one of the above categories may apply.

Recreational activity

Article 31 of the UNCRC describes a child's right to recreational facilities, leisure and play and to take part in cultural activities. In 2024-25 the proportion of admissions that we obtained further information about and where a child or young person was described as having access to age-appropriate recreational activity was slightly lower at 57% (n=31) than in 2023-24 (63%) but similar to the percentage in previous years (Figure 9).

Figure 9: Access to age-appropriate recreational activity 2015-16 to 2024-25 (where the Commission received further information)



Each year the Commission asks for information about the activities that young people can access while they were receiving care and treatment as inpatients. We are often told that many young people are reported to have access to various craft activities, their phones and to listen to music whilst an inpatient. Some young people are reported to be able to access gym facilities and snooker or pool. It is disappointing that in just under half of admissions, 43% (n=23), no age-appropriate recreational activities were reported or described.

Advocacy

Article 12 of UNCRC describes the rights of all children to express their views freely in all matters that affect them and have their views "given due weight in accordance with their age and maturity." Accessibility and availability of independent advocacy services for children is a key mechanism through which this right can be respected and upheld. Anyone with a mental disorder has a right to be able to access independent advocacy services and in the 2015 Mental Health Act amendments, health boards were given new responsibilities to demonstrate how they are discharging their legal responsibilities in relation to the provision of advocacy.

In 2024-25, 69% (n=37) of children and young people were described as having access to advocacy. Of the children and young people who had access to advocacy during their admission, seven (13% of admissions where we had further information) had access to advocacy specialising in the needs of children and young people. Note that we ask about access to advocacy, not whether the young person engaged with advocacy provision.

The Commission published a report in 2023 looking at advocacy services across Scotland[8]. In this report we drew attention to the limited progress made with regards to planning for the provision of specialist advocacy services for children and young people and made several recommendations regarding future planning.

Education

Article 28 of the UNCRC gives rights to children to access education. This applies whether the child is in hospital or not. In its general comments in 2007, the UNCRC stressed that "every child of compulsory school age has the right to education suited to his/her needs and abilities."[9] As part of its monitoring activity, the Commission asks for information about whether education has been considered for and discussed with the child or young person and, if not, to give reasons why. If education has been considered for a child or young person, the Commission asked whether education has been provided.

In 2024-25, education was provided in only 20% (n=14) of admissions, higher than the 15% reported in 2023-24 but still a small percentage. Sometimes children and

young people are too unwell to access education, or they may be staying in hospital for too short a time for it to be arranged.

Access to a social worker

We are aware that many of the young people admitted to a non-specialist ward may not have had any prior involvement with social work services, but we would expect if social work input was felt to be necessary at the time during admission, there should be clear local arrangements to secure that input.

In 2024-25, in 72% of admissions (n=39) we received further information about confirmed access to a social worker. This is comparable to previous years.

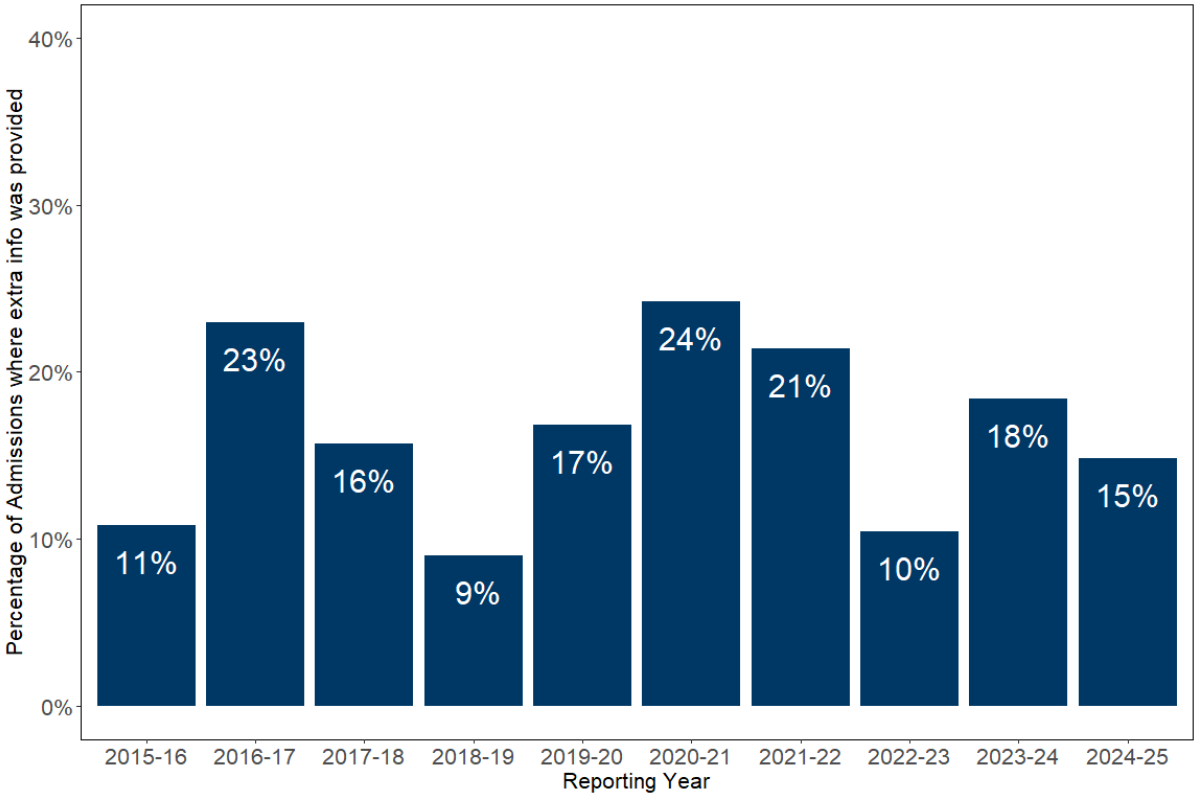
Children and young people admitted to an adult IPCU at some point during their non-specialist hospital stay

Table 7: Admissions of children and young people to adult IPCU in 2024-25

Locked facility	n	%
Children and young people transferred to an IPCU or locked ward during admission	8	15%
Young people admitted to non-specialist settings	54	

This year eight admissions (15%) where we received further information were cared for in an IPCU or locked ward at some point during their hospital stay, a decrease from 18% in 2023-24.

Figure 10: Children and young people admitted to an adult IPCU at some point during their hospital stay 2015-16 to 2024-25 (where the Commission received further information)



All the young people accessing an IPCU were aged 16 or 17 years old and the majority of young people accessing an IPCU in 2024-25 were female.

This year, where care involved an IPCU and we received further information, we found that in 100% (n=8) of admissions the RMO was a child specialist or there was a CAMHS consultant available to give support; in 62% (n=5) of admissions, CAMHS

nurses were providing direct care and in 100% (n=8) of admissions, CAMHS nursing advice was available if requested; in a quarter of these admissions, specialist CAMHS therapeutic provision was provided.

Children and young people with a learning disability

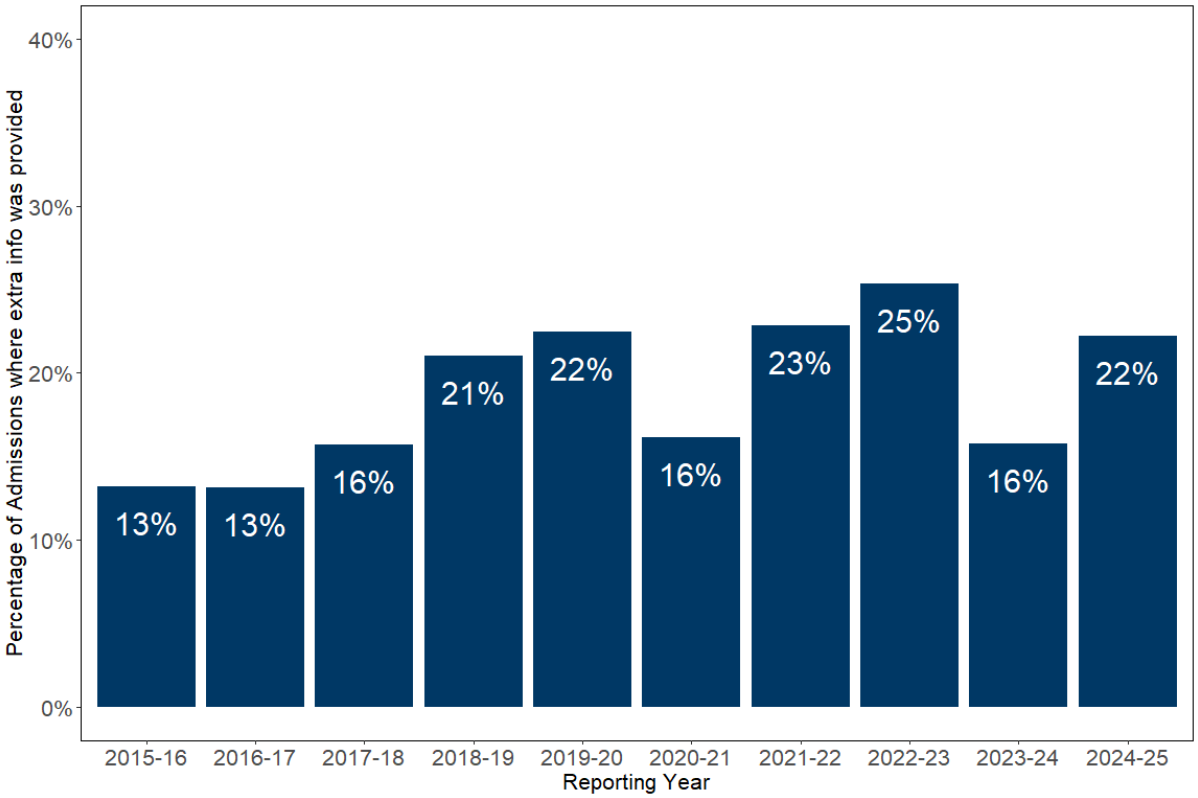
In 2024-25 the numbers of children and young people under the age of 18 admitted to non-specialist wards who had a learning disability remained small (<5 young people, <9% where the Commission received further information).

In previous years, children and young people who have a learning disability have experienced longer admissions. In 2024-25, we found that of the admissions that lasted over two weeks (n=24), less than five were for children and young people who had a learning disability. While this is a low absolute figure, it accounts for 75% of children and young people with a learning disability in the cohort. We were told that no children and young people with a learning disability were transferred to an IPCU or locked ward during their admission.

Admissions of care experienced children and young people to non-specialist care

In 2024-25, 22% (n=12) of the admissions where we received further information involved children and young people who were reported as looked after and accommodated by the local authority. Less than five children and young people who were care experienced were transferred to an IPCU or locked ward during their admission.

Figure 11: Admissions involving looked after and accommodated children and young people 2015-16 to 2024-25 (where the Commission received further information)



Age and gender

In 2024-25 there were nine children and young people aged 15 years or younger who were admitted to a non-specialist environment (16%).[2] Overall, there was a higher (84%, n=48) percentage of admissions of young people in the 16-17-year age range and in females. This reflects the current understanding of the prevalence and the types of mental health difficulties affecting young people in this age group in particular[10].

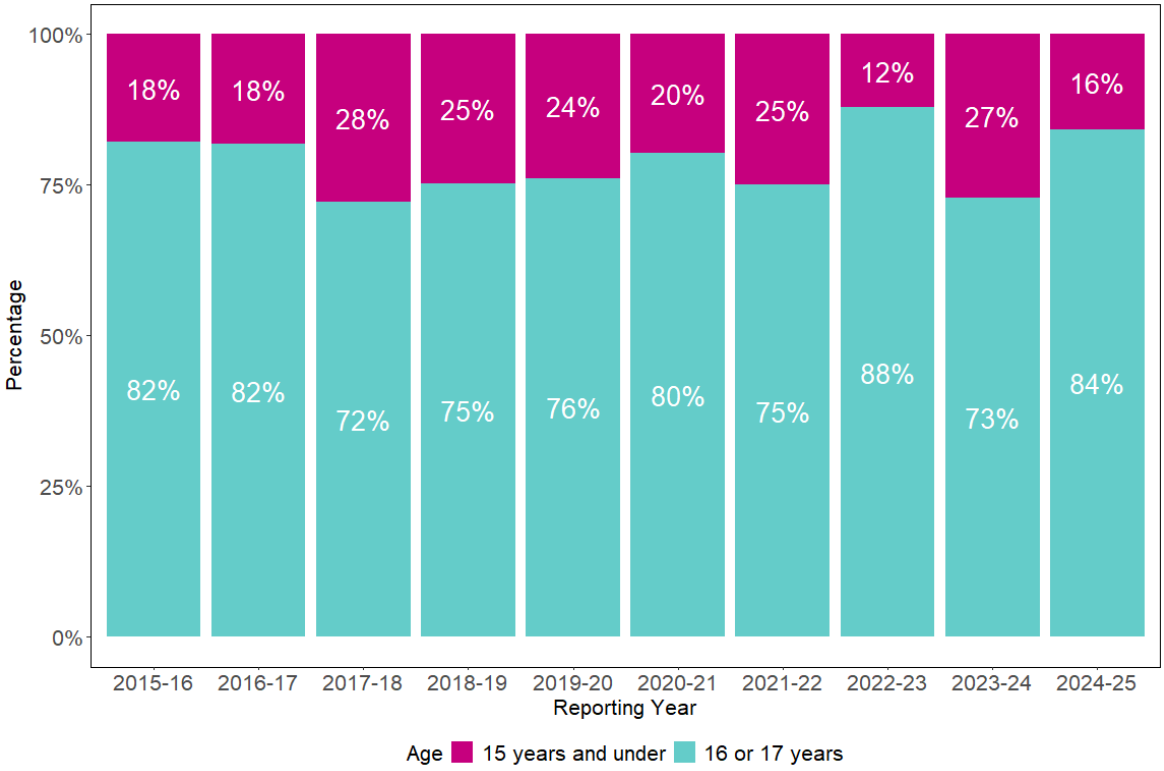
Table 10: Age of child or young person by gender, 2024-25

Age at last birthday (years)	Female	Male	Total
15 and younger	*	*	9
16 or 17	25	21	48

*n≤5 and secondary suppression to maintain confidentiality

There were ≤5 children and young people where gender was not specified as male or female

Figure 12: Proportion of children and young people (number of individuals) as a percentage of admissions of children and young people under 18s 2015-16 to 2024-25, by age



[2] This is based on the information we receive each year about gender from health boards.

Conclusion

While we acknowledge the slight increase in the number of admissions in 2024-25, we welcome the continued downward trend in the number of children and young people admitted to non-specialist wards in 2024-25. This year a slightly higher number of young people were admitted to adult wards repeatedly over the 12-month period. This may reflect the young person's particular mental health needs or the supports available to them in the community.

We are pleased that the number of admissions that we received further information about, improved this year from last year. We will continue to monitor these returns, aiming to gather further information whenever possible.

We continue to recognise the levels of children and young people who access non-specialist inpatient care for their mental health needs each year and who are care experienced.

We recognise that overall numbers of admissions of children and young people to non-specialist wards continue to be much lower than a decade ago and supervision arrangements of children and young people in non-specialist wards remain relatively high. However, we are aware that there continues to be ongoing demand for inpatient care by children and young people for whom there are no specialist inpatient facilities in Scotland, such as children and young people with a learning disability and those requiring IPCU facilities. We are also aware that inpatient specialist CAMHS provision for non-specialist admissions remains patchy across the country.

We are aware of the work taking place to develop services in line with the CAMHS national service specification. We expect that some of this work will have a direct impact on both inpatient demand and service provision for children and young people with mental health difficulties in the future. At the time of writing this report, no additional specialist inpatient services are available for children and young people in Scotland. We have been told about work undertaken in the west of Scotland region, who are leading on IPCU provision for children and young people. Similarly, the north of Scotland region is leading on developing CAMHS intensive home treatment services as an alternative to inpatient care. The south-east of Scotland region is leading on work to improve services for children and young people with learning disability. We have also been told that Foxgrove, the national medium secure forensic facility for children and young people aged under 18 years based in Ayrshire and Arran, is not yet in a position to admit patients.

While we value the work being undertaken to develop specialist mental health services and recognise the time needed to translate plans into meaningful

improvement, this year marks the 20th anniversary of the Mental Health Act, when health boards were given statutory duties to ensure that children and young people who were admitted to hospital were provided with the accommodation and the services they require. We are still some way away from this being reflected in the experience of children and young people in Scotland, who continue to be admitted to non-specialist wards due to a lack of specialist service provision.

Finally, we recognise the importance that the development of any specialist service is child-centred, holistic, and is focussed on and reflects the main factors that may impact on a child or young person's mental health. In many cases, we think that for service development to be successful, it requires good partnership working with wider children's services, including social work and education, to ensure that duration of hospital stay and the resulting disruption of a child or young person's development and social relationships are minimised, and that alternatives to hospital admission are available and accessible.

In future years, we are keen to see the numbers of admissions of children and young people to non-specialist wards continue to fall, that the duration of admissions will reduce, and that the holistic nature of care received in any non-specialist admission better reflect the child and young people's holistic needs and their UNCRC rights.

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