

# Emergency and Atypical Admissions of Young People to Adult Mental Health Units Procedure

<b>Document Reference</b>	Proc 462
<b>Version Number</b>	4.0
<b>Author/Lead Job Title</b>	Paul Warwick Matron, Inspire CAMHS Inpatient Service
<b>Divisional Sign off</b>  Children and LD Services Adult Mental Health	Trish Bailey, Divisional Clinical Lead Paul Johnson, Divisional Clinical Lead
<b>Consultation</b> (Date and nature of contact)	Children and LD Services Division Mental Health Services Division AMH Modern Matrons
<b>Date of Last Changes (This Version)</b>	October 2021
<b>Date of Next Review</b>	October 2024
<b>Date Ratified Name of Ratifying Group</b>	29 November 2021, CAMHS Clinical Network 1 December 2021, Adult Mental Health Clinical Network

**VALIDITY – Procedures should be accessed via the Trust intranet to ensure the current version is used.**

## CHANGE RECORD

<b>Version</b>	<b>Date</b>	<b>Change details</b>
1.00	November 2014	Formerly guidance document used locally within inpatient areas. Revised to form procedure for more robust underpinning process to meet requirement to identify local process for admission of children and adolescents.
1.01	December 2015	Review of procedure and process by CAMHS, AMHS and Humber Safeguarding colleagues

2.00	January 2016	Guidance revised and amended
2.01	February 2016	Approved at ORMG
2.02	March 2017	Review of procedure and process by CAMHS, AMHS and Humber Safeguarding colleagues
Draft	April 2017	Discussed at QPaS
3.00	June 2017	Guidance revised and amended
4.00	October 2021	Guidance amended to reflect New CAMHS Inpatient Service, Hull and changes to the CAMHS referral process. Additional appendix added. CQC notification process clarified Approved CAMHS Clinical Network 29 November 2021 and Adult Mental Health Clinical Network 1 December 2021

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## 1. INTRODUCTION

The purpose of this guidance is to establish the Trust's responsibilities, system and process for the placement of Young People under the age of 18 in need of inpatient treatment for Mental Health Disorders, when an appropriate bed is not available at Inspire CAMHS Inpatient service.

The *age appropriate environment* duty is set out in Section 131A of the 2015 amendments to the 1983 Mental Health Act (MHA). It requires hospital managers to ensure that under 18 year olds are admitted to an environment suitable for their age (subject to their need). This applies to both detained and informal patients. It also includes minors placed on community treatment orders (CTOs) who are recalled to hospital or who agree to informal admission while subject to a CTO.

### 1.1 Exceptional Circumstances Definition

The amendment allows for admission to an adult ward if their need is either:

**Emergency:** *“when a young person needs immediate admission for their safety or that of others”*. This acknowledges that, although an inpatient CAMHS unit is normally the preferred environment for a person under age 18, there will be occasions when a bed or other CAMHS alternative (e.g. intensive outreach) is not available. The revised Code of Practice (2015) states that; if a young person is admitted in a crisis it should be for the briefest time possible.

**Atypical:** There are also some 17 year olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises; *“when, even if a CAMHS bed is available, an adult ward is the most appropriate clinical placement”*. For example, a young person nearly 18 who has left school and is being treated by the Early Intervention Psychosis team. However, even in these circumstances there is still an obligation to ensure that safeguards are in place for an under 18 year old in line with their status as a minor.

Please refer to Mental Health Act Code of Practice chapter 19 for guidance on particular issues in relation to children.

## 2. SCOPE

The document is to be used as guidance for Adult wards, CAMHS, and on call Consultants across the Humber Teaching NHS Foundation Trust.

## 3. PROCEDURE STATEMENT

Young people **should** be admitted to a CAMHS facility, unless their mental health needs fall within one of the exceptional circumstances stated above (1.1).

However, in these exceptional circumstances, Section 131A of the Mental Health Act Code of Practice 2015 does not prohibit admissions of individuals aged under 18 to adult wards. Such admissions are permissible only in exceptional circumstances, where this is considered to be the most suitable place for an under 18 year old.

Humber Teaching NHS Foundation Trust will only admit young people aged of 16 and 17 under the conditions of this procedure. In the case of children aged under 16, it is Government policy that they should not be admitted to an adult ward. Children under the age of 16 will not be admitted to Adult

inpatient units within the scope of this procedure.

All admissions of under 18s must be reported through DATIX..

[The Governance and Patient Safety Team must be contacted to ensure](#) The Care Quality Commission (CQC) notification is completed for under 18- year old is placed on an adult Mental Health In-patient unit. Email on [HNF-TR.CQC@nhs.net](mailto:HNF-TR.CQC@nhs.net)

The age appropriate environment duty is underpinned by the following core duties of the public bodies, including Local Authorities and NHS Bodies:

Duty to put in place arrangements to safeguard and promote the welfare of children and young people as in Section 11 of the Children Act 2004.

Protecting the human rights of children and young people: the Trust must comply with the European Convention on Human Rights (ECHR) and the United Nations Convention on the Rights of the Child. Article 37(c) states ‘..... *Every child deprived of liberty shall be separated from adults unless it is considered in the child’s best interest not to do so....*’

### 3.1 Appropriate Environment in an Emergency

The Trust has undertaken a benchmark of the adult inpatient services and identified the following adult inpatient areas as the most appropriate environments for young people in an emergency (\*If, due to clinical risks and presentation, a PICU environment is deemed the most appropriate for a 16 or 17 year old the current admission criteria must be met and CQC informed as per procedure via the Governance Team ([HNF-TR.CQC@nhs.net](mailto:HNF-TR.CQC@nhs.net))).

Gender	Inpatient Environment
Male	Mill View Court: 01482 344540
Female	Westlands: 01482 335645
*PICU	PICU, Miranda House: 01482 617508

## 4. DUTIES & RESPONSIBILITIES

This clearly states the accountability and responsibility of staff at all levels including the procedure lead and as appropriate; the Chief Executive, the Trust Board, EMT, Directors, other committees and groups, Heads of Service, departmental heads, key personnel and all Trust staff.

### Director of Nursing

Promote implementation and adherence to the procedure.

### Divisional Clinical Leads

Promote implementation and adherence to the procedure. Where appropriate work together within peer group to optimise safety and wellbeing of children and adolescents who require admission as described through implementation of principles within this procedure, across available inpatient environments. To escalate where there are new related risks through the organisational structure and risk management processes.

### **Charge Nurses/ Team Leads**

As for Divisional Clinical Leads - Ensure all unit and community staff are aware of existence and content of procedure. Identify lead professionals in each case.

### **Other Clinical Staff**

As for Divisional Clinical Leads

### **All Organisational Staff**

To ensure they act within the sphere of their accountability and responsibility in relation to child safeguarding procedures.

### **Governance Team**

Will ensure liaison with CQC regarding any notifications required.

## **5. PROCEDURES**

Although an inpatient CAMHS unit would normally be the preferred environment for an under 18 year old, there are circumstances when a bed or other CAMHS alternative (e.g. crisis management or intensive outreach) is not available or appropriate.

The guidance should be read being mindful of current developments including:

- Regional Strategic Commissioning
- Transition Pathway Development
- NHS England Specialised Mental Health Services Operating Handbook Procedure - Referral and access assessment process for children & young people into inpatient services
- Serious Incident Policy
- Mental Health Act Code of Practice 2015
- Safeguarding Children

### **5.1. Guiding Principles**

The principles contained in the Children Act 1989, the Mental Capacity Act 2005 and in the 2015 Code of Practice for the Mental Health Act 1983 provide the framework for the decisions made when caring for young people on adult mental health wards. Below is a summary of the principles contained in the Mental Health Act Code of Practice.

#### **Purposeful Admission:**

- Minimise 'the undesirable effects of mental disorder and maximise the safety and wellbeing of [young people], while promoting recovery and protecting other people from harm'.

#### **Least Restrictive option and maximizing independence:**

- When action is required under the Act without the young person's consent the restrictions imposed on their liberty should be kept to a minimum.

#### **Respect and dignity:**

- *'Recognise and respect the diverse needs, values and circumstances of all those admitted, including their race, religion, culture, gender, age, sexual orientation and any disability.'*
- *'Consider the [young person's] views, wishes and feelings (whether expressed at the time or in*

*advance), so far as they are reasonably ascertainable, and follow those wishes wherever practicable and consistent with the purpose of the decision.'*

**Participation:**

- [Young people] '*must be given the opportunity to be involved as far as is practicable in the circumstances, in planning, developing and reviewing their own treatment and care to help ensure that it is delivered in a way that is as appropriate and effective for them as possible.'*

The involvement of [parents and family members, carers and other people] who have an interest in the patient's welfare should be encouraged (unless there are particular reasons to the contrary) and their views taken seriously.'

**Efficiency and Equity:**

**Staff use the resources available to them and to young people '...in the most effective, efficient and equitable way to meet the needs of patients...'**

**5.2 Process for securing a bed for a CAMHS patient**

(Please also see flow chart, Appendix 1)

**National CAMHS bed access:** This information is held in the 'NHS England Specialised Mental Health Services Operating Handbook Procedure, Referral and Access Assessment Process For Children & Young People into Inpatient Services' which all CAMHS and on-call managers have access to.

If following assessment, it is felt that all local home based options have been explored and therefore it is considered that an Inpatient admission is the least restrictive option. The Assessing clinician must complete the NHSE Inpatient referral form which will then be forwarded to the Inspire email address and followed up with a call to the Inspire team. The Inspire team assesses the referral on behalf of NHSE to determine if the young person meets the criteria for an Inpatient admission to a CAMHS Inpatient unit- the access assessment does not assess for a bed at Inspire.

If the Access Assessment indicates a bed is required the Inspire team will then inform the referrer if they have an available bed.

In the event a suitable bed is not available at Inspire it is the referrers responsibility to identify a bed with support from, Humber Coast and Vale Provider Collaborative Case Managers, Inspire, CAMHS Crisis and CAMHS Service Managers.

If clinically appropriate the young person may be asked to return home, with support from the CAMHS teams (Inc. CAMHS Crisis and Home Treatment Team) until a bed is available. If returning home is not clinically indicated an admission to an adult ward may be considered.

If the Access Assessment does not indicate a bed is required the young person must not be admitted to an adult ward.

In hours the decision to admit a young person to an adult ward will be made by CAMHS and AMH service leads through discussion with the admitting Ward Manager.

Out of hours the decision will be made by the On-Call manager and CAMHS on-call Consultant,

through discussion with the admitting Wards Nurse in Charge.

A request for admission to Mill View, Westlands or PICU is made via the Mental Health Triage and Assessment Team (Tel: 01482 301701)

The adult inpatient unit will consider the risks of the environment **before** the CAMHS admission is accepted. This assessment should include consideration of the current environment, current patient population and the acuity and risk. If the nurse in charge of the unit considers that the unit is not suitable for an admission of a young person due to issues that will not be resolved through supportive engagement and observation then this must be raised with the Matron/ On-call Manager. Humber Safeguarding team can be contacted in hours for advice and support. Out of hours these discussions will take place with the on-call manager. When significant risks are raised the Matron/ Manager must consider the risks raised by the nurse in charge and make the final decision about admitting the young person to the ward. Where serious concerns exist for the safety of a young person they should not be admitted and the matter escalated to the appropriate Director. A datix can be completed by either party to raise concerns about bed availability/ risks.

The nurse in charge of the adult unit will confirm with the CAMHS clinician that a bed is available for admission and the CAMHS clinician must forward the completed form1 (NHSE National Referral Form) indicating that a bed has been agreed by the gate keeping team at Inspire, which should include the completed risk assessment. The form 1 will indicate why an admission is required, including identified risks and a treatment plan with the goals of admission for the next 24 hours.

Transporting of the young person will be in the least restrictive but most appropriate method depending on circumstances and risk assessment (e.g. police, parents, ambulance).

The in-patient admission process, documentation and recording used (including Lorenzo) will be the ones in existence by the unit and remains their responsibility.

If not already involved, unit staff will refer the young person to the CAMHS crisis team who will coordinate the response from CAMHS.

The Young person will be reviewed by the Community RC within 24 hours of admission, for admissions that occur over the weekend this will be completed by the CAMHS on-call Consultant. Following this, medical reviews will be at a minimum every 7 days. The CAMHS Home Treatment Team will see the young person at least daily and will request a review from the consultant should the young person's presentation change.

The CAMHS key worker (this will be the CAMHS Intensive home Treatment Team if a key Worker is not yet allocated) will facilitate a multi-agency planning discussion as soon as possible following admission and also facilitate the referral for an advocate for the young person if appropriate and required. A joint CAMHS/ AMH care plan is essential in order to ensure the needs of the young person are met and this is acknowledged as a shared responsibility. The CAMHS key worker (or identified clinician) will undertake this with unit staff as meaningful engagement and planning with the young person is essential. (If out of hours this would be facilitated by the CAMHS crisis / Intensive Home Treatment Team).

The most appropriate CAMHS clinician will provide support to draw together an ongoing assessment of the young person, care plans and risk assessment in conjunction with the inpatient adult mental health nurse and will visit a minimum of once per day to engage with the young person and support



the assessment and documentation process. This is an addition to the medical support. This brings together expertise from the inpatient services and the CAMHS knowledge base in relation to young people to provide the most appropriate plan of care.

The CAMHS Crisis team are available 24/7 should additional support be required.

Following admission the Adult inpatient team can access the appropriate locality CAMHS Consultant for clinical decision making and guidance in treatment and management. If out of hours this would be via the CAMHS Consultant on call or CAMHS crisis team. The on-call Consultant can be contacted via Miranda House switchboard and the CAMHS crisis team can be contacted on 01482 301701 option 2

Following admission, the young person is required to be supported on 1:1 engagements, it is anticipated that an increased level of staffing will be required to safeguard the young person. There is no immediate provision for this however it is a joint unit and CAMHS manager responsibility. The identification of additional staff remains the joint responsibility of by CAMHS and AMHS with support from the Flexible Workforce Team. CAMHS will make every effort to help by providing CAMHS staff if available; this should be planned through Service Managers. The CAMHS crisis team are not available to staff the units but can be called upon for advice and guidance as indicated above.

Any seclusion required should be undertaken following local procedures and policy and followed up with an untoward investigation (Datix).

The relevant CAMHS team will facilitate the identification of an appropriate CAMHS facility for transfer as soon as possible. (Following NHS England Specialised Mental Health Services Operating Handbook Procedure, Referral and Access Assessment Process For Children & Young People into Inpatient Services).

### **5.3. Trust Safeguarding Team**

The Trust Safeguarding Team are responsible for supporting clinical staff in relation to all safeguarding matters and to advise on relevant policies and procedures as necessary.

On receipt of notification the Humber Safeguarding Team (children's practitioner) will contact the unit and arrange to visit as soon as is practical to gather information and details about the admission and to provide support to the unit staff on the young person.

### **5.4. Admission notification requirements:**

The Unit Nurse in charge is responsible for notifying the relevant persons of the admission details for any young people under 18 who are admitted to the ward. This will be done by email with the following people being copied in:

- General Managers and Divisional Clinical Leads Humber CAMHS and Adult Inpatient Services;
- Clinical care group directors for Humber CAMHS and Adult Inpatient Services;
- Matron for Humber CAMHS Inpatient
- Adult Acute Inpatient Services;
- Service managers for CAMHS and Adult in-patient services;
- Relevant CAMHS team leaders;
- Charge Nurses for the unit

- Governance Team ([HNF-TR.CQC@nhs.net](mailto:HNF-TR.CQC@nhs.net) )
- Safeguarding Children's Team for Humber ([HNF-TR.SafeguardingHumber@nhs.net](mailto:HNF-TR.SafeguardingHumber@nhs.net))

The email will also indicate that the lead professionals from both CAMHS and the unit will be identified and names shared as soon as possible. These professionals will be responsible for the continued co-ordination and regular communicated updates.

Please also refer to appendix 1 in relation to other relevant notifications (including CQC, DATIX, relevant local authority, Relevant commissioning body).

An Initial Incident Review will be undertaken by the CAMHS team in all episodes of an admission of a young person to an adult ward (except those with a transition plan that includes admission to an adult ward). This is to ensure scrutiny of all admissions through the clinical risk management group.

## 5.5 Transition

This procedure will not apply to young people in transition to adult services where admission is part of a planned transition as per policy and care plan. The CQC must be informed (via the Governance Team) where the young person remains under 18, however an IIR is not required.

## 6. EQUALITY & DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.

## 7. MENTAL CAPACITY

The Mental Capacity Act applies to people who are 16 and above. To uphold where appropriate the principles of the Act which are as follows:

- Presumption of capacity.
- Support to make own decisions.
- Right to make seemingly eccentric or unwise decisions.
- Best interests.
- Least restrictive intervention.

## 8. IMPLEMENTATION

This revised Procedure was agreed in March 2014. This Procedure will be implemented as per descriptions within the body of the document and disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

**The implementation of this procedure may require agreement for additional short term staff, with the appropriate skills and knowledge to support any such admission.**

## **9. MONITORING & AUDIT**

The designated environments will be reviewed on an annual basis to ensure that the identified facilities have;

- Access to staff with the right training, skills and knowledge to understand and address the specific needs of children and young people;
- A hospital routine that will allow their personal, social and educational development to continue as normally as possible; and
- Equal access to educational opportunities as their peers, in so far as that is consistent with their ability to make use of them, considering their mental state.

This review will be undertaken in conjunction with review of this procedure and recorded on the front page.

All young people in receipt of CAMH Services have opportunity to provide service user feedback through the service evaluation questionnaire. This will be facilitated by the CAMHS key worker. Any issues raised will be reported into the Director of Nursing

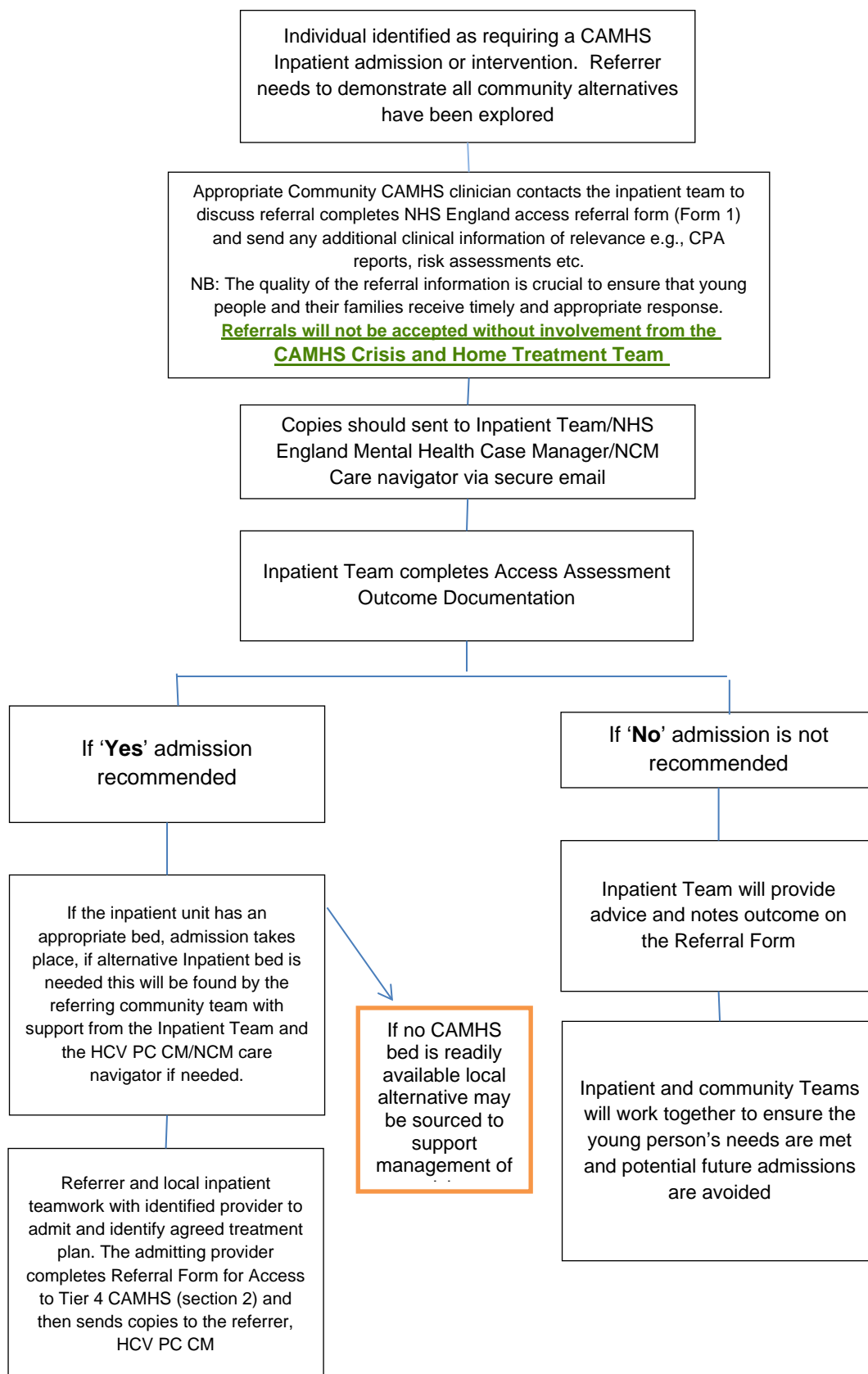
## **10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS**

Included within the body of the document.

## **11. RELEVANT HFT POLICIES/PROCEDURES/PROCEDURES/GUIDELINES**

- Admission procedures
- Adult Acute Bed Management Procedure Proc 405
- Care Programme Approach Guidance Prot503
- Clinical Risk Management Policy P075
- Conveying a Patient to Hospital procedure Prot505
- Discharge and Transfer policy P027
- Entry & Exit Policy P002
- Mental Health Act Policy P053
- Rapid tranquilisation Policy P077
- Supportive engagement policy P204
- Transition policy

## Appendix 1: Inspire CAMHS Inpatient referral process



## Appendix 2 – Flow chart to help guide decision making if CAMHS bed not immediately available and admission is deemed necessary for safety and treatment.

Following completion of the Access Assessment by the Inspire Team, if an inpatient admission is indicated (see Appendix 1) but not readily available a decision may be made to admit the young person to an adult ward. This will be agreed in hours by CAMHS, AMH Managers and the Ward Manager. Out of hours by the On-Call manager, through discussion with the Unit Manager. A request for admission to Newbridges, Westlands or PICU is made via the Mental Health Response Service (Tel: 01482 301701)

In the event that the Inspire Access assessment does not indicate a bed is required the young person should not be admitted to adult ward

Prior to admission, the CAMHS practitioner will update the risk assessment and formulate an initial care plan. Then in conjunction with the unit Nurse in Charge make a decision in relation to appropriate levels of supportive engagement (also based on unit activity and client group). (Out of hours the practitioner will be the CAMHS Consultant on call with support/ advice from CAMHS crisis team 335600). Unit admission procedures to be followed.

The ward may seek to increase staffing numbers to support admission by:

- Contacting the trust bank
- Review local staffing resources- which would include contacting Inspire
- Discussion with CAMHS service manager to determine if any CAMHS staff are available to work on the unit.

CAMHS Crisis Team and Inspire are not staffed to cover this eventuality and do not have a duty to respond. It is expected that all services will be flexible to support to keep the young person safe.

CAMHS Service Manager will identify the CAMHS lead practitioner/s to liaise with the unit and family, inform relevant Social Care team about admission (possible safeguarding referral) and plan multi-agency meeting/ discussion. Out of hours this will be the role of the CAMHS Crisis Team.

The relevant CAMHS team will facilitate identification of appropriate CAMHS facility for transfer as soon as possible.

CAMHS lead practitioner works with unit staff to identify ongoing care plan and review for this

CAMHS Consultant will review young person within the first 24 hours, following this medical reviews will be at minimum every 7 days. the CAMHS Home Treatment Team will review the young person daily and will request a review from the consultant should the young person's presentation change.

Unit Nurse in Charge to facilitate completion and submission of datix indicating admission of an under 18 to an adult ward and send notification to relevant persons by email as identified in section 5.4. As soon as possible the Unit Charge Nurse to contact the Governance Team ([HNF-TF.CQC@nhs.net](mailto:HNF-TF.CQC@nhs.net)) to enable completion of the notification requirements for CQC. An IIR will then be requested by the Patient Safety Team.