



Public – To be published on the Trust external website

Young people admitted to adult inpatient wards

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1 Introduction

The National Service Framework for Children, Young People and Maternity Services (DH 2004) highlights the importance of ensuring that “children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.” The Department of Health (DH) in a letter to Chief Executives of Strategic Health Authorities (SHAs) noted the Government’s commitment to end the admission of children less than 16 years of age to adult psychiatric wards and instructed SHAs to treat any such admission as a reportable Serious Untoward Incident. The letter also reminds services to ensure that the safeguards set out in Section 11 of the Children Act 2004 are in place whenever young people under 18 years of age are admitted to adult psychiatric wards.

The MHA 2007 which revised the Mental Health Act 1983 with effect from 3 November 2008 makes some significant changes to the law relating to the admission and treatment of children and adolescents in psychiatric hospital. Notable changes include:

- The amendment of s.131 to remove the potential parental override of a 16 or 17 year old capable refusal of or consent to admission to hospital; and
- The introduction of special provisions regarding ECT treatment to under-18 years old’s, so that no such treatment can be given to an informal or detained person aged under 18 without a SOAD certification that it is appropriate.

Section 131A of the revised Mental Health Act creates a duty upon managers to accommodate children and young people who are admitted under the Act or under any other legal power in an environment suitable for their age, subject to their needs. This duty took effect from April 2010.

2 Why we need this policy

2.1 Purpose

- The Trust is committed to safeguarding and promoting children's welfare and therefore complying with the above requirements.
- This policy informs Trust services what they must do in order to ensure compliance when young people are being considered for admission to adult psychiatric wards.
- All patients are entitled to have their Human Rights upheld by those providing their care. Consideration’s to ensure protection of human rights will form part of all care and interventions delivered under this policy. Particular attention should be paid to those with protected characteristics to guard against conscious and unconscious bias and discrimination.

2.2 Objectives

The objective of this document is to provide a framework that:

- Directly informs practice described in a ward or team’s operational policies.

- Safeguards and promotes the welfare of the young person who requires admission to hospital for their mental health care.
- Ensures that the positive or negative impact on the young person is taken into account
- Ensures the young person has access to appropriate care and treatment, in an environment suited to their age and development.
- Support the delivery of meaningful admission to a person-centred service within a complete system of care, including the wellbeing and social inclusion of the service users and their carers/family;
- Supports the provision of accessible information to service users and/or their carers/families
- Ensures that users of the service are:
 - Admitted to the service in a respectful, professional and courteous manner.
 - Given appropriate information about their treatment and the care they will receive from the service
 - Fully involved in the decision making process and able to make informed choices about their care, wherever possible to ensure that harm minimisation approach is used throughout
- Treated fairly, equally and have their diversity, privacy and dignity respected and their needs met throughout

2.3 Trust Strategic Goals

This policy will ensure a clear clinical approach to the management of under 18 year olds on an adult inpatient setting and is guided by the Trust Strategic Goals:

- To co- create a great experience for our patients, carers and families by having access to the care that is right for the users of our service.
- To co-create a great experience for our colleagues by supporting staff to be well lead
- To be a great partner by working innovatively across organisational boundaries to improve the service.

3 Scope

3.1 Who this policy applies to

This policy applies to all occasions when a young person under the age of 18 years is admitted to an adult psychiatric ward within the Trust or the designated Learning Disability in-patient department. It provides instructions and guidance for clinicians and practitioners working in existing services.

3.2 Roles and responsibilities

Role	Responsibility
Chief Operating Officer	<ul style="list-style-type: none"> Ensuring that this policy is implemented.
Heads of Service	<ul style="list-style-type: none"> Heads of Service for Children & Young People's Services, Adult Mental Health Services and Adult Learning Disability Services are responsible for ensuring that the policy is adhered to within their areas of accountability. And subject to review at regular intervals
Modern Matrons/Service Managers/Team Managers	<ul style="list-style-type: none"> Ensuring the policy is adhered to within their areas of accountability.
Clinical staff	<ul style="list-style-type: none"> Clinical staff within the scope of the policy is responsible for implementing this policy within their service areas.

4 Policy

4.1 Underlying principles for service delivery

Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMH) and Adult Learning Disabilities Services (ALD) should follow these underlying principles when caring for young people:

Principle	Description
1	Young people should receive mental health care in an environment that is developmentally and clinically and socially appropriate and not always based on age. For example, clinicians assessing a young person near to their 18th birthday should consider the potential length of stay required in an inpatient ward to avoid unnecessary transitions of care which may be disruptive to their care needs. There is the potential for a 17 year old to be married and an adult ward may be the most socially appropriate environment.
2	Young people should receive treatment and care in the least restrictive setting possible that best suits their needs
3	Safeguarding and promoting the young person's wellbeing is the primary focus
4	Young people should be involved in the decision making process, kept fully informed about their care and treatment, and their views and wishes should be taken into account having regard to their age and understanding ¹
5	<p>Communication and working relationships between CAMHS and AMH and ALD should be maintained to ensure:</p> <ul style="list-style-type: none"> continuity of care; access to specialist advice; and a supported and facilitated transfer of young people between the services. <p>All teams will work in harmony around the specific mental health care needs of any</p>

	young person rather than to specific service related thresholds or boundaries.
6	Young people requiring inpatient mental health care should be cared for in inpatient facilities as close to their home as possible

4.2 Adult Wards designated for admitting 16 to 17 year olds

Locality	Hospital	Ward
Tees	Roseberry Park Hospital, Middleborough	<ul style="list-style-type: none"> • Stockdale Ward -Male • Bilsdale Ward – Male • Bransdale Ward – Female • Overdale Ward- Female
Durham and Darlington	Lanchester Road Hospital, Durham	<ul style="list-style-type: none"> • Farnham Ward - Male • Tunstall Ward – Female
North Yorkshire	Ayckbourn Unit, Cross Lane Hospital, Scarborough	<ul style="list-style-type: none"> • Danby Ward – Male • Esk Ward – Female
York and Selby	Foss Park Hospital, York	<ul style="list-style-type: none"> • Minster Ward- Male • Ebor Ward- Female

¹ It is good practice to involve parents/carers. However, young people aged 16–17 are within the scope of the Mental Capacity Act (MCA 2005) and are therefore presumed to have capacity to make decisions unless there is reason to believe otherwise and an assessment of capacity will be required. Children under 16 years are not considered to be competent to make their own decisions in terms of emotional maturity, intellectual capacity and mental state i.e. not Gillick competent, unless an assessment of competence determines that they are.. Children assessed as competent and young people with capacity are also able to make decisions about the use and disclosure of information they have provided in confidence. If the child or young person lacks competence/capacity (through age or illness) then it may be appropriate to seek consent from a person with “parental responsibility” regarding some treatment decisions but this does not include consenting to a deprivation of the young person’s liberty.

4.3 Learning Disabilities Services Inpatient treatment units for admitting 16 to 17 year olds

At the point of referral, the Learning Disabilities Services across all localities will liaise to decide which unit/environment is most appropriate to meet the needs of the individual taking into consideration:

- the locations of the units and the person’s home/family; and
- the needs of other service users; and
- the most suitable environment to meet the individual’s needs.

Managers and staff have a duty to ensure that the environment is conducive to this age group, and that staff have an understanding of their needs in line with National Standards.

Other inpatients on the adult ward or LD ward are monitored to ensure there is no inappropriate contact with the young person. See section 4.4 for further details.

4.4 Young people under 18 years of age

4.4.1 Young people under the care of Adult Mental Health Services

Whilst the NSF recommends that services should be organised around the 18th birthday of a young person, this is a guide. The NSF also recommends that provision is flexible, integrated and appropriate to a young person's needs whatever their age. Good transitional arrangements and good relations between services are essential. (Refer to Trust Policy on Transition of Care from Child and Adolescent to Adult Services). Often, but not always, young people under 18 years of age will be known to local CAMHS Teams. The young person may also specifically request to be admitted to Adult Mental Health Services. If this was the case, the clinician undertaking the assessment should make a clinical judgement on whether the young person's needs and development stage require care to be more appropriately provided by Adult Mental Health Services. Also, in some instances where the young person presents in the weeks before their 18th birthday and it is clear that they have a severe and enduring mental disorder that is likely to require prolonged care, a clinical decision may be made to admit to Adult Mental Health Services to meet their ongoing clinical needs and avoid unnecessary transitions.

Exceptional circumstances may include whereby a patient displays sudden distress and disturbance which threatens patients, other patients and/or staff safety. In such circumstances a risk assessment will have taken place and a decision to seek temporary transfer to adult services (where felt to be clinically and developmentally appropriate) will be made by medical and nursing staff. This decision will be recorded in the care notes.

If an assessment by Adult Mental Health Services has confirmed the appropriateness of this arrangement, the adult consultant psychiatrist will lead the medical intervention but CAMHS may be asked to continue to provide advice and support.

Flexibility around whether CAMHS or working age adult services should take prime responsibility for care of a young person is encouraged. Flexibility would also include both services working together where appropriate. After either service has completed an assessment a discussion can take place as to the most appropriate care provision and also the choices of the young person. A record of any decision should be recorded in their notes with the clinical rationale for any decision. Clinical staff from local Community CAMHS teams should attend relevant Adult Ward meetings within 48 hours of admission to discuss the young person's needs and contribute to care planning processes.

Young people with suspected psychosis should be referred to the Early Intervention Team on admission (14 years and above).

Where a young person is under the care of CAMHS and on initial or further assessment is felt to require inpatient care, first consideration should always be to seek an appropriate CAMHS bed as close to the young person's home as possible.

The decision to transfer or directly admit a young person to an adult psychiatric ward must involve a CAMHS consultant psychiatrist or deputy and the duty psychiatrist for the adult psychiatric hospital where the child is being considered for placement.

The decision to admit to one of the Trust's adult psychiatric wards will only be made after less restrictive options have been considered and discounted, e.g. support at home from local community-based services.

The likelihood of harm to the young person and others created by admitting the young person to an adult psychiatric ward must also be judged to be less severe than the risks already identified if the young person remains in the community. This will include consideration of the profile of the patient population in the Adult ward area.

Admissions to Adult Mental Health wards or Learning Disability inpatient units will initially be via clinical discussions between CAMHS and AMH and ALD Services, both in and out of hours. Modern Matrons / Locality Managers should be contacted to discuss the need for admission during office hours (9.00am-5.00pm) and notified the next working day if an admission has taken place out of hours. Out of hours 'on call staff' should also be involved in discussions regarding bed availability.

Young people admitted to adult psychiatric wards must have their welfare safeguarded and promoted as set out under section 11 of the Children Act (2004). The following points should be followed:

1. Current inpatients are risk assessed to ascertain whether the young person can be admitted safely to the adult ward;
2. Single rooms have been set aside with an en-suite for use by young people;
3. The young person will be nursed on within eyesight observations in a proportionate manner unless there are *exceptional* circumstances which may adversely affect their mental health, for example extreme paranoia. The decision not to nurse the young person on within eyesight observations must be agreed within the MDT and fully risk assessed. The decision not to nurse the young person on within eyesight observation should be reviewed as clinically indicated but at a minimum on a 24 hour basis.
4. All staff members in contact with young people have an Enhanced Disclosure and Barring Service;
5. CAMHS medical support will be provided from Community CAMHS Teams or On Call Psychiatrist out of hours;
6. For those young people under CAMHS, skilled support from CAMHS staff will be provided as agreed on a case by case basis;
7. Other inpatients on the adult ward or LD unit are monitored to ensure there is no inappropriate contact with the young person;
8. The young person can access age appropriate recreational activities; and communal living spaces within the ward area
9. If the young person is in full-time education, plans are made for the continuation of education during or after the admission;
10. Access to age appropriate statutory Advocacy is available;
11. Other agencies can become involved in providing support;

12. Care coordination remains the responsibility of the team with overall responsibility for care. This may be the local CAMHS or Early Intervention in Psychosis Team or Adult Team if the young person is close to their 18th birthday;
13. Where appropriate local CAMHS or Early Intervention in Psychosis Team will be involved in the planning, discharge and after care of young people utilising the Care Programme Approach, if they are care coordinators.
14. Head of Service for the local CAMHS service to be informed of any admission.
15. The CQC must be notified, whether detained under the MHA or not, via the MHA Team of any admission that reaches 48 hours and a Datix completed.

It is recommended that adult psychiatric wards use a care plan checklist (see Appendix 2) to ensure that the above points have been considered and that follow-up actions have been planned and recorded.

The local CAMHS or Early Intervention in Psychosis Team will take the lead in liaising with the relevant school health team, where required.

4.4.2 Medical responsibility

For most 16 or 17 year olds on an adult in-patient unit the CAMHS consultant psychiatrist or Approved Clinician will retain medical responsibility for the young person during his or her period of care on an adult psychiatric ward. There should be close and continued liaison between the CAMHS consultant psychiatrist and the relevant adult consultant psychiatrist in order to share expertise of ward based care and the management of young people and document the rationale for any decisions that are made.

Sometimes, and after discussion involving the consultant psychiatrists, the Service Managers and the young person and their family, the adult consultant psychiatrist may accept sole medical responsibility for a young person. This may be when the young person has expressed a desire to remain under the care of adult services or it is deemed to be most appropriate to be served by an adult consultant psychiatrist. Any decision must be guided by what is in the interests of the young person and their family and be clinically appropriate and the rationale for this clearly recorded.

For requirements for staffing on Adult designated wards and training, please refer to Appendix 3.

4.5 Children under 16 years of age

A child under 16 years requiring in-patient psychiatric care must always be cared for in a specialist CAMHS facility as close to their home as possible. Targets set by the government in 2006 underpin a key principle of good practice that **under no circumstances should a young person under the age of 16 years be placed or admitted to an adult psychiatric ward**. Sometimes in very exceptional circumstances and due to the severity of their illness, a child under 16 years of age may not be able to be accommodated within the local CAMHS inpatient facility due to bed availability. In this situation, the best place for this young person to be accommodated and supported must be promptly considered. This will include other appropriate Health placements or consideration of Local Authority placements. In these exceptional circumstances, and where a child under the age of 16 years cannot be admitted to a local CAMHS Inpatient facility, the care team should contact the **Modern Matron / Head of Service to discuss with Commissioners**

alternative provision. To assist a prompt commissioning process and the transfer process by the care team, preparatory work should take place wherever possible to help identify possible alternative provision. Such provision should take into account the principles of care and service delivery as set out above in Section 4.1. On call staff can also be involved in discussions out of hours to ensure a more appropriate placement is found for young people under 16 years (including where appropriate Social Services Emergency Duty Team). **If a young person under the age of 16 years cannot be transferred immediately to a CAMHS facility when an admission to hospital is required, then this must be escalated to the Director of Operations and Director of Nursing in working hours or On Call Director out of hours to ensure a safety plan is identified. This circumstance is a notifiable patient safety incident and staff will be required to report this on Datix as a 'Serious' Incident. The Trust Safeguarding team will need to be notified at the earliest opportunity.**

The referring consultant psychiatrist would retain medical 'link' responsibility for the young person during his or her period of care at an alternative provision. As a consequence there should be regular and continued liaison between the CAMHS consultant psychiatrist and the relevant alternative provision consultant psychiatrist.

If a young person is placed in an out of area adolescent inpatient bed, clinicians from the young person's local Community CAMHS team should remain engaged/engage with the young person/carers and alternative provider and be involved in reviews and planning or discharge or transfer back to local services as appropriate. Community CAMHS Services should liaise with local CAMHS Inpatient Services/Modern Matron if transfer to a local inpatient bed is required. Liaison with Commissioners and Case Managers will also be required.

4.6 Assessment in a 136 facility for under-18 year olds.

Please refer to the TEWV policy [Section 136 - removal of mentally disordered persons without warrant MHA-0003-v9.2](#)

4.7 Escalation process for CAMHS patients in a 136 facility for under 18 year olds.

4.7.1 SECTION 136 MENTAL HEALTH ACT ESCALATION FLOW

	Timeframe	YES (action to be take)	NO (action to be taken)
If the assessment or has not commenced at this time point follow the described action.	3 hour point (adult) 2 hours for a CAMHS patient	Seen by RMP and AMHP (RMP only if no MD present) No admission required, arrange follow up if required, process ends	S136 Coordinator to re-contact AMHP and RMP and establish ETA
If the assessment or has not commenced at this time point follow the described action	7 hour Point (adult) 4 hours for a CAMHS patient	Admission required – suitable bed being sourced Inform HOS of pending CAMHS admission.	Assessment still not commenced - IWH escalate to AMHP Lead and/or ACD/HoS Clinical Director /HOS for CAMHS patient OOH escalate to TEWV

			1 st on-call manager
If the assessment or has not commenced at this time point follow the described action	12 hour Point (adult) 6 hours for a CAMHS patient	Admission required - No suitable bed sourced – escalate to HoS IWH or 2 nd on-call manager OOH	Assessment still not commenced - IWH escalate to AMHP Lead and/or ACD/HoS Clinical Director /HOS for CAMHS patient. Inform DoOps OOH escalate to TEWV 2 nd on-call manager
If the assessment or has not commenced at this time point follow the described action	16 hour Point (adult) 10 hours for a CAMHS patient	Admission required - No suitable bed sourced – escalate again to HoS IWH or 2 nd on-call OOH	Assessment still not commenced – escalate to on-call Director
If the assessment or has not commenced at this time point follow the described action	18 hour Point (adult) 12 hours for a CAMHS patient	Admission required - No suitable bed sourced – escalate to DoOps or On-call Director OOH	If RMP has examined person and cannot assess due to their presentation – s136 may be extended for up to a further 12 hours
If the assessment or has not commenced at this time point follow the described action	24 hour Point S136 MUST end unless extended	Escalate to DoOps or on-call Director OOH	
If the assessment or has not commenced at this time point follow the described action	36 hour Point Extended S136 MUST end	Escalate to DoOps or on-call Director OOH	
Code: IWH- In working hours OOH – Out of Hours		DoOps – Director of Operations HoS – Head of Service	

5 Related Documents

[Transitions Protocol Child and Adolescent to Adult Services / Primary Care](#)

[The Care Programme Approach and Standard Care](#)

6 How this policy will be implemented

<ul style="list-style-type: none"> This policy will be published on the Trust's intranet and external website.
<ul style="list-style-type: none"> Line managers will disseminate this policy to all Trust employees through a line management briefing.
<ul style="list-style-type: none"> Routine training or guidance on this policy will be provided to relevant staff during local induction and within safeguarding training delivered by the trust and local authorities.

6.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Registered Nurses band 5 and above HCAS	<ul style="list-style-type: none"> Safeguarding level 3 which includes adult and children Level 2 which includes adult and children 	3 hour reflective e-learning package, 3 hour interactive face to face and 2 hour pre-course reading resource. <ul style="list-style-type: none"> 4 Hour E-Learning package 	<ul style="list-style-type: none"> Update every three years
Registered Nurses	<ul style="list-style-type: none"> Mental Health Act training and awareness of the Children's Act 1989 	Introduction to Mental Health Act and Mental Capacity Act Consent/Capacity/Treatment	3 hours 3 hours
Registered Nurses, Consultants, Junior doctors and pharmacy.	<ul style="list-style-type: none"> Guidance on pharmacological interventions for young people 	E – learning Annual Medicines Management Module	Yearly

7 How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).

1	Routine audit/monitoring of compliance with this policy will be part of normal operational management responsibilities.	Ward Manager/Modern Matron/Locality Managers	Locality Governance Group Directorate Quality Assurance Group
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8 References

Department of Health: Mental Health Act 1983 Code of Practice 2015

Gleave, R (2007) SHA Chief Executives Letter Gateway Number 8390. London: Department of Health.

HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*. London: Department for Education and Skills.

NHS Executive (2000) *Safety, privacy and dignity in mental health units*. Leeds: Department of Health.

Royal College of Psychiatrists' Centre for Quality Improvement (2009) *Safe and Appropriate Care for Young People on Adult Wards*.

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	14 July 2021	
Next review date:	30 September 2025	
This document replaces:	CLIN-0080-v2.1 Young people admitted to adult inpatient wards policy	
This document was approved by:	Name of committee/group	Date
	CAMHS SDG	06 May 2021
This document was ratified by:	Name of committee/group	Date
	SLG	14 July 2021
An equality analysis was completed on this document on:	15 May 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

Change record

Version	Date	Amendment details	Status
2	05 Jul 2017	Full revision	Withdrawn
2.1	20 Feb 2020	4.4.1 para.3 added	Withdrawn
2.1	02 June 2020	Review date extended from 05 July 2020 to new date of 05 January 2021	Withdrawn
2.1	15 Dec 2020	Review dated extended to 31 March 2021.	Withdrawn
2.1	March 2021	Review date extended to 30 June 2021	Withdrawn
2.2	14 July 2021	Reviewed and minor changes- <ul style="list-style-type: none"> • Minor amendment to terminology from the existing guidance including legal terminology to meet equality and diversity requirements. • Section 4.7 added to include the existing escalation process for CAMHS patients in a 136 facility. • Amendment the language to reflect compliance with section 11 • Section 6.1- Updated Training Need Analysis. • Updated the Equality Analysis Screening Form • Add a sentence at the beginning where this fits with strategic framework / Trust goals • 3.1 describes the scope as being 16-18 year olds in the policy but narrative discusses under 16s so it has been added to the policy that in such circumstances, staff must escalate (in and out of hours) and agree a safety plan. Staff must complete a Datix and notify Safeguarding of the situation. • 4.1 table – the last point was change to be the first point as seen as priority. 	Published
2.2	May 2025	Review date extended to 30 Sept 2025	Published

10 Appendix 1 Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Adult Mental Health and Children & Young Peoples Services (Trust-Wide)			
Policy (document/service) name	Young people admitted to adult inpatient wards policy: CLIN-0080-v2.2			
Is the area being assessed a;	Policy/Strategy	X	Service/Business plan	Project
	Procedure/Guidance			Code of practice
	Other – Please state			
Geographical area	Trust Wide			
Aims and objectives	Policy identifies nominated inpatient areas that will accept admission of young people between the ages of 16 and 17 years. The Policy sets out a number of environmental requirements and training required for staff.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	February 2021			
End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	May 2021			

You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

<p>1. Who does the Policy, Service, Function, and Strategy, Code of practice, Guidance, Project or Business plan benefit?</p> <p>The Policy can benefit young people between the ages of 16 and 17 years who require admission to an inpatient area where the potential for positive impact is identified. Young people should receive mental health care in an environment that is developmentally and clinically and socially appropriate and not always based on age. There is the potential for a 17 year old to be married and an adult ward may be the most socially appropriate environment and to be placed on a CAMHS in patient ward may cause a negative impact to the young person. Policy allows admission to identified Adult Mental Health inpatient wards pending transfer to CAMHS in patient bed.</p>

There may be occasions when a child or young person requires admission to hospital and there are no alternatives for management/continued management within the community. There may not be an age appropriate mental health hospital bed available (ie a bed within a CAMHS specific provision) either locally or nationally or, if nationally available is at a significant distance, which would be detrimental to the child in the short term and create the potential for negative impact. The child or young person may then need to be admitted to an adult ward.

This policy is required in order to give guidance to staff where admission to an adult ward occurs in order to ensure that only the wards agreed as suitable within the Trust are used for admission and that measures are put in place on those wards in order to ensure that the child or young person is kept safe environmentally, least restrictive practice is used for the young person and other inpatients on the ward, that they receive input from CAMHS specialist staff and that they have their specific needs as a CAMHS addressed pending transfer to an appropriate facility. It is also to ensure that the CQC are notified appropriately as required within CQC regulations.

2. Will the Policy, Service, Function, and Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Should a young person require admission and a CAMHS bed is not immediately available, then to reduce the negative impact listed above, the policy ensures that appropriate mitigating actions are taken to minimise the negative impact on the young person pending their transfer to a CAMHS inpatient area. The Policy sets out environmental and training requirements to ensure safety and appropriate treatment required by the nominated Adult Inpatient Area in order to mitigate the negative impact on the young person. Provision is subject to on-going discussion with Commissioners.

This policy is required in order to give guidance to staff where admission to an adult ward occurs in order to ensure that only the wards agreed as suitable within the Trust are used for admission and that measures are put in place on those wards in order to ensure that the child or young person is kept safe environmentally, that they receive input from CAMHS specialist staff and least restrictive practice is used for the young person and other inpatients on the ward, that they have their specific needs addressed pending transfer to an appropriate facility. It is also to ensure that the CQC are notified appropriately by the MHA team as required within CQC regulations.

The policy has added guidance on the escalation procedure when a CAMHS patient accesses the 136 facility.

Race (including Gypsy and Traveler)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	Yes	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	Yes
Religion or Belief (includes faith groups, atheism and philosophical)	No	Pregnancy and Maternity (includes pregnancy, women who)	No	Marriage and Civil Partnership	No

belief's)		are breastfeeding and women on maternity leave)		(includes opposite and same sex couples who are married or civil partners)	
<p>Yes – Please describe anticipated negative impact/s</p> <ul style="list-style-type: none"> The young person may witness behaviours that are not age appropriate due to being on an adult ward <p>No – Please describe positive impacts/s</p> <ul style="list-style-type: none"> Young people should receive mental health care in an environment that is developmentally and clinically and socially appropriate and not always based on age. There is the potential for a 17 year old to be married and an adult ward may be the most socially appropriate environment and to be placed on a CAMHS in patient ward may cause a negative impact to the young person. The young person may have specifically request to be admitted to Adult Mental Health Services due to wanting to be in an environment that is more developmentally appropriate for them. Access to service closer to home to ensure support from family members, friends, school links in line with Article 8 of the Human Rights Act 1998 To ensure timely access to urgent services, professional treatment and support 					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?		Yes	√	No	
Sources of Information may include: <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 				<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 	
4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership					
Yes – Please describe the engagement and involvement that has taken place					
No – Please describe future plans that you may have to engage and involve people from different groups Data including experience, incidents, lesson's learned etc will be considered within any review of policy. Numbers of admissions and outcomes will be closely monitored.					
5. As part of this equality analysis have any training needs/service needs been identified?					
Yes/No	Please describe the identified training needs/service needs below The policy sets out a series of training requirements for all staff working in identified AMH Inpatient areas. Ward managers have been asked to provide a training plan and compliance will be audited at a later stage. Training Required is as follows				
A training need has been identified for;					
Trust staff	Yes	Service users	No	Contractors or other outside agencies	Yes

Make sure that you have checked the information and that you are comfortable that additional evidence can be provided if you are required to do so

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046

11 Appendix 1a Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	y	
2.	Rationale		
	Are reasons for development of the document stated?	y	
3.	Development Process		
	Are people involved in the development identified?	y	
	Has relevant expertise has been sought/used?	y	MHA legislation team Equality and Diversity leads
	Is there evidence of consultation with stakeholders and users?	y	
	Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
4.	Content		
	Is the objective of the document clear?	y	
	Is the target population clear and unambiguous?	y	
	Are the intended outcomes described?	y	
	Are the statements clear and unambiguous?	y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	y	
	Are key references cited?	y	
	Are supporting documents referenced?	y	
6.	Training		
	Have training needs been considered?	y	
	Are training needs included in the document?	y	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	y	
	Have Equality and Diversity reviewed and approved the equality analysis?	y	
9.	Approval		
	Does the document identify which committee/group will approve it?	y	
10.	Publication		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

12 Appendix 2 Checklist for young person admitted to adult psychiatric wards

Service User	ID No	Unit
Main carer(s)	Relationship	
Care Coordinator	Telephone No.	

Reason why young person was admitted to adult psychiatric ward

On admission (if "no" is ticked explain why in patient's record)

Having completed an initial assessment of risk on current inpatients - that no individuals on the ward pose a risk of harm to children (offences of violence of a sexual nature against children) can you confirm the young person can be admitted safely?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Single bedroom and en-suite facility provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
All staff in contact with young person have had Enhanced DBS check	Yes <input type="checkbox"/> No <input type="checkbox"/>
Carer(s) notified of admission	Yes <input type="checkbox"/> No <input type="checkbox"/>
Local CAMHS notified of admission and their Head of Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Young person and carer(s) informed of advocacy service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Young person placed on CPA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Manager notified / or On Call Manager and Duty Nurse Coordinator out of hours	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Young Person subject to a Child Protection plan?	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
MHA Office notified if admission reached 48 hours & Datix completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Observation and Engagement level updated on the safety summary and safety plan developed. I.e. Within eyesight observations, reviewed every 24 hours unless clinically contra-indicated (in which case agreed by MDT, risk assessed and fully recorded on the persons health records).	Yes <input type="checkbox"/> No <input type="checkbox"/>

Actions:

Lead Clinician:

1. If young person requires a CAMHS bed explore options to transfer to more appropriate accommodation within 48 hours.
2. Liaise with local CAMHS or EIP service to plan care, discharge and after-care.
3. If young person is in full-time education consider how this may continue.
4. Ensure young person has access to age-appropriate recreational activities.
5. In consultation with the young person and carer(s), develop a plan that meets each need and consider using the principles that guide a trauma-informed approach:
6. Record and review progress.

Additional Actions:

Signed:	Designation:	Date:
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13 Appendix 3 Requirements for staffing and training on adult designated wards

Standards required from the document, “Safe and Appropriate Care for Young People on Adult Wards”, January 2009

Section 2: Staffing and Training

Staffing Standard

Where young people have been admitted to an Adult Ward, staff will have access to named CAMHS professionals for consultation, advice and supervision. A named member of staff will be identified to take responsibility for the safeguarding rights of young people. Adult Ward staff will also have access to a Senior Nurse for Safeguarding Children.

Designated Wards, CAMHS and the Safeguarding Children Team will work in partnership to ensure required standards are met.

Staff Training

The following Training Plan will be in place for staff on designated Adult Wards. Additional training will cover the following:

- Safeguarding Level 3 for all band 5 and above, level 2 for HCA
- Legal Frameworks and their application for young people, including Mental Health Act and Children Act 1989
- Guidance on Pharmacological Interventions for young people
- PAT Level 2 (Positive Approaches Training)
- Management of victims and perpetrators of sexual abuse.

It is the responsibility of designated Ward Managers to ensure standards for training are met by Ward staff. Community CAMHS services, the Safeguarding Team, Mental Health Act Office and Training & Education Department will all be required to contribute and respond to training requests to ensure the Trust meets the required standards.

Staffing Safeguards

All Adult Service staff to:

- have appropriate Enhanced Children’s DBS check and POCA
- be aware of Trust Policy on Whistle Blowing.

Local Inductions to designated Wards are to include key aspects of caring for young people on the wards.

Ward Managers of designated Adult Wards are responsible for ensuring processes are in place to meet required standards. Adherence to this policy and completion of Appendix 2 will ensure compliance with required standards from the Children’s Act 2004. Further advice and guidance can be sought from the TEWV Safeguarding Team.

Children’s Act 2004(3) Section 11 mandate, which requires LSCBs to ensure that organisations have safeguarding arrangements in place, is completed on behalf of TEWV by the Safeguarding Team.