

Age Appropriate Admissions Policy

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Policy On A Page

SUMMARY & AIM

This policy sets out Cumbria Partnership NHS Foundation Trust's expected practise of staff in the exceptional circumstances whereby a young person under the age of 18 years is being considered for admission to an adult mental health ward.

Practice must comply with requirements of the Mental Health Act (MHA) (1983) Code of Practice (2015) in respect of the application, the use and implementation of the MHA (1983) as applied to the detention of Children and Young People. The policy has been brought up-to-date in line with current guidance for best practice in the exceptional event of young people being admitted to adult wards. The policy covers all young people up to the age of 18yrs.

KEY REQUIREMENTS

Children & Young people with mental health difficulties, under the age of 18years will only be admitted to an adult inpatient ward in exceptional circumstances and only when all other options have been explored and following completion of risk assessment admission is considered the safest option.

Due to the exceptional circumstances, the decision to admit must be escalated to Associate Director level/GOLD on call for final decision.

TARGET AUDIENCE:

All CPFT Staff

TRAINING:

Training in the use of this policy will be included in the training delivered in accordance with the Trusts training needs analysis. Attendance at training is managed in accordance with the Trust's Learning and Development Policy.

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1. INTRODUCTION

This policy sets out Cumbria Partnership NHS Foundation Trust's expected practise of staff in complying with requirements of the Mental Health Act (MHA) (1983) Code of Practice (2015) in respect of the application, the use and implementation of the MHA (1983) as applied to the detention of Children and Young People. The policy has been brought up-to-date in line with present practice and guidance for young people admitted to adult wards and the great reduction in such occurrences. This policy covers all young people up to the age of 18yrs.

In accordance with the MHA: Code of Practice (2015), all children and young people are best accommodated within age appropriate services. Regarding children with learning disabilities, autism or both, this is reiterated in guidance within the Transforming Care Agenda, specifically within "*Developing support and services for children and young people with a learning disability, autism or both (2017)*". The *National Service Framework for Adult Mental Health Services in England (1999)* also states that children and adolescents should only be admitted to adult mental health wards in exceptional circumstances.

This policy caters for those exceptional circumstances when consideration is being given to admitting a child or young person (with or without learning disabilities, autism or both) under 18 years of age with acute mental health difficulties and/ or learning disabilities and challenging behaviour to an adult mental health ward or an adult specialist learning disabilities unit. The decision to admit or not will be made following consultation with the Executive Director/Senior Manager GOLD on call.

The admission of a young person to an acute adult inpatient facility (either formally or informally) can only be considered as an option when either:

- A District General Hospital Children's Ward are declining to admit the young person due to the absence of physical health difficulties or the young person is already detained under the MHA and the young person requires admission for their own safety whilst further risk assessment, monitoring, planning +/- specialist child and adolescent mental health inpatient bed being sought.
- Every attempt to place the young person on an appropriate specialist Child & Adolescent Mental Health Service (CAMHS) unit or specialist learning disabilities children's/ young person's unit has been unsuccessful and there is an overriding need to ensure the young person's safety whilst a CAMHS Specialist bed or specialist learning disabilities bed is found, or
- When during working hours, in the opinion of the Director of Nursing/Director of Operations with consultation with the appropriate North or South CCG, it is considered that the mental health or learning disabilities (including mental health and/ or challenging behaviour) needs of the young person can best be met in an adult environment

This Policy must be read in conjunction with the Safe and Appropriate Care for Young People on Adult Mental Health Wards (2009), The Mental Health Act (1983), Developing support and services for children and young people with a learning disability, autism or

both (2017), Care, Education and Treatment Reviews for children and young people Code and Toolkit (2017) and the updated MHA: Code of Practice (2015).

2. PURPOSE

This policy describes the required practice and processes to ensure that young people with mental health difficulties or young people with learning disabilities and mental health difficulties and/ or challenging behaviour, in the exceptional circumstances of them being admitted to an adult mental health ward or an adult specialist learning disabilities unit, are placed in age appropriate environments and that the appropriate safeguards are in place.

The Trust believes the needs of children and young people are best met within inpatient specialist units provided by CAMHS or specialist children's/ young person's learning disabilities units; however the Trust is not currently commissioned to provide either of these specialist services and relies on adolescent units managed by other Trusts. Therefore, there are likely to be occasions when clinicians cannot access a specialist CAMHS or specialist children's/ young person's learning disabilities inpatient service immediately, which may lead to consideration being given for admission to a local adult mental health or learning disabilities bed.

Under no circumstances will any young person aged under 16 be admitted to an adult inpatient unit.

Young people with mental health difficulties

When a young person with mental health difficulties is admitted to an adult ward, it remains the responsibility of the CAMHS service to arrange a placement in an inpatient CAMHS unit at the earliest opportunity and work closely with the adult ward to staff in providing age appropriate nursing, medical and psychiatric care. A review of the appropriateness of the placement must take place as a formal part of the care planning process after 48 hours. The Trust recognises that in certain circumstances, after consultation with the patient and those with parental responsibility, it may not be possible to find an appropriate CAMHS placement within the 48 hour timescale, or it may not be in the young person's best interest to be transferred out of area. Under these circumstances when the young person has been on the ward for 48 hours a full review of the young person's needs must be completed and an appropriate care plan put into place.

Young people with learning disabilities

When a young person with learning disabilities, autism or both and mental health difficulties and/ or challenging behaviour is admitted to an adult ward, if a Care, Education and Treatment Review (CETR) has not been convened prior to admission due to the immediacy of the situation, a CETR must be convened at the earliest opportunity following admission. It remains the responsibility of the health professional involved (usually the Children's Learning Disabilities Team or CAMHS) to arrange a placement within a children's/ young person's specialist learning disabilities unit.

3. POLICY DETAILS

3.1 Possible Routes for the Admission of Children and Young People to an Adult Inpatient Unit

Young people under 18 years with mental health difficulties and young people with learning disabilities and mental health/ challenging behaviour needs must only be admitted to an adult mental health ward/ adult learning disabilities Assessment and Treatment Unit in exceptional circumstances and after all suitable alternatives have been reviewed, a risk assessment of the ward environment has been completed and it is deemed that admission to the adult ward would be less harmful for the young person than remaining in the community setting.

No young person aged under 16 will be admitted to any adult unit under any circumstances.

If the Trust is approached with a view to a child under 16 years of age being admitted, this will be dealt with by the Executive director/Senior Manager on-call who will advise of the alternatives.

The decision to admit will be taken after consultation with an Executive Director/Senior Manager GOLD on call.

Young people aged under 18 have access to all CAMHS beds in England (but not Scotland and Northern Ireland) that are commissioned by NHS England and no agreements regarding funding are required with provider units. Some beds in Scotland can be accessed with the specific agreement of NHS England.

The website <https://www.camhsbedavailability.nhs.uk/> is updated daily and shows where and what types of commissioned CAMHS beds are available. When admission to Tier 4 bed is being considered Cumbria CAMHS teams contact their NHSE 'gatekeeper' who have access to the website. Formal referral is via NHSE 'Form 1', which can be obtained from the 'gatekeeper' if required.

South Gatekeeper: The Cove, Plover Drive, Heysham, Lancashire, LA3 2SL.
Tel: 01524 550360

West & East Gatekeeper: Mental Health Case Managers, NHS England, Cumbria Northumberland Tyne & Wear Area Team. Tel: 0113 8253040

N.B. Tier 4 provision in order of primary consideration:-
Ferndene (Prudhoe) Tel: 01661 838400; Evergreen (Middlesbrough) 01642 529 672 (Eating Disorder Specialist); Huntercombe (Edinburgh) 01506 856 023 (Eating Disorder Specialist)

Gatekeepers complete and return 'Form 2' which provides their recommendations in relation to the admission

Detailed below are the four possible routes to the admission of children and young people for treatment for a mental disorder. In circumstances where an adult mental health ward/ adult learning disabilities Assessment and Treatment Unit is being considered, the decision to admit:-

- In hours: Must be made by following consultation with the Children & Families Care Group Director of Nursing and/or Director of Operations, following escalation from the CAMHS Clinical Service Manager or deputy. Consultation must also include the appropriate North or South Clinical Commissioning Group (CCG) and Trust Directors/Deputy Directors.
- Out of hours and weekends: Must be made by CPFT's Executive Director/Senior Manager GOLD on-call following escalation from Adult Crisis Team or an equivalent GOLD on-call in the notifying organisation. Consultation with the appropriate North or South CCG GOLD on call must also occur.

Routes of admission

Informal Admission: When the young person, or those with parental responsibility (where applicable) consent to be admitted and remain in hospital voluntarily and there is no reason to believe that it would be unwise to rely on such consent.

N.B. A young person under 18 years of age, who is judged to be competent, can give valid consent to their admission to hospital and the valid consent of a child or young person will be sufficient authority for their admission to hospital or treatment for mental disorder. Young people aged 16 and over are assumed to have full legal autonomy over their decisions unless they lack capacity as defined by the Mental Capacity Act (MCA) (2005). The MCA 2005 sets out a legal framework of how to act and make decisions on behalf of people who lack capacity to make specific decisions for themselves.

It is not lawful for someone with parental responsibility to agree to the detention of the young person in hospital as this is a breach of Human Rights Act Article 5 "Right to Liberty".

Admission under MHA (1983): When a young person refuses to stay or be admitted to hospital (or for some reason their consent is not considered sufficient) and the criteria for admission under the MHA (1983) are met*. There is no lower age limit for the application of the Mental Health Act, and the Mental Capacity Act does not apply prior to 16th birthday.

Admission Authorised by the Court: When the criteria for admission under the MHA (1983) are not met*, and yet admission is still considered appropriate, an application to the Court could be made to override the young person's refusal (the MHA Code 36.23).

Emergency Admission: Where failure to provide treatment is likely to lead to the child or young person's death or to severe permanent injury and it is not practicable to obtain a court order first.

136 Admission: Police may choose to use Section 136 of the MHA for a child or young person under the age of 18 years, if whilst in a public place, they feel they are at risk from the mental health and require taking to a place of safety. The place of safety could be a *136 suite*. Once held on section 136 of the MHA professionals have 24 hours to complete a MHA assessment. The time frame can be extended by 12 hours.

See also Trust Policy POL/001/005/010 Multi-Agency Section 136 Mental Health Act 1983 Protocol

3.2 Detention under the Mental Health Act

Any young person who is detained under the MHA (1983) will receive treatment in accordance with the revised MHA: Code of Practice (2015). Additional information is available from the MH legislation Managers and reference to The Legal Aspect of care and Treatment of Young People with a Mental Disorder: A Guide for Professionals (2009).

Whenever possible admissions will be preceded by consultation with a CAMHS specialist. In emergency situations a specialist CAMHS assessment will take place by the next working day.

When undertaking a Mental Health Act Assessment of a Child or Young Person the Code of Practice requires that:

- At least one of the people involved in the assessment (one of the two medical practitioners **or** the Approved Mental Health Professional (AMHP), will be a CAMHS specialist
- Where this is not possible, a CAMHS clinician will be consulted as soon as possible.
- In working hours, in each CAMHS locality it will be expected that the consultant child and adolescent psychiatrists will be one of the two mental health professionals to carry out the Mental Health Act assessments, and will lead the assessment if they are Section 12(2) approved.
- In cases where the child or young person has complex or multiple needs, other clinicians may appropriately participate in the assessment, e.g. a Learning Disability Consultant where the child or young person has a learning disability
- The AMHPs will be responsible for identifying the nearest relative and informing and/or consulting with this person as required under the Act
- The AMHPs will be responsible for identifying those people who have parental responsibility

**When someone is considered to be suffering from a mental disorder to a degree which warrants detention in hospital for assessment or treatment and that you ought to be detained in the interests of your own health, your own safety or with a view to protect others.*

- The AMHP will, if appropriate and subject to the child or young person's views, consider consulting with their parents (or other people who have parental responsibility for the patient), if they are not the child or young person's nearest relative.
- The AMHP can only make the application for detention if satisfied that 'in all the circumstances of the case' it is the most appropriate way of providing the care and treatment that the patient needs and that all the criteria for the use of compulsion under the Act are met.
- CPFT are responsible for identifying the bed for detention and completion of the Form 1 for submission to the gatekeeper (see section 3.1).
- The AMHP is responsible for ensuring completion of the MHA assessment application and report (MH1 report) for submission once a bed has been identified.

All individuals subject to detention under the Mental Health Act will receive the individual protection detailed within the Act and the Code of Practice regardless of their age. All decisions and actions taken in respect of such individuals are subject to these guiding principles.

For further information refer to The Legal Aspect of care and Treatment of Young People with a Mental Disorder: A Guide for Professionals (2009).

3.3 Prior to any admission

3.3.1 Within CAMHS/ Community Learning Disability and Behaviour Support

Service working hours

CAMHS/ Community Learning Disability and Behaviour Support Service are responsible for completing a full assessment of need prior to admission to demonstrate they have:

- Considered all community and crisis alternatives to support the young person at home or in the community with support
- Have undertaken a joint assessment with all relevant partner agencies to identify health and social needs and to look at support in the least restrictive environment.
- The CCG is required to maintain a database of young people who are at risk of psychiatric admission and who have a diagnosis of learning disability and/ or autistic spectrum disorder. In such cases, a Care Education and Treatment Review should occur prior to hospital admission. This will be arranged by the CCG.

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- Waiting for a CETR should not delay urgent hospital admission if this is required. If the young person with an autism or learning disability diagnosis is admitted to hospital, then NHS England will arrange an urgent CETR after admission.

3.3.2 Out of CAMHS/ Community Learning Disability and Behaviour Support Service hours

Service hours

In the event that a young person 16 years and over presents out of hours or at a weekend in crisis, the Adult Crisis Team will assess the young person's needs and in the absence of a suitable CAMHS inpatient bed and if they urgently require an adult inpatient placement, will escalate through management to CPFT GOLD On-call and GOLD On-Call North or South CCG.

When it is necessary for a young person to be admitted to an adult inpatient bed, the inpatient staff will notify CAMHS Crisis Assessment Team to provide a next working day assessment in line with their 7 day pathway. At this point the relevant CAMHS locality team will become responsible for liaising with NHS England in locating a specialist CAMHS bed.

3.4 Condition of Admission

When admission to the Trust's Adult Acute Inpatient Services is necessary, the following conditions apply:

- All admissions will be for the shortest possible time and subject to robust assessment and management of risk and vulnerability with a full review undertaken by CAMHS/ Community Learning Disability and Behaviour Support Service (care co-ordinator/ lead practitioner or consultant child and adolescent psychiatrist) within a maximum of two working days.
- CAMHS specialists will retain the lead for the clinical care management, care planning and risk management on a day to day basis in liaison with the adult inpatient staff.
- CAMHS will retain responsibility for the identification and coordination of an appropriate placement with a CAMHS specialist provider (Tier 4 bed). This process will commence immediately upon admission if not already in place. Daily updates will be provided to the Ward Manager, Adult Mental Health Network/ Learning Disabilities Service Network Manager, CAMHS Clinical Services Manager and Cumbria CCG leads to ensure any delays in securing such provision are minimised.
- Inpatient clinical team members (all of whom will have been subject to enhanced DBS checks and additional training in relation to working with vulnerable young people and safeguarding training) will support the delivery of the identified care plans.

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- The admitting clinician is responsible for completing the Age Appropriate admission checklist (See Appendix 1) ensuring the suitability of the ward environment prior to admission of the young person

Adult Network Managers will ensure that appropriate levels of staffing resource are available to the Ward Manager to meet the needs of the individual, negate identified risk and reduce vulnerability. Consideration given to staff swapping with CAMHS as required and if appropriate.

- Cumbria County Council (Local Authority) emergency duty team will be alerted if the whereabouts of the person with parental responsibility is not known or if that person has not visited the child or young person for a significant period of time by the CAMHS Care Coordinator/ Community Learning Disability and Behaviour Support Service lead practitioner.
- Joint assessments will take place with staff from Cumbria County Council under the Children Act 1989 where there are delays in transfer or discharge after 48 hours under the common assessment framework
- A Duty of Candour letter will be provided to the young person in line with CPFT Policy "Being Open and Duty of Candour Policy" by the CAMHS Care coordinator/ Community Learning Disability and Behaviour Support Service lead practitioner.
- An incident will be raised on the Ulysses reporting system under safeguarding and the SIRC process followed either by the admitting clinician.
- For placements exceeding 48 hours, notification must be made to the CQC via the CQC notification form (see Appendix 2) by the ward team manager.

3.5 The ward environment

Section 131a of the MHA (1999) states that children and young people admitted to hospital for the treatment of mental disorder will be accommodated in an environment that is suitable for their age (subject to their needs). This environment will have:

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

In addition the code also recommends:-

- Identification of the person with parental responsibility to be clearly documented within the records.

- Young people will whenever possible, have a single room in a single sex ward/ unit.
- Be cared for by staff that have had enhanced Disclosure and Barring Service checks
- Be cared for by staff that have had at least Level 1 safeguarding training
- Have a minimum observation of 1:1 – CAMHS/ Community Learning Disability and Behaviour Support Service staff swap arrangements to be discussed as appropriate.
- Consideration is given to the gender of the staff providing care/ 1:1 observation
- Access to advocacy service, with advocates trained to work with young people
- Appropriate recreational facilities are available
- Appropriate visiting facilities for family members or siblings.

4. TRAINING AND SUPPORT

Training in the use of this policy will be included in the training delivered in accordance with the Trusts training needs analysis. Attendance at training is managed in accordance with the Trust's Learning and Development Policy.

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Staff working on adult wards will have completed necessary Training in Care of Young Persons	Training records	Mental Health Network Manager	Clinical Governance	Annually
Admission of Young Persons	Admission Checklists	Mental Health Network Manager	Clinical Governance	6 Monthly

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the *name of relevant committee* minutes
- Risks will be considered for inclusion in the appropriate risk registers

6. REFERENCES:

- Mental Capacity Act 2005
<https://www.legislation.gov.uk/ukpga/2005/9/contents>
Accessed: 04.09.18
- Mental Health Act: Code of Practice (2015)
<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>
- The Children Act 1989
<https://www.legislation.gov.uk/ukpga/1989/41/contents>
- Safe and Appropriate Care for Young People on Adult Mental Health Wards. Pilot Programme report (2009)
<https://www.rcpsych.ac.uk/pdf/Safe%20and%20Appropriate%20Care%20-%20Pilot%20Report.pdf>
- The admission of children and adolescents to adult mental health wards and the duty to provide age-appropriate services (2008) **See MHA Section 131a: Accommodation, etc. for children, above**
- Developing support and services for children and young people with a learning disability, autism or both (2017)
<https://www.england.nhs.uk/wp-content/uploads/2017/09/developing-support-services-children-young-people-with-learning-disability-1.pdf>
- The National Service Framework for Adult Mental Health Services in England (1999)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/198051/National_Service_Framework_for_Mental_Health.pdf
- Care, Education and Treatment Reviews for children and young people Code and Toolkit (2017)
<https://www.england.nhs.uk/wp-content/uploads/2017/03/children-young-people-cetr-code-toolkit.pdf>
- Human Rights Act (1998): Article 5 “Right to Liberty”
<https://www.equalityhumanrights.com/en/human-rights-act/article-5-right-liberty-and-security>
Accessed: 04.09.18
- The Legal Aspect of care and Treatment of Young People with a Mental Disorder: A Guide for Professionals (2009)

https://egret.psychol.cam.ac.uk/medicine/legal/children_young_people_with_mental_disorder_2009.pdf

- Mental Health Act (MHA) (1983)
<https://www.legislation.gov.uk/ukpga/1983/20/contents>
- MHA Section 131a: Accommodation, etc. for children
<http://www.legislation.gov.uk/ukpga/1983/20/section/131A/england>
- MHA Section 136: Police taking you to a place of safety from a public place
<https://www.legislation.gov.uk/ukpga/1983/20/section/136>
- Mental Capacity Act code of practice 2005 (2007)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf
- Mental Health Act (2007)
<https://www.legislation.gov.uk/ukpga/2007/12/contents>

7. ASSOCIATED DOCUMENTATION:

List any Trust policies (on the policies web page) and procedures that link to this policy.

- CAMHS Care Co-Ordination Policy (in development)
- Care coordination Policy (Adult Mental Health Care Group)
- Entry & Exit Policy for Mental Health & Learning Disability Wards
- Being Open & Duty of Candour
- POL/001/005/010 Multi-Agency Section 136 Mental Health Act 1983 Protocol

8. DUTIES (ROLES & RESPONSIBILITIES):**8.1 Chief Executive / Trust Board Responsibilities:**

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

The Mental Health Act (1983) requires Trusts have in place policy, procedures and guidelines in respect of the rights of detained patients. The Chief Executive has ultimate accountability and responsibility for the safety of patients and staff. This is delegated through organisational structures and accountability frameworks to ensure staff providing direct clinical care is provided with the appropriate tools and training to undertake their delegated duties.

8.2 Executive Director Responsibilities: Medical Director and Director of Nursing

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

8.3 Deputy Director of Quality & Nursing Responsibilities:

Support the Medical Director and Director of Nursing in their accountability for this policy.

8.4 Associate Director of Nursing, Associate Medical Director, Associate Director of Operations, Network Managers, Quality & Safety Leads, Heads of Departments, Ward Managers & Team Leaders

To ensure staff are aware of this Trust policy and its relevance to children and young people who are being considered for admission to an adult mental health or adults with learning disabilities ward.

8.5 Head of Clinical Governance Responsibilities:

To ensure Trust policies compliance with the MHA (1983) & the MHA: Code of Practice (2015). To ensure awareness of the reporting requirements when a young person is admitted to an adult mental health ward, through the Ulysses/SIRI process and also to the CQC as appropriate (via form in Appendix 2).

8.6 CAMHS staff/Community Learning Disability and Behaviour Support Service staff Responsibilities:**8.6.1 CAMHS Care Coordinator / Community Learning Disabilities Children's Nurse Responsibilities:**

Provides appropriate assessment, risk assessment, care planning in community setting & following admission, within office hours by:-

- Attending and contributing to the 48 hour review (if required)
- Joint working with the adult inpatient staff and the young person and their family in relation to care planning.
- Liaison with the adult inpatient staff with regard to updating the risk assessment (e.g. GRIST, FACE).
- Liaison with relevant services and partner agencies i.e. Children's Services to ensure the young person's needs are met.
- Make referral to specialist CAMHS/ specialist children's/ young person's learning disabilities inpatient service (as required).
- Complete incident form via the Trust Ulysses system within 24 hours of admission.

8.6.2 CAMHS team Manager / Community Learning Disability and Behavior Support Service:

Is responsible for ensuring all children and young people are assigned a care co-ordinator/ lead practitioner within the local CAMHS team/ Community Learning Disability and Behaviour Support Service. In the exceptional circumstance that admission to an adult inpatient ward is required; ensure an incident is form is completed via the Trusts Ulysses system within 24 hours (in working hours).

8.6.3 CAMHS Crisis Assessment Team Clinician responsibilities:

Within CAMHS Crisis team hours of work, clinicians will complete the mental health and risk assessments of children and young people presenting in crisis. Following assessment they will make appropriate arrangements for ongoing care, which may include referral to Specialist CAMHS inpatient units. Where admission is considered to an adult inpatient unit, consultation will take place with the Crisis Assessment Team Manager who will escalate to the Trust Executive Director /Senior Manager via the Trust on call system.

Children & Young people will remain on the caseload of the Crisis Assessment team and follow the 7 day pathway; however when the young person is already known to the CAMHS or Community Learning Disability and Behaviour Support service and is already allocated a care coordinator/ lead practitioner, liaison will take place between the Care Coordinator/ lead practitioner and the Crisis Team staff member to determine who will manage the young person's care needs subsequently.

Complete incident form via the Trust Ulysses system within 24 hours of admission as required.

8.6.4 CAMHS Crisis Assessment Team Manager responsibilities:

Provide support to the Crisis Assessment Team clinician when admission to an adult mental health ward/ adult learning disabilities Assessment and Treatment Unit needs consideration for a child or young person with mental health difficulties or young person with learning disabilities and mental health/ challenging behaviour needs. In addition they will escalate to Executive Director/Senior Manager GOLD on-call as indicated.

Ensure clinician completes incident via Trust Ulysses system within 24 hours of admission.

8.6.5 CAMHS Consultant Psychiatrist responsibilities:

Following admission to the adult inpatient unit, within working hours, a CAMHS consultant psychiatrist will assume primary responsibility in providing advice on age-appropriate medical and psychiatric care until the young person is discharged or transferred whichever is the sooner. Close liaison and forward planning with the adult inpatient consultant psychiatrist will be required, especially in relation to out of hours provision, as CPFT does not currently provide out of hours CAMHS consultant psychiatry cover. If the young person is detained under the Mental Health Act, then the adult consultant for the ward will be the Responsible Clinician, taking advice as necessary from the CAMHS consultant.

When MHA assessment required for person under the age of 18 years, within working hours will act as 1 of the 2 medical practitioners required, even if not section 12 approved.

8.7 Adult Mental health Staff:

8.7.1 Adult Crisis Team (ALIS – Assessment, Liaison, Integrated Service) Responsibilities:

Out of hours, Adult Crisis Team clinicians will assess the mental health and risk of young people aged 16 years and over presenting in mental health crisis (including young people with learning disabilities and mental health/ challenging behaviour needs).

Following assessment the team will make appropriate arrangements for care locally whilst awaiting CAMHS assessment to progress the inpatient bed referral as indicated. In the circumstances where there is no immediate access to a CAMHS inpatient bed or specialist learning disabilities children's/ young person's unit, and admission is being considered to an adult inpatient unit, consultation will take place with the ALIS Team Manager (who will escalate via Trust Executive Director /Senior Manager GOLD on-call system).

Within CAIS working hours, ALIS clinician will liaise with CAIS clinician at which point, care of the child or young person will be provided by CAIS.

Complete incident form via the Trust Ulysses system within 24 hours of admission (out of hours).

8.7.2 ALIS Team Manager Responsibilities:

Provide support to the Crisis Team clinician when admission to an adult mental health ward/ adult learning disabilities Assessment and Treatment Unit is being considered for a young person and escalate to Executive Director/Senior Manager GOLD on call as appropriate.

Ensure clinician completes incident via Trust Ulysses system within 24 hours of admission.

8.7.3 Early Intervention Psychosis Team Responsibilities:

When a child or young person is known to the Early Intervention in Psychosis Service or meets their criteria, referral and/or notification of admission must take place by the assessing clinician jointly with a senior CAMHS clinician.

8.7.4 Adult Inpatient Team Responsibilities:

The Named Nurse on the adult ward will liaise and work jointly with the CAMHS care co-ordinator whilst the young person is on the inpatient unit. They will also ensure that:

- The young person is fully informed of their rights whilst on the ward, including issues of consent, confidentiality and information about their care and treatment.
- Information is available about advocacy and consent to the young person's family and other professionals involved in their care.

8.7.5 Adult Consultant Psychiatrist Responsibilities:

Adult Consultant Psychiatrists and medical staff are responsible for providing emergency mental health assessments for young people aged 16 and above out of hours as part of the on-call rota. Within hours, they will work closely with the CAMHS consultant psychiatrist for that young person's home area regarding the young person's care.

8.5 Approving Committee Responsibilities: Joint Clinical Policy Management Group

The Chair of the approving committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

The MHA: Code of Practice defines children as less than 16 years old and young people/adolescent as 16 or 17 years old. The law in relation to the admission and treatment of 16 and 17 year olds for mental health disorder differs from those in relation to under 16s.

Parental Responsibility: a legal term that means having all the legal rights, duties, powers and responsibilities for a child

Mental Capacity Act (2005): The law which is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

Mental Capacity Act code of practice: Provides guidance to people who work with people who cannot make decisions for themselves and/ or who care for people who cannot make decisions for themselves. It sets out what must be done when acting or making decisions on behalf of people who cannot act or make those decisions for themselves.

Mental Health Act (MHA) 1983: The law which sets out when a person can be admitted, detained and treated in hospital against their wishes. It is also known as being 'sectioned'

Mental Health Act (MHA) code of practice (updated 2015): Provides guidance for professionals on how to carry out their roles and responsibilities under the MHA (1983) to ensure that all patients receive high quality and safe care.

MHA Section 136: The purpose of Section 136 is to enable a Police Officer to remove a person, whom they consider to be mentally disordered and in need of care and control, from a public place to a place of safety for the purpose of an examination by a Registered Medical Practitioner and an Approved Mental Health Professional (AMHP).

Safeguarding: The systems and processes in place and the actions taken to promote the welfare of children and protect them from harm.

Child and Adolescent Mental Health Service (CAMHS) currently provide professionals only telephone advice line which is accessed via Carleton Clinic switchboard. This service will cease once the CAMHS Crisis and Assessment Service is fully operational.

Community Learning Disability and Behaviour Support Service offers support to understand the behaviour of children with learning disabilities, global developmental delay and autism. The service is made up of a team of experienced learning disability nurses, trained specifically to support children and young people who have health needs arising from their learning disability or autism.

Gillick competent: A child who has attained sufficient understanding and intelligence to be able to understand fully what is involved in the proposed intervention will be

regarded as competent to consent to a particular intervention, such as admission to hospital or proposed treatment.

APPENDIX 1 – AGE APPROPRIATE ADMISSIONS CHECKLIST:**Age Appropriate Admission Checklist**

Name
DOB
NHS
GP
Address

Question	Response	Comments
Is the admission to the adult ward:-	Planned or Emergency	
What is the age of the child / young person?		
Is the admission in agreement with the person with parental responsibility?	Yes / No	
If the young person is aged 16 or 17 years is it documented that there is capacity to consent?	Yes / No	
What is the legal status of the child?		
Is it clearly recorded if all measures to secure an appropriate bed were made?	Yes / No	
• Is it documented that the Executive Director or Senior Manager on duty aware and in agreement to the admission?	Yes / No	
• Has the CAMHS Team Manager from the originating Borough been informed?	Yes / No	
• Has the Fastrack been initiated?	Yes / No	
• On the ward is the allocated room for the young person in close proximity to the Nurses Office?	Yes / No	
• Has the privacy and dignity of the child and young person been addressed?	Yes / No	
What is the level of observation?	1:1 2:1 other	
E-Safety • Does the young person have access to the internet?	Yes / No	
• Do they have access to a mobile phone?	Yes / No	
• Do other adult inpatients have internet access?	Yes / No	

If the patient has child dependents, have appropriate measures been taken for their care?	Yes / No	State age(s) of dependents:- State whereabouts of dependents:-
Is there a record that all the staff on the admitting adult ward have had an Criminal Record and Barring Checks	Yes / No	
• Is there a record that all the staff on the admitting adult ward have completed:- Level 1 Safeguarding Children training?	Yes / No	
• Is there a record that all the staff on the admitting adult ward have completed:- Level 2 safeguarding children training?	Yes / No	
Is the name of the Consultant or Care Coordinator clearly documented?	Yes / No	Please state name and contact details of the Local Authority
Has an enquiry to the Children's Social Care Department been made?	Yes / No	
Is the allocated Social Worker aware of the admission?	Yes / No	
Has the Trusts Safeguarding Children Team been consulted?	Yes / No	
How is the observation process maintained during the family visit?	Yes / No	
Are there appropriate visiting arrangements / area for family members, including siblings and other young people?	Yes / No	
Have the educational needs of the patient been addressed?	Yes / No	State how:-
Has the child / young person refused to go home?	Yes / No	If yes what actions were undertaken:-
Discharge planning arrangements		
• Has a multi-agency meeting been planned?	Yes / No	
• Has the child / young person been involved in the decision making process?	Yes / No	
• Is there a clear plan of management recorded and filed in the case records?	Yes / No	
• Did all the relevant professional agencies attend the discharge planning meeting?	Yes / No	If not, what actions were undertaken?
• Are the minutes filed in the patient's case records?	Yes / No	

APPENDIX 2 – CQC NOTIFICATION:

[CQC: Mental Health Notifications: Children & Young People in Adult Units](#)

[CQC: Notifications: Guidance for NHS Providers](#)

DOCUMENT CONTROL

Equality Impact Assessment Date	Undertaken in previous review
Sub-Committee & Approval Date	CPMG 12/6/18

History of previous published versions of this document:

Version	Ratified Date	Review Date	Date Published	Disposal Date
V1	September 2010	September 2012	2010	
V2	12 June 2018	September 2018	5/9/18	
V3	12 June 2018	September 2018	28/9/18	

Statement of changes made from version

Version	Date	Section & Description
V3	28/9/18	<ul style="list-style-type: none"> Amendments made to References section and review date shortened to 6 months to allow further changes once a cross organisational policy is agreed. Dr A Brittlebank leading on this work.
		<ul style="list-style-type: none">
		<ul style="list-style-type: none">

List of Stakeholders who have reviewed the document

Name	Job Title	Date
P Fairlamb	Interim Network Manager, Specialist Learning Disability Service	May 2018
W Simpson	AMPH	July 2018
B Bonds	AMPH	July 2018
L Bennetts	ADN, Mental Health Care Group	July 2018
A McAllister	Snr Q & S Lead, Mental Health Care Group	July 2018
K Worton	ADN, C & F Care Group	July 2018
C Torn	Network Manager, Urgent Care, Mental Health Care Group	July 2018
D Hope	Lead Specialist Nurse, ADHD, CAMHS	July 2018