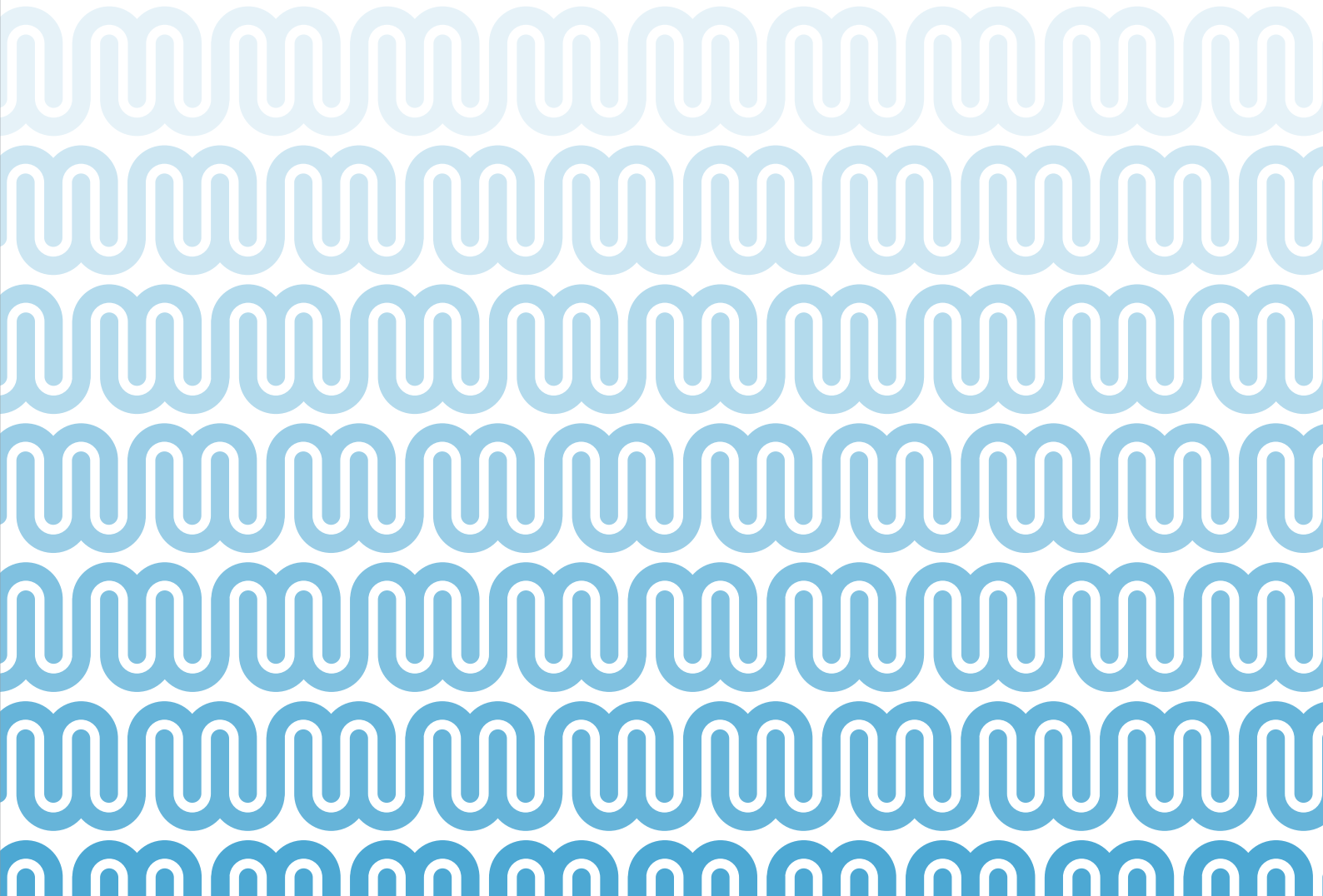
mental welfare commission for scotland

Young people monitoring report 2021-22

Admissions of young people under the age of 18 to non-specialist wards in Scotland 2021-22

December 2022



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Contents

Foreword – Sandy Riddell, chair

Every year we monitor and publish information on the number of children and young people aged from 12 to 17 who are admitted to non-specialist wards – usually adult wards – for treatment of their mental health difficulties.

We do this because, under the Mental Health Act, health boards are obliged to provide appropriate services and accommodation for young people admitted to hospital for treatment for their mental health. This usually means one of Scotland's three specialist young people's units.

While there can be some instances when it might be in the best interests of the child or young person to be treated on an adult ward, this should only happen in rare situations. But our figures, when compared with those of Public Health Scotland, show that these situations are not rare.

Numbers of admissions

Although the numbers are not as high as they were some years ago, this report shows that from 1 April 2021 to 31 March 2022, there were 90 admissions involving 80 young people aged between 12 and 17 to non-specialist wards. This is an increase on the number of young people admitted during the previous year, with a reduction in number of repeat admissions from the previous year.

While not directly comparable in timescales, the figures can be read alongside the latest Public Health Scotland data which shows that from 1 October 2020 to 30 September 2021, 51.3% of overall admissions of children and young people under the age of 18 for mental health treatment were to non-specialist wards. This was the first time in recent years that the majority of admissions were not to specialist child and adolescent inpatient units.

Our concerns

Our report breaks down the data on the 90 admissions to non-specialist wards, set against human rights legislation.

We repeat our concerns over a lack of facilities for young people with a learning disability in Scotland. While the numbers are small, this year as in previous years, children and young people who have a learning disability make up a substantial part of lengthy admissions. Nearly a third of all the admissions that lasted more than 35 weeks involved a young person with a learning disability. We understand there are difficulties in securing or maintaining placements in the community, but we highlight the lack of specialist in-patient facilities for young people with a learning disability.

We also repeat our concerns over a lack of intensive psychiatric care for young people in Scotland, although we understand approaches are being developed.

We welcome the partial opening in 2023 of a national forensic unit for young people – something we have called for over many years.

There should be no let-up in ensuring that children and young people who need in-patient treatment are cared for in appropriate settings.

Executive Summary

1. This year's report covers the year from 1 April 2021 to 31 March 2022 and describes the admissions of young people under the age of 18 to non-specialist wards in Scotland. During this time, the effects of the Covid-19 pandemic continued to have an impact on the lives of people in the UK and alterations continued to be made to hospital service provision, both directly in response to the pandemic, and also as a consequence of its impact on hospital staff and the constraints in which care could be provided. As such this year's report cannot be taken as a reflection of trends of activity outwith recent pandemic circumstances.
2. The Mental Health (Care and Treatment) (Scotland) Act 2003 places a legal obligation on health boards to provide appropriate services and accommodation for young people admitted to hospital for treatment of their mental ill health.
3. In 2021-22, the number of young people under the age of 18 admitted to non-specialist hospital wards – primarily adult wards – for treatment of their mental health difficulties in Scotland was 90 admissions involving 80 young people. This is a slight increase in admissions from the 2020-21 figures when there were 86 admissions involving 62 young people.
4. In most years the majority of instances where a young person needs inpatient care is provided within the regional or national specialist child and adolescent inpatient units. According to the latest Public Health Scotland data, however, during the year long period ending 30 September 2021, 51.3% of overall admissions of children and young people under the age of 18 for care and treatment of their mental health were to non-specialist wards.[1]
5. Reasons for young people being admitted to adult wards include a shortage of specialist beds, and a lack of provision for:
    a. Highly specialised care for young people with an learning disability,
    b. Young people who have offended due to mental health difficulties and require forensic care; and
    c. Young people who require intensive psychiatric care provided in specialised units.
6. In some instances it may be appropriate for a child or a young person to be admitted to a non-specialist setting if available alternatives would not be in their best interests. The Mental Health Act, reflecting the rights of the child outlined in the United Nations Convention of the Rights of the Child, indicates the necessity of ensuring particular provision and safeguards are put in place for children and young people due to their age and stage of development.
7. The majority of admissions of young people to non-specialist wards continue to be short in length, however 49% remained on those wards (mostly adult) for over a week and 16% remained for over five weeks.
8. Admissions which were over five weeks in length involved many young people for whom there was no national provision of inpatient beds for their age group and/or mental health needs. These included young people who have learning disability and/or those requiring IPCU facilities. Of the 14 young people who remained in a

[1] PHS (2021) Quality Indicator Profile for Mental Health
https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/mental-health-quality-indicator-profile/

non-specialist bed for over five weeks, five required IPCU admission at some point during their stay; a number (<5) were care experienced and nearly a third had a learning disability.

9. A continued positive finding is the specialist medical staff either supporting or available to support these admissions remains high – 60% of the doctors in charge of care or responsible medical officers (RMO) were child specialists and in a further 24% of admissions a child and adolescent mental health services (CAMHS) consultant was available to give support, if needed. However we are keen that numbers of children and young people who receive direct support from specialist non-medical staff should increase in the future years. We are concerned that of the 70 admissions that we received further information about this year, seven of these were admitted for longer than five weeks and did not receive direct specialist non-medical support during this period.
10. Of all the young people admitted to non-specialist wards, 23% were care experienced and looked after and accommodated by a local authority.
11. Access to specialist advocacy remains limited. We were disappointed to note that while 64% of young people were said to have access to advocacy, only 9% had access to advocacy that specialised in the particular needs and rights of young people. Feedback to our recommendations regarding advocacy in last year's report shows variability in provision across the country and continued confusion regarding specialist mental health advocacy for children and young people and advocacy for care experienced children and young people.
12. Action 20 of the Mental Health Strategy is a commitment to scoping the level of highly specialist mental health inpatient services for young people and act on the findings. The Commission welcomes the progress towards developing inpatient facilities for children and young people who require specialist forensic care with partial opening of the National Secure Adolescent Inpatient Service (NSAIS) anticipated for 2023. The development of inpatient facilities for children and young people who have a learning disability has not progressed substantially, however, and we are concerned to hear that capital funding for the development of inpatient provision in adolescents is not expected before 2027. We are keen that Scottish Government reviews this position given the continuing need for inpatient admissions in the under 18 population with a learning disability.
13. The Commission is encouraged that, following a number of recommendations in recent years, work is now in the early stages of developing CAMHS specialised intensive psychiatric care unit (IPCU) care in Scotland on a regional basis. It is important that any work looking at access to IPCU facilities is sufficiently supported by Scottish Government to bring meaningful and timely change for young people across Scotland in the delivery of intensive psychiatric services and accommodation. Through our work, the Commission is aware that the young people who may need IPCU care often may also have a learning disability, and/or may be care experienced and/or may have a forensic history. It is important therefore that any work to develop IPCU facilities for young people regionally is sufficiently co-ordinated nationally alongside regional adolescent units to ensure coherence in developing service provision, which must include learning disability and forensic services.

Recommendations

Recommendation 1

Health board managers with responsibilities for overseeing the care planning for children and young people when they are admitted to non-specialist environments should ensure that specific care planning takes place to both provide and describe recreational activities for the child or young person based on an individual tailored assessment of their needs and interests.

The child or young person should be actively involved in this discussion, except in exceptional circumstances. Particular attention should be focussed on evenings and weekends. The outcome of this assessment should be clearly documented in the child or young person's clinical notes and reviewed regularly to ensure it remains up to date and responsive to the developing needs of the child or young person.

Cases

The following composite cases illustrate the problems this report seeks to highlight. These are not real cases but are based on the information that the Commission is aware of through its work.

JD is a 15-year-old young person who is care experienced and has been accommodated by the local authority for a number of years, firstly with foster carers and then in a residential unit.

When JD was younger, they experienced trauma and now JD experiences difficulties in regulating their emotions. JD can express suicidal ideation and engage in self-harm in the form of self-cutting or by taking overdoses of medication when upset and distressed. JD can also become aggressive to others when upset and finds developing and sustaining relationships with others difficult to manage. JD can become hostile to others especially when they do not support their wishes and intentions.

JD has experienced a number of changes in their placement over the years due to difficulties in managing relationships and a number of placements have broken down because carers no longer feeling able to support JD appropriately. Due to a shortage of placement opportunities that were suitable to look after JD locally, JD was accommodated in a region of Scotland far away from their place of origin and their family and contacts.

JD continued to remain unsettled and engage in behaviour that challenged others at times and after an altercation within their residential unit JD was brought to A&E due to threats of self-harm. JD was assessed but the residential unit did not feel they could manage JD safely within the unit and so JD was admitted to an adult mental health ward. Over the next couple of days JD became more settled and calmer and was no longer wishing to harm themselves.

There was no evidence of mental illness that could be treated in hospital and JD's difficulties reflected longer standing patterns of difficulties with impulsivity and regulating emotion. JD did not wish to explore these for the moment but was keen to return to their residential unit which after some discussion with social work, agreed to JD's return later on that day.

XM is a 15-year-old young person who is non-verbal and has autism and learning disability. He lives with his family in a rural part of Scotland. XM experiences high levels of anxiety at times, which can lead him to become agitated and strike out at himself and other people.

XM has a history of banging his head on a regular basis when agitated which leads to pain and inflammation and further distress. This can lead to worsening of his behaviour and XM can strike out at other people and his siblings when upset and frequently damages the furniture and fittings in his home.

XM finds managing changes in his daily life very distressing and unexpected alterations to his routine lead him to become upset and more vulnerable to hitting either himself or others. He attends the local mainstream school where he is supported in the additional support needs base.

Unfortunately XM's family have been experiencing significant difficulty in accessing support on a regular basis and his parents and siblings are becoming exhausted with his daily care.

XM was referred to his local CAMHS service who have limited experience in caring for young people with a learning disability. A trial of medication to see whether this might be helpful in reducing XM's levels of agitation was not found to be helpful and led to unpleasant side effects.

The concerns about XM's wellbeing and concerns within the family home led to requests for admission to hospital. There is no specialist provision within Scotland for children and young people with learning disability at present and it was not clear whether admission to an adult mental health ward would be in XM's best interests. Nevertheless his family could not continue to care for XM any longer and the risks that XM presented at times within the family home led him to be detained and admitted to hospital.

XM was very distressed by the unfamiliarity of the ward environment initially which led him to become more distressed and aggressive towards others. Consideration was given to whether XM needed to be placed in an adult IPCU (there are no IPCUs in Scotland for the under 18s) however this was avoided.

Over time XM settled within the adult ward environment and his hospital stay was able to exclude any mental illness that may have been complicating XM's difficulties. Unfortunately it took many weeks for a community based care package to be brought together due in large part to the shortage of available staff in XM's home area and his stay in an adult mental health ward exceeded four months.

ST is a 15-year-old young person who is a secondary school student, and lives with her family. ST developed an episode of psychosis and required admission to a regional CAMHS inpatient unit located over fifty miles away from her home.

Whilst there, as part of her illness, ST became paranoid about the staff and other young patients. This led to episodes of aggression, and the clinical team felt ST's care needs required more intensive psychiatric care.

There are no IPCU facilities for young people in Scotland and the adult IPCU nearest to the regional CAMHS inpatient unit suggested ST would be better placed in the IPCU provided within her home health board area.

However, ST's home IPCU said that they could not accept a 15-year-old and advised them to speak to other IPCUs elsewhere. This lack of clarity was difficult for the young person, the family and ST's clinical team.

ST remained on the regional adolescent unit whilst unwell, which had a significant impact on ST and the other young people in the CAMHS unit. The lack of a specialised IPCU facility for young people and the lack of a clear protocol for how to progress the request for more support was unhelpful.

Introduction

This year's report describes the admissions of children and young people under the age of 18 years to non-specialist wards in Scotland as a consequence of their mental illness over a twelve month period, between 1 April 2021 and 31 March 2022.

Covid-19 context

At points during this time, much of Scotland and the UK continued to be affected by lockdown measures as a result of the pandemic. Health care and social care services remained heavily impacted and this report's figures should be understood with this backdrop in mind. Hospital inpatient wards and admission and discharge processes across the country were altered, which impacted on bed availability and admission pathways for children and young people.

Monitoring duties

One of the Commission's duties is to monitor the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Act') and each year the Commission produces a report that describes the number of children and young people who are admitted to non-specialist wards for treatment of their mental health difficulties. Section 23 of the Act places a legal duty on health boards to provide appropriate services and accommodation for young people who are under the age of 18 years and who are admitted to hospitals for treatment of their mental disorder (or mental illness, as the Commission refers to it in this report). The most common non-specialist wards to which young people are admitted are adult mental health wards and adult intensive psychiatric care units (IPCUs).[2]

The Code of Practice to the Act states "whenever possible it would be best practise to admit a child to a unit specialising in child and adolescent psychiatry "and that young people should be admitted to a non-specialist ward only in "exceptional circumstances"[3]. Specialist adolescent units are designed to treat the needs of adolescents with mental illness and differ in staff training and the ward environment to adult settings, which means a young person's needs might not be fully met on an adult ward.

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

United Nations Convention on the Rights of the Child (UNCRC)

Section 23 duties on health boards reflect a number of rights outlined in the United Convention on the Rights of the Child (UNCRC). This is an international human rights treaty that outlines a comprehensive range of rights which should be available to all children. (Under the UNCRC a child is defined as an individual who is younger than 18 years old.) In 1991 the UK

[2] Adult IPCU facilities are specialised psychiatry wards designed to provide a care setting for adults when they are very unwell and present with high levels of risk either to themselves or others.
[3] Code of Practice Volume 1, chapter 1 paragraph 50. https://www2.gov.scot/Publications/2005/08/29100428/04302

government ratified UNCRC and made a commitment to take steps to ensure that the rights described in UNCRC should apply to all children in the UK.

The body responsible for monitoring compliance of states with UNCRC is the Committee of the Rights of the Child (CRC), which reviews and responds to the periodic submission of a report by the UK government. The UK report details what progress has been made in implementing UNCRC within the UK. The CRC describes any areas of concerns and makes recommendations to the UK government or devolved administrations[4] for their attention. In its concluding observations to the fifth periodic report from the UK[5] in 2016, the CRC outlined concerns regarding the treatment of children (in Scotland and England) in hospitals far away from home, with inadequate provision of child-specific attention and support and placement within adult facilities. The CRC recommended that the prohibition of placement of children with mental health needs within adult psychiatric wards should be expedited while ensuring the provision of age appropriate mental health services and facilities to children and young people.

The importance of children's mental health and access to appropriate mental health services is described in a number of UNCRC rights. These in turn reflect areas that the Commission explored in its routine monitoring process relating to an admission to a non-specialist ward:

Article 6 describes the right to life and maximum survival and development of any child and is one of the core principles of UNCRC.

Article 12 describes the rights of children who are capable of forming their view to be able to express this in all matters that affect them, with due weight given to their views depending on their age and maturity. Advocacy for all individuals with mental illness and related conditions have a right to under the mental health act, whether compulsorily treated or not and access to specialist children's advocacy is an important mechanism by which children's rights can be protected.

Article 19 describes the rights of children to be protected from all forms of violence including mental or physical violence and also includes measures to be taken to help protect children from suicide and self-injury.

Article 24 describes the rights for children to attain the highest standard of health including mental and emotional health within available resources and includes the children's rights to access health services for treatment and rehabilitation of health. Article 24 also requires that states "strive to ensure that no child is deprived of his or her right to access health care services".

Article 28 describes the right to equal access to education for children. Specialist child and adolescent units have access to educational facilities as a standard feature of inpatient provision.

[4] For example, where relevant mandates such as health in Scotland fall under their jurisdiction, Scotland's government is responsible for addressing the UNCRC concerns.
[5] Para 60c and 61c.
http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhskHOj6VpDS%2F%2FJqg2Jxb9gncnUyUgbnuttBweOlylfyYPkBbwffitW2JurgBRuMMxZqnGgerUdpjxij3uZ0bjQBOLNTNvQ9fUIEOvA5LtW0GL

Article 31 describes a child's right to recreational facilities, leisure and play and to take part in cultural activities.

Article 37 requires that children deprived of their liberty are treated "in a manner that takes account of the needs of the person of his or her age" and goes on to state that "every child deprived of their liberty shall be separated from adults unless it is considered in the child's best interests not to do so." This may be an important consideration when young people are admitted to adult IPCUs.

On the 1 September 2020 the UNCRC (Incorporation) (Scotland) (Bill) was introduced to the Scottish Parliament and was passed unanimously on 16 March 2021. The Bill's main purpose is to bring UNCRC into Scots law and to ensure all legislation is compatible with it. Due to the fact that some areas within the original UNCRC bill were not within the powers devolved to the Scottish parliament, a judgement from the UK's Supreme Court was delivered on Wednesday 6 October which required these matters in the Bill to be revisited by Scottish Government in the near future. This process remains ongoing.

Recent and current policy developments

In recent years the Commission had seen the numbers of child and young people admissions to non-specialist wards continue to vary across the country and from year to year. In 2015-16 and 2016-17, however, the Commission saw the numbers of young people admitted to non-specialist wards fall substantially and thereafter admission figures have remained lower from that point onwards. This remains true for 2021-2022. We welcome this development and are keen that there is ongoing investment in services to ensure that alternatives to admission are available at the point of need and that comprehensive support is available from a range of CAMHS professionals whenever there is an admission to a non-specialist ward, of any duration. We are aware that reducing the number of non-specialist admissions is not simply a matter of providing more specialist adolescent hospital beds and have been told that a number of approaches to try and reduce admission rates have been helpful in reducing rates in recent years. These include investing in and increasing the capacity of the specialist adolescent inpatient estate and also adapting the model of specialist adolescent hospital treatment and promoting the development of CAMHS intensive services in the community to provide alternatives to admission and help reduce length of stay within adolescent units. Developments in the delivery of evidence based community CAMHS treatment for the treatment of eating disorder has also been said to have influential.

In recent months Scottish Government has made available funding to support further specialist CAMHS development across the country in line with the publication of the CAMHS national services specification in February 2020[6]. The service specification is an ambitious document that outlines a comprehensive range of specialist CAMH services which Scottish Government expects every health board should develop and provide, either individually or jointly in conjunction with other boards. Services described include developing intensive home treatment capacity to help support more young people with more complex needs be looked

[6] https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/

after within community treatment rather than requiring an inpatient stay and also CAMHS support for out of hours emergency presentations of children and young people to contribute to the care and treatment of young people in crisis. In the coming years it will be interesting to see how this further development of CAMHS services will impact on non-specialist bed use.

At the same time of these developments, we know through our work that CAMH services in Scotland remain under significant pressure, and this has been evident during this reporting period and at the time of writing. Referral rates for children and young people to CAMHS have increased[7] at a time when difficulties in recruiting and retaining staff are reported. We are aware of concerns that service development in response to recent Scottish Government investment is being impacted by this workforce landscape.

Forensic psychiatric care

NHS Ayrshire and Arran has been chosen as the site for the building of the National Secure Adolescent Inpatient Service (NSAIS) which is being designed to help meet the needs of those young people who require specialised forensic psychiatric care. Due to a number of factors [8] the opening of the unit has been delayed but we understand that the intention remains that the unit will partially open and able to receive its first inpatients in early 2023.

Learning disability or autism

Implementation of the CAMHS service specification is one strand of activity amongst others that are currently ongoing with the aim of improving availability and access to specialist mental health services for those children and young people who need them. Action 20 of the current Mental Health Strategy 2017-27[9] describes plans to: "Scope the required level of highly specialised mental health inpatient services for young people and act on its findings." The services referred to in this action are those that would meet the inpatient needs of young people who have learning disability or autism or who due to the nature of their illness may have committed offences that require their care to be delivered in specialist child and adolescent psychiatric forensic services.

Currently Scotland does not have these inpatient facilities and the Commission has highlighted the continued lack of provision in these areas previously.

NHS Ayrshire and Arran has been chosen as the site for the building of the National Secure Adolescent Inpatient Service (NSAIS) which is being designed to help meet the needs of those young people who require specialised forensic psychiatric care. Due to a number of factors[10] the opening of the unit has been delayed but we understand that the intention remains that the unit will partially open and able to receive its first inpatients in early 2023.

NHS Lothian has been chosen as the location for the development of a four-bedded unit for young people between the ages of 12 and 18 with a learning disability, and facilities for the under 12s with a learning disability are to be developed within the National Child Inpatient Unit

[7] https://publichealthscotland.scot/publications/child-and-adolescent-mental-health-services-camhs-waiting-times/child-and-adolescent-mental-health-services-camhs-waiting-times-quarter-ending-31-december-2021/#:~:text=The%20Scottish%20Government%20standard%20states,treatment%20at%20CAMHS%20in%20Scotland.
[8] https://www.sehd.scot.nhs.uk/dl/DL(2021)14.pdf
[9] Mental Health Strategy 2017-2027 published March 2017 http://www.gov.scot/Publications/2017/03/1750
[11] www.gov.scot/publications/report-scoping-review-intensive-psychiatric-inpatient-care-provision-young-people-scotland/pages/8/

in Glasgow. Work on the learning disability inpatient provision nationally has been continuing however we have been told that progress for the Lothian unit has substantially stalled. We are concerned to learn that there will be no capital investment from Scottish Government for this inpatient provision until 2027 at the earliest and that interim inpatient arrangements have also been prevented by a lack of community services able to respond to the needs of inpatients awaiting discharge. We understand that due to the delays in development of these services a renewed needs assessment will be required to understand current demands. It is now 17 years since the current mental health act placed a duty on health boards to provide sufficient services and accommodation for children and young people under the age of 18 who needed admission to hospital for treatment of their mental health difficulties. At the same time the importance of equity of access and provision for children and young people with a disability remains underpinned by national and human rights legislation. As a consequence it is difficult to reconcile the present position in relation to the agreed inpatient provision for children and young people with a learning disability in Scotland and we strongly urge Scottish Government to make this work a higher priority, reviewing timescales and allocating funding to ensure children and young people with a learning disability are able to access inpatient services that reflect their needs without any further undue delay.

Intensive psychiatric care

For a number of years the Commission has been highlighting the lack of IPCU provision for young people in Scotland and the impact that this has on young people and their families. The need for IPCU facilities is quite different from the forensic needs that NSAIS is designed for. Last year the Commission again made a further recommendations about IPCU provision for young people in Scotland to Scottish Government, highlighting the need for this work to be prioritised, resourced and supported by Scottish Government and brought to completion within a year to ensure meaningful change for young people in Scotland to be able to access age appropriate IPCU facilities. Additionally the importance of co-ordinating the work streams relating IPCU provision, NSAIS and Learning Disability inpatient provision was emphasised to ensure that access to IPCU facilities is part of a cohesive integrated pathway between and within the various specialist adolescent inpatient services.

We have previously described that historically there has been a number of attempts by different parties and at different times to explore ways in which the needs of young people for IPCU care may be addressed in Scotland. Unfortunately these previous attempts have not been able to come to a conclusion and no solution has been found as to how best to meet the needs of young people for IPCU in an age appropriate manner in a way that is practical, sustainable and accessible for the whole of Scotland. Due to the complexity of interfaces that any IPCU facilities might be expected to establish and, given that pathways into and out of any such facilities is likely to intersect with other existing and developing pathways (into NSAIS or the Learning Disability unit for example), it is crucially important that this work in developing IPCU capacity is sufficiently integrated with existing and developing streams of inpatient provision. It is vital that all the various specialist adolescent inpatient services are integrated and cohesive and IPCU development must not occur in isolation.

In keeping with our recommendations regarding IPCU provision in previous reports, Scottish Government commissioned a national scoping review relating to IPCU provision for children

and young people in Scotland which published its findings in June 2021.[11] This report recommended that three regional purpose built units should be developed to meet the need for IPCU facilities nationally. We have been told by Scottish Government that monies have now been allocated to NHS Boards to support the development of regional IPCUs for children and young people and that work has now commenced to support NHS Boards to develop these facilities, including engagement with regional planning and the appointment of a Clinical Project Manager to lead this work. We welcome these developments and the assurances given of the co-ordination of admission pathways ensuring that children and young people have access to inpatient services that best meets their needs. We understand the work remains at a very early stage but we look forward to greater clarity being provided regarding timescales for this proposed work and recommendations provided for how best to support access to IPCU facilities/provision for those children and young people who need it in the meantime.

[11] www.gov.scot/publications/report-scoping-review-intensive-psychiatric-inpatient-care-provision-young-people-scotland/pages/8/

Specialist child and adolescent inpatient services in Scotland

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

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

The Melville Young People's Mental Health Unit in Edinburgh is a 12-bedded unit located within the newly built Royal Hospital for Children and Young People at Little France, Edinburgh. This unit now replaces the unit formally known as the Young People's Unit which was based at the Royal Edinburgh Hospital and which is now being repurposed. The Melville unit continues to receive admissions of young people from NHS Lothian, NHS Borders and NHS Fife (East of Scotland region).

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

In addition to these regional units for adolescents the National Child Inpatient Unit based in Glasgow receives admissions of children under the age of 12 years with mental health difficulties from across Scotland (six beds).

The young person's monitoring process

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

The Commission does not collect information on those admissions that are less than 24 hours in duration, are solely related to drug or alcohol intoxication or are solely for the medical treatment of self-harm. This year we also did not include in our figures a small number of admissions that we were told about had occurred to paediatric wards for the treatment of eating disorder. We did this because it was not clear from the information provided that the admission related to mental health treatment of the illness rather than medical treatment. This can be a grey area in practise and can be difficult to disentangle, however, given the rise in eating disorders in children and young people since the pandemic, it will be an area under active review and we will take steps to provide greater clarity if required in the future for our monitoring duties.

Once the Commission has been notified about an admission it sends out a questionnaire to the consultant in charge of the young person's care (or responsible medical officer) to find out further information about the admission.

In order to improve accuracy of the Commission's data collection in addition to the above routine process, every three months medical records staff from each health board area submit details of any young person under the age of 18 who have been admitted to non-specialist wards in their health board area and who meet the Commission's criteria. Commission staff then cross reference this information with the admissions the Commission has been notified about and progress records that are missing from routine notification processes.

Young people (under 18) admitted to non-specialist facilities, by year 2012-22

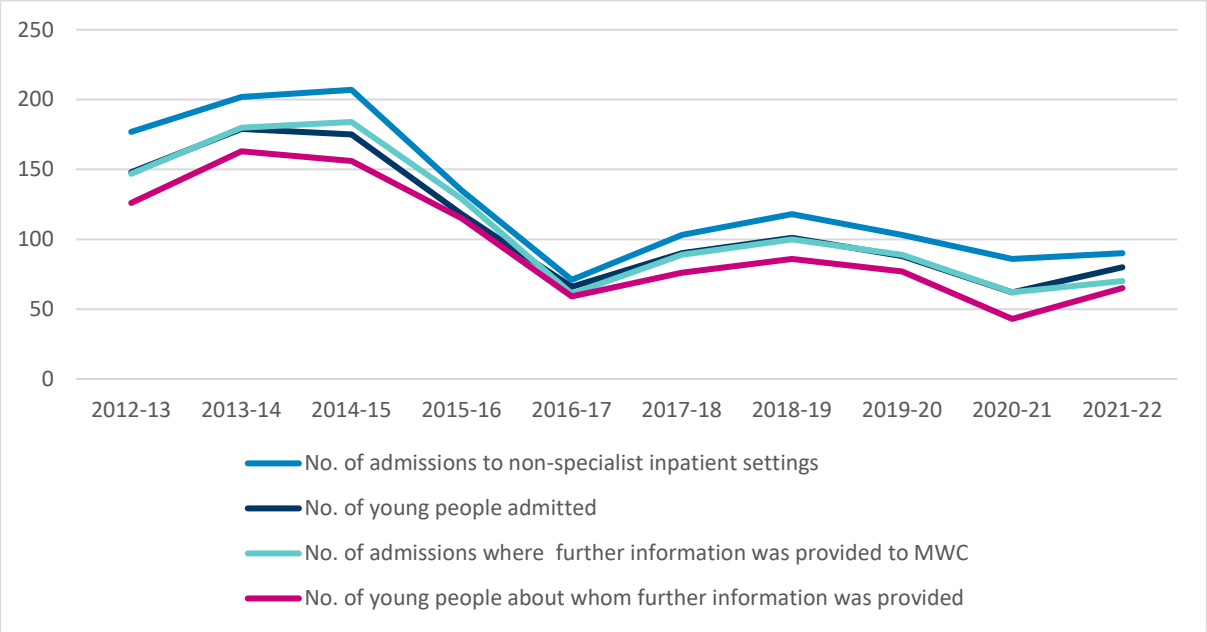
Table 1: Young people (under 18) admitted to non-specialist facilities, by year 2012-2022

	2012 -13	2013 -14	2014 -15	2015 -16	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22
No. of admissions to non-specialist inpatient settings	**177**	**202**	**207**	**135**	**71**	**103**	**118**	**103**	**86**	**90**
No. of young people admitted*	**148**	**179**	**175**	**118**	**66**	**90**	**101**	**88**	**62**	**80**
No. of admissions where further information was provided to MWC**	**147**	**180**	**184**	**129**	**61**	**89**	**100**	**89**	**62**	**70**
No. of young people about whom further information was provided	**126**	**163**	**156**	**115**	**59**	**76**	**86**	**77**	**43**	**65**

** number of young people admitted to non-specialist facilities in Scotland over the course of the year.*

***admissions where completed monitoring form returned to the Commission.*

Figure 1: Young people (under 18) admitted to non-specialist facilities, by year 2012-22



In 2021-22 the Commission was notified of 90 admissions to non-specialist wards which involved 80 young people across Scotland as a whole. We received further information about the care provided for 70 of these 90 admissions.

This is a slight increase from last year when the Commission obtained figures of 86 admissions involving 62 young people and is comparable to recent years.

The lowest numbers of admissions were collected in 2016-17 when the Commission recorded 71 admissions involving 66 young people over the course of the year. As in previous years, a small number of young people were admitted multiple times to non-specialist wards over the course of the year.

Figure 1a: The proportion of admissions in which we received further information

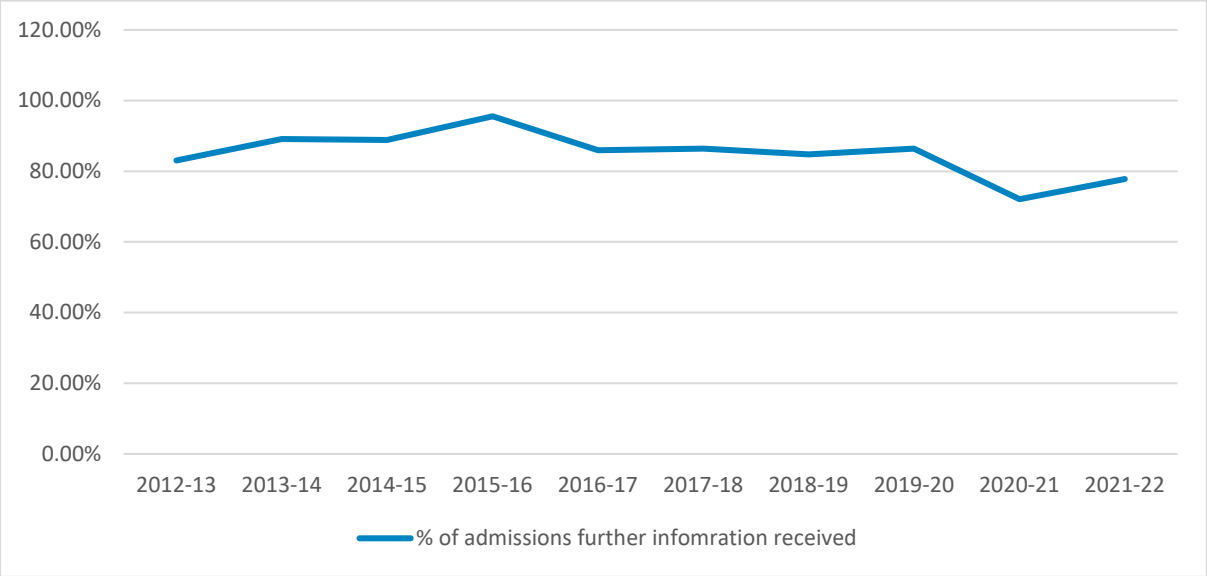


Table 2 provides the figures of the number of admissions of young people to non-specialist wards in each health board area. In 2021-2022 many health boards show similar figures to recent years with a few exceptions. NHS Greater Glasgow and Clyde once again showed much reduced admissions this year as did NHS Ayrshire and Arran. NHS Borders show higher rates of admissions than in previous years.

We maintain the view that a single year's figures are difficult to interpret and several years of data collection is required in order to be able to draw conclusions about trends with any confidence. This is particularly the case for figures relating to the pandemic lockdown when admissions to specialist and non-specialist beds were impacted by the measures taken.

When considering this data it is also important to take into account the different sizes of population of health board areas and the differences in configuration of CAMHS across the country with varying eligibility criteria for young people for CAMHS versus adult mental health services, depending on the young person's age and educational status. Some CAMHS provide mental health services for children and young people under the age of 16 years and only for young people between the ages of 16 and 18 years who are in full time education. Others provide mental health services for children and young people up to the age of 18 years. The Commission knows from its work in previous years that this difference in service configuration can affect the numbers of young people admitted to non-specialist wards[12]. The CAMHS service specification suggests that all CAMH services in Scotland should provide services for all children and young people up to the age of 18. We will continue to monitor and assess the impact of these changes on the numbers and experience of children and young people admitted to non-specialist wards in future years.[13]

[12] Young Person Monitoring 2015-16. October 2016.
https://www.mwcscot.org.uk/node/904
[13] National Service Specifications for CAMHS February 2020 https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/

Young people admitted to non-specialist facilities by NHS board, by year 2012-22

Table 2: Young people admitted to non-specialist facilities within an NHS board, by year 2012–22

Health Board	2012-13		2013-14		2014-15		2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	
	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP	ADM	YP
Ayrshire & Arran	8	8	17	15	26	21	21	17	9	8	*	*	9	9	6	5	8	5	0	0
Borders	6	5	1	1	13	6	7	7	*	*	6	*	5	*	7	5	5	*	12	10
Dumfries & Galloway	13	10	13	9	6	6	5	5	*	*	*	*	6	*	5	5	8	*	*	*
Fife	*	*	6	5	7	*	5	5	6	6	*	*	8	6	8	6	<5	*	10	9
Forth Valley	21	19	26	25	16	15	11	9	5	5	8	8	7	7	7	6	5	5	6	5
Grampian	31	22	20	17	27	23	15	12	*	*	17	14	6	5	*	*	9	7	*	*
Greater Glasgow & Clyde	30	24	37	34	36	30	17	16	7	7	16	14	28	24	20	18	*	*	*	*
Highland	6	6	21	19	12	11	9	8	*	*	5	*	7	7	7	*	7	7	8	7
Lanarkshire	48	40	43*	38	37	34	27	24	25	22	22	19	27	21	22	18	16	12	22	21
Lothian	*	*	8	7	8	8	*	*	*	*	*	*	*	*	8	8	7	7	9	8
Tayside	9	9	10	9	19	17	12	11	*	*	14	12	12	10	11	10	18	11	12	10
Island Boards	0	0	0	0	*	*	*	*	*	*	0	0	0	*	0	*	0	0	*	*
Independent**	0	0	0	0	0	0	0	0	*	*	0	0	0	0	0	0	0	0	*	*
Scotland	**177**	**148**	**202**	**179**	**207**	**176**	**135**	**118**	**71**	**66**	**103**	**90**	**120**	**102**	**103**	**88**	**86**	**64**	**90**	**80**

Notes: *= <5 (figures suppressed in line with good practise when reporting)

Independent hospitals include Ayr Clinic and the Priory Glasgow. Island Boards comprise Eilean Siar (Western Isles), Shetland and Orkney. The figures have been pooled in line with good practise relating to the publication of small numbers.

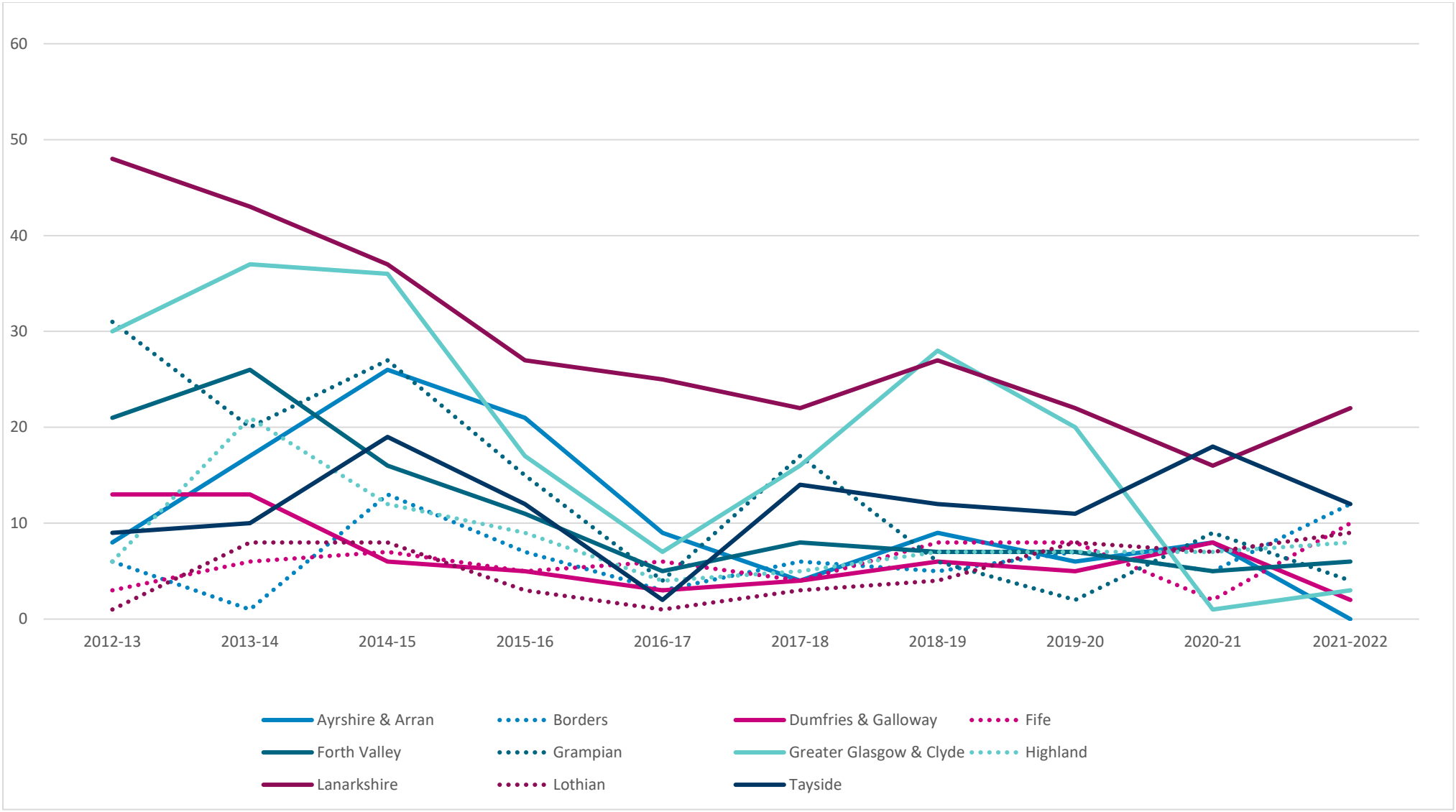
The sum of the number of young people admitted to each HB area may be greater than the total of young people given due to the fact that a small number of young people may be admitted to different HB areas.

We were informed that one admission to NHS Lanarkshire was an out of area admission from NHS Greater Glasgow and Clyde (2013-14).

We were informed that one admission to NHS Lothian was an out of area admission from NHS Greater Glasgow and Clyde (2017-18).

GGC total = 23, as one YP also admitted to Lanarkshire (2018-2019)

Figure 2: Graph showing annual number of admissions within each health board area 2012-22



Island Boards and indepdent hospitals have been omitted due to low numbers

Length of stay in non-specialist wards, by year 2015 to 2022

We routinely collect data on admissions that are longer than 24 hours and since 2015 we have reported annually on the length of stay of young people in non- specialist wards. The length of stay is the amount of time that a young person remained in a non-specialist ward during an admission and does not include time in A&E for example. Many young people may be discharged after their stay in a non-specialist ward, however many others are transferred to a regional specialist adolescent ward or the national child unit for ongoing care.

We are aware that from our monitoring activity and from our visits to young people, that lengths of stay in non-specialist environments can vary considerably. A small but significant minority of young people are looked after for long periods of time on wards which are not designed for their needs.

We believe that length of stay together with standards of care provided while a young person is looked after in a non-specialist environment are important quality issues to keep in mind alongside the overall numbers of young people admitted to non-specialist wards nationally.

Table 3: Length of stay in non-specialist wards, by year 2015-22

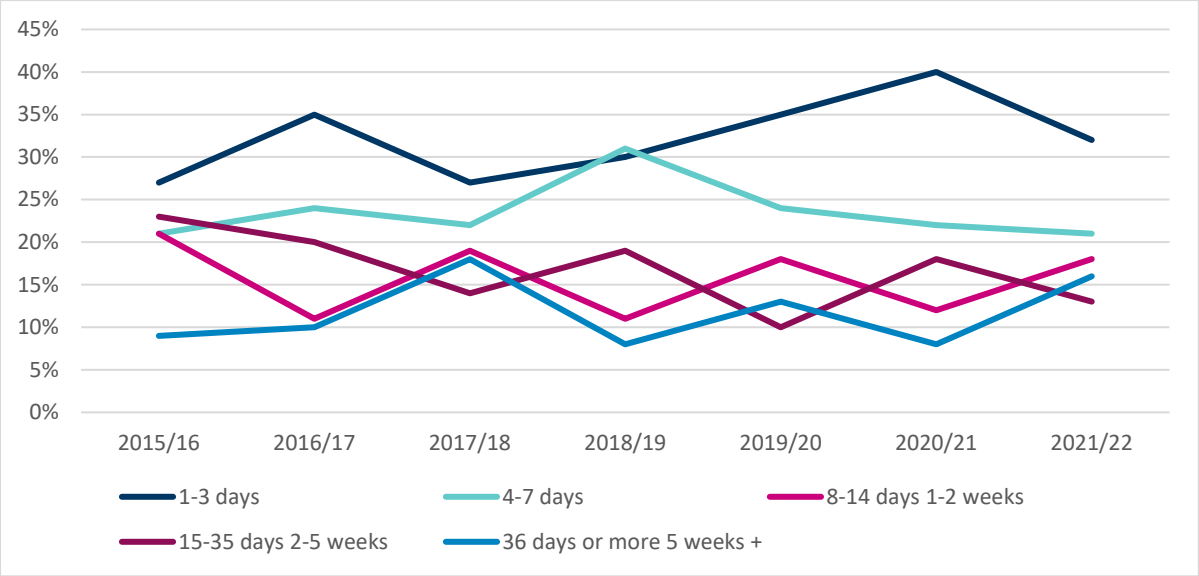
Length of Stay*	**2015/ 16**	**2016/ 17**	**2017/ 18**	**2018/ 19**	**2019/ 20**	**2020/ 21**	**2021/ 22**
1-3 days	27%	35%	27%	30%	35%	40%	32%
4-7 days	21%	24%	22%	31%	24%	22%	21%
8-14 days, 1-2 weeks	21%	11%	19%	11%	18%	12%	18%
15-35 days, 2-5 weeks	23%	20%	14%	19%	10%	18%	13%
36 days or more, 5 weeks+	9%	10%	18%	8%	13%	8%	16%
Average days(mean)***	15	19	23	16	21	23	26

** The Commission collects data on admissions that are 24 hours and above*

*** All admissions are include in the total in order to calculate the percentage .*

****Average expressed as a mean. This is susceptible to outlying numbers and should be interpreted alongside the median. The median length of stay in 2021-2022 = 7 days. This compares to a median of 5 days in 2020-2021, 6 days in 2019-2020, 6 days in 2018-2019, 6 days in 2017-2018, 6 days in 2016-2017 and 8 days in 2015-2016.In 2021-2022 we interpret this to mean that for many children and young people the length of their stay in a non-specialist ward was similar to previous years. However for a number of children and young people the length of their non-specialist stay was substantially longer in 2021-2022. In 2021-2022 seven children and young people experienced a stay in hospital over 80 days.*

Figure 3: **Graph showing the length of stay of admissions as a percentage of total admissions 2015-2022**



As in previous years, in 2021-2022 the majority of admissions were short in length (32% lasting between one and three days). However, again this year sizable numbers of young people remained inpatients in a non-specialist environment for longer periods (47% of admissions lasted for over seven days, 29% lasted over two weeks and 20% lasted over four weeks).

Again closer analysis of admissions which were over five weeks in length involved many young people for whom there was no national provision of inpatient beds for their age group and/or mental health needs. These included young people who have learning disability (see page 37) and those requiring IPCU facilities (pages 38). Of the 14 young people who remained in a non-specialist bed for over five weeks, five required IPCU admission at some point during their stay; a number (<5) were care experienced and nearly a third had a learning disability.

In longer admissions of young people to non-specialist wards, it is very important that the young person has access to a range of CAMHS specialist care relevant to their needs and provided by differing professional groups as appropriate. It is disappointing that in the 14 admissions which extended beyond five weeks in length in a non-specialist environment, only three had direct involvement with CAMHS nursing staff and four received other therapeutic input from other CAMHS professionals such as psychology or occupational or speech therapy.

Specialist health care provision for young people in non-specialist care, 2021-22

We are interested in not only the number of children and young people who are admitted to non-specialist wards each year but also the specialist child and adolescent mental health support a young person receives while an inpatient. Access to specialist child and adolescent services following admission of a young person to an adult ward continues to vary across the country.

Table 4: Specialist medical provision 2021-22

Specialist medical provision	All	*%
RMO at admission was a child and adolescent specialist	42	60%
CAMHS consultant available to give support other than as RMO	17	24%
Nursing staff with experience of working with young people were available to work directly with the young person	32	46%
Nursing staff with experience of working with young people were available to provide advice to ward staff	59	84%
The young person had access to other age appropriate therapeutic input	26	37%
None of the above	8	11%
Total admissions	70	100%

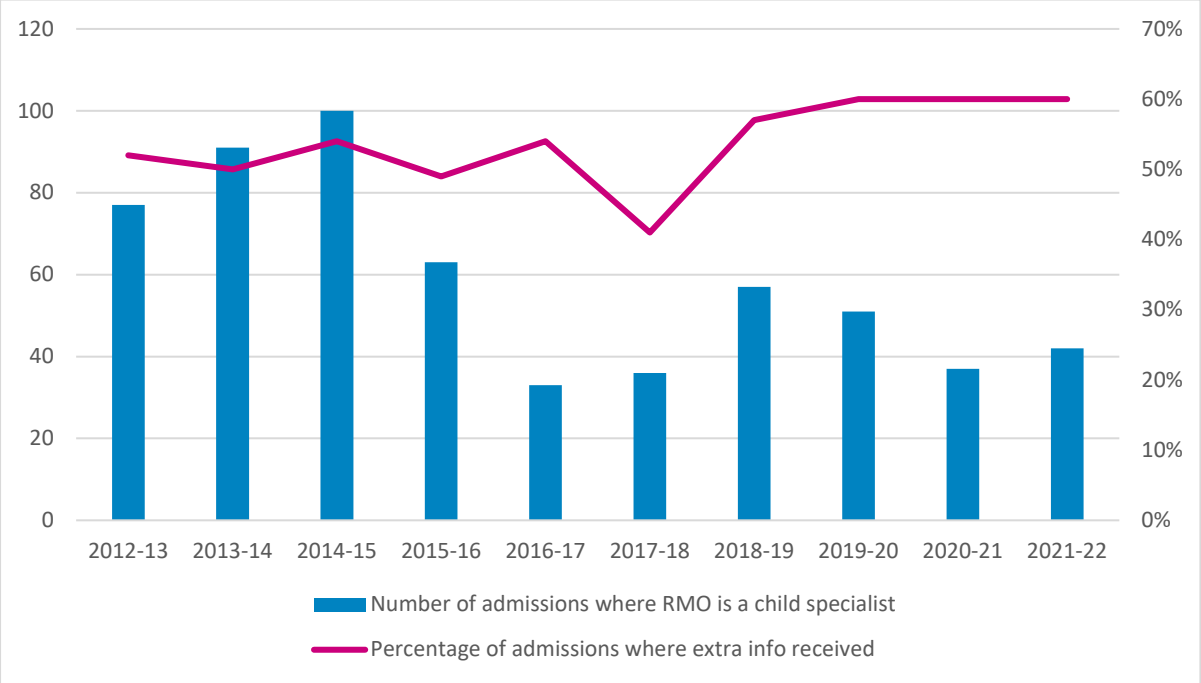
** Total=70, all admissions where further information was provided; percentages may sum to more than 100% as more than one type of specialist medical provision might be provided at any one admission.*

In 2021-22 there has been no substantial improvement in the percentages of young people receiving specialist care input from CAMHS staff during their admission to a non-specialist unit and the figures have now remained at a similar level over several years.

In some circumstances where an admission might be of very short duration, the provision of direct specialist clinical contact might not be as important in terms of provision of care as stays of longer duration.

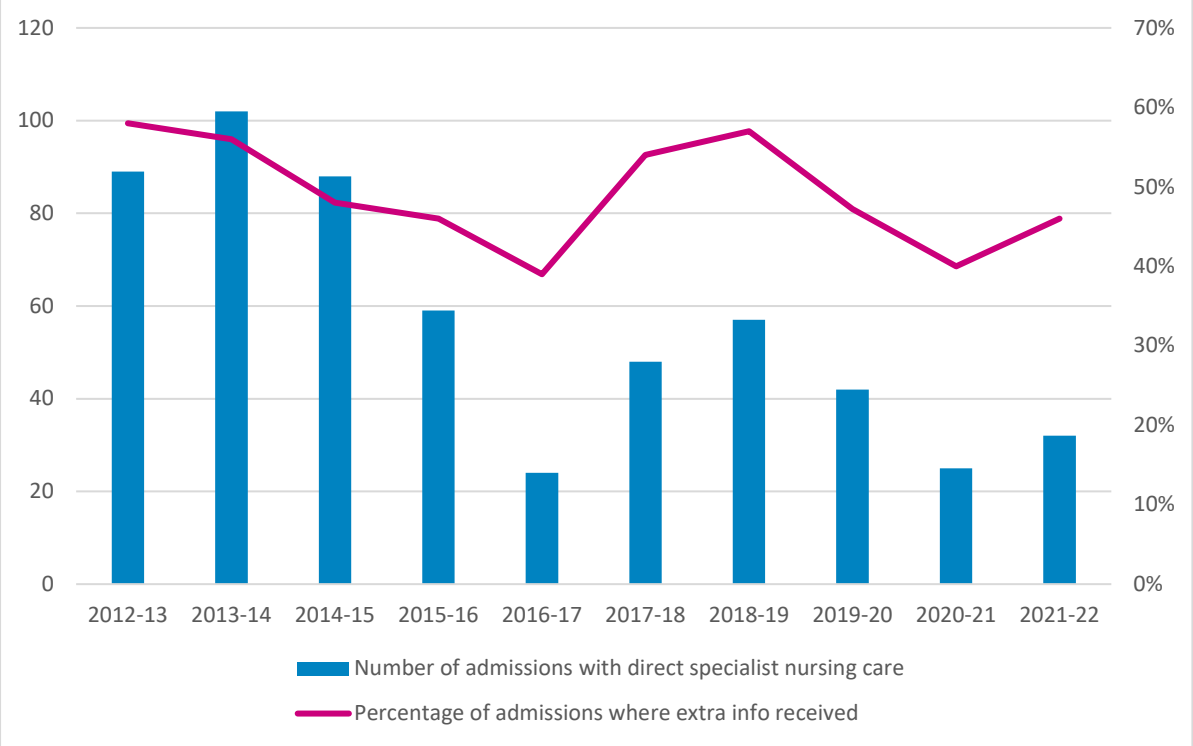
However, even in short admissions the task of liaison, communication and co-ordination of care around discharge and discharge planning is crucial for young people presenting in crisis. Figures 4a, 4b and 4c describe how specialist CAMHS input has changed over time for consultant in charge of care (figure 4a), CAMHS nurses available to work directly with the young person while an inpatient (figure 4b) and finally other CAMHS clinicians such as psychology, occupational therapy and speech therapy being available to support the young person while they are admitted to a non-specialist ward.

Figure 4a: RMO as child specialist 2021-22



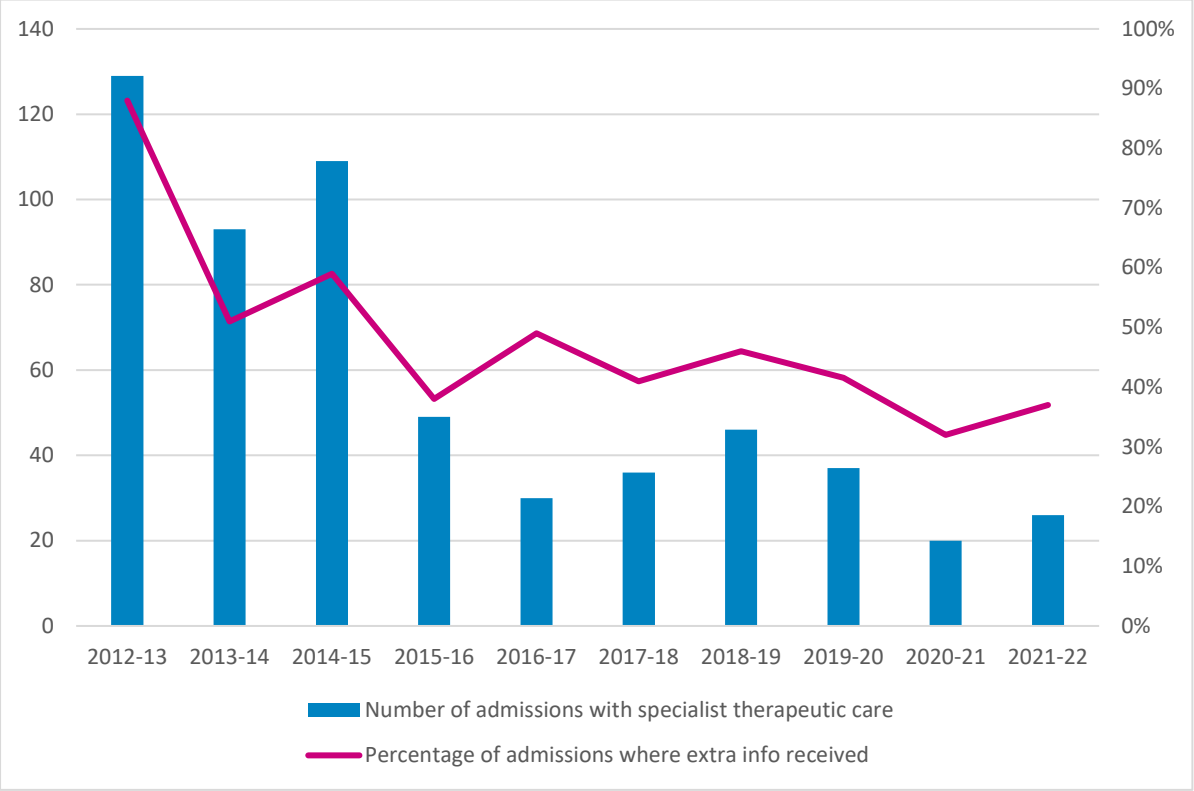
Data is based on the further information provided to the Commission (70 admissions I 2021-2022) and reported on annually.

Figure 4b: Direct specialist nursing care provided 2021-22



Data is based on the further information provided to the Commission (70 admissions in 2021-2022) and reported on annually.

Figure 4c: Other specialist therapeutic care provided 2021-22



Data is based on the further information provided to the Commission (70 admissions in 2021-2022) and reported on annually.

When looking at the information provided to the Commission in relation to the admissions of young people to non-specialist wards it is often not clear what factors influence whether a young person receives input from CAMHS whilst an inpatient.

For those health boards where adult mental health services provide services for some 16-17 year olds, such young people would not necessarily be expected to receive input from CAMHS while in hospital. Where admissions are very short or over a weekend, for example, specialist input may not be provided.

These factors do not explain many findings, however. This year, as in previous years, the provision of specialist care remains inconsistent across non-specialist admissions.

It is not clear if capacity issues in community CAMHS staff impacts negatively on the availability of nursing and other clinical staff to support non-specialist admissions of young people particularly during the pandemic. However given that these figures remain similar to previous years it remains a concern that direct input into inpatient care by nursing staff or other therapeutically trained staff with specialist knowledge and experience in caring for the under 18s is not provided routinely when admissions are longer than a week in duration.

Of the 70 admissions that the Commission obtained additional information about, 28 (40%) neither received direct specialist nursing support nor specialist non-medical therapeutic input during their stay. Of these 28 admissions, 14 lasted under one week (50%), ten lasted between more than two weeks (36%), and seven lasted more than five weeks (25%). We would expect that admissions of children and young people to non-specialist wards should be supported by

direct contact with specialist non-medical staff whenever possible and when it is in the child and young person's best interests. We are keen that the numbers of children and young people who are supported directly by non-medical staff should increase in the coming years as community CAMHS provision expands and as CAMHS across the country cares for all children and young people up to the age of 18 as described in the national service specification.

Supervision of young people admitted to non-specialist care 2021-22

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

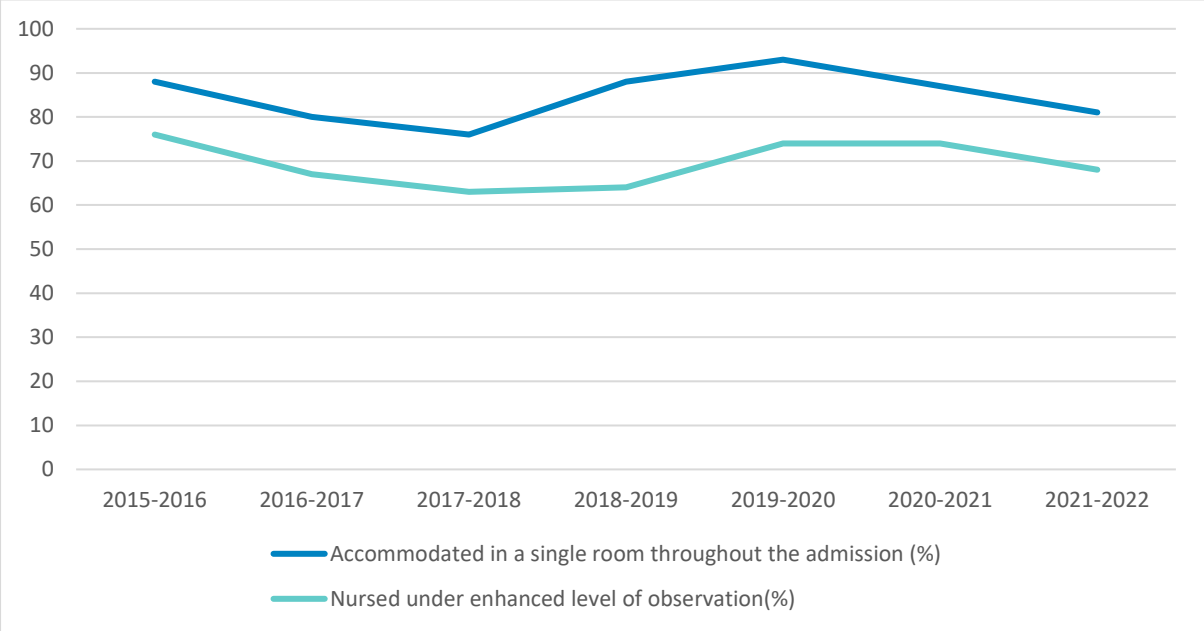
Table 5: Supervision of young people admitted to non-specialist care, 2021-22

Supervision arrangements	Age 0-15	Age 16-17	All	%
Accommodated in a single room throughout the admission	13	46	59	81%
Nursed under enhanced level of observation	13	37	50	68%
Enhanced observation because of ward policy	11	28	39	56%
Enhanced observation following an individual assessment of the young person	14	36	50	72%
Total	16	54	70	100%

**Total=70, based on all admissions where further information was provided to the Commission; percentages may sum to more than 100% as more than one of the above arrangements may apply.*

The levels of children and young people who are placed in a single room throughout their admission to a non-specialist environment and the use of enhanced observations levels to support the young person while in a non-specialist environment remains high.

Figure 5: Graph showing supervision arrangements of young people admitted to non-specialist care 2015-2022



Data Data is based on the further information provided to the Commission (70 admissions) and reported on annually.

Other care provision for young people, 2021-22

Table 6: Other care provision for young people, 2021-22

	Age 0-15	Age 16-17	All	*%
Access to age appropriate recreational activities	7	31	38	54%
Appropriate education was provided	<5	<5	<5	7%
Access to advocacy service	11	34	45	64%
Advocacy access was a specialist advocacy service	<5	<5	6	9%
Young Person had access to social work	14	35	49	70%
Total	16	54	70	100%

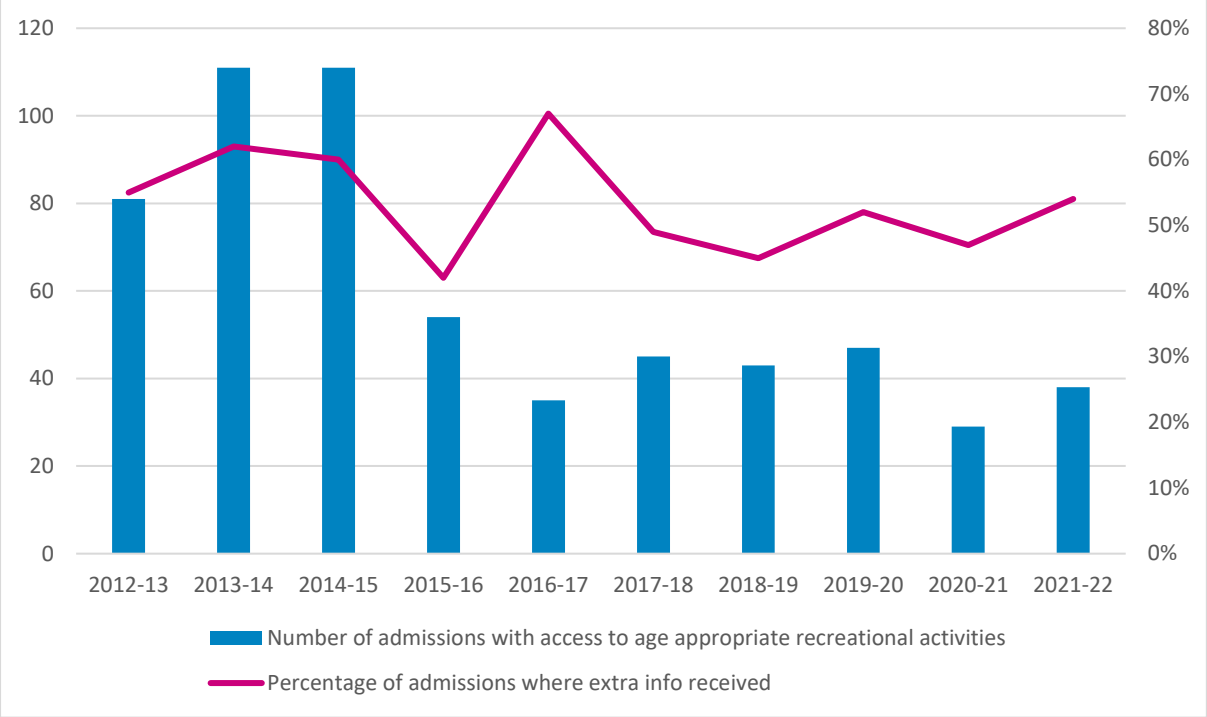
**Total =70 admissions where further information provide to the Commission. Percentages may sum to more than 100% as more than one of the above categories may apply.*

As part of its monitoring duties the Commission asks about access to other provisions to develop a clearer picture of how NHS boards are fulfilling their duty to provide age-appropriate services to young people. The importance of access to age-appropriate recreational activities and consideration of access to education reflects a holistic assessment of the needs of the child rather than consideration of their health needs only.

Recreational Activity

Article 31 of the UNCRC describes a child's right to recreational facilities, leisure and play and to take part in cultural activities. In 2021-22 the proportion of admissions where a young person was described as having access to age-appropriate recreational activity remained at similar levels to previous years (38 out of 70 admissions 54%)

Figure 6: Access to age appropriate recreational activity 2021-22



Data is based on the further information provided to the Commission (70 admissions) and reported on annually.

Each year the Commission asks for information about the activities that young people are able to access while they were receiving care and treatment as in-patients. We are often told that many young people are reported to have access to various craft activities, their phones and to listen to music whilst an inpatient. Some young people are reported to be able to access gym facilities and snooker or pool. Due to social distancing related to lockdown restrictions some access to activities was curtailed in 2021-2022.

However, it is disappointing that in a quarter of the 32 admissions in which no age appropriate recreational activities were reported or described, the length of the admissions were longer than four weeks and for six young people were longer than five weeks.

In previous reports the Commission has emphasised the importance of sufficient attention being paid to structuring daily activity for young people when in hospital with clear documentation regarding decisions made regarding appropriate activities available to a young person (involving the young person's views) and how these can be provided[14] .

Recommendation 1

Health board managers with responsibilities for overseeing the care planning for children and young people when they are admitted to a non-specialist environments should ensure that specific care planning takes place to both provide and describe recreational activities for the child or young person based on an individual based assessment of their needs and interests.

The child or young person should be actively involved in this discussion except in exceptional circumstances. Particular attention should be focussed on evenings and weekends. The outcome of this assessment should be clearly documented in the child or young person's clinical notes and reviewed regularly to ensure it remains up to date and responsive to the developing needs of the child or young person.

Advocacy

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

Last year we made a recommendation to health boards managers with a duty to fund and provide advocacy services for individuals with mental health difficulties in their area to ensure that dedicated specialist advocacy support for children and young people with mental health difficulties was available locally and adequately resourced to be able to meet the needs of young people with mental health problems and to support and protect their rights.

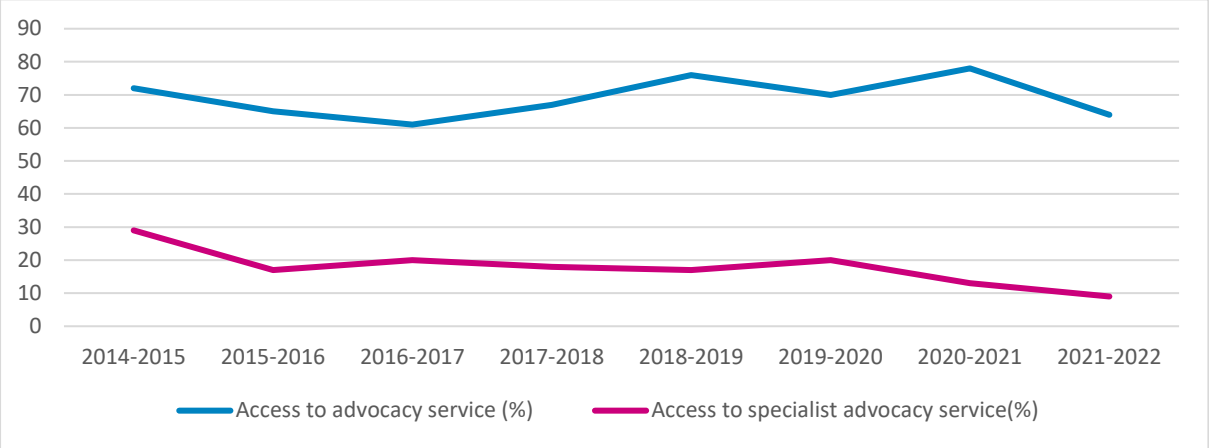
[14] Young Person Monitoring 2015-16, October 2016.
https://www.mwcscot.org.uk/node/904

We are grateful for the responses that we received from all health boards. In these responses to this recommendation:

- a minority of health boards were able to describe existing specialist mental health advocacy services for children and young people that could be accessed;
- unfortunately we were told that even in some health boards that had specialist children and young people's mental health advocacy this was restricted in availability within that health board area and children and young people admitted to non-specialist wards did not appear to be able to access it or would only be eligible if they were being treated on a compulsory basis;
- a number of health boards recognised the lack of services and described interest in commissioning these;
- a number of health boards did not distinguish between the availability of advocacy services for individuals of all ages with mental health needs and specialist child and young person's mental health advocacy;
- a number of health boards appeared to confuse specialist advocacy services provided for those children and young people who are care experienced and specialist mental health advocacy services for children and young people with mental health difficulties;
- important and interesting issues were raised about the challenges in trying to provide informed and well-trained advocacy services in some areas with practitioners possessing clarity about their role and maintaining a good skill set to assist them remaining focussed in their work. Interest in improvements made to skills was expressed with keen interest in national standards being set for advocacy services articulated.

In 2021-2022 only 64% of children and young people (45 out of 70 admissions in which further information was provided to the Commission) were described as having access to advocacy. Of the young people who had access to advocacy during their admission only six (9%) had access to advocacy specialising the in the needs of children and young people. Note that we ask about access to advocacy not whether the young person actually engaged with advocacy provision.

Figure 6b: Graph showing the availability of advocacy and specialist advocacy provision as a proportion of admissions 2021-2022



Data is based on the further information provided to the Commission (70 admissions) and reported on annually. Access to specialist advocacy reflects those individuals who had access to advocacy and this was a specialist child and young person provision.

We expect advocacy support and in particular specialist advocacy support to be made available and be routinely offered to young people wherever they are admitted, whether they are informal or detained or whether from a care experienced background or not. It may be that during a very brief admission there is no time to involve advocacy to support a young person, however, every child and young person should be made aware of advocacy services with few exceptions. We are aware that many advocacy services were required to adapt their practise as a consequence of the Covid-19 lockdowns and many made use of technology to undertake virtual meetings with children and young people once this became available. Given the importance of advocacy and the rights of children and young people to express a view regarding matters that may affect them the Commission is undertaking an additional exercise with boards to scope their advocacy provision and clarify their action plans to ensure that there is adequate and appropriate advocacy provision including specialist mental health advocacy provision to children and young people admitted to non-specialist wards.

Education

Article 28 of the UNCRC gives rights to children to access education and this applies whether the child is in hospital or not. In its general comments in 2007 the CRC stressed that "every child of compulsory school age has the right to education suited to his/her needs and abilities."[15] As part of its monitoring activity, the Commission asked for information about whether education has been considered for and discussed with the young person and, if not, to give reasons why. If education has been considered for a young person, the Commission asked whether education has been provided.

In 2021-2022 seventeen of the 70 admissions (24%) in which further information was provided to the Commission were reported to have had a discussion regarding access to education during their inpatient stay. These figures are comparable to previous years. Of the seventeen admissions where education was considered fourteen related to young people aged 16-17 and only three related to children and young people who were of the legal school age of 0-15 years. Of the seventeen admissions only three received educational input during their inpatient stay.

It is disappointing that of the thirteen young people who remained in hospital for more than five weeks only four were said to have had their educational needs discussed. Five of these young people were no longer in school, however and two young people were said to be too unwell to consider their educational needs at the time. In five of the young people whose stay in hospital exceeded five weeks no information was provided as to the reasons behind the lack of consideration of educational provision despite information being provided on other aspects of their inpatient care.

We recognise that it may not always be appropriate or relevant to discuss access to education or learning if an admission is for a very short period of time or during a weekend or school holidays or when the young person is no longer in education. However it is important not to lose sight of the holistic needs of children and young people nor the legal and human rights framework that underpins their care and treatment. Specialist child and adolescent units have access to educational facilities as a standard feature of inpatient provision as do many hospital paediatric services. Last year we made a recommendation to health board managers

[15] UN Committee of the rights of the child, general comment no 10 (2007) Children's rights in juvenile justice, para 89.

to ensure that whenever a child or young person is admitted to a non-specialist ward that consideration and exploration of their educational needs and their right to education should be a standard part of care planning for the young person during their hospital admission.

We are grateful for the responses we received. In these responses:

- a number of health boards highlighted existing admission protocols to guide adult services when care planning for children and young people on non-specialist wards and articulated a wish to improve care planning documentation in reflection of these or improve standards to ensure educational needs are taken into account;
- a number of health boards described established links with educational psychology services and/or existing local educational support to hospital paediatric provision. One area described support for admissions to paediatric wards that was not extended to mental health wards for young people of a similar age.

While it may be the case that consideration of educational needs may be a standard elements of existing care planning protocols for young people admitted to non-specialist wards it is important that this is understood and enacted by those clinicians involved in care planning for the child or young person and who respond to our information gathering about the care provided to children and young people placed in non-specialist environments. We will continue to monitor this area as services and support to young people in non-specialist environments continues to develop.

Access to a social work

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

In 2021-22 49 out of the 70 admissions (70%) the Commission obtained further information about confirmed there had been access to a social worker. This is comparable to previous years (76% in 2020-2021, 71% in 2019-20, 71% in 2018-19, 64% of the admissions the Commission was given additional information about in 2017-18, 77% in 2016-17, 71% in 2015-16, 74% in 2014-15, 76% in 2013-14, and 74% in 2012-13).

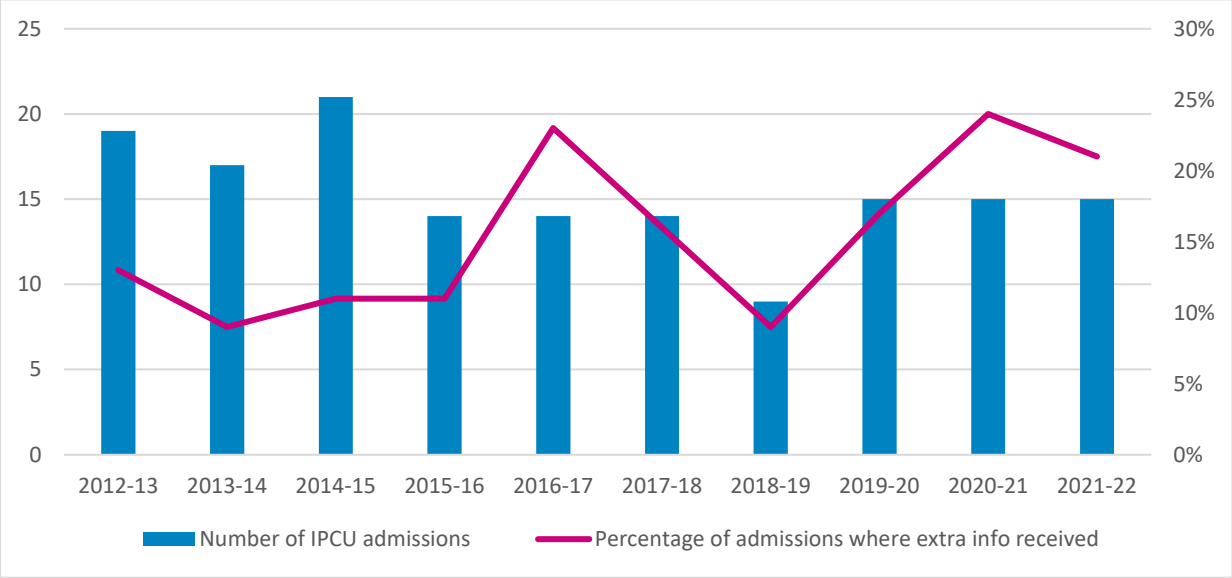
Young people admitted to an adult IPCU at some point during their non-specialist hospital stay 2021-2022

Table 7: Admissions of young people to adult IPCU, 2021-22

Locked facility	Age 0-15	Age 16-17	All	%
Transferred to an IPCU or locked ward during admission	<5	12	15	21%
Total				

**Total=70, based on all admissions where further information was provided to the Commission; percentages may sum to more than 100% as more than one of the above arrangements may apply.*

Figure 7: Young people admitted to an adult IPCU at some point during their hospital stay 2012-22



Data is based on the further information provided to the Commission (70 admissions in 2021-22) and reported on annually.

This year 15 of the 70 admissions (21%) where further information was supplied to the Commission were cared for in an IPCU or locked ward at some point during their hospital stay.

This contrasts with 24% of the admissions in 2020-2021, 17% of admissions in 2019-20, 9% of admissions in 2018-19, 16% of admissions in 2017-18, 23% of admissions in 2016-17, 11 % in 2015-16, 11% in 2014-15, 9% of admissions in 2013-14 and 13% of admissions in 2012-13(figure 6).

In 2021-22 20% of admissions to IPCU were in young people under the age of 16. In recent years the proportion of the young people admitted to an IPCU or locked ward under the age of 16 had been around 25% of those admitted to IPCU although in 2017-18 this figure rose to 36%.[16]

[16] Mental Welfare Commission for Scotland: Young Person's Monitoring report 2017-18 https://www.mwcscot.org.uk/node/905

For a number of years we have highlighted concerns that the lack of specialist adolescent IPCU service provision and the lack of clear pathways around access to adult IPCU facilities can add significant difficulties for the young person, their family and their clinical team when a bed for the young person within a secure hospital environment is required. Clinicians continue to inform the Commission that this is particularly difficult for young people under the age of 16 and for female young people in general requiring IPCU care.

We are also concerned that, because of the lack of IPCU facilities, some young people have to be cared for with significant restrictions in place in an open ward in an attempt to manage risk; a situation which may prove to be unsuitable for the young person and the other patients on the ward.

The figures the Commission reports are likely to underrepresent the number of young people whose care needs indicate the need for IPCU facilities as the lack of IPCU provision means that clinicians have to try to manage these needs in other ways.

During 2021-2022 concerns were raised with the Commission about the use of adult IPCU facilities for a number of admissions for young people under the age of 18, some of whom were informal patients when the reason for their admission to IPCU did not reflect their particular needs but reflected a lack of availability of beds in open adult wards. It appears that this occurred as a consequence of the impact of the Covid-19 lockdown restrictions on hospital facilities and staffing. Although we recognise the significant pressures that hospitals have been facing throughout the pandemic we do not think it appropriate for young people to be accommodated within an adult IPCU environment unless their needs reflect the levels of restrictions that that environment places on a young person, that there is no alternative to this accommodation and that it is in the child's best interests. Section 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 makes a number of specific provisions that apply to children and serve to safeguard the welfare of children and young people under the age of 18. Section 2 emphasises the importance of providing appropriate services to that child and to use the Act in a way that involves a minimum restriction on the freedom of the child as is necessary in the circumstances[17]. As mentioned previously **Article 37 of the UNCRC** requires that children deprived of their liberty are treated "in a manner that takes account of the needs of the person of his or her age" and goes on to state that "every child deprived of their liberty shall be separated from adults unless it is considered in the child's best interests not to do so. We believe these considerations should inform decisions about the appropriateness of placement of children and young people in adult IPCU accommodation.

[17] Code of Practice, Vol 1 chapter 1 paragraph 26 https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/pages/2

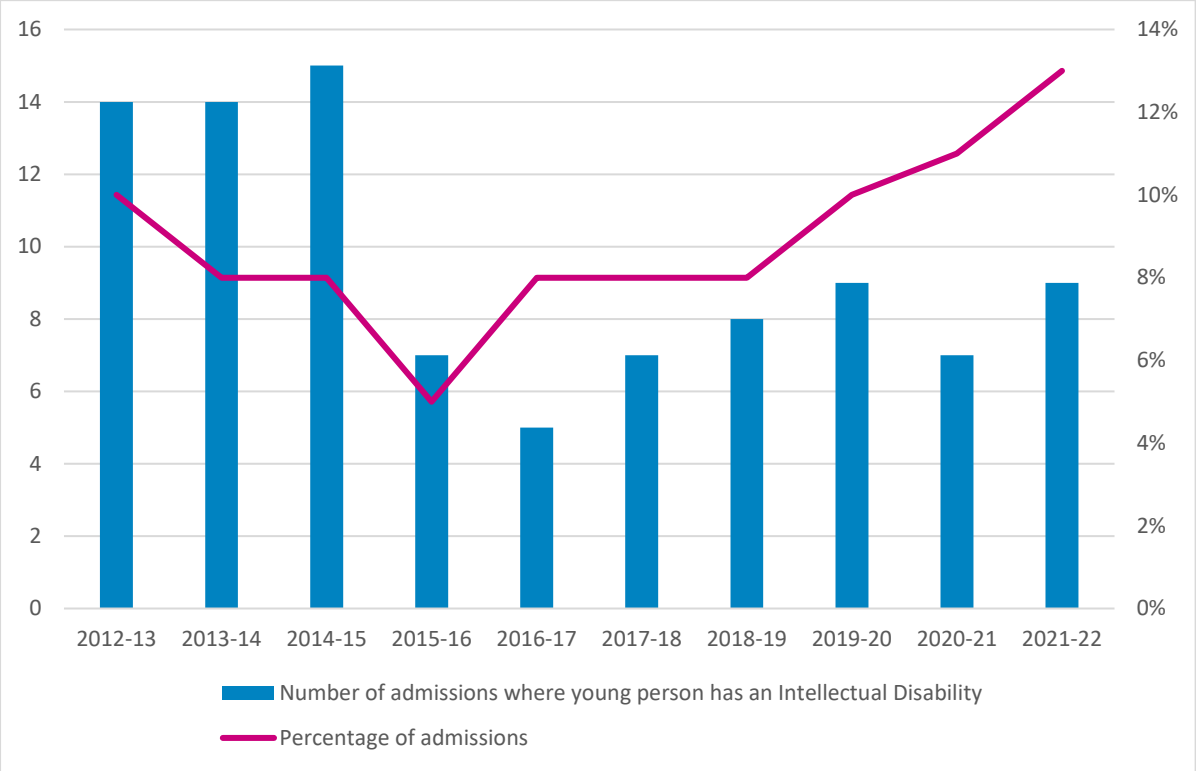
Young people with a learning disability 2021-22

Table 8: Admissions involving a young person with a Learning Disability 2021-22

	Age 0-15	Age 16-17	All	%
Young person has a learning disability	**<5**	**5**	**9**	**13%**
Total*	**16**	**54**	**70**	

**Total = 70 admissions where further information was provided to the Commission.*

Figure 8: Admissions involving a young person with a learning disability 2012-2022



Data is based on the further information provided to the Commission (70 admissions in 2021-22) and reported on annually.

In 2021-2022 the numbers of young people under the age of 18 admitted to non-specialist wards who had a learning disability remained small but the proportion of these admissions rose once again. In the further information we received about the circumstances of these admissions, we were told that many of these admissions reflected significant difficulties in either securing or maintaining placements in the community that were able to support the needs of these children and young people.

These difficulties in establishing community alternatives to hospital admission may explain the prolonged nature of many of these admissions. This year as in previous years children and young people who have a learning disability make up a substantial part of the admission which are lengthy. This year nearly a third of all the admissions that lasted more than 35 weeks involved a young person with a learning disability. Of the nine children and young people who

were admitted this year with a learning disability four had admissions lasting more than five weeks (44%).This is comparable with previous years.

As in previous years, five of the fifteen admissions (33%) to an adult IPCU in 2021-22 involved children or young people with a learning disability. In 2021-22 of the nine children and young people with a learning disability, 5 were admitted to adult IPCU facilities (56%).

Given the consistency of these figures over time we are concerned at the lack of progress in the provision of specialist child and young person inpatient services in Scotland as discussed in the introduction.

Admissions of care experienced young people to non-specialist care, 2021-22

Table 9: Admissions of young people who are care experienced and accommodated by their local authority to non-specialist care, 2021-22

Care experience	Age 0-15	Age 16-17	All	*%
Young person accommodated by their local authority	6	10	16	23%
No information	0	1	1	1%
Total	16	54	70	100%

**Total=70, based on all admissions where further information was provided to the Commission. Percentages may sum to more than 100% as more than one of the above arrangements may apply*

The Children and Young People (Scotland) Act 2014 came into effect in April 2015 and named all health boards and local authorities as Corporate Parents. Corporate Parents have a duty to safeguard the wellbeing and uphold the rights of care experienced young people and act in a way to promote their physical, emotional, spiritual, social and educational development[18]. In reflection of its own corporate parenting[19] duties the Commission is interested in learning about and reporting on the provision of services to care experienced or "looked after" children[20] and we have gathered information about a particular group of care experienced young people's admissions to non-specialist wards annually since 2014. We are aware that children and young people who are looked after by the local authority wish to be known collectively as care experienced. For this report, however we retain the use of the term looked after and accommodated since it reflects a specific group of children and young people the age of 18 years who are care experienced as part of our information gathering process.

There is established evidence that care experienced children and young people experience poorer mental health than their peers. In addition to their corporate parenting duties, NHS boards have an existing requirement to ensure that the health care needs of care experienced children are assessed and met, including mental health needs[21]. The Guidance on Health Assessments for Looked after Children and Young People[22] emphasises that mental health problems for care experienced young people may be markedly greater than for their peers in the community.

[18] 2015 Scottish Government Statutory guidance on Corporate Parenting https://www.gov.scot/publications/statutory-guidance-part-9-corporate-parenting-children-young-people-scotland/

[19] Corporate Parenting duties are defined by the Children and Young People (Scotland) Act 2014 https://www.gov.scot/policies/looked-after-children/corporate-parenting/#:~:text=The%20Children%20and%20Young%20People,young%20people%20and%20care%20leavers%22

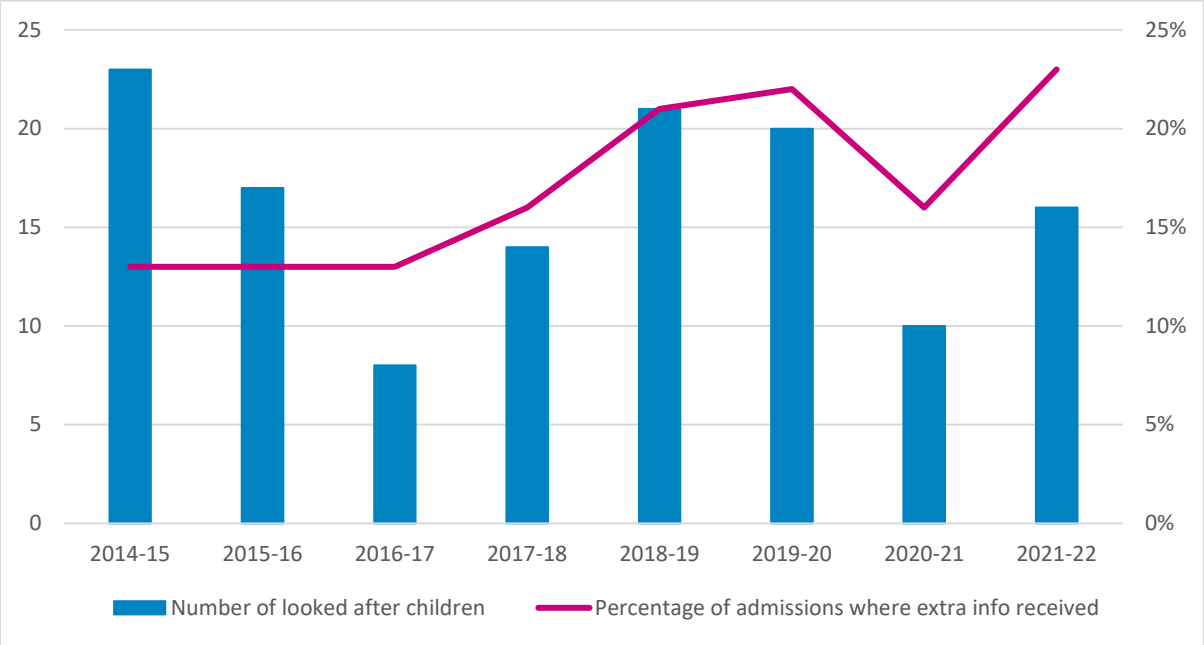
[20] A young person is described as being 'looked after 'if, under the provisions of the Children (Scotland) Act 1995, they are under the care of their local authority and either subject to voluntary or statutory measures and looked after at home, or looked after away from home in foster or kinship care, a residential care home, a residential school or secure young people unit.

[21] Action 15 Looked After Children and Young people: We can and must do better. January 2007 https://www2.gov.scot/resource/doc/162790/0044282.pdf

[22] The Scottish Government (28 April 2009) CEL16 http://www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf
The Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland* http://www.gov.scot/Resource/0045/00450743.pdf

In 2021-22 sixteen (23%) of the 70 admissions that the Commission received further information on related to admissions of young people who were described as being looked after and accommodated by the local authority.

Figure 9: Admissions involving looked after and accommodated young people 2014-22



Data is based on the further information provided to the Commission (70 admissions in 2021-22) and reported on annually.

Of the sixteen admissions of accommodated young people this year, ten were admissions of young people aged 16-17 years and six were young people either 15 years or younger. This is similar to previous years where the majority of admissions of young people who were looked after and accommodated were 16-17 years old. In the total admissions of the 0-15 age group 29% of the total admissions to non-specialist wards were looked after and accommodated; in the total admissions of young people aged 16-17 years 15% were accommodated young people.

The admission lengths of young people who were looked after and accommodated can be long and this year 25% were longer than three weeks and 19% were longer than five weeks. In the information provided about admission circumstances difficulties in locating an appropriate placement in the community was described in a number of admissions. High levels of behavioural disturbance and difficulties in the young person's residential accommodation being able to contain the behavioural difficulties were described in the information provided and led to the admission to a non-specialist ward. Once again, as in previous years, a small number of proportion of the young people who were looked after and accommodated also had a learning disability (this year 13%).

As in previous years in 2021-2022 there was a higher level of representation of young people who are looked after and accommodated who required IPCU care during their stay. In 2021-22 seven out of the 16 admissions of care experienced young people required IPCU at some point during their stay (44%) which is a similar level to previous years (50% in 2020-2021).

In 2021-2022 there were a total of fifteen IPCU admissions of young people and seven of these involved young people who were care experienced (nearly one half of all IPCU admissions). Previous years have described a similar pattern.

A small number of young people who are looked after by a local authority are admitted to non-specialist wards at a time of crisis and breakdown of their care placement. At times there are substantial concerns about the young person's mental health at this time and these admissions are entirely appropriate. However, the Commission had been told of other occasions when it appears that a lack of suitably available and/or suitably adapting care provision appears to be a significant factor behind admission and the young person is admitted as a result of a need of a place of safety rather than for assessment or treatment of mental health difficulties.

Age and gender 2021-22 [23]

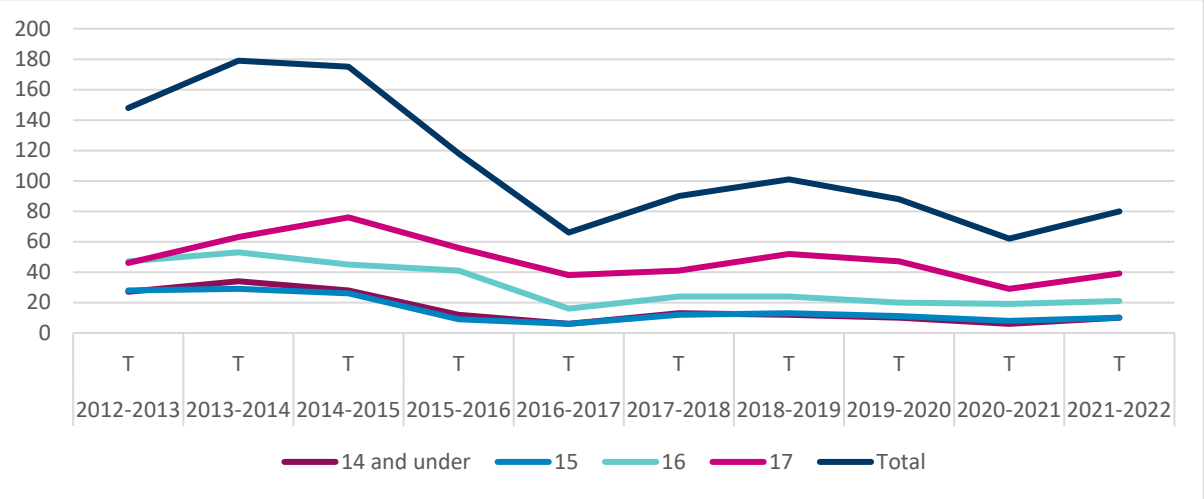
In 2021-22 there were ten children and young people aged 14 years or younger who were admitted to a non-specialist environment. Two thirds of these were admitted to a paediatric ward in the local hospital for their mental health difficulties.

Table 10: Age of young person by gender 2021-2022

2021-22			
Age at last birthday (years)	**F**	**M**	**Total**
14 and younger	5	5	10
15	5	5	10
16	13	8	21
17	25	14	439
Total*	**48**	**32**	**80**

**Total describes all individuals admitted over the year, including where no further information was supplied to the Commission. F=Female M=Male*

Figure 10: Young people (number of individuals) admitted to non-specialist wards by age by year 2012-22



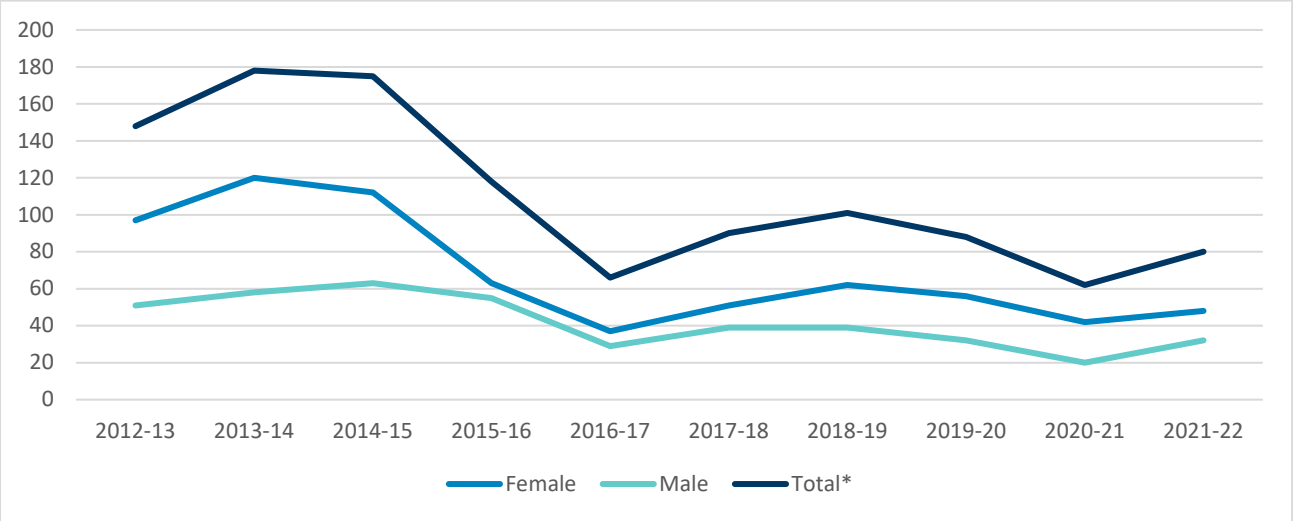
*Based on the number of young people admitted rather than number of admissions

This year the age range of children admitted to a non-specialist environment for their mental health extended downwards once again. When we first began monitoring non-specialist admissions of children and young people under the age of 18 age it was uncommon for a child to be admitted for mental health difficulties who was below the age of 12 years. In recent years this has become more common however numbers remain very low and difficult to interpret.

[23] This is based on the information we receive each year about gender from Health Boards. We intend to review how best to collect information regarding gender in the future to better reflect the preferences of children and young people.

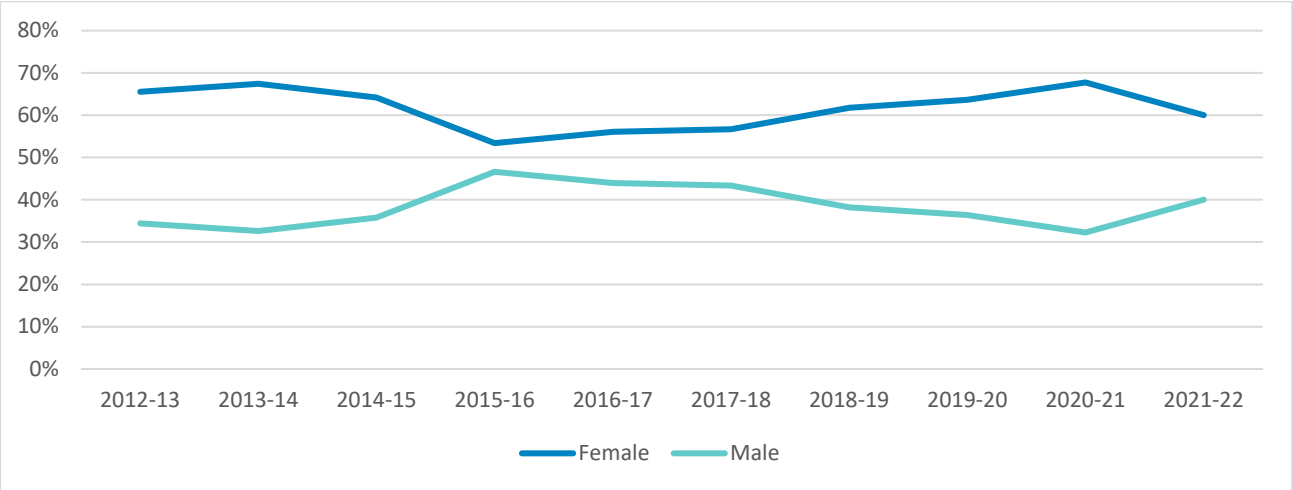
Higher rates of admissions of young people in the 16-17 year age range and in girls after the age of puberty continued this year and reflects the current understanding of the prevalence and the types of mental health difficulties affecting young people in this age group in particular[24]. In 2021-2022 the proportion of 16 and 17 year old young people admitted to a non-specialist environment was comparable with previous years representing 60 out of 80 young people admitted over the course of the year.

Figure 10a: Young people admitted to non-specialist wards by gender (number of individuals), by year 2012-22



*Based on number of individuals admitted each year rather than number of admissions

Figure 10b: Young people admitted to non-specialist wards by gender (%), by year 2012-22

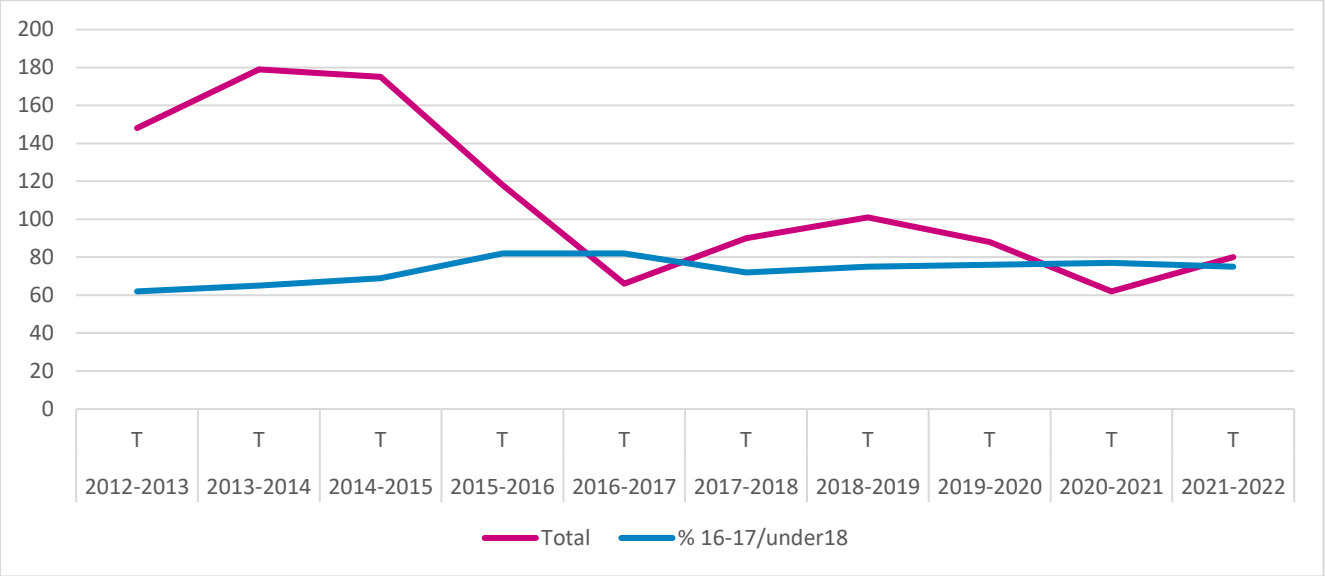


*Based on the number of individuals admitted each year rather than number of admissions

[24] https://dera.ioe.ac.uk/32622/1/MHCYP%202017%20Summary.pdf
Mental Health of Children and Young People in England 2017:
https://digital.nhs.uk/data-and-information/pu Mental Health of Children and Young People in England 2017.blications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

Over time the admissions of 16 and 17 year olds as a proportion of the total number of under 18 year olds admitted to non-specialist wards has slowly increased (figure 9d) despite the overall number of admissions and total number of young people being admitted falling substantially over a similar time frame

Figure 10c: Young people (number of individuals) aged 16-17 as a percentage of total admissions in under 18s 2012-2022



*Based on the number of young people admitted rather than the number of admissions

Conclusion

The number of children and young people under the age of 18 who are admitted to non-specialist wards for the treatment of their mental health difficulties remains at a similar level to recent years which reflects a continued improvement from the period before 2015 when numbers exceeded 200 admissions at times. The current mental health act was passed in March 2003, however, and introduced in April 2005, and as a result section 23 requirements of health boards to provide suitable age appropriate provision has been in place for over seventeen years.

Given the ongoing lack of inpatient accommodation for young people with a learning disability and young people requiring IPCU care, and given the ongoing lack of specialist mental health and specialist support to those admitted while in hospital at times, it is difficult to argue that the duties on health boards to provide appropriate accommodation and services to children and young people who require inpatient care has been fulfilled.

Progress is being made, however, albeit slowly and with the partial opening of the NSAIS over the coming months and activity and investment to try and expand CAMHS services across the country it is hoped that age appropriate services and provision for children and young people who require admission for their mental health needs will continue to improve.

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