

**POLICY FOR THE EMERGENCY ADMISSION OF YOUNG PEOPLE
UNDER THE AGE OF 18 TO ST. ANN'S HOSPITAL**

POLICY SPONSOR: Child and Adolescent Mental Health Operational
Manager

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APPROVED BY: Clinical Governance Board Sub Committee **November 2003**
Children's and Specialist Governance Team **November 2003**
MAC **November 2003**
Adult Governance Team **November 2003**

DISSEMINATED TO: Chief Executive
Operational Directors
Consultant Psychiatrists
Clinical Governance Manager
General Manager St. Ann's Hospital
Team Manager Maple/Pine Cottage
Modern Matron St. Ann's Hospital

Cc Clive Green for database

EMERGENCY ADOLESCENT ADMISSION GUIDELINES TO ST ANN'S HOSPITAL

NB

This policy should be read in conjunction with the Operational Policy for Pine Cottage

1.0 Introduction

- 1.1 This policy has been produced to clarify the operational arrangements for the emergency admission of Adolescents to St. Ann's Hospital when admission to the designated adolescent unit, Pine Cottage, is not possible. Age range to include those aged between 12 and 18 years.
- 1.2 Young people aged between 12 and 18 years requiring admission to a psychiatric hospital, should preferably be placed in an adolescent mental health unit/hospital. Pine Cottage is the designated unit for young people within Dorset who are eligible for such admissions. (Ref. Pine Cottage Operational Policy)
- 1.3 Any plan for an admission of an under 18 year old should be first discussed with senior members of the staff at Pine Cottage.
- 1.4 The policy has been developed in discussion with the specialist Child and Adolescent Mental Health Service and the Inpatient Adult Services and agreed by the Mental Health Governance teams.
- 1.5 The policy is based on the guidance and requirements of the NHS Executive document "Safety, Privacy and Dignity in Mental Health Units" paragraph 6.2.2 that refers specifically to the admission of young people to adult psychiatric hospitals.
- 1.6 All admissions will take in to account the requirements of the Mental Health Act Commission.
- 1.7 The admission of any young person to St. Ann's under the age of 18 years will be dealt with as a critical incident.

2.0 Good Practice

- 2.1 The Mental Health Act 1983 Code of Practice states "it is usually preferable for children admitted to hospital to be accommodated with others of their own age group in children's wards or adolescent units, separate from adults". When Pine Cottage is unable to admit a patient, discrete accommodation in an adult ward at St Ann's, with facilities, security and staffing appropriate to the needs of the child can be considered. Such a placement should be temporary and admission to an alternative unit specialising in adolescent mental health should be considered. Once admitted to an adult ward, it is the responsibility of the Child and Adolescent Mental Health team to ensure that an alternative placement is found as soon as possible.

In the event of the patient being admitted under the Mental Health Act, it is the responsibility of Medical records Department in conjunction with the Operational Director for Children's services and/or the CAMHS Operational Manager to complete form MHAC 6 for the Mental Health Act Commissioners together with any other requirements requested by the Mental Health Act Commission.

3.0 Facilities

- 3.1 The accommodation within St. Ann's Hospital should be single accommodation with a designated bathroom and toilet area.
- 3.2 Young people should have access to age appropriate recreational activities and facilities and these would be provided by the CAMHS staff.
- 3.3 Access should be available to other facilities in the hospital such as the OT Department, the gym and chapel. In addition the facilities within Pine Cottage may be accessed during the day dependant upon an assessment by staff of Pine Cottage. Due regard must be given to shared facilities and mixing with other patients within ward.

4.0 Staff Team

- 4.1 The staff team responsible for the inpatient care of the adolescent within St. Ann's consists of:
 - Child and Adolescent Consultant Psychiatrist
 - Ward Doctor: SHO of Dr. Bray/Mynors-Wallis for Bournemouth/Poole patients respectively
 - St. Ann's ward nurses in conjunction with Nurses from the CAMHS team working in Pine Cottage Adolescent unit or the Maple Service
 - Chief Pharmacist
- 4.2 Social Work input is provided as required, by the relevant Social Services Children and Family Department with the consent of the child individual and/or those with parental responsibility.
- 4.3 When appropriate, the team should liaise with Child Protection Social Workers, School Nurses and representatives from education. Integrated Care Programme Approach must be used for all patients.

5.0 Pre admission requirements

- 5.1 Admission of an adolescent to St. Ann's should only take place once alternative provisions, including Pine Cottage Adolescent Unit and out of area placements to specialist adolescent units, have been explored.

- 5.2 Young people above the age of 16 years are deemed to be competent, unless proven otherwise, to consent to treatment. Those under 16 years of age can consent to treatment if assessed and found to be competent to do so. (Gillick ruling) Refusal to consent to treatment by a person under 18 years of age can, under case law, be overridden by those with parental responsibility. However, it is considered to be good practice to use Mental Health Act legislation in young people over the age of 16 years who refuse to consent to admission to, or treatment in, St Ann's Hospital for a mental disorder.
- 5.3 In normal working hours, admissions of adolescents should only occur following discussion between the Child and Adolescent Consultant Psychiatrist, the ward doctor and the relevant Adult Consultant Psychiatrist. In the event of out of hours referrals for admission will be at the discretion of the senior on call psychiatrist and the senior nurse on duty.
- 5.4 Medical and nursing staff should assess the risk others on the ward may pose to the adolescent and factor this into any placement decision.

6.0 Admission Procedure

- 6.1 The General Manager of St. Ann's or Clinical Nurse Manager together with the Child and Adolescent Mental Health Services Manager, must be informed of the proposed admission as soon as it is reasonable to do so. Documentation relating to the individual should be discussed with senior managers and social services as appropriate. Special attention is to be given to any child protection matters.
- 6.2 The following information should be communicated prior to admission. However in the case of an emergency, the pertinent information should be communicated in the first instance, more details following as soon as is practicable.
- Full psychiatric assessment, including risk assessment for the Adolescent.
 - Involvement of other agencies, including Social Services, or Child Protection (giving names and contact details), and Education.
 - Social information regarding the family including the legal status of the adolescent and highlighting any significant family dynamics.
 - Name and contact details of the relevant worker from the CAFMH service.

7 Medical Responsibility

- 7.1 Consultant medical responsibility for under 18 year olds should reside with the Consultant Child and Adolescent Psychiatrist responsible for Pine Cottage, or a deputy agreed within the service, with junior doctor support from the SHO's of Dr. Bray or Dr. Mynors-Wallis for Bournemouth or Poole patients respectively.

- 7.2** The Child and Adolescent Psychiatrist as a minimum should provide weekly review of the patient with support from the relevant SHO, CAMHS key worker and other agencies.
- 7.3** On occasions, in young people nearing their 18th birthday, adult services may prefer to retain consultant medical responsibility in which case care will be provided by the ward staff and relevant CMHT.

8 Care / Treatment

- 8.1** Once admission has been agreed, a staff member from Pine Cottage will liaise with a member of the inpatient nursing team.
- 8.2** Following admission, an individual care plan will be formulated to meet the needs of the adolescent and a full risk assessment completed in accordance with the Trust policies and procedures.
- 8.3** The Pine Cottage/Maple Service and ward inpatient team should ensure that liaison with other disciplines/agencies is maintained during the admission. Agencies include:

Social Services
Representative from Education
Connexions
YADAS
YOT

Liaison with other agencies should preferably be with the agreement of the patient and/or those with parental responsibility.

- 8.4** In the event that the adolescent goes missing the action taken will be in accordance with the Trust "Missing Persons Policy", Appendix for Pine Cottage.

9.0 Transfer and Discharge Planning

- 9.1** If it is possible to transfer an adolescent from St. Ann's to Pine Cottage, the Consultant Adult Psychiatrist should liaise with the Consultant Child and Adolescent Psychiatrist and the Ward Manager at Pine Cottage will facilitate the transfer. The Child and Adolescent Psychiatrist will, on transfer, assume medical responsibility for the Young person if this has not already been undertaken. (Ref.7.1)
- 9.2** The Pine Cottage Consultant Psychiatrist and the Ward Manager will co-ordinate a transfer or discharge-planning meeting. As a minimum, one member of the specialist team should attend together with the adolescent and their carer.

9.3 A discharge/ICPA plan, or Section 117 plan where appropriate, should be developed in advance of discharge and agreed by all relevant parties.

9.4 Follow up will be according to ICPA/Section 117 plan and should include an appointment by the relevant CAMHS team, within 7 days of discharge.

10.0 Carer/Family Involvement

10.1 The patient and those with parental responsibility should be kept informed and consulted, where possible, during the admission and discharge planning process.

11.0 Patient Records

11.1 In accordance with the Integrated Patient Record Operational Policy, the adolescent's patient records will be supplied to the inpatient nursing team within one working day.

12.0 Activity Recording

12.1 Admissions to the Adolescent area will be recorded on the 24-hour ward summary in the usual way, entered on to the PEAK system and monitored by the Children's Governance team.

13.0 Transfer from Children's Services to Adult Services

13.1 When appropriate to transfer care to the Adult services, the transition protocol should be followed.

14.0 Policy Review

14.1 The policy will be reviewed in September 2005.

Any enquiries regarding this policy be addressed to: Liz Lochhead CAMHS Manager at St. Ann's Hospital 01202 492125