



**PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	Friday 26 th November 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Committee Quarterly Performance Report. Quarter 2 July - September 2021
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Ruth Bourke, Mental Health Act Administration Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
For information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation
The purpose of the paper is to present to the Mental Health Legislation Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales including:

- The Mental Health Act (1983), as amended;
- The Mental Health (Wales) Measure 2010;

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities Directorate where related to mental health legislation.

Cefndir / Background
This Report provides assurance in respect of the work that has been undertaken by Mental Health and Learning Disabilities (MHL) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act) which have delegated to officers and staff, are being carried out correctly; and that the wider operation of the 1983 Act in relation to the Local Health Board's area is operating properly.

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care fully comply with it, and that the patients are fully informed of, and are supported in exercising, their statutory rights. Hospital managers must also ensure that a patient's case is dealt with in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 1998.

The Terms of Reference of the Committee itself require the submission of a quarterly report to the Board to summarise the work of the Committee and identify how it has fulfilled the duties required of it. Regulations permit the Hywel Dda University Health Board to delegate functions to committees or sub-committees whose members need not be members of the Board. However, the Board retains the ultimate responsibility for the hospital managers' duties.

This report is prepared following the quarterly meeting of the Mental Health Legislation Scrutiny Group. The purpose of this Group is to allow senior managers and clinicians from

Hywel Dda University Health Board, its partner agencies and other stakeholders to scrutinise the University Health Board's (UHB) performance, to highlight areas of good practice, and any areas of concern that must be brought to the Committee's attention.

Asesiad / Assessment

Summary

The report outlines how the Mental Legislation Committee has complied with the duties through the Terms of Reference and also identifies key actions to address developments.

Part One -

The Mental Health Act, 1983

Any exceptions highlighted in the Mental Health Act activity report are intended to raise the Committee's awareness of matters relating to the functions of the hospital managers and give assurance that the care and treatment of patients detained within Hywel Dda University Health Board and those subject to a community treatment order is only as the Act allows. Rates of detention under different sections of the Act typically fluctuate between each quarter therefore only significant points are highlighted.

Use of the Act appears to be relatively consistent with constant levels of applications, changes in legal status and discharges during this quarter. Detained patients have continued to be provided with their legal rights and supported by IMHAs and legal representatives when requested.

The data below illustrates the use of the Mental Health Act during Quarter 2 of 2021.

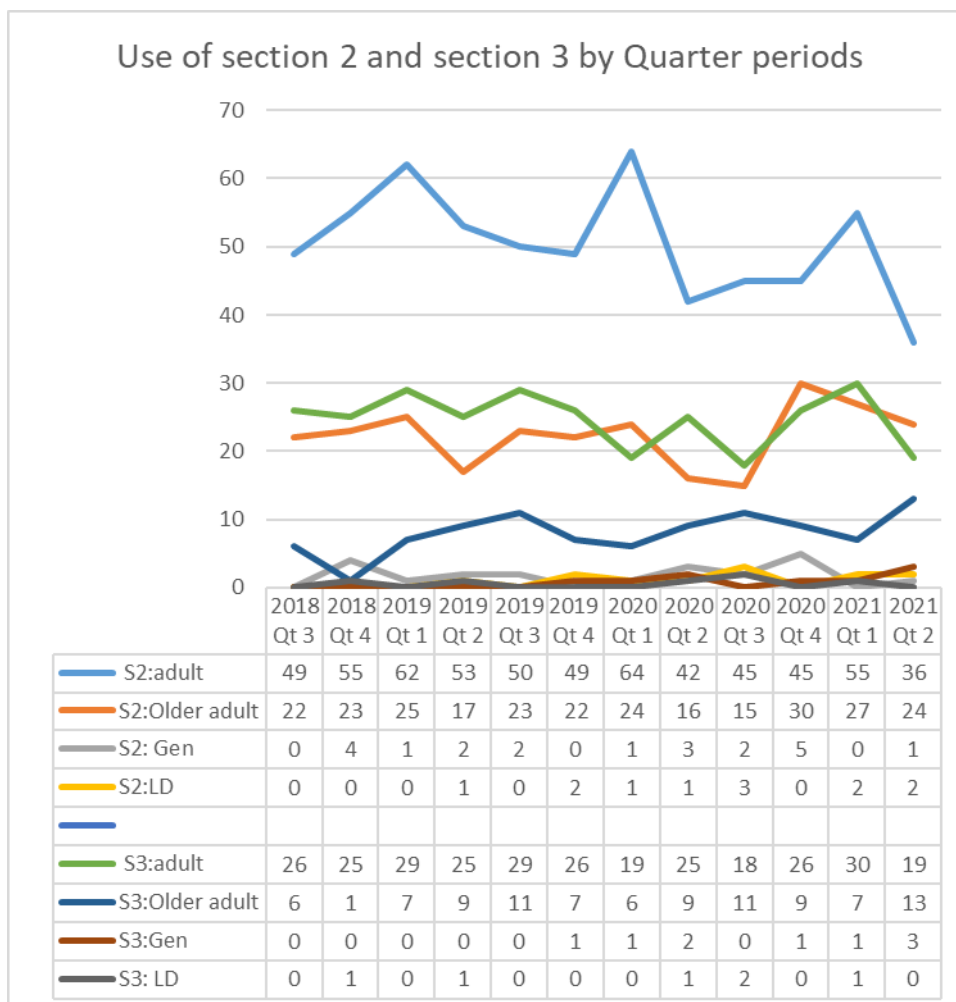
Use of the different sections shown in the table below are shown in comparison to average numbers based over the previous 3 years as opposed to last quarter's activity which overall was an unusually high period of activity.

Section of MHA	Average use per Qtr	Qtr 2 activity	Notes
2	78	63 ↓	Relatively low use of section 2 during this quarter however with the inclusion of section 4 numbers these numbers are not overly abnormal.
3	34	35	Nothing additional to report
4	3	7 ↑	A high number of emergency admissions under the MHA. Further investigation in narrative.
5(4)	3	1	Use of this section of the Act is always minimal and this quarters' use is consistent.
5(2)	22	23	Nothing of note
17A (CTO)	8	8	Nothing of note
135	1.5	4	Numbers remain small however there does appear to be an increase in the use overall
136	59	49 ↓	Numbers significantly lower than incredibly high quarter 1. Reasons unknown but not felt to be contributed to improvements in consultation.
Part III	3	4	Nothing of note

A more detailed breakdown of noted irregularities.

Section 2¹ and Section 3² are the most commonly used sections of the Act in the detention for assessment and treatment of individuals suffering from a mental disorder. Below is a graph to demonstrate their use of the previous 12 quarter periods.

Detentions under S.2 and 3



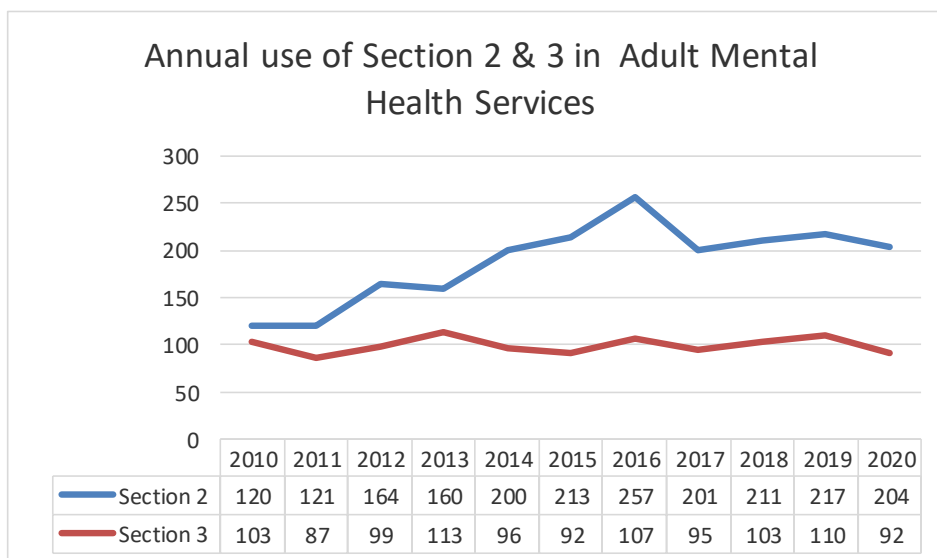
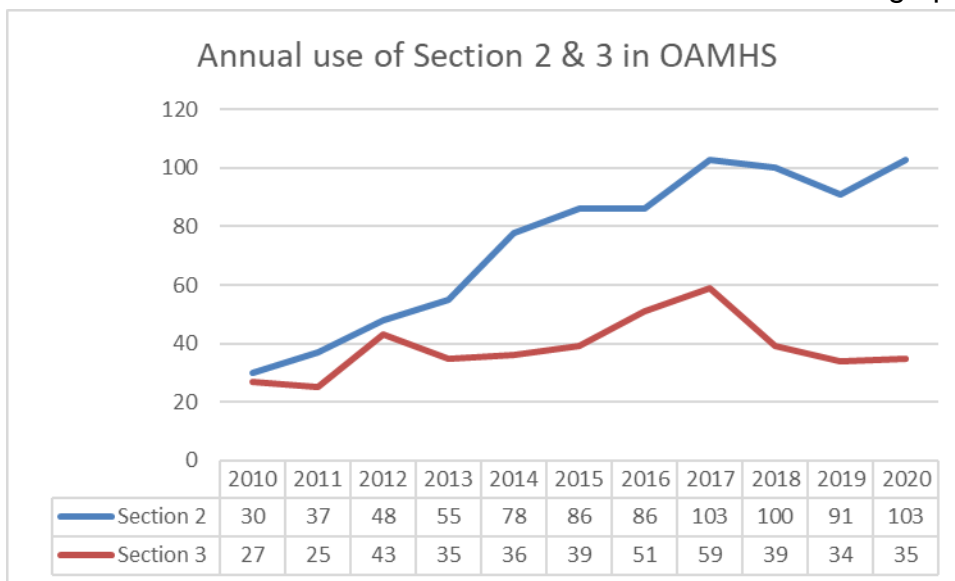
- Use of both section 2 and section 3 in adult services were generally lower than usual during this period. Likewise in older adult services section 2 was lower this quarter than last however is more consistent with previous periods however section 3 appears to be higher than normal however numbers are generally low so may fluctuate between quarters.

The MH Scrutiny Group considered the above and explored reasons why use of section 2 and 3 in adult services were lower than average during this quarter. No clear explanation obtained.

¹ Section 2 of the Act allows for a period of detention in hospital for up to 28 days for assessment and treatment.

² Section 3 of the Act allows for a period of detention in hospital for up to six months for treatment and may be renewed.

The annual trend in annual use of section 2 and section 3 can be found in the graph below:



Section 4³ is an emergency admission which is based upon one medical recommendation and application by AMHP. It allows for a second medical recommendation to be obtained within 72 hours at that point converting it to section 2.

- There were 7 admissions under section 4 during this quarter. The average use of Section 4 per quarter based over the previous three years is 3.

The MH Scrutiny Group scrutinised the above. In all cases the first medical recommendation was provided by a Section 12 approved doctor. Reasons for use of section 4 in all cases suggested the emergency admissions were due to the risks to self or to others or to avoid further distress in the community. 4 of the 7 were within older adult services. The MH Scrutiny group accept that due process was followed.

³ Section 4 of the Act allows for an emergency admission for assessment lasting up to 72 hours.

CAMHS and Learning Disabilities

Use of the MHA within both CAMHS and LD services remain small.

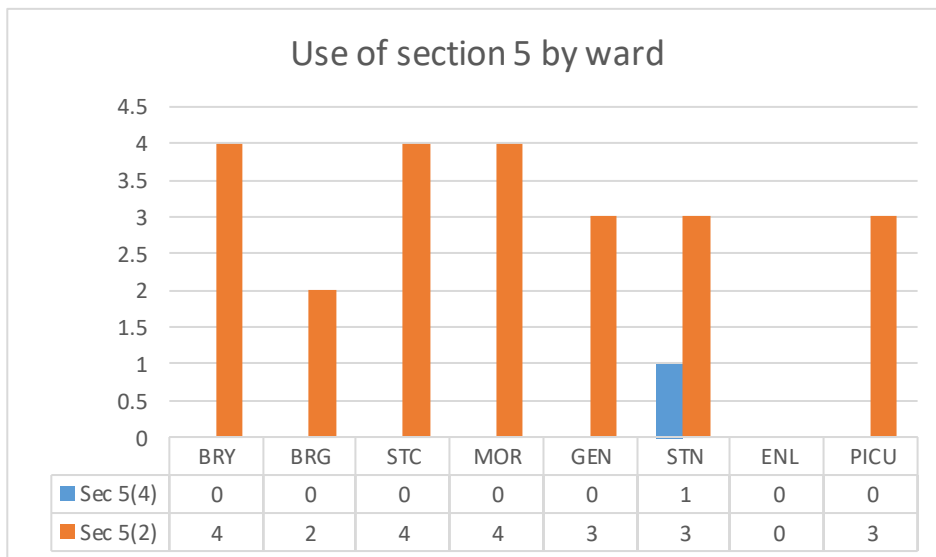
A separate report has been provided by the CAMHS services and can be found as an embedded document below:



CYSUR Quarter 2
2021-2022.doc

The MH Scrutiny Group are currently tasked with focussing on what is happening to people prior to their admission under Section 2, the level of activity, service input and if could have avoided any detentions.

Holding Powers - detentions under Section 5



- Section 5(4)⁴ is used rarely and was used on one occasion during this quarter in St Nons Ward. This was regraded to section 5(2) within the six hours timeframe.
- Section 5(2)⁵ was used on 23 occasions during this quarter which is consistent with the quarterly average.
- There has been a general steady increase in its use within general hospital ward settings. During this quarter it was used lawfully on 3 occasions, of those two were detained under the MHA and one reverted to a voluntary status within the general ward setting. There were 3 occasions where section 5(2) was applied for inappropriately – 1 x A&E, 1 x papers torn up when deemed not detainable and 1 x insufficient reasons. This is being addressed through a training presentation available for medical staff on the process of section 5(2).

⁴ Section 5(4) allows for a mental health and learning disability nurse to hold an in-patient up to 6 hours to allow for a decision to be made whether an application for detention should be made.

⁵ Section 5(2) grants a doctor in both mental health and general hospital ward settings to hold an inpatient for up to 72 hours to make a decision whether an application for detention should be made.

The MH Scrutiny Group considered the above. The Scrutiny group will continue to monitor the use of section 5(2) within general ward settings. The Section 5(2) Policy was reviewed and updated in September 2020. A training video has been developed and is available. The MHA admin lead is continuing to link in with key contacts to provide ongoing training to support the process.

Detention without authority or Invalid Detentions

	Oct – Dec 20	Jan – Mar 21	Apr – June 21	Jul – Sept 21
Detention Papers	98	118	129	106
Rectifiable Errors	42	35	36	42
Non Rectifiable Errors	2	4	3	3

- 106 statutory documents were medically scrutinised with 42 rectifiable errors were made on medical documents under section 15, MHA which allows corrections to be carried out within the statutory time limits (14 days). These errors are generally spelling mistakes or missing middle names.
- Other errors not covered under Section 15 include:-
 - HO12s – insufficient reasons / incorrect timings on forms / misspellings / not being received on behalf of hospital managers / missing names and details on the reasons why detention is necessary
 - CTO - not providing reasons for recall
- There were three invalid detentions and one with no supporting evidence of unlawful detention as follows:
 - Section 5(2) – used in A&E
 - Section 5(2) – general ward – patient detained for period but when assessed was deemed not detainable so detention papers were torn up without furnishing them to the hospital managers (no copies made)*
 - Section 2 – Carmarthenshire local authority date of examination outside of 14 days application period.*
 - Section 2 – St Nons – section 4 required a medical recommendation for section 2 to convert however external S12 doctor incorrectly used a S3 medical recommendation and nurse received as section 2.

*not classed as unlawful detentions as detentions were not received on behalf of the hospital managers.
- A Carmarthenshire / Bryngofal inpatient underwent two MHA assessments within 24 hours both resulting in section 3.

All above errors were reported through appropriate management structure. A specific training programme has been developed on Scrutiny and Receipt of MHA detention papers. An ongoing training session for nurses is delivered on a monthly basis and all ward and community teams have been informed that additional training and guidance can be obtained via the MHA department.

The use of Section 135/6⁶

- Use of Section 136 this quarter has been lower than average which surprisingly follows quarter one being the highest number since our records began nearly 20 years ago when used on 77 occasions. The places of safety used for the MH assessment were as follows:-
 - 24 to Bryngofal ward
 - 3 to Morlais Ward
 - 14 to Bro Cerwyn
 - 6 to DGHs
 - 2 to Gorwelion Resource Centre.
- There has been an increase in the use of A&E departments as places of safety for S136 detainees. It was used on 4 occasions as first place of safety before the person was transferred to another place of safety for the MH assessment. It was used on 6 occasions as the place of safety where the person received an assessment.
- Custody has not been used as an identified place of safety for anyone detained under S136 during this quarter.
- There were 3 cases of under 18s being detained under S136. All three were taken and assessed in Morlais Ward within 12 hours and discharged.
- It is recorded within the monitoring forms that some form of restraint was used on 24 occasions.
- Consultation is recorded as having occurred on 30 out of the 49 occasions. Consultation was introduced in 2017 under the Policing and Crime Act in order for police to obtain timely and relevant information and advice that will support them to decide a course of action that is in the best interests of the person concerned. Ultimately a lesser restrictive option than exercising the S136 detention may be a possibility.
- Of the 19 cases where no consultation had occurred – 6 were discharged with no further action, 12 were discharged but referred to community services and 1 person was detained under section 2.
- Of the 49 MHA assessments 27 were discharged but referred to community services, 11 were discharged with no follow up arrangements. 2 were admitted to hospital on an informal basis, 8 were directly admitted and detained to an adult acute ward and 1 admitted directly out of area.
- One assessment was extended by a doctor due to person receiving treatment for self-harm (overdose) however MH assessment was concluded within 30 hours.
- There were 4 Section 135's during this quarter. 135(1) x 3 and 135(2) x 1. There does appear to be a slow increase in the use of S135's that are being reported. There has recently been a change in process of applying for warrants under S135.

A more detailed analysis of the use of Section 136 is detailed below providing information on which persons were previously known to MH&LD services, the follow up they received following the Section 136 and whether or not they had a care and treatment plan or were care co-ordinated. The Committee via the MH Scrutiny Group needs to understand person's experience of being detained therefore the MH Scrutiny Group is currently focusing on how this is measured and will report its findings separately to this Committee.

⁶ Section 136 allows a police officer to remove a person to a place of safety, if the person appears to be suffering from a mental disorder and to be in immediate need of care or control.

2021/22 QTR 1		Jul	Aug	Sept	TOTAL
SEC 136 MONTHLY ACTIVITY					
COUNTY OF RESIDENCE	CARMS	4	6	5	15
	PEMBS	6	6	8	20
	CERED	2	2	1	5
	OOA	4	3	2	9
PLACE OF SAFETY	BRYNGOFAL	8	8	8	24
	BRO CERWYN	5	4	5	14
	MORLAIS	1	1	1	3
	GORWELION	0	1	0	2
	GEN HOSP	2	3	1	6
	OTHER	0	0	0	0
M/F/O	MALE	11	3	8	22
	FEMALE	5	14	8	27
	OTHER	0	0	0	0
OUTCOME	DETAINED	0	4	4	8
	VOLUNTARY ADMISSION	2	0	0	2
	DISCHARGED	6	2	3	11
	Discharged & Referred to Services	8	11	9	28
	LAPSED	0	0	0	0
KNOWN TO SERVICE	NO	7	3	2	12
	YES	9	14	14	37
	CARE CO-ORDINATED	4	4	7	15
	CTP IN PLACE	3	6	7	16

Scrutiny Group noted areas of good practice – no S136s to custody reported during this quarter.

Discussion took place around the increased numbers of S136s in young people and further inquiries into the specific cases were to be actioned as a result.

Consultation levels remain low but are discussed and reviewed within the S136 local review groups with police representation. In addition a new process of weekly reporting relevant cases which are explored further with the police officers involved.

Consideration and further discussions are being held within local review groups about high use of restraint and handcuffs for S136 detainees

Section 136 Joint Policy currently under review.

Locked Door

The doors were locked on the three acute wards for the full period of Quarter 2. This was to ensure a safe enclosed environment.

A variety of methods are used on the elderly and learning disability wards to prevent vulnerable patients from leaving the ward, these include digital locks, automatic locks and keypad locks.

Exclusion of Visitors

There were no visitors excluded from visiting detained patients during Qtr 2.

Applications for Discharge to Hospital Managers and Mental Health Review Tribunal

In order to determine whether activity deviates from the norm current quarterly activity can be found in the table below compared against average activity based over the previous 3 years.

Activity	Average per Qtr	Qtr 2 activity	Notes
Applications to the Hospital Managers	11	6 ↓	Numbers of applications have dropped particularly following Welsh Government advice that Hospital Managers hearings should not ensue where there is a MHRTfW application arranged or has been held within 6 to 8 weeks.
Renewals / Extension reviews	21	28 ↑	Every renewal of section / extension of CTO must have a hospital managers review. See narrative below
Applications by nearest relative	2	2	This is consistent with average
Applications/ referrals to MHRTfW	55	52	This is consistent with average.

There have been 6 applications for discharge made to the hospital managers during this quarter as a result no hearings were held. One case was made informal prior to the hearing being arranged and all other applications had pending tribunals listed so were invited to make a further application following an unsuccessful outcome to the tribunal.

The hospital managers heard 28 renewals which is an increase on last quarter of 18. The Code of Practice states renewal hearings should ideally be held before the section expiry date. 27 renewals were upheld. There was one discharge by Hospital Managers.

There were two applications for discharge made by a nearest relative during this quarter. One was withdrawn, the other case was barred. The nearest relative did not want to proceed with a hospital manager review and sought its withdrawal.

The Mental Health Review Tribunal for Wales continues to suspend all preliminary examinations and undertake hearings remotely during this quarter as a result of changes made by the temporary Practice Direction in October 2020. Hearings have been conducted by telephone with one exception. A pilot scheme to use the Kinley video conference system was used in the case of a CTO review and a separate paper is provided on feedback obtained regarding the pilot case.

There were 52 applications/referrals to the Mental Health Review Tribunal. There were 29 hearings that took place during this quarter with no discharges being made.

MH Scrutiny group actioned for further training to be provided to the CMHT where renewal hearings were being conducted after section expiry dates. This was delivered in early October. The situation continues to be monitored and reported to ensure improvements are made.

Policies

During this quarter work has been undertaken on the following policies and procedures:-

Leave of Absence Policy (731)

Approved

Patient Rights Procedure (741)

Approved

Section 135 Inter Agency Procedure (743)

Under review / collating final comments

Section 136 Inter Agency Procedure (395)

Under review / collating final comments

Section 117 After-care Joint Health Board and Local Authorities Policy (688)

Delayed – referred to Clinical Written Control Documents Group (CWCDG) following inability to reach agreement within some areas of the policy between the local authority long term care and health commissioning team. Following period of consultation agreement to develop a centralised Section 117 register was obtained. This to be funded jointly between health and local authority. This post has not progressed following the delay of the policy review.

MH Scrutiny group acknowledged the updated policy reviews.

Section 117 After-care Policy – Delayed – Escalated to CWCDG following inability to reach agreement within an area of the policy relating to funding between the three Local Authorities and health. CWCDG will escalate further to find a solution. The post has not progressed at this stage. awaiting written agreement to fund from the three local authorities.

Part Two -

The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 has been reported to the Committee on a quarterly basis in order to provide assurance that activity is closely monitored and that practice is compliant with the requirements of The Measure. This is primary legislation that was passed by the Welsh Government in 2010 and became operational during 2012. The intention of the legislation is to ensure that people are able to access appropriate mental health support services, receive care that is co-ordinated by a named person, enables direct access back to services following discharge and that the entitlement to independent mental health advocacy is increased.

To achieve this the Measure is divided into four Parts:

Part 1 - The expansion of mental health services within primary care settings

Part 2 - The introduction of the statutory Care and Treatment Planning for individuals receiving secondary mental health services

Part 3 - Enabling former users of secondary mental health services who have been discharged to refer themselves back for assessment without having to first go to their GP

Part 4 - Expanding the Independent Mental Health Advocacy (IMHA) to informal patients.

Part 1 – Local Primary Mental Health Support Services

Part 1 of the Measure is monitored in two parts, Target 1 and Target 2 as detailed in the table below. Performance is being monitored by the Head of Adult Mental Health Services with the LPMHSS Team Leaders.

September data will become available at end of October 2021

PART 1	Detail		July 21	Aug 21	Sept 21
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	85.5%	78.8%	82.2%
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	30%	5.3%	3.6%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	91.3%	92.2%	92.1%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	70.6%	50.0%	30.0%

Part 2 – Care and Treatment Planning

PART 2	Detail	Jul 21	Aug 21	Sept 21
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	91.6%	90.3%	92.2%

Part 3 – Self Referral to Secondary Care for Former Service Users

PART 3	Detail	Jul 21	Aug 21	Sept 21
Measure 1	Individuals are re-assessed in a timely manner; and a copy of a report to that individual is provided no later than 10 working days. (Total number of requests for re-assessment received) Target 100%	100%	100%	100%

Part 4 – Independent Mental Health Advocacy

PART 4	Detail	Jul 21	Aug 21	Sept 21
	100% of hospitals to have arrangements in place to ensure advocacy is available to all qualifying patients – Percentage of qualifying compulsory / voluntary patients have been offered advocacy services in the mental health	Data not currently collated		

The MH Scrutiny Group discussed the performance data in relation to the Welsh Measure. Further information provided within the MH Scrutiny report to the Committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	<ol style="list-style-type: none"> 1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives 3. Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio:	Please explain how each of the '5 Ways of Working' will be demonstrated
The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
	Integration – can you evidence that this work supports the objectives and goals of either internal or external

	partners?
	Collaboration – The Mental Health Legislation Assurance Committee comprises external agencies, carer representatives and local authorities
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population?

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Assurance Committee, Power of Discharge sub committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group Mental Health Operational Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i> ; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> . Safety of patients Assurance – use of statutory mechanisms

Cyfreithiol: Legal:	S
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

S-CAMHS Update Report for CYSUR

In line with the Welsh Government document “Admission Guidance”, HDUHB has in place a robust Admission Policy/Pathway outlining the process for admitting any young person into an Adult Mental Health Ward. The Guidance stipulates that the Health Board must have a designated Unit and within HDUHB this is Morlais Ward on the Glangwili Hospital campus.

A new Protocol has been approved to meet this statutory requirement which will ensure compliance against Welsh Government expectations.

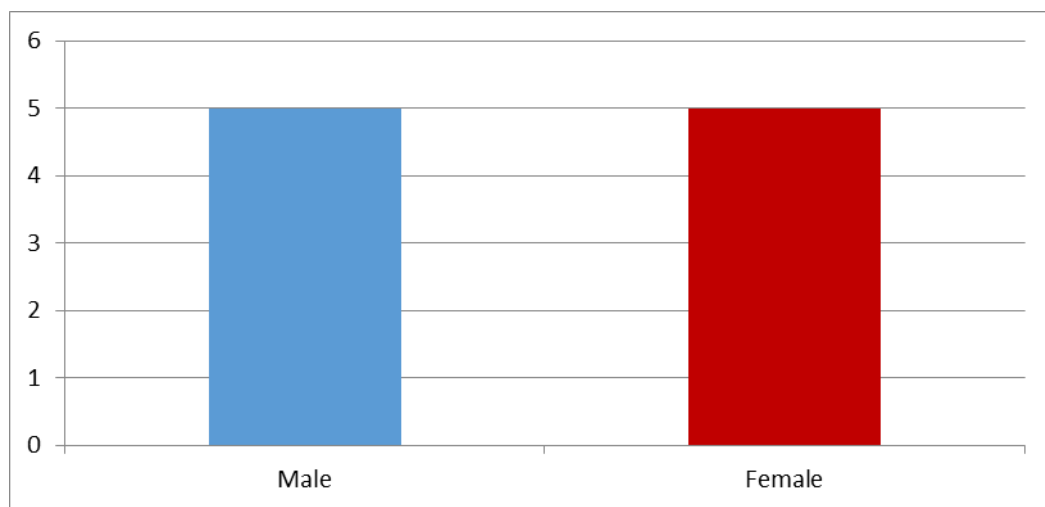
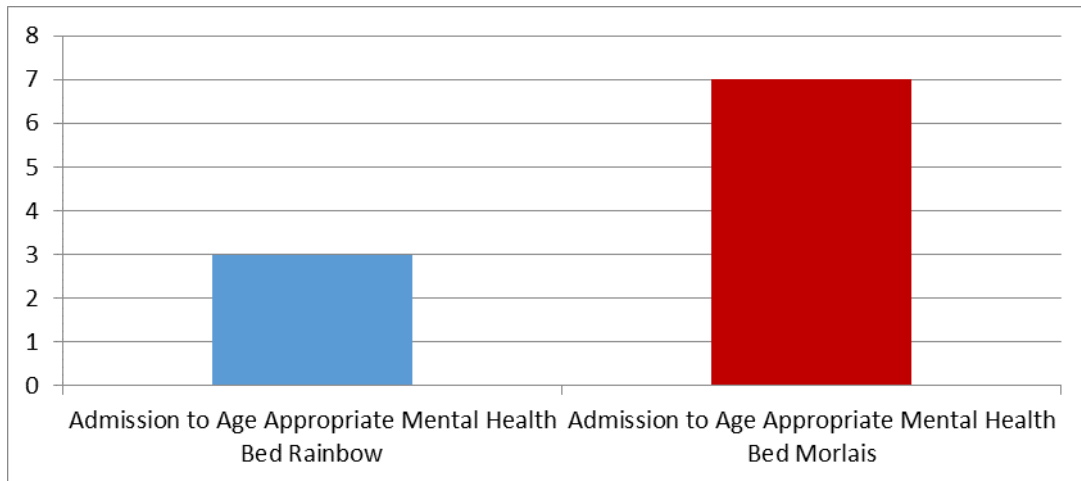
Admission to an adult mental health ward can be a frightening experience and every attempt is made to consider the least restrictive alternative for admission. In the majority of cases a young person is admitted to the designated unit on Cilgerran Ward supported by staff from the mental health unit.

In line with the guidance, the staff have received additional training in safeguarding young people and in addition the staff on Morlais ward have all undertaken the following:

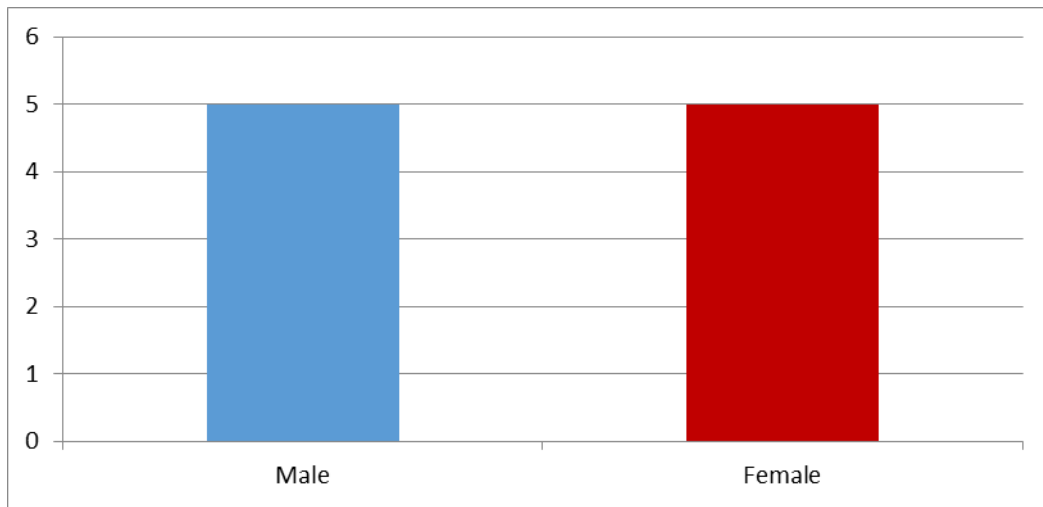
- Safeguarding Children Level 3 Training
- Have a valid Enhanced DBS in place
- Undertaken specific training on the emotional and mental health needs of children and young people
- Training on the Mental Health Act and Social Services and Wellbeing (Wales) Act 2014

All admissions to the mental health bed must be reported, initially internally as a DATIX, and followed by a Serious Untoward Incident report to the Delivery Unit in line with the Welsh Government’s Admission Guidance Document.

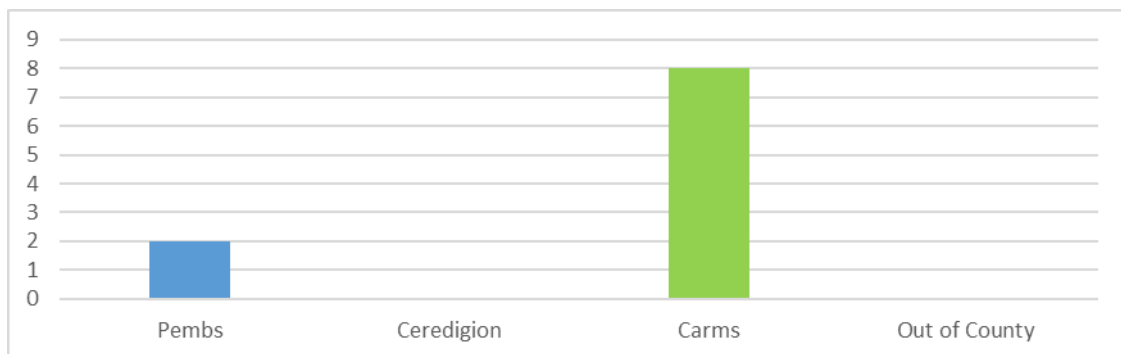
**Q2 Admissions to the age appropriate bed on the Rainbow bed and Morlais
Adult Mental Health Ward Glangwili Hospital site:**



Q2 Admission to Age Appropriate Mental Health Bed Rainbow / Morlais Bed by gender:



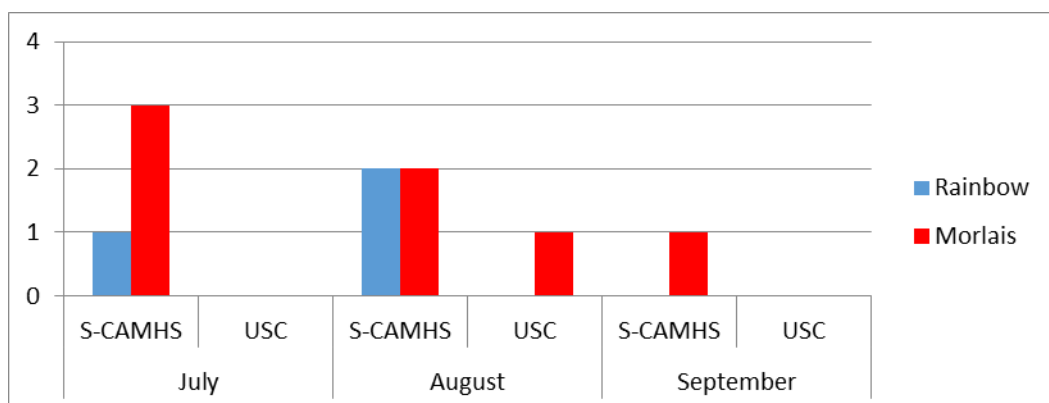
Q2 Admissions to Rainbow / Morlais Bed according to Locality:



Admissions to Paediatric Age Appropriate Bed (Rainbow Unit, Non reportable)

Specialist CAMHS records for Quarter 2 are outlined above with 10 Admissions in total, with 3 Admissions to the Paediatric bed and 7 Admissions to the Adult Mental Health Ward (Morlais). Please note, that two of these admissions were initially admitted to Rainbow, but were transferred to Morlais Ward, therefore the admissions are noted under both beds.

Q2 Admissions to Rainbow / Morlais split by admitting team:



Mental Health Status

2 individuals were subject to Section 136 of the Mental Health Act during this reporting period.

Admission Outcomes

	Discharged Home	Onward Admission	Remains on Ward
Rainbow	1	2	0
Morlais	7	0	0

Admissions relating to Self-Harm

Within HDUHB there are robust systems in place for S-CAMHS to provide a mental health assessment, following referral from the Paediatric ward where any young person is admitted following an episode of self harm. The reason for admission is generally following an overdose but, on occasions, it can be following deliberate cutting or an attempted hanging.

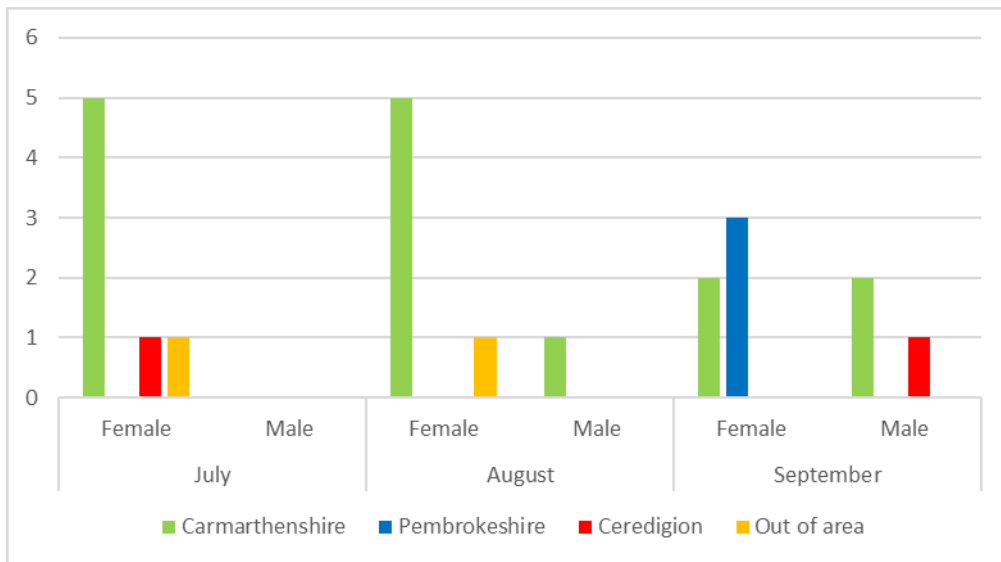
All overdose/self harm admissions receive a follow up appointment within three working days to monitor risk and provide support. There is a robust Pathway in place along with Guidance for admission of all young people who present following self harm in order that a comprehensive mental health assessment and risk

Angela Lodwick Head S-CAMHS – October 2021

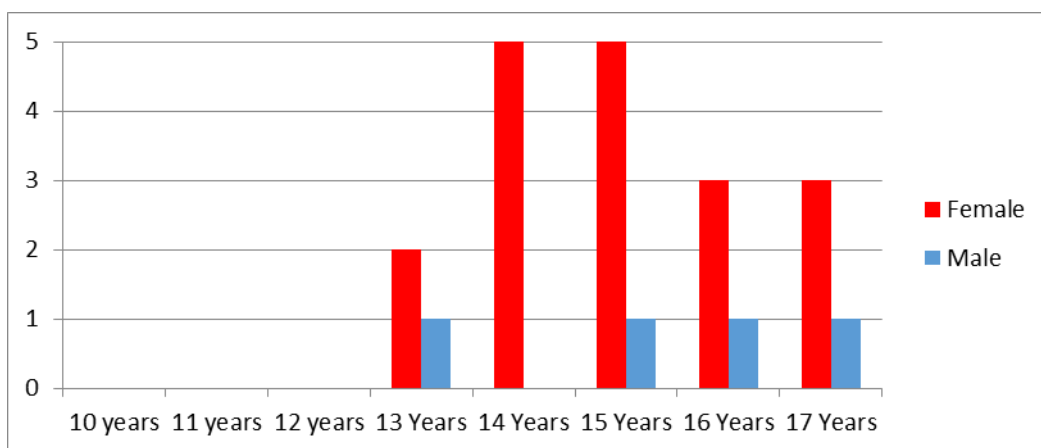
management plan can be agreed. Where appropriate, referral to the Safeguarding team and/or Social Services may be considered.

The following table details the numbers of admissions following Deliberate Self Harm (DSH) Quarter 2 2021-2022 for the 3 Local Authority Areas:

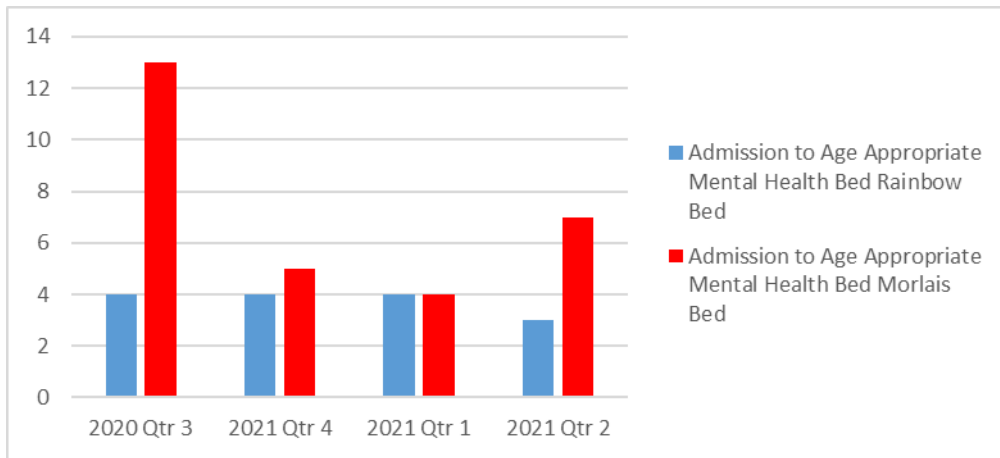
Q2 Self-harm / Overdose Admission Statistics split by gender and locality:



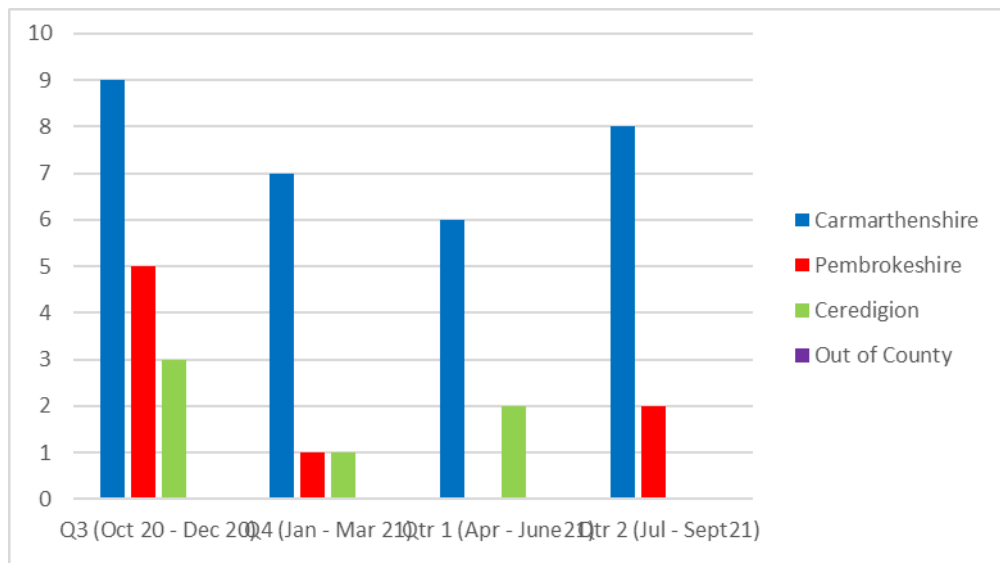
Q2 Self-harm / Overdose Admission Statistics split by gender and age profile:



Comparison Data (last 12 months) - Age Appropriate Bed

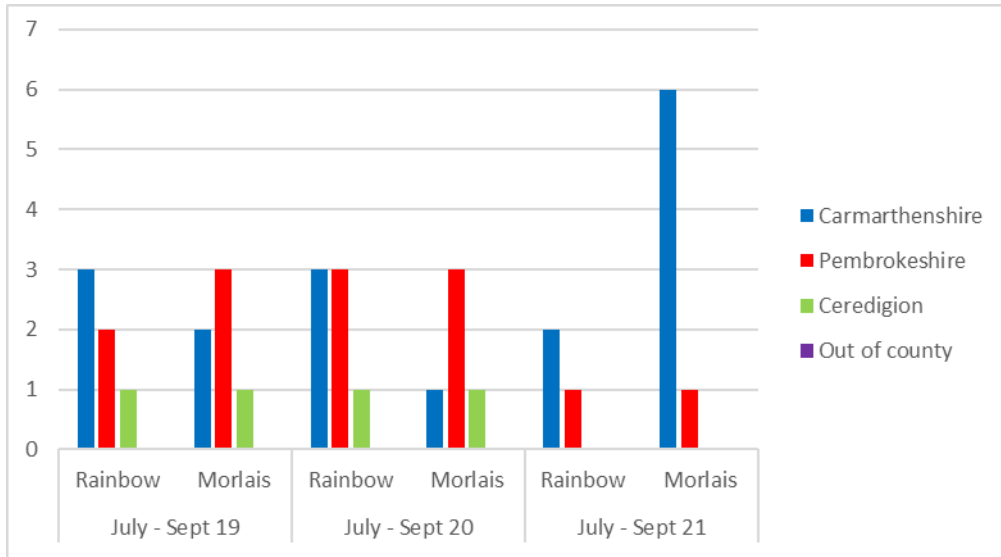


Admission Trend comparison by locality (last 12 months)



Annual Admission Comparison by locality

The following graph compares the numbers of admissions for Quarter 2 2021/2022 against the number of admissions for the same quarter of 2020/2021 and 2019/2020, further defined by locality.



Advocacy

In line with the Mental Health (Wales) Measure 2012, Health Boards are expected to ensure that access to Advocacy Services is in place, as per Part 4 of the Measure, for any individual admitted into hospital. All young people admitted to Morlais Ward are asked on admission if they would like access to an Independent Mental Health Advocate. The expected performance target is that 100% of clients are offered this and this information is recorded and reported via our Information Analyst.

On Cilgerran Ward, information is provided to young people on admission on the availability of access to the Advocacy Service. However, the above performance standard is not applicable therefore data is not routinely collated.