



Admission to the Designated Age Appropriate S-CAMHS Bed (Rainbow Unit and Morlais Ward) Policy

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Brief Summary of Document:	To provide a reporting template and procedure for Health Board Staff on the clinical management and admission of children and young people who present in a psychiatric emergency and require admission to the Designated Age Appropriate bed on Morlais Ward or the Rainbow Unit on Cilgerran Ward in line with Welsh Governments Admission Guidance document
Scope:	Mental Health Acute Wards , CRHT/ Unscheduled Care , A&E Departments; Paediatric Wards; Bed Managers; General Admission Wards; Specialist CAMHS
To be read in conjunction with:	Section 136 Mental Health Act 1983 - Mentally Disordered Persons Found in Public Place Inter-Agency Procedure.

Owning Committee/ Group	Mental Health & Learning Disabilities Directorate S-CAMHS
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Executive Director:	Joe Teape	Job Title	Director of Operations
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Reviews and Updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	10/10/2017
2	Slight amendments	13/09/2018

Glossary of Terms

Term	Definition
AMHP	Approved Mental Health Professional
CATT	Crisis Assessment & Treatment Team
CTP	Care and Treatment Planning
CYSUR	Children and Youth, Safeguarding and Unifying the Region
DBS	Disclosure and Barring Service
FACE	Functional Analysis of Care Environments (Recording & Measurement System)
HCSW	Health Care Support Worker
IMCA	Independent Mental Capacity Advocacy
IMHA	Independent Mental Health Advocacy
MHA	Mental Health Act
SCAMHS	Specialist Child & Adolescent Mental Health Service
UNCRC	United Nations Convention of the Rights of the Child
WARRN	Wales Applied Risk Research Network
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee

Keywords	Adolescents; Self Harm; Admission; Age Appropriate; Psychiatric
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1. INTRODUCTION

This Policy has been developed following the Welsh Government publication "Admission Guidance" which outlines the standards and processes it expects the Health Board to have in place to ensure compliance with good practice and safeguarding of young people who may require admission to an adult mental health facility.
<http://www.wales.nhs.uk/sitesplus/documents/862/Item14i.WG.AdmissionsGuidance.pdf>

The Guidance was developed to reflect lessons learnt from National Inquiries to ensure safe processes are in place for the appropriate admission of children and young person into hospital. It has been informed by:-

- Mental Health Act 1983 and Mental Health Act Code of Practice for Wales 2016
- Mental Capacity Act
- Children Act 1989 and 2004
- Together for Mental Health 2012
- Mental Health (Wales) Measure 2010
- Admission Guidance Welsh Government 2014.

Where it is suspected that a child or young person may be experiencing a mental health disorder, or may be assessed as a suicidal risk, admission should be considered. This may also include a young person being detained under Section 136 of the Mental Health Act 1989. In all cases a mental health assessment including a risk assessment should be undertaken by the most appropriate clinician such as the A+E Doctor/Duty Psychiatrist/Police Surgeon or AMHP following which, in collaboration with the Unscheduled Care Practitioner / Crisis Team (Carmarthen), admission to the age appropriate bed should be considered. Presentations that warrant admission may include the following:-

- Attempted suicide (not medically compromised)
- Serious risk of suicide
- Depression
- Severe anxiety
- Psychotic disorder
- Bipolar mood disorder.

All considerations for admission will be considered following initial discussion with the Unscheduled Care Practitioner /Crisis Team and the Assessing Clinician which will enable a risk assessment and risk management plan to be agreed in a crisis situation. Consideration should be given to the least restrictive environment and include consideration of an alternative placement which could include:-

- the child or young person's home with support from the Crisis Assessment and Treatment Team (CATT)
- the home of a relative with support from CATT
- a foster placement arranged by Social Services
- specialist local placements managed through Social Services.

Where the decision is agreed that a crisis admission to hospital is necessary then consideration should firstly be of the suitability of admission to the Rainbow Suite. Admission to the Adult Age Appropriate bed on Morlais Ward should only be considered based on risk and age appropriateness given the presenting mental health concerns.

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2. POLICY STATEMENT

This policy is developed to ensure compliance with the Welsh Government document "Admission Guidance" (2014). The expectation on the Health Board is to ensure compliance with a set of standards and good practice for the admission of any child or young person under 18 to a adult mental health ward and to ensure that the Health Board monitors admissions and ensures all safeguards are in place.

The Guidance states that the Health Board must:

- Report all admissions to the Lead Safeguarding Nurse
- Report all admissions to the Welsh Government via the SUI process
- Periodically review untoward events and unmet needs to support future commissioning and training.

Welsh Government Policy stipulates that all Health Boards must have a designated age appropriate adult mental health ward which can appropriately meet the needs of young people (16-18) in a psychiatric emergency. This ward should have staff with the right training to understand and address their specific needs as children and a routine that allows for personal and social development (WG 2008) Access to an independent Advocate must be provided and be involved in their care planning and all admissions should be reported to the Lead nurse for Safeguarding. **(See Appendix 1 – Assessment of Capacity).**

Welsh Government requests compliance in providing an annual report of all admissions to a named designated age appropriate bed within mental health services.

3. SCOPE

This Policy sets out the expectations of Hywel Dda University Health Board expected practice of staff in complying where appropriate with the requirements of the MHA Code of Practice in respect of the implication and implementation of the Mental Health Act 1983 as applied to the detention of young people and those admitted informally to an adult ward.

In addition this Policy provides guidance and procedure for staff working across the Health Board footprint on the initial management and admission of children and young people in a psychiatric emergency to the most appropriate ward in a crisis presentation.

A key commitment within the Mental Health Strategy for Wales - Together for Mental Health 2012, is to reduce the number of inappropriate admissions of under 18's to adult mental health wards and the Welsh Government is clear that children admitted to hospital for treatment should be admitted in the most suitable environment taking into account their age and developmental needs. The Mental Health Act 1983 Code of Practice (section 33.12) for Wales confirms this expectation.

Children under 18 do not have the same legal status of an adult and therefore additional legislation must be considered in respect of their welfare and safeguarding. Consideration should be given to the Children Act 1989/2004 and Mental Capacity Act 2005. Amendment to the Mental Health Act 1983-Section 131a ensures that young people under 18 are treated in an environment in hospital which is suitable having regard to their age.

The wording of the Act allows for circumstances in which the Adult ward may be considered the best place for a young person.

This Policy applies to all staff employed by Hywel Dda University Health Board working in:

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- Specialist Child and Adolescent Mental Health Services (SCAMHS)
- Mental Health & Learning Disabilities Directorate including Adult Mental Health Wards and CRHT
- Accident and Emergency Departments
- Child Health & Paediatric Units
- SCAMHS and Adult Mental Health On call Service Provision.

4. AIM

The aim of this policy is to ensure compliance with the standards outlined in the Welsh Government document “Admissions Guidance” (WG 2014).

This policy will ensure admission, in the first instance, is to the least restrictive environment taking into account the age of the young person and the risk to self or others and is co-ordinated in a respectful manner and the rights of children and young people are safeguarded.

5. OBJECTIVES

The overall objectives of this Policy are outlined below:

- To ensure that where admission occurs due to a mental health crisis it is to the most appropriate ward, taking into account the age of the young person, their presenting mental health concern and the risk and potential risk to others.
- Ensure that services for children and young people are fit for purpose
- Ensure that SCAMHS, Adult Mental Health Services and other relevant services work together to ensure that integrated care is provided for children and young people at a time of crisis, that is a robust, seamless pathway of care
- Ensure the least restrictive environment for admission is considered in line with Welsh Government Directives and best practice.
- To ensure that the age appropriate accommodation provided within the Health Board is the most appropriate to meet individual need
- Ensure in **most circumstances admission should be to the Rainbow Suite**, within the Paediatric Unit, which will be staffed by Morlais Ward following the initial assessment by a qualified RMN or Psychiatrist. Admission to the adult age appropriate bed on Morlais should be in line with the agreed Protocol (either formally or informally) and should only be considered as an option when either:

Every attempt to place the young person on an appropriate SCAMHS unit has been unsuccessful, and there is an overriding need to ensure the young person's safety whilst a CAMHS Specialist bed is found.

Or

The risk assessment indicates that due to age and risks to self/others that admission to the Rainbow Suite would not be appropriate.

Or

In the opinion of the SCAMHS/ SCAMHS On- call Practitioner it is considered that the mental health needs of the young person can best be met in an adult environment in an emergency situation.

Or

To exercise choice as to where they receive treatment; a 17 year old, living and working as an adult in all other respects, has the right to receive their treatment in an adult environment if they so wish and if it is in their best interests.

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The SCAMHS Crisis Assessment and Treatment Team is operational 7 days a week between the hours of 9am and 9pm and therefore during working hours (7 days per week between 0900-2100 hrs) consideration should be given to utilise this resource in an attempt to reduce the need for admission by the provision of home support.

- Referrals during working hours for assessment/acceptance should be made to the Team Lead SCAMHS CATT Team or Allocated Deputy on 01267 674465 or faxed to Ty Llewelyn on 01267 221229
- Referrals outside working hours (9pm-9am) will be via the Unscheduled Care Team via Glangwili Hospital Switchboard 01267 235151.

SCAMHS Head of Service will provide an annual report on all admissions and compliance with this policy in line with the reporting requirements which will be made available to Welsh Government annually (April).

6. ROUTE OF ADMISSION AND DEFINITIONS

The overall purpose of this Policy is to ensure admission into hospital where it is indicated is undertaken in a coordinated and timely manner. There are a number of possible routes for admission including:

- **Informal Admission:** the young person or those with parental responsibility can consent to the admission
- **Admission under the Children Act 1989:** young people can be admitted with parental consent, or under the Children Act by those with parental responsibility under the care of the Local Authority
- **Admission under the Mental Health Act 1983:** the young person who meets the criteria for admission under the Act, or who refuses admission and who is assessed to not have capacity, can be admitted under the Mental Health Act.

7. ADMISSION TO THE RAINBOW SUITE (APPENDIX 2)

When admission is required in an emergency or crisis then first consideration should always be given to utilising the Rainbow Bed especially where it is suspected that a child or young person may be experiencing a mental health disorder, or there may be an increased risk of suicidal ideation and a psychiatric assessment is felt necessary.

No admission will take place without an initial mental health assessment and this will be provided during working hours via:

- Consultant Psychiatrists/ CAMHS Clinician
- SCAMHS Crisis Team (between 0900-2100 hrs)
- Morlais Ward/Unscheduled Care Team/ Psychiatrist

The admitting clinician will need to complete the initial admission document, initial risk assessment and formulate a care plan based on the information provided and observations of initial assessment. Where it is evidenced there is an increased risk of disturbed/unpredictable behaviour then consideration should be given to nursing the young person on a 2-1 basis or consider admission to the 'Age Appropriate' Adult Psychiatric Bed, which will be co-ordinated by the S-CAMHS / Unscheduled Care Practitioner in conjunction with the Crisis Resolution Team and Morlais Ward Manager. Where the young person is medically compromised admission will be via the medical emergency route to the appropriate Paediatric ward or CDU.

Following admission, the Ward Manager will liaise with the SCAMHS Crisis Assessment and Treatment Team (CATT) who will inform the appropriate SCAMHS Locality Team. Admission to the age appropriate bed will only be available for up to 48 hours (unless exceptional

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circumstances indicate further need), in order for a Psychiatric assessment to be undertaken by SCAMHS and if necessary a referral will be made to the Tier 4 Child and Adolescent Unit in Bridgend and /or a discharge plan is formulated with community support plan.

The Social Worker/On Call Social Worker should be informed if a child or young person in care (LAC) presents in A&E with self-harming behaviour using the Inter-Agency Form **(See Appendix 8 Multi-Agency Referral Form)**. This should be sent to the Child Assessment Team in the locality of the A&E Department in which the child has presented. The Social Worker/On-Call Social Worker for the respective County/Locality should be contacted if there are issues in relation to accommodation or other social concerns.

8. ADMISSION TO THE MORLAIS ADULT MENTAL HEALTH WARD (SEE APPENDIX 3)

The admission of a young person to an acute adult inpatient facility (either formally or informally) can only be considered as an option when every attempt to place the young person on an appropriate SCAMHS unit has been unsuccessful. This will be due to the overriding need to ensure the young person's safety whilst a SCAMHS Specialist bed is found, or when in the opinion of the SCAMHS team/ Unscheduled Care Practitioner it is considered that the mental health needs of the young person can best be met in an adult environment in an emergency situation.

Further to the decision to admit the following actions must be adhered to:

- The admission to the adult age appropriate ward should be based on situations where the overriding need for a safe environment takes precedence over the suitability of the environment for their age (harm to self or risk to others).
- The identified bed on Morlais Ward will be made available on request from the SCAMHS Nurse/ Unscheduled Care Practitioner (depending on the time of day/night when admission is, required and following discussion with the nurse in charge of the ward 1:1 observation (levels 3) will be instigated on arrival
- The young person will be admitted by the nurse in charge which will include an admission assessment and an initial risk assessment and risk management plan developed with the young person and family as appropriate on Care Partner
- The young person will be orientated to the ward environment and provided with access to the Advocate Service as soon as practicable
- The admitting clinician will complete a Datix outlining the circumstances requiring admission onto the adult acute admission bed including the decision as to the appropriateness of the admission. The SCAMHS Manager will complete a Serious Untoward Incident (SUI) and complete this investigation within the expected time frame
- All admissions will be for the shortest possible time and subject to robust assessment and management of risk and vulnerability with a full review undertaken by SCAMHS staff after 48 hours or next working day.
- If admission is made out of hours then the Unscheduled Care Practitioner and the Ward Manager will inform the relevant SCAMHS locality practitioner/CATT Practitioner of the admission on the next working day and the SCAMHS Locality/CATT Practitioner will maintain the lead for the young person's clinical care management, care planning and risk management on a day to day basis.
- A multi-disciplinary meeting will be convened on the Ward to discuss next steps. Where the young person is not known a case manager will be allocated to coordinate the review and further assessment/ discharge and or onward referral to the Tier 4 Child and Adolescent Unit.
- Restrictive interventions should only be used as a last resort and should be in the best interests of the child in line with training and Policy requirements.

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- Where admission continues after 48 hours a Care Planning Meeting will be held and a care plan based on the young person's need, formulated.
- Staff Duties/ Responsibilities (**see Appendix 4**).

9. MENTAL HEALTH ACT 1983 AND SECTION 135/136

There are a number of misconceptions in relation to the use of the Mental Health Act and compulsory admissions and/or treatment within a general hospital. The Mental Health Act 1983, for which an amended version was introduced in 2007 allows for compulsory treatment

Under Section 3 of the Act on the grounds that:-

- (a) The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital;
- (b) It is necessary for the health or safety of the patient or for the protection of other persons that the patient should receive such treatment and it cannot be provided unless the patient is detained under this Section.

Section 3 requires a recommendation from a psychiatrist, a second recommendation from another doctor (generally the GP or another psychiatrist) and an application from an Approved Mental Health Professional (formally an approved social worker).

A patient already in hospital (e.g. in a hospital medical ward) can be detained under Section 5(2) by the doctor in charge of their care for up to 72 hours, while assessment under Section 2 or 3 is arranged. A person who is a voluntary patient in hospital can be legally detained there if a registered medical practitioner provides the Mental Health Act Manager with an appropriate report.

9.4 Section 136 authorises a police officer who finds a person who appears to be suffering from mental disorder, and to be in immediate need of care or control in a public place, to remove them to a place of safety to be examined by a doctor, and interviewed by an Approved Mental Health Professional and for any necessary arrangements for their care and treatment to be made.

All children and young people who have been detained under this section should be taken to the Section 136 Suite on Morlais Ward for assessment. The nurse in charge should ensure that the appropriate paper work is completed and in order and that a responsible adult is available.

Following arrival a mental health assessment should be coordinated in a timely manner and a Children Social Worker via the local Duty Assessment Team informed and requested to attend.

10. ADVOCACY

Admission into hospital can be a frightening experience for a young person, especially when feeling unwell and discussions about treatment can be confusing and distressing. If the young person is not able to make a decision for themselves then a mental health professional will have to decide whether the young person's parents have the authority to make a decision for them.

Whilst it is standard practice to involve parents/carers in all discussions regarding treatment options and obtaining consent for treatment it can be helpful for the young person to have independent advice and support.

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Advocacy is about speaking up for children and young people. Advocacy is about empowering children and young people to make sure that their rights are respected and their views and wishes heard at all times. Advocacy is about representing the views, wishes and needs of children and young people to decision makers, and helping them to navigate the system

National Standards for the Provision of Advocacy Services 2003

(REFER TO APPENDIX 5 FOR INFORMATION LEAFLET AND REFERRAL/ MONITORING FORM)

11.SAFEGUARDING CHILDREN AND YOUNG PEOPLE

Safeguarding vulnerable children is a key priority within the Health Board and any staff who may have any safeguarding concerns should contact the Lead for Safeguarding based within the Hospital.

In line with Welsh Government Directives all admissions of young people to an adult mental health ward will be monitored and reported within the Health Board as a DATIX and a Serious Untoward Incident (SUI) outlining the reasons for admission and whether this was appropriate or inappropriate. Responsibility for reporting/ investigating the SUI will be the SCAMHS Manager. **(See Appendix 7 Admission Guidance Checklist).**

Parental non compliance, placing the child's health and welfare at risk, needs professionals to consider Child Protection Procedures. Refer to the Local Authority with the Dyfed Powys Multi-Agency Referral Form **(See Appendix 8 Multi-Agency Referral Form).**

12.DISCHARGE/TRANSFER ARRANGEMENTS

In line with ensuring that admission is for the least time necessary to arrange a further Psychiatric assessment the Service Manager and /or responsible Key Worker/Care Co-ordinator will ensure a review is arranged with 12 working hours.

Where the mental health crisis has stabilized the options available will be to discharge home and arrange a follow up appointment by the locality team and consider use of the CAT Team to support re-integration into the community – short term intervention whilst locality team coordinate intervention plan.

Where there is an ongoing psychiatric concern then referral will be made to the Tier 4 Admission Unit for further assessment.

All transfers from the Rainbow Unit or Morlais will be coordinated and escorts provided via S-CAMHS to ensure safety and handover of care. A risk assessment will indicate the mode of transport (Pool Car), number of staff required and whether a private ambulance will be required where risk indicates.

13.ADMISSION OF CHILDEN TO OTHER UNITS

Where the Tier 4 Admission Unit is unable to provide a bed and the Health Board feels that an Out of County Placement is required then the Care Coordinator will apply to WHSSC for funding and coordinate this process including arranging the relevant unit and providing follow up care under the Mental Health Measures 2010 (CTP).

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There may also be a requirement to admit to other units in the following circumstances:-

- a. When secure placement is required due to the young person displaying behaviour that presents a high risk to themselves or others. The Tier 4 CAMHS inpatient units do not have a low or medium secure environment of care available. Admission would therefore be required to on the SCAMHS UK secure care providers.
- b. When the legal status of the young person required a secure placement e.g. Section 37/41 of the Mental Health Act
- c. The young person is primary school age or developmentally immature so needs are best met by a unit for young children. Admission would then be required to a Welsh paediatric ward or UK children's unit.
- d. The young person has moderate to severe learning disability and the presenting needs require specialist learning disability services. Admission would be required of a UK child to an adolescent learning disability inpatient unit in exceptional circumstances, if admitted for mental health problems SCAMHS inpatient services would need to work closely with Learning Disability clinicians to ensure care is appropriate to meet the individual's needs.
- e. The young person has significant hearing impairment and their needs require specialist services for the Deaf. Admission would be required to the National Deaf Children's inpatient unit
- f. The young person presents with significant physical health concern that need immediate assessment and treatment e.g. due to severe eating disorders or self harm. In these cases admission to the Acute medical ward (Cilgerran Ward) See Appendix 6 (Share Care Protocol with SCAMHS and Acute Medical Children's Ward) .

14. TRAINING

All staff working with children and young people within the inpatient settings will have undertaken training specific to children and young people who present with mental health concerns and this will incorporate:

- Emotional and mental health needs of children and young people in psychiatric emergency- Self Harm, depression and eating disorders
- Safe holding for children and young people
- Mental Health Act Training
- Child Protection Level 2 e learning and level 3
- Have a current DBS and be updated every 3 years.
- Have training in the use of risk assessment tool i.e. the Wales Applied Risk Research Network (WARRN)
- Adhere to the United Nations Convention of the Rights of the Child (UNCRC)

15. RESPONSIBILITIES

a. Chief Executive

The responsibility for compliance with this Policy will sit with the Chief Executive.

b. Director of Mental Health & Learning Disability Directorate

Delegated responsibility for the compliance of this Policy will be with the Director for Mental Health & Learning Disability Directorate.

c. Lead Nurse for Safeguarding

All referrals will be reported to the Lead Nurse for Safeguarding and information communicated to the Safeguarding Boards via a quarterly report by the Head S-CAMHS.

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d. Head of Service for SCAMHS

Data will be collated regularly and the annual report will be completed by the Head of Service for SCAMHS and reported through the Quality, Safety and Patient Experience Sub group.

An annual report will be provided for submission to Welsh Government on all admissions and the name of the designated adult mental health ward.

16. REFERENCES

- All Wales Child Protection Guidance
- Children Act 1989 and 2004
- All Wales Admission Guidance Welsh Government 2015
- Mental Health Act 1983 and Mental Health Act Code of Practice for Wales 2016
- Section 136 Mental Health Act 1983 - Mentally Disordered Persons Found in Public Place Inter-Agency Procedure
- Together for Mental Health 2012 & 2016
- The provision and access to the Independent Mental Health Advocacy(IMHA & IMCA) Service
- Mental Health (Wales) Measures 2010
- United Nations Convention on the Right of the Child (UNRC)

17. APPENDIX 1 - ASSESSMENT OF CAPACITY

Questions for Patients:

- What is the nature of your illness and its risks at present?
- What are the risks and benefits of each treatment?
- What do you understand to be the outcome if treatment is withheld?
- What is your decision regarding the treatment we feel is necessary?

Decisions for the Clinicians

Is the patient able to:-

1. Understand:-

(a) Nature of risk Yes / No

(b) Risk and benefits of treatment / No treatment Yes / No

2. Believe:-

Nature of risk Yes / No

Risks and benefits of treatment / no treatment Yes / No

3. Weigh up the information rationally Yes / No

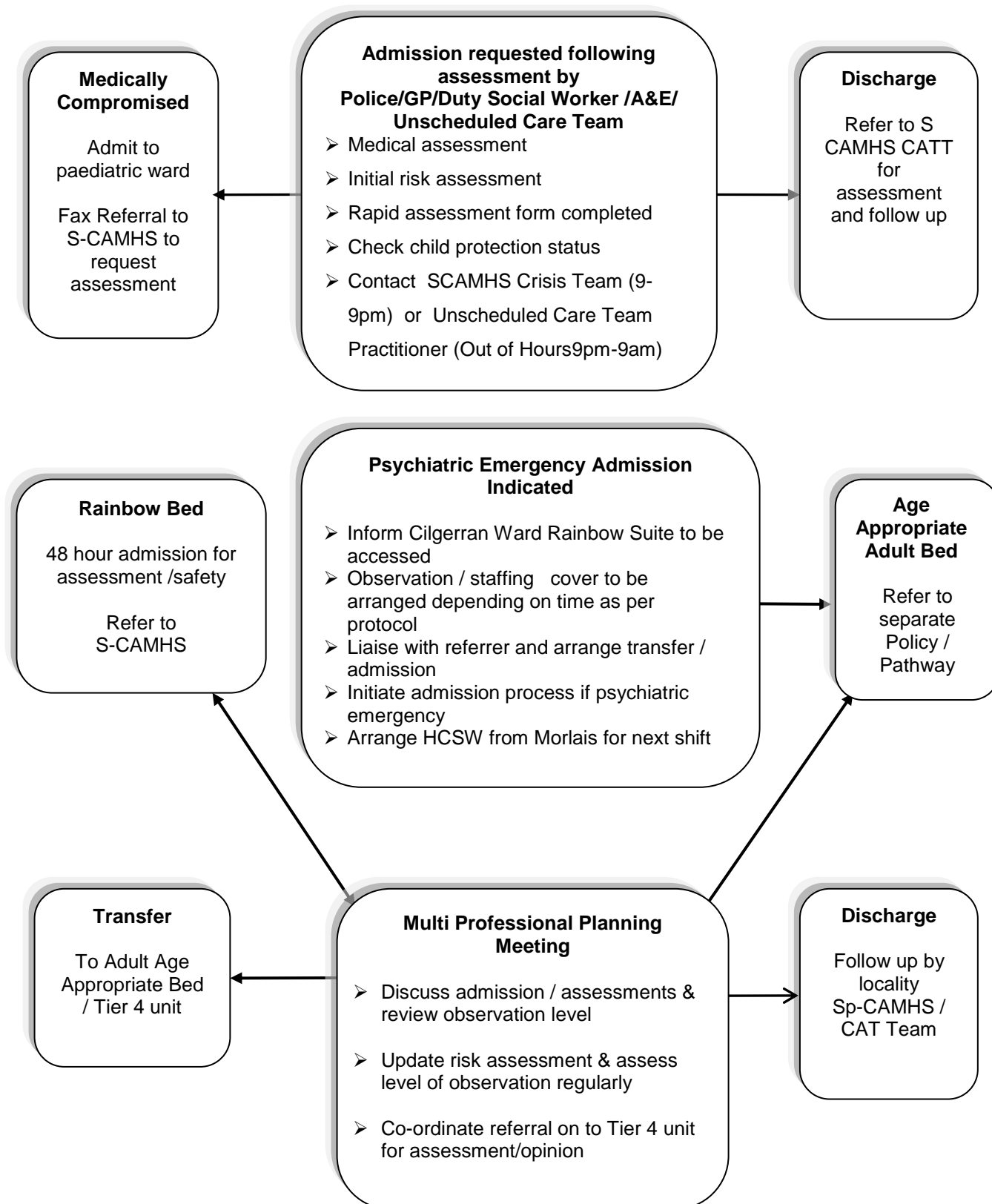
4. Thus make a fully informed choice with full capacity Yes / No

Capacity Impaired? Yes / No

Diagnosis and details of underlying psychopathology impairing capacity

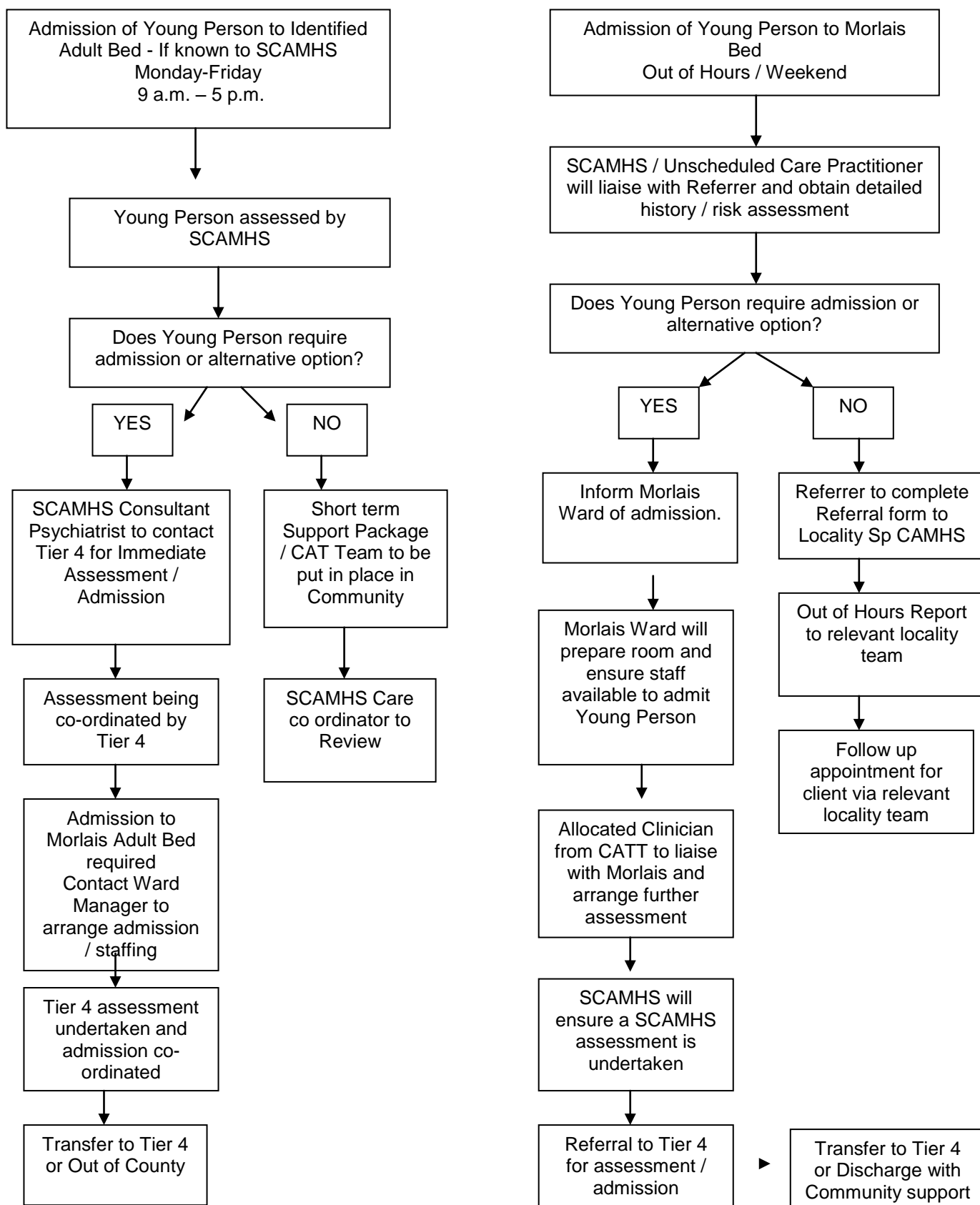
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18.APPENDIX 2- ADMISSION PATHWAY FOR THE RAINBOW SUITE



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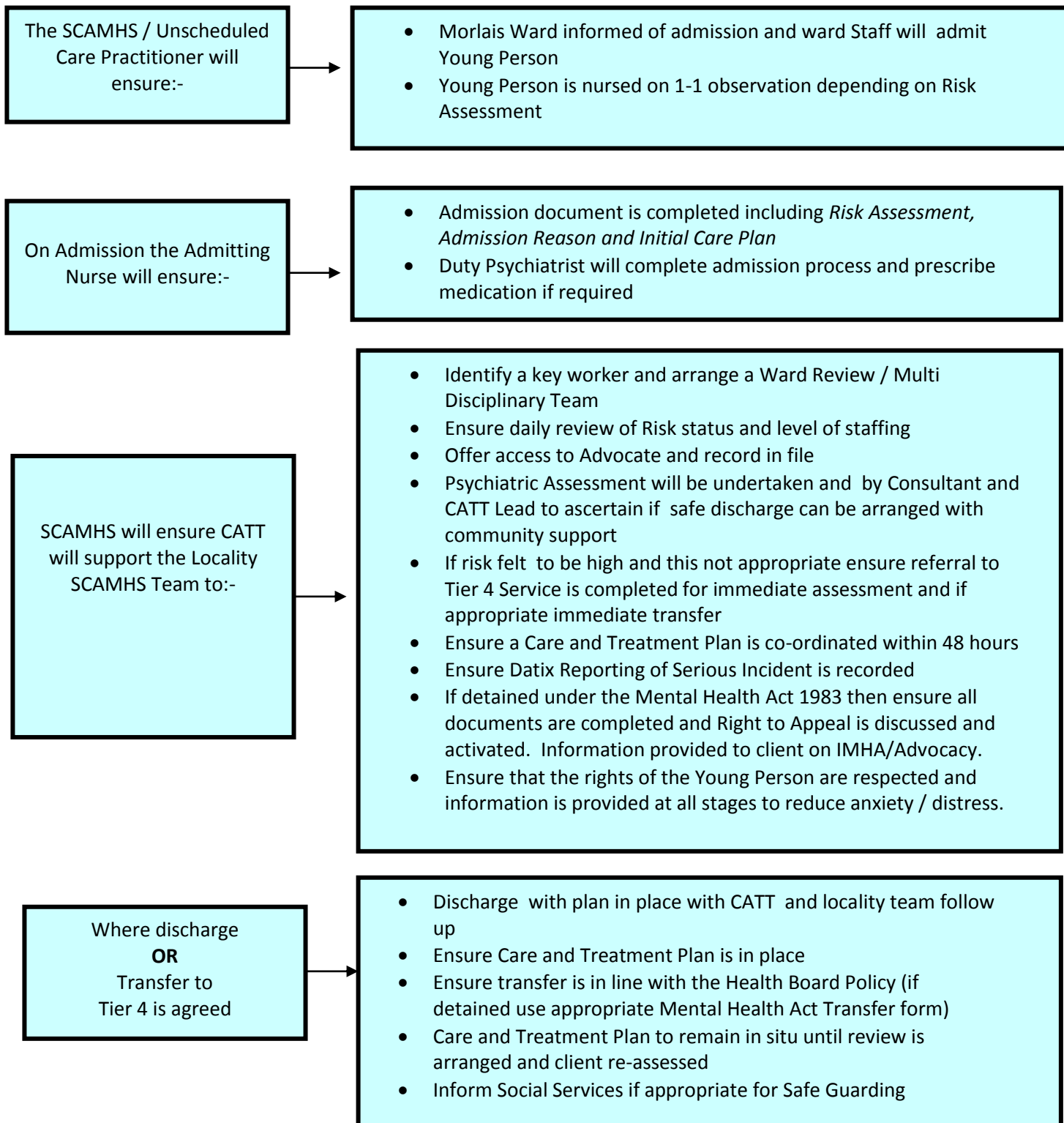
19. APPENDIX 3 - SCAMHS CARE PATHWAY FOR ADMISSION TO THE MORLAIS AGE APPROPRIATE BED



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20. APPENDIX 4 - S-CAMHS CARE PATHWAY FOR ADMISSION TO THE MORLAIS ADULT AGE APPROPRIATE BED

ADMISSION CHECKLIST



21. APPENDIX 5 - RESPONSIBILITIES & DUTIES OF KEY STAFF FOLLOWING ADMISSIONS OF A YOUNG PERSON

Admitting Clinician

Following a decision to admit a young person into the Adult Age Appropriate Bed, and having considered all alternative placements, SCAMHS / Unscheduled Care Practitioner will ensure that admission and nursing support is arranged in line with the agreed process via Morlais Ward.

SCAMHS Key Worker/Care Co-ordinator

Following admission to the adult mental health bed the Lead for the Crisis Team (CATT), in collaboration with the Locality Team, is responsible for co-ordinating daily reviews and they will be responsible for the young person's care whilst they are an inpatient and will provide appropriate assessment, risk assessment, care planning and review. The SCAMHS key worker/CTP Co-ordinator is responsible for fulfilling the remit of lead professional for the young person and will:

- Complete the 48 hour review and ensure that following a holistic assessment a Care and Treatment Plan is developed and agreed with the young person and their family.
- Ensure completion of relevant MHA documentation if appropriate as per HB Policy and ensure the young person is fully informed of their rights whilst on the ward, including issues of consent, confidentiality and information about their care and treatment.
- Attend all reviews, care planning meetings, discharge meetings
- Liaise with relevant services and partner agencies to ensure the young person's needs are met.
- Joint work with the inpatient staff with the young person and family.
- Ensure the young person has, where applicable, contributed to the development of and has received a copy of their care plan.
- Be responsible for completing the relevant documentation to arrange the transfer to an appropriate CAMHS inpatient bed if indicated and ensure a valid CTP is commenced / in place on transfer
- Produce an aftercare plan prior to discharge of the young person including all relevant professionals and partner agencies to provide continuity of care on discharge from hospital or transfer to a CAMHS specialist bed.
- Ensures access to an Independent Mental Health Advocate (IMHA) is arranged Information is available about advocacy and consent to the young person's family and other professionals involved in their care.

SCAMHS Consultant Psychiatrist

Following admission to the adult inpatient unit the Locality SCAMHS Consultant Psychiatrist will be responsible for the provision of medical care until the young person is discharged. They may negotiate this is delivered by the Carmarthen Psychiatrist following discussion. They will liaise closely with:

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- The SCAMHS consultant in the young person's originating locality team
- The Consultant Psychiatrist of the adult inpatient unit.
- Complete a request by telephone / electronic means for **IMMEDIATE ASSESSMENT / ADMISSION** to the Tier 4 CAMHS Admission unit in Bridgend
- If transfer to the local Tier 4 unit is not deemed suitable or there is a lack of available beds then an application will be made to WHSSC for an Out of County funding package in the event that the Tier 4 placement in Wales is unable to accommodate the young person
- They will ensure that the physical health care needs of the young person are met through the current arrangements on the inpatient unit.

Adult Consultant Psychiatrist

Adult Consultant Psychiatrists and medical staff are responsible for providing emergency mental health assessments for young people out of hours as part of the on call rota as agreed with the Medical Director for Mental Health.

Role of Adult Mental Health Staff

In liaison with the Ward Manager, SCAMHS will agree the level of support for the ward staff and provide ongoing support/ supervision as arranged with the ward manager.

Medication will be administered by the Qualified Nurse in Charge in line with the HB policy for dispensing medication and any concerns reported to the Child and Adolescent Psychiatrist/ Key worker.

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22.APPENDIX 6 - Advocacy/Advocacy Referral Monitoring

Statutory advocacy services are available for all people who have been detained under the Mental Health Act.

IMHA, Independent Mental Health Advocacy is available across the Health board foot print.

For S-CAMHS any young person who is admitted to hospital being both treated and assessed for a mental health condition, including mental capacity, is entitled to an IMHA.

It is a legal duty for staff to give the information to their patients.

Contact is via telephone or by e mail:

Haverfordwest: 01437 762935

Carmarthen: 01267 223197

At present, services provided by mapadvocacy.org.uk - soon to become advocacywestwales.org.uk.

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MAP - IMHA SERVICE REFERRAL FORM	
Tŷ Carwyn, 3 St Peter's Street Carmarthen, Carmarthenshire SA31 1LN TEL/FAX: 01267 223197	The Liberal Chambers, 4 St Mary's Street, Haverfordwest, Pembrokeshire SA61 2DR TEL/FAX: 01437 762935
E-MAIL: imha@mapadvocacy.org.uk	
<i>Referrals can be made by any individual involved with the care and treatment of the person being referred.</i>	
Name of person being referred:	
Name of Hospital and Ward	Home Address
Date of Birth:	Date of Admission:
Section of MHA (if applicable):	Date of Section (if applicable):
Name of Responsible Clinician:	
Name of Nearest Relative or Next of Kin:	
Communication requirements: Welsh, English, other spoken language, British Sign Language, non-verbal communication, other (please specify):	
Has patient been informed a referral is being made?	
Dates/details of any forthcoming deadlines or meetings:	
Any other relevant information (including any information required to keep the person and/or the IMHA safe) :	
Referred by:	Date of referral:
Position:	Telephone:
Signature:	

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23.APPENDIX 7 - ADMISSION GUIDANCE TO AGE APPROPRIATE BED CHECKLIST

		Done	Signe d	Date d
1.	CATT Team Manager or allocated deputy obtains background information on admission and updates Database / informs Senior Managers at the Managers Operational Meeting weekly.			
2.	Admitting clinician to complete Datix in respect of admission to designated age appropriate ward.			
3.	S-CAMHS Manager receives DATIX and undertakes investigation detailing rationale for admission actions undertaken and lessons learnt.			
4.	Head of Service / Deputy completes Serious Untoward Incident (SUI) within 24 hours outlining reasons for admission, actions undertaken and whether admission considered appropriate or inappropriate. Form sent to Executive for sign off.			
5.	Police Involvement: Where police involvement or young person taken to police station for assessment SUI to be completed and incident also reported to Mental Health Legislation Assurance Committee via Quarterly reporting requirement, and a full investigation to be undertaken			
6.	Sec 136 : Where sec 136 utilized learning from event to be undertaken via the HB joint meeting with Dyfed Police to ensure compliance with Guidance and learning opportunity.			
7.	Service manager/deputy monitors admission and ensures compliance with Protocol and Admission Guidance for onward referral to Tier 4 Child and Adolescent mental health unit			
8.	Annual HB Report submitted to WG outlining <ul style="list-style-type: none"> - Number of age appropriate mental health wards - Number of admissions to designated and non designated wards 			

24.APPENDIX 8 – MULTI-AGENCY REFERRAL FORM

DYFED POWYS MULTI-AGENCY REFERRAL FORM



DETAILS OF PERSON MAKING REFERRAL:					
Name:		Agency:		Date:	
Telephone:		Email:		Signature:	
SUBJECT OF REFERRAL: <i>(Child, young person or unborn baby)</i>					
Surname:		Forename(s):		Other names used:	
DOB/EDD:	Age:	Gender:	Ethnicity:	Preferred Language:	
Looked After: Yes / No		CP Register: Yes / No		NHS Number:	
Address:					Post code:
					Telephone:
REASON FOR REFERRAL / NATURE OF CONCERNS: <i>(including how and why those concerns have arisen, if known)</i>					

IF THERE ARE IMMEDIATE CONCERNS FOR A CHILD, A REFERRAL SHOULD BE MADE IMMEDIATELY BY TELEPHONE TO THE ASSESSMENT SERVICE / DUTY TEAM. IN SUCH CASES THIS FORM SHOULD THEN BE COMPLETED AND SENT TO THE ASSESSMENT TEAM / DUTY TEAM THE SAME WORKING DAY IN ACCORDANCE WITH ALL WALES CHILD PROTECTION PROCEDURES.

ADDITIONAL INFORMATION ABOUT THE SUBJECT BEING REFERRED		
Has the family resided in another area? Yes / No		If yes, Why & Where?
Has the Child / Young Person arrived from overseas? Yes / No		If yes, Date of Arrival?
Nationality:	Immigration Status:	Home Office Registration Number:
Cultural Needs:	Any Communication Needs:	Interpreter / Intermediary / Advocate required? Yes / No
Any Disabilities:		Any Mental Capacity issues:
Any other relevant information: <i>(including family history, strengths, vulnerabilities and any other developmental or additional needs)</i>		

VIEWS SHOULD BE SOUGHT WHEREVER POSSIBLE	
Has consent for referral been obtained from the child? Yes / No	Has consent for referral been obtained from the Parent? Yes / No
Views of the Child / Young Person about making this referral:	Views of the Parent(s) about making this referral:
	Name of Parent(s) giving consent:

Signature of Family Member (with parental responsibility) consenting to referral:

Name:

Date:

IF THERE ARE IMMEDIATE CONCERNS FOR A CHILD, A REFERRAL SHOULD BE MADE IMMEDIATELY BY TELEPHONE TO THE ASSESSMENT SERVICE / DUTY TEAM. IN SUCH CASES THIS FORM SHOULD THEN BE COMPLETED AND SENT TO THE ASSESSMENT TEAM / DUTY TEAM THE SAME WORKING DAY IN ACCORDANCE WITH ALL WALES CHILD PROTECTION PROCEDURES.

ASSOCIATED PERSONS**Details of Household members:** *(please include anyone, including siblings, living at the property)*

Names of household members	Relationship to child	Gender	Telephone No.	DoB/ EDD	Ethnicity / Religion	Any relevant risk factors <i>(including Sub Misuse, Mental ill-health, Physical ill-health, Domestic Abuse, History of violent behaviour)</i>

Details of significant persons who are NOT members of the household: *(please include any family members, including siblings)*

Name & Address of significant person	Relationship to child	Gender	Telephone No.	DoB/ EDD	Ethnicity / Religion	Any relevant risk factors <i>(including Sub Misuse, Mental ill-health, Physical ill-health, Domestic Abuse, History of violent behaviour)</i>

IF THERE ARE IMMEDIATE CONCERNS FOR A CHILD, A REFERRAL SHOULD BE MADE IMMEDIATELY BY TELEPHONE TO THE ASSESSMENT SERVICE / DUTY TEAM. IN SUCH CASES THIS FORM SHOULD THEN BE COMPLETED AND SENT TO THE ASSESSMENT TEAM / DUTY TEAM THE SAME WORKING DAY IN ACCORDANCE WITH ALL WALES CHILD PROTECTION PROCEDURES.

Key Agencies Involved: <i>(Consider all areas below and include any key agencies known)</i>			
HEALTH <i>(GP, Health Visitor, Midwife, Community Paediatrician, CMHT, CAMHS, School Health Nurse)</i>	EDUCATION <i>(School, FE College, School Nurse, Pupil Support Officer, Welfare/Inclusion Officer, Nursery, School Counsellor)</i>	OTHER STATUTORY SERVICES <i>(Children or Adults' Social Services, Housing, Probation, Youth Service, Youth Justice/Offending)</i>	PREVENTATIVE SERVICES <i>(TAF, Child in Need, Youth Service, Sub Misuse Service, Women's Aid, Support worker)</i>
Name & Role of Key Person	Address	Telephone No.	Email

