

# Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

## Clinical Practice Form

### Instructions

The following form is to be used:

where a child (*a person under the age of 18 years other than a person who is or has been married Section 2 Mental Health Act 2001*) is admitted to an approved centre for adults

Please complete **Section A for every child admission**, and complete **Section B** for admissions of children **15 years of age and under** and only complete **Section C the first time** an adult unit has a child admission. Please write clearly in the boxes in **BLOCK CAPITALS**

### Section A: Admission Details

Patient Details	
Surname:	
First Name(s):	
PPSN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DOB:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Age: (on date of admission):	<input type="text"/> <input type="text"/> years of age (If the child is <b>15 years of age or under</b> please complete Section B of the form.)
Gender (tick <input type="checkbox"/> as appropriate):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	
County	

I confirm that the above mentioned child was admitted to:

Approved Centre		
Ward/Unit		
On the following date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
Legal Status	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary (please attach a copy of Court Order)
Type of Admission	<input type="checkbox"/> First Admission	<input type="checkbox"/> Re-Admission
Notification completed by		
Surname	First Name	
Signed		
Job Title		
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	

Consultant Psychiatrist responsible for the care and treatment of the child

Name (print):

This form should be completed and faxed **within 72 hours** of admission to:  
**Standards and Quality Assurance Division**  
 Mental Health Commission

Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

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**Section B: Additional information regarding the admission of a child aged 15 years of age or under to an adult unit.** (Only complete this section if the child is 15 years of age or under on the date of admission to an adult unit)

<p><b>1. Have efforts been made to admit this child to an age appropriate approved centre?</b></p> <p><input type="checkbox"/> <b>Yes</b> (if yes please provide brief details below) <span style="margin-left: 200px;"><input type="checkbox"/> <b>No</b></span></p>
<p><b>2. Reason(s) for this admission:</b></p> <p><input type="checkbox"/> <b>No bed available in age appropriate centre</b></p> <p><input type="checkbox"/> <b>Specialist treatment only available in this adult unit</b> (please specify type of treatment)</p> <p>_____</p> <p><input type="checkbox"/> <b>Other reason</b> (please specify) _____</p>
<p><b>3. What alternatives were considered to admitting this child to an adult unit?</b></p>
<p><b>4. Why were these alternatives not possible?</b></p>
<p><b>5 (a). How long is the child expected to remain in this unit?</b> (number of days):</p> <p>(please return a notification of discharge form to the Mental Health Commission when this child has been discharged from this adult unit)</p>
<p><b>5(b). What are the plans to place the child in an age appropriate approved centre?</b></p>

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 Mental Health Commission

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**Section C: Compliance with Section 2.5 (a)-(m) of Code of Practice Relating to the Admission of Children under the Mental Health Act 2001.** (Only complete this section the first time that an adult unit has a child admission)

<b>Does the ward/unit have:</b>	
Policies and protocols in place relating to the admission of a child	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age appropriate facilities and a programme of activities appropriate to age and ability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to ensure the safety of the child	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to respond to the child's special needs as a young person in an adult setting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to ensure the right of the child to have his/her views heard	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have staff having contact with the child undergone Garda Síochána /police vetting?</b>	
Are copies of the Child Care Act 1991, Children Act 2001 and Children First Guidelines available to relevant staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have appropriate accommodation which includes segregated sleeping and bathroom areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do observation arrangements acknowledge gender sensitivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have staff received training relating to the care of children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to appropriated education provision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to an age appropriate advocacy service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have his/her rights explained and did the clinical file record his/her understanding of the explanation given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the child individually risk assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Child and Adolescent Psychiatrist advice available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the child admitted to a ward with seclusion or intensive care facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there appropriate visiting arrangements for families available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has information been given to the child on his/her rights, the ward / unit and facilities in a form and language he/she could understand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there policy and procedures in place with regard to family liaison, parental consent and confidentiality	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Signed:</b>	<b>Print name:</b>
<b>Job Title</b>	
<b>Date</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

**This form should be completed and faxed within 72 hours of admission to:**

**Standards and Quality Assurance Division**  
Mental Health Commission  
St Martin's House  
Waterloo Road, Dublin 4

**Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440**