

INSPECTORATE OF MENTAL HEALTH SERVICES
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES 2013
ADMISSIONS OF CHILDREN TO ADULT UNITS IN 2013

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INTRODUCTION

The Inspectorate of Mental Health Services remains concerned about the high number of children being admitted to adult in-patient units, although this number has decreased since 2009. In 2013 there were 91 admissions to adult units, relating to 83 children. *A Vision for Change (2006)* recommended that mental health in-patient services for children up to the age of 18 years be provided by dedicated child and adolescent in-patient units. Up until then, the majority of children aged 16 to 17 years were admitted to adult in-patient units.

The Mental Health Commission set out the following in the Code of Practice Relating to Admission of Children under the Mental Health Act 2001:

- From July 2009 no admission of children under the age of 16 to adult in-patient units was to take place.
- From December 2010 no admission of children under the age of 17 years to adult in patient units was to take place.
- From December 2011 no admission of a child under the age of 18 years to adult units was to take place.

If, in exceptional circumstances, there is an admission of a child to an adult unit in an approved centre in contravention of the above, the approved centre must submit a detailed report on a specified clinical practice form to the Mental Health Commission. These notifications were available to the Inspectorate.

As part of its inspection process of 2013, the Inspectorate examined the number and characteristics of children admitted to adult mental health units and the capacity and vacancies within child and adolescent mental health services (CAMHS) in-patient units.

METHOD

Each CAMHS in-patient unit was asked to submit a daily occupancy for their in-patient beds and the number of beds in their units that were operational at any given time. All units were then asked to make any comments or observations regarding these figures.

All notifications to the Mental Health Commission of children admitted to adult units (91) in 2013 were examined.

Dates of admission of children to adult units were then matched with the number of vacancies on that date in in-patient CAMHS units.

ADMISSIONS OF CHILDREN TO ADULT UNITS

There were 91 admissions of children to adult units in 2013; five (6%) of those admissions were involuntary admissions and, in another case, the legal status of the child changed from voluntary to involuntary.

Of the admissions, 6.6% were under 16 years of age, 37.4% were 16 years of age and 56% were 17 years of age. Fifty three per cent were male and 47% were female.

Length of stay varied between discharges on the same day of admission to over 142 days, with 21% of children staying in an adult unit for more than 10 days. The median length of stay was five days and the average length of stay of children who were in hospital for less than 30 days was six days.

Thirty-one per cent of children admitted to adult in-patient units were discharged to a CAMHS in-patient unit.

Table 1: Length of stay of children admitted to adult units 2013

Length of Stay	0 – 3 days	4 to 10 days	11 to 20 days	More than 20 days	Discharge information not available
Number of children	34	32	12	6	7
Per cent	37%	35%	13%	7%	8%

The number of children admitted to adult in-patient units was evenly distributed across the HSE areas.

Table 2: Admissions by HSE Area

HSE Area	Number	Percentage
Dublin Mid-Leinster	23	25%
Dublin North East	23	25%
South	25	28%
West	20	22%
Total	91	100%

CAPACITY IN CAMHS UNITS

According to the *HSE Fifth Annual Child and Adolescent Mental Health Report 2012-2013*, the number of child and adolescent in-patient HSE beds in 2013 was 60.

Willow Grove, an independent provider in St. Patrick's Hospital Dublin, had 14 beds and St. John of God Hospital had a dedicated CAMHS in-patient unit with 12 beds, giving a total of 26 independent CAMHS beds.

Table 3: Number of in-patient CAMHS beds in 2013 as reported by the HSE

Child and Adolescent In-Patient Units	2013
CAMHS in-patient Unit, Merlin Park, Galway	20
Linn Dara	8
St. Joseph's in-patient Unit, St Vincent's Hospital Dublin	12
Eist Linn, Cork	20
Total number of beds	60

From Fifth Annual Child and Adolescent Mental Health Report 2012-2013, HSE.

However, not all 60 HSE beds were operational in 2013 as can be seen from Table 4 below. Eist Linn has stated that their capacity of in-patient bed is actually 17 beds, as three beds are designated special care beds and are not included in the bed complement.

The number of operational CAMHS in-patient beds fluctuated throughout 2013. By the end of December 2013 there were 48 operational beds out of 60 provided beds.

Table 4: Actual operational beds in CAMHS in-patient unit in 2013

Child and Adolescent In-Patient Units	2013
CAMHS in-patient Unit, Merlin Park, Galway	20 beds from 1 January to 31 January 2013 15 beds from 1 February to 31 December 2013
Linn Dara	6 beds from January to April 2013 7 beds in April 2013 6 beds from May to 20 December 2013 8 beds from 20 December to 31 December 2013
St. Joseph's in-patient Unit, St Vincent's Hospital Dublin	8 beds
Eist Linn, Cork	12 beds from January to September 2013 15 beds from September to November 2013 17 beds from November to 31 December 2013

A six-bed unit for 16 and 17 year olds will open in Linn Dara in 2014. According to *the HSE Fifth Annual Child and Adolescent Mental Health Report 2012-2013*, a 24-bed CAMHS unit will be built in Cherry Orchard Hospital complex, with a completion date in 2015, which will result in the closure of Linn Dara. Another development of 20 beds will be constructed in the New Children's Hospital and a 10-bed secure unit in Portrane, County Dublin is at design stage. This will bring the planned capacity of CAMHS in-patient service to 106 beds.

VACANCIES IN CAMHS IN-PATIENT UNITS in 2013

In 62% of cases, the reason stated for admission of a child to an adult unit was that no beds were available in an in-patient CAMHS unit. Some notifications to the Mental Health Commission outlined the efforts that had adult emergency services had made in order to obtain a CAMHS in-patient bed for the child assessed as needing admission.

Table 5: Reason for admission of a child to an adult unit

Reason for admission	No beds in CAMHS Unit	Risk/safety	Other	No information given
Number	57	29	3	2
Percentage	63%	32%	3%	2%

However, when each admission date of a child to an adult unit was matched with vacancies in CAMHS in-patient units, in all except three cases, (i.e. 88 cases) there were vacancies within one or more of the four HSE CAMHS in-patient units. The number ranged between one to 14 vacancies.

The Mental Health Commission notification forms do not specify time of presentation of the child to the adult services for admission. However, 23% of admissions of children to adult units took place on either Saturday or Sunday.

CONCLUSION

Children continued to be admitted to adult mental health units in 2013 despite consensus that all children requiring admission should be treated in age appropriate facilities. The Mental Health Commission stated that from December 2011 no further admissions of children should take place in adult units except in exceptional circumstances. Yet 91 such admissions took place in 2013 with 60% of these children remaining in the adult unit for periods in excess of 3 days and 21% in excess of 10 days.

When all notifications to the Mental Health Commission of child admissions to adult units were examined, over half (64%) stated that no CAMHS beds were available on the date of admission. Yet analysis of the vacancies within the CAMHS units showed that there were in fact vacancies in the CAMHS units on all but three of these dates, on occasions in excess of 10 beds. This was the case even when the HSE figure of 60 beds was corrected to actual operational beds within each CAMHS unit, using information provided to the Inspectorate by the CAMHS services. Therefore, it must be concluded that the admission of children to adult units did not appear to be due to shortage of CAMHS beds within the in-patient system at the time of admission, despite adult services being informed there were no beds available. Factors which may contribute to CAMHS in-patient units being unable to admit a child, even though there were vacancies, include gender issues in sleeping accommodation, a disturbed child in the unit or families unwilling to have their child admitted to a CAMHS unit that is some distance from their homes.

On examining the notification forms, it appeared that many CAMHS services did not operate an emergency service and therefore children presenting for admission out of office hours were admitted to adult units. The notification forms did not specify the time of presentation of a child for admission. Twenty three per cent of admissions were on Saturday and Sunday. The lack of provision of

emergency assessment by a CAMHS team of children presenting to adult units may be contributing to the continuing high admission rate of children to adult units. This requires further consideration and mapping of the provision of CAMHS emergency services.

The planned capacity for CAMHS in-patient beds is 106 beds by 2015 (*Fifth Annual Child and Adolescent Mental Health Report 2012-2013 HSE*). Yet within the 2013 provision of a maximum of 48 operational beds, there were on-going vacancies. Children continued to be admitted to adult in-patient units despite the fact that there were vacancies within the CAMHS in-patient units.