

Briefing for MPs: Children and young people in inpatient settings

This briefing covers the gaps in data on children and young people in inpatient settings and children and young people's experiences of inpatient care.

If you require any further information, please get in touch with Charlotte.Rainer@cypmhc.org.uk.

Gaps in data on children and young people in inpatient settings

There are significant gaps in available data on children in mental health hospitals, and the data that does exist can often be incomplete and difficult to access. As a result, it can be difficult to monitor whether children's rights are being upheld within inpatient settings.

It is only since January 2016 that figures showing the number of children aged under 18 admitted to hospital under the Mental Health Act have been published. The below table shows the number of children and young people aged 17 and under receiving inpatient care from NHS providers and non-NHS providers from 2016/17 to 2021/22 – this comes from the Mental Health Services Dataset and was provided in response to a parliamentary question (Department of Health and Social Care written answer, 2023). Information for NHS providers is for all mental health inpatient services as there is not a defined or agreed reporting methodology solely for child and adolescent mental health inpatient services.

Year	NHS providers	Non-NHS providers
2016/17	2,429	1,075
2017/18	2,498	1,160
2018/19	2,720	1,233
2019/20	2,731	1,028
2020/21	2,397	818
2021/22	2,161	1,012

Inconsistencies have been highlighted in relation to the data available on the number of children living in inpatient wards. For example, according to data provided to the Children's Commissioners Office from NHS England, on 31st March 2020 there were 944 children living in inpatient children's wards (Children's Commissioner, 2020). However, this number is significantly different to the number provided in the Mental Health Services Monthly Statistics which show on 31st March 2020, 469 children were subject to the Mental Health Act, with 414 of these detained in mental health services. This means that over a fifth of the children recorded as being detained under the MHA in the dataset the Children's Commissioner's Office received are missing from the official, published data.

This is concerning as the NHS monthly statistics are the only regularly published information, and therefore are relied upon to understand if the number of children and young people subject to detention is rising or falling (Children's Commissioner, 2020).

Furthermore, the data is not broken down further, for example by type of unit/ward, which limits its use.

Other examples of existing gaps in data include:

- **There is no published data available on the total number of children admitted to Tier 4 units as informal patients** and the basis on which they have been admitted to hospital i.e., on the basis of parental consent or their own consent.
- **There is no publicly available data from NHS England about how long children spend in hospital once they have been detained under the Act.** Data does exist on the number of 'bed days' for children and young people, however, this is not broken down by type of unit, therefore making it impossible to draw any conclusions from the figures.
- **Data on the number of children admitted to hospital 'out of area' and whether this is considered to be 'inappropriate' (based on assessment of the child's clinical need, individual preference, and any special circumstances) is not publicly available.** While regular data is available on the 'Total number of inappropriate out of area bed days' in the NHS Mental Health Dashboard, this is not disaggregated by age.
- **Inadequate data on children held in adult wards.** In 2019/2020, NHS England data showed that 592 children were placed on adult wards in 2019/20, three times the number in the previous year. However, NHS England has reported significant concerns about the quality of this data and no information is provided on the reasons for admission to adult wards, and there is no way to judge whether this is a result of capacity issues on children's wards. Section 131A of the Mental Health Act provides that where under 18s are admitted to hospital (whether or not they are detained under the Act) they should be accommodated in an environment that is suitable for their age (subject to their needs). The Code of Practice makes clear that no child should be placed in an adult ward, except in an emergency or in 'atypical' circumstances. However, accurate data collection and publication is essential to bringing an end to inappropriate and potentially harmful placements. This also needs to be consistent with, and cross-referenced against, data collected by the Care Quality Commission when notified of placements on adult wards.
- **Data on detentions of children in non-mental health wards.** In addition, there is no data published on the number of Mental Health Act detentions that take place on non-mental health wards – for example in A&E or on paediatric wards. As with adult ward admission data, this would provide a much fuller picture on all children and is needed to understand the demand and pressure on inpatient mental health beds. For all children, including those referred for informal admission and detained outside mental health wards, there is no information about how long they wait for an inpatient ward once they have been judged as in need of support.

While the immediate focus should be on securing the basic information about children's admissions and detentions, in the longer term there should also be ambition for a much more detailed and useful amount of data to be recorded and reported, which can help to

drive improvement and improve patient safety for children and young people. Currently there is very little publicly available data on what interventions are offered, and what the outcomes are for different patients. This makes it much harder to learn what works in inpatient care. It is therefore crucial that the issues with the quality of data for children and young people are addressed as part of the Rapid Review.

Recommendation: It should be ensured that national data is regularly collected and published on the experiences of children and young people as mental health inpatients. This should include data on the number of detained and informal patients broken down by type of unit (including those settings which are not mental health wards); ethnicity; reasons for admission; length of time waiting for a hospital place; out-of-area placements and their reasons; safeguarding referrals; serious incidents; the number of children receiving advocacy support; informal admission on the basis of a young person's consent or parent consent; length of time detained; satisfaction rates and the number of children placed on adult wards and length of stay.

Children deprived of their liberty

Another group of children who currently fall between the gaps in data are children for whom it is deemed that a mental health admission would not be appropriate, but where no children's home that can provide the necessary high level of both security and therapeutic intervention can be found (Children's Commissioner, 2023). These children end up being deprived of their liberty under the 'inherent jurisdiction' powers of the High Court. This is used when no existing piece of legislation allows for a child to be deprived of liberty, but it is judged necessary to keep them safe.

There is no official data on how many of these children there are, where they are living, or how long they are there for (Children's Commissioner, 2023). However, there is evidence to suggest that the numbers of children and young people in this position are rising. In 2020/21, 579 applications were made under the inherent jurisdiction in England – a 462% increase from 2017/18 (Roe, 2022). Information about the number of children deprived of their liberty under the Mental Capacity Act is also not regularly published (Roe, 2022).

We have also heard concerns that NHS England have been using Access Assessments to overrule Mental Health Act Assessments recommending detention. Where a child cannot be admitted to a mental health ward under the Mental Health Act because it is not judged appropriate, but they also cannot be admitted to a Secure Children's Home under s25 of the Children Act (either because it is not appropriate, or none are available) the High Court can authorise their deprivation of liberty elsewhere (Children's Commissioner, 2023). In some of these cases, a child may be judged detainable under the Mental Health Act, but an NHS Access Assessment finds that admission is not in fact appropriate, in effect over-ruling a Mental Health Act assessment (Children's Commissioner, 2023).¹ We would welcome further exploration of this issue further to provide clarity on when and why this is happening.

¹ See also: <https://www.bailii.org/ew/cases/EWHC/Fam/2022/1480.html>

Recommendation: Information about the number of children deprived of their liberty in different settings and via different legislative routes should be collected and published by different government bodies.

Children and young people's experiences of inpatient care

There is a lack of research about children's experiences of being detained under the Mental Health Act. Where we do have insight, we know children and young people's experiences of inpatient care are not consistently good. Recent insights gathered by the Children's Commissioner for England shows how children and young people within inpatient settings can find them frightening places to be, separated from their friends and families, and often seeing and experiencing high levels of restraint (Children's Commissioner, 2023). This, in itself, can be traumatic for children and young people.

Further research conducted by Mind on children and young people's experiences of care in mental health hospitals found that young people's experiences in hospitals were mainly poor (report not yet published). A survey conducted by Mind as part of the research found that 69% of young people disagreed or strongly disagreed that their experiences in hospital had been positive.

"It's very important to take into consideration what benefits someone will get if they go into hospital. [They should] only admit someone if there is a treatment plan which can help with their mental health/recovery. Instead of it being somewhere which feels more like a holding place when people get unwell." – Young person (from Mind Survey)

Young people who took part in the research also said they wanted more information on their inpatient stay, including information on the process of being sectioned and leaving hospital, plus being clearer about their individual rights and treatment plans. What is more, fewer than 1 in 10 (9%) agreed or strongly agreed that their views had been listened to.

"Being in hospital is quite a scary thing. A lot of the time when you're in that scary place, you can be quite anxious and might lose some of your understanding around topics. Doctors should explain everything they're going to do in the most basic or advanced way." – Young person (from focus groups conducted by Mind)

"In my treatment, I asked a lot to be involved in those meetings which discuss my treatment. Sometimes you're left out of those 'higher up' meetings. You should be involved in those things." – Young person (from focus groups conducted by Mind)

The NSPCC has also gathered insights from ChildLine counselling sessions delivered in 2021/22 on young people's experiences of complex mental health (findings not yet published). Within these sessions, young people raised that they do not feel listened to, supported, or that views are not taken into account when decisions are being made about their care. In some cases, this led to harmful consequences for the young person.

"I've tried to take my life three times this year. Each time I've been admitted to hospital, I've never explicitly said that I'm okay to go home, but they still discharged me. I'm obviously not okay, so why am I getting such little support?" (Gender Not Specified, 15)

"I've been an inpatient for so long and I hate this place more than anything in the world. I have autism and the staff here aren't trained in that, so they don't know how to support me. If I'm honest, they've neglected me throughout my entire admission, leaving me to harm myself on multiple occasions. It just hurts cos they're meant to protect me, but at this point I'd be safer at home." (Girl, 17)

What is more, young people highlighted concerns with safeguarding arrangements and support put in place once they are discharged from inpatient care, with many stating that they felt like they were left to deal with their problems alone.

"I've been with tier 4 CAMHS since I was 11, but now they've discharged me without any support. I really liked it there, they helped me unlock a lot of anger and trauma, and they supported me with flashbacks and panic attacks daily. Now I'm just left to deal with it on my own. I feel I've been on my own all my life, so it's not really any different to me." (Girl, 14)

"I've recently been discharged from a mental health hospital. The court said I'm not allowed home, so I have to stay in supported accommodation provided by social services. The thing is, this house isn't safe: for instance, there are exposed wires hanging out of my bedroom; the tap water is dangerously hot; and there's meant to be carers watching me at all times, but I managed to climb out of a window without any of them knowing. I've tried telling my social worker about these things, but nothing gets done. Please can you make it so I can go home? That would help me so much." (Boy, 16)

Informal patients

Around one-third of children in mental health wards are there informally. In their 2020 report, *Who are they? Where are they?* the Children's Commissioner for England explored what life was like for children admitted informally and how their experiences differed to those admitted under the Mental Health Act (Children's Commissioner, 2020). Children involved in the research spoke about how much they value being involved in decision making about their own treatment and being listened to. However, the report identified a risk that children admitted informally can end up de-factor detained, without all the safeguards that children formally detained have – such as the right to an Independent Mental Health Advocate, to be provided with information about their rights, and to have complaints investigated by the CQC.

The aforementioned research from Mind also found that young people believe that informal patients need similar rights and protections to those detained under the Mental Health Act because they often faced the same restrictions.

"They tell you as an informal patient that it's your choice if you're in hospital but none of us chose to be there. You're told if you don't agree you'll be sectioned, or when in hospital you're told if you don't do what [you're told] they'll discharge you. They use both sectioning and informality in a threatening way. It doesn't make a difference – either way you're forced." Young person (from focus groups conducted by Mind)

References

Department of Health and Social Care written answer (2023) *Mental health services: Children and young people*. Available from: <https://questions-statements.parliament.uk/written-questions/detail/2023-02-07/hl5511>

Children's Commissioner (2020) *Who are they? Where are they? 2020*. London: Children's Commissioner. Available from: <https://www.childrenscommissioner.gov.uk/report/who-are-they-where-are-they-2020/>

Children's Commissioner (2023) *Children's Mental Health Services 2021-22*. London: Children's Commissioner. Available from: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2023/03/Childrens-Mental-Health-Services-2021-2022-1.pdf>

Roe, A. (2022) *What do we know about children deprived of their liberty in England and Wales? An evidence review*. London: Nuffield Family Justice Observatory. Available from: (https://www.nuffieldfjo.org.uk/wp-content/uploads/2022/02/nfjo_report_DoL_evidence-review_FINAL_20220203_TAR.pdf)