Briefing: Children referred to Secure Tier 4

This paper looks at children in, or referred to, secure mental health accommodation. For a child to be in secure mental health accommodation they must be detained under the Mental Health Act. These children are some of the most vulnerable in England. The threshold for detention is high: a child must pose a significant risk of harm to themselves or others, and three specialist clinicians[1] and a social worker must agree there is no less-restrictive setting in which the child can be safely accommodated.

Such an admission should always be a measure of last resort. Secure mental health units are highly restrictive units in which children tend to be held for long periods of time; the Children's Commissioner has consistently advocated for their use to be minimised with children spending no longer within such units than is strictly necessary. However, when a child's needs are so acute that they cannot be kept safe in other settings, it is necessary that they have a setting which is both safe and which allows for therapeutic support to be provided. The purpose of the Mental Health Act is to provide the protection of the state to people unable to protect themselves, and if a child requires such protection they should be able to access it.

In the summer of 2017, the 'case of X' suggested that were insufficient secure children's mental health beds to accommodate the number of children who needed such care. X was a critically ill child who had made multiple serious attempts on her own life. She was being held in youth custody, but was due for release and required a safe and therapeutic setting. The case came to national prominence after a judgement in the Family Court in which President of the Family Division Sir James Munby castigated NHS England for its failure to provide suitable accommodation to meet X's needs:

> *"(iv) What X needs as a matter of desperate urgency – this is clearly the best option for her – is placement in a Tier 4 (adolescent) low secure unit for some 18-24 months.*
>
> *(v) No such placement was available anywhere in this country when the hearing before me started on Monday 31 July 2017 or when the hearing concluded on Tuesday 1 August 2017, and no such placement is available as I hand down judgment on Thursday 3 August 2017. The only identified placement ... has a 6-month waiting list for beds."*

The lack of appropriate placements led Sir James to conclude that:

> *"What this case demonstrates, as if further demonstration is still required of what is a well-known scandal, is the disgraceful and utterly shaming lack of proper provision in this country of the clinical, residential and other support services so desperately needed by the increasing numbers of children and young people afflicted with the same kind of difficulties as X is burdened with."*[2]

In a further judgement in the same case, Sir James went on *"a mass of informed, if anecdotal, opinion indicates that X's is not an isolated case".*

The experience of the Children's Commissioner supports this conclusion. We have intervened in several cases similar to that of X, through our helpline for children in the care of the state or in contact with social services. One case "Y" was a child brought to our attention having been in mental health crisis for over a month. Mental health professionals working with Y said that although Y met the criteria for being sectioned, they were unable to section as there was no bed available in the country. Eventually, the situation became critical and Y had to be rushed to A&E via ambulance, remaining in makeshift

[1] A referral to a secure mental health facility requires two specialist child psychiatrists and a social worker, before being admitted a child must also be assessed by a clinician at the facility to which the child is being admitted.
[2] https://www.judiciary.gov.uk/wp-content/uploads/2017/08/in-the-matter-of-x-a-child-no-4.pdf

arrangements in A&E for days. Other children we have worked with have been come to significant harm while held in non-secure settings which have been seriously criticised by the CQC.

These children are a particular concern for the Children's Commissioner. They are highly vulnerable, largely invisible to the public and are deprived of liberty due to their vulnerability.

The Commissioner therefore decided to use her statutory powers of discovery, to request from NHS England the outcomes for all children referred for sectioning.

We posed four questions to NHS England:

1) What is the **total** number of children referred for secure mental health accommodation? *(this would be any child eligible for detention under the Mental Health Act, whether they are held in a secure unit or another unit, such as a psychiatric intensive care unit (PICU))*
2) Of those children in Q(1), how many get admitted? How many were waiting at the end of the reporting period?
3) If a child is not admitted, why not?
4) How long do children wait?
    a. For assessment
    b. For admission

After 18-months and two separate statutory data collection requests, both of which necessitated NHS England to collect large-scale bespoke data collections, NHS England has not managed to answer these questions. This paper explains what we have managed to find-out and which questions are still outstanding.

Background: The detention of children under the Mental Health Act

All children's mental health inpatient provision is commissioned nationally by NHS England via four regional offices (London, South, Midlands and East, and North). There are approximately six types of in-patient wards (though some types of settings have particular specialitims to accommodate children with co-morbidities such as mental health and learning disabilities). The six types of specialism are:

1. Children (for children aged 13 and younger)
2. General adolescent (for children aged 13-18)
3. Eating disorders
4. PICU – Psychiatric Intensive Care Unit
5. Low-secure units - for children who are considered to be a danger to themselves.
6. Medium-secure - for children who are assessed to be a danger to others.

Children held under the Mental Health Act would typically be held in a psychiatric intensive care unit, before being moved to either a low or medium secure unit if they were assessed as requiring a long-term placement. The threshold for entry into a secure unit is high, as well as a child meeting the threshold for detention under the Mental Health Act, clinicians must also believe that such a unit is the least restrictive setting which can meet the child's needs. Typically these are very long-term placements. On average, children spend nearly a year in a low-secure placement and nearly 18-months in a medium-secure placement. Children who are not expected to require such a long placement will be accommodated in other types of in-patient mental health wards.

The referral process for secure mental health care

A child can be only be referred for detention under the Mental Health Act by:

- A specialist community children's mental health service or
- Other in-patient children's mental health services

The referral must be supported by two specialist child psychiatrists and a social worker. They must be convinced that the child meets the threshold for detention under the Mental Health Act (significant harm to themselves/others) and that a secure unit is the *only* way of keeping them safe and meeting their clinical needs[3].

The referral is made jointly to the local assessing unit for that region and the relevant NHS England regional office, which assign the case a caseworker. A clinician at the assessing unit must decide if they agree with the judgement of the referring physicians. If they agree, and they have a bed, the child will be admitted. A child cannot be detained unless a bed is available, so, even if a child meets the threshold for sectioning under the Mental Health Act, they will not be sectioned until a bed is available.

Some children will be admitted to the Medium Secure Network from the Youth Justice Estate and may serve their custodial sentence in medium secure accommodation.

Children who reach crisis point in the community will normally be admitted to a psychiatric intensive care unit before onward referral into a secure mental health unit. Until a child is accepted by an assessing unit they remain the responsibility of the referring clinician. This means NHS England centrally does not take responsibility for the care of children with severe mental health difficulties even if they meet the threshold for admittance, until a bed is found. If a child is in the community, or in local authority care, either the parent or the local authority will remain responsible for keeping the child safe until a bed is found (often with support from other types of NHS services, such as A&E). NHS England informs us that typically about 60% of admissions to secure units come from psychiatric intensive care unit, with the remaining 40% normally from other types of child mental health units.

NHS England's response to our four questions

Question 1: What is the total number of children referred for secure mental health accommodation? *(this would be any child eligible for detention under the Mental Health Act, whether they are held in a secure unit or another unit, such as a PICU, for whom the referral was originally made during the reporting period)*

In two separate requests we asked NHS England for the total number of children referred in the preceding year. Neither time was NHS England able to answer this question.

We know from the annual Mental Health Act statistics that around 1200 detentions of children under the Mental Health Act[4] occur each year. We do not know how many children this corresponds to. How many more children were referred but turned down, either because they did not meet the threshold or because there was no bed available, NHS England do not know and have been unable to find out.

[3] https://www.cnwl.nhs.uk/wp-content/uploads/Form-1-Referral-for-Assessment.docx

[4] In 2017/18, there 1,177 detentions under the Mental Health Act, the figures are not directly comparable to the data we have as the time periods are not co-terminus. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2017-18-annual-figures

NHS England have managed to identify a sub-set of 592 referrals into Secure Mental Health Units, which resulted in 312 admissions. These are likely to largely be *onward* referrals of children already within in-patient mental health units.

Question 2: Of those children in Q (1), how many get admitted? How many were waiting at the end of the reporting period?

Out of the referrals NHS England has identified, 52% of referrals (312 of 592) received an admission to a CAMHS Low or Medium secure unit; 0.1% of the cohort wERE waiting at the end of the reporting period. This is 312 admissions, so the sample represents roughly about a quarter of the total number of detentions under the Mental Health Act we would expect over the period. This is unsurprising and unproblematic, secure units are not designed to take all children who are detained under the Mental Health Act. Where a child can be stabilised and then moved to a less restrictive setting, this is generally in their best interests.

The admission rate (percentage of referrals resulting in admission) is higher for

- Medium Secure (68%);
- Emergency referrals (100%)
- Patients with a learning disability (74%)
- Younger children (aged 10-14) (61%)

Question 3: If a child is not admitted, why not?

Referrals which did not result in an admission were either 'closed' or 'rejected'. NHS England AS only able to identify the reasons for 162 of the 280 referrals which did not lead to an admission; the reasons are contained in the table below.

Referral Closure Reason	Sum of Patient Count
NO FURTHER TREATMENT APPROPRIATE	9
REFERRED TO OTHER SPECIALITY/SERVICE	8
TREATMENT COMPLETED	3
Grand Total	**20**

Referral Rejection Reason	Sum of Patient Count
DUPLICATE REFERRAL REQUEST	79
INAPPROPRIATE REFERRAL REQUEST	49
INCOMPLETE REFERRAL REQUEST	14
Grand Total	**142**

Question 4: How long do children wait?

a. **For assessment**
b. **For admission**

Generally, children were assessed very quickly, but had to wait longer for admission. There are some data quality issues: as shown below, NHS England recorded some negative waiting times for both assessments and admission; this is, of course, contrary to the laws of physics.

	Referral to Assessment (DAYS)	Referral to Admission (DAYS)
Mean	6.3	30.7
Median	3	14
Minimum	-409	-1
25th Quartile	0	0
50th Quartile	3	14
75th Quartile	14	37
Maximum	168	292

It is important to note that in response to all these questions, the data is only for children referred into low or medium secure accommodation. This is a sub-set of the total number of children referred for potential detention under the Mental Health Act, and will largely consist of children within other parts of the NHS in-patient care being referred onwards. Many of these children will be detained prior to entry into secure mental health care. NHS England were not able to provide data on children being referred for secure detention from outside the in-patient mental health system.

What else did we find out?

NHS England provided partial answers to our key research questions. However, it has also provided us with an important overview of the characteristics of children in secure mental health units, and the units themselves.

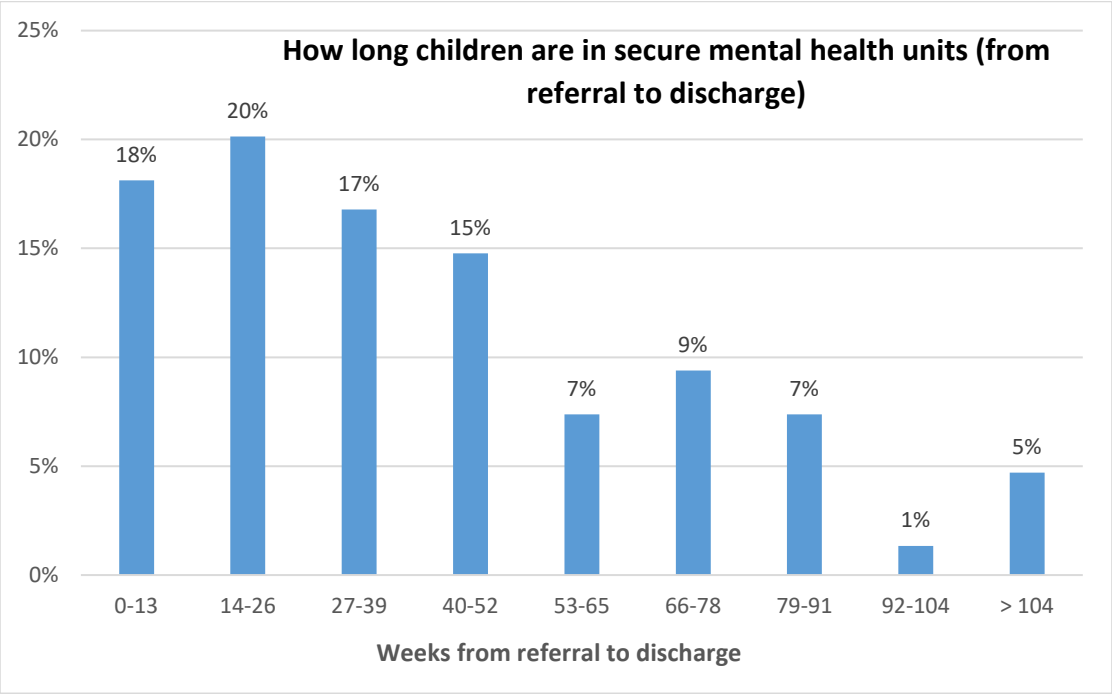
The children in secure units

- Roughly 80% of the children in secure units are older teenagers, aged 15-18; about 20% are between 10 and 14.
- Very few children are aged below 13, although there were a small number of referrals of children aged as low as 10.
- Around 1 in 6 patients in a secure unit has a learning disability

How long children stay in secure units

We only have discharge information for 149 of the 312 admissions on which we have data (many of whom will have still been in hospital at the end of the reporting period). Of these:

- In 38% of cases patients were discharged within 6 months of referral
- In 29% of cases patients were discharged over a year after referral
- In 5% of cases patients were discharged over two years after referral
- Overall, the average (mean) length of time from referral to discharge is 305 days. It is 271 days for Low Secure and 399 days for Medium Secure.
- It is higher for Emergency referrals (420 days) compared to other referrals; higher for patients with learning disability (376 days) compared to patients without; and higher for younger children aged 10-14 (490 days).



Where children go on discharge

Of the 149 cases about which we have discharge information, about a third go back home, and a further 12% go into local authority care. Another third go into some other form of hospital care (split equally between NHS and other providers), 5% go into police or criminal justice custody. These may be children who were in custody originally and served part of their sentence in a medium secure unit.

Destination	N	%
Usual place of residence unless listed below	49	33%
Temporary place of residence when usually resident elsewhere	3	2%
Court	2	1%
Penal establishment or police station	6	4%
NHS other hospital provider - high security psychiatric accommodation	5	3%
NHS other hospital provider - medium secure unit	7	5%
NHS other hospital provider - ward for general patients or younger physically disabled	1	1%
NHS other hospital provider - ward for patients who are mentally ill or have learning disabilities	11	7%
Local authority residential accommodation	16	11%
Local authority foster care	1	1%
Non-NHS (other than local authority) run care home	10	7%
Non-NHS run hospital	24	16%
Not applicable	3	2%
Unknown	11	7%

The secure units

The table below shows the low and medium secure hospital units to which children were admitted in the year to August 2018 (the referral period). While there are a variety of providers – NHS, private and charitable – more than a third of all admissions (38%) were to St Andrew's Healthcare in Northampton. This

is despite the unit having been frequently criticised by the Care Quality Commission for the quality of care provided[5].

Provider Name	Unit Name	No. of Patients
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	B1 BSMHFT HQ	25
ELYSIUM HEALTHCARE	POTTERS BAR	31
GREATER MANCHESTER MENTAL HEALTH TRUST	GARDNER UNIT	7
NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	ASHBY	10
	LENNOX	5
	STEPHENSON	7
PARTNERSHIPS IN CARE	ELLINGHAM	12
	KENT HOUSE	32
PRIORY GROUP	CHEADLE ROYAL, THE PRIORY HOSPITAL	22
	HIGH WYCOMBE, THE PRIORY HOSPITAL	8
SOUTHERN HEALTH NHS FOUNDATION TRUST	BLUEBIRD HOUSE	14
ST ANDREW'S HEALTHCARE	ST ANDREW'S HEALTHCARE - NORTHAMPTON	119
TEES ESK AND WEAR VALLEYS NHS FT	WESTWOOD	16
WEST LONDON	WELLS UNIT	4
Grand Total		**312**

NHS England has provided the Children's Commissioner with additional information to show how the provision of Secure In-patient units has changed over the past 18-months. Overall, NHS England has increased the number of low-secure beds, and has opened new units, both of which are positive developments. We are also pleased to report that NHS England has de-commissioned units which were repeatedly criticised by the Care Quality Commission for their quality of care. However, there are issues outstanding with several of the remaining providers. This is examined in more detail in a forthcoming publication from the Children's Commissioner's Office.

[5] https://www.cqc.org.uk/sites/default/files/new_reports/AAAG5929.pdf