CHILDREN'S COMMISSIONER

The Mental Health Bill

Briefing for Report stage

October 2025

Introduction

The Children's Commissioner's role is to promote and protect the rights of children, including by advising on legislation which affects children. She has a particular duty towards those children with a social worker, in care, or living away from home – including those in mental health inpatient settings. Her advocacy services, Help at Hand, regularly works with children placed in inpatient settings whose needs are not being met. She therefore welcomes the government's action to deliver on its manifesto commitment to modernise the 1983 Mental Health Act.

There is no minimum age limit in the Mental Health Act, meaning a child of any age can be subject to this legislation. Children in mental health hospitals are especially vulnerable, lacking many of the protections and rights afforded to adults. The Children's Commissioner has consistently called for an end to the use of inpatient mental health provision, and improved community services, in each of her annual mental health reports since she took up post, as well as in her recommendations on the draft Mental Health Bill. Because too often, rather than getting better, children's experiences of being hospitalised can be devastating. Now is the last opportunity for the necessary changes to be made to the Bill.

In August 2025 the inquest into the tragic death of Ruth Szymankiewicz found that she was unlawfully killed because of multiple failings in her care. Ruth was just 14 years old when she died while detained under the Mental Health Act in a Psychiatric Intensive Care ward. The reform of the Mental Health Act is a chance to introduce greater safeguards for children, so that tragedies like this are not repeated.

The Commissioner believes that Report stage is a vital opportunity to:

- **Introduce strengthened safeguards against, and accountability for, children being placed in inappropriate settings**, such as adult wards and placements far from their home.
- **Ensure that children are able to maintain vital, loving relationships with parents and carers** whenever they are admitted.
- **Deliver on the goals of the 10-year health plan with strengthened duty to provide community-based support**, to tackle health inequalities and reduce the number of children

being hospitalised and deprived of their liberty. This will only be possible with increased investment in children and young people's mental health and therapeutic services.

Children in inpatient mental health settings

- In 2023 to 2024, 963 detentions were recorded for children and young people aged 17 and under. Over two-thirds (689) of these were aged 16 or 17.[1]
- Insights gathered by the Children's Commissioner's office highlight how children and young people within inpatient settings can find them frightening and dehumanising places to be - separated from their friends and families, and often seeing and experiencing high levels of restraint.[2]
- This aligns with Lord Darzi's findings in his recently published independent review of the NHS, which notes that children are disproportionately and increasingly subject to restraint.[3]

Ruth's Story

Ruth's parents describe her as incredible, bright, friendly, loving and adventurous girl, who was always thinking about how to make the world a better place.

Ruth experienced difficulties after starting secondary school, including physical and vocal tics. Her mother later began to worry that she was developing an eating disorder as she started to skip meals. Over the following year, Ruth became very scared about not being able to eat, and the local eating disorder services said she would have to be admitted to hospital. She went into the children's ward at Salisbury hospital in August 2021– close to her parents' home – where she was detained under the Mental Health Act in order for her to be fed via a nasogastric tube. Subsequently the family was told that Ruth would be moved two hours away to a secure ward in a private inpatient mental health hospital. Her parents were not involved in the decision to transfer her, and she was moved despite them repeatedly raising serious concerns about the appropriateness and safety of the placement. Once there she received very little therapeutic support – she only had two sessions with a clinical psychologist over a period of three months and never received family therapy, the first line treatment for eating disorders. She was not given any exposure to food for six weeks following her transfer, and only then in response to concerns raised by her mother.

Perhaps most devastatingly, visits from her family were severely restricted, due to a blanket hospital policy. In stark contrast to the paediatric ward, where she had continuous access to her parents both day and night, Ruth was initially only allowed to see them twice a week for one hour, leaving her feeling scared and alone. Despite their pleas, this was only ever increased to two hours twice weekly.

Her treating psychiatrist felt early on that the unit was not the right place for her and would be a harmful environment. Within a few weeks he had made a formal request for her transfer. His request was refused by commissioners as they had no other available options.

When she was just 14 years old, and having been forced to remain in the Mental Health unit for almost five months, Ruth fatally self-harmed. She was left alone by an agency member of staff with a false identity, who had received just half a day's training. The inquest heard evidence from ward staff that they had repeatedly raised concerns about staffing levels prior to Ruth's death, and did so again on the day of her death when the ward was significantly understaffed.

Ruth died on 14th February 2022. In her words, the hospital was a place that 'makes you ten times worse than when you came in'.

Changes needed to the Bill

1) Protecting children from being placed in inappropriate inpatient settings

The Commissioner remains deeply concerned that many children continue to be accommodated in inappropriate settings. In 2020, research found that just over a fifth (21%) of children and young people were placed more than 50 miles from their home.[4] In 2024, CQC reported they received 196 notifications of children being admitted to adult wards.[5] There is no other residential setting where it is deemed appropriate for children and adults to reside in close proximity.

Currently, there is a lack of transparency in decision-making around whether a child should be in an inpatient setting or not. This makes it challenging for non-health professionals to know whether inpatient mental health is in the best interests of a child, and to challenge decisions.

Children who are admitted to hospital must be accommodated in safe and appropriate environments. The Commissioner would like to see robust action towards reducing the placement of children in inpatient settings wherever possible, and ensuring that children being placed on adult wards or out-of-area is a 'never event'.

The change needed:

- The updated Mental Health Act Code of Practice should introduce national guidelines for the threshold for admission of children to inpatient mental health settings.
- The new Mental Health Act must place new duties on relevant authorities to ensure there is sufficient inpatient mental health service provision for children and young people, and strengthen procedural requirements to prevent children from being placed in inappropriate settings, such as out of area placements. If such a placement is being considered it must be shown that it is demonstrably in the child's best interests.
- The government should ensure that CQC is informed without delay if a child is placed on an adult ward or out of area. CQC should also be compelled to centrally collect and publish all notifications

it receives. The current government amendment about reviewing instances where CQC should be notified does not go far enough.

- The new Mental Health Act should prohibit the placement of children on an adult ward. If there are instances where this is impossible due to capacity, an adult best must only be used if it is demonstrably in the child's best interests to be placed there rather than receive support elsewhere, and must include a guarantee of age-appropriate care.

2) Ensuring parental involvement in care

Ruth's case highlights how children in mental health inpatient settings can too easily become isolated from those who love them, and who are best placed to see if things are not getting better. Standard visiting policies on paediatric wards across the UK allow open and unrestricted visiting 24/7 for parents and primary carers, often allowing one parent/carer to stay overnight at the bedside. NICE guidelines recommend that all settings recognise that parents will be children's principal caregivers and advocates.[6] For the Commissioner, it is crucial that children should have the same access to their families irrespective of whether they are on a children's ward in a general hospital, or a children's ward in a mental health hospital.

As a minimum, children should be able to contact and be visited by family or their Nominated Person while in mental health inpatient settings on a daily basis. The Commissioner also wants to ensure that families are supported to navigate the complex mental health system and advocate for their child. The approach to parental involvement in a child's care should be modelled on best practice international examples, including Sweden, where active participation in a child's care is encouraged.

The change needed:

- Family and Nominated Person visiting should be part of a child's Mandatory Care and Treatment Plan, meaning the distance between home and inpatient settings, family working patterns and responsibilities, and children inpatient care can be considered in full and ensure family and Nominated Person contact is a key part of children's care when appropriate. This will be critical for when children are in out of area inpatient settings.

- The updated Mental Health Code of Practice should set out minimum standards for visits from parents to their children in inpatient settings. Children should be able to see their family and Nominated Person every day and have the opportunity to spend a minimum of two hours with them, as well as overnight stays. Visiting times may need to be structured for the child's wider family and friend group, but they should never prevent a child from seeing their family.

- The use of solitary confinement for children should become a 'never event' and trigger a serious investigation as stipulated in NHS England's never event policy.

- Every family should be allocated a 'Family Ambassador' who can help them navigate the systems, and challenge decisions where needed. They should be trained in trauma informed practices. This should be based on the successful trials of this role.

3) Enhanced community-based support to tackle inequalities and prevent hospitalisation

Children can be prevented from being admitted to hospital with the right support in the community. Reforms to the Mental Health Act must be implemented in tandem with increased investment in children and young people's mental health services. In order to truly deliver on a 'Neighbourhood Health Service' as set out in the 10-year plan, more must be done to keep children out of inpatient settings by having the right community support.

The Children's Commissioner's most recent mental health report highlighted how children reaching 'crisis' was the second most commonly-known referral reason to CAMHS.[7] Children's needs should not be escalating to this point before they receive help.

The change needed:

- The Mental Health Act should be amended to place a duty on the NHS to provide health and therapeutic services to any child who meets the national criteria for admission, but where it is agreed that inpatient provision would not be in their best interests.

Wider reforms needed to mental health provision:

- Central government should provide additional, annual ring-fenced funding to Integrated Care Systems to ensure that every local area is able to meet the mental health needs of the children in its area. Services must be designed to be inclusive of and accessed by children at greatest risk of hospitalisation.
- The roll out of Mental Health Support Teams to all schools in England must be fully funded, to ensure that children are able to access support before they reach crisis. Children who are not currently attending school must also have access to these services
- The Children, Well-being and School Bill will make changes to the kind of accommodation that children can be deprived of liberty in, under section 25 of the Children Act. It is essential that these settings are designed, funded and commissioned in a way that supports local areas to co-commission and fund caring, alternative therapeutic specialist placements for children with poor mental health, complex needs, neurodevelopmental conditions, and/or trauma.

References

[1] House of Lords, HL Bill 47 of 2024–25 Mental Health Bill [HL], 2024, Link.

[2] Children's Commissioner's office, Children's mental health services 2021-22, 202, Link.

[3] Darzi, A, Independent investigation of the NHS in England, 2024, Link.

[4] Children's Commissioner's office (2020) Who are they? Where are they? 2020, Link.

[5] Care Quality Commission, Monitoring the Mental Health Act in 2022/23, 2024, Link.

[6] NICE guideline NG204, Babies', children and young people's experience of healthcare, 2021, Link

[7] Children's Commissioner's office, Children's mental health services 2022-23, 2024, Link.

64 Victoria St
London
SW1E 6QP

020 7783 8330

www.childrenscommissioner.gov.uk

@childrenscommissioner

@ChildrensComm

@childrenscommissionersoffice