QUALITY & PATIENT SAFETY AUDIT
FINAL AUDIT REPORT – EXECUTIVE SUMMARY

Audit Title: Review of admissions of children under the age of 18 years to adult units in approved centres, under the Mental Health Act 2001, over a six month period.

Audit Number: QPSA 009/2012

Audit Requester: Mr Martin Rogan, HSE Assistant National Director Mental Health

Audit Team Members: 1) Ms Caroline Lennon-Nally
2) Ms Ciara Murray

Audit Sponsor: Ms. Edwina Dunne – Director of Quality & Patient Safety Audit

Source of Evidence

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<thead>
<tr>
<th>Type</th>
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<tr>
<td>Questionnaire</td>
<td>18 HSE Adult Approved Centres that admitted children for period under review</td>
<td>16 July 2012</td>
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<tr>
<td>Site Visit</td>
<td>Dept of Psychiatry, Midland Regional Hospital, Portlaoise</td>
<td>14 August 2012</td>
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<td>Site Visit</td>
<td>Dept of Psychiatry, Connolly Hospital, Blanchardstown</td>
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<td>Dept of Psychiatry, Waterford Regional Hospital</td>
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In parallel, the office of Mental Health Services on the 24/9/12 clarified the non admission of children to remaining Adult Approved Centres for the period under review.

Date of Issue of Final Report: 25 September 2012

1. AUDIT BACKGROUND/RATIONALE

A Vision for Change (DOHC, 2006) recommended that all children under the age of 18 years be admitted to age appropriate inpatient facilities. The Mental Health Commission (MHC), cognisant of the timeframe in commissioning new inpatient facilities, set out Regulations in a progressive manner, permitting admission of children to adult units in approved centres “only in exceptional circumstances”.

In July 2009 the Regulation applied to children under 16 years, in December 2010 to children under 17 years, and in December 2011 to all children under 18 years. For the nine month period 01 January 2011 to the end of September 2011 there was a total of 304 admissions of children under 18 years to inpatient facilities and of these 35% (n = 105) were admitted to HSE / HSE funded adult inpatient units. Seventy-one of these admissions to adult units were aged 17 years, 29 were aged 16 years, and the remaining five
While the MHC maintains oversight of child admissions to adult units in approved centres, the HSE currently collates limited information on these admissions. In order to generate a greater understanding of the nature and circumstances surrounding these admissions, the Assistant National Director for Mental Health Services, determined that a detailed review of these admissions was necessary. The findings from this review will provide the HSE with the information required for the effective delivery of age appropriate services. It will also provide the data necessary for the ongoing planning of services and the monitoring of trends.

2. AUDIT OBJECTIVES

The objectives of the audit are threefold as follows:

1. To profile children under the age of 18 years admitted to adult units in approved centres, under the Mental Health Act 2001, over the six month period 01 December 2011 to 31 May 2012.
2. To determine if all child admissions to adult units in approved centres are being reported to the MHC.
3. To determine the completeness of information/forms submitted to the MHC.

3. SIGNIFICANT FINDINGS

Objective 1

• There were 50 admissions of children under 18 years across 18 adult in-patient units for the period 01 December 2011 to 31 May 3012. These 50 admissions involved 43 individual children.
• The highest number (n = 21) of admissions took place in HSE West; the fewest number took place in HSE Dublin North East (n = 6).
• The number of admissions at each unit ranged from one admission to seven admissions with the majority (n = 13) reporting three or less admissions.
• Thirty-six admissions were 17 years old; 12 were 16 years old and two were 15 years old.
• Twenty-eight admissions were male; 22 admissions were female.
• Thursday and Friday were the most common days of admission with 42% (n = 21) of all admissions occurring on these days. Almost one-quarter (24%; n = 12) of admissions occurred over weekend days.
• Almost half of all admissions (49%; n = 24) took place between 8pm and 8am and of these 50% (n = 12/24) occurred between 12 midnight and 8am.
• Seventy-four per cent (n = 37) of admissions were first-ever admissions; 26% (n = 13) were re-admissions.
• All but one of the admissions were voluntary admissions.
• Eighty-two per cent (n = 41) of admissions were emergency admissions; 18% (n = 9) were planned admissions.
• Seventy-four per cent (n = 37/50) of admissions had contact with mental health services prior to admission and of these almost half (49%; n = 18/37) were in contact with CAMHS.
• Twenty per cent (n = 10) of admissions had contact with social services in the period prior to admission.
• Sixteen per cent (n = 8) of admissions were reported to be under the influence of alcohol or some other intoxicating substance at the time of admission.
• A risk of self-harm was identified on admission for 82% (n = 41) of admissions.
• The average length of stay for all admissions was 9.38 days (range <24 hours to 36 days).
• Depressive disorders accounted for 43% (n = 20) of all admissions.
• Sixty-eight per cent (n = 34) of admissions were discharged home; 18% (n = 9) were transferred to another inpatient unit.

Objective 2

All child admissions to adult units in approved centres for the period under review were notified to the MHC. The most recent version (December 2011) of the MHC notification on admission form was found to be used for the majority of cases.
Objective 3
A significant level of variation in answers to questions pertaining to units was noted on forms (Section C of the notification on admission form) completed within a number of units, where a consistent answer would have been expected. Similarly, data on Section C was also found to be incomplete in a small number of cases. For the most part, files were well maintained and data was easily retrievable.

4. Recommendations
1. Considering the lack of information on child admissions to adult units in approved centres the office of Mental Health Services should develop a questionnaire to capture information on these admissions. This questionnaire should be completed by adult units in parallel with the forms submitted to the MHC and submitted to the office of Mental Health Services for analysis.
2. Adult in-patient units in approved centres should ensure that the most recent version (01 December 2011) of the MHC notification on admission form is submitted to the MHC.
3. Adult in-patient units in approved centres should ensure the consistency of data (pertaining to the unit) on forms being submitted to the MHC.
4. Adult in-patient units in approved centres should ensure the completeness of data (pertaining to the unit) on forms being submitted to the MHC.

5. Conclusion
In line with the objectives, the information presented in this report provides a profile of all child admissions to adult units in approved centres for the period 01 December 2011 to 31 May 2012. In light of the lack of information that is available on child admissions to adult units, ongoing collation of data of this nature requires immediate attention. This information is fundamental for the effective delivery of age appropriate services and will also provide the data necessary for the ongoing planning of services and the monitoring of trends.

Based on the findings the audit team can confirm that the MHC was notified of all child admissions to adult units in approved centres for the period under review. However, in relation to the information being submitted to the MHC, a significant level of variation in answers to questions pertaining to units was noted on forms (Section C of the notification on admission form) completed within a number of units, where a consistent answer would have been expected. For the most part, files were well maintained and data was easily retrievable.

6. Acknowledgement
The audit team wish to acknowledge the cooperation and goodwill afforded to them by all persons who participated in this review and in particular the nominated liaison persons.