Isle of Wight NHS
NHS Trust

CHILDREN UNDER 16
IN PSYCHIATRIC CRISIS POLICY

Document Author	Authorised
Written By: Head of Nursing (Mental Health and Learning Disabilities) and Lead Clinician for Child and Adolescent Mental Health Services **Date:** 15 June 2016	**Authorised By:** Chief Executive **Date:** 11 October 2016
Lead Director: Clinical Director MHLD	
Effective Date: 11 October 2016	**Review Date:** 10 October 2019 **Extension Date:** 31st March 2020 **Extension Date:** 30th September 2020 **Extension Date:** 31st December 2020 **Extension Date:** 31st January 2021
Approval at: Corporate Governance & Risk Sub-Committee **Extension to review date approved at:** Policy Management Sub-Committee **Extension to review date approved by:** Director of MHLD	**Date Approved:** 11 October 2016 **Extension Approved:** 20th Sept. 19 **Extension Approved:** 19th March 2020 **Extension Approved:** 15th October 20 **Extension Approved:** 1st December 20

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
4 Apr 14	1.0		Dr Sarah Gladdish		Ratified at clinical standards group
15 Apr 14	2.0		Dr Sarah Gladdish	New format and amendment to team names	Approval at policy management group
12 Apr 16	2.0		Mo Smith	3 month extension requested and approved	Policy management group
12 Jul 16	2.0		Mo Smith	3 month extension requested and approved	Corporate Governance and Risk sub committee
15 Jun 16	2.1		Clinical Director MHLD	Amended and sent for consultation	MHLD Quality group
13 Jul 16	2.2		Clinical Director MHLD	Further amendments	
30 Sep 16	2.3		Clinical Director MHLD	Final amendments and sent for ratification l to	Clinical Standards Group
11 Oct 16	2.4		Clinical Director MHLD	Approved subject to minor amendments to be carried out.	Corporate Governance & Risk Sub-Committee
17 Oct 16	2.5		Clinical Director MHLD	Amendments made following scrutiny by Corporate Governance & Risk Subcommittee	
11 Oct 16	3.0	11 Oct 16	Clinical Director MHLD	Approved	Corporate Governance & Risk Sub-Committee
20 Sep 19	3.0	11 Oct 16	Clinical Director MHLD	Extension to review date approved via voting buttons until the end of March 2020	Policy Management Sub-Committee
19 March 2020	3.0	11 Oct 16	Clinical Director MHLD	Extension to review date approved with Director of MHLD and via Chairs Action at	Policy Management Sub-Committee
15 October 2020	3.0	11 Oct 16	Clinical Director MHLD	Extension to review date approved by	Director of MHLD
1 December 2020	3.0	11 Oct 16	Clinical Director MHLD	Extension to review date approved by	Director of MHLD

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

Contents **Page**

1 Executive Summary

1.1 Any child presenting acutely with signs of serious mental disorder associated with a significant degree of clinical risk should be assessed by a mental health clinician.

1.2 The decision to admit a child to hospital for psychiatric care can only be taken by a senior clinician from the Child and Adolescent Mental Health Service or by a Consultant Psychiatrist.

1.3 Admissions to Children's Ward require the agreement of a paediatrician.

1.4 If an admission for psychiatric care is required, the inpatient facility should be age-appropriate.

1.5 A child under 16 years of age will never be admitted to the adult psychiatric inpatient wards under any circumstances.

2 Introduction

2.1 The National Service Framework for Children, Young People and Maternity Services (2004), make clear the importance of ensuring that children who require admission to hospital for psychiatric care have access to appropriate care in an environment suited to their age and development.

2.2 The Mental Health Act 2007 introduced important changes to the law for children, including the provision of an appropriate environment for admission to hospital. Section 31(3) places a duty on hospital managers to ensure that children are treated in an environment suitable to their age and subject to their needs.

2.3 The report, "Pushed into the Shadows", published by the Office of the Children's Commissioner for England in January 2007, highlighted the need to take action on these issues.

3 Definitions

3.1 For the purposes of this policy, the term "psychiatric crisis" is defined as an acute presentation with signs of serious mental disorder associated with a significant degree of clinical risk.

3.2 The Child and Adolescent Mental Health Service (CAMHS) is a multi-disciplinary team based in Newport, Isle of Wight providing community psychiatric care to people aged under 18 years.

3.3 Senior House Officer (SHO) is a grade of junior doctor. This term is outdated in terms of current employment contracts, but its abbreviation still in popular use.

3.4 A Consultant Psychiatrist is the most senior grade of doctor working in mental health services. Occasionally the Trust employs senior doctors in higher Specialty Training grades, known as “ST4-6” doctors. For the purpose of this policy, any reference to “Consultant Psychiatrist” should be taken to mean “Consultant or ST4-6 Psychiatrist”.

3.5 A Consultant Paediatrician is the most senior grade of doctor working in child health services. The Trust also employs senior doctors in higher career grades, known as Associate Specialists. For the purpose of this policy, any reference to “Consultant Paediatrician” should be taken to mean “Consultant or Associate Specialist Paediatrician”.

3.6 A Middle-Grade Paediatrician is a doctor working in child health services, who is at a lower grade than a Consultant or Associate Specialist. At St Mary’s Hospital, Middle-Grade Paediatricians perform basic medical duties within their department.

3.7 Children’s Ward is a specialist paediatric inpatient facility at St Mary’s Hospital in Newport, Isle of Wight.

3.8 Crisis Resolution and Home Treatment (CRHT) is a multidisciplinary service based at Sevenacres at St Mary’s Hospital in Newport, Isle of Wight. It provides psychiatric assessments during acute presentations and short-term psychiatric care in patients’ own homes.

3.9 An Approved Mental Health Professional (AMHP) is an experienced health or social care practitioner designated to undertake specialised roles in relation to the Mental Health Act 1983.

3.10 A Nearest Relative (NR) is a person specified by the Mental Health Act to have certain rights and responsibilities in relation to a person who is detained, or is liable to be detained, under that Act.

3.11 The Emergency Department (ED) is the medical emergency care facility at St Mary’s Hospital, often known as “A&E”.

3.12 For the purposes of this policy, “normal office hours” are defined as 9am to 5pm, Monday to Friday.

4 Scope

4.1 This policy applies to all clinicians employed within the Trust’s Mental Health, Emergency Department and Children’s Health services.

4.2 It applies to all children under 16 years of age presenting acutely with signs of serious mental disorder associated with a significant degree of clinical risk.

5 Purpose

5.1 This policy provides a framework for Trust staff to identify appropriate accommodation for children on the Isle of Wight requiring inpatient psychiatric care.

5.2 The policy sets out the process to be undertaken for the assessment of a child presenting in psychiatric crisis and the process to be undertaken for the admission of a child to hospital, outlining the key responsibilities of staff involved.

5.3 It should ensure the following:

5.3.1 Inappropriate admission of children to hospital for psychiatric care is avoided whenever possible.

5.3.2 Children under 16 are never admitted to a psychiatric ward for adults.

5.3.3 If transfer to a specialist unit is necessary, contact is made with NHS England within 24 hours to identify bed availability.

5.3.4 The provision of safeguards for children receiving psychiatric care and for other patients when the former are admitted to Children's Ward.

6 Roles and Responsibilities

6.1 Child & Adolescent Mental Health Service (CAMHS) clinicians

6.1.1 A clinician from CAMHS will assess any child presenting in a psychiatric crisis during normal office hours.

6.1.2 The CAMHS clinician will seek advice from a Consultant Child and Adolescent Psychiatrist as is appropriate.

6.1.3 A senior CAMHS clinician may make a decision to admit a child to hospital.

6.1.4 If admission has been agreed upon and the child can be safely accommodated on Children's Ward, the CAMHS clinician will carry out an assessment of psychiatric care needs and risks, in liaison with the Consultant Child and Adolescent Psychiatrist as appropriate, taking into account the factors listed in paragraph 7.3.4 below.

6.1.5 If extra support is required to manage risks in the inpatient setting, the CAMHS clinician will provide and/or organise that support, subject to funding.

6.2 Consultant Child & Adolescent Psychiatrist

6.2.1 The Consultant Child and Adolescent Psychiatrist will be available for advice to clinicians from CAMHS who are assessing a child presenting in a psychiatric crisis during normal office hours.

6.2.2 The Consultant Child and Adolescent Psychiatrist may, if clinically appropriate, be involved in the initial assessment of a child presenting in a psychiatric crisis during normal office hours, but this is not always necessary.

6.2.3 The Consultant Child and Adolescent Psychiatrist may make a decision to admit a child to hospital.

6.2.4 The Consultant Child and Adolescent Psychiatrist does not necessarily need to have assessed the child in person before making the decision to admit and may make that decision following a verbal conversation with the CAMHS clinician who has assessed the child.

6.2.5 If the Consultant Child and Adolescent Psychiatrist has decided to admit a child who can be safely accommodated on Children's Ward, he or she will consider the psychiatric care needs and risks in liaison with the assessing CAMHS clinician, taking into account the factors listed in paragraph 7.3.4 below.

6.2.6 A Consultant Child & Adolescent Psychiatrist from CAMHS will share with a Consultant Paediatrician consultant responsibility for all children aged under 16 years admitted for psychiatric care to Children's Ward.

6.3 Crisis Resolution and Home Treatment (CRHT) clinicians

6.3.1 A clinician from CRHT will assess any child presenting in psychiatric crisis outside normal office hours, during the hours of operation of CRHT.

6.3.2 The assessment will be carried out jointly with the Junior Psychiatrist ("SHO") on duty.

6.3.3 In the case of expected need for admission, the Junior Psychiatrist ("SHO") on duty will then consult the Consultant Psychiatrist on call to make a decision on admission.

6.3.4 If admission has been agreed upon and the child can be safely accommodated on Children's Ward, the CRHT clinician will carry out an assessment of psychiatric care needs and risks in liaison with the Junior Psychiatrist ("SHO") on duty and the Consultant Psychiatrist who has made the decision to admit, taking into account the factors listed in paragraph 7.3.4 below.

6.4 Junior Psychiatrist ("SHO") on duty

6.4.1 The Junior Psychiatrist ("SHO") on duty will assess any child presenting in psychiatric crisis outside normal office hours.

6.4.2 During the hours of operation of CRHT, this assessment will be carried out jointly with a clinician from CRHT.

6.4.3 The Junior Psychiatrist ("SHO") will seek advice from the Consultant Psychiatrist on call, as is appropriate. Outside the hours of operation of CRHT, he or she will discuss every presenting child with the Consultant Psychiatrist on call following the initial assessment. In the case of expected need for admission, he or she will consult the Consultant Psychiatrist on call to make a decision on admission.

6.4.4 If admission has been decided upon and the child can be safely accommodated on Children's Ward, the Junior Psychiatrist ("SHO") will carry out an assessment of psychiatric care needs and risks, in liaison with the CRHT clinician, if involved, and the Consultant Psychiatrist who has made the decision to admit, taking into account the factors listed in paragraph 7.3.4 below.

6.4.5 If admission has been decided upon and the child can be safely accommodated on Children's Ward, the Junior Psychiatrist ("SHO") will refer to the Middle-Grade Paediatrician for admission.

6.5 Consultant Psychiatrist on call

6.5.1 The Consultant Psychiatrist on call will be available for advice to the Junior Psychiatrist ("SHO") on duty and/or CRHT clinicians who are assessing a child presenting in psychiatric crisis outside normal office hours.

6.5.2 The Consultant Psychiatrist on call may, if clinically appropriate, be involved in the initial assessment of a child presenting in psychiatric crisis outside normal office hours, but this is not usually necessary.

6.5.3 The Consultant Psychiatrist on call may make a decision to admit a child to hospital.

6.5.4 The Consultant Psychiatrist on call does not necessarily need to have assessed the child in person before making the decision to admit and may make that decision following a verbal conversation with the mental health clinician who has assessed the child.

6.5.5 If admission has been decided upon and the child can be safely accommodated on Children's Ward, the consultant will consider the psychiatric care needs and risks, in liaison with the CRHT clinician involved and/or the junior doctor on duty, taking into account the factors listed in paragraph 7.3.4 below.

6.5.6 If a mainland placement is deemed necessary, the Consultant Psychiatrist on call will need to have assessed the child in person, to confirm this need.

6.6 Middle-grade Paediatrician on duty

6.6.1 The Middle-Grade Paediatrician may, if clinically appropriate, be involved in the initial assessment of a child presenting in psychiatric crisis, but this is not usually necessary.

6.6.2 The Middle-Grade Paediatrician may be asked to admit a patient to Children's Ward for psychiatric care, in which case he or she will complete the standard medical admission process.

6.6.3 If the Middle-Grade Paediatrician has significant concerns that an admission to Children's Ward might be unsafe and/or inappropriate, he or she must discuss this with the referring mental health clinician. If concerns remain following this discussion, the Middle-Grade Paediatrician should contact the Consultant Paediatrician to make a final decision on admission to Children's Ward.

6.7 Consultant Paediatrician

6.7.1 A Consultant Paediatrician may, if clinically appropriate, be involved in the initial assessment of a child presenting in psychiatric crisis, but this is not usually necessary.

6.7.2 A Consultant Paediatrician may be required to make a final decision regarding admission to Children's Ward if there are serious concerns about the safety and/or appropriateness of the admission. In cases of dispute between the psychiatrist and paediatrician, the Consultant Paediatrician will need to have assessed the child in person before giving a final refusal to admit the child to Children's Ward.

6.7.3 A Consultant Paediatrician will share with a Consultant Child and Adolescent Psychiatrist consultant responsibility for all children aged under 16 years admitted for psychiatric care to Children's Ward.

6.8 Police

6.8.1 If the police are planning to bring a child aged under 16 to St Mary's Hospital, either under Section 136 of the Mental Health Act 1983 or otherwise, they must liaise with the Children's Ward in the first instance.

6.8.2 In the circumstances stated above, if it is decided after discussion with nursing staff on Children's Ward that the child will not be safely manageable on Children's Ward, the police should instead bring the child to the Extra-Care Area attached to Seagrove Ward at Sevenacres, pending an emergency assessment as set out in Section 7.1 below, with a view to transfer to an age-appropriate specialist psychiatric inpatient unit as specified in Paragraph 7.3.5 below.

6.9 Duty Children's Social Worker

6.9.1 The Children's Social Worker on duty for the local authority may, if clinically appropriate, be involved in the initial assessment of a child presenting in psychiatric crisis, but this is not usually necessary.

6.9.2 He or she will be available at all times for assessment and advice and, particularly, to support consideration of alternatives to hospital admission.

6.10 Approved Mental Health Professional

6.10.1 The Approved Mental Health Professional (AMHP) on duty who is involved in the assessment of a child under the age of 16 must ensure that all the necessary consultations have taken place and that an appropriate placement has been identified before making an application for admission under the Mental Health Act 1983.

6.10.2 The following people must be consulted:

6.10.2.1 The child.

6.10.2.2 The appropriate Consultant Child and Adolescent Psychiatrist during normal office hours, or the Consultant Psychiatrist on call outside normal office hours.

6.10.2.3 The duty Children's Social Worker.

6.10.2.4 The on call Consultant Paediatrician.

6.10.2.5 The Nearest Relative (NR) (unless, in the event of the NR being an alleged or confirmed abuser of the child, and taking into account the provisions of the Mental Health Act 1983 Code of Practice, it is judged to be not in the child's best interests for the NR to be consulted and legal for the NR not to be consulted).

6.10.2.6 Any person holding Parental Responsibility (PR) (unless, in the event of a person holding PR being an alleged or confirmed abuser of the child, it is judged to be not in the child's best interests for that person to be consulted).

6.11 Mental Health Manager on call

6.11.1 If extra support is required to manage risks in the inpatient setting, the Mental Health Manager on call will organise that support.

6.11.2 If a mainland placement is required, the Mental Health Manager on call will organise that placement.

7 Policy detail/Course of Action

7.1 Initial assessment

7.1.1 When a child presents in psychiatric crisis, he or she should be assessed by a mental health clinician.

7.1.2 During normal office hours, the assessing clinician will be from the community Child and Adolescent Mental Health Service (CAMHS).

7.1.3 Outside normal office hours, but inside the hours of operation of the Crisis Resolution and Home Treatment (CRHT) service, the assessment will be performed by a CRHT clinician and the Junior Psychiatrist ("SHO") on duty. Outside the hours of operation of CRHT, when the Junior Psychiatrist ("SHO") on duty performs the initial assessment alone, it is imperative that the on-call consultant psychiatrist is involved in a supervisory capacity at the very least.

7.1.4 At any time of the day or week, it is possible, but not always necessary, for the Middle-Grade and/or Consultant Paediatrician on duty to be involved in the initial assessment.

7.1.5 At any time of the day or week, it is possible, but not always necessary, for the duty Children's Social Worker to be involved in the initial assessment.

7.1.6 The initial assessment will include establishment and exploration of all options available to meet the needs of the child. This will involve:

7.1.6.1 Establishing a diagnosis or differential diagnosis.

7.1.6.2 Carrying out a full risk assessment.

7.1.6.3 Identifying how appropriate care might be provided within the child's family.

7.1.6.4 Identifying an alternative care provider suited to meeting the child's needs.

7.1.6.5 Considering the need for admission to hospital.

7.1.6.6 Considering the need for admission to hospital under the Mental Health Act 1983, in which case the duty Approved Mental Health Professional (AMHP) must be contacted at the earliest possible opportunity.

7.1.6.7 Arranging transfer to a suitable care provider.

7.1.6.8 Arranging referral to and assessment by any other appropriate service provider, such as CAMHS and the Children's Services of the local authority.

7.2 Age-appropriate inpatient services

7.2.1 Any child admitted to hospital for psychiatric care must be accommodated in an environment suitable to his or her needs.

7.2.2 There is no age-specific psychiatric inpatient facility for children on the Isle of Wight.

7.2.3 A child under 16 years of age will never be admitted to the adult psychiatric inpatient wards (Osborne Ward or Seagrove Ward, both at Sevenacres) under any circumstances. This excludes the Extra-Care Area attached to Seagrove Ward, in which a child can be nursed, temporarily and in exceptional circumstances, in an environment that is effectively separate from that which contains adult patients.

7.2.4 Children detained under the Mental Health Act 1983 have the same right to apply for discharge as adult patients and must be informed upon admission of these rights.

7.2.5 Any inpatient facility to which a child is admitted for psychiatric care, whether out-of-area or locally, must have:

7.2.5.1 Appropriate physical facilities.

7.2.5.2 Access to staff with relevant training, skills and knowledge.

7.2.5.3 A hospital routine that allows personal, education and social development to continue as normally as possible.

7.2.5.4 Access to appropriate educational opportunities.

7.2.5.5 Opportunity for social contact including visiting arrangements.

7.3 Admission to hospital

7.3.1 During normal office hours, the decision to admit a child for psychiatric care must be taken by a senior clinician at CAMHS.

7.3.2 Outside normal office hours, the decision to admit a child for psychiatric care must be taken by the Consultant Psychiatrist on call. The child does not necessarily need to have been assessed in person by the Consultant Psychiatrist, who may make the decision to admit following a verbal conversation with the assessing mental health clinician.

7.3.3 For admission to Children's Ward, the admission must be agreed by the Middle-Grade Paediatrician on duty, in consultation with the Consultant Paediatrician on call as is deemed appropriate.

7.3.4 If the child can be safely accommodated on Children's Ward, an assessment of psychiatric care needs and risks should be completed by the assessing mental health clinician, in liaison with the appropriate Consultant Psychiatrist as necessary. Consideration should be given to:

7.3.4.1 The need for extra support to manage risks in the inpatient setting.

7.3.4.2 The type of extra support that might be necessary and by whom it might be provided, considering the use of bank staff, regular staff working additional hours and in-house supports available to Children's Social Services, which might include foster carers or the Intensive Support Service (ISS).

7.3.4.3 How that support will be arranged and provided; in summary, this should be arranged by CAMHS during normal office hours or by the Mental Health manager on call outside normal office hours.

7.3.5 If a child cannot be safely managed on Children's Ward, he or she must be taken to the Extra-Care Area attached to Seagrove Ward at Sevenacres, pending transfer to a specialist age-appropriate inpatient facility on the mainland. Such a transfer must be organised by contacting NHS England as soon as is practical and within 24 hours of presentation.

7.4 Consultant responsibility during inpatient stay

7.4.1 In accordance with the Royal College of Psychiatrists' guidelines, a Consultant Child & Adolescent Psychiatrist from CAMHS and a Consultant Paediatrician will share consultant responsibility for all children aged under 16 years admitted for psychiatric care to Children's Ward.

7.4.2 All children admitted to Children's Ward for psychiatric care should:

7.4.2.1 Have a plan of care clearly documented in the patient records, in a timely manner, by CAMHS.

7.4.2.2 Have a planned date of discharge clearly documented in the patient records, in a timely manner, by CAMHS; where such clarity is not possible for complex clinical reasons, those reasons should be explicitly documented.

7.4.2.3 Be reviewed daily by the duty paediatrician and daily, excluding weekends and public holidays, by a clinician from CAMHS.

7.4.3 Nursing staff on Children's Ward should be provided with appropriate training, information, support and education to enhance their knowledge in caring for a child with specific mental disorders.

7.5 Competence

7.5.1 A child under the age of 16 years can consent to admission and/or treatment if he or she is regarded as "Gillick competent", that is to say that he or she has sufficient understanding and intelligence to fully understand what is involved in the admission or treatment and the alternatives.

7.5.2 The level of understanding required for various interventions will vary, so the competence to consent to each decision must be carefully assessed. Any decision-specific judgment made using these criteria must be recorded in the patient records.

7.5.3 Consent of those with Parental Responsibility (PR) should be sought for any admission and/or treatment, unless, in the event of a person holding PR being an alleged or confirmed abuser of the child, it is judged to be not in the child's best interests for that person to be consulted. Legally, consent is required only from one person with PR but, notwithstanding the above proviso, it is good practice to consult and involve both parents and any other significant relatives or carers where possible and appropriate.

7.5.4 Children's Social Services must be contacted in the case of a "looked-after child" (usually a child placed in foster care), in order to establish Parental Responsibility.

7.5.5 Parental consent does not outweigh the wishes and feeling of a child and Gillick competence should be considered in each case.

7.5.6 A child assessed to not have Gillick competence to consent to admission and/or treatment can be admitted or treated with the consent of a person with PR. However, the Department of Health advises that parental consent should only be relied upon if the decision is felt to fall within the 'zone of parental control'.

7.5.7 A decision will be in the 'zone of parental control' if it is (a) one that a parent would be expected to make, having regard to both what is considered normal practice in our society and to any relevant human rights decisions made by the courts and (b) the parent is acting in the best interests of the child. The less confidence there is about these two conditions in a given situation, the less reliance should be placed on parental consent.

7.5.8 The care team must assess each case with respect to consent before seeking parental consent or acting upon parental consent. Further advice on consent is given in the Mental Health Act Code of Practice paragraph 36.12.

7.5.9 If a competent child is refusing admission or the decision to admit is felt to fall outside the 'zone of parental control', admission under the Mental Health Act 1983 must be considered.

7.5.10 Emergency treatment may be given without consent, but only where there is a threat to life if the treatment is not given; treatment must be given in accordance with the Mental Health Act Code of Practice paragraph 36.51.

8 Consultation

8.1 This policy will be disseminated for consultation throughout the Trust's Mental Health, Emergency Department and Children's Health services.

9 Training

9.1 This policy does not have a mandatory training requirement.

9.2 The policy will be posted on the Trust intranet, ensuring access to all Trust employees.

9.3 Clinical managers directly involved (specifically those managing CAMHS, Children's Ward, CRHT, Early Intervention in Psychosis (EIP) and the Emergency Department) will brief their staff about its key aspects and reinforce the importance of following it.

9.4 The parts of this policy relating to the Mental Health Act 1983 will be covered in the Trust's training on use of that Act.

9.5 The Mental Health Act Lead will ensure that all Approved Mental Health Professionals (AMHPs) are aware of this policy.

9.6 CRHT clinicians will attend training on the assessment of adolescents provided jointly by CAMHS, Paediatrics and Children's Social Services.

10 Monitoring Compliance and Effectiveness

10.1 Any incidents of a child being admitted to an adult psychiatric ward will be reported as a Serious Untoward Incident. A copy of the reporting proforma should be sent to the Patient Services Manager who will forward to the Care Quality Commission (CQC).

11 Links to other Organisational Documents

11.1 Bed Management Policy

11.2 Safeguarding Children Policy

11.3 Section 135/136 Policy

11.4 Supervised Community Treatment Policy

12 References

12.1 Department of Health (2007) Mental Health Act 1983 (as revised)

12.2 Department of Health (1989) Children Act 1989

12.3 Department of Health (2004) National Service Framework for Children, Young People and Maternity Services

12.4 Department of Health (2008) Reference Guide to the Mental Health Act 1983

12.5 Department of Health (2007) Code of Practice to the Mental Health Act 1983, especially Chapter 36

12.6 Office of the Children's Commissioner for England (2007) Pushed into the Shadows by 11 Million

12.7 National Institute for Mental Health England (2009) The Legal Aspects of the Care and Treatment of Children and Young People with Mental Disorder: A Guide for Professionals

13 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B Equality Impact Assessment (EIA) Screening Tool

Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**CHILDREN UNDER 16 IN PSYCHIATRIC CRISIS POLICY**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**0**	**0**	**0**
Training Staff	**0**	**0**	**0**
Equipment & Provision of resources	**0**	**0**	**0**

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs	0	0	0
	0	0	0
Totals:	0	0	0

Staff Training Impact	**Recurring £**	**Non-Recurring £**
	0	0
Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	0
Signature & date of financial accountant:	0
Funding / costs have been agreed and are in place:	0
Signature of appropriate Executive or Associate Director:	0

Appendix B

Isle of Wight NHS Trust

Equality Impact Assessment (EIA) Screening Tool

Document Title:	**CHILDREN UNDER 16 IN PSYCHIATRIC CRISIS POLICY**
Purpose of document	To provide guidance on action required when a person under the age of 16 presents to services in psychiatric crisis
Target Audience	*All staff working in the single point of access and all doctors undertaking on call duties*
Person or Committee undertaken the Equality Impact Assessment	*Head of Nursing for Mental health and Learning Disability*

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men			
	Women			
Race	Asian or Asian British People			
	Black or Black British People			
	Chinese people			
	People of Mixed Race			
	White people (including Irish			

	people)			
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues			
Sexual Orientation	Transgender			
	Lesbian, Gay men and bisexual			
Age	Children	*x*		*Provides clear guidance to support children in psychiatric crisis*
	Older People (60+)			
	Younger People (17 to 25 yrs)			
Faith Group				
Pregnancy & Maternity				
Equal Opportunities and/or improved relations				

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	Mo Smith
Date Initial Screening completed	19/09/16