

Mental Health Commission

Code of Practice

Reference Number: COP-S33(3)/01/2006

**Code of Practice Relating to Admission of Children
under the Mental Health Act 2001**

ADDENDUM

1st July 2009

Preamble

The Mental Health Commission, since its establishment, has consistently highlighted the lack of sufficient Child and Adolescent in-patient and day hospital facilities.

The Commission's view that the provision of age appropriate approved centres for children must be addressed, as a matter of urgency, remains unchanged.

The admission of a child to a unit in an approved centre providing care and treatment to adults is undesirable and may be detrimental to the child. In exceptional circumstances where there is no available alternative, such an admission may be necessary. In arriving at such a decision, due consideration of the risks to the child of not admitting him or her, and the potential adverse effects of such an admission, should be made.

The Mental Health Commission, in accordance with Section 33(3)(e) of the Mental Health Act 2001, issued a *Code of Practice Relating to the Admission of Children under the Mental Health Act 2001* in 2006. Section 2.5 of the Code was included specifically to provide additional protections for the child where admission to such adult units was considered necessary and to be in the best interests of the child.

In accordance with Section 2.4 of the code of practice, the Commission has been monitoring the admission of children to approved centres. Table 1 below summarises the number of admissions to approved centres by age and unit type in 2007 and 2008. In 2008, 63% of admissions (n=247) were to adult units; 90% of these admissions (n=223) were 16 and 17 years of age and the remaining 10% (n=24) were 15 years of age or under. Thirty seven percent of admissions (n=145) in 2008 were to specialist child and adolescent units in approved centres or child and adolescent approved centres; 62% of these admissions (n=90) were 15 years of age or under and the remaining 38% were 16 and 17 years of age (n=55).

Table 1: Number of Admissions of Children by Age and Unit Type for 2007 and 2008

	2007		2008	
Age	Adult Unit	Child Unit	Adult Unit	Child Unit
≤15 years of age	14	99	24	90
16 and 17 years of age	203	36	223	55
Total (Admissions by Unit Type)	217	135	247	145

In May 2009, the Mental Health Commission approved an amendment to the *Code of Practice Relating to Admission of Children under the Mental Health Act 2001*.

The aim of the amendment is to reflect and clarify the Commission's policy on the admission of children pursuant to the Mental Health Act and is set out overleaf.

Amendment to:

Code of Practice Relating to the Admission of Children under the Mental Health Act 2001

1. Section 2.4 is amended to read as follows:

2.4 The Commission will review the number of admissions of children to approved centres for adults from time to time.

2.4.1 In respect of the admission of a child to an approved centre for adults, the following applies:

- a) No child under 16 years is to be admitted to an adult unit in an approved centre from 1st July 2009;**
- b) No child under 17 years is to be admitted to an adult unit in an approved centre from 1st December 2010; and**
- c) No child under 18 years is to be admitted to an adult unit in an approved centre from 1st December 2011.**

2.4.2 If, in exceptional circumstances, the admission of a child to an adult unit in an approved centre occurs in contravention of the above, the approved centre is obliged to submit a detailed report to the Mental Health Commission outlining why the admission has taken place. This report should be in the form specified by the Mental Health Commission as per Section B of the *Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre*.

2. Section 2.5m) is amended to read as follows:

2.5m) The Commission should be notified of all children admitted to an approved centre for adults within 72 hours of admission and also notified of the discharge of all children from an approved centre for adults within 72 hours of discharge using the associated clinical practice forms. Procedures should be in place to identify the person responsible for notifying the Commission.

3. Forms Section is updated as follows:

The clinical practice forms for the notification of the admission of a child to an adult unit in an approved centre and the discharge of a child from an adult unit in an approved centre have been updated. The revised forms are operational from 1st December 2011.

Forms

Clinical Practice Form: Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Notification to the Mental Health Commission of the discharge of a child from an adult unit in an approved centre

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Revised 01 Dec 2011

Clinical Practice Form



Instructions

The following form is to be used:

where a child (*a person under the age of 18 years other than a person who is or has been married Section 2 Mental Health Act 2001*) is admitted to an approved centre for adults

Please complete **Section A, Section B and Section C for every child admission.**

Please write clearly in the boxes in **BLOCK CAPITALS**

Section A: Admission Details

Patient Details	
Surname:	
First Name(s):	
DOB:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Age (on date of admission):	<input type="text"/> <input type="text"/> years of age
Gender (tick <input checked="" type="checkbox"/> as appropriate):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	
County	

I confirm that the above named child was admitted to:

Approved Centre	
Ward/Unit	
On the following date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Legal Status	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (please attach a copy of Court Order)
If <u>involuntary</u> , has a guardian ad litem or legal representative been appointed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Type of Admission	<input type="checkbox"/> First Admission <input type="checkbox"/> Re-Admission
Notification completed by	
Surname	First Name
Signed	
Job Title	
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

Consultant Psychiatrist responsible for the care and treatment of the child

Name (print):

This form should be completed and faxed **within 72 hours** of admission to:

Standards and Quality Assurance Division

Mental Health Commission

Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Revised 01 Dec 2011

Clinical Practice Form



Section B: Additional information regarding the admission of a child under 18 years of age to an adult unit.

1. Have efforts been made to admit this child to an age appropriate approved centre? <input type="checkbox"/> Yes (if yes please provide brief details below) <input type="checkbox"/> No (if no, why?)
2. Reason(s) for this admission: (tick all that apply) <input type="checkbox"/> Immediate and serious risk to self or others <input type="checkbox"/> No bed available in age appropriate centre <input type="checkbox"/> Other reason (please specify) _____
3. What alternatives were considered to admitting this child to an adult unit?
4. Why were these alternatives not possible?
5 (a). How long is the child expected to remain in this unit? (number of days): (please return a notification of discharge form to the Mental Health Commission when this child has been discharged from this adult unit)
5(b). What are the plans to place the child in an age appropriate approved centre?

This form should be completed and faxed within 72 hours of admission to:
Standards and Quality Assurance Division
Mental Health Commission

Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Revised 01 Dec 2011

Clinical Practice Form



Section C: Compliance with Section 2.5 (a)-(l) of Code of Practice Relating to the Admission of Children under the Mental Health Act 2001. This section must be completed for every admission to an adult unit.

Was the child individually risk assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the child have his/her rights explained and information about the ward and facilities provided in a form and language he/she could understand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the clinical file record his/her understanding of the explanation given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there provisions to ensure the right of the child to have his/her views heard	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to an age appropriate advocacy service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have appropriate accommodation which includes segregated sleeping and bathroom areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the child admitted to a ward with seclusion or intensive care facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to appropriate education provision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the ward/unit have age appropriate facilities and a programme of activities appropriate to age and ability available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the ward/unit have provisions to ensure the safety of the child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there provisions to respond to the child's special needs as a young person in an adult setting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there Child and Adolescent Psychiatrist advice available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there appropriate visiting arrangements for families available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there policy and procedures in place with regard to family liaison, parental consent and confidentiality?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do observation arrangements acknowledge gender sensitivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have staff having contact with the child undergone Garda Síochána /police vetting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are copies of the Child Care Act 1991, Children Act 2001 and Children First Guidelines available to relevant staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have staff received training relating to the care of children?	Yes <input type="checkbox"/> No <input type="checkbox"/>

This form should be completed and faxed within 72 hours of admission to:

Standards and Quality Assurance Division
Mental Health Commission, St Martin's House, Waterloo Road, Dublin 4

Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the discharge of a child from an adult unit in an approved centre



Clinical Practice Form

Instructions

The following form is to be used:

To notify the discharge of a child from an approved centre for adults

Please write clearly in the boxes in **BLOCK CAPITALS** in **BLACK** ink

Patient Details	
1. Surname:	
2. First Name(s):	
3. DOB:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
4. Age (on date of admission)	<input type="text"/> <input type="text"/> years of age
5. Date of Admission:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

I confirm that the above named child was discharged from

6. Approved Centre:	
7. Ward/Unit:	
8. On the following date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
9. Legal Status on the day of discharge: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
10. Type of Discharge:	<input type="checkbox"/> Discharged from this approved centre <input type="checkbox"/> Discharged from this approved centre and admitted to another approved centre (if yes please specify name of approved centre)
11. Were attempts made to discharge this child to an age appropriate centre during their admission? <input type="checkbox"/> Yes (if yes, please provide brief details below) <input type="checkbox"/> No (if no, why?)	
12. Signed:	
13. Print name:	
14. Job Title:	
15. Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	

This form should be completed and faxed within 72 hours of discharge to:

Standards and Quality Assurance Division

Mental Health Commission

Tel: 00353 1 636 2401/02 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Revised 01 Dec 2010

Clinical Practice Form



Instructions

The following form is to be used:

where a child (*a person under the age of 18 years other than a person who is or has been married Section 2 Mental Health Act 2001*) is admitted to an approved centre for adults

Please complete **Section A for every child admission**, and complete **Section B** for admissions of children **16 years of age and under** and only complete **Section C the first time** an adult unit has a child admission.

Please write clearly in the boxes in **BLOCK CAPITALS**

Section A: Admission Details

Patient Details	
Surname:	
First Name(s):	
PPSN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DOB:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Age: (on date of admission):	<input type="text"/> <input type="text"/> years of age (If the child is 16 years of age or under please complete Section B of the form.)
Gender (tick ✓ as appropriate):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	
County	

I confirm that the above mentioned child was admitted to:

Approved Centre			
Ward/Unit			
On the following date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		
Legal Status	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	(please attach a copy of Court Order)
If <u>involuntary</u> , has a guardian ad litem or legal representative been appointed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Type of Admission	<input type="checkbox"/> First Admission	<input type="checkbox"/> Re-Admission	
Notification completed by			
Surname	First Name		
Signed			
Job Title			
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		

Consultant Psychiatrist responsible for the care and treatment of the child

Name (print):

This form should be completed and faxed within 72 hours of admission to:

Standards and Quality Assurance Division

Mental Health Commission

Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Revised 01 Dec 2010

Clinical Practice Form



Section B: Additional information regarding the admission of a child aged 16 years of age or under to an adult unit. (Only complete this section if the child is 16 years of age or under on the date of admission to an adult unit)

1. Have efforts been made to admit this child to an age appropriate approved centre? <input type="checkbox"/> Yes (if yes please provide brief details below) <input type="checkbox"/> No (if no, why?)
2. Reason(s) for this admission: <input type="checkbox"/> No bed available in age appropriate centre <input type="checkbox"/> Specialist treatment only available in this adult unit (please specify type of treatment) _____ <input type="checkbox"/> Other reason (please specify) _____
3. What alternatives were considered to admitting this child to an adult unit?
4. Why were these alternatives not possible?
5 (a). How long is the child expected to remain in this unit? (number of days): (please return a notification of discharge form to the Mental Health Commission when this child has been discharged from this adult unit)
5(b). What are the plans to place the child in an age appropriate approved centre?

This form should be completed and faxed within 72 hours of admission to:
Standards and Quality Assurance Division
Mental Health Commission

Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Revised 01 Dec 2010

Clinical Practice Form



Section C: Compliance with Section 2.5 (a)-(m) of Code of Practice Relating to the Admission of Children under the Mental Health Act 2001. (Only complete this section the first time that an adult unit has a child admission)

Does the ward/unit have:	
Policies and protocols in place relating to the admission of a child	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age appropriate facilities and a programme of activities appropriate to age and ability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to ensure the safety of the child	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to respond to the child's special needs as a young person in an adult setting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to ensure the right of the child to have his/her views heard	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have staff having contact with the child undergone Garda Síochána /police vetting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are copies of the Child Care Act 1991, Children Act 2001 and Children First Guidelines available to relevant staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have appropriate accommodation which includes segregated sleeping and bathroom areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do observation arrangements acknowledge gender sensitivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have staff received training relating to the care of children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to appropriated education provision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to an age appropriate advocacy service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have his/her rights explained and did the clinical file record his/her understanding of the explanation given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the child individually risk assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Child and Adolescent Psychiatrist advice available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the child admitted to a ward with seclusion or intensive care facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there appropriate visiting arrangements for families available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has information been given to the child on his/her rights, the ward / unit and facilities in a form and language he/she could understand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there policy and procedures in place with regard to family liaison, parental consent and confidentiality	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed:	Print name:
Job Title	
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	

This form should be completed and faxed within 72 hours of admission to:

Standards and Quality Assurance Division
Mental Health Commission
St Martin's House
Waterloo Road, Dublin 4

Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the discharge of a child from an adult unit in an approved centre



Clinical Practice Form

Instructions

The following form is to be used:

To notify the discharge of a child from an approved centre for adults

Please write clearly in the boxes in **BLOCK CAPITALS** in **BLACK** ink

Patient Details	
1. Surname:	
2. First Name(s):	
3. DOB:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
4. Age (on date of admission)	<input type="text"/> <input type="text"/> years of age (if the child was 16 years of age or under on the date of admission please complete question 11)
5. Date of Admission:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

I confirm that the above mentioned child was discharged from

6. Approved Centre:	
7. Ward/Unit:	
8. On the following date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
9. Legal Status on the day of discharge: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
10. Type of Discharge:	<input type="checkbox"/> Discharged from this approved centre <input type="checkbox"/> Discharged from this approved centre and admitted to another approved centre (if yes please specify name of approved centre)
11. Were attempts made to discharge this child to an age appropriate centre during their admission? <input type="checkbox"/> Yes (if yes, please provide brief details below) <input type="checkbox"/> No (if no, why?)	
12. Signed:	
13. Print name:	
14. Job Title:	
15. Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	

This form should be completed and faxed to:
 Standards and Quality Assurance Division
 Mental Health Commission
 Tel: 00353 1 636 2401/02 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre

Clinical Practice Form

Instructions

The following form is to be used:

where a child (*a person under the age of 18 years other than a person who is or has been married Section 2 Mental Health Act 2001*) is admitted to an approved centre for adults

Please complete **Section A** for every child admission, and complete **Section B** for admissions of children **15 years of age and under** and only complete **Section C** the first time an adult unit has a child admission. Please write clearly in the boxes in **BLOCK CAPITALS**

Section A: Admission Details

Patient Details		
Surname:		
First Name(s):		
PPSN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DOB:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
Age: (on date of admission):	<input type="text"/> <input type="text"/> years of age (If the child is 15 years of age or under please complete Section B of the form.)	
Gender (tick ✓ as appropriate):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address		
County		

I confirm that the above mentioned child was admitted to:

Approved Centre		
Ward/Unit		
On the following date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
Legal Status	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary (please attach a copy of Court Order)
Type of Admission	<input type="checkbox"/> First Admission	<input type="checkbox"/> Re-Admission
Notification completed by		
Surname	First Name	
Signed		
Job Title		
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	

Consultant Psychiatrist responsible for the care and treatment of the child

Name (print):

This form should be completed and faxed **within 72 hours** of admission to:
Standards and Quality Assurance Division
 Mental Health Commission, St Martin's House, Waterloo Road, Dublin 4
 Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre



Clinical Practice Form

Section B: Additional information regarding the admission of a child aged 15 years of age or under to an adult unit. (Only complete this section if the child is 15 years of age or under on the date of admission to an adult unit)

1. Have efforts been made to admit this child to an age appropriate approved centre? <input type="checkbox"/> Yes (if yes please provide brief details below) <input type="checkbox"/> No
2. Reason(s) for this admission: <input type="checkbox"/> No bed available in age appropriate centre <input type="checkbox"/> Specialist treatment only available in this adult unit (please specify type of treatment) _____ <input type="checkbox"/> Other reason (please specify) _____
3. What alternatives were considered to admitting this child to an adult unit? _____ _____ _____
4. Why were these alternatives not possible? _____ _____ _____
5 (a). How long is the child expected to remain in this unit? (number of days): (please return a notification of discharge form to the Mental Health Commission when this child has been discharged from this adult unit)
5(b). What are the plans to place the child in an age appropriate approved centre? _____ _____ _____

This form should be completed and faxed within 72 hours of admission to:
Standards and Quality Assurance Division
 Mental Health Commission, St Martin's House, Waterloo Road, Dublin 4
 Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the admission of a child to an adult unit in an approved centre



Clinical Practice Form

Section C: Compliance with Section 2.5 (a)-(m) of Code of Practice Relating to the Admission of Children under the Mental Health Act 2001. (Only complete this section the first time that an adult unit has a child admission)

Does the ward/unit have:	
Policies and protocols in place relating to the admission of a child	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age appropriate facilities and a programme of activities appropriate to age and ability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to ensure the safety of the child	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to respond to the child's special needs as a young person in an adult setting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisions to ensure the right of the child to have his/her views heard	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have staff having contact with the child undergone Garda Síochána /police vetting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are copies of the Child Care Act 1991, Children Act 2001 and Children First Guidelines available to relevant staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have appropriate accommodation which includes segregated sleeping and bathroom areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do observation arrangements acknowledge gender sensitivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have staff received training relating to the care of children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to appropriated education provision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have access to an age appropriate advocacy service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have his/her rights explained and did the clinical file record his/her understanding of the explanation given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the child individually risk assessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Child and Adolescent Psychiatrist advice available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the child admitted to a ward with seclusion or intensive care facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there appropriate visiting arrangements for families available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has information been given to the child on his/her rights, the ward / unit and facilities in a form and language he/she could understand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there policy and procedures in place with regard to family liaison, parental consent and confidentiality	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed:	Print name:
Job Title	
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	

This form should be completed and faxed within 72 hours of admission to:

Standards and Quality Assurance Division
Mental Health Commission, St Martin's House, Waterloo Road, Dublin 4
Tel: 00353 1 636 2400 Fax: 00 353 1 636 2440

Notification to the Mental Health Commission of the discharge of a child from an adult unit in an approved centre

Clinical Practice form

Instructions

The following form is to be used:

To notify the discharge of a child from an approved centre for adults

Please write clearly in the boxes in **BLOCK CAPITALS** in **BLACK** ink

Patient Details	
1. Surname:	
2. First Name(s):	
3. DOB:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
4. Age (on date of admission)	<input type="text"/> <input type="text"/> years of age (if the child was 15 years of age or under on the date of admission please complete question 11)
5. Date of Admission:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

I confirm that the above mentioned child was discharged from

6. Approved Centre:	
7. Ward/Unit:	
8. On the following date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
9. Legal Status on the day of discharge: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
10. Type of Discharge:	<input type="checkbox"/> Discharged from this approved centre <input type="checkbox"/> Discharged from this approved centre and admitted to another approved centre (if yes please specify name of approved centre)
11. Were attempts made to discharge this child to an age appropriate centre during their admission? <input type="checkbox"/> Yes (if yes, please provide brief details below) <input type="checkbox"/> No	
12. Signed:	
13. Print name:	
14. Job Title:	
15. Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	

This form should be completed and faxed within 72 hours of discharge to:

Standards and Quality Assurance Division
 Mental Health Commission
 St Martin's House, Waterloo Road, Dublin 4

Tel: 00353 1 636 2401/02 Fax: 00 353 1 636 2440

