

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

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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?

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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"/>

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

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