PE1471/G

Royal College of Psychiatrists Paediatric Liaison Network Letter of 5 April 2013

PETITION PE1471

Calling on the Scottish Parliament to urge the Scottish Government to establish specific young people's wards or rooms in hospitals for adolescents, and to ensure that staff receive adequate training to support young people's mental and emotional needs in hospital.

The Committee requests responses to the following questions:

- What are your views on what the petition seeks and the discussions that took place when the petition was considered at the meeting on 1 March 2013?
- What specialised training is given to staff treating or working with adolescents and young people in the NHS in Scotland?

As Chair of the Royal College of Psychiatrists Paediatric Liaison Network, covering the UK & Ireland, I would like to voice our support to the above petition. Although service provision for adolescents in hospitals in varies across and within jurisdictions, there is an emerging standard of care that all under 16's are treated on Paediatric/Adolescent wards and where possible there are separate facilities for adolescents. Where I work at Southampton Children's Hospital all under 16's are admitted to paediatrics and 16 to 18 year olds are given the choice of admission to either paediatric or adult wards. Building of the new Children's Hospital here in Southampton will include adolescent facilities. I understand that discussion of adolescent provision has been part of the process of designing the new children's hospitals in Scotland.

One of the concerns raised by Jackson Carlaw in the committee meeting was the implications for the Scottish policy of new hospitals being built with single rooms only. In Glasgow when this was raised adolescents specifically requested this not to happen and many would prefer a ward based environment. Clearly here the social nature of adolescents outweighs the adult concerns regarding privacy, lending weight to the argument that adolescents need to be considered differently to adults.

Mr Carlaw also raised concerns about sub-specialities having to split all wards into adolescent areas – in fact this is less of a potential difficulty than he makes out. Few sub-specialties have their own wards in paediatrics except for the largest Children's Hospitals so the concern about subdividing each small ward to enable an adolescent area is not relevant for most hospitals. As discussed in the meeting on March 1 2013, University College Hospital London has a dedicated adolescent ward that operates successfully across sub-specialties. Young people may feel that this model should be considered in larger paediatric centres.

Those that treat and care for adolescents should have adequate training that includes the understanding of adolescent emotional well being and mental health. There are a number of excellent examples of this kind of training and service provision in hospitals across the UK. Meeting the emotional and mental health needs of adolescents in hospital is vital and can only be addressed by specific training and experience. One model to provide this is multi-disciplinary CAMHS Paediatric liaison services embedded in paediatric/adolescent departments.

Of course we understand that this comes with resource implications and this petition could not be implemented without the necessary financial resources to go with it. We believe that the potential life long health benefits have the potential to create large cost savings over the life span if young people/adolescents are given the best possible care at an early stage.

We would be happy to be consulted further regarding this petition and to provide the necessary supporting documents/evidence for the above.

Dr Anthony Crabb BHB MBChB MRCPsych

Chair RCPsych Paediatric Liaison Network