# Commissioner's Guide to NCEPOD Report
# Mental Healthcare for Young People and Young Adults

## Introduction

The study focussed on people with three common mental health conditions and one behaviour: eating disorders, depression anxiety and self-harm. These were chosen as exemplars of the whole spectrum of mental health conditions and behaviours. The common issues between the different groups allowed a useful examination of the pathways of care for children and young people, including the interface and transition between child and adult healthcare and the access to appropriate and timely input from specialist crisis and general hospital mental health liaison services.

## Patient population

People aged 11-25 years with an eating disorder, depression, anxiety or who self-harmed and who had been admitted as an inpatient to a general hospital or emergency mental health facility. The sample was taken from England, Wales, Scotland and Northern Ireland.

## Clinical issues

### Recording of medical and mental health history

- Few patients had their existing mental health history recorded in the general hospital case notes at the initial assessment
- Two thirds of patients were known to be undergoing active treatment with mental health services at the time of admission:
    a. fewer than half had a current mental health formulation and management plan available
    b. community mental health notes and summaries could be accessed for very few patients
    c. a referral letter was present in the case notes of most patients referred from community mental healthcare or via primary care
- Fewer than half of the cases reviewed had the patient's mental state recorded in the general hospital notes and in three quarters of cases a formulation of differential diagnoses was found

### Mental capacity

- Mental capacity was not often documented in the general hospital notes. Mental health professionals were involved in 42% of assessments of competence or capacity.

### Delivery of routine ward care and risk assessments

- Almost all patients had adequate physical health monitoring plans made on the general hospital ward but only half the patients had adequate mental health monitoring plans made
- Most patients had issues with physical health monitoring on the general hospital ward due to their mental health condition

### Recording of the initial mental health assessment

- The main reason for referral was to undertake a psychosocial assessment in patients admitted for deliberate self-harm

**Referrals from community mental health teams**

- Three quarters of patients were in active treatment at the time of referral for admission
- Patients were usually referred with a full assessment of their mental health having been undertaken in the general hospital, mostly including an adequate risk assessment

**Inpatient care plan**

- Patients largely agreed with their treatment and management plan but written consent to the treatment plan in an inpatient mental health facility was only identified in a quarter of cases

**Inpatient treatment**

- An assessment of the child or young person's competence and mental capacity to agree to a mental health inpatient admission was documented in over 70% of cases
- Most patients aged 11-17 years benefitted from the therapeutic qualities of the mental health ward environment but this was lower in those aged 18-25 years
- More patients aged 18-25 years in inpatient mental health facilities received psychotropic medication compared to those aged 11-17 years
- Three quarters of cases reviewed showed evidence of patients accessing any form of psychological therapy during the inpatient mental health facility admission
- Treatment was mostly in line with NICE guidance and other national guidelines for the specific condition treated.

**Systems of 'adolescent' care**

- Most patients aged 11-17 years admitted to acute general health units had an initial mental health assessment by a child/adolescent mental health professional

## Organisational issues

**Clinical leadership and care co-ordination**

- There was variability in the presence of a lead clinician of any specialty, or team for the care of 11-25 year olds admitted as the result of a mental health condition. A lead was more likely to be in place where mental health services were provided on-site.

**Referral to general hospital mental health liaison services/crisis teams**

- Most hospitals had an emergency mental health pathway specifically for 11-25 year olds in crisis
- The most common routes of emergency referral to mental health services from the general hospital were a dedicated on-call mental health liaison service, the psychiatry team or a specified emergency care pathway for all acute mental health referrals or for certain conditions.
- A policy for the initial assessment, referral and management of common mental health conditions was in place in most hospitals
- Emergency management algorithms for mental health were available in around half of hospitals
- Hospitals generally had a process for support, rapid liaison, shared decision-making with colleagues in Tier 4 services and discharge planning

**Initial assessment by a mental health professional in the general hospital**

- Delays in response by mental healthcare to a referral from a general hospital had an impact on the quality of physical and mental healthcare for almost a quarter of cases
- A quarter of patients experienced a delay in the first assessment by a mental health professional in a general hospital
- Fewer hospitals had a specific policy and used proforma templates for mental capacity assessment for 11-17 year olds than for 18-25 year olds

**Discharge plans**

- Crisis or general hospital mental health liaison services were involved in more than a third of discharge plans, where relevant
- Both community mental health teams and inpatient mental health services were left out of discharge planning in the majority of cases
- Two thirds of patients had mental health follow-up as part of their discharge plan

**Delays to admission**

- Almost half of patients experienced difficulties or delays transferring from an acute general hospital to a mental health facility
- 12% of patients were impacted by the distance of their admission facility to their home. This included a positive impact due to separation from adverse social and family factors, and a reduction in the risk of absconding.
- 13% of patients experienced delays or barriers to referral to a mental health facility - lack of availability of a hospital bed was the most commonly identified reason

**Transition process**

- A fifth of hospitals (general or mental health) had no process for the continuity of patient care at transition from child to adult mental health services
- Many hospitals with mental health services on-site had a policy for transition planning in place

**Age criteria for transitioning between child and adult services**

- Organisational policies varied in the age of moving from children's services to adult services, many being 16 years but more often 18 years

**Designated leadership in transition planning**

- A minority of hospitals had a designated lead for transition or a lead clinician for adolescent care
- Few general health hospitals had a specific adolescent mental health care pathway or a designated ward

**Age appropriate physical facilities**

- A third of cases had room for improvement in how confidential discussions were conducted
- Most under-18s admitted to hospital were cared for on paediatric wards. A few were admitted to adolescent wards, adult wards or cared for in assessment units or emergency departments.

**Communication at the interface with joint agencies, specialties and patients**

- There was little evidence of contact with social care or educational placements
- Fewer than half of all hospitals were reported as being a member of a network of care for people with mental health conditions

## Key features of a service

- A clinical lead for children and young people's mental health in all acute general hospitals
- Children and young people admitted to acute general hospitals have prompt access to age-appropriate general hospital mental health liaison/crisis services when needed
- Continuation of mental health care within and across service providers, particularly between child to adult services
- Local clinical network arrangements between acute general health and mental health services
- Mental health risk management plans are clearly available in all general hospital patient records for patients admitted with a current mental health condition
- Electronic patient records are used to improve record sharing between mental health hospitals and general hospitals within and outside the NHS
- In the absence of electronic records, patients should be transferred between the hospitals with copies of all relevant notes and could carry a 'patient passport' outlining an agreed care plan
- Young people have an opportunity for private confidential discussions with health professionals in an emergency department or ward in general hospitals or mental health facilities.
- Competence and capacity is documented
- Evidence-based interventions are used in all healthcare and educational settings
- Activity to raise awareness, improve emotional literacy, tackle stigma and particularly engage with males in improving their help-seeking behaviour
- Access for children and young people from the most deprived communities
- Access to developmentally-appropriate healthcare
- Training initiatives to promote staff awareness of the impact of inequalities, such as deprivation
    - the impact of any change in service provision on such inequalities is monitored
- Coding of mental health conditions in all healthcare records and routinely-collected datasets is accurate and consistent