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**Mental health care in young people and young adults: A review of  
the quality of hospital care provided to people aged 11-25 years  
with a mental health condition**

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In 2013 the Royal College of Paediatrics and Child Health published an “Overview of Child Deaths in the four UK countries” (Royal College of Paediatrics and Child Health, 2013). This highlighted that 30-40% of 15-18 years old patients who died were affected by impaired mental health, learning difficulties or behavioural conditions. These were strongly associated with young people being injured; either unintentionally as in vehicular accidents, or intentionally through self-harm. Unlike other causes of mortality, intentional injury showed no decline in the period from 1980. Approximately 30% of those who died with a mental health or behavioural condition had a hospital admission during the preceding year. The report points out that these demographic findings persist into the young adult age group.

The 2019 report by NCEPOD (NCEPOD 2019) adopted the four UK nations approach to explore the quality of mental health care of people 11-25 years in NHS hospitals. Patients with ICD coding for intentional injury, affective disorder including anxiety and depression, or eating disorders who were admitted as an inpatient to a general hospital or mental health facility over a six-week study period in 2016 were included. The ICD categories chosen were exemplars of emotional mental health conditions and behaviours common in young people, and associated with intentional injury.

### **Study methods**

Using these criteria 10,999 patients were identified. In order to ensure a breadth of case representation a pre-determined sampling strategy was used which resulted in the inclusion of 1269 cases. No patients died during the course of the index admission. Information was

collected from questionnaires sent to key clinicians caring for the patient. Copies of case notes were requested alongside these questionnaires, and these were confidentially peer reviewed by a multidisciplinary group of healthcare professionals. Organisational questionnaires were also used to collect data on the facilities available in each hospital. The quality of physical and mental health care provided was assessed, as was access and utilisation of services.

## **Findings**

Summary recommendations are listed in appendix 1; for full findings and recommendations please download the published report at <https://www.ncepod.org.uk/2019ypmh.html>

**Four key messages relevant for the general hospital setting are contained in the report:**

***1. Better support is needed in acute general hospitals to ensure parity of esteem for patients with mental health conditions.***

This echoes a previous NCEPOD report (NCEPOD, 2017) looking at adult patients. The mental healthcare of children and young people was not given the same level of importance as physical healthcare in general hospitals.

Peer reviewers considered that the patient's history of mental health or behavioural difficulties recorded in the general hospital notes at admission was adequate in only

181/297 (60.9%) cases. A record of the patient's mental state on admission was present in only 140/322 (43.5%) cases.

Peer reviewers found adequate risk assessment for physical healthcare in the case notes of a majority of patients (310/318; 97.5%), but many fewer risk assessments for mental healthcare in the same patients (148/285; 51.9%). Peer reviewer data indicated competency/capacity was recorded in the general hospital case notes for only 103/309 (33.3%) patients.

General health clinicians reported a lack of clarity as to who was leading the mental health care in 50/403 (12.4%) patients.

*The report concludes that all general acute hospitals should nominate a clinical lead for children and young people's mental health to promote the integration of physical and mental healthcare, the use of joint care and risk management plans and clear documentation and monitoring of mental health history, mental state examination and management plans. The competence and capacity of children and young people to make decisions about their treatment should be documented in case notes.*

**2. Mental healthcare in the acute general hospital setting needs improved risk assessment, treatment and patient safety.**

General hospital staff were not receiving enough support from mental health professionals in the general hospital setting, particularly with regard to risk management.

Case reviewers found evidence of delay in the first assessment in hospital by a member of the mental health service in 55/209 (26.3%) patients. There were gaps in the physical monitoring of 98 patients and within this group the patients mental health condition was a contributing factor in 47/56 cases. Where a referral to mental healthcare was made whilst in the general hospital, case reviewers identified a delay in responding to the referral in 68/246 (27.6%) cases,

In the absence of mental health services on-site, 31/73 (42.5%) hospital managers reported there were no private secure interview facilities for mental health assessment to be undertaken.

*The report concludes that children and young people admitted to acute general hospitals should have prompt access to age-appropriate general hospital mental health liaison/crisis services when needed.*

*They should be provided with an opportunity for safe and private confidential discussions with health professionals.*

### ***3. Forward planning and the transition from paediatric to adult services needs consideration***

Planning for the continuity of care for patients in the period of transition from child to adult mental health provision was not always done well.

22/101 (21.8%) hospital organisations reported no framework to facilitate continuity of patient care at the point of transition from child to adult mental health services.

*The report recommends organisations ensure the continuation of mental health care within and across service providers, particularly at the point of transition.*

#### ***4. Joined up care and communication between acute general and mental healthcare needs improvement.***

Clinical information related to patients with known mental health conditions was not always communicated between healthcare providers.

Whilst there were 196 patients who were known to be undergoing active treatment with mental health services at the time of admission to a general hospital, a mental health management plan was available to staff in only 76 cases.

The admitting clinical team were only available to access the community mental health notes for 47/226 (20.8%) patients. Mental health records were not widely shared between service providers.

The initial mental health risk assessment in general hospital resulted in a collaborative risk management plan in 102/153 (66.7) patients. Where a plan was in place this led to changes in the care of the patient in the general hospital in 45/89 (50.6%) patients.

*Mental health care plans should be clearly available in all general hospital patient records for patients admitted with a currently mental health condition. Electronic patient records should be utilised to improve record sharing between mental health and general hospitals.*

### **Summary and Conclusions**

Taken individually there is little guarantee that the findings and recommendations of this report will directly reduce child mortality or deliberate self- injury. Nevertheless, every hospital admission should be taken as an opportunity to engage with the predicament of a young person and their family, review their risk and care plans, include them in decision making, ensure that their management and treatment needs are fully met, and that caring services are effectively co-ordinated for them. These messages are equally applicable to admissions for purely physical health issues. While the report records much excellent practice and joint working between teams, implementing the recommendations for improvement will improve the quality of care delivered to children and young people with a mental health condition admitted to general hospital, and consequently their longer term outcomes.

### **References**

Royal College of Paediatrics and Child Health CHR-UK Programme of Work at the MRC Centre of Epidemiology for Child Health, University College London Institute of Child Health (2013) *Overview of Child Deaths in the four UK countries.*



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## Appendix 1.

### Recommendations for Acute General Hospitals

1. Develop and promote national guidance outlining the expectation required of general hospital staff in care of children and young people (CAYP) with mental health conditions
2. Nominate or appoint a clinical lead for CAYP mental health in general hospitals
3. Ensure CAYP admitted to acute general hospitals have prompt access to age appropriate mental health liaison services when needed
4. Use **NICE 43 guideline 43** (*Transition from children's to Adult services for Young People using health and social care services*) to support patients with mental health conditions during transition between child and adult mental and physical health services
5. Ensure continuation of mental health within and across service providers particularly at transition
6. Develop local clinical network arrangements between acute general health and mental health services
7. Ensure mental health risk management plans are clearly available in all general hospital records for patients admitted with a current mental health condition
8. Utilise electronic patient records to improve record sharing between mental health hospitals and acute general hospitals within and outside the NHS. Where not available patients should not be transferred without relevant notes and could be encouraged to carry a patient passport that outlines an agreed care plan
9. Provide CAYP with mental health conditions an opportunity for private confidential discussion with physical and/or mental health professionals when they are seen in an emergency department or ward in an acute general hospital or mental health facility. This should include a psychosocial assessment leading to an agreed, documented crisis coping plan given to the patient

10. Document the competence and capacity of children and young people to be involved in decision making and also to give their consent to treatment or admission