

What does good practice look like? A systematic review of quality standards for gatekeeping assessments for psychiatric admissions.

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Aims and Hypotheses

Our aim was to review current literature on gatekeeping assessments in psychiatry in order to identify good practice standards on considering alternatives to hospitalisation.

Background

Response to psychiatric emergencies in the emergency department and on acute medical and surgical wards is a core aspect of unplanned work in liaison psychiatry. Some patients may need transfer to inpatient psychiatry wards; in such cases, it is good practice to consider alternatives to hospitalisation such as intensive home treatment, a practice known as ‘gatekeeping’. Across the UK there is variation in pathways, with gatekeeping being conducted by liaison psychiatry staff, home treatment team staff, or by first response teams. There are also variations in the content and form of a gatekeeping assessment. In order to ensure consistency and good practice in acute hospitals, there is a need to develop and introduce quality standards for the content and conduct of gatekeeping assessments in the liaison psychiatry context.

Methods

We searched the PubMed database using terms “Gatekeeping” and “Psychiatry and Psychology category”. We read abstracts for all papers and retrieved full text of relevant papers to determine if they met our inclusion criteria. We read all papers that were included and summarised the content using narrative synthesis.

Results

Our initial search terms generated 1396 abstracts. After applying inclusion criteria, we were left with 11 papers, of which we were able to access the full text of 9. We read these nine papers in full detail. We found that there is relatively sparse literature on the topic. Broadly gatekeeping is being used to assess patients and determine whether hospital admission is appropriate, or whether they can be better managed by crisis resolution or home treatment teams. The process seems to be determined locally, with no regional or national standardisation on what a gatekeeping assessment should include.

Conclusions

We offer some recommendations for quality standards. We recommend further work to develop consensus quality standards and evaluate their use in practice.

Currently there is no standardisation of gatekeeping meaning it can vary from region to region. A consensus on what a typical gatekeeping should include would allow processes to be compared and evaluated.

Further publication of literature on the use of gatekeeping would offer greater insight into how it can be used effectively.

References

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Department of Health, *Mental Health Community Teams Activity Returns Data Definition*. August 2010

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