

PLAN
PSYCHIATRIC LIAISON
ACCREDITATION NETWORK



Quality Standards for Children and Young People for Liaison Psychiatry Services

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Foreword

Child and Adolescent Mental Health is moving increasingly under the spotlight on political and public agendas. We are seeing almost daily media articles focusing on the rising rates of acute presentations of children and adolescents in crisis to Emergency Departments (ED), as well as the expanding waiting lists for community Child and Adolescent Mental Health Services (CAMHS). Although there have been developments in policy to address the needs of young people with mental health difficulties such as Future in Mind¹, the Five Year Forward View for Mental Health² and the Long Term Plan³; there is still a long way to go to achieve parity with adult mental health services, let alone physical health provisions.

It is estimated that 50% of mental health problems are established by 14 years and 75% by the age of 24⁴, and that 10% of children and adolescents between 5-16 years of age has a diagnosable mental health condition⁵. Considering the sheer scale of these issues and limited capacity of community CAMHS teams, children and adolescents with mental health problems may first be recognised by professionals in the wider spheres of health and social care as well as the educational system. More specifically, this includes GPs, schools/colleges, social services and of course attendances to Emergency Departments (ED), and acute hospital inpatient/ outpatient services.

There has been a recent focus on how mental health services respond to young people under 18 who require urgent/emergency mental health assessment and management in paediatric and adult ED settings. There are many different systems for cover currently in place across the country ranging from dedicated 24/7 paediatric liaison teams based on acute hospital sites, to offsite community CAMHS teams covering normal working hours only. Also, as Paediatric teams see patients 0-15 years of age and CAMHS see patients 0-17 years of age, extra thought may be needed in the planning of service provision for young people at the transition age of 16-17 years.

There is awareness that there is frequently an unacceptable delay in response from mental health services, in part due to the lack of agreed standards and care pathways, and generally poor communication throughout the system. This can

¹ Future in Mind, Department of Health, NHS England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

² The Five Year Forward View for Mental Health, NHS England
www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

³ NHS Long Term Plan, NHS England
www.longtermplan.nhs.uk

⁴ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6) 593-602. doi:10.1001/archpsyc.62.6.593.

⁵ Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005). Mental Health of Children and Young People in Great Britain: 2004. *Office for National Statistics*.

result in children and young people having a poor experience of seeking help for their mental health when they are at their most vulnerable.

The Psychiatric Liaison Accreditation Network (PLAN) Accreditation Committee were keen to broaden the scope of the current PLAN Quality Standards to encompass patients of all ages.

New positions have been created on the committee of specialist Paediatric Liaison Representatives to sustainably support this expansion. The standards in this document have been developed from current legislation, guidance and experts, and shared with members of the RCPsych Paediatric Liaison Network⁶ for their input and approval.

We see this as an important step towards an equal expectation of provision and quality of care for patients presenting to acute hospitals with mental health needs, no matter their age.

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⁶ Paediatric Liaison Network (draft document) 'Quality standards for urgent/emergency child and adolescent mental health assessments in Accident and Emergency departments'. Unpublished and accessible from birgit.westphal@nhs.net 2018

Quality Standards for Children and Young People

No.	Type	Standard	CQC	Source document
1.1	1	<p>A child and adolescent mental health clinician can be contacted for advice at all times if required and can attend for assessment if and when appropriate.</p> <p><i>Guidance: This may require reorganisation of current out of hour's arrangements, including merging of current rotas.</i></p>		7, 8, 9
1.2	1	<p>Young people under 16 presenting with self-harm out of hours to A&E should be admitted to a hospital ward under the care of a paediatrician for a full psychosocial assessment the following day, as per NICE guidance.</p> <p><i>Guidance: As well as facilitating a thorough psychosocial assessment to be carried out during normal working hours, this also allows for observation by ward staff which can contribute helpfully to this assessment.</i></p>		8, 11
1.3	1	<p>An appropriately safe space and professional one-to-one support is available for young people under 18 at all times if required.</p> <p><i>Guidance: This may include security staff, an RMN or HCA depending on patient factors, level and type of risk.</i></p>		7, 8, 9
<p>Liaison teams working with young people have access to advice, training and development opportunities appropriate to their core role, including:</p>				
2.1	1	<p>All clinical mental health staff working with young people under 18 have Level 3 training in Child Protection/Safeguarding.</p> <p><i>Guidance: This training can be obtained by a combination of online and face to face teaching.</i></p>		8, 12
2.2	1	<p>Procedures are in place to identify young people under 18 who are on the Child Protection Register. Staff can liaise with Child Protection and Social Work colleagues for safeguarding advice and management at all times if required.</p>		7, 8, 11

No.	Type	Standard	CQC	Source document
2.3	1	<p>All clinical mental health staff working independently with young people under 18 can demonstrate adequate levels of competency in the assessment and management of this patient group, to deliver developmentally appropriate care.</p> <p><i>Guidance: Evidence of CAMHS training or meeting competencies e.g. NHS Scotland/UCL Competence Framework for CAMHS.</i></p> <p><i>Training includes:</i></p> <ul style="list-style-type: none"> • <i>Mental health presentations in children and young people;</i> • <i>Legal issues relevant to working with children and young people;</i> • <i>Ability to engage and work with families, parents and carers;</i> • <i>Ability to communicate with children/young people of differing ages, developmental levels and backgrounds;</i> • <i>Working with vulnerable groups of young people under 18 including those with a Learning Disability, Autism Spectrum Disorder, who are Looked After and Accommodated or have a history of adverse childhood experiences.</i> 	18.2a	7, 8, 11, 14

Interfaces with other acute hospital teams and external services

3.1	2	<p>A designated lead for young people’s mental health attends acute hospital MDT cross-specialty forums. Meetings are at least quarterly, and include discussion of key operational, clinical and governance issues, including safety.</p> <p><i>Guidance: Including representatives from accident and emergency, paediatrics for patients under 16, and adult teams for those over 16.</i></p>		9
3.2	2	<p>The liaison team has an operational policy or written guidance that explains joint working arrangements and how to refer young people under 18 to other services.</p> <p><i>Guidance: Including local health and social care services, community, Place of Safety or inpatient based CAMHS services and working age adult liaison teams when appropriate.</i></p>		7, 8, 9

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www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
3. Long Term Plan, NHS England
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5. Green H, Mcginnity A, Meltzer H, Ford T, Goodman R (2005). Mental Health of Children and Young People in Great Britain: 2004. *Office for National Statistics*.
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