



Quality Network for Inpatient CAMHS (QNIC) and Quality Network for Community CAMHS (QNCC) position statement: hospital access, admission and discharge

Introduction

This position statement has been jointly produced by QNIC and QNCC in response to the increasing numbers of young people being admitted to hospital in the UK. A number of emerging problems are highlighted and the QNIC and QNCC quality standards are used to illustrate best practice in access, admission and discharge of young people from hospital.

Evidence

The vast majority of children and young people with severe, complex or persistent mental health problems never require hospital admission. Instead they can be safely and successfully treated in primary care services or by community based specialist teams¹. However, inpatient admission is an essential part of the care pathway and evidence of effectiveness has been demonstrated.²

Children and young people should only be admitted to hospital if they cannot be safely supported and managed by community services or other alternatives. Despite evidence for a range of community based services³ these are not routinely available across the UK and in most areas are few and far between or not available at all⁴. The predominant model of Tier 4 intervention for young people in the UK remains admission to hospital.

¹ McDougall et al. (2007). Tier 4 CAMHS: inpatient care, day services and alternatives. *Journal of Child and Adolescent Mental Health*

² Jacobs, B; Green, J; Beecham, J; Kroll, L; et al (2004). Children and Young Persons Inpatient Evaluation (CHYPIE): a prospective outcome study of inpatient child and adolescent psychiatry in England. Presented at the Royal College of Psychiatrists Faculty of Child and Adolescent Psychiatry Annual Residential Conference.

³ National Institute for Health Research. (2008). Research Summary: Alternatives to Inpatient Care for Children and Adolescents with Complex Mental Health Needs. London: NIHR

⁴ Shetty P (2007) Mental health services for children patchy in the UK. *The Lancet*, 370(9582): 123-124

As more adolescent units are offering emergency access, unplanned admissions have been steadily increasing. At the same time, the number of planned admissions has been steadily reducing. This trend is of concern since research shows that services are more effective if access to them is not dependent upon crisis situations but by following planned referral pathways and a continuum of care for defined clinical needs⁵

Referral

Referrals to most inpatient services are made by professionals in Tier 3 CAMHS or adult mental health services. On the basis of providing the 'least restrictive alternative' service, a guiding principle for referral to hospital should be that the young person's needs cannot be managed safely or effectively within the community.

Admission

In the last few years the numbers of young people being admitted to hospital in England has been increasing. The reasons for this are complex, but causal factors appear to relate to lowering of thresholds for managing self harm and suicidal behaviour in the community; direct access to emergency beds; and the impact of funding cuts in health and social care services⁶.

An over reliance on hospital admission to meet the needs of young people in crisis has led to an increasing number of out of area referrals and admissions. The demand for local beds for young people deemed to require admission is increasingly in excess of local supply. Where local adolescent units are full young people are being admitted to other areas of the UK. This isolates them from their family and friends and makes visiting and involvement by parents and professionals difficult.

Hospital admission may make some young people's overall difficulties worse rather than better⁷. This is due to the potential to disrupt personal, social, education and family functioning and to impede rather than assist recovery. QNIC and QNCC are concerned about the increase in hospital admissions which should always be carefully considered and regarded as a major intervention in a young person's life.

National guidance on inpatient CAMHS states that admission must operate within a pathway of care, involving the local community teams. This is essential to avoid a protracted length of stay or care episode; the development of dependency on inpatient treatment; and loss of contact by

⁵ Massie, L. (2008). What Works?: Right Time, Right Place. National Service Framework Development Projects. London: Department of Health

⁶ McDougall, T. & Cotgrove, A. (2013). Specialist Mental Health Care for Children and Adolescents: hospital, intensive community and home based services. London: Routledge

⁷ Green, J. & Jones, D. (1998). Unwanted effects of inpatient treatment: anticipation, prevention and repair. In Green, J. & Jacobs, B. (Eds). Inpatient Psychiatry: modern practice, research and the future. London: Routledge

the young person with their family, local community and professionals that may be supporting them⁸.

Discharge

Planned discharge is associated with better outcomes than discharge that is not planned with parents or carers and the multi-agency team⁹. The further away a young person is from their local area, the harder it is to plan discharge collaboratively. Parents and professionals may struggle to attend care planning meetings and leave from the inpatient unit is difficult to facilitate if the young person is displaced many miles from their home.

The process of planning discharge should occur before a young person is admitted to hospital. Good discharge planning by the inpatient team will involve the establishment of regular communication with referrers, clarification of their ongoing involvement and exploration of the possibility of joint interventions whilst the young person is in hospital. However, many crisis admissions are facilitated by adult mental health services which may have little or no involvement in planning discharge.

QNIC recommendations

NHS England, Local Clinical Commissioning Groups and Local Children's Safeguarding Boards are strategic partners responsible for the whole system and pathway of care for young people requiring hospital admission. They should review local arrangements for young people requiring admission to ensure that only those with the greatest needs are admitted to hospital as close as possible to home.

There should be implementation of a strategic framework to manage local, regional and national demand for hospital admission which is underpinned by the principles of local access and evidence based care. A regional approach to commissioning most Tier 4 services should be preserved, but some highly specialised and children's units should be managed as National clinical networks.

Relevant quality standards

Number	QNIC standard
6.3	Young people who require inpatient care are referred to units that meet their individual needs with effective continuing care.
6.3.2	Young people are referred to a unit that is as accessible as possible so that contact with home and family is maintained.

⁸ Sergeant, A. (2009). Working within child and adolescent inpatient services: a practitioner's handbook by Angela Sergeant. London: HMSO

⁹ Pfeiffer, S; Strzelecki, S. (1990) In-patient Psychiatric Treatment of Children and Adolescents: A Review of Outcome Studies. Journal of the American Academy of Child and Adolescent Psychiatry, 29, 847-853.

6.3.5	If inpatient care is required the key worker or equivalent contacts the inpatient soon after admission and attends review meetings during the inpatient.
6.6	Staff work closely with the young person's locality CAMHS team or inpatient service to arrange effective handover and joined up provision of continuing care after the community based intensive intervention.
Number	QNIC standard
3.3	There is equity of access to inpatient units in relation to location of residence.
3.5	Families are involved throughout assessment.
3.6	Before discharge decisions are made about meeting any continuing care needs
4.6	Young people can continue with their education whilst admitted.
4.6.7	Educational and unit staff support the young person to reintegrate back to their local educational facility.

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on behalf of QNIC and QNCC Advisory Groups
August 2013