RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS
Paediatric Liaison Network

Descartes lives: the airbrushed invisibility of the physical/mental overlap in child health

comments from RCPsych Paediatric Liaison Network on NHS England's

IMPLEMENTING THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH
https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

• There is no recognition here of the patients who need shared care from paediatrics and mental health. These are
1. life-threatening emergencies
2. chronic/unexplained disease at all ages.

• Though most of the proposed community crisis centres do not yet exist, however effective they turn out to be there will always be a subgroup of young people who present in emergency departments. These include the most complex and at-risk cases, with physical, mental and social problems combined. In the mind of NHS England these people do not appear to exist at all.

• In terms of suicide the most neglected and at risk group are 16-18 for whom hardly any joint physical/mental health services have been established.

• The plan is (rightly) preoccupied with the scandal of tier 4 psychiatric beds far from home, with IAPT, with eating disorders and looked after and other vulnerable children, but shows no recognition of the vulnerable children who need shared care from paediatrics and mental health.

• While it may be politic for mental health agencies not to put pressure on hospital paediatrics, they are going to get it from the patients in any case, so it is better that they are supported with dedicated mental health expertise.

• The Five Year Plan shows no awareness of what an 'appropriate' use of hospital paediatric beds or clinics would look like.

"Over the past thirty years, mental health services have undergone a radical transformation, and in many areas have gone further in developing multi-disciplinary, community-based alternatives to hospital than any other part of the health system. This should provide the platform needed to build the fuller vision of the *Five Year Forward View for Mental Health* and embed lasting change." (Foreword, p2).

• A worthy ideal but not all patients will respond to, or be reached by, innovative earlier interventions

"In delivering this expansion within community-based services, CCGs should commission improved access to 24/7 crisis resolution and *liaison mental health services which are appropriate for children and young people*. "(p6) (Italics added.)

• There is no description of what these might be.

"By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated." (p7)

• What is an appropriate use of paediatric beds?

"Investment to pump-prime 24/7 crisis resolution and home treatment services should further release money currently within the specialist commissioning budget that can be redeployed to achieve further improvements in access and waiting times in mental health services. "(p8)

• An ambitious goal, but one that still leaves a core of impulsive and high risk complex patients who will need hospital admission

"By 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand, in addition to actions to improve retention of existing staff, based on recommended caseloads….. By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above." (p8)

• Are any of these to be deployed in paediatric or general medical departments?

"Additional funding for in-patient services is included in early years to support temporary additional capacity whilst community services are developed and the commissioning model is shifted towards localities. It is expected by 2020/21 that overall bed usage will have decreased and inappropriate out of area placements largely ended; with consequent savings to be reinvested in community-based services, including specialist outreach, to improve access and reduce waiting times." (p9)

- ***Where dedicated mental health liaison services are available, short paediatric admissions can obviate the need for a psychiatric in patient admission. They can also treat and investigate medical disorders, including those causing mental illness.***

"Further national programmes for vulnerable groups include: developing specialist services for children with complex needs in the justice system; developing a framework of integrated care for the secure estate; collaborative commissioning networks; testing integrated personal budgets for looked after children, care leavers and adopted children; and transforming care for those with a learning disability and/ or autism. In addition NHS England is using pump-prime funding during 2016/17 to test and evaluate models of crisis resolution for children and young people. Funding across these areas will be made available to localities taking part in the individual programmes." (p10)

- ***This must include services for young people appropriately admitted to an acute hospital bed in crisis***

"The Core 24 service standard is a standard for adult liaison mental health services. For children and young people, the evidence base on models of crisis response is less well developed. As noted in chapter 3, NHS England is therefore targeting funding during 2016/17 to evaluate models of crisis care for children and young people to achieve consensus on effective, high-value models of care that can be shared to stimulate further expansion over the next five years." (p22)

- ***This should be the opportunity for paediatric mental health liaison clinicians – together with paediatricians and physicians looking after adolescent patients – to spell out what is needed from the acute health sector.***

"By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum." (p22)

- ***Medical patients under 18 have a different legal status and require clinical teams with very different skills***

"For **mental health liaison**, the majority of new investment will fund growth in workforce capacity. A typical 'Core 24' liaison mental health team covering a 500-bedded acute hospital comprises c25 WTE: a mixture of liaison psychiatrists, mental health nurses, therapists and administrative staff Innovative services also include dedicated social work input, such as the liaison service in Bradford, and input from specialist substance misuse clinicians, for example the service in Nottingham, which have also been demonstrated to deliver significant benefits." (p25)

• Patients under 18 will need these staff too, but not usually the same ones. Child social work and clinical child mental and physical health trainings generate different expertise from that of adult trainings.

Royal College of Psychiatrists
Paediatric Liaison Network
July 2016

Contacts:

Dr Virginia Davies
Virginia.Davies@slam.nhs.uk

Dr Emma Weisblatt
ejw44@cam.ac.uk

Dr Birgit Westphal
Birgit.Westphal@elft.nhs.uk