

Outside Their Comfort Zone:

Managing Young People with Mental Health Problems in Hospital

Dr. Katya Certic, ST5 Paediatrics & HEE-W Quality Improvement Fellow

1. Background

In recent years, hospitals have seen an increasing number of young people presenting acutely with mental health problems. These patients form a particularly vulnerable and challenging cohort, and may spend extended periods of time on Children's Wards, which are not ideally equipped for their needs. Providing optimal care for these patients requires close, coordinated working between several teams, including Paediatrics, Child and Adolescent Mental Health Services (CAMHS), and Emergency Medicine (EM).

2. Aim

To reduce variability in the management of young people in hospital with mental health problems through improved communication and teamwork between Paediatrics, EM and CAMHS teams.

4. Strategy

Three major issues highlighted in questionnaire responses were: 1. Management of Children with Acute Behavioural Disturbance, 2. Staff Training, and 3. Poor Communication Between Teams. (Community Support and Lack of Specialist CAMHS beds were also identified as important, but were outwith the scope of this project.) Responses to the free-text question can be seen below in Figure 3. Verbal discussions at our meetings also consistently highlighted the fact that the teams looking after these patients felt they worked in silos, with suboptimal inter-professional communication and teamwork. I therefore determined that all changes made should focus on bringing these teams together.

3. Design

At the beginning of the year, I held meetings with multidisciplinary CAMHS, EM and Paediatric teams working at University Hospital Southampton (UHS) and Queen Alexandra Hospital, Portsmouth (QAH). At these meetings, I asked teams to describe the challenges of managing children with mental health problems in hospital. 17 key issues were raised over the course of this process. I used this list to create a questionnaire, asking respondents to highlight the three most important issues from the list (Figure 1). I received 80 responses from a range of professionals from all three specialties (Figure 2). At the end of the questionnaire, I posed a free-text question: "How would you describe the care provided to children and young people with mental health problems admitted to hospital?"

CAMHS QI QUESTIONNAIRE

What is your role? Consultant Trainee Doctor Nurse

Which speciality do you work in? Paediatrics A&E CAMHS

Where are you based? UHS QAH Community

Local CAMHS, Paediatrics and A&E teams have identified a number of issues which affect the quality of care provided to children and young people with mental health problems in hospital. These are listed below. Please indicate the THREE issues which you feel are most important.

1. Communication between the hospital and CAMHS teams out of hours can be difficult.	
2. There is often no doctor-to-doctor handover between CAMHS and hospital teams about patients admitted acutely.	
3. Hospital doctors are unable to access letters from the CAMHS team on hospital IT systems.	
4. CAMHS doctors are unable to access patient notes and letters from community CAMHS teams out of hours.	
5. CAMHS doctors are unable to access letters and results on hospital IT systems.	
6. There is no appropriate place in the hospital to admit children and young people with behavioural disturbance.	
7. There is a nationwide shortage of CAMHS beds.	
8. It is often difficult and time-consuming to arrange 1:1 nursing or RMNs out of hours.	
9. Hospital doctors and nurses do not receive adequate training in the management of children with mental health problems.	
10. Hospital staff have insufficient training in de-escalation and managing aggressive behaviour.	
11. There are no clear protocols for management of patients with behavioural disturbance (including sedation/rapid tranquillisation).	
12. It can be difficult to access psychiatric medications from Pharmacy when needed urgently.	
13. CAMHS protocols about when patients are seen (eg. calls must be put through by a certain time for same-day review) can mean that patients wait a long time to be reviewed.	
14. Patients needing CAMHS review may be admitted to many different wards, which can lead to some reviews being delayed or missed.	
15. The CAMHS and hospital teams often work in relative isolation from one another and do not always communicate or share information effectively.	
16. The CAMHS and hospital teams do not get a chance to share learning or debrief with each other.	
17. There is insufficient support in the community/primary care for children and young people with mental health problems.	

How would you describe the care provided to children and young people with mental health problems admitted to hospital?

Please use overleaf for any additional comments. Thank you!

Figure 1



Figure 3

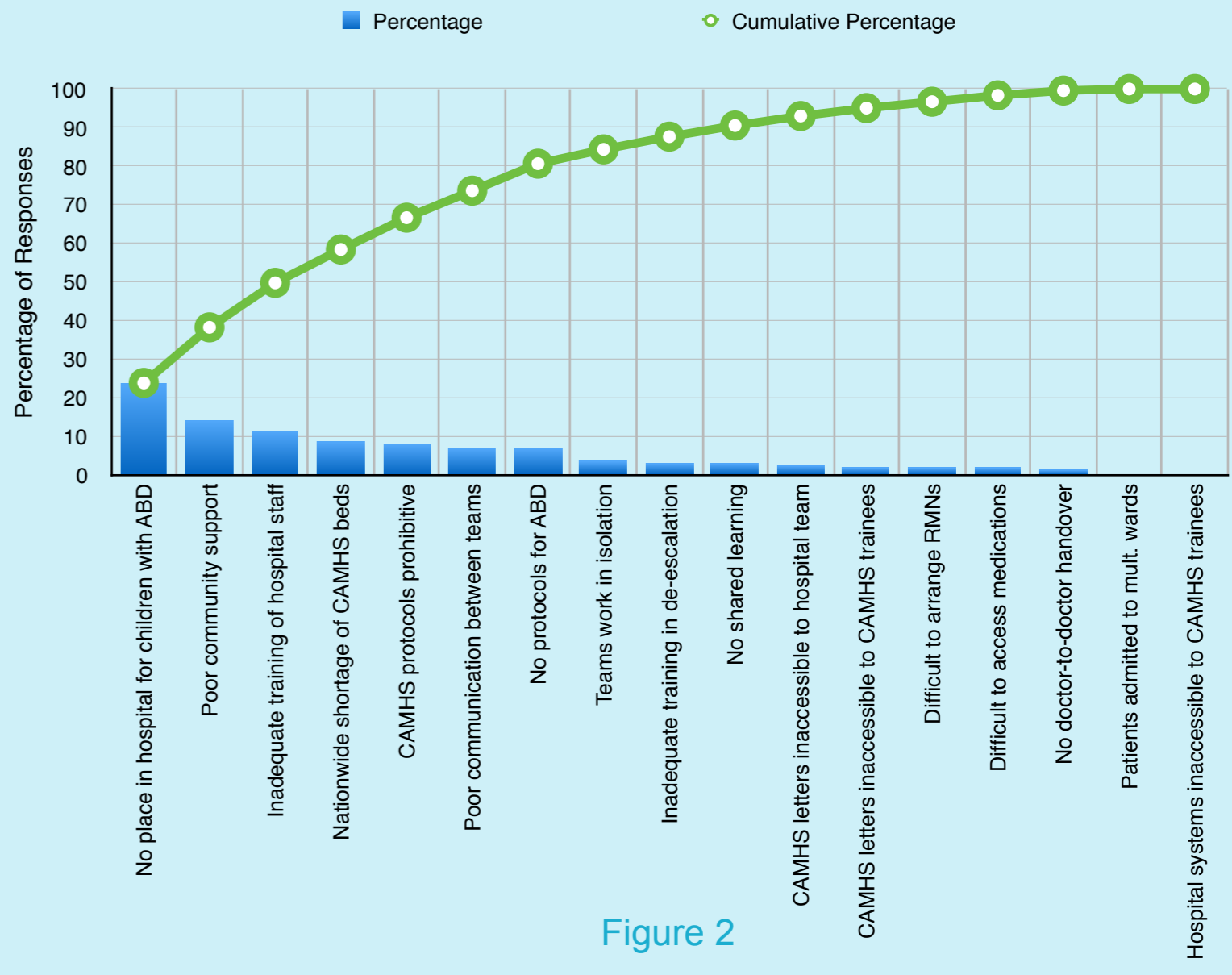


Figure 2

5. Interventions

Several initiatives were introduced to improve communication and joint learning between teams. With help from local CAMHS trainees and consultants, I introduced multidisciplinary debriefs at each hospital, to give the Paediatrics, CAMHS and EM teams an opportunity to discuss recent challenging patients. In May, I organised a free, multidisciplinary study day at UHS, delivered by local CAMHS consultants and nurses, on the subject of Acute Behavioural Disturbance. This comprised three interactive lectures followed by an afternoon of simulation to put theory into practice. Pre- and post-course questionnaires were used to assess whether those attending felt the course improved their confidence in managing these patients.

In response to feedback from nursing staff, I arranged for a group of Paediatric nurses to visit Leigh House, our local inpatient Psychiatric unit for young people. There, they met with Psychiatric nursing staff to discuss the specific nursing challenges these patients pose.

I have also arranged for Wessex to become the second pilot site for a project called 'Thinking Together', which pairs CAMHS and Paediatrics trainees to share educational opportunities and clinical experience.

6. Results

Our study day on Acute Behavioural Disturbance was attended by 33 members of staff from all three specialties, ranging from healthcare assistants to Consultants. We had excellent feedback, with pre- and post-course questionnaires showing an improvement in confidence in all staff groups at the end of the course (Figure 4).

33 staff members, from all three teams, attended our first two debriefs. All present agreed that these were useful, and asked for them to occur regularly.

Written feedback from the Leigh House visit was uniformly positive, with all who attended stating that the visit would lead to a positive change in their practice, and recommending the visit to colleagues. Many also said that knowing more about the unit would help them support patients who were transferred there for ongoing care.

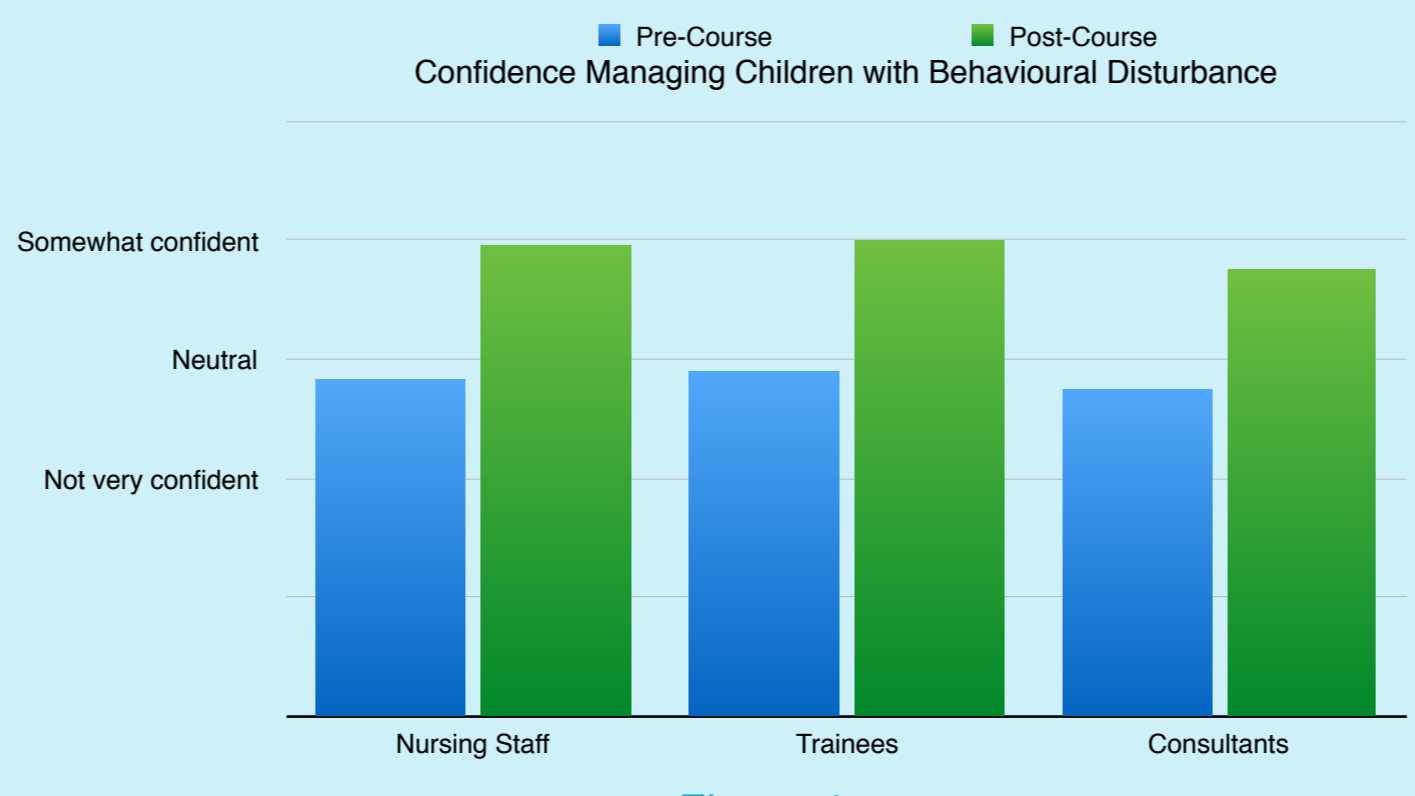


Figure 4

7. Next Steps

Following our very well-received pilot, the Acute Behavioural Disturbance study day will now run at least three times per year. The next course, to take place at QAH, is already fully booked.

In response to feedback from that course, we are also piloting a workshop on Mental Health Law for Paediatricians and Emergency Medicine doctors.

In a new joint-working initiative, the CAMHS trainees will work with the Paediatric Nurse Educators to develop a teaching day on Mental Health for the nursing preceptorship programme.

The Thinking Together programme will begin running in three areas in Wessex from September, with plans to expand this if successful.

The CAMHS trainees have agreed to build six-monthly multidisciplinary debriefs at UHS and QAH into their education programme, and will invite the hospital team to join them for teaching following each debrief. Prior to each debrief, we will ask team members to complete an abbreviated version of the Assessment of Inter-professional Team Collaboration Scale (AITCS) in order to assess any improvement in our teamwork, highlight any issues affecting the way our teams work together and guide discussion.

8. Lessons Learned

Early on in this project, I learned the value of meeting with key stakeholders in person. These meetings were invaluable to me in gaining a real understanding of the problem, and were a great way of engaging people in our initiatives early in the process. Using QI methodology to structure and quantify the feedback was also extremely helpful in shaping my approach to a substantial and multidimensional problem.

Improving joint working was recognised by all teams as essential to patient care, but was extremely difficult to quantify within this time frame. Recognising the value of qualitative feedback in the short term, while exploring more robust long-term measures, was an extremely important part of the learning process for me.

Acknowledgements

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