

Background

Most children and young people experiencing mental health problems are safely cared for in the community. For those with the greatest need very specialised child and adolescent mental health services (CAMHS) are available at what is sometimes referred to as ‘tier 4’. Many, but not all, tier 4 services are provided in hospitals, and it is hospital care that we are particularly interested in in this study.

What do we know already, and what is missing?

Researchers in the past have studied the care and treatment that young people get when they are in mental health hospitals. They have also studied the advantages of hospital care, and how young people are supported when they move from CAMHS to adult mental health services.

In this study we are interested in ‘risk’. ‘Risk’ in mental health services is often used as a shorthand to refer to the possibility of someone directly harming themselves or others, or coming to harm through not looking after themselves (self-neglect). People working in mental health services will often take action to reduce the chances of these things happening.

We know that the risks of suicide, physical deterioration due to mental illness and serious deliberate self-harm are leading reasons for young people being admitted to hospital. Recognising, assessing and managing risk in these areas is important for young people. However, other risks also exist, even though these receive far less attention. One example is the risk that mental ill-health and hospital admission pose to the psychological and social development of young people. Other examples are the risks that going into hospital represent to young people’s education, and to their relationships with family and friends.

Very little is known about how ‘risks’ are identified, assessed and managed as young people go into mental health hospital, as they are cared for there, and as they make the journey out of hospital. In this study we are bringing together the evidence in these areas, in a way which no-one has done before.

The project

The project is funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research Programme [project reference: 11/1024/08]. It is bringing together what is known about the identification, assessment and management of 'risk' for young people (aged 11-18) using hospital mental health services, and finding out what is known about the costs and cost effectiveness to the NHS of different approaches.

Specifically the project is identifying and bringing together the evidence for, and the costs to the NHS of, approaches to risk used as young people (1) go into hospital CAMHS, (2) are cared for in hospital CAMHS, (3) make the journey from hospital CAMHS to the community, and (4) make the journey from hospital CAMHS to adult mental health services. The project will also make recommendations for future services and research.

The study is following the EPPI-Centre framework for reviewing evidence (Evidence for Policy and Practice Information and Co-ordinating Centre, 2007). This is an approach recommended for reviews where the findings need to be of practical use to people whose work involves making decisions about policy and future services. The EPPI-Centre framework has two stages, and includes opportunities for people outside of research teams to advise on the direction reviews should take.

Stage 1

In the first, 'mapping', stage a search for evidence is taking place using two academic databases. These databases include details of published research and other types of information. No attempts are being made to define the meaning/s of the word 'risk', in order that this initial scoping is as comprehensive as possible. From this search a broad, descriptive, map is being produced of the different ways in which 'risk' in hospital CAMHS has been thought of, studied and written about.

The project team will present this descriptive map to representatives of groups (including young people) who have interests in the area of young people and mental health. Working together, priorities will be identified to take forward to the second (in-depth) stage of the study.

Stage 2

For each identified priority area, research and other evidence will be obtained through further searches of academic databases, websites and published journals. Calls for evidence (for example, to organisations known to have interests in the CAMHS field) will be made.

Each individual research report identified and included in this stage of the study will be assessed using a quality checklist. Other types of knowledge included (for example, reports of local service developments) will be assessed using a separate, non-research, checklist. Where reports include information on effectiveness and the costs of different approaches, the quality of the economic evidence will be assessed using a health economics checklist. If little or no economic evidence is found, attempts will be made to estimate costs. Findings from each of the agreed topic priorities will be summarised.

Final summary

Findings from the mapping in stage 1, and from each separate review and economic analysis in stage 2, will be brought together in a single report. Findings will be set alongside each other, so that (for example) what is known about ways of identifying, assessing or managing 'risk' and their costs can be looked at alongside what is known about young people's and staff members' views and experiences. The importance of what has been learned for the NHS will be highlighted, and the gaps in what is currently known identified.

The team

We are a team of mental health nurse researchers, a senior mental health nurse practitioner, a health services researcher, a health economist and an information services expert:

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