Subject: Mental Health in STH
Supporting Director: Mike Richmond, Medical Director
Author: Mark Cobb, Clinical Director of Professional Services
Status: Debate & Note

PURPOSE OF THE REPORT:
To brief the committee on progress during 2010-11 with the Mental Health Strategy

KEY POINTS:
1. 17,893 STH inpatients had a coded mental health disorder in the period of this report, including 15% of all emergency patients, and 1 in 5 of all hospital deaths. In a 6 month period (April – Sept 2011) 1,669 patients attended A&E with a psychiatric presentation.
2. In the hospital population more than 1 in 5 patients have a diagnosed or suspected dementia and in response to the national strategy a dementia care action plan, dementia care pathway and a training programme will be rolled out from December 2011.
3. STH treats patients who are subject to the Mental Capacity Act or who are detained under the Mental Health Act and both require competent staff and robust systems to safeguard the interests of patients, minimise risks and ensure legal compliance. Reviews are underway to evaluate current practice and identify necessary improvements.
4. NHSLA and CQC standards for mental health do not relate to acute healthcare organisations. This is an anomaly and needs resolving. STH has not fully implemented all NICE Clinical Guidelines and Quality Standards that relate to the treatment and care of patients with mental health disorders.

IMPLICATIONS
Achieve Clinical Excellence
Excellence in mental health is defined through (a) national and local strategies, and (b) NICE Guidelines and Standards. The implementation and audit of these standards will help us achieve excellence.

Be Patient Focused
The basis for the mental health strategy was patient experience and we seek to engage with patients on our projects, for example by involving the Alzheimer’s Society in the Dementia Care Group.

Engaged Staff
The projects and plans referred to in this report involve a wide range of staff and provide opportunities for staff development.

CQC Outcome
4 – Care and welfare of people who use our services

RECOMMENDATION(S):
- STH is a major provider of services to patients with mental health disorders and this will be recognised in its corporate, governance and service plans.
- Assessment of compliance with relevant NICE standards need to be updated and/or completed and action plans implemented where required.
- There is a high prevalence of dementia in older patients (>40%) and the introduction of the dementia care pathway should be acknowledged as an important step towards improving the quality of care for these patients.
### APPROVAL PROCESS

<table>
<thead>
<tr>
<th>Meeting</th>
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<tr>
<td>TEG</td>
<td>Mark Cobb</td>
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<td>7.12.11</td>
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1. Status: A = Approval  
   A* = Approval & Requiring Board Approval  
   D = Debate  
   N = Note  

2. Against the three pillars (aims) of the STH Corporate Strategy 2008-2012
1. Patients with Mental Health Disorders in STH
   - 17,893 STH inpatients had a coded mental health disorder in the period of this report. Clinical coding provides a very limited source of data to determine the prevalence and distribution of people with mental health needs in STH and represents only a fraction of actual need. In the period of this report the most prevalent coded disorders are shown in Table 1 below.

<table>
<thead>
<tr>
<th>Mental and behavioural disorders</th>
<th>2010-11</th>
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</thead>
<tbody>
<tr>
<td>Disorders due to psychoactive substance use</td>
<td>5,372</td>
</tr>
<tr>
<td>Depression and mood affective disorders</td>
<td>4,255</td>
</tr>
<tr>
<td>Neurotic, stress-related and somatoform disorders</td>
<td>3,460</td>
</tr>
<tr>
<td>Dementia and organic disorders</td>
<td>3,063</td>
</tr>
</tbody>
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*Table 1: Highest prevalence mental disorders. Source: clinical coding from ICD 10*

- The average length of stay for elective and emergency patients with a coded mental health disorder is 10.5 days and required 152,181 bed days. Half of all bed days were for 1,125 patients with a stay of 36 days or more. Contributing factors are likely to include severity of illness, comorbidities and complex discharges. 15% of all emergency patients discharged from STH have a coded mental health disorder.

- 1 in 5 of all hospital deaths for this period were associated with a coded mental health disorder of which 58% related to dementia. This suggests that mental health may be a highly significant factor associated with hospital mortality. A recent UK study of an acute hospital population reported that the risk of death significantly increased with the level of cognitive impairment and significantly increased in those with a diagnosis of dementia likely to result from a combination of factors including acute illness, frailty and a “…greatly increased risk of adverse events, iatrogenic harm and greater functional decline after acute hospital admission.”

2. Patients with Dementia
   - The prevalence of dementia in STH has been estimated by the Clinical Effectiveness Unit using two point-prevalence surveys (January & July 2011). In the hospital population more than one in five patients have a diagnosed or suspected dementia (22%). The prevalence is dependent on the age of patients and varies across specialties with the highest in Geriatric and Stroke Medicine where the prevalence is two out of three patients (65%).

   - STH has participated in the first National Dementia Audit of Hospital Care. At a clinical level we need to improve the assessment of a patient’s mental state (including delirium or depression), the gathering of information pertinent to caring for the person with dementia, and the support of family and carers. At a workforce level we need to increase access to general and specialist dementia training including the management of behaviour that challenges. At a Trust level we need to identify people with dementia as a particular vulnerable group of patients and monitor key indicators such as falls, complaints, delayed discharges and readmissions. Areas of poor compliance are being addressed through a dementia care action plan and the roll-out of a diagnostic algorithm and dementia care pathway from December 2011. A Lead Clinician has been appointed for the Trust and Sheffield Hospitals Charity are funding a specialist nursing post for 12 months to support WRVS volunteers working with dementia patients in Ortho-Geriatrics.

3. Patients who self-harm
   - In a six month period (April – Sept 2011) 218 patients presenting at A&E were recorded as having self-harmed (out of a total of 1,669 with a psychiatric presentation). The caveat of under-reporting applies equally to these figures. There is a known association between non-fatal and fatal episodes of self-harm and therefore the need for skilled assessment, management, treatment and

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after-care. The provision by Sheffield Health and Social Care NHS FT (SHSC) of a liaison service for people with acute mental health problems admitted to A&E remains unsatisfactory in terms of responsiveness and transfers of care. A resolution is being pursued with SHSC and NHS Sheffield.

4. **Patients with eating disorders**
   Patients with eating disorders are admitted to STH who have a critically low BMI associated with serious physical morbidity, severe deterioration and poor response to treatment. There were 14 patients admitted to STH in the period of this report with a median length of stay of 48 days, and three patients each exceeding 100 days. These patients have high levels of acuity and dependency and require 1:1 nursing which is being included in future commissioning plans.

5. **Perinatal Mental Health**
   Depression and anxiety are common problems for around one in three pregnant women in addition to less common psychiatric morbidities. Midwives have received training to screen for mental health problems and a care pathway has been introduced to ensure access to psychological and psychiatric services.

6. **Patients subject to the Mental Capacity Act (MCA)**
   Health and social care professionals who make best decisions for people who lack capacity have a legal duty to know about and follow the MCA’s codes of practice: one covering decision-making and a supplementary code on the deprivation of liberty safeguards. A review is being undertaken of current practice in STH relating to mental capacity assessments and best interest decision making.

7. **Patients detained under the Mental Health Act (MHA)**
   STH treats patients who are detained under the Mental Health Act (MHA) and it also treats patients who may develop or be diagnosed with a mental disorder during their stay at STH that may lead to them being detained under the MHA. This raises a set of governance issues including those relating to (a) the safety of care that STH can provide, (b) the suitability of facilities in STH (and in particular the extent to which the Emergency Department can provide a ‘place of safety’), and (c) record keeping and administration systems. For the period of this report Medical Records administered documentation for 15 patients detained under the MHA, however it is likely that there were other patients not known to Medical Records of whom there is no central record. STH has commissioned a review by Sheffield Health and Social Care Trust of existing procedures with the aim of identifying improvements to the management of the MHA and to ensure that STH meets the registration requirements and standards required by the CQC.

8. **Compliance with Standards**
   There are no specific NHSLA criteria relating to mental health for Acute Organisations. Similarly the CQC differentiates Acute Services from “Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.” Consequently STH is not classed as the type of provider that is subject to CQC and NHSLA mental health standards. However, relevant standards can be a useful developmental tool and will be considered in future work to improve the quality of care for people with mental health needs in STH.

   There are five NICE Clinical Guidelines that relate to the treatment and care of patients with mental health disorders in STH and these are subject to the evaluation, compliance and implementation procedures of the Clinical Effectiveness Unit. The following provides an overview of the current position.

<table>
<thead>
<tr>
<th>NICE Clinical Guidelines</th>
<th>NICE Quality Standard</th>
<th>Compliance Status &amp; key actions</th>
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<tbody>
<tr>
<td>Antenatal and postnatal mental health</td>
<td>CG45</td>
<td>No</td>
</tr>
<tr>
<td>Dementia</td>
<td>CG42</td>
<td>Yes</td>
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and diagnostic algorithm will be rolled out from December 2011 supported by a training strategy. Baseline audit data 2010, re-audit 2012.

| Depression | CG90 | Yes | Variable practice across the Trust. Work is currently underway via the Clinical Effectiveness Unit and the Department of Psychological Services to address depression through the quality standard. Mapping current activities would suggest that there is a lack of consistency in screening and managing depression. |
| Eating Disorders | CG9 | No | This guidance is not classified by NICE as applicable to acute hospitals but STH treats patients with this disorder. No audit data |
| Self Harm | CG16 | No | All recommendations from the NICE guidance have been implemented though needs re-audit. Compliance was low on psychosocial assessments performed. Audit data 2007. |

☐ = not known, ■ = poor compliance, ▲ = partial compliance, ■ = full compliance

10. Psychological Services

The STH Department of Psychological Services (DPS) is now well established within the Directorate of Professional Services and offers general and specialised psychological and neuropsychological assessment and interventions; guidance and consultation for non-psychology staff working with psychological issues with patients; supervision, teaching and training in psychological issues and basic interventions. Strategic plans are being developed to extend access to this service subject to negotiations with Commissioners.

CONCLUSIONS & RECOMMENDATIONS

- STH is a major provider of services to patients with mental health disorders and this will be recognised in its corporate, governance and service plans.
- Assessment of compliance with relevant NICE standards need to be updated and/or completed and action plans implemented where required.
- There is a high prevalence of dementia in older patients (>40%) and the introduction of the dementia care pathway should be acknowledged as an important step towards improving the quality of care for these patients.
- An action plan has been developed to address the major issues raised in this report and is attached at Appendix 1.

Supporting Director: Mike Richmond, Medical Director
Author: Mark Cobb, Clinical Director of Professional Services
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action</th>
<th>Lead</th>
<th>Completion</th>
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<tbody>
<tr>
<td>1</td>
<td>Participate in the 2nd Round of the National Audit of Dementia Care</td>
<td>Complete data collection, analyse local results and agree action plan</td>
<td>Lead Clinician &amp; Mark Cobb</td>
</tr>
<tr>
<td>2</td>
<td>Improve quality of dementia care</td>
<td>Implement Dementia Care Pathway in Geriatric and Stroke Medicine, monitor and review.</td>
<td>Lead Clinician</td>
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<tr>
<td></td>
<td></td>
<td>Implement Dementia Care Pathway in Orthopaedics, monitor and review.</td>
<td>Lead Clinician</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implement Dementia Care Pathway in remaining clinical areas, monitor and review.</td>
<td>Lead Clinician</td>
</tr>
<tr>
<td>3</td>
<td>Improve dementia care training</td>
<td>Develop training programmes and roll out.</td>
<td>Clare Coyne</td>
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<tr>
<td>4</td>
<td>Compliance with relevant NHSLA, CQC and NICE standards.</td>
<td>Assess compliance and develop action plans to meet NHSLA and CQC Criteria in high risk areas</td>
<td>Sandi Carman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Audit compliance and develop action plans for NICE Guidelines &amp; Standards</td>
<td>Janet Brain</td>
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<tr>
<td>5</td>
<td>Compliance with the Mental Capacity Act (2005) Codes of Practice</td>
<td>Assess compliance and develop action plans against MCA Codes of Practice</td>
<td>Chris Morley and Christina Herbert</td>
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<td>6</td>
<td>Compliance with the Mental Health Act (1983) Code of Practice</td>
<td>Identify improvements to the management of the MHA and implement required actions.</td>
<td>Neil Riley</td>
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2 Chris Austin to February 2012, Rob Ghosh from March 2012