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Admission and discharge criteria for adolescents requiring inpatient or residential mental health care: A scoping review

Introduction

This review will scope the literature relating to the admission and discharge criteria for adolescents over eleven and under nineteen years old that receive inpatient or residential mental health care. For ease of understanding the term 'adolescents' will be used but it is acknowledged that other terms, 'youth', 'young adults', 'teenagers' and 'young people' are used within the literature. An inpatient service is defined as a unit with 'hospital beds' that provides 24-hour nursing care.¹ Residential treatment centers usually house youths with significant psychiatric, psychological, behavioral, or substance abuse problems for whom outpatient treatment has been unsuccessful.²

In the United Kingdom (UK), it is estimated that one in ten children and adolescents aged between five and sixteen has a diagnosable mental health problem.³ This is also an area of international concern.⁴ Children and adolescents with the highest levels of need are cared for in hospital but there is a high demand for these beds and a general lack of agreement regarding what are the criteria for admission to such units. For example, there were 720 admissions during 2013 into Mc-Master Children's Hospital's child and adolescent psychiatry unit, Ontario, Canada what are the criteria for admission to such units. For example, there were 720 admissions during 2013 into Mc-Master Children's Hospital's child and adolescent psychiatry unit, Ontario, Canada⁵ and a study in New Zealand⁶ showed an marked increase in admissions by 80% for children aged 4-17 following the Canterbury earthquakes. In a European survey of provision of child and adolescent mental health services it was found that there is a considerable difference between 28 countries, with fewer than two beds per 100 000 adolescents in Portugal and Sweden to more than 50 beds per 100 000 adolescents in Germany and the Netherlands.⁷ Typically, decisions on who to admit to inpatient child and adolescent mental health services (CAMHS) in the UK take place within limited bed capacity, with perceptions of 'risk' uppermost but can vary upon external triggering factors and context for example suicidal attempts. Negotiating access to inpatient beds for adolescents can be fraught with difficulties⁸ and with the development of effective community based interventions for common mental health presentations in adolescents, the focus and function of inpatient care is changing.⁹ Inpatient care is often currently selected because the round-the-clock availability of nursing staff makes it possible to keep adolescents safe while assessments and interventions of their mental health is addressed.

The Royal College of Psychiatrists in the UK is currently engaged in a piece of work to create a guidance document that can advise on the scope and criteria to warrant admissions to adolescent inpatient mental health units the UK. This will have international applicability given the challenges over access and demand for services are similar across Canada, Australasia and Europe.^{7,10} There are a number of

sources of good practice to which CAMHS inpatients can refer^{11,12} but there is now an opportunity to ensure that any further guidance documentation produced is supported by an underpinning robust evidence base.

The Quality Network for Inpatient CAMHS (QNIC) standards, developed by the Royal College of Psychiatrists were introduced in the UK 2001 and have been reviewed biannually since. They provide service standards against which inpatient CAMHS units can elect to be audited.¹¹ One of the sections in this audit document covers access and admission. Within this category, one statement is that senior clinical staff members make decisions over the admission of an adolescent and this can be moderated if safety or therapeutic activity will be affected in their view. There is a further statement that adolescents at severe risk can be admitted as emergencies. There are standards relating to process for exceeding bed capacity, for not admitting and for effective discharge planning. What is absent are specific criteria about what adolescents present with that determine whether admission is required. Similarly there is a lack of agreed criteria for when discharge is indicated.

In the national mapping of the CAMHS inpatient units across England¹² it was highlighted that there was high demand and limited capacity to provide inpatient mental health care for this population, suggesting as a solution for the patient flow the introduction of a pre-admission assessment. A preliminary search for existing scoping and systematic reviews was conducted looking for admission criteria for adolescent inpatient mental healthcare. The search was conducted on the following databases: Campbell Collaboration Library of Systematic Reviews; Cochrane Database of Systematic Reviews, Evidence for Policy and Practice Information Centre databases; JBI Database of Systematic Reviews and Implementation Reports, International Prospective Register of Systematic Reviews (PROSPERO); Social Care Institute for Excellence database; CINAHL and PsycINFO. There are two reviews registered on PROSPERO that are looking at characteristics of inpatient CAMHS and treatment outcomes^{13,14} but neither are addressing admission criteria. In the Campbell Collaboration database, there was one published review looking at the effectiveness of treatment foster care for adolescents, but not specifically criteria for admission.¹⁵

This proposed scoping review will therefore fill in the gap in the literature while at the same time providing the evidence base for the Royal College of Psychiatrists guidance document.

Review Question

The question of this review is

What are the admission and discharge criteria for adolescents to mental health inpatient care?

The objectives will be

- To identify the criteria for admission to mental health inpatient or residential care for adolescents

- To identify the criteria for discharge from mental health inpatient or residential care for adolescents
- To identify the criteria for not admitting adolescents to mental health inpatient or residential care

Keywords

Adolescents; mental health, admission, discharge

Inclusion Criteria

Participants

This scoping review will consider all studies that focus on adolescents between the ages of eleven and nineteen years, presenting with mental health difficulties suggestive of meeting diagnostic criteria i.e DSM V and ICD 10 on admission to an inpatient mental health unit or residential treatment centres and is inclusive and may encompass psychosis, eating disorders and mood disorders.

Concept

Reason for admission to inpatient mental health care; for example severe self-harming behaviour.

Reason for discharge from inpatient mental health care, for example no longer an immediate risk to self .

Reason for not admitting to inpatient mental health care, for example can be managed safely at home

Context

This scoping review will consider studies that have been conducted in facilities that provide mental health inpatient or residential care for adolescents. This will include hospitals, independent health units and residential treatment centres.

Types of studies

This scoping review will consider quantitative and qualitative and textual and opinion data

Quantitative

This scoping review will consider both experimental and quasi-experimental study designs including randomized controlled trials, non-randomized controlled trials, before and after studies and interrupted time-series studies. In addition, analytical observational studies including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs including case series, individual case reports and descriptive cross-sectional studies for inclusion.

Qualitative

This scoping review will consider studies that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

Textual and opinion

This scoping review will consider standards for clinical care, consensus guidelines, narrative case reports, literature reviews including expert opinion, published discussion papers, government policy reports or reports accessed from web pages of professional organizations.

Studies published in the English language will be included. Studies published from 2009 to the present will be included. In 2009 Kurtz published a review for the UK Department of Health identifying the 'Evidence Base for Tier 4 CAMHS' (inpatient provision) drawing on the evidence available at that point.¹³ In this review, Kurtz identified that the inpatient services were developing from not only inpatient services, but to develop complex outpatient 'wrap around services' for adolescents, and that the inpatient services should be reserved for 'highly specialist assessment in a controlled environment and away from the family'. The review recognized that although there may be benefits in this approach, it would not necessarily be the best intervention for all adolescents and recommended a comprehensive pre-admission evaluation of the child's suitability for treatment in a psychiatric inpatient setting before admission.¹⁶ This scoping review will consider studies published since the publication of this 2009 report.

Exclusion Criteria

The exclusion criteria for this scoping review are as follows:

Papers that do not report empirical studies.

Studies that focus primarily on children (under the age of eleven) or adults (over the age of nineteen).

Studies that focus on alternatives to inpatient care.

Services specifically for learning disabilities only and forensic services

Methods

The proposed scoping review will be conducted in accordance with the Joanna Briggs Institute methodology for scoping reviews.¹⁷

Search Strategy

The search strategy will aim to locate both published and unpublished studies. An initial limited search of PsycINFO and CINAHL has been undertaken followed by analysis of the text words contained in the titles and abstract, and of index terms used to describe the articles. This informed the development of a search strategy which will be tailored for each information source. A full search strategy for PsycINFO is detailed

in Appendix I. The search strategy, including all identified keywords and index terms will be adapted for each included information source. The reference list of all included studies selected for will be screened for additional studies.

Information Sources:

The databases to be searched will include:

On the OVID platform:

MEDLINE

EMBASE

PsycINFO

On the EBSCO platform:

CINAHL

ERIC

On the ProQuest platform

British Nursing index

ASSIA

ProQuest Dissertations & Thesis

The trial registers to be searched include:

Cochrane Central Register of Controlled Trials

The search for unpublished studies and other gray literature will include:

OpenGrey

e-thesis online service for the British Library (Ethos)

Websites of professional organisations; for example Royal College of Psychiatrists, Royal College of Nursing, International Society for Psychiatric Nursing, Headspace, Canadian Mental Health Association.

Contacting authors, experts and organisations active within the phenomenon of interest to attempt to identify further published, un-published and ongoing studies.

Study Selection

Following the search, all identified citations will loaded into Endnote V7.7.1 (Clarivate Analytics, PA, USA) and duplicates removed. Titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. Potentially relevant studies will be retrieved in full and their citation details imported into the Joanna Briggs Institute's System for the Unified Management,

Assessment and Review of Information (JBI SUMARI; The Joanna Briggs Institute, Adelaide, Australia). The full text of selected citations will be assessed in detail against the inclusion criteria by two independent reviewers. Reasons for exclusion of full text studies that do not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the study selection process will be resolved through discussion, or with a third reviewer. The results of the search will be reported in full in the final report and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) flow diagram,¹⁸ or will be replaced with PRISMA-ScR checklist when it becomes available.¹⁷

Data Extraction

The data extracted will include specific details about the populations, study methods and outcomes of significance to the review question and specific objectives. The template data extraction instrument from the JBI Reviewers Handbook chapter on scoping reviews will be adapted to suit this scoping review.¹⁷ This is in line with charting the data as outlined in stage four of Arksey and O'Malley's²¹ framework for conducting scoping reviews and updated by Levac et al.²² Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer. Authors of papers will be contacted to request missing or additional data where required.

Data Presentation

Findings, where possible, will be synthesised and presented in a tabular summary with the aid of narrative and figures where appropriate. The approach described by Arksey and O'Malley²¹ and Levac et al.²² will be followed with an overview of all the included material which will be summarized in tables and charts which map the literature. Literature will be tabulated using the following headings related to research design, geographical location, year of publication, characteristics of study population and the research outcomes. A narrative summary will accompany the tabulated results,²¹ this will describe how the results relate to the review objectives and question.¹⁷

Conflicts of Interest

There is no conflict of interest to report regarding this scoping review.

References

1. The NHS Confederation. Defining mental health services. Promoting effective commissioning and supporting QIPP. The NHS Confederation, 2012 [Internet]. [cited 2018 May 16] Available from http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Defining_mental_health_services.pdf

- 220 2. Office of Juvenile and Delinquency Prevention. Literature review. Residential treatment centers.
221 Office of Juvenile and Delinquency Prevention, 2011. [Internet]. [cited 2018 May 16] Available from
222 https://www.ojjdp.gov/mpg/litreviews/Residential_Treatment_Centers.pdf
- 223 3. Green J, McGinnity A, Meltzer H, Ford T. Inpatient treatment in child and adolescent psychiatry--a
224 prospective study of health gain and costs. *J Child Psychol Psychiatry*. 2007;48(12):1259–67.
- 225 4. World Health Organisation. Mental health action plan 2013-2020. 2013. World Health Organisation,
226 2013. [Internet]. [cited 2018 February 27]. Available from
227 http://www.who.int/mental_health/publications/action_plan/en/
- 228 5. Chow E, Zangeneh-Kazemi A, Aintan O, Chow-Tung E, Eppel A, Boylan K. Prescribing Practices of
229 Quetiapine for Insomnia at a Tertiary Care Inpatient Child and Adolescent Psychiatry Unit: A
230 Continuous Quality Improvement Project. *J Can Acad Child Adolesc Psychiatry*. 2017;26(2):98–103.
- 231 6. Beaglehole B, Frampton C, Boden J, Mulder R, Bell C. An evaluation of Health of the Nation
232 Outcome Scales data to inform psychiatric morbidity following the Canterbury earthquakes. *Aust NZ J*
233 *Psychiatry*. 2017;51(11):1098–105.
- 234 7. Signorini G, Singh SP, Boricevic-Marsanic V, Dieleman G, Dodig-Ćurković K, Franic T, et al.
235 Architecture and functioning of child and adolescent mental health services: a 28-country survey in
236 Europe. *Lancet Psychiatry*. 2017;4(9):715–24.
- 237 8. Stanton J, Lahdenperä V, Braun V. Adolescent Inpatient Unit: The Experiences and Views of
238 Community Mental Health Referrers. *Qual Health Res*. 2017;27(11):1664–74.
- 239 9. Lamb C. Alternatives to admission for children and adolescents: providing intensive mental
240 healthcare services at home and in communities: what works? *Curr. Opin. Psychiatry*. 2009; 22(4):
241 345–50.
- 242 10. Stewart L, Hirdes, J. Identifying mental health symptoms in children and youth in residential and in-
243 patient care settings. *Healthc Manage Forum*. 2015; 28(4):150–6.
- 244 11. Thompson P, Harriet C. Service standards. Eight Edition. Quality Network for Inpatient CAMHS
245 Service Standards. Royal College of Psychiatrists. 2016. [Internet]. [cited 2018 February 27].
246 Available from https://www.rcpsych.ac.uk/pdf/QNIC_Standards_2016_AW.pdf

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- 247 12. CAMHS Tier 4 Steering Group. Child and Adolescent Mental Health Services (CAMHS) Tier 4
248 Report. 2014. NHS England. [Internet]. [cited 2018 February 27]. Available from
249 <https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>
 - 250 13. Simons C, Hopwood M, Simmons M, Hayes C. Inside generic adolescent inpatient units: descriptions
251 of settings. 2017. PROSPERO International prospective register of systematic reviews. [Internet].
252 [cited 2018 February 27]. Available from
253 https://www.crd.york.ac.uk/prospERO/display_record.php?RecordID=80288
 - 254 14. Hayes C, Simmons M, Hopwood M, Simons C. Measuring effectiveness of generic adolescent
255 inpatient mental health units. 2017. PROSPERO International prospective register of systematic
256 reviews. 2017. [Internet]. [cited 2018 February 27]. Available from
257 http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42017058506
 - 258 15. Macdonald G, Turner W. Treatment foster care (TFC) for improving outcomes in children and young
259 people. Campbell Systematic Reviews. 2008. [Internet]. [cited 2018 February 27]. Available from
260 https://www.campbellcollaboration.org/media/k2/attachments/1031_R.pdf
 - 261 16. Kurtz Z. The evidence base to guide development of tier 4 CAMHS. (Department of Health. 2009).
 - 262 17. Peters M, Godfrey C, Kahlil H, McInerney P, Baldini Soares, C, Parker D. Chapter 11: Scoping
263 Reviews. In Joanna Briggs Institute Reviewer's Manual. In Aromataris E, Munn Z. (Editors). Joanna
264 Briggs Institute Reviewer's Manual. The Joanna Briggs Institute, 2017. [cited 2018 Feb 27] Available
265 from <https://reviewersmanual.joannabriggs.org/>
 - 266 18. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and
267 meta-analyses: the PRISMA statement. Ann Intern Med. 2009;151(4): 264–69.
 - 268 19. Godfrey C, Harrison M, Graham I, Ross-White A. Utilisation of theoretical models and frameworks in
269 the process of evidence synthesis. JBI Libr Syst Rev. 2010;8(18):730–51.
 - 270 20. Armstrong R, Hall BJ, Doyle J, Waters E. Cochrane Update 'Scoping the scope' of a Cochrane
271 review. J Public Health. 2011;33(1):147–50.
 - 272 21. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. Int J Soc Res
273 Methodol. 2005;8(1):19–32.

274 22. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. Implement Sci.
275 2010;5(1):1-9.
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278 **Appendix I – Initial search strategy for PsycINFO**

| Question part | Question term | Search terms |
|---------------|--|---|
| Population | Adolescents presenting with mental health difficulties | ((Adolescen* OR Teen* OR Youth OR) AND (Mental adj1 health OR Mental adj1 illness OR Psychiatr* OR Mental Disorders/MESH OR Mental Health/MESH) OR adolescent psychiatry/MESH OR child psychiatry/MESH) |
| AND | | |
| Concept | Reason for admission or discharge | Admit* OR Admission* OR Discharge* OR Facility admission/MESH OR Hospital Admission/MESH OR Psychiatric Hospital Admission/MESH or Facility Discharge /MESH OR Hospital Discharge/MESH OR Psychiatric Hospital Discharge/MESH OR Discharge Planning/MESH) |
| AND | | |
| Context | Facilities that provide mental health inpatient or residential care for adolescents | Inpatient OR In-patient OR Residen* OR Psychiatric Hospitalization/MESH OR Psychiatric Hospitals/Mental Health Services/MESH OR Residential Care Institutions OR Community Mental Health Services/MESH OR treatment facilities/MESH |

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