
Appendix A: Summary of evidence from surveillance

2021 surveillance of service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (NICE guideline CG136)

Overview

Identified studies are summarised from the information presented in their abstracts. Legislation is summarised from information available for the general public. Feedback from topic experts was considered alongside the evidence to reach a view on the need to update each section of the guideline.

Evidence from an Evidence Update for this topic was also considered. Evidence updates were produced by NICE to highlight new evidence relating to published NICE guidelines.

1.1 Care and support across all points on the care pathway

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guideline covers relationships and communication with patients and their families, providing information, avoiding stigma and promoting social inclusion, decisions, capacity and safeguarding, involving families and carers, and engaging service users in improving care.

This section of the guideline was developed using qualitative evidence, expert witness statements, other NICE guidelines and committee consensus, as well as the Mental Health Act (1983; amended 1995 and 2007) and the Mental Capacity Act (2005) legislations current at the time of guideline development.

New legislation, evidence and intelligence

Mental Health Act 1983

The [code of practice: Mental Health Act 1983](#) was updated in 2015 to take account of the way services and legislation has changed since 2008 when it was previously written. The 2015 Code of Practice aims to provide better protection for patients and clarify rights, responsibilities and roles.

The main changes to the Code of Practice include:

- five new guiding principles that should always be considered when making decisions in care, support or treatment.
- new chapters on human rights, care planning, equality and health inequalities
- consideration of when to use the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and when to use the Mental Health Act and information to support victims
- new sections on duties to support patients with dementia and immigration detainees, physical health care, and blanket restrictions
- updated chapters on the proper use of restrictive interventions, particularly seclusion and long term segregation, police powers and places of safety
- further advice on how to support children and young people, and people with a learning disability or autism.

Further guidance on implementing changes to police powers and places of safety provisions in the [Mental Health Act 1983](#) was published in October 2017.

Currently recommendation 1.1.10 links to [code of practice: Mental Health Act 1983](#) and [Mental Capacity Act \(2005\)](#) legislations stating: 'health and social care professionals should ensure they:

- understand and can apply the principles of the [Mental Capacity Act \(2005\)](#) appropriately
- are aware that mental capacity needs to be assessed for each decision separately
- can assess mental capacity using the test in the [Mental Capacity Act \(2005\)](#)
- understand how the [Mental Health Act](#) (1983; amended 1995 and 2007) and the [Mental Capacity Act \(2005\)](#) relate to each other in practice.'

The recommendation 1.1.10 wording itself is not impacted by the update to the Code of Practice, and the recommendation links directly to the landing page of the most recent update to the Code of Practice. As such, there is no impact on the guideline.

The Department of Health and Social Care (2018) [Modernising the Mental Health Act Increasing choice, reducing compulsion: final report of the independent review](#) sets out a

number of recommendations on how the Mental Health Act should change. The recommendations focus on improving freedom, choice, respect and access to help. The recommendations are aimed at National Government so do not impact directly on the guideline. However, should the Mental Health Act change in line with these recommendations then the guideline may need to be revised. This will be revisited in due course once any changes to legislation have been passed.

The Care Quality Commission (2019) evaluated how the Mental Health Act [Code of Practice](#) is being used in practice ([Mental Health Act Code of Practice 2015: an evaluation of how the Code is being used](#)). The report identified accessibility and staff training issues with the Code. However, the report makes recommendations aimed at the Department of Health and Social Care, which is beyond the remit of NICE guidance. As such, no impact on the guideline is expected.

Mental Capacity Act

Under the [Mental Capacity Act \(Amendment\) 2019](#), the 'Deprivation of Liberty Safeguards' (DoLS) will be replaced by the Liberty Protection Safeguards (LPS). The target date for implementation is April 2022. DoLS is an assessment currently carried out on people who do not have the mental capacity to make their own decisions about their care.

The new system 'LPS', seeks to introduce a simpler process that involves families more and gives easier and faster access to assessments. It allows the NHS (rather than local authorities), to make decisions about their patients, allowing a more efficient and clearly accountable process. The new system considers restrictions of people's liberties as part of their overall care package and provides annual funds for local authorities. However, the report makes recommendations aimed at the Department of Health and Social Care, which is beyond the remit of NICE guidance. As such, no impact on the guideline is expected.

Evidence and intelligence

2014 Evidence Update

A systematic review and meta-analysis ([Henry et al., 2012](#)) of 26 studies demonstrated the importance of healthcare professionals' non-verbal communication skills – particularly listening, warmth and avoiding negativity – in achieving service user satisfaction.

A UK qualitative study ([Laugharne et al., 2012](#)) of the experiences and attitudes towards mental health care in people who had received compulsory inpatient treatment for psychosis (n=20), was identified. Patients perceived the need for a shifting balance of power, according to the severity of their illness and their own experience of care. Although service users valued clinicians' professional expertise, they also appreciated clinicians with a caring or kind attitude.

A qualitative study ([Gault et al., 2013](#)) from the UK of perspectives of treatment adherence in people (n=24) who had experienced compulsory drug treatment after partial or complete

non-adherence to drug treatment, was identified. Behaviour of professionals who listen to them was crucial in collaborative decision making on medication adherence.

A study ([Evans et al., 2012](#)) on service users' experience of inpatient care (n=397) found that service users who have been compulsorily admitted had significantly worse perceptions of the inpatient environment.

Current evidence

Data from the 2017 [Community mental health survey 2018](#) were published by the Care Quality Commission in November 2018. A total of 47,600 people was invited to take part in the 2018 survey (56 providers of NHS of mental health services in England), 12,796 people finally responded (28% response rate).

The results were compared with those of previous surveys developed yearly since 2014. The survey includes the assessment of [Quality Standard 14](#) linked to CG136. The QS14 includes 15 quality statements aiming to improve people's experience using NHS mental health services.

The report showed that people's experience of mental health services has deteriorated across several areas since the 2014 survey. In some areas, this represents a continued negative trend, with a consistent decline in results. Except the NICE quality statement 2 (treat with respect and dignity) that figure has remained broadly static, all other quality statements declined, since 2014.

The following year, the Care Quality Commission (2019) Community mental health survey 2019 captured the views of 12,551 individuals aged 18 years or older between September and November 2018. The report highlights that people's experience of mental health remains poor and appears to have declined consistently since 2014. Consistent with 2018 results, people diagnosed with non-psychotic and challenging disorders and younger people (aged 18-35 years) reported poorer experiences of using mental health services.

Topic experts and patient representative groups raised a number of overarching implementation issues around mental health services, highlighting that mental health services are still struggling to meet even basic demands.

Feedback from a topic expert indicated that families caring for young adults with learning disabilities are another group with very few community resources and often managing extraordinary situations alone. A patient representative group also highlighted the need to inform service users about the UNCRPD (UN Convention on the Rights of Persons with Disabilities) to know their rights as people with psychosocial disabilities. The UN Convention on the Rights of Persons with Disabilities was ratified by the UK in 2009. The [UK initial report](#) on the UN Convention Rights of Persons with Disabilities explains how the rights of disabled people as set out in the UN convention are protected by legislation and policy in the UK. It can potentially influence UK court decisions, either directly or through EU law or the European Convention on Human Rights. This feedback is more relevant to NICE guideline NG54 ([Mental health problems in people with learning disabilities: prevention, assessment](#)

[and management](#)) as this guideline covers preventing, assessing, and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice).

Impact statement

The evidence identified at the 2014 evidence update on negative experience of compulsory treatment and the importance of the gentle care approach is supportive of the current guidance. CG136 recommends to 'take extra care to understand and emotionally support the service user in crisis, considering their level of distress and associated fear, especially if they have never been in contact with services before, or if their prior experience of services has been difficult and/or they have had compulsory treatment under the Mental Health Act' (recommendation 1.5.2)'.

There have been new and updated legislations around mental health and a number of reports reviewing delivery of mental health services, highlighting that people's experience of mental health care still remains poor. These were also reported in community mental health surveys 2018 and 2019. However, the [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan](#) made a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment for mental health services by 2023/24. This implementation plan aims to ensure that the NHS provides high quality, evidence-based mental health services.

Currently recommendation 1.1.10 links to Mental Health Act [Code of Practice](#) and [Mental Capacity Act](#). The recommendation links directly to the landing page of the most recent update to the Code of Practice and Mental Capacity Act therefore no amendment is necessary.

1.2 [Access to care](#)

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guideline covers referral and access to care as well as working relationships with primary care services. It was developed using effectiveness and qualitative evidence, and committee consensus.

New legislation, evidence and intelligence

Equality Act 2010

The [Equality Act 2010](#) updates and supplements the numerous prior Acts and Regulations that formed the basis of anti-discrimination law in Great Britain. Equality Act 2010 is up to date with all changes known to be in force on or before 27 July 2020. Recommendation 1.2.4 indicates to consider the requirements of the Equality Act 2010 and make sure services are equally accessible to, and supportive of, all people using mental health services.

Evidence and intelligence

2014 Evidence Update

A UK qualitative study ([Edge et al., 2011](#)) exploring Black Caribbean women's views (n=42) on factors affecting the under-representation of this group among users of postnatal mental health services, was identified. Black Caribbean women felt that new care pathways, and more collaborative, community-based models are needed.

Current evidence

A systematic review and meta-analysis of 37 RCTs ([Thota et al., 2012](#)) found collaborative care models improve the management of depressive disorders. Collaborative care is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists

Feedback from a patient representative group indicated that there has been slow progress on changing the inequalities of mental health care for people from some Black and minority ethnic (BME) groups.

[Analysis of responses from BME people to our crisis care inquiry and subsequent Freedom of Information request on service access](#) suggests numerous barriers may reduce different BME communities' use of crisis care. Some of these barriers include:

- Waiting lists for access to mental health services are too long
- Access to talking treatments is still limited. Few crisis houses as alternatives to hospital are on offer
- Information on local support networks is lacking (while waiting to access services)
- Language differences make it harder to access help both practically and emotionally.

Impact statement

Topic experts commented on some implementation issues around access and inequality with BME groups. Recommendation 1.2.4 indicates to consider the requirements of the Equality Act 2010 and make sure services are equally accessible to, and supportive of, all people using

mental health services. As the recommendation refers directly to the most recent update to the Equality Act 2010, no impact on the recommendation is anticipated.

In addition, the [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan](#) made a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment for mental health services by 2023/24. The NHS implementation plan aims to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience and outcomes.

1.3 [Assessment](#)

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guidelines covers key problem relating to assessment and the key requirements for high quality service user experience. It was developed using effectiveness and qualitative evidence, expert witness statements, mental health legislation and committee consensus.

New evidence and intelligence

2014 Evidence Update

No studies relevant to this section of the guideline were identified.

Current evidence and intelligence

Experts feedback indicated that a link to the NICE guideline on [decision-making and mental capacity](#) (NG108) in this section of guideline may be of value. particularly as it includes a section on advance decisions as part of advance care planning. An editorial amendment will be made to add the link to this section of the guideline.

Impact statement

In line with expert feedback, an editorial amendment will be made to add a link to the NICE guideline on [decision-making and mental capacity](#) in this section of the guideline.

1.4 Community care

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guidelines covers key problem relating to community care and the key requirements for high quality service user experience. It was developed using effectiveness and qualitative evidence, expert witness statements, mental health legislation and committee consensus.

New legislation and evidence

NHS Long Term Plan

The [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) are set out to develop new and integrated models of primary and community mental health care. The legislations introduce a new place-based community mental health model. The new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use. The two plans were developed in line with NICE guidelines.

Evidence and intelligence

2014 Evidence Update

A meta-analysis 34 studies (n=90,483) ([McHugh et al., 2013](#)) investigating people's preferences towards psychological or drug treatment for mental health problems was identified. Across studies, the proportion preferring psychological treatment was significantly higher relative to medication.

Current evidence

Evidence from a Cochrane systematic review ([Kauppi et al., 2014](#)) with 2 studies (N=358) suggested that technology-based communication and support, promotes treatment compliance in people with serious mental illness compared with a standard care. Methods included mobile text message, e-mail or use of any other electronic device with the stated purpose of encouraging compliance and enhancing satisfaction.

The finding is in line with current recommendation (1.4.1) that indicates 'when communicating with service users use diverse media, including letters, phone calls, emails or text messages, according to the service user's preference'.

Appendix A: Summary of evidence from surveillance

Topic experts expressed concern that those with personality disorder and self-harm and eating disorders are not supported and cared for with the necessary respect and seriousness in the community. This was also highlighted in the Lord Darzi review of health and care [interim report](#). The [full report](#) of the Lord Darzi review indicates that in the future, care should be organised towards the 'neighbourhood NHS' where social health is given as much importance as physical and mental health and we should strive towards a system that holistically considers all aspects of care for a particular individual.

The [NHS Mental Health Implementation Plan](#) indicates that by 2023/2024, all STPs (Sustainability and Transformation Partnership)/ICSs (Intensive Community Support Services) will have received funding to develop and begin delivering new models of integrated primary and community care for adults and older adults with severe mental illnesses. This incorporates care for people with eating disorders, mental health rehabilitation needs, and complex mental health difficulties associated with a diagnosis of a 'personality disorder', among other groups.

Impact statement

Currently recommendation 1.4.5 states that a crisis plan should include: details of advance statements and advance decisions (see [recommendation 1.1.11](#)) links to [code of practice: Mental Health Act 1983](#) and [Mental Capacity Act \(2005\)](#). The recommendation links directly to the landing page of the most recent update to the Code of Practice and Mental Capacity Act therefore no amendment is necessary.

Topic experts expressed concern that those with personality disorder and self-harm and eating disorders are not supported in the community. Eating disorders is covered in [NICE Guideline NG69](#) (section 1.8 Physical and mental health comorbidities).

In addition, the [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan](#) made a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment for mental health services by 2023/24. This implementation plan aims to ensure that the NHS provides high quality, evidence-based mental health services.

1.5 [Assessment and referral in crisis](#)

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guideline covers the key problems relating to assessment and referral in crisis. It was developed using effectiveness and qualitative evidence, expert witness statements, and committee consensus.

New legislation and evidence

NHS Long Term Plan

The [NHS Long Term Plan](#) sets an ambition for more comprehensive crisis pathways in every area that are able to meet the continuum of needs and preferences for accessing crisis care, whether it be in communities, people's homes, emergency departments, inpatient services or transport by ambulance. By 2021, every single area in England will have a fully funded plan, covering the following:

- Every area in England will have a 24/7 mental health crisis service by 2021.
- Every service will be 'open-access' by 2021, meaning that people and families can self-refer, including those who are not already known to services.
- Investment in 24/7 intensive home treatment services in every area by 2021, so people can be cared for at home instead of hospital where appropriate.
- Long standing restrictions on older adult access to crisis services will be removed.

The [Mental Health Crisis Care Concordat](#) is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The mental health crisis care concordat indicates that the service commissioners and providers should work towards NICE quality standard QS14 (quality standard for service user experience in adult mental health), quality statement 5 (access to services) and 6 (joint care planning). This quality standard recommends that people in crisis referred to mental health secondary care services, are assessed face to face within 4 hours in a community location that best suits them; service users and GPs have access to a local 24-hour helpline staffed by mental health and social care professionals; and crisis resolution and home treatment teams are accessible 24 hours a day, 7 days a week, regardless of diagnosis.

Evidence and intelligence

2014 Evidence Update

No studies relevant to this section of the guideline were identified.

Current evidence

A pragmatic review, funded by NIHR ([Paton et al., 2016](#)) that included 9 NICE guidelines, 1 review of reviews, 6 systematic reviews and 15 primary studies, was identified. The findings showed important gaps in the crisis care pathway including access to support before crisis point and urgent and emergency access to crisis care. The authors concluded that more high quality research is needed on clinical and cost effectiveness of components of inpatient care, post-discharge transitional care and community mental health teams.

A topic expert highlighted that crisis care plans are not processed meaningfully to make the patients feel more in control of their treatment and decisions about their healthcare. And while the plan would be accepted in one mental health trust it could be disagreed with and changed in other mental health teams, which this may lead to hospital admissions in some cases.

Impact statement

The new evidence identified important gaps in the crisis care pathway including access to support before crisis point and urgent and emergency access to crisis care. A topic expert highlighted lack of resource and coordination between the mental health services. These were also identified in government reports and surveys of Mental Health Acts. The [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan](#) made a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment for mental health services by 2023/24. This implementation plan ensures that the NHS provides high quality, evidence-based mental health services. This includes a plan for mental health crisis care in hospitals and community.

1.6 [Hospital care](#)

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guideline covers key problems relating to hospital care and the key requirements for high quality service user experience. It was developed using effectiveness and qualitative evidence, expert witness statements, and committee consensus.

Legislation, evidence and intelligence

Mental Health Act and Mental Capacity Act

The [Code of Practice: Mental Health Act 1983](#) was updated in 2015 to take account of the way services and legislation has changed since 2008 when it was previously written. The 2015 Code of Practice aims to provide better protection for patients and clarify rights, responsibilities and roles. The changes to the Code include new chapters on human rights, care planning, equality and health inequalities; as well as consideration of when to use the Mental Health Act.

Currently recommendation 1.6.3 states: Undertake shared decision-making routinely with service users in hospital, including, whenever possible, service users who are subject to the [Mental Health Act](#) (1983; amended 1995 and 2007).

The update to the Code of Practice does not change the meaning of this recommendation and as such there is no impact on the guideline.

Evidence and intelligence

2014 Evidence Update

No studies relevant to this section of the guideline were identified.

Current evidence

A systematic review ([Staniszewska et al., 2019](#)) of 72 studies from 16 countries identified the key themes for improving experiences of inpatient mental healthcare. The review found that four dimensions consistently influenced inpatients' experiences of crisis and recovery-focused care: the importance of high quality relationships; averting negative experiences of coercion; a healthy, safe and enabling physical and social environment; and authentic experiences of patient-centred care. The critical elements for patients were trust, respect, safe wards, information and explanation about clinical decisions, therapeutic activities, and family inclusion in care. These are the focus of the current recommendations in CG136.

Evidence from a Cochrane systematic review ([Gillies et al., 2015](#)) of 12 studies (n=2605) suggested that consultation liaison improved mental health, satisfaction with care and adherence to treatment in people with some mental disorders, particularly those with depression. In consultation liaison, a mental health specialist works with the primary care provider to deliver appropriate care for people with mental health need. There was also some evidence from the systematic review suggesting that consultation liaison may not be as effective as collaborative care.

In line with the evidence above, the importance of access to care advocates was highlighted in the current guideline. Recommendation (1.6.13) states 'ensure that all service users in hospital have access to advocates who can regularly feedback to ward professionals any problems experienced by current service users on that ward. Advocates may be a formal

Independent Mental Health Advocate (IMHAs), or former inpatients who have been trained to be advocates for other service users not detained under the Mental Health Act (1983; amended 1995 and 2007).’ NICE is also currently developing a guideline on [advocacy services for adults with health and social care needs](#).

Impact statement

New evidence from a systematic review suggests that several experiences hinder recovery-focused care and must be addressed with the involvement of staff to provide high quality inpatient services. Evidence from another systematic review showed some benefit in consultation liaison in improving mental health and satisfaction with care and adherence to treatment, although not as effective as collaborative care. The evidence on trust, information and explanation about clinical decisions, and family inclusion in care have been covered in the guideline and are in line with current recommendations.

1.7 [Discharge and transfer of care](#)

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guidelines covers key problems relating to discharge from hospital or community care, and transfer of care and the key requirements for high quality service user experience. It was developed using effectiveness and qualitative evidence, expert witness statements, mental health legislation and committee consensus.

Legislation, evidence and intelligence

Review of the Mental Health Act

The Department of Health and Social Care (2018) [Modernising the Mental Health Act Increasing choice, reducing compulsion. Final report of the Independent Review of the Mental Health Act 1983](#) sets out a number of recommendations on how the Mental Health Act should change. The recommendations focus on improving freedom, choice, respect and access to help and also plan for discharge. The recommendations are aimed at National Government so do not impact directly on the guideline. However, should the Mental Health Act change in line with these recommendations then the guideline may need to be revised. This will be revisited in due course once any changes to legislation have been passed.

Evidence and intelligence

2014 Evidence update

No studies relevant to this section of the guideline were identified.

Current evidence

A patient representative group feedback highlighted that their work on [leaving hospital](#) showed that 1 in 3 people are often discharged with less than 48 hours' notice which is not in line with NICE recommendation 1.7.5 ('When plans for discharge are initiated by the service, give service users at least 48 hours' notice of the date of their discharge from a ward'). The patient group has also commented that when patients are discharged from mental health services, they are not signposted to any local support networks or online resources and often follow-up is inadequate or does not exist.

The recommendations in CG136 include the following advice:

- Anticipate that withdrawal and ending of treatments or services, and transition from one service to another, may evoke strong emotions and reactions in people using mental health services. Ensure that: the care plan supports effective collaboration with social care and other care providers during endings and transitions, and includes details of how to access services in times of crisis (1.7.1)
- Give service users clear information about all possible support options available to them after discharge or transfer of care (1.7.4).
- When preparing a service user for discharge, give them information about the local patient advice and liaison service (PALS) and inform them they can be trained as an advocate or become involved in monitoring services if they choose (1.7.5).

The patient group's feedback does not conflict with the recommendations but clearly highlights implementation issues in practice.

There is a Cochrane review in development looking at [transitional discharge](#) interventions for people with serious mental illness. The protocol was published December 2019. It is unclear how the study will influence the guideline and publication plans are unknown.

The patient representative group has also highlighted the importance of introducing Peer Supported Open Dialogue and the increased use of peer support workers to improve mental health experience. Peer supported open dialogue is a variant of the 'open dialogue' approach that is currently practised in Finland and is being trialled in several countries around the world. The core principle of the approach is the provision of care at the social network level, by staff who have been trained in family, systems and related approaches.

A NIHR-funded study ([Johnson et al., 2018](#)) of 440 people found a moderate effect of peer support in reducing readmissions from about 40% to less than 30%. However, there was no clear impact on self-rated recovery. There is an ongoing study looking at [peer support](#) for

discharge from inpatient to community mental health services in the UK which ran from March 2014 to August 2019. It is unclear how the study will influence the guideline and publication plans are unknown.

Impact statement

New evidence showed moderate effect of peer support in reducing readmissions. Current guidance supports the use of peer support in community care (recommendation [1.4.4](#)).

[Final report of the Independent Review of the Mental Health Act 1983](#) sets out a number of recommendations on how the Mental Health Act should change. The legislation does not conflict with the guideline. However, should the Mental Health Act change in line with these recommendations then the guideline may need to be revised. This will be revisited in due course once any changes to legislation have been passed.

Topic experts raised a number of overarching implementation issues around mental health services, discharge and transfer of care, highlighting that inpatients are often discharged with less than 48 hours' notice. The [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan](#) made a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment for mental health services by 2023/24. The NHS implementation plan aims to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience, and outcomes.

1.8 [Assessment and treatment under the Mental Health Act](#)

Surveillance proposal

This section of the guideline should not be updated.

Background

This section of the guidelines covers the key problems relating to assessment, referral and treatment under a section of the Mental Health Act and the key requirements for high quality service user experience. It was developed using effectiveness and qualitative evidence, expert witness statements, mental health legislation and committee consensus.

Legislation, evidence and intelligence

Mental Health Act

The [code of practice: Mental Health Act 1983](#) was updated in 2015 to take account of the way services and legislation has changed since 2008 when it was previously written. The

2015 Code of Practice aims to provide better protection for patients and clarify rights, responsibilities and roles. The main changes to the Code include:

- five new guiding principles
- new chapters on human rights, care planning, equality and health inequalities
- consideration of when to use the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and when to use the Mental Health Act and information to support victims
- new sections on duties to support patients with dementia and immigration detainees, physical health care, and blanket restrictions
- updated chapters on the proper use of restrictive interventions, particularly seclusion and long term segregation, police powers and places of safety
- further advice on how to support children and young people, and people with a learning disability or autism.
- Further guidance on implementing changes to police powers and places of safety provisions in the Act was published in October 2017.

Currently recommendations in section 1.8 refer to this legislation and include guidance on detaining service users under the Mental Health Act (1983; amended 1995 and 2007).

Mental Health Act reviews

The Care Quality Commission (2019) evaluated how the Mental Health Act [Code of Practice](#) is being used in practice ([Mental Health Act Code of Practice 2015: an evaluation of how the Code is being used](#)). The report identified accessibility and staff training issues with the Code. However, the report makes recommendations aimed at the Department of Health and Social Care, which is beyond the remit of NICE guidance. As such, no impact on the guideline is expected.

The Department of Health and Social Care (2018) [Modernising the Mental Health Act Increasing choice, reducing compulsion: final report of the independent review of the Mental Health Act 1983](#) sets out recommendations for government on how the Act and associated practice needs to change.

The final report covering 4 principles that the review believes should underpin the reformed Act:

- choice and autonomy – ensuring service users’ views and choices are respected
- least restriction – ensuring the Act’s powers are used in the least restrictive way
- therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Act
- people as individuals – ensuring patients are viewed and treated as rounded individuals

A total 154 recommendations for improvement were made and the government is accepting 2 of the review's recommendations to modernise the Mental Health Act:

- Those detained under the Act will be allowed to nominate a person of their choice to be involved in decisions about their care. Currently, they have no say on which relative is contacted.
- People will also be able to express their preferences for care and treatment and have these listed in statutory 'advance choice' documents.

The current recommendation in CG136 indicates that professionals should 'ask if the service user would like a family member, carer or advocate with them (1.8.3). The recommendation 1.6.6 indicates that service users in hospital should be offered an opportunity to meet with a specialist mental health pharmacist to discuss medication choices and any associated risks and benefits. Therefore, the recommendations in CG136 are unlikely to be impacted by the update of the Code of Practice and the review of the Code as the intent is the same, and the recommendations link directly to the landing page of the most recent update to the Code of Practice. As such, no impact on the guideline is anticipated.

Evidence and intelligence

2014 Evidence Update

No studies relevant to this section of the guideline were identified.

Current evidence

Evidence from a Cochrane systematic review ([Kisely et al.,2017](#)) of 3 studies (n=749 patients) suggested that overall compulsory community treatment (CCT) for people with severe mental illness was no more likely to result in better service use, social functioning, mental state or quality of life compared with standard 'voluntary' care. However, people in the trial receiving CCT were less likely to be victims of violent or non-violent crime. The review authors concluded that the trials may not reflect the complexity of the intervention, and that further research was needed.

A topic expert felt that the section on 'Assessment and Treatment under the Mental Health Act' may need to be updated in light of the Mental Health Act. However, the current recommendations in this section are not in conflict with the Act, and as such no update to this section of the guideline is proposed.

Impact statement

There has been new legislation around mental health and a number of reports reviewing mental health services, highlighting that people's experience of mental health care still remains poor. [Final report of the Independent Review of the Mental Health Act 1983](#) sets out recommendations for government on how the Mental Health Act and associated practice needs to change. The current legislation does not conflict with the guideline. However,

should the Mental Health Act change in line with these recommendations then the guideline may need to be revised. This will be revisited in due course once any changes to legislation have been passed.

There is new evidence on community treatment orders which showed no clear benefits. Topic experts have raised a number of overarching issues around mental health services, including changes to Mental Health Act legislation and highlighting that mental health services are still struggling to meet even basic demands. The current recommendations (section 1.8) refer directly to the most recent update to the Mental Health Act, therefore no impact on the recommendation is anticipated. Furthermore, the [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan](#) made a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment for mental health services by 2023/24. This implementation plan aims to ensure that the NHS provides high quality, evidence-based mental health services.

Research recommendations

[2.1 Training in the use of the national quality standard and guidance on service user experience of care](#)

For people using adult mental health services, what is the effect of training community mental health teams (CMHTs) and inpatient ward staff in the use of the national quality standard and underpinning guidance on service user experience, when compared with no training, on service users' experience of care?

No new evidence relevant to the research recommendation was found and no ongoing studies were identified.

[2.2 Late access to services and compulsory and intensive treatment](#)

For people using adult mental health services, what are the personal and demographic factors associated with late access to services and an increased likelihood of compulsory and intensive treatment, and what are the key themes that are associated with poor engagement? (This should include an examination of factors that impact on access to services among younger people and older adults).

No new evidence relevant to the research recommendation was found and no ongoing studies were identified.

[2.3 Shared decision-making](#)

For people using adult mental health services, what are the key aspects of 'shared decision-making' that they prefer, and does a training programme for health and social care professionals designed around these key aspects, when compared with no training, improve service users' experience of care?

No new evidence relevant to the research recommendation was found and no ongoing studies were identified. NICE is currently developing a guideline on [shared decision making](#).

[2.4 Activities and occupations on inpatient wards](#)

For people receiving adult mental health hospital care, what activities and occupations do service users want when staying on inpatient wards?

No new evidence relevant to the research recommendation was found and no ongoing studies were identified.

[2.5 Compulsion, control and restraint](#)

For people using adult mental health services, how is compulsory treatment and 'control and restraint' used in different settings and what is the impact on the service user?

No new evidence relevant to the research recommendation was found and no ongoing studies were identified.

Additional research recommendation in the full guideline

Access to care

What is the impact of training local minority ethnic organisations/associations in the recognition of mental health problems in their own communities and what basic interventions would enhance engagement with mental health services? This should include training the local mental health service (CMHT) in cultural competence appropriate to the local ethnic groups.

No new evidence relevant to the research recommendation was found and no ongoing studies were identified.

Assessment

What is the extent to which people using adult mental health services know their diagnosis and what they understand by it? A survey and purposively sampled selection of in depth interviews should be used, including asking if service users wish to know their diagnosis, and if so, what do they want to know. In addition, the research should aim to identify any inter-diagnostic differences in preferences and needs for knowledge.

No new evidence relevant to the research recommendation was found and no ongoing studies were identified.

Community care

How can providers of mental health services help to reduce stigma experienced by people with mental health problems? Local authorities and health and social care providers should evaluate the impact of local strategies to reduce the stigma of people experiencing mental health problems locally.

Study should be conducted to evaluate the extent to which service users have access to information about themselves (care records), about their condition and its treatment and access to local resources within the voluntary/third sector. The study should also identify the information needs for service users and quantify the 'information gap' between the needs of service users and that which is provided. This study should be undertaken within community settings using a combination of surveys and interviews.

No new evidence relevant to the research recommendations was found and no ongoing studies were identified.

Hospital care

For people receiving adult mental health hospital care, what is the impact of an intensive treatment approach, including full access to psychological therapies recommended in NICE guidelines, training staff in person-centred care and providing a good range of occupation and activity 7 days a week? Outcomes would include exit interviews to determine the impact on service user experience, including perceived safety, estimates of quality of life and global functioning, basic clinical outcomes and costs.

Appendix A: Summary of evidence from surveillance

For people receiving adult mental health hospital care, what is the effect of incorporating past service users as trained advocates compared to treatment as usual? Outcomes, determined by survey, exit interviews by trained past service users and selected in depth interviews, should include the experience of care, perceived safety, extent of perceived control over clinical decisions by service users, including those treated under the Mental Health Act and those treated informally.

For people using adult mental health services, what is the effect of 'person-centred care' training for professionals on service user experience of care? The intervention would be provided to health and social care professionals and supporting staff who may come into contact with service users such as receptionists, administrators, secretaries and housekeeping staff. Outcomes, determined by survey, exit interviews by trained past service users and selected in depth interviews, should include the experience of care, perceived safety, extent of perceived control over clinical decisions by service users, including those treated under the Mental Health Act and those treated informally. The appropriateness of this approach for different types of services (i.e., inpatient, community, outpatient clinic) should be evaluated.

No new evidence relevant to the research recommendations was found and no ongoing studies were identified.

[Discharge and transfer of care](#)

For people using adult mental health services, what is the experience of discharge from community teams to primary care, and from inpatient settings to community teams and to primary care? The study would aim to characterise the ways in which discharge currently happens and its impact upon the service users' experience, rates of readmission as these relate to different approaches to discharge, and treatment concordance. This work should include the experiences of younger people and older adults.

New evidence ([Johnson et al., 2018](#)) and 2 ongoing studies ([transitional discharge; peer support](#)) relevant to the research recommendation were found. In line with the current recommendations the new evidence showed that peer support can reduce hospital readmission. However the research recommendation is not fully addressed as the new evidence does not include experiences of younger people and older adults.

[Detention under Mental Health Act](#)

For people using adult mental health services, how is compulsory treatment and 'control and restraint' used in different settings and what is the impact on the service user?

New evidence ([Kisely et al., 2017](#)) relevant to the research recommendation was found. The new evidence shows that compulsory community treatment was no more likely to result in better service use, social functioning, mental state or quality of life compared with standard 'voluntary' care.

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