



# 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)

Surveillance report

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# Contents

Surveillance decision .....	3
Reasons for the decision .....	3
Overview of 2021 surveillance methods .....	5
Evidence considered in surveillance .....	5
Ongoing research .....	6
Intelligence gathered during surveillance .....	6
Equalities .....	8
Overall decision .....	9

## Surveillance decision

We will not update the [NICE guideline on service user experience in adult mental health](#). We plan to look at all the mental health guidelines in NICE's portfolio together in order to explore the implications of system drivers including the NHS Long Term Plan and the impact of COVID-19 on service delivery on our recommendations.

## Reasons for the decision

There has been new legislation including an amendment to the Mental Health Act, and a number of reports reviewing mental health services, highlighting that people's experience of mental health care still remains poor. Overall, NICE's guideline recommendations are relevant to current practice and are not in conflict with new evidence.

Stakeholders were consulted on the decision not to update. Following consultation, several stakeholders indicated that COVID-19 has greatly impacted mental health services (see [views of stakeholders](#)).

Topic experts and patient representative groups 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 [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 NICE guideline currently links directly to the landing page of the most recent update to the Mental Health Act. The current legislation does not conflict with the NICE guideline. However, should the Mental Health Act change in line with these recommendations then the NICE guideline may need to be revised. This will be revisited in due course once any changes to legislation have been passed.

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.

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

# Overview of 2021 surveillance methods

NICE's surveillance team checked whether recommendations in [NICE's guideline on service user experience in adult mental health](#) remain up to date.

The surveillance process consisted of:

- Feedback from topic experts, guideline committee lay members, and patient group representatives via a questionnaire.
- A search for new or updated Cochrane reviews, legislation, and national policy.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the proposal not to update with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual](#).

## Evidence considered in surveillance

We conducted an initial search for relevant Cochrane reviews and national policy and legislation in this area. The results of these searches, alongside information suggested by topic experts, lay members and patient representatives was deemed sufficient to proceed with the surveillance review. Furthermore, the focus of the NICE guideline is around service delivery, with a social care element, both of which are more driven by policy and

legislation. As such no additional evidence searches were undertaken.

## Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 3 studies were assessed as having the potential to change recommendations. Therefore, we plan to regularly check whether these studies have published results and evaluate the impact of the results on the current recommendations as quickly as possible. These studies are:

- [Peer support for discharge from inpatient to community mental health services \(ISRCTN10043328\)](#).
- [Is open dialogue more clinically-effective and cost-effective than standard care for people who present to services in mental health crisis? \(ISRCTN52653325\)](#).
- [Transitional discharge interventions for people with serious mental illness \(Cochrane Database of Systematic Reviews; 2019; no. 12\)](#).

See [appendix A](#) for details of all evidence considered, and references.

## Intelligence gathered during surveillance

### Views of topic experts, lay members, and patient group representatives

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty.

For this surveillance review, we also considered the views of patient representative groups and lay members who completed a questionnaire about developments in evidence, policy and services related to the NICE guideline.

We sent questionnaires to 13 topic experts and received 4 responses. The experts who responded included a GP, a psychiatrist, a service manager for mental health and a consultant nurse in learning disabilities. We also sent questionnaires to 13 patient groups and lay members and received 5 responses. Three lay members and 2 patient groups (PAPYRUS [Prevention of Young Suicide] and Mind) responded.

Topic experts and patient representative groups highlighted lack of resource and coordination between the mental health services which is impacting on implementation of the NICE guideline recommendations. These issues were also identified in government reports and surveys of Mental Health Acts.

## Implementation of the guideline

Topic experts and patient groups raised a number of overarching implementation issues around mental health services in hospitals and the community. In addition, the [Community mental health survey 2018](#) and [Community mental health survey 2019](#) which include an assessment of [NICE's quality standard on service user experience in adult mental health services](#) indicated that people's experience of mental health services has deteriorated across several areas since the 2014 version of the survey (see [summary of evidence from surveillance](#)).

## Other sources of information

We considered all other correspondence received since the NICE guideline was published. We considered a communication from an external enquirer who commented that the issue of informed consent is appropriately discussed with regards to physical ailments but feels it is missing from NICE guidance relating to mental health. It was noted that consideration of informed consent is included in the NICE guideline, which states: 'People have the right to be involved in discussions and make informed decisions about their care, as described in [making decisions about your care](#).' Therefore, this enquiry was assessed as having no impact.

## Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because this surveillance proposal was to not update the guideline, we consulted with stakeholders.

Overall, 5 external stakeholders commented, none of whom agreed with the proposal to not update. Stakeholders comprised of representatives from 2 royal colleges, 1 charity, 1 commercial company and 1 topic expert. Stakeholders highlighted issues around the impact of COVID-19 on mental health services. They highlighted that it has resulted in reduced staffing, longer waiting times, disruption of assessment and increasing demand for mental health services. Stakeholders also expressed concerns about the COVID-19

impact on staff wellbeing, infection control and uncertainty about the risks and benefits of using telemedicine with mental health service users. One stakeholder suggested that the NICE guideline would benefit from recommendations about useful ways of working during COVID-19.

Stakeholders also commented that there is a lack of recommendations about specific groups. These are discussed in the [equalities section](#).

No stakeholders identified fundamental issues with the NICE guideline or thought published evidence had been missed during the surveillance process.

See [appendix B](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual](#) for more details on our consultation processes.

## Equalities

Topic experts commented on some implementation issues around access to services among black and minority ethnic groups. Recommendation 1.2.4 in the NICE guideline indicates to take into account the requirements of the [Equality Act 2010](#) and make sure services are equally accessible to, and supportive of, all people using mental health services. The Equality Act 2010 is up to date with all changes known to be in force on or before 27 July 2020.

In addition, the [NHS Long Term Plan](#) and [NHS Mental Health Implementation Plan](#) aim to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience and outcomes by 2023/24.

Two stakeholders commented that not all groups with protected characteristics are mentioned in the NICE guideline and that LGBT people, homeless people and people who use illicit substances should have specific recommendations. The impact of recommendations in relation to the Equality Act 2010 was considered as part of the [equality impact assessment for the NICE guideline](#) and recommendations are assessed as being applicable to these groups. NICE has also published several guidelines aimed at managing substance abuse in mental health settings including the [NICE guideline on drug misuse in over 16s: psychosocial interventions](#). As such, no changes are required.



## Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary.

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