Bipolar disorder, psychosis and schizophrenia in children and young people

NICE quality standard

Draft for consultation

May 2015

Introduction

This quality standard covers the recognition, early intervention and management of bipolar disorder, psychosis and schizophrenia (including related psychotic disorders such as schizoaffective disorder, schizophreniform disorder and delusional disorder) in children and young people under 18. It also includes children and young people considered to be at high risk or experiencing early symptoms of bipolar disorder, psychosis or schizophrenia. For more information see the bipolar disorder, psychosis and schizophrenia in children and young people overview.

Why this quality standard is needed

Bipolar disorder is a potentially lifelong and disabling condition characterised by episodes of mania (abnormally elevated mood or irritability and related symptoms, with severe functional impairment or psychotic symptoms for 7 days or more) or hypomania (abnormally elevated mood or irritability and related symptoms, with decreased or increased function for 4 days or more), alternating with episodes of depressed mood. Prevalence data for children and young people are limited. The peak age of onset is 15–19 years, and the condition is rare in children under 12 years. There is often a substantial delay between onset and first contact with mental health services.

Psychosis and the specific diagnosis of schizophrenia represent a major psychiatric disorder or cluster of disorders that alter a person's perception, thoughts, mood and behaviour. The symptoms of psychosis are usually divided into 'positive symptoms', including hallucinations (perception in the absence of any stimulus) and delusions

(fixed or falsely held beliefs) and ‘negative symptoms’ (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect). The prevalence of psychotic disorders in children aged between 5 and 18 years is estimated to be 0.4%, with incidence increasing significantly from 15 years onwards. Schizophrenia accounts for 24.5% of all psychiatric admissions in young people aged 10–18 years.

Bipolar disorder, psychosis and schizophrenia are commonly preceded by a ‘prodromal period’, in which the child or young person’s behaviour and experiences are altered. Not all children and young people who experience early symptoms will go on to develop bipolar disorder, psychosis or schizophrenia, but it is important to identify those at risk so that appropriate support can be provided.

Bipolar disorder, psychosis and schizophrenia are associated with very high levels of:

- need for mental and physical health services
- personal, social, educational and occupational impairment
- suicide risk
- pressure on parents and carers.

The prognosis for psychosis and schizophrenia is worse when onset is in childhood or adolescence.

Early referral to specialist mental health services is very important, so that appropriate interventions can be made to improve prognosis and outcomes. Diagnosis of these conditions is complex, and diagnostic instability is usual in children and young people. Bipolar disorder is particularly difficult to diagnose in children and young people because of the nature of its presentation and complex comorbidities such as anxiety disorders, substance misuse, personality disorders and attention deficit hyperactivity disorder.

Treatment includes pharmacological and psychological interventions. Antipsychotic medication may be used for a limited period during episodes of mania or hypomania in young people with bipolar disorder. Antipsychotic medication is also the primary treatment for psychosis and schizophrenia, but there is limited evidence of its efficacy in children and young people. There are also concerns that children and

young people are more sensitive than adults to the potential adverse effects of antipsychotics, including weight gain, metabolic effects and movement disorders. A range of psychological interventions are also offered to children and young people with bipolar depression, psychosis or schizophrenia, including individual therapies and family interventions. The provision of these therapies for children and young people is variable and evidence of efficacy is limited.

The care pathway for children and young people with bipolar disorder, psychosis or schizophrenia has many common elements, although it is important to note the differences in the approaches to treatment. This quality standard will focus both on areas of improvement that are common to these conditions, such as early referral, monitoring antipsychotic medication, physical health promotion, education and carer support; as well as on condition-specific improvements related to treatment and crisis support.

The quality standard is expected to contribute to improvements in the following outcomes:

- duration of untreated psychosis
- severe mental illness premature mortality
- hospital admissions
- educational attainment
- health-related quality of life
- service user experience of mental health services
- quality of life for carers
- detention rates under the Mental Health Act.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which

it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–2016.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicator*** 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people ***Improvement areas*** **Reducing premature mortality in people with mental illness** 1.5i Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9) *iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services* ** (PHOF 4.10)
2 Enhancing quality of life for people with long-term conditions	***Improvement areas*** **Enhancing quality of life for carers** 2.4 Health-related quality of life for carers** (ASCOF 1D) **Enhancing quality of life for people with mental illness** 2.5i Employment of people with mental illness** (ASCOF 1F & PHOF 1.8) *ii Health-related quality of life for people with mental illness*** (ASCOF 1A & PHOF 1.6)
3 Helping people to recover from episodes of ill health or following injury	***Improvement area*** **Improving outcomes from planned treatments** 3.1 Total health gain as assessed by patients for elective procedures *ii Psychological therapies* *iii Recovery in quality of life for patients with mental illness*

4 Ensuring that people have a positive experience of care	***Overarching indicators*** 4b Patient experience of hospital care *4c Friends and family test* *4d Patient experience characterised as poor or worse* *i Primary care ii Hospital care* ***Improvement areas*** **Improving people's experience of outpatient care** 4.1 Patient experience of outpatient services **Improving hospital's responsiveness to personal needs** 4.2 Responsiveness to inpatients' personal needs **Improving experience of healthcare for people with mental illness** *4.7 Patient experience of community mental health services* **Improving children and young people's experience of healthcare** *4.8 Children and young people's experience of inpatient services* **Improving people's experience of integrated care** *4.9 People's experience of integrated care*** (ASCOF 3E)
Alignment with Adult Social Care Outcomes Framework and Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary *Indicators in italics are in development*	

Table 2 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors which affect health and wellbeing and health inequalities **Indicators** 1.3 Pupil absence 1.5 16–18 year olds not in education, employment or training
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities **Indicators** 2.9 *Smoking prevalence – 15 year olds (Placeholder)* 2.10 Self-harm
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities ***Indicators*** 4.3 Mortality rate from causes considered preventable** (NHSOF 1a) 4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5) 4.10 Suicide rate
Alignment with Adult Social Care Outcomes Framework and Public Health Outcomes Framework * Indicator is shared. ** Indicator is complementary *Indicators in italics are in development*	

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to bipolar disorder, psychosis and schizophrenia in children and young people.

Coordinated services

The quality standard for bipolar disorder, psychosis and schizophrenia in children and young people specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole bipolar disorder or

psychosis and schizophrenia care pathways. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people with bipolar disorder, psychosis or schizophrenia.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing high-quality bipolar disorder or psychosis and schizophrenia services are listed in Related quality standards. [Link to section in web version]

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing, caring for and treating children and young people with bipolar disorder, psychosis or schizophrenia should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting children and young people with bipolar disorder, psychosis or schizophrenia. If appropriate, health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

[In final web version hyperlink each statement to the full statement below.]

Statement 1. Children and young people presenting in primary care with symptoms of possible bipolar disorder or psychosis are referred to a specialist mental health service for assessment.

Statement 2. Children and young people with a first episode of psychosis start treatment in a specialist mental health service within 2 weeks of referral.

Statement 3. Children and young people newly diagnosed with bipolar depression or a first episode of psychosis are offered a psychological intervention.

Statement 4. Family members of children and young people with a first episode of psychosis are offered family intervention.

Statement 5. Children and young people with bipolar disorder, psychosis or schizophrenia have comprehensive physical health assessments that include advice on healthy eating, physical activity and smoking.

Statement 6. Children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication have side effects monitored throughout treatment.

Statement 7. Children and young people with bipolar disorder, psychosis or schizophrenia in crisis are assessed for home treatment.

Statement 8. Children and young people with bipolar disorder, psychosis and schizophrenia have the arrangements for accessing education or employment-related training outlined in their care plan.

Statement 9. Parents and carers of children and young people with bipolar disorder, psychosis or schizophrenia are offered a carer-focused education and support programme.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For draft quality statement 1: How would you define the symptoms of possible bipolar disorder in children and young people?

Question 5 For draft quality statement 1: Would it be possible to measure whether children and young people presenting in primary care with symptoms of possible bipolar disorder or psychosis are referred to a specialist mental health service? Please explain your answer.

Question 6 For draft quality statement 6: Are children and young people with bipolar disorder prescribed antipsychotics for longer than 12 weeks? If so, is this a rare or frequent occurrence?

Question 8 For draft quality statement 8: What is the key area for quality improvement for education and training provision for children and young people with bipolar disorder, psychosis or schizophrenia?

Quality statement 1: Referral to a specialist mental health service

Quality statement

Children and young people presenting in primary care with symptoms of possible bipolar disorder or psychosis are referred to a specialist mental health service for assessment.

Rationale

Referral for assessment at an early stage in the development of bipolar disorder or psychosis in children and young people is important in order to reduce the risk of physical, social and psychological harm from untreated bipolar disorder or psychosis, and to improve the prognosis and outcomes.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people presenting in primary care with symptoms of possible bipolar disorder or psychosis are referred to a specialist mental health service for assessment.

Data source: Local data collection.

Process

a) Proportion of children and young people presenting in primary care with symptoms of possible bipolar disorder who are referred to a specialist mental health service for assessment.

Numerator – the number in the denominator who are referred to a specialist mental health service for assessment.

Denominator – the number of children and young people presenting in primary care with symptoms of possible bipolar disorder.

Data source: Local data collection.

b) Proportion of children and young people presenting in primary care with symptoms of possible psychosis who are referred to a specialist mental health service for assessment.

Numerator – the number in the denominator referred to a specialist mental health service for assessment.

Denominator – the number of children and young people presenting in primary care with symptoms of possible psychosis.

Data source: Local data collection.

Outcome

a) Detection of bipolar disorder in children and young people.

Data source: Local data collection.

b) Duration of untreated psychosis.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners and commissioners

Service providers (such as general practices and community health services) ensure that systems are in place so that children and young people presenting in primary care with symptoms of possible bipolar disorder or psychosis are referred to a specialist mental health service for assessment.

Healthcare professionals refer children and young people who present in primary care with symptoms of possible bipolar disorder or psychosis to a specialist mental health service for assessment.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission specialist mental health services and that local referral pathways are in place for children and young people who present in primary care with symptoms of possible bipolar disorder or psychosis.

What the quality statement means for children, young people, parents and carers

Children and young people who may have bipolar disorder or psychosis are referred to a service that specialises in mental health problems (such as a child and adolescent mental health service or an early intervention in psychosis service). These services carry out assessments and provide support and treatment to help children and young people with bipolar disorder and psychosis.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendations 1.11.2 and 1.11.3
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendation 1.2.1 (key priority for implementation)

Definitions of terms used in this quality statement

Symptoms of possible bipolar disorder

These include:

- a distinct period of abnormally and persistently elevated or expansive mood
- rapid fluctuations in mood
- build-up of intensity and duration of subsyndromal symptoms such as depression, irritability and switching from depression to brief periods of manic symptoms short of a full episode. [Adapted from Bipolar disorder (NICE guideline CG185) recommendations 1.11.5, 1.11.6 and full guideline]

Symptoms of possible psychosis

These include:

- transient psychotic symptoms or brief limited intermittent psychotic symptoms
- attenuated (subclinical) psychotic symptoms insufficient for a diagnosis of psychosis or schizophrenia
- diminished functioning plus a pre-existing schizotypal personality disorder or a first-degree relative with a history of psychosis. [Adapted from Psychosis and

schizophrenia in children and young people (NICE guideline CG155) full guideline section 5.3.2]

Specialist mental health service

An age-appropriate multidisciplinary service such as a child and adolescent mental health service or an early intervention in psychosis service. [Bipolar disorder (NICE guideline CG185) and Psychosis and schizophrenia in children and young people (NICE guideline CG155)]

Equality and diversity considerations

Health care professionals should take into account cultural and communication needs when assessing a child or young person for referral to a specialist mental health service.

Health and social care practitioners should be alert to the difficulty of recognising bipolar disorder and psychosis in children and young people with a learning disability, and ensure that any symptoms are investigated as soon as possible.

Health and social care practitioners who are working with children and young people affected by childhood adversity should be alert to the early signs of an at-risk mental state, because of the higher risk of psychosis developing in this group.

Questions for consultation

How would you define the symptoms of possible bipolar disorder in children and young people?

Would it be possible to measure whether children and young people presenting in primary care with symptoms of possible bipolar disorder or psychosis are referred to a specialist mental health service? Please explain your answer.

Quality statement 2: Starting treatment for first episode psychosis

Quality statement

Children and young people with a first episode of psychosis start treatment in a specialist mental health service within 2 weeks of referral.

Rationale

Specialist mental health services can improve clinical outcomes, such as admission rates, symptoms and relapse, for children and young people with a first episode of psychosis. They do this by providing a full range of evidence-based treatments including pharmacological, psychological, social, occupational and educational interventions. Children and young people with a first episode of psychosis should be referred to and offered treatment from these services as soon as possible to reduce the duration of untreated psychosis, as longer periods of untreated psychosis are linked to worse outcomes.

Quality measures

Structure

Evidence of local arrangements to ensure that local referral pathways are in place for children and young people with a first episode of psychosis to start treatment in specialist mental health services within 2 weeks of referral.

Data source: Local data collection.

Process

Proportion of children and young people referred with a first episode of psychosis who receive treatment from a specialist mental health service within 2 weeks of referral.

Numerator – the number in the denominator who receive treatment from a specialist mental health service within 2 weeks.

Denominator – the number of children and young people referred with a first episode of psychosis.

Data source: Local data collection. National data are collected in the Health and Social Care Information Centre Child and Adolescent Mental Health Services Data Set.

Outcome

a) Acute hospital admission rates.

Data source: Local data collection. National data are collected in the Health and Social Care Information Centre Child and Adolescent Mental Health Services Data Set.

b) Duration of untreated psychosis.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as general practices, child and adolescent mental health services, early intervention in psychosis services and drug and alcohol misuse services) ensure that systems and protocols are in place for children and young people with a first episode of psychosis to be referred to a specialist mental health service and start treatment within 2 weeks of referral.

Health and social care practitioners are aware of local referral pathways for children and young people with a first episode of psychosis and ensure that they start treatment in a specialist mental health service within 2 weeks of referral.

Commissioners (such as clinical commissioning groups, NHS England and local authorities) ensure that local referral pathways are in place for children and young people with a first episode of psychosis to start treatment in a specialist mental health service within 2 weeks of referral.

What the quality statement means for children, young people, parents and carers

Children and young people who have a first episode of psychosis (with hallucinations or delusions (believing things that aren't true) for 4 weeks or more) start treatment within 2 weeks of being referred to a specialist mental health service (such as a child and adolescent mental health service or an early intervention in psychosis service). These services provide support and treatment to help children and young people with symptoms of psychosis. Early treatment (within 2 weeks) in these services is often successful at treating symptoms and preventing them from coming back, and helps to reduce the number of children and young people who need to be admitted to hospital.

Source guidance

- The two-week timeframe is based on: Achieving better access to mental health service by 2020 (2014) Department of Health
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendation 1.3.1 (key priority for implementation)

Definitions of terms used in this quality statement

A first episode of psychosis

A first presentation of sustained psychotic symptoms (lasting 4 weeks or more). [Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendation 1.3.1(key priority for implementation)]

Specialist mental health service

An age-appropriate multidisciplinary service such as a child and adolescent mental health service or an early intervention in psychosis service. [Bipolar disorder (NICE guideline CG185) and Psychosis and schizophrenia in children and young people (NICE guideline CG155)]

Equality and diversity considerations

Treatment delivery and duration should be adjusted if necessary to take account of any learning disabilities or cognitive impairment a child or young person with psychosis has, with consideration given to consulting a relevant specialist.

Specialist mental health services should provide children and young people from diverse ethnic and cultural backgrounds with culturally appropriate psychological and psychosocial treatment, and address cultural and ethnic differences in beliefs about biological, social and family influences on mental states.

Quality statement 3: Psychological interventions

Quality statement

Children and young people newly diagnosed with bipolar depression or a first episode of psychosis are offered a psychological intervention.

Rationale

Psychological interventions in conjunction with antipsychotic medication, or on their own if medication is declined or not required, can improve outcomes such as bipolar depression and psychotic symptoms. Psychological interventions aim to reduce distress, promote social and educational recovery, reduce social anxiety and depression and prevent relapse in children and young people.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people newly diagnosed with bipolar depression or a first episode of psychosis are offered a psychological intervention.

Data source: Local data collection.

Process

a) Proportion of children and young people newly diagnosed with bipolar depression who receive a psychological intervention.

Numerator – the number in the denominator who receive a psychological intervention.

Denominator – the number of children and young people newly diagnosed with bipolar depression.

Data source: Local data collection.

b) Proportion of children and young people newly diagnosed with a first episode of psychosis who receive cognitive behavioural therapy.

Numerator – the number in the denominator who receive cognitive behavioural therapy.

Denominator – the number of children and young people newly diagnosed with a first episode of psychosis.

Data source: Local data collection.

Outcomes

a) Relapse rates for children and young people with psychosis.

Data source: Local data collection.

b) Relapse rates for children and young people with bipolar depression.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners and commissioners

Service providers (such as child and adolescent mental health services and early intervention in psychosis services) ensure that systems are in place for children and young people newly diagnosed with bipolar depression or a first episode of psychosis to be offered a psychological intervention. They should ensure that practitioners are trained and have the appropriate competencies to deliver psychological interventions.

Healthcare professionals offer psychological interventions to children and young people newly diagnosed with bipolar depression or a first episode of psychosis.

Commissioners (such as clinical commissioning groups and local authorities) commission services to offer psychological interventions to children and young people newly diagnosed with bipolar depression or a first episode of psychosis.

What the quality statement means for children, young people, parents and carers

Children and young people who are diagnosed with bipolar depression (an episode of feeling very low) or a first episode of psychosis are offered a psychological

therapy. This involves meeting a healthcare professional on their own or with a parent or carer to talk about their feelings and thoughts, which can help them find ways to cope with their symptoms. For children and young people with psychosis, psychological therapy works better when they also take antipsychotic medication (medicine to help with psychosis).

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendation 1.11.11 (key priority for implementation)
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendation 1.3.11

Definitions of terms used in this quality statement

Psychological intervention

Children and young people with a first episode of psychosis should be offered cognitive behavioural therapy. It should be delivered in at least 16 planned sessions.

Children and young people newly diagnosed with bipolar depression should be offered cognitive behavioural therapy or interpersonal therapy. These interventions should be delivered over at least 3 months.

[Adapted from Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendation 1.3.28 and Bipolar disorder (NICE guideline CG185) recommendation 1.11.11 (key priority for implementation)]

Equality and diversity considerations

Treatment delivery and duration should be adjusted if necessary to take account of any learning disabilities or cognitive impairment a child or young person with bipolar depression or psychosis has, with consideration given to consulting a relevant specialist.

Specialist mental health services should provide children and young people from diverse ethnic and cultural backgrounds with culturally appropriate psychological and

psychosocial treatment, and address cultural and ethnic differences in beliefs about biological, social and family influences on mental states.

Quality statement 4: Family intervention

Quality statement

Family members of children and young people with a first episode of psychosis are offered family intervention.

Rationale

Family intervention can improve coping skills and relapse rates of children and young people with a first episode of psychosis. It should involve the child or young person with psychosis if practical, and form part of a broad-based approach that combines different treatment options tailored to the needs of the individual and their family.

Quality measures

Structure

Evidence of local arrangements to ensure that family intervention is available to family members of children and young people with a first episode of psychosis.

Data source: Local data collection.

Process

Proportion of children and young people with a first episode of psychosis whose family members receive family intervention.

Numerator – the number in the denominator whose family members receive family intervention.

Denominator – the number of children and young people with a first episode of psychosis.

Data source: Local data collection.

Outcome

Relapse rates for children and young people with psychosis.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners and commissioners

Service providers (such as child and adolescent mental health services and early intervention in psychosis services) ensure that systems are in place for family members of children and young people with first episode psychosis to be offered family intervention. They should ensure that practitioners are trained and have the appropriate competencies to deliver it.

Healthcare professionals ensure that they offer family intervention to family members of children and young people with first episode psychosis.

Commissioners (such as clinical commissioning groups and local authorities) commission family intervention services and ensure that referral pathways are in place for family members of children and young people with first episode psychosis to be referred for family intervention.

What the quality statement means for children, young people, parents and carers

Family members of children and young people with first episode psychosis are offered psychological therapies called family intervention. These help support families or carers to work together to help children and young people with psychosis cope and to reduce stress.

Source guidance

- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendation 1.3.11

Definitions of terms used in this quality statement

Family members

Family members include parents and carers and other family members who the child or young person with first episode psychosis lives with or is in close contact with. [Psychosis and schizophrenia in children and young people (NICE guideline CG155)]

Family intervention

Family intervention is a psychological therapy that should:

- include the child or young person with psychosis if practical
- be carried out for between 3 months and 1 year
- include at least 10 planned sessions
- take account of the whole family's preference for either single-family intervention or multi-family group intervention
- take account of the relationship between the parents or carers and the child or young person with psychosis
- have a specific supportive, educational or treatment function and include negotiated problem solving or crisis management work. [Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendation 1.3.27]

Equality and diversity considerations

Treatment delivery and duration should be adjusted if necessary to take account of any learning disabilities or cognitive impairment a child or young person with psychosis or a family member has, with consideration given to consulting a relevant specialist.

The workforce across agencies should, as far as possible, reflect the local community. Practitioners should have training to ensure that they have a good understanding of the culture of families they are working with. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can communicate easily.

Quality statement 5: Physical health assessment and advice

Quality statement

Children and young people with bipolar disorder, psychosis or schizophrenia have comprehensive physical health assessments that include advice on healthy eating, physical activity and smoking.

Rationale

As they get older, children and young people with bipolar disorder, psychosis or schizophrenia have poorer physical health than the general population and a reduced life expectancy. Health problems may sometimes be linked to lifestyle factors and risky behaviours, and are exacerbated by the use of antipsychotic drugs. It is important to take a proactive approach to assessing physical health and promoting positive health behaviours from a young age, focusing on healthy eating, physical activity and smoking prevention or cessation.

Quality measures

Structure

a) Evidence of local arrangements to ensure that children and young people referred to specialist mental health services for the assessment of bipolar disorder or psychosis have a comprehensive physical health assessment that includes advice on healthy eating, physical activity and smoking.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that children and young people with bipolar disorder, psychosis or schizophrenia have a comprehensive physical health assessment that includes advice on healthy eating, physical activity and smoking at their annual review.

Data source: Local data collection.

Process

a) Proportion of children and young people referred to specialist mental health services for the assessment of bipolar disorder or psychosis who have a comprehensive physical health assessment that includes advice on healthy eating, physical activity and smoking.

Numerator – the number in the denominator who have a comprehensive physical health assessment that includes advice on healthy eating, physical activity and smoking.

Denominator – the number of children and young people referred to specialist mental health services for the assessment of bipolar disorder or psychosis.

Data source: Local data collection.

b) Proportion of children and young people with bipolar disorder, psychosis or schizophrenia who have a comprehensive physical health assessment that includes advice on healthy eating, physical activity and smoking at their annual review.

Numerator – the number in the denominator who have a comprehensive physical health assessment that includes advice on healthy eating, physical activity and smoking at their annual review.

Denominator – the number of children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection. Data on diet and exercise and smoking cessation advice are included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to children and young people with bipolar disorder, psychosis or schizophrenia)

Outcomes

a) Obesity rates in children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection. Data on BMI values are included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to children and young people with bipolar disorder, psychosis or schizophrenia).

b) Physical activity among children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

c) Smoking rates among children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection. Data on smoking status are included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to children and young people with bipolar disorder, psychosis or schizophrenia).

d) Premature mortality of people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners and commissioners

Service providers (such as general practices, community health services, child and adolescent mental health services and early intervention in psychosis services) ensure that systems are in place for children and young people with bipolar disorder, psychosis or schizophrenia to have a comprehensive physical health assessment that includes advice on healthy eating, physical activity and smoking prevention or cessation at assessment and annual review.

Healthcare professionals carry out comprehensive physical health assessments that include advice on healthy eating, physical activity and smoking prevention or cessation to children and young people with bipolar disorder, psychosis or schizophrenia at assessment and annual review.

Commissioners (such as clinical commissioning groups and NHS England) commission services that carry out comprehensive physical health assessments that include advice on healthy eating, physical activity and smoking prevention or

cessation for children and young people with bipolar disorder, psychosis or schizophrenia at assessment and annual review.

What the quality statement means for children, young people, parents and carers

Children and young people with bipolar disorder, psychosis or schizophrenia should have physical health assessments when they are first referred and every year after. The assessments should include blood tests, taking measurements of their weight, waist and blood pressure, and finding out if they smoke. This is to check for problems such as weight gain, diabetes, and heart, lung and breathing problems, which are common in people with bipolar disorder, psychosis and schizophrenia and may be caused by their medication. They should also be offered advice on healthy eating, how to make sure they get enough exercise, and the importance of avoiding smoking. If they smoke, they should be given advice on how to stop smoking.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendations 1.8.2 and 1.8.4
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendations 1.3.4, 1.3.6, 1.5.13, 1.7.2, 1.7.3 and 1.7.5

Definitions of terms used in this quality statement

Comprehensive physical health assessment

All children and young people with bipolar disorder, psychosis or schizophrenia should have a physical health assessment that includes monitoring of weight, waist measurement, smoking status, blood pressure, lipid levels and monitoring for the emergence of cardiovascular disease and diabetes at referral and annual review. It will also include advice on healthy eating, physical activity and smoking prevention or cessation. [Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendations 1.3.4, 1.7.2 and 1.7.3 and Bipolar disorder (NICE guideline CG185) recommendation 1.8.4]

Equality and diversity considerations

Health and social care practitioners should be aware of the impact of social factors (such as inadequate housing, lack of access to affordable physical activity, poor cooking skills and limited budgets for food) on continued healthy eating and physical activity.

Healthcare professionals should take into account cultural and communication needs when explaining how comprehensive physical health assessments will be undertaken and when advising a child or young person about healthy eating, physical activity and smoking.

Quality statement 6: Monitoring antipsychotic medication

Quality statement

Children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication have side effects monitored throughout treatment.

Rationale

Children and young people with bipolar disorder, psychosis or schizophrenia have a higher risk of cardiovascular disease and metabolic disorders than the general population. They are particularly vulnerable to the adverse effects of antipsychotic medication, including rapid weight gain and metabolic disturbances. Regular monitoring will allow antipsychotic medication to be adjusted so that side effects are minimised and physical health interventions can be offered if needed. Children and young people with bipolar disorder should not routinely continue antipsychotic treatment for longer than 12 weeks.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication have side effects monitored throughout treatment.

Data source: Local data collection.

Process

a) Proportion of children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication who have a record of baseline physical health investigations.

Numerator – the number in the denominator who have a record of baseline physical health investigations.

Denominator – the number of children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication.

Data source: Local data collection.

b) Proportion of children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication who have a record of side-effect monitoring 12 weeks after starting treatment.

Numerator – the number in the denominator who have a record of side-effect monitoring 12 weeks after starting treatment.

Denominator – the number of children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication.

Data source: Local data collection.

c) Proportion of children and young people with psychosis or schizophrenia prescribed antipsychotic medication for more than a year with a record of side-effect monitoring within the last 6 months.

Numerator – the number in the denominator with a record of side-effect monitoring within the last 6 months.

Denominator – the number of children and young people with psychosis or schizophrenia prescribed antipsychotic medication for more than a year.

Data source: Local data collection.

Outcome

a) Obesity rates among children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection. Data on BMI values are included in the 'care.data' extract for the Health and Social Care Information Centre (not specific to children and young people with bipolar disorder, psychosis or schizophrenia).

b) Incidence of cardiovascular disease among people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection. Data can be collected for adults with schizophrenia using the Royal College of Psychiatrists' National audit of schizophrenia Audit of practice tool, question 30.

c) Incidence of diabetes among people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection. Data can be collected for adults with schizophrenia using the Royal College of Psychiatrists' National audit of schizophrenia Audit of practice tool, question 30.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as general practices, community health services, child and adolescent mental health services and early intervention in psychosis services) ensure that systems and protocols are in place to carry out side effect monitoring for children and young people with bipolar disorder, psychosis or schizophrenia who have been prescribed antipsychotics. Arrangements should also be made to share the results (under shared care arrangements) when the child or young person is in the care of primary and secondary care services.

Healthcare professionals monitor side effects for children and young people with bipolar disorder, psychosis or schizophrenia who have been prescribed antipsychotics, and share the results (under shared care arrangements) when the child or young person is in the care of primary and secondary care services.

Commissioners (such as clinical commissioning groups and NHS England) commission services that can demonstrate they are carrying out side effect monitoring for children and young people with bipolar disorder, psychosis or schizophrenia who have been prescribed antipsychotics. They should also ensure that shared care arrangements are in place when the child or young person is in the care of primary and secondary services, so that the results of assessments are shared.

What the quality statement means for children, young people, parents and carers

Children and young people with bipolar disorder, psychosis or schizophrenia who are taking antipsychotic medication should see their healthcare professional regularly to make sure the medication is helping and to check for side effects. This will include regular checks such as blood tests and taking measurements of their weight, height, waist, hip, pulse and blood pressure. This is to check for problems such as weight gain, diabetes, and heart, lung and breathing problems, which are common in people with bipolar disorder, psychosis and schizophrenia and may be caused by their medication. The results of all health checks should be discussed with the child or young person and their parents or carers and shared between their GP surgery and mental health team.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendations 1.10.5, 1.10.8, 1.10.9 and 1.11.9
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendations 1.3.15, 1.3.18 (key priorities for implementation) and 1.7.5

Definitions of terms used in this quality statement

Baseline physical health investigations

Before starting antipsychotic medication, the following baseline investigations should be undertaken and recorded:

- weight and height (both plotted on a growth chart)
- waist and hip circumference
- pulse and blood pressure
- fasting blood glucose, glycosylated haemoglobin (HbA1c), blood lipid profile and prolactin levels
- assessment of any movement disorders
- assessment of nutritional status, diet and level of physical activity. [Psychosis and schizophrenia in children and young people (NICE guideline CG155)

recommendation 1.3.15 and Bipolar disorder (NICE guideline CG185) recommendation 1.10.5]

Side-effect monitoring

The following should be monitored and recorded regularly and systematically throughout treatment with antipsychotic medication, but especially during titration:

- efficacy, including changes in symptoms and behaviour
- side effects of treatment, taking into account overlap between certain side effects and clinical features of schizophrenia (for example, the overlap between akathisia and agitation or anxiety)
- the emergence of movement disorders
- weight, weekly for the first 6 weeks, then at 12 weeks and then every 6 months (plotted on a growth chart)
- height every 6 months (plotted on a growth chart)
- waist and hip circumference every 6 months (plotted on a percentile chart)
- pulse and blood pressure (plotted on a percentile chart) at 12 weeks and then every 6 months
- fasting blood glucose, HbA1c, blood lipid and prolactin levels at 12 weeks and then every 6 months
- adherence
- physical health.

Children and young people with bipolar disorder should not routinely continue antipsychotic treatment for longer than 12 weeks.

[Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendation 1.3.18 (key priority for implementation) and Bipolar disorder (NICE guideline CG185) recommendations 1.10.8 and 1.11.9]

Shared care arrangements

Secondary care teams should assess the child or young person's physical health and the effects of antipsychotic medication for at least the first 12 months or until their condition has stabilised, whichever is longer. After this, assessments may be transferred to primary care under shared care arrangements and should take place

at least annually. [Adapted from Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendation 1.3.18 (key priority for implementation and 1.7.5 and Bipolar disorder (NICE guideline CG185) recommendation 1.10.9]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when explaining how side effect monitoring will be undertaken.

Question for consultation

Are children and young people with bipolar disorder prescribed antipsychotics for longer than 12 weeks? If so, is this a rare or frequent occurrence?

Quality statement 7: Crisis support

Quality statement

Children and young people with bipolar disorder, psychosis or schizophrenia in crisis are assessed for home treatment.

Rationale

Hospital admissions can be traumatic for a child or young person and their family or carers. It may be possible to avoid hospital admission if treatment and support can be provided at home. A crisis assessment will determine whether home treatment is a suitable option, based on the child or young person's needs, risks and circumstances.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with bipolar disorder, psychosis or schizophrenia in crisis are assessed for home treatment.

Data source: Local data collection.

Process

Proportion of crisis episodes in children and young people with bipolar disorder, psychosis or schizophrenia with an assessment for home treatment.

Numerator – the number in the denominator with an assessment for home treatment.

Denominator – the number of crisis episodes in children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

Outcome

Acute hospital admission rates.

Data source: Local data collection. National data are collected in the Health and Social Care Information Centre Child and Adolescent Mental Health Services Data Set.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as child and adolescent mental health services, early intervention in psychosis services and community health services) ensure that systems are in place for children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis to have an assessment for home treatment.

Health and social care practitioners assess children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis for home treatment.

Commissioners (clinical commissioning groups) ensure that assessments for home treatment are carried out for children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis.

What the quality statement means for children, young people, parents and carers

Children and young people with bipolar disorder, psychosis or schizophrenia who have a crisis should be assessed to see if treatment at home would be better for them than treatment in hospital, because treatment in hospital can be very upsetting. They will have a discussion with their mental health professional to agree if treatment at home is suitable.

Source guidance

- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendations 1.5.7 (key priority for implementation), 1.5.2 and 1.5.3

Definitions of terms used in this quality statement

Crisis

Crisis may be suicidal behaviour or intention, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control, or irrational and likely to

endanger the person or others. [Mental health crisis care concordat, Department of Health (2014) and expert opinion]

Assessment for home treatment

A crisis assessment should be carried out by health and social care professionals who are experienced and competent in crisis working. The decision to start home treatment should depend not on the diagnosis, but on:

- the level of distress
- the severity of the problems
- the vulnerability of the child or young person and issues of safety and support at home
- the child or young person's ability to adhere to treatment. [Service user experience in adult mental health (NICE guideline CG136) recommendation 1.5.3 and Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendation 1.5.3]

Home treatment

A service that assesses, supports and provides treatment at home to promote engagement and avoid admission to hospital. The service should be available 24 hours a day, 7 days a week.

[Service user experience in adult mental health (NICE guideline CG136) full guideline and recommendation 1.5.7]

Equality and diversity considerations

Assessments for home treatment should be carried out for all children and young people, regardless of their age.

Children and young people with psychosis from black and minority ethnic backgrounds are more frequently subject to compulsory admissions. It is therefore important that health and social care practitioners take into consideration ethnic and cultural backgrounds when providing assessments for home treatment, so that compulsory admission is avoided whenever possible.

Quality statement 8: Education and employment-related training

Quality statement

Children and young people with bipolar disorder, psychosis and schizophrenia have the arrangements for accessing education or employment-related training outlined in their care plan.

Rationale

Children and young people with bipolar disorder, psychosis or schizophrenia may need additional support to continue or return to mainstream education or employment-related training, or to access a suitable alternative education programme within the community or hospital. Ensuring arrangements are in place for children and young people to access suitable education or employment-related training will improve academic and social development and overall life chances.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with bipolar disorder, psychosis or schizophrenia have the arrangements for accessing education or employment-related training outlined in their care plan.

Data source: Local data collection.

Process

Proportion of children and young people with bipolar disorder, psychosis or schizophrenia who have the arrangements for accessing education or employment-related training outlined in their care plan.

Numerator – the number in the denominator who have the arrangements for accessing education or employment-related training outlined in their care plan.

Denominator – the number of children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

Outcome

a) Satisfaction of children and young people with bipolar disorder, psychosis or schizophrenia with the support they received to access education or employment-related training.

Data source: Local data collection.

b) Educational attainment of young people with bipolar disorder, psychosis or schizophrenia at age 16 years.

Data source: Local data collection.

c) Educational attainment of young people with bipolar disorder, psychosis or schizophrenia at age 19 years.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as such as child and adolescent mental health services, early intervention in psychosis services) ensure that children and young people with bipolar disorder, psychosis or schizophrenia have the arrangements for accessing education or employment-related training outlined in their care plan. This may include support to participate in mainstream education or training or referral to an education programme in an alternative community or hospital setting.

Health and social care practitioners ensure the arrangements for accessing education or employment-related training are outlined in the care plan for children and young people with bipolar disorder, psychosis or schizophrenia. Practitioners should ensure they are aware of local referral pathways and work with local partners to meet the needs of individual children and young people.

Commissioners (such as clinical commissioning groups, local authorities and regional schools commissioners) commission services that ensure the arrangements for accessing education or employment-related training are outlined in the care plan

for children and young people with bipolar disorder, psychosis or schizophrenia. They will also commission alternative education provision in community and hospital settings, ensuring that appropriate referral pathways are in place and carry out audits of the availability, quality and intensity of alternative education provision.

What the quality statement means for children, young people, parents and carers

Children and young people with bipolar disorder, psychosis or schizophrenia have a care plan that sets out the arrangements for ensuring they can continue their education or training while they are unwell. If they agree, their healthcare team can contact their school or college to ask their teachers to give them extra support if needed. If they are too ill to go to school or college, they may be offered other help with their education (such as education at home or at a special school) until they get better. They should also be able to continue their education if they are in hospital.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendation 1.9.6
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendations 1.8.11 (key priority for implementation) and 1.1.5, 1.3.6, 1.3.9, 1.5.10, 1.8.13, 1.8.14

Definitions of terms used in this quality statement

Arrangements for accessing education or employment-related training

This may include:

- contacting the child or young person's school or college (with their consent) to ask for additional educational or training support if needed, or to ensure that ongoing education or training is provided.
- applying for a special education needs assessment.
- accessing an alternative education programme in a hospital or community setting. Education programmes should meet the National Curriculum requirements, be matched to the child or young person's developmental and

educational level, and take account of their illness and impairment. Alternative education programmes will focus on supporting the child or young person to return to mainstream education or training when possible.

[Adapted from Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendations 1.8.11 (key priority for implementation), 1.1.5, 1.3.9, 1.5.10 and 1.8.12 and expert opinion]

Equality and diversity considerations

Children and young people with bipolar disorder, psychosis or schizophrenia should have equal access to education and employment-related training and should not be excluded because of their mental health condition.

Question for consultation

What is the key area for quality improvement for education and training provision for children and young people with bipolar disorder, psychosis or schizophrenia?

Quality statement 9: Carer-focused education and support

Quality statement

Parents and carers of children and young people with bipolar disorder, psychosis or schizophrenia are offered a carer-focused education and support programme.

Rationale

Providing carer-focused education and support enhances engagement and reduces carer burden and psychological distress, and may improve the carer's quality of life. As part of the initial process of assessment and engagement, carer-focused education and support programmes can also help carers of children and young people with bipolar disorder, psychosis or schizophrenia to be able to identify and monitor symptoms of concern.

Quality measures

Structure

Evidence of local arrangements to ensure that carers of children and young people with bipolar disorder, psychosis or schizophrenia are offered a carer-focused education and support programme.

Data source: Local data collection.

Process

Proportion of children and young people with bipolar disorder, psychosis or schizophrenia whose parents or carers receive a carer-focused education and support programme.

Numerator – the number in the denominator whose parents or carers receive a carer-focused education and support programme.

Denominator – the number of children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

Outcome

Quality of life for parents or carers of children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as community health services, child and adolescent mental health services and early intervention in psychosis services) ensure that systems are in place for parents or carers of children and young people with bipolar disorder, psychosis or schizophrenia to be offered a carer-focused education and support programme.

Health and social care practitioners offer a carer-focused education and support programme to parents or carers of children and young people with bipolar disorder, psychosis or schizophrenia.

Commissioners (clinical commissioning groups) ensure that carer-focused education and support programmes are available and that appropriate referral pathways are in place for parents or carers of children and young people with bipolar disorder, psychosis or schizophrenia.

What the quality statement means for children, young people, parents and carers

Parents or carers of children and young people with bipolar disorder, psychosis or schizophrenia are offered an education and support programme, which provides information, mutual support and discussion. This can help carers to cope and give them information, such as which symptoms of concern they should look out for.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendation 1.1.18
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155, recommendations 1.1.14, 1.1.15 and 1.3.27

Definitions of terms used in this quality statement

Carer-focused education and support programme

A carer-focused education and support programme should be offered as soon as possible. This will provide information, mutual support and open discussion to carers through voluntary participation. The programme should be available as needed and offer a positive message about recovery.

[Adapted from Bipolar disorder (NICE guideline CG185) recommendation 1.1.18]

Equality and diversity considerations

If a person does not have access to specialist training or support near their home, and has difficulty travelling long distances (because of the financial cost or other reasons), they may need additional support.

Equality of language and capability in training carers needs to be considered.

Status of this quality standard

This is the draft quality standard released for consultation from 26 May to 23 June 2015. It is not NICE's final quality standard on bipolar disorder, psychosis and schizophrenia in children and young people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 23 June 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from October 2015.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources [Link to section in web version].

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments [add correct link] are available.

Good communication between health and social care practitioners and children and young people with bipolar disorder, psychosis or schizophrenia, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with bipolar disorder, psychosis or schizophrenia and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Bipolar disorder (2014) NICE guideline CG185
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2014) Closing the gap: priorities for essential change in mental health
- Department of Health (2014) Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis
- House of Commons Health Committee (2014) Children's and adolescent mental health and CAMHS
- Race Equality Foundation (2014) The importance of promoting mental health in children and young people from black and minority ethnic communities
- Department of Health (2012) No health without mental health: implementation framework
- The Schizophrenia Commission (2012) The abandoned illness

Definitions and data sources for the quality measures

- Bipolar disorder (2014) NICE guideline CG185
- Psychosis and schizophrenia in children and young people (2013) NICE guideline CG155

- Antipsychotic medication for first episode psychosis clinical audit tool (2013) NICE guideline CG155
- Service user experience in adult mental health (2011) NICE guideline CG136
- Health and Social Care Information Centre Child and Adolescent Mental Health Services Data Set
- Royal College of Psychiatrists' National audit of schizophrenia (2013) Audit of practice tool

Related NICE quality standards

Published

- Physical activity: encouraging activity in all people in contact with the NHS (2015) NICE quality standard 84
- Alcohol: preventing harmful alcohol use in the community (2015) NICE quality standard 83
- Smoking: reducing tobacco use (2015) NICE quality standard 82
- Psychosis and schizophrenia in adults (2015) NICE quality standard 80
- Anxiety disorders (2014) NICE quality standard 53
- Smoking cessation: supporting people to stop smoking (2013) NICE quality standard 43
- Attention deficit hyperactivity disorder (2013) NICE quality standard 39
- Self-harm (2013) NICE quality standard 34
- Service user experience in adult mental health (2011) NICE quality standard 14
- Alcohol dependence and harmful alcohol use (2011) NICE quality standard 11

In development

- Personality disorders (borderline and antisocial). Publication expected May 2015.
- Bipolar disorder in adults. Publication expected July 2015.
- Obesity – prevention and lifestyle weight management in children. Publication expected July 2015.
- Smoking: harm reduction. Publication expected July 2015.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Long-term conditions, people with comorbidities, complex needs
- Medicines optimisation (covering medicines adherence and safe prescribing)
- Mental health problems in people with learning disabilities
- Suicide prevention
- Transition from children's to adult services

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathways on bipolar disorder and psychosis and schizophrenia.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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