NICE National Institute for Health and Care Excellence

NICE quality standard

Bipolar disorder, psychosis and schizophrenia in children and young people

Quality standard

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Contents

This standard is based on CG185 and CG155.

This standard should be read in conjunction with QS95, QS94, QS92, QS88, QS84, QS82, QS80, QS53, QS43, QS34, QS14, QS11 and QS188.

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Quality statement 1: Assessment for a first episode of psychosis

Quality statement

Children and young people who are referred to a specialist mental health service with a first episode of psychosis start assessment within 2 weeks.

Rationale

Starting assessment for a first episode of psychosis within 2 weeks can improve outcomes by reducing the duration of untreated psychosis, as longer periods of untreated psychosis are linked to worse outcomes. Specialist mental health services can improve symptoms and clinical outcomes such as admission and relapse rates.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that systems are in place for children and young people who are referred to a specialist mental health service with a first episode of psychosis to start assessment within 2 weeks.

Data source: Local data collection.

Process

Proportion of children and young people who are referred to a specialist mental health service with a first episode of psychosis who start assessment within 2 weeks.

Numerator – the number in the denominator who start assessment within 2 weeks of referral.

Denominator – the number of children and young people who are referred to a specialist mental health service with a first episode of psychosis.

Data source: Local data collection. National data are collected in the NHS Digital Child and Adolescent Mental Health Services secondary uses data set with Mental Health Services Data Set (MHSDS).

Outcome

a) Mental health admission rates for children and young people.

Data source: Local data collection. National data are collected in the NHS Digital Child and Adolescent Mental Health Services secondary uses data set with Mental Health Services Data Set (MHSDS).

b) Duration of untreated psychosis.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as child and adolescent mental health services and early intervention in psychosis services) ensure that systems and protocols are in place for children and young people who are referred to a specialist mental health service with a first episode of psychosis to start assessment within 2 weeks.

Healthcare professionals (such as psychologists and psychiatrists) start assessment of children and young people who are referred with a first episode of psychosis within 2 weeks of referral.

Commissioners (such as clinical commissioning groups and NHS England) commission specialist mental health services that start assessment within 2 weeks for children and young people who are referred with a first episode of psychosis.

Children and young people who have been havinghallucinations or delusions(believing things that aren't true) for 4 weeks or more for the first time start an assessment 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 find out why the child or young person is having hallucinations or delusions, and will provide support and treatment to prevent them from coming back. This will reduce the chance that the child or young person needs to be admitted to hospital.

Source guidance

- The 2-week timeframe supports: Achieving better access to mental health service by 2020. Department of Health (2014)
- Psychosis and schizophrenia in children and young people: recognition and management. NICE guideline CG155 (2013, updated 2016), 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). Symptoms may include 'positive symptoms' such as hallucinations (perception in the absence of any stimulus) and 'negative symptoms' such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect. [NICE's guideline on psychosis and schizophrenia in children and young people, recommendation 1.3.1 (key priority for implementation) and Introduction]

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. [NICE's guideline on psychosis and schizophrenia in children and young people]

Equality and diversity considerations

Assessments should be adjusted if necessary to take account of any learning disabilities, autism or cognitive impairment, and healthcare professionals should consider consulting a relevant specialist.

Quality statement 2: Family intervention

Quality statement

Children and young people with a first episode of psychosis and their family members are offered family intervention.

Rationale

Families play an important part in providing care and support to children and young people with a first episode of psychosis. When family intervention forms part of a broad-based approach that combines different treatment options tailored to the needs of the individual and their family, it can improve coping skills and relapse rates for children and young people with a first episode of psychosis.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

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

Data source: Local data collection.

Process

a) 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.

b) Proportion of children and young people with a first episode of psychosis who receive family intervention.

Numerator – the number in the denominator who 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 different audiences

Service providers (such as child and adolescent mental health services and early intervention in psychosis services) ensure that family intervention is an available treatment option for children and young people with a first episode of psychosis and their family members. They should ensure that practitioners are trained and have the appropriate competencies to deliver it.

Healthcare professionals (such as psychologists and psychiatrists) offer family intervention to children and young people with a first episode of psychosis and their family members.

Commissioners (such as clinical commissioning groups and NHS England) commission family intervention services and ensure that referral pathways are in place for children and

young people with a first episode of psychosis and their family members to be referred for family intervention.

Children and young people with a first episode of psychosis and their family members are offered a psychological therapy called family intervention. This helps 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: recognition and management. NICE guideline CG155 (2013, updated 2016), recommendation 1.3.11

Definitions of terms used in this quality statement

Family members

Family members include parents and carers, siblings and other family members who the child or young person with a first episode of psychosis lives with or is in close contact with. [NICE's guideline on psychosis and schizophrenia in children and young people]

A first episode of psychosis

A first presentation of sustained psychotic symptoms (lasting 4 weeks or more). Symptoms may include 'positive symptoms' such as hallucinations (perception in the absence of any stimulus) and 'negative symptoms' such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect. [NICE's guideline on psychosis and schizophrenia in children and young people, recommendation 1.3.1 (key priority for implementation) and Introduction]

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.

[NICE's guideline on psychosis and schizophrenia in children and young people, recommendation 1.3.27]

Equality and diversity considerations

The delivery and duration of family intervention should be adjusted if necessary to take account of any learning disabilities, autism or cognitive impairment in the child or young person with psychosis or their family members, and healthcare professionals should consider 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 3: Psychological intervention

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 needed) can improve outcomes for bipolar depression and psychosis. The psychological intervention will be based on a psychological assessment and formulation, and will aim to reduce distress, promote social and educational recovery, reduce social anxiety and depression, and prevent relapse in children and young people.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

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 cognitive behavioural therapy or interpersonal therapy.

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

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 bipolar depression.

Data source: Local data collection.

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

Data source: Local data collection.

What the quality statement means for different audiences

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

Healthcare professionals (such as psychologists, psychiatrists and psychotherapists) offer a psychological intervention to children and young people newly diagnosed with bipolar depression or a first episode of psychosis.

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

Children and young people who are diagnosed with bipolar depressionor 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 to 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: assessment and management. NICE guideline CG185 (2014, updated 2020), recommendation 1.11.11 (key priority for implementation)
- Psychosis and schizophrenia in children and young people: recognition and management. NICE guideline CG155 (2013, updated 2016), 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, follow a treatment manual and include at least 1 of the following:

- normalising
- personal monitoring
- promoting alternative ways of coping
- reducing distress

- improving functioning.

Children and young people newly diagnosed with bipolar depression should be offered cognitive behavioural therapy or interpersonal therapy. The intervention should be delivered over at least 3 months and have a published evidence-based manual describing how it should be delivered. [Adapted from NICE's guideline on psychosis and schizophrenia in children and young people, recommendation 1.3.28 and NICE's guideline on bipolar disorder, recommendation 1.11.11 (key priority for implementation)]

Equality and diversity considerations

The delivery and duration of a psychological intervention should be adjusted if necessary to take account of any learning disabilities, autism or cognitive impairment a child or young person with bipolar depression or psychosis has, and healthcare professionals should consider 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: Support for carers

Quality statement

Parents and carers of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia are given information about carer-focused education and support.

Rationale

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 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that parents and carers of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia are given information about carer-focused education and support.

Data source: Local data collection.

Process

Proportion of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia whose parents or carers receive information about carer-focused

education and support.

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

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

Data source: Local data collection.

Outcome

a) Satisfaction of parents and carers of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia with the information and support provided to meet their own needs.

Data source: Local data collection.

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

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GP surgeries, community health services, child and adolescent mental health services and early intervention in psychosis services) ensure that processes are in place for parents or carers of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia to be given information and encouragement to participate in carer-focused education and support.

Health and social care practitioners (such as psychologists, social workers and GPs) give parents or carers of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia information about carer-focused education and support, and encourage them to participate.

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

Parents or carers of children and young people newly diagnosed with bipolar disorder, psychosis or schizophrenia are given information about education and support. This can help carers to cope by improving their understanding of the condition and treatments for it, and giving them the opportunity to discuss their experiences with others.

Source guidance

- Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2020), recommendation 1.1.18
- Psychosis and schizophrenia in children and young people: recognition and management. NICE guideline CG155 (2013, updated 2016), recommendations 1.1.14 and 1.1.15

Definitions of terms used in this quality statement

Carer-focused education and support

This will include information about support groups and education programmes available locally, including those provided by the third sector. Support groups and education programmes will provide information, mutual support and open discussion to carers through voluntary participation. Support groups and education programmes should be available as needed and offer a positive message about recovery. [Adapted from NICE's guideline on bipolar disorder, recommendation 1.1.18, and NICE's guideline on psychosis and schizophrenia in children and young people, recommendation 1.1.14]

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.

Quality statement 5: Healthy lifestyle advice

Quality statement

Children and young people with bipolar disorder, psychosis or schizophrenia are given healthy lifestyle advice at diagnosis and at annual review.

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 that primary care and specialist mental health services take a proactive approach to promoting positive health behaviours from a young age by giving age-appropriate healthy lifestyle advice at diagnosis and at annual review.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that children and young people with bipolar disorder, psychosis or schizophrenia are given healthy lifestyle advice at diagnosis.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that children and young people with bipolar disorder, psychosis or schizophrenia being supported in primary care or specialist mental health services are given healthy lifestyle advice at their annual review.

Data source: Local data collection.

Process

a) Proportion of children and young people with bipolar disorder, psychosis or schizophrenia who receive healthy lifestyle advice at diagnosis.

Numerator – the number in the denominator who receive healthy lifestyle advice at diagnosis.

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

Data source: Local data collection.

b) Proportion of children and young people with bipolar disorder, psychosis or schizophrenia who receive healthy lifestyle advice at their annual review.

Numerator – the number in the denominator who receive healthy lifestyle advice at their annual review.

Denominator – the number of children and young people with bipolar disorder, psychosis or schizophrenia who are supported in primary care or specialist mental health services.

Data source: Local data collection.

Outcomes

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

Data source: Local data collection.

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

Data source: Local data collection.

c) Drug use in children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

d) Alcohol consumption in children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

e) Smoking rates in children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

f) Infection rates for sexually transmitted diseases in children and young people with bipolar disorder, psychosis or schizophrenia.

Data source: Local data collection.

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

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GP surgeries, community health services, child and adolescent mental health services and early intervention in psychosis services) ensure that processes are place for children and young people with bipolar disorder, psychosis or schizophrenia to receive age-appropriate healthy lifestyle advice at diagnosis and at annual review.

Healthcare professionals (such as GPs, psychologists and mental health nurses) offer age-appropriate healthy lifestyle advice to children and young people with bipolar disorder, psychosis or schizophrenia at diagnosis and at annual review.

Commissioners (such as clinical commissioning groups and NHS England) commission services that offer age-appropriate healthy lifestyle advice to children and young people

with bipolar disorder, psychosis or schizophrenia at diagnosis and at annual review.

Children and young people with bipolar disorder, psychosis or schizophrenia should be offered advice that is suitable for their age at diagnosis and at annual review on healthy eating, how to make sure they get enough exercise, practising safe sex and the importance of avoiding drug and alcohol misuse and smoking. If they smoke, they should be given advice on how to stop.

Source guidance

- Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2020), recommendation 1.8.2
- Psychosis and schizophrenia in children and young people: recognition and management. NICE guideline CG155 (2013, updated 2016), recommendations 1.3.4 and 1.5.13

Definitions of terms used in this quality statement

Healthy lifestyle advice

Age-appropriate advice on healthy eating, physical activity, drug and alcohol use, smoking and sexual health. [Adapted from NICE's guideline on bipolar disorder, recommendation 1.8.2, and NICE's guideline on psychosis and schizophrenia in children and young people, recommendations 1.3.4 and 1.5.13]

Equality and diversity considerations

Healthcare professionals 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 giving healthy lifestyle advice to a child or young person.

Quality statement 6: Monitoring for side effects of antipsychotic medication

Quality statement

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

Rationale

Children and young people with bipolar disorder, psychosis or schizophrenia are particularly vulnerable to the adverse side effects of antipsychotic medication, including rapid weight gain and metabolic disturbances. This, combined with higher rates of smoking, leads to a higher risk of cardiovascular disease and metabolic disorders than the general population. Regular monitoring will allow antipsychotic medication to be adjusted so that side effects are minimised, and so that physical health interventions can be offered if needed.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

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

Data source: Local data collection.

Process

a) Proportion of children and young people newly diagnosed 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 newly diagnosed with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication.

Data source: Local data collection. The Prescribing Observatory for Mental Health (POMH-UK) audit-based quality improvement programme on prescribing antipsychotics for children and adolescents includes data (for participating trusts) on documented tests and measures taken before starting antipsychotic treatment.

b) Proportion of children and young people with bipolar disorder, psychosis or schizophrenia newly 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 newly prescribed antipsychotic medication.

Data source: Local data collection.

c) Proportion of children and young people with bipolar disorder, 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 bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication for more than a year.

Data source: Local data collection. The POMH-UK audit-based quality improvement programme on prescribing antipsychotics for children and adolescents includes data (for participating trusts) on a documented review of therapeutic response and side effects of antipsychotic medication at least once every 6 months.

Outcome

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

Data source: Local data collection.

b) Incidence of cardiovascular disease in 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 type 2 diabetes in 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 different audiences

Service providers (such as GP surgeries, community health services, child and adolescent mental health services and early intervention in psychosis services) ensure that systems and protocols are in place to monitor the side effects of antipsychotic medication for children and young people with bipolar disorder, psychosis or schizophrenia, and to share the results when the child or young person is in the care of primary and secondary care services.

Healthcare professionals (such as GPs, mental health nurses, and psychiatrists) monitor the side effects of antipsychotic medication for children and young people with bipolar

disorder, psychosis or schizophrenia, and share the results 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 monitor the side effects of antipsychotic medication for children and young people with bipolar disorder, psychosis or schizophrenia. They should also ensure that arrangements are in place to share the results of monitoring when the child or young person is in the care of primary and secondary services.

Children and young people with bipolar disorder, psychosis or schizophrenia who are taking antipsychotic medication (medicine to help with psychosis) should see their healthcare professional regularly to check for side effects. This will include regular checks such as blood tests and measurements of their weight, height, waist, hip, pulse and blood pressure, to check for problems that may be caused by their medication (such as weight gain, diabetes, and heart, lung and breathing problems). 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: assessment and management. NICE guideline CG185 (2014, updated 2020), recommendations 1.10.5, 1.10.8 and 1.10.9
- Psychosis and schizophrenia in children and young people: recognition and management. NICE guideline CG155 (2013, updated 2016), recommendations 1.3.16, 1.3.19 (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 or glycosylated haemoglobin (HbA1c), blood lipid profile and prolactin levels
- assessment of any movement disorders
- assessment of nutritional status, diet and level of physical activity.

[NICE's guideline on psychosis and schizophrenia in children and young people, recommendation 1.3.16 and NICE's guideline on bipolar disorder, recommendation 1.10.5]

Monitoring for side effects of antipsychotic medication

Side effects of antipsychotic medication can be:

- metabolic (including weight gain and diabetes)
- extrapyramidal (including akathisia, dyskinesia and dystonia)
- cardiovascular (including prolonging the QT interval)
- hormonal (including increasing plasma prolactin)
- other (including unpleasant subjective experiences).

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 or HbA1c, blood lipid and prolactin levels at 12 weeks and then every 6 months
- adherence
- physical health.

[NICE's guideline on psychosis and schizophrenia in children and young people, recommendation 1.3.19 (key priority for implementation) and NICE's guideline on bipolar disorder, recommendation 1.10.8]

Equality and diversity considerations

Healthcare professionals should take into account cultural and communication needs when explaining how the side effects of antipsychotic medication will be monitored.

Quality statement 7 (developmental): Home treatment in crisis

Developmental quality statements set out an emergent area of cutting-edge service delivery or technology currently found in a minority of providers and indicating outstanding performance. They will need specific, significant changes to be put in place, such as redesign of services or new equipment.

Quality statement

Children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis are offered home treatment if it is suitable.

Rationale

Hospital admissions can be disruptive 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis are offered home treatment if it is suitable.

Data source: Local data collection.

Process

a) Proportion of crisis episodes in children and young people with bipolar disorder, psychosis or schizophrenia that are assessed for the suitability of home treatment.

Numerator – the number in the denominator that are assessed for the suitability of home treatment.

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

Data source: Local data collection.

b) Proportion of crisis episodes in children and young people with bipolar disorder, psychosis or schizophrenia that are assessed as suitable for home treatment and result in home treatment.

Numerator – the number in the denominator that result in home treatment.

Denominator – the number of crisis episodes in children and young people with bipolar disorder, psychosis or schizophrenia that are assessed as suitable for home treatment.

Data source: Local data collection.

Outcome

Mental health admission rates for children and young people.

Data source: Local data collection. National data are collected in the NHS Digital Child and Adolescent Mental Health Services secondary uses data set with Mental Health Services Data Set (MHSDS).

What the quality statement means for different audiences

Service providers (such as child and adolescent mental health services and early intervention in psychosis services) ensure that home treatment is available for children

and young people with bipolar disorder, psychosis or schizophrenia who are in crisis.

Health and social care practitioners (such as psychologists and social workers) assess the suitability of home treatment for children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis.

Commissioners (clinical commissioning groups and NHS England) commission home treatment services for children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis.

Children and young peoplewith bipolar disorder, psychosis or schizophrenia who have a crisis should have a discussion with their mental health professional to agree if treatment at home would be better for them than treatment in hospital. Treatment in hospital can be very disruptive (for example, they may miss time in school).

Source guidance

Psychosis and schizophrenia in children and young people: recognition and management. NICE guideline CG155 (2013, updated 2016), recommendations 1.5.7 (key priority for implementation), 1.5.2 and 1.5.3

Definitions of terms used in this quality statement

Crisis

A 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. [Department of Health and Social Care's Mental health crisis care concordat (2014) and expert opinion]

Assessment for suitability 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.

[NICE's guideline on service user experience in adult mental health, recommendation 1.5.3, and NICE's guideline on psychosis and schizophrenia in children and young people, 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. [NICE's guideline on service user experience in adult mental health, recommendation 1.5.7 and full guideline]

Equality and diversity considerations

Home treatment should be available to all children and young people with bipolar disorder, psychosis or schizophrenia in crisis, regardless of their age, if it is assessed as suitable.

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 making assessments for suitability 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 arrangements for accessing education or employment-related training included 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. Arranging for children and young people to access suitable education or employment-related training is an important component of transition care planning, and will improve academic and social development and overall life chances.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

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

Data source: Local data collection.

Process

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

Numerator – the number in the denominator who have arrangements for accessing education or employment-related training included 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.

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

Data source: Local data collection.

What the quality statement means for different

audiences

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

Health and social care practitioners (such as psychologists and social workers) ensure that arrangements for accessing education or employment-related training are included in the care plan for children and young people with bipolar disorder, psychosis or schizophrenia. Practitioners should be 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, NHS England, local authorities and regional schools commissioners) commission services that ensure that arrangements for accessing education or employment-related training are included in the care plan for children and young people with bipolar disorder, psychosis or schizophrenia. They should also commission alternative education provision in community and hospital settings, ensuring that appropriate referral pathways are in place and carrying out audits of the availability, quality and intensity of alternative education provision.

Children and young peoplewith bipolar disorder, psychosis or schizophrenia should have a care plan that sets out how 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: assessment and management. NICE guideline CG185 (2014 updated 2020), recommendation 1.9.6

- Psychosis and schizophrenia in children and young people: recognition and management. NICE guideline CG155 (2013, updated 2016), recommendations 1.8.11 (key priority for implementation), 1.1.5, 1.3.6, 1.3.9, 1.5.10, 1.8.13 and 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
- referral to 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 NICE's guideline on psychosis and schizophrenia in children and young people, 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.

Update information

Minor changes since publication

February 2022: The definitions of baseline physical health investigations and monitoring for side effects of antipsychotic medication in statement 6 were amended to be clear that either fasting blood glucose or glycosylated haemoglobin (HbA1c) can be used to assess for diabetes, in line with NICE's 2021 exceptional surveillance of testing for diabetes.

March 2016: The Prescribing Observatory for Mental Health (POMH-UK) was included as a data source for quality measures in statement 6.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource

impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Psychological Society (BPS)
- Royal College of General Practitioners (RCGP)