

Institution: London South Bank University		
Unit of Assessment: 4 – Psychology, Psychiatry and Neuroscience		
Title of case study: Intensive post-discharge support for child and adolescent mental health clients		
Period when the underpinning research was undertaken: 2013 – 2016		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Professor Paula Reavey	Professor of Psychology and Mental Health	1998 – present
Period when the claimed impact occurred: 2017 - 2020		
Is this case study continued from a case study submitted in 2014? N		
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>In the UK, approximately 4,000 adolescents are admitted for inpatient psychiatric care each year. The period after discharge is associated with the highest risk of suicide and self-harm, due to a lack of social support and effective treatment upon discharge. As a direct response, the Supported Discharge Service (SDS) was set up to offer each young person a detailed assessment and evidence-based, individual, group and family treatment without incurring major disruption to education, family life and leisure. Research demonstrating the efficiency and cost effectiveness of SDS by Professor Reavey and colleagues has contributed to a shift away from inpatient treatment for severe cases of mental distress (both child and adult) to an intensive community service delivery that is beneficial to mental health in the longer term, reduces self-harm and is safe and cost effective. Furthermore, NHS England has now allocated GBP50,000,000 (£50m) to post-discharge support for patients leaving mental health inpatient services, signalling a significant shift towards more intensive community support.</p>		
<p>2. Underpinning research (indicative maximum 500 words)</p> <p>Reducing dependency on adolescent psychiatric inpatient care and increasing intensive community treatment and support upon discharge is recommended in NICE guidelines (2016). Prior to the research presented here (developed by researchers at King's College London (KCL), with Professor Reavey as a prominent member), the efficacy of this approach had not been assessed in a randomised controlled trial (RCT) in the UK. The team conducted an RCT to evaluate a supported discharge service (SDS) provided by an intensive community treatment team operating within South London & Maudsley (SLaM) NHS Foundation Trust. The research compared outcomes (number of inpatient bed-days, change in Strengths and Difficulties Questionnaire (SDQ) scores, and change in Children's Global Assessment Scale (CGAS) scores at 6 months post-admission, and cost effectiveness) with treatment as usual (TAU) [R1, R2]. Hospital use (total inpatient bed days) at 6 months was found to be significantly lower in the SDS group than in the usual care group. The study demonstrated SDS is likely to be cost-effective in terms of both Quality-Adjusted Life Years (QALYs) and CGAS improvements, with no adverse effects reported in either group. SDS reduced bed usage at 6 months' follow-up and compared favourably with TAU on functional status and symptoms of mental ill health.</p> <p>Qualitative research led by Professor Reavey and colleagues examined how young people experience inpatient services, on a social and emotional level. This research built upon a body of work undertaken by Reavey and colleagues across a diverse range of mental health settings, on lived experiences of inpatient treatments [R4]. Ten patients, each from the SDS and TAU sample, participated in the visual-qualitative research study [R3]. Results indicated that young people experienced a number of positive benefits associated with inpatient treatment (e.g.</p>		

containment, safety, supportive relationships), as well as some significant disadvantages, contributing to an overall dissatisfaction with the service (e.g. lack of autonomy, over-emphasis on high-risk behaviours and inconsistent staff). Shorter stays with more visits from family, social support and talking therapies were presented by participants as essential to recovery, but were not part of hospital treatment, only the supported discharge service.

Together, this data corpus suggests that shorter hospital stays are deemed more effective by patients when supported by intensive community services. The RCT, together with the nested qualitative research shows how supported discharge service can reduce bed usage, is just as effective in reducing distress, and in the long term is more effective in reducing self-harm.

In recognition of the potential for this intensive community led approach, the same team of key researchers was awarded a £1.8 million NIHR grant in 2019 to conduct an RCT across seven National sites, to investigate the use of community interventions as a means of *preventing* psychiatric hospital admission altogether.

Key researchers

- Department of Psychology, London South Bank University, London, UK (J Poole, Prof P Reavey PhD)
- Department of Child and Adolescent Psychiatry (D Ougrin PhD, Prof E Taylor PhD),
- Health Service and Population Research Department (Prof S Byford PhD, M Heslin PhD, B Nnadi MSc)
- Department of Biostatistics and Health Informatics (D Stahl PhD, Z Abdulla MSc)
- Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; South London and Maudsley NHS Foundation Trust, London, UK (D Ougrin, R Corrigan MBBS, J Poole BSc, T Zundel MBBS, M Sarhane RMN, V Slater RMN, J Ivens PhD, M Crommelin MA, D Hayes MBBS, K Middleton MSc)

3. References to the research (indicative maximum of six references)

The following outputs stem from projects funded by the South London & Maudsley NHS trust with Professor Reavey leading on the qualitative outputs. All outputs are peer-reviewed, published in journals with Scimago ratings of 6.145 for the Lancet Psychiatry, 1.586 for European Child & Adolescent Psychiatry and 1.387 for Health & Place. All articles were made publicly available via LSBU's open access repository (LSBU Open) within three months of acceptance. R1, R2 and R3 are submitted as outputs for REF2021 in UoA 04.

[R1]: Dennis Ougrin, Richard Corrigan, Jason Poole, Toby Zundel, Mandy Sarhane, Victoria Slater, Daniel Stahl, Paula Reavey, Sarah Byford, Margaret Heslin, John Ivens, Maarten Crommelin, Zahra Abdulla, Daniel Hayes, Kerry Middleton, Benita Nnadi, Eric Taylor (2018) Comparison of effectiveness and cost-effectiveness of an intensive community supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: a randomised controlled trial. The Lancet Psychiatry, 5(6), 477-485. DOI: [https://doi.org/10.1016/S2215-0366\(18\)30129-9](https://doi.org/10.1016/S2215-0366(18)30129-9)

[R2] Dennis Ougrin, Richard Corrigan, Jason Poole, Toby Zundel, Mandy Sarhane, Victoria Slater, Daniel Stahl, Paula Reavey, Sarah Byford, Margaret Heslin, John Ivens, Maarten Crommelin, Zahra Abdulla, Daniel Hayes, Kerry Middleton, Benita Nnadi, Eric Taylor (2020) Supported discharge service versus inpatient care evaluation (SITE): a randomised controlled trial comparing effectiveness of an intensive community care service versus inpatient treatment as usual for adolescents with severe psychiatric disorders: selfharm-, functional impairment, and educational and clinical outcomes European Child & Adolescent Psychiatry, <https://doi.org/10.1007/s00787-020-01617-1>.

[R3]: Paula Reavey, Jason Poole, Richard Corrigan, Toby Zundel, Sarah Byford, Mandy

Sarhane, Eric Taylor, John Ivens, Dennis Ougrin (2017) [The ward as emotional ecology: Adolescent experiences of managing mental health and distress in psychiatric inpatient settings](#). *Health & Place* 46 (2017) 210–218. DOI: <http://dx.doi.org/10.1016/j.healthplace.2017.05.008>

[R4] Poole, J.P. & Reavey, P. (2018) Negotiating Adult Authority: Young people's experience of adolescent mental health wards. In L. McGrath & P. Reavey (eds) *A handbook of mental health and space: community and clinical interventions*. London: Routledge. ISBN: 9781315620312

Key grant details: Funded by a £1.4m grant from South London and Maudsley NHS Trust awarded to King's College London (KCL) in 2013-2016. Professor Reavey joined the project post-award as a consultant researcher to specifically lead the qualitative arm of the trial. The Principal Investigator was Dr Dennis Ougrin. The grant title was '*Comparison of effectiveness and cost-effectiveness of an intensive community supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: a randomised controlled trial.*'

4. Details of the impact (indicative maximum 750 words)

Direct impact on the care of highly vulnerable children in emergency psychiatric care.

Research undertaken by LSBU as part of the study developed with collaborators at KCL significantly improved the care of vulnerable children experiencing psychological emergencies. The findings of the research led to improvements in their outcomes and provided a more cost-effective and efficient service delivery.

As evidence of this, at six-month follow-up, overall bed usage was found to be 32 percent lower relative to TAU. Moreover, children undergoing the Supported Discharge Service (SDS) treatment plan experienced significantly improved school reintegration, lower self-harm and reduced readmission to services. From a health economic perspective, the intervention was more cost-effective than TAU, and importantly fell below the NICE threshold for QALYs improvements. TAU did not achieve this. Of note, SDS also significantly reduced the incidence of self-harm, a key indicator of the severity of distress and overall risk. Cost savings of on average of GBP3,700 (£3.7k) per patient were realised. Finally, the model showed no adverse effects to mental health, relative to TAU [S1]. The intervention continues to be used in SLAM (at the Maudsley hospital and at several other sites, including in Kent and the South East England) as well as in Germany.

A key impact that has arisen from the evidence the research provides is a shift in the culture of the emergency psychiatric services and a subsequent impact on delivery. The Clinical Services Manager, South London and Maudsley, remarks: "*Hospitals used to be used for containment and interventions, but now there's greater interest in interventions outside of hospital, with a shift to intensive community care services. Stays for cases of self-harm tend to be shorter. Community care used to be seen as too risky but the research demonstrated that this wasn't necessarily the case.*" [S2]

An example of this change in culture following the publication of the research is the creation of a team delivering two-week inpatient interventions. Downstream, these changes have contributed positively to the service, facilitating the attainment of difficult performance goals. For instance, upon merging of SLAM with the South London Partnership, a goal was set to reduce acute bed spaces being provided out of the partnership area (which has a negative financial implication for the trust and also often leads to children and carers having to travel significant distances for admission, visitations, etc.) from 50 to 0. This goal was achieved. While direct data does not link SDS to these changes, it is a reasonable assumption that an increased focus on short interventions and community care has had a significant impact [S2].

Cultural changes in terms of working practices are also important impacts of the research. In a care setting which is typified by workplace stress and high staff turnover, SLAM reported no staff vacancies in teams deploying SDS. The SLAM Clinical Service Manager suggested that high

staff retention is likely to be due to the collaborative focus of SDS [S2]; *“For staff, the benefit is that there’s an equal relationship, working on treatment as a shared objective. There’s much less violence compared to hospital wards, with the care provider guiding and advising rather than focusing on control.”*

Extended impact on NHS England policy

As a direct result of the success of this trial and its wider roll-out, in 2018, NHS England adopted a focus on community support as a model of good practice in an NHS report, ‘*NHS community service: taking centre stage*’ stating: *“Community services need to be at the heart of local health and care provision in all systems, but for too long they have been marginalised and not given enough priority at national and local level. That needs to change and our report makes the case for why community services need to be centre stage as we move towards more integrated health and care systems”* [S3].

This agenda was impacted strongly by Professor Reavey’s work. For example, as part of this broader community support programme, the work was praised by NHS England’s National Clinical Director for Mental Health, who stated that: *“Professor Reavey’s research into supported discharge services provided evidence of their benefits and value for the first time in the UK. This prompted a wider adoption in NHS England best practice recommendations, for example feeding into the recent allocation of additional funds to post-discharge support for adults leaving mental health services”* [S6].

Alongside implications for the services involved, the SDS model has been argued to be an important indicator of the effectiveness of an intensive community treatment model of care by showing that SDS can lead to reduced hospital use, improvement in school reintegration and reduced self-harm [S1] thus having implications for the treatment of other psychiatric issues amongst various populations. On this basis, the concept and priority of SDS has been extended to adults, with an additional £50 million being allocated by NHS England to post discharge support for adults leaving mental health services [S4]. Supported discharge is now a high priority for post-pandemic mental health policy, with latest policy documents indicating that mental health discharges are *‘contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient service...’* the period where patients are most at risk of readmission, self-harm and even suicide [S6]. The research is also having emerging impact on prevention of inpatient admissions. Included in the NICE evidence search and UK medicine information notes there is the statement that the service *“adds that understanding about who will benefit from more intensive and systematic early interventions needs”*. [S7]

International impact

To help bolster international impact, in January 2017, the research team hosted an international conference, in partnership with the team in Germany, as a platform to share and discuss the comparative work, as well as presenting perspectives on SDS from young service users and their practitioners. This event was attended by approximately 200 stakeholders, including a broad range of community groups, service users and practitioners. Alongside demonstrable success in SLaM, and influencing UK policy and practice as indicated above, the SDS method has also been adopted internationally, following a pilot study collaboration between practitioners in the UK and Germany, subsequently followed by separate RCTs in each country. As noted above, it has been piloted and adopted in the UK and Ravensburg, Germany, in the form of a program named “Hot-BITs” (**H**ome **T**reatment **B**ring **I**npatient **T**reatments outside), with initial RCT evaluations suggesting a reduction in treatment cost savings of over EU6,000 per patient, and a significant increase in treatment effectiveness. SDS has received German federal funding to support its implementation and changes in legislation, which recognises ‘ward equivalent’ community treatment for psychiatric services, making it fundable via health insurance. [S8]

5. Sources to corroborate the impact (indicative maximum of 10 references)

[S1] Dennis Ougrin, Richard Corrigan, Jason Poole, Toby Zundel, Mandy Sarhane, Victoria Slater, Daniel Stahl, Paula Reavey, Sarah Byford, Margaret Heslin, John Ivens, Maarten Crommelin, Zahra Abdulla, Daniel Hayes, Kerry Middleton, Benita Nnadi, Eric Taylor (2018) Comparison of effectiveness and cost-effectiveness of an intensive community supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: a randomised controlled trial. (2018) *The Lancet Psychiatry*, 5(6), 477-485. DOI: [https://doi.org/10.1016/S2215-0366\(18\)30129-9](https://doi.org/10.1016/S2215-0366(18)30129-9)

[S2] Interview with the Clinical Services Manager, South London and Maudsley NHS Foundation Trust, August 2020.

[S3] NHS (2018). *NHS community services: Taking centre stage*. [state-of-the-provider-sector-0518.pdf](https://www.nhs.uk/state-of-the-provider-sector-0518.pdf) ([nhsproviders.org](https://www.nhs.uk/state-of-the-provider-sector-0518.pdf))

[S4] NHS (2020). Guidance on additional 2020/21 winter funding for post-discharge support for mental health patients. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0894-Mental-health-winter-2021-discharge-funding-supporting-guidance-01-Dec-20-v2.pdf>

[S5] House of Commons Library (2021). Mental health policy in England briefing number CBP 07547. (<https://commonslibrary.parliament.uk/research-briefings/cbp-7547/>)

[S6] Interview with National Clinical Director for Mental Health, NHS England.

[S7] UKMI evidence note: <https://www.medicinesresources.nhs.uk/en/Medicines-Awareness/Primary-Research/Randomised-controlled-trials/Comparison-of-effectiveness-and-cost-effectiveness-of-an-intensive-community-supported-discharge-service-versus-treatment-6366104946/>

[S8] Agreement on ward equivalent psychiatric treatment.