

# **2020 surveillance of transition between inpatient mental health settings and community or care home settings (NICE guideline NG53)**

## **Surveillance proposal**

We will not update the guideline on [transition between inpatient mental health settings and community or care home settings](#).

## ***Reasons for the proposal***

The guideline recommendations are still relevant. There has been new legislation including an amendment to the Mental Health Act, new policy around ending inappropriate out of area admissions for mental health services, and a number of reports reviewing mental health services, highlighting that people's experience of mental health care still remains poor. However, experts generally agreed the guideline remains current but did note implementation issues with mental health services struggling to meet basic demands. Nevertheless, the guideline recommendations are relevant to current practice and are not in conflict with new legislation, and as such no update to the guideline is proposed. However, cross-referrals will be added to other relevant NICE guidelines on [Mental Health Services](#) for specific mental health problems, the [NICE guideline on decision-making and mental capacity](#), and the [Homelessness Reduction Act 2017](#).

We are aware that there are [temporary changes to the Mental Health Act](#) due to the coronavirus pandemic, in particular around using video technology for Mental Health Act assessments and leave and visiting. We have considered these and do not anticipate any action for the guideline.

For further details and a summary of all evidence and intelligence identified in surveillance, see the [summary of evidence from surveillance](#) below.

## Overview of 2020 surveillance methods

NICE's surveillance team checked whether recommendations in [transition between inpatient mental health settings and community or care home settings](#) (NICE guideline NG53) remain up to date.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews
- A search for and national policy and legislation.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Assessing the new intelligence, policy and evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the proposal with stakeholders (this document).

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

### ***Evidence considered in surveillance***

We conducted an initial search for relevant Cochrane reviews and national policy and legislation in this area. The results of these searches, alongside information suggested by topic experts, was deemed sufficient to proceed with the surveillance review. Furthermore, the focus of the guideline is around service delivery, with a social care element, both of which are more driven by policy and legislation. As such no additional evidence searches were undertaken.

See the [summary of evidence from surveillance](#) for details of all evidence and intelligence considered, and references.

### ***Ongoing research***

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

- [The MILESTONE study: improving transition from child to adult mental health care. ISRCTN83240263](#)
- [Peer support for discharge from inpatient to community mental health services. ISRCTN10043328](#)
- [Transitional discharge interventions for people with serious mental illness.](#)  
Cochrane Database of Systematic Reviews; 2019; (no. 12)

### ***Intelligence gathered during surveillance***

#### **Views of topic experts**

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to the guideline.

We sent questionnaires to 27 topic experts and received 5 responses. The experts who responded included a social worker, a consultant geriatrician, 2 GPs, and a representative of a homelessness charity.

The experts raised issues around homelessness, funding and the interface between mental and physical health. However, the majority of experts agreed no update was required.

With regards to homelessness, the guideline does currently provide recommendations on discussing housing arrangements before discharge (recommendation 1.5.5) and providing additional support to homeless people

(recommendation 1.5.8). However, the recommendations do not highlight the [Homelessness Reduction Act 2017](#) and as such a cross-referral will be added to section 1.5 to highlight the Act. No additional changes to the guideline were deemed necessary as NICE is currently developing a guideline on [integrated health and care for people who are homeless through being roofless](#).

Experts were contacted again for any additional views but only 2 were able to reply, highlighting once again the issues of homelessness and funding.

### **Views of stakeholders**

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

### **Implementation of the guideline**

Experts highlighted that the recommendations are relevant but that mental health services are struggling to meet basic demands.

### ***Equalities***

A topic expert highlighted that homeless people may face additional challenges. The guideline does currently provide recommendations on discussing housing arrangements before discharge (recommendation 1.5.5) and providing additional support to homeless people, such as recommendation 1.5.8 which states: give people with serious mental health issues who have recently been homeless, or are at risk of homelessness, intensive, structured support to find and keep accommodation. However, a cross-referral will be added to the [Homelessness Reduction Act 2017](#) to emphasise the duty of care to those who are homeless or threatened with homelessness. Furthermore, NICE is currently developing a guideline on [integrated health and care for people who are homeless through being roofless](#).

People who misuse alcohol were also thought to be a specific subgroup as there may not be continuity of services in the community. The care provided in the community is beyond the scope of this guideline. However, NICE does

have guidelines on [coexisting severe mental illness and substance misuse: community health and social care services](#) (NG58), and [coexisting severe mental illness \(psychosis\) and substance misuse: assessment and management in healthcare settings](#) (CG120).

Another expert highlighted frail older people and people living with dementia, learning disabilities or long term conditions. The guideline currently includes recommendations on providing additional support, expert input and time for people with complex needs, such as dementia or learning disabilities, when transitioning between mental health settings and the community or care homes (such as recommendations 1.2.4, 1.2.5 and 1.6.4). However, the guideline currently also makes two research recommendations around care and support for people with dementia, and people with complex needs other than dementia, as this was recognised as a research gap.

### ***Overall proposal***

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

# Appendix A: Summary of evidence from surveillance

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### Overview

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

### 1.1 Overarching principles

#### ***Surveillance proposal***

This section of the guideline should not be updated.

#### ***Background***

This section of the guideline covers the overarching principles of a transition involving a mental health inpatient setting to / from a community or care home setting. There is an emphasis on a person-centred transition focused on recovery and supporting people in the least restrictive setting possible. This section of the guideline was developed using qualitative evidence, expert witness statements, NICE's guideline on service user experience in adult mental health services (CG136) and committee consensus, as well as legislation current at the time of guideline development.

#### ***New legislation, evidence and intelligence***

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

rights, responsibilities and roles. The main changes to the Code of Practice include:

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

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

Currently recommendation 1.1.3 links to this legislation stating: ‘support people in transition in the least restrictive setting available (in line with the Mental Health Act [Code of Practice](#)).’ The recommendation wording itself is not impacted by the update to the Code of Practice, and the recommendation links directly to the landing page of the most recent update to the Code of Practice. As such, there is no impact on the guideline.

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

The Care Quality Commission (2019) [Community mental health survey 2019](#) captured the views of 12,551 individuals aged 18 years or older between September and November 2018. The report highlights that people's experience of mental health services remains poor and appears to have declined consistently since 2014. People diagnosed with non-psychotic and challenging disorders and younger people (aged 18-35 years) reported poorer experiences of using mental health services. Whilst the report captures important views of mental health services the report was not focused on transitions to/from inpatient mental health care and as such does not directly impact upon the guideline.

Similarly, the Care Quality Commission (2019) [Are we listening? A review of children and young people's mental health services](#) found that many young people with mental health conditions do not get the help they need. The report highlights the importance of planned transitions from child to adult mental health services, which is covered in the NICE guideline on [transition from children's to adults' services for young people using health or social care services](#). As such, no impact on this guideline is expected. A report on the progress that the different organisations have made to act on the recommendations in [Are we listening? A review of children and young people's mental health services](#) is reportedly due in 2019/2020.

The NHS (Mental Health Taskforce) (2016) [The Five Year Forward View for Mental Health](#) outlines a number of priorities including supporting recovery for people who have severe mental health problems and significant risk or safety concerns in the least restrictive setting, as close to home as possible. The NHS (2018) [Five Year Forward View for Mental Health: one year on](#) reported that the first step to eliminating out of area placements had occurred by collecting data on out of area placements.

NICE has developed a number of guidelines on mental health and specific conditions that are of relevance here, most recently [rehabilitation for adults with complex psychosis](#) (NG181). As such, an editorial amendment will be made to cross refer to other relevant NICE guidelines on [Mental Health Services](#) for specific mental health problems.

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Topic experts did not specifically comment on this section of the guideline but did raise a number of overarching issues around mental health services, including new legislation and highlighting that mental health services are still struggling to meet even basic demands. However, the majority of topic experts felt that this guideline remains relevant to current practice.

### ***Impact statement***

There has been new legislation around mental health and a number of reports reviewing mental health services, highlighting that people's experience of mental health care still remains poor. Experts generally agreed the guideline remains current but did note issues with mental health services struggling to meet basic demands. Nevertheless, the principles of care remain relevant to current practice and are not in conflict with new legislation, and as such no update to this section of the guideline is proposed. However, an editorial amendment will be made to cross refer to other relevant NICE guidelines that sit in the [Mental Health Services](#) guideline group.

## 1.2 [Before hospital admission](#)

### ***Surveillance proposal***

This section of the guideline should not be updated.

### ***Background***

This section of the guideline covers planning and assessment as well as crisis plans. It was developed using effectiveness and qualitative evidence, expert witness statements, NICE's guideline on service user experience in adult mental health services (CG136) and committee consensus.

### ***New legislation, evidence and intelligence***

The NHS (Mental Health Taskforce) (2016) [The Five Year Forward View for Mental Health](#) outlines a number of priorities including eliminating inappropriate out of area placements for mental health services by 2020/2021. The NHS (2018) [Five Year Forward View for Mental Health: one year on](#) reported that the first step to eliminating out of area placements had occurred by collecting data on out of area placements. In February 2020 [NHS Digital](#) reported that 54/57 reporting organisations had made 660 out of area placements in England between 1 November and 30 November 2019, with 635 being deemed inappropriate.

Currently the guideline does not recommend out of area placements, but recommendations 1.2.4 and 1.2.5 highlight good practice for out of area placements, such as offering the opportunity to visit the inpatient unit is important beforehand. Whilst the NHS [The Five Year Forward View for Mental Health](#) aims to end inappropriate out of area placements, out of area placements are still occurring with the vast majority being deemed inappropriate. However, no impact on the guideline is anticipated as these recommendations remain current for practice and important for both appropriate and inappropriate out of area placements.

The Care Quality Commission (2019) [Are we listening? A review of children and young people's mental health services](#) found that many young people

with mental health conditions do not get the help they need. The report highlights the importance of planned transitions from child to adult mental health services, which is covered in the NICE guideline on [transition from children's to adults' services for young people using health or social care services](#). Currently recommendations 1.2.4 and 1.2.5 emphasise that visiting the inpatient unit is important before planned admissions for children and young people, which does not conflict with this new report. As such, there is no impact on the guideline.

The MILESTONE study is an ongoing cohort study looking at improving transitions from child to adult mental health care in the UK. It is unclear how the study will influence the guideline and publication plans are unknown. However, the study will be tracked by the surveillance team at NICE to ensure its impact on the guideline can be considered in a timely manner following publication.

A topic expert highlighted frail older people and people living with dementia, learning disabilities or long term conditions. The guideline currently includes recommendations on providing additional support, expert input and time for people with complex needs, such as dementia or learning disabilities, when transitioning between mental health settings and the community or care homes (such as recommendations 1.2.4, 1.2.5 and 1.6.4). However, the guideline currently also makes two research recommendations around care and support for people with dementia, and people with complex needs other than dementia, as this was recognised as a research gap.

### ***Impact statement***

There has been new policy and research around ending inappropriate out of area admissions for mental health services, and research capturing the views of children and young people on mental health services. This new legislation and evidence does not conflict with current guideline recommendations. Topic experts did not comment specifically on this section, but the majority of experts did agree the guideline is relevant to current practice. As such, the

guideline recommendations in this section remain relevant to clinical practice and will not be updated.

## 1.3 [Hospital admission](#)

### ***Surveillance proposal***

This section of the guideline should not be updated.

### ***Background***

This section of the guidelines covers general principles for hospital admission, out of area admissions, the legal status of the person being admitted, observations and restrictions and addressing personal concerns. It was developed using effectiveness and qualitative evidence, expert witness statements, mental health legislation and committee consensus.

### ***New legislation, evidence and intelligence***

#### **General principles**

The Mental Capacity Act was amended in 2019 ([Mental Capacity \(Amendment\) 2019](#)). Under this amendment, the Deprivation of Liberty Safeguards, which protect people who do not have the mental capacity to consent to treatment, will be replaced by the [Liberty Protection Safeguards \(LPS\)](#). Currently recommendation 1.3.3 states: Advance decisions must be followed in line with the [Mental Capacity Act 2005](#). The amendment to the Act does not impact upon the meaning of recommendation 1.3.3 as the amendment does not cover advance decisions.

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

#### **Out of area admissions**

The NHS (Mental Health Taskforce) (2016) [The Five Year Forward View for Mental Health](#) outlines a number of priorities including eliminating out of area placements for acute care by 2020/2021. The NHS (2018) [Five Year Forward View for Mental Health: one year on](#) reported that the first step to eliminating out of area placements had occurred by collecting data on out of area

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placements. In February 2020 [NHS Digital](#) reported that 54/57 reporting organisations had made 660 out of area placements in England between 1 November and 30 November 2019, with 635 being deemed inappropriate.

Currently recommendations 1.3.10 to 1.3.13 cover out of area admissions. The recommendations do not recommend out of area placements but cover how to deliver out of care placements when they occur, taking into account the higher risk of suicide after discharge. Whilst the NHS [The Five Year Forward View for Mental Health](#) aims to end inappropriate out of area placements, given there is a safety risk with out of area placements these recommendations still remain relevant.

The University of Manchester has updated the [National Confidential Inquiry into Suicide and Safety in Mental Health](#). The 2019 report continues to show that there is a high risk for suicide for inpatients within the 1<sup>st</sup> week of admission. Recommendation 1.3.1 acknowledges the increased risk of suicide within the first 7 days. Recommendation 1.3.12 states: For people admitted to hospital outside the area in which they live, take into account the higher risk of suicide after discharge at all stages of the planning process (see the [National Confidential Inquiry into Suicide and Homicide by People with Mental Illness](#)). This links directly to the landing page which provides the most up to date statistics on suicide – currently 2019 report. As such, this recommendation does not need updating following the publication of the new statistics which continue to show an increased risk of suicide within the first 7 days of inpatient admission.

The MILESTONE study is an ongoing cohort study looking at improving transitions from child to adult mental health care in the UK. It is unclear how the study will influence the guideline and publication plans are unknown. However, the study will be monitored by the surveillance team at NICE to ensure its impact on the guideline can be considered in a timely manner following publication.

### ***Impact statement***

There has been new legislation including an amendment to the Mental Health Act, new policy around ending inappropriate out of area admissions for mental health services, and an update to suicide statistics. This new legislation and evidence does not conflict with current guideline recommendations. Topic experts did not specifically comment on this section of the guideline, although the majority of topic experts felt that this guideline remains relevant to current practice. In line with social care feedback, an editorial amendment will be made to add a link to the NICE guideline on [decision-making and mental capacity](#).

## **1.4 Support for families, parents and carers throughout admission**

### ***Surveillance proposal***

This section of the guideline should not be updated.

There was no new evidence or legislation found during this surveillance review. Topic experts did not comment specifically on this section, but the majority of experts did agree the guideline is relevant to current practice. As such no update to this section of the guideline is proposed.

## 1.5 [Hospital discharge](#)

### ***Surveillance proposal***

This section of the guideline should not be updated.

### ***Background***

This section of the guideline covers maintaining links with the community, accommodation, and preparing, planning and supporting discharge. It was developed using effectiveness and qualitative evidence, economic evidence and analysis, expert witness statements, NICE's guideline on service user experience in adult mental health services (CG136) and committee consensus.

### ***New legislation and evidence***

#### ***Accommodation***

A topic expert highlighted that in April 2018 the [Homelessness Reduction Act 2017](#) came into law, which creates a duty upon all local authorities (housing options) to take all reasonable steps to prevent homelessness where this is threatened within 56 days (8 weeks) whether or not someone is entitled to the full housing duty. It also places a duty to refer on public bodies, including hospitals – so this requirement should be included in the discharge planning and also at admission. The expert went on to say that even if the patient has suitable secure accommodation, their admission to hospital could put this at risk if nothing is done about ensuring the landlord is aware and benefits claims are not disrupted to the extent that the rent stops being paid. As such the expert felt that the duty to refer to the local authority at the point of admission would ensure the local authority was aware and might be able to offer advice. The expert also highlighted that on discharge planning, if the patient does not have permanent/stable suitable accommodation to return to, then the discharge co-ordinator should refer to the relevant local authority housing options team as soon as possible (where the patient's accommodation needs are not being met under S.117). Another topic expert also highlighted that homeless people may face additional challenges.

The guideline does currently provide recommendations on discussing housing arrangements before discharge (recommendation 1.5.5) and providing additional support to homeless people, such as recommendation 1.5.8 which states: give people with serious mental health issues who have recently been homeless, or are at risk of homelessness, intensive, structured support to find and keep accommodation. However, the recommendations do not highlight the [Homelessness Reduction Act 2017](#) and as such a cross-referral will be added to this section to highlight the Act. NICE is also currently developing a guideline on [integrated health and care for people who are homeless through being roofless](#).

### ***Preparing for discharge***

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

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

Further guidance on implementing changes to police powers and places of safety provisions in the Act was published in October 2017.

Currently recommendation 1.6.10 links to this legislation stating: ‘Decide whether a community treatment order (CTO) or guardianship order is needed (see the Mental Health Act [Code of Practice](#). The recommendation wording itself is not impacted by the update to the Code of Practice, and the recommendation links directly to the landing page of the most recent update to the Code of Practice. As such, there is no impact on the guideline.

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

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

[Social care feedback highlighted that](#) one key problem for discharges from mental health hospitals is debate about responsibility for post-discharge support and funding across health and social care and in relation to personalised health and social care budgets and in particular in relation to section 75 requirements: ‘under section 75 of the NHS Act 2006, a local authority may contribute to a ‘pooled budget’ with an NHS body - a shared fund out of which payments can be made to meet agreed priorities.’

Currently recommendation 1.5.21 includes the following advice: explore the possibility of using a personal health or social care budget and ensure the person understands about charges for social care. This feedback does not conflict with this recommendation and there was no evidence found that would provide greater clarity on the recommendation.

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

### ***Peer support***

There is an ongoing study looking at [peer support](#) for discharge from inpatient to community mental health services in the UK which ran from March 2014 to August 2019. It is unclear how the study will influence the guideline and publication plans are unknown but we will track its publication status.

### ***Impact statement***

There has been new legislation on mental health, and new evidence on the use of the mental health legislation in practice. This legislation and evidence does not conflict with the guideline. A topic expert also highlighted the importance of homelessness legislation changes. As such, an editorial amendment will be made to provide a link to the [Homelessness Reduction Act 2017](#) within this section of the guideline.

## 1.6 [Follow-up support](#)

### ***Surveillance proposal***

This section of the guideline should not be updated.

### ***Background***

This section of the guideline covers follow up support and community treatment orders. It was developed using effectiveness and qualitative evidence, expert witness statements, and committee consensus.

Recommendations 1.6.10 to 1.6.12 covering community treatment orders, were also developed drawing on the Mental Health Code of Practice.

There was an [exceptional review](#) in 2017 focusing on recommendations 1.6.7 and 1.6.8 which advise to follow up all mental health inpatients within 7 days of discharge and to reduce this time to 48 hours if a risk of suicide. The exceptional review considered evidence from 2 reports on risks of suicide following discharge, highlighting the increased risk of suicide within 7 days following discharge and a further increase in risk for those not receiving any follow up contact. These reports were deemed to be in line with current recommendations 1.6.7 and 1.6.8 and the guideline was not updated.

### ***Legislation, evidence and intelligence***

A topic expert highlighted frail older people and people living with dementia, learning disabilities or long term conditions. The guideline currently includes recommendations on providing additional support, expert input and time for people with complex needs, such as dementia or learning disabilities, when transitioning between mental health settings and the community or care homes (such as recommendations 1.2.4, 1.2.5 and 1.6.4). However, the guideline currently also makes two research recommendations around care and support for people with dementia, and people with complex needs other than dementia, as this was recognised as a research gap.

### ***Community treatment orders***

A Cochrane review of compulsory community and involuntary outpatient treatment for people with severe mental disorder ([Kisely et al, 2017](#)) (3 studies; n=749 patients) was found. The review found that community treatment orders had no clear benefits in terms of quality of life, service use or social functioning compared with voluntary care or brief supervised discharge. There was a significant improvement in the likelihood of people receiving community treatment orders being the subject of violent or non-violent crime, which the authors deemed may be due to the compulsory nature of the interventions. The authors noted that the trials were relatively small and 2 trials were at high risk of bias. The review authors concluded that the trials may not reflect the complexity of the intervention, and that further research was needed.

An NIHR analysis of 4 years of UK Mental Health Services Data looked at the use of community treatment orders and their impact on patient outcomes and costs (n=69,832 patients) ([Weich et al, 2020](#)). The study found that community treatment order use varied between patients, mental health provider trusts and local areas, and were more likely to be used in patients falling within 'severe psychotic' care cluster, male patients or patients of black ethnicity. Overall, there was no significant difference in the time to first re-admission in patients receiving community treatment orders versus those who did not (approximately 32 months for both groups). There was also no significant difference in mental health treatment costs or time in hospital. However, there was a significant reduction in mortality for patients receiving community treatment orders, compared to those who did not (odds ratio 0.69; 95% credible interval 0.60 to 0.81). The study authors concluded that further research was warranted, particularly around community treatment orders effects on mortality.

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

changes to the Code include new chapters on human rights, care planning, equality and health inequalities; as well as consideration of when to use the Mental Health Act. Further guidance on implementing changes to police powers and places of safety provisions in the Act was published in October 2017.

Recommendation 1.6.10 states: Decide whether a community treatment order (CTO) or guardianship order is needed (see the Mental Health Act [Code of Practice](#)), based on: the benefit to the person (for example, it may be helpful for people who have had repeated admissions); the purpose (for example, to support the person to follow their treatment plan); the conditions and legal basis. Recommendations 1.6.11 and 1.6.12 go on to ensure that the reasons for using the order are clearly explained to the patient, carers and families.

The new evidence and the update to the Code of Practice do not change the meaning of these recommendations and as such there is no impact on the guideline.

### ***Impact statement***

There was new evidence on community treatment orders which showed no clear benefits on service use, hospitalisations or readmissions, although there may be a significant reduction in mortality, and the authors concluded that further research was warranted. There has also been an update to the Code of Practice. However, the new evidence and change to the Code of Practice does not impact upon recommendations 1.6.10 to 1.6.12. A topic expert indicated that community follow up and support should be the focus of surveillance at this time but did not provide any evidence or further information. However, the majority of topic experts felt that this guideline remains relevant to current practice. As such, no impact to the guideline is proposed.

## Areas not currently covered in the guideline

### ***Police related interventions***

A rapid evidence synthesis of [police-related mental health triage](#) (May 2019) focused on the evidence base for street-triage type intervention models (5 systematic reviews and 16 primary studies reporting quantitative and qualitative data). The review found inconsistent results with the potential for some benefits in terms of detention rates and staff value. The review authors noted that the evidence was hampered by methodological flaws in the included studies.

A [systematic map of literature of police response to people with mental health needs](#) was found. The systematic map found a range of interventions, some of which are beyond the scope of this guideline, but it did include some studies on police diverting people with mental health needs from the criminal justice system and into mental health services. The majority of the evidence was US and Canada based and the review authors concluded that generalisability to the UK context is uncertain and further UK research is needed.

Currently the guideline does not cover police related triage or diversion from the criminal justice system. Police officers are sometimes a transition between care as they are often the first responders to mental health-related incidents in the community. However, this new evidence is not deemed sufficient to warrant its inclusion in the guideline.

## Research recommendations

### [1 Care and support for people with dementia](#)

What is the effect of specific interventions to support people with dementia during transition between inpatient mental health settings and community or care home settings?

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

### [2 People with complex needs other than dementia](#)

What is the effect of specific interventions to support people with complex needs because of multiple diagnoses and resistance to treatment during transition between inpatient mental health settings and community or care home settings? (This includes people with physical or learning disabilities, people with personality disorder, people with complex psychosis, people with long-term severe mental illness and people on the autistic spectrum.)

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

### [3 Children and young people in transition between settings](#)

What is the effect of specific interventions to support children and young people during transition between inpatient mental health settings and community or care home settings? Is there any particular benefit for black, Asian and minority ethnic communities?

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

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