

Collaborators: Leah Simpson¹, Margaret Williams², Chloe Batchford³, Alexandra Davison³, Pamela Dawson², Ashley Holt⁴, Shaheen Ghumra², Anandi Singh⁵, Kiran Raju³, Marwa Alkotamy⁶, Mohammed Haque², Luke Hallston⁵, Alice Packham², Rachel O'Sullivan⁸, Laura Kelly¹, Lauren Brace⁹, Jayne Thompson¹⁰, Alec Rapson¹, Samuel Danaher², Samuel Jack², Teim Eyo⁵, Kirsten Brown⁶, Mica Skilton⁶, Moataz Badawy⁶, Ahmed Abdella⁷, Joshua Meremikwu⁷, Mofoluwake Faturoti⁷, Mushfiq Sahebzada⁷, Priscilla Wong⁷, Alexis Perry⁹, Thomas Baird¹⁰, Marianne Youssif¹⁰, Lesley Peers¹¹, Helen McDermott², Stuart Hartshorn²

Affiliations: 1. Sandwell and West Birmingham NHS Trust 2. Birmingham Women's and Children's NHS Trust 3. University of Birmingham Medical School 4. Royal Wolverhampton NHS Trust 5. University Hospitals of Coventry and Warwickshire NHS Trust 6. Shrewsbury and Telford NHS Trust 7. Worcestershire Acute NHS Trust 8. South Warwickshire NHS Foundation Trust 9. Dudley NHS Hospitals Trust 10. Walsall NHS Healthcare Trust 11. Wye Valley NHS Trust

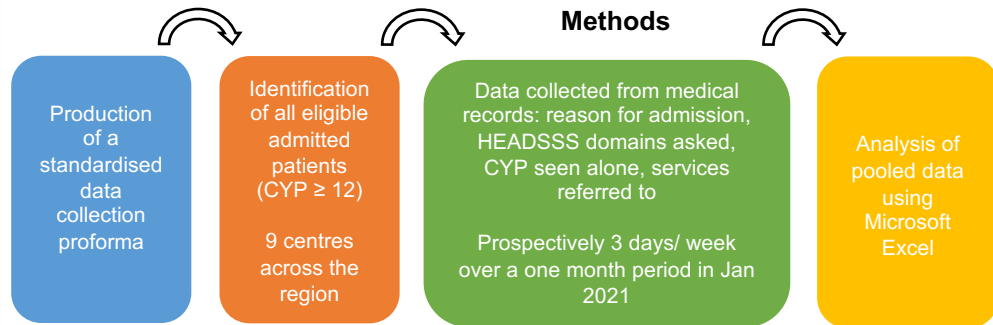
Contact: pramnetwork1@gmail.com **Website:** www.pramnetwork.com **Twitter:** @PRAMNetwork

Background

- 1 in 8 children suffer from a diagnosable mental illness¹, with 50% of all mental health problems being established by 14 years of age².
- Admission to paediatric units is an opportune time to identify psychosocial concerns, offer support and refer accordingly.
- NICE, RCP and RCPCH^{3,4,5} guidelines all reinforce the importance of a thorough and documented psychosocial risk assessment.
- They also recommend that children and young people (CYP) should be seen alone, with appropriate signposting and referrals made.
- The HEEDSSS tool covering 8 domains is one internationally recognised assessment.

Standards

1. All CYP should be screened using the HEEDSSSS/ similar psychosocial tool in acute admissions.
2. All CYP should be given the opportunity to be seen alone.
3. All CYP should be signposted/ referred to appropriate services if a concern is identified.



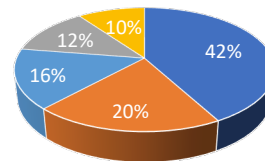
No department had a psychosocial screening tool embedded in the admission document.

Results

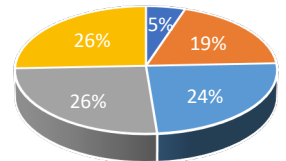
Total: 231 patients



Number of HEEDSSS domains completed in all admissions (N = 231)

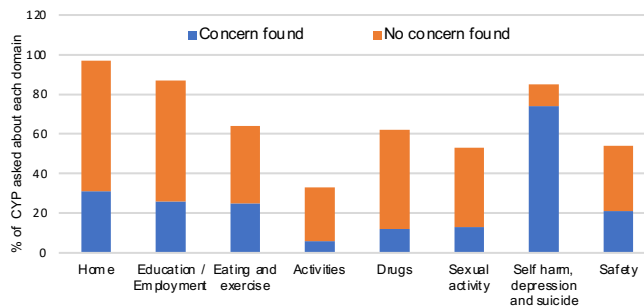


Number of HEEDSSS domains completed where presenting reason was mental health (N = 78)

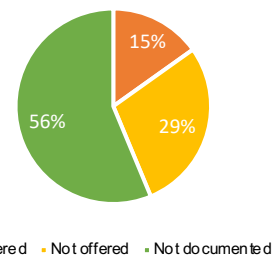


Legend: 0 domains (dark blue), 1-2 domains (orange), 3-4 domains (medium blue), 5-6 domains (grey), 7-8 domains (yellow)

Responses of those asked in each domain



Proportion of patients offered to be seen alone



38% of all 231 patients signposted/ referred to services (CAMHS, counselling, online support, social care)
21% of those with a concern (77) documented in at least one domain were **not** referred onwards.

Discussion & Conclusion

- **Use of HEEDSSS psychosocial assessment falls well below the national guideline standards, in line with previous studies.**
- Of all 231 CYP, 69% were asked **less than half of the domains** of the HEEDSSS tool. The median number asked was only 1.5.
- 39% of CYP presenting with a mental health issue were asked **≤50%** of the domains.
- The low proportion of CYP asked about suicide and the alarmingly high proportion of these in which concern was found suggests **many CYP at risk are overlooked**. This could have potentially catastrophic consequences.
- There is a significant need to empower more healthcare professionals to engage in meaningful conversation with CYP. This will offer CYP the opportunity to express difficulties & healthcare professionals the chance to safeguard them by providing appropriate referrals & support.
- Further work is imperative to understand and tackle:
 - The barriers to a) asking these questions and b) offering all CYP the opportunity to be seen alone
 - **A survey is currently running the West Midlands to ascertain trainee and consultant attitudes towards this**
 - Whether an app or embedded proforma might help overcome such barriers
 - What resources are available locally and nationally to signpost/ refer to, should concerns be identified.

References

1. NHS Digital. *Mental health of children and young people in England, 2017*. 2018 November [cited 2021 April 25].
2. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication*. Arch Gen Psychiatr 2005; 62(6): 593-602
3. National Institute for Health and Care Excellence. *Depression in children and young people: identification and management*. NICE guidelines NG134 [Internet]. London: National Institute for Health and Care Excellence; 2019 June 25
4. Royal College of Physicians. *Acute Care Toolkit 13, Acute care for adolescents and young adults* [leaflet]. (October 2015). [cited 2021 April 25].
5. RCPCH. *What can healthcare professionals do?* 2020 March [cited 2021 April 25]. Available from: <https://stateofchildhealth.rcpch.ac.uk/key-priorities/health-professionals/#page-section-3>