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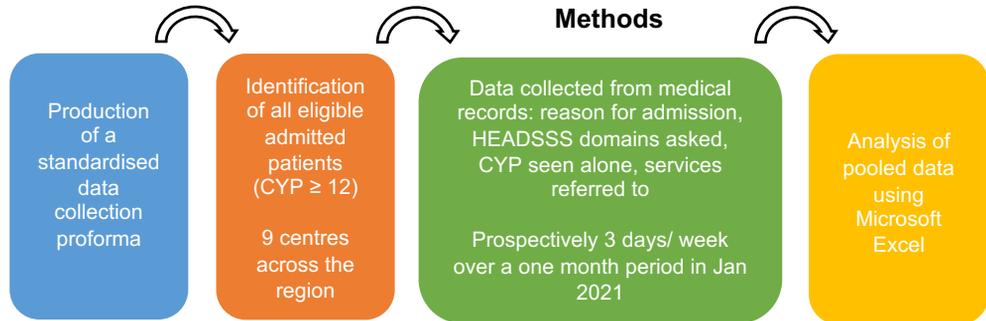
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Background

- 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.

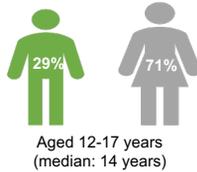
Standards

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.

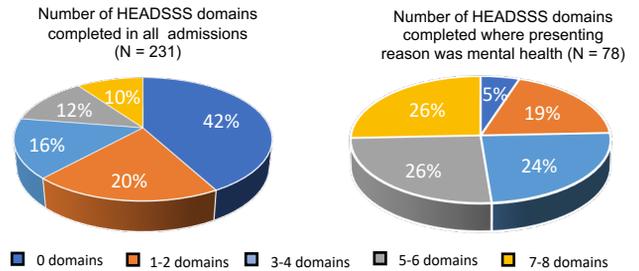


No department had a psychosocial screening tool embedded in the admission document.

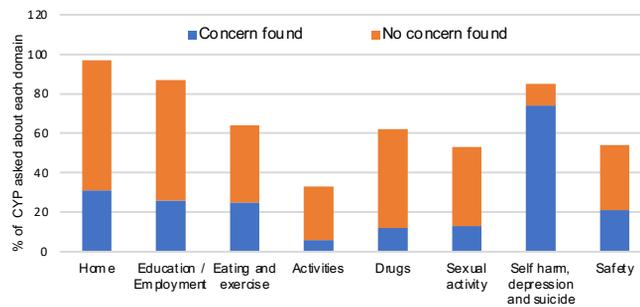
Total: 231 patients



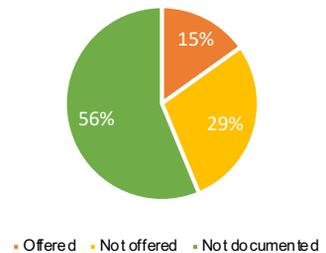
Results



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 HEEDSSSS 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 HEEDSSSS 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].
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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>