

# Bipolar disorder, psychosis and schizophrenia in children and young people

Quality standard

Published: 15 October 2015

[nice.org.uk/guidance/qs102](https://www.nice.org.uk/guidance/qs102)

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This standard is based on CG185 and CG155.

This standard should be read in conjunction with QS95, QS94, QS92, QS88, QS84, QS83, QS82, QS80, QS53, QS43, QS39, QS34, QS14 and QS11.

## Introduction

This quality standard covers the recognition, early intervention and management of bipolar disorder, psychosis and schizophrenia (including related psychotic disorders such as schizoaffective disorder, schizophreniform disorder and delusional disorder) in children and young people under 18. For more information see the [bipolar disorder, psychosis and schizophrenia in children and young people topic overview](#).

### *Why this quality standard is needed*

Bipolar disorder is a potentially lifelong and disabling condition characterised by episodes of mania (abnormally elevated mood or irritability and related symptoms, with severe functional impairment or psychotic symptoms for 7 days or more) or hypomania (abnormally elevated mood or irritability and related symptoms, with decreased or increased function for 4 days or more), alternating with episodes of depressed mood. Prevalence data for children and young people are limited. The peak age of onset is 15–19 years, and the condition is rare in children under 12 years. There is often a substantial delay between onset and first contact with mental health services.

Psychosis and the specific diagnosis of schizophrenia represent a major psychiatric disorder or cluster of disorders that alter a person's perception, thoughts, mood and behaviour. The symptoms of psychosis are usually divided into 'positive symptoms', including hallucinations (perception in the absence of any stimulus) and delusions (fixed or falsely held beliefs), and 'negative symptoms' (such as emotional apathy, lack of drive, poverty of speech, social withdrawal and self-neglect). The prevalence of psychotic disorders in children aged between 5 and 18 years has been estimated to be 0.4%. Schizophrenia is very rare in pre-pubertal children but incidence increases significantly from 15 years onwards.

Bipolar disorder, psychosis and schizophrenia are commonly preceded by a 'prodromal period', in which the child or young person's behaviour and experiences are altered. Not all children and young people who experience early symptoms will go on to develop bipolar disorder, psychosis or schizophrenia, but it is important to identify those at risk so that appropriate support can be provided.

The long-term outlook for young people with psychosis and schizophrenia is worse when onset is in childhood or adolescence. Early referral to specialist mental health services is very important, so that appropriate interventions can be provided to improve outcomes and long-term outlook.

Diagnosis of these conditions is complex, and diagnostic instability is usual in children and young people. Bipolar disorder is particularly difficult to diagnose in children and young people because of the nature of its presentation and complex comorbidities such as anxiety disorders, substance misuse, personality disorders and attention deficit hyperactivity disorder.

Treatment includes pharmacological and psychological interventions. Antipsychotic medication may be used for a limited period during episodes of mania or hypomania in young people with bipolar disorder. Antipsychotic medication is also the primary treatment for psychosis and schizophrenia, but there is limited evidence of its efficacy in children and young people. There are also concerns that children and young people are more sensitive than adults to the potential adverse effects of antipsychotics, including weight gain, metabolic effects and movement disorders. A range of psychological interventions are also offered to children and young people with bipolar depression, psychosis or schizophrenia, including individual therapies and family interventions. The provision of these therapies for children and young people is variable and evidence of efficacy is limited.

The care pathway for children and young people with bipolar disorder, psychosis or schizophrenia has many common elements, although it is important to note the differences in the approaches to treatment. This quality standard will focus both on areas of improvement that are common to these conditions, such as monitoring of antipsychotic medication, healthy lifestyle advice, education and carer support; as well as on condition-specific improvements related to referral for assessment and family intervention.

The quality standard is expected to contribute to improvements in the following outcomes:

- duration of untreated psychosis
- severe mental illness premature mortality
- hospital admissions
- educational attainment
- health-related quality of life
- service user experience of mental health services

- quality of life for carers
- detention rates under the Mental Health Act.

### *How this quality standard supports delivery of outcome frameworks*

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements included in the following 3 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–16](#)
- [Adult Social Care Outcomes Framework 2015–16](#).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** [NHS Outcomes Framework 2015–16](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p><b>Overarching indicator</b></p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>i Adults ii Children and young people</p> <p><b>Improvement areas</b></p> <p><b>Reducing premature mortality in people with mental illness</b></p> <p>1.5i Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9)</p> <p>iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services ** (PHOF 4.10)</p>



<p>2 Enhancing quality of life for people with long-term conditions</p>	<p><b>Improvement areas</b></p> <p><b>Enhancing quality of life for carers</b></p> <p>2.4 Health-related quality of life for carers** (ASCOF 1D)</p> <p><b>Enhancing quality of life for people with mental illness</b></p> <p>2.5i Employment of people with mental illness** (ASCOF 1F &amp; PHOF 1.8)</p> <p><i>ii Health-related quality of life for people with mental illness** (ASCOF 1A &amp; PHOF 1.6)</i></p>
<p>3 Helping people to recover from episodes of ill health or following injury</p>	<p><b>Improvement area</b></p> <p><b>Improving outcomes from planned treatments</b></p> <p>3.1 Total health gain as assessed by patients for elective procedures</p> <p><i>ii Psychological therapies</i></p> <p><i>iii Recovery in quality of life for patients with mental illness</i></p>

<p>4 Ensuring that people have a positive experience of care</p>	<p><b>Overarching indicators</b></p> <p>4b Patient experience of hospital care</p> <p><i>4c Friends and family test</i></p> <p><i>4d Patient experience characterised as poor or worse</i></p> <p><i>i Primary care</i></p> <p><i>ii Hospital care</i></p> <p><b>Improvement areas</b></p> <p><b>Improving people's experience of outpatient care</b></p> <p>4.1 Patient experience of outpatient services</p> <p><b>Improving hospital's responsiveness to personal needs</b></p> <p>4.2 Responsiveness to inpatients' personal needs</p> <p><b>Improving experience of healthcare for people with mental illness</b></p> <p><i>4.7 Patient experience of community mental health services</i></p> <p><b>Improving children and young people's experience of healthcare</b></p> <p><i>4.8 Children and young people's experience of inpatient services</i></p> <p><b>Improving people's experience of integrated care</b></p> <p><i>4.9 People's experience of integrated care** (ASCOF 3E)</i></p>
<p><b>Alignment with Adult Social Care Outcomes Framework and Public Health Outcomes Framework</b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics are in development</p>	

**Table 2 Public health outcomes framework for England, 2013–16**

Domain	Objectives and indicators
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<p>1 Improving the wider determinants of health</p>	<p><b>Objective</b></p> <p>Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p><b>Indicators</b></p> <p>1.3 Pupil absence</p> <p>1.5 16–18 year olds not in education, employment or training</p> <p>1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services** (NHSOF 2.5i &amp; ASCOF 1F)</p>
<p>2 Health improvement</p>	<p><b>Objective</b></p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b></p> <p>2.9 <i>Smoking prevalence – 15 year olds (Placeholder)</i></p> <p>2.10 Self-harm</p> <p>2.14 Smoking prevalence – adults (over 18s)</p>
<p>4 Healthcare public health and preventing premature mortality</p>	<p><b>Objective</b></p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p><b>Indicators</b></p> <p>4.3 Mortality rate from causes considered preventable** (NHSOF 1a)</p> <p>4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)</p> <p>4.10 Suicide rate</p>
<p><b>Alignment with Adult Social Care Outcomes Framework and Public Health Outcomes Framework</b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics are in development</p>	

**Table 3 The Adult Social Care Outcomes Framework 2015–16**

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p>Carers can balance their caring roles and maintain their desired quality of life</p> <p>1D Carer-reported quality of life** (NHSOF 2.4)</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation</p> <p>1F Proportion of adults in contact with secondary mental health services in paid employment** (NHSOF 2.5i &amp; PHOF 1.8)</p>
3 Ensuring that people have a positive experience of care and support	<p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p> <p>People who use social care and their carers are satisfied with their experience of care and support services</p> <p>3E: <i>The effectiveness of integrated care (Placeholder)</i>** (NHSOF 4.9)</p>
<p><b>Alignment with NHS Outcomes Framework and/or Public Health Outcomes Framework</b></p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

## *Patient experience and safety issues*

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to bipolar disorder, psychosis and schizophrenia in children and young people.

## *Coordinated services*

The quality standard for bipolar disorder, psychosis and schizophrenia in children and young people specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole bipolar disorder or psychosis and schizophrenia care pathways. A

person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people with bipolar disorder, psychosis or schizophrenia.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing high-quality bipolar disorder or psychosis and schizophrenia services are listed in [related quality standards](#).

## Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, social care and education practitioners involved in assessing, caring for and treating children and young people with bipolar disorder, psychosis or schizophrenia should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

## Role of families and carers

Quality standards recognise the important role families and carers have in supporting children and young people with bipolar disorder, psychosis or schizophrenia. If appropriate, health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care. In line with the Care Act it is also important that health and social care practitioners recognise the need to give carers information and support in their own right.

## List of quality statements

Statement 1. Children and young people who are referred to a specialist mental health service with a first episode of psychosis start assessment within 2 weeks.

Statement 2. Children and young people with a first episode of psychosis and their family members are offered family intervention.

Statement 3. Children and young people newly diagnosed with bipolar depression or a first episode of psychosis are offered a psychological intervention.

Statement 4. 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.

Statement 5. Children and young people with bipolar disorder, psychosis or schizophrenia are given healthy lifestyle advice at diagnosis and at annual review.

Statement 6. Children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication have their treatment monitored for side effects.

Statement 7 (developmental). Children and young people with bipolar disorder, psychosis or schizophrenia who are in crisis are offered home treatment if it is suitable.

Statement 8. Children and young people with bipolar disorder, psychosis and schizophrenia have arrangements for accessing education or employment-related training included in their care plan.

## 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*

#### 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 Health and Social Care Information Centre [Child and Adolescent Mental Health Services Data Set](#).

## Outcome

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

**Data source:** Local data collection. National data are collected in the Health and Social Care Information Centre [Child and Adolescent Mental Health Services Data Set](#).

b) Duration of untreated psychosis.

**Data source:** Local data collection.

### *What the quality statement means for service providers, healthcare professionals, and commissioners*

**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.

### *What the quality statement means for children, young people, parents and carers*

**Children and young people who have been having hallucinations 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](#) (2014) Department of Health.
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155, 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.

[[Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155) 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.

[[Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155)]

## *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*

#### 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 service providers, healthcare professionals and commissioners*

**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.

### *What the quality statement means for children, young people, parents and carers*

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 \(2013\) NICE guideline CG155](#), 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.

[[Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155)]

### **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.

[[Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155) 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.

[[Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155) 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*

#### 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 service providers, healthcare professionals and commissioners*

**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.

## *What the quality statement means for children, young people, parents and carers*

Children and young people who are diagnosed with bipolar depression or 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](#) (2014) NICE guideline CG185, recommendation 1.11.11 (key priority for implementation).
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155, 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 Psychosis and schizophrenia in children and young people (NICE guideline CG155) recommendation 1.3.28 and Bipolar disorder (NICE guideline CG185) 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*

#### 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 service providers, health and social care practitioners, and commissioners*

**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.

### *What the quality statement means for children, young people, parents and carers*

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](#) (2014) NICE guideline CG185, recommendation 1.1.18.
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155, 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 [Bipolar disorder](#) (NICE guideline CG185) recommendation 1.1.18 and [Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155) 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*

#### 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. Data on BMI values are included in the 'care.data' extract for the [Health and Social Care Information Centre](#) (not specific to children and young people with bipolar disorder, psychosis or schizophrenia).

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. Data on alcohol consumption are included in the 'care.data' extract for the [Health and Social Care Information Centre](#) (not specific to children and young people with bipolar disorder, psychosis or schizophrenia).

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

**Data source:** Local data collection. Data on smoking status are included in the 'care.data' extract for the [Health and Social Care Information Centre](#) (not specific to children and young people with bipolar disorder, psychosis or schizophrenia).

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 service providers, healthcare professionals and commissioners*

**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.

### *What the quality statement means for children, young people, parents and carers*

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](#) (2014) NICE guideline CG185, recommendation 1.8.2.
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155, 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 [Bipolar disorder](#) (NICE guideline CG185), recommendation 1.8.2 and [Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155), 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*

#### **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. Data on BMI values are included in the 'care.data' extract for the [Health and Social Care Information Centre](#) (not specific to children and young people with bipolar disorder, psychosis or schizophrenia).

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 service providers, healthcare professionals and commissioners*

**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.

## *What the quality statement means for children, young people, parents and carers*

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](#) (2014) NICE guideline CG185, recommendations 1.10.5, 1.10.8 and 1.10.9.
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155, 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, glycosylated haemoglobin (HbA1c), blood lipid profile and prolactin levels
- assessment of any movement disorders
- assessment of nutritional status, diet and level of physical activity.

[[Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155) recommendation 1.3.16 and [Bipolar disorder](#) (NICE guideline CG185) 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, HbA1c, blood lipid and prolactin levels at 12 weeks and then every 6 months
- adherence
- physical health.

[[Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155) recommendation 1.3.19 (key priority for implementation) and [Bipolar disorder](#) (NICE guideline CG185) 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*

#### **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 Health and Social Care Information Centre [Child and Adolescent Mental Health Services Data Set](#).

## *What the quality statement means for service providers, health and social care practitioners, and commissioners*

**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.



## *What the quality statement means for children, young people, parents and carers*

Children and young people with 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](#) (2013) NICE guideline CG155, 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.

[[Mental health crisis care concordat](#), Department of Health (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.

[[Service user experience in adult mental health](#) (NICE guideline CG136) recommendation 1.5.3 and [Psychosis and schizophrenia in children and young people](#) (NICE guideline CG155) 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.

[[Service user experience in adult mental health](#) (NICE guideline CG136) full guideline and recommendation 1.5.7]

## *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*

#### **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 service providers, health and social care practitioners, and commissioners*

**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.

### *What the quality statement means for children, young people, parents and carers*

Children and young people with 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](#) (2014) NICE guideline CG185, recommendation 1.9.6.
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155, 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 Psychosis and schizophrenia in children and young people (NICE guideline CG155) 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.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [what makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

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, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health and social care practitioners and children and young people with bipolar disorder, psychosis or schizophrenia, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with bipolar disorder, psychosis or schizophrenia and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

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.



## Development sources

Further explanation of the methodology used can be found in the quality standards [process guide](#).

## Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Bipolar disorder](#) (2014) NICE guideline CG185
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155

## Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department for Education (2014) [Supporting pupils at school with medical conditions](#)
- Department of Health (2014) [Closing the gap: priorities for essential change in mental health](#)
- Department of Health (2014) [Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis](#)
- House of Commons Health Committee (2014) [Children's and adolescent mental health and CAMHS](#)
- Race Equality Foundation (2014) [The importance of promoting mental health in children and young people from black and minority ethnic communities](#)
- Department of Health (2012) [No health without mental health: implementation framework](#)
- The Schizophrenia Commission (2012) [The abandoned illness](#)

## Definitions and data sources for the quality measures

- [Achieving better access to mental health service by 2020](#) (2014) Department of Health
- [Bipolar disorder](#) (2014) NICE guideline CG185

- Department of Health (2014) [Mental health crisis care concordat](#)
- [Psychosis and schizophrenia in children and young people](#) (2013) NICE guideline CG155
- Royal College of Psychiatrists' National audit of schizophrenia (2013) [Audit of practice tool](#)
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- Health and Social Care Information Centre [Child and Adolescent Mental Health Services Data Set](#)
- Health and Social Care information Centre '[care.data](#)' extract

## Related NICE quality standards

### *Published*

- [Bipolar disorder in adults](#) (2015) NICE quality standard 95
- [Obesity – prevention and lifestyle weight management in children](#) (2015) NICE quality standard 94
- [Smoking: harm reduction](#) (2015) NICE quality standard 92
- [Personality disorders \(borderline and antisocial\)](#) (2015) NICE quality standard 88
- [Physical activity: encouraging activity in all people in contact with the NHS](#) (2015) NICE quality standard 84
- [Alcohol: preventing harmful alcohol use in the community](#) (2015) NICE quality standard 83
- [Smoking: reducing tobacco use](#) (2015) NICE quality standard 82
- [Psychosis and schizophrenia in adults](#) (2015) NICE quality standard 80
- [Anxiety disorders](#) (2014) NICE quality standard 53
- [Smoking cessation: supporting people to stop smoking](#) (2013) NICE quality standard 43
- [Attention deficit hyperactivity disorder](#) (2013) NICE quality standard 39
- [Self-harm](#) (2013) NICE quality standard 34
- [Service user experience in adult mental health](#) (2011) NICE quality standard 14
- [Alcohol dependence and harmful alcohol use](#) (2011) NICE quality standard 11

### *Future quality standards*

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Long-term conditions, people with comorbidities, complex needs
- Medicines optimisation (covering medicines adherence and safe prescribing)
- Mental health problems in people with learning disabilities

- Suicide prevention
- Transition from children's to adult services

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## Quality Standards Advisory Committee and NICE project team

### *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

**Ms Deryn Bishop**

Public Health Behaviour Change Specialist, Solihull Public Health Department

**Dr Alastair Bradley**

GP, Tramways Medical Centre/Academic Unit of Primary Medical Care, University of Sheffield

**Jan Dawson**

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**Mrs Margaret Goose**

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**Mrs Rhian Last**

Clinical Lead, Education for Health

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**Ms Ann Nevinson**

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Registered Nurse (Mental Health), South West Yorkshire Partnership NHS Foundation Trust

**Mrs Julia Thompson**

Health Improvement Principal, Sheffield City Council

**Mrs Sarah Williamson**

Clinical Quality Assurance and Performance Manager, NHS Stockport Clinical Commissioning Group

The following specialist members joined the committee to develop this quality standard:

**Dr Rory Byrne**

Lay member

**Mr Michael Melbourne**

Teacher, Fairhaven Young People's Unit, Liverpool

**Mr Tim McDougall**

Nurse Consultant, Cheshire and Wirral Foundation NHS Trust

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Coordinator

## Update information

**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.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathways on [bipolar disorder](#) and [psychosis and schizophrenia](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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ISBN: 978-1-4731-1474-6

### *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](#)
- [Royal College of General Practitioners](#)