Background

It is well known that there are difficulties concerning the provision of in-patient mental health care for children and adolescents in the United Kingdom. For example, there is patchy provision of in-patient beds and in-patient units often act as tertiary rather than secondary care services. Many are unable to offer crisis admissions and many have long waiting lists for admission. Two-thirds of all units do not accept emergency admissions (O’Herlihy et al, 2003). Surveys have shown that there is a disproportionate number of hospital beds in London and the South-East, which is accentuated by the independent sector (O’Herlihy et al 2003). As a consequence admissions can be to a hospital a large geographical distance from families needing services. This can place many limits on the type of interventions, such as family work, that may be provided whilst the young person is admitted and also on post-discharge care.

A recent study of a cohort of children and adolescents admitted to in-patient care investigated their needs at admission and suggested that outcomes were better than those found for a cohort of children treated in routine non-inpatient care (Jacobs et al, 2004).

The SDO Programme has already commissioned research on different forms of in-patient care for children and young people (Lelliott et al, see the SDO website for further details of this current study: http://www.sdo.lshtm.ac.uk/pdf/evalmodels_lelliottScientific.pdf

In recent years, adult general psychiatry services have been adapted to provide a wider range of intensive community support services designed to prevent hospital admission in their population. These services have evolved with the reduction in beds available for admission and in response to a perceived need to provide a more flexible comprehensive service using the least restrictive setting. Service models have evolved to work with service
users who have severe mental health problems to enhance engagement in services, such as the Early Onset Psychosis services (Spencer et al 2001) and assertive outreach. Some young people may be being denied access to these services because of variations in the ‘cut-off’ point at which children’s services are felt to end and clinical responsibility is assumed by adult services.

The needs of children and young people with mental health problems are usually met in other settings than in-patient units, with only a few children requiring admission. Day hospital units and therapeutic communities exist to provide alternatives to inpatient care in some areas of the country. In the United States young people with mental health problems and challenging behaviour are being managed in the community with multi-systemic therapy (‘MST’, Henggeler et al 2003).

In other areas, novel approaches are being sought as interventions for specific mental health conditions. One such model is the recent innovation of intensive outpatient support through multifamily groups for patients who have eating disorders and their families (Asen, 2004).

As in-patient treatment for children and young people is expensive, and often difficult to obtain in an emergency, there is a need to identify effective and safe local alternatives to in-patient admission for them.

Current call for proposals
The SDO Programme wishes to commission a preliminary study of the literature concerning alternatives to in-patient mental health services for children and young people, together with a mapping study of currently available services in the United Kingdom. One project will be commissioned, which will consist of two elements.

1. A literature review on alternatives to in-patient mental health services for children and young people

In order to inform the following empirical research on alternatives to in-patient mental health services for children and young people, a review of the literature concerning alternatives to in-patient mental health services for children and young people is required.

This should be a comprehensive literature review employing systematic approaches, and covering a wide range of literature including policy articles, service descriptions, book chapters and grey literature, as well as peer reviewed material. Literature from countries other than the United Kingdom should be included, and note taken of the relevant differences in the contexts in which such services are delivered.

The literature review should provide a description of the different models of alternatives to in-patient services discussed in the literature, an analysis of any available evidence about their acceptability, effectiveness and cost effectiveness, and a discussion of the questions for empirical research raised by the evidence or lack thereof.
Applicants should provide a full description of the methods they propose to use to carry out the literature review. In addition to describing how the literature would be identified and evaluated, an account should be provided of the methods planned for synthesising the findings.

2. A mapping study of current models of alternatives to in-patient mental health services for children and young people in the United Kingdom

A study of currently provided alternatives to in-patient mental health services for children and young people is required.

This study should take the form of a mapping exercise of the whole country to identify the most commonly used models of service in alternatives to in-patient mental health services for children and young people. This study should identify which age ranges are using which services. (In order to save time, this stage should be undertaken in conjunction with the literature review at 1. above.)

Applicants should provide a full description of how they would carry out such a mapping exercise, including how they would identify the sites where alternatives to in-patient mental health services for children and young people are currently being delivered.

Outputs

The principal output of this research project will be a detailed report containing an account of the research and its findings. The report will also need to include:

- A short and coherent executive summary of no more than three pages.
- A main project report with supporting technical appendices suitable for academic peer review. This should include a commentary that indicates how these findings relate to current policy and practice in the English NHS, and the key lessons to be learned, together with an agenda that establishes the key areas for further research and the appropriate methods that should be used in this research.

References


http://kc.nimhe.org.uk/index.cfm?fuseaction=Item.viewResource&intItemID=45078

**Application process**

The process of commissioning **CY106** will be in **one stage**. Applicants must submit proposals using the **Literature review application form**.

All forms are available as Word 97 files or in Rich text format from:

- the SDO website: [http://www.sdo.lshtm.ac.uk/calls.htm](http://www.sdo.lshtm.ac.uk/calls.htm) or
- by Email from: Michael.Yates@LSHTM.ac.uk

Please do not use any previously obtained version of an SDO Programme application form.

Guidance notes for the completion of the forms can be found at the front of the application form.

Funding of up to **£100,000** is available for this project. The project should take no longer than **12 months** to complete. It is envisaged that this project will start in **December 2005** however this may be subject to change.

Applicants should note that value for money is an important consideration in respect of this research. Proposed costs of the project should not exceed the limits stated above.

**Applicants for CY106 should submit proposals by 27th July 2005 at 1.00 pm.**

Applicants are asked to submit proposals to:

Michael Yates
Commissioning Manager
NCCSDO
London School of Hygiene and Tropical Medicine
99 Gower Street
London
WC1E 6AZ

**An original plus TWENTY-FIVE HARD COPIES** of the completed forms should be submitted together with a **copy on disk or CD**. Please note we will not accept electronic submissions or hand written proposals.
No late applications will be considered.

Please clearly label the outside of the envelope in which you submit your proposal with the following: ‘Tender Documents CYP106’. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

To ensure the efficient and equitable answering of additional queries, all questions about this new scheme should be sent by e-mail only to Michael.Yates@LSHTM.ac.uk with the words ‘children’s and young people’s mental health question’ in the subject header.

Questions received by 29th June 2005 will have generic answers posted on the SDO website (www.sdo.LSHTM.ac.uk) by 6th July 2005.

No other correspondence about this call can be entered into.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the ‘Call for Proposals’ page.

Before funding, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required (information regarding this can be found on the SDO website under the ‘Funding opportunities & commissioning processes’ page).

We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

In addition, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active program for disseminating their research findings in policy, practice and research contexts.

Applicants should visit the SDO website: http://www.sdo.lshtm.ac.uk to familiarise themselves with the work of the SDO Programme in general.
Addendum
This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine. The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.