

Increased admissions to paediatric wards with a primary mental health diagnosis – results of a survey of a network of eating disorder paediatricians in England.

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Introduction

A 2019 survey reported that 6% of general paediatric inpatient beds in the UK were occupied by Children and Young People (CYP) with a primary mental health disorder.¹ Data suggests a significant impact of COVID on the mental health of CYP,²⁻³ with anecdotal reports of increased CYP with mental health problems in acute paediatric care, although impact on inpatient care has not been studied. We surveyed a network of paediatricians with an interest

in eating disorders about their experiences of inpatient admissions for mental health reasons in the first quarter of 2021.

Methods

An anonymous online survey, circulated in April 2021, to an established network of 62 paediatricians from 62 paediatric units in England. We asked for estimates of numbers, proportions and clinical care required for patients admitted with primary mental health diagnosis between January 1st and March 31st 2021. The project was registered as an audit at Great Ormond Street Hospital.

Results

36 paediatricians responded (58%). 32(89%) reported an increase in CYP admitted with a primary mental health disorder compared to the same period in 2020. Median estimated admissions over 3 months was 40 (range 4-130; n = 21); median estimated number of CYP admitted under the mental health act was 2 (range 0-45; n =33); median estimated CYP needing restraint was 2 (range 0-15; n=33); median estimated needing an NG tube was 2 (range 0-30; n = 33). Responses for regions of respondents, and Likert responses for questions regarding diagnoses, proportions and service specifics are summarised in Table 1.

Discussion

Respondents estimated increased numbers of admissions for mental health problems in the first quarter of 2021, compared with 2020, with more than half of paediatricians reporting that mental health admissions made up more than a quarter of total admissions. This suggests a higher proportion than reported pre-pandemic.¹ Reasons for increased admissions could include increased presentations in crisis, severity of presentations and also restricted access to inpatient mental health units. Of particular concern, a majority of respondents felt that access to inpatient mental health support was inadequate, poor or non-existent.

We acknowledge a relatively low response rate (58%) and limited network coverage (40% of all general paediatric units in England). Paediatricians were also asked for perceptions and estimates, not exact figures, and a network working with eating disorders might be expected to see more mental health admissions. That said, these data support other quantitative evidence of increasing mental health concerns in CYP,² and highlight the importance of ensuring paediatric wards are adequately resourced and prepared for such numbers of admissions. In free text responses, paediatricians also reported a lack of mental health support and insufficient skills and training, for example restraint practices.

Though the pandemic appears to be associated with a surge in mental health crisis, such admissions have always existed with challenges. Whilst there has also been extra investment into child and adolescent mental health, this feels like a missed corner of the jigsaw. There is a clear need for greater provision of liaison mental health support; but the situation calls for more integrated, physical and mental health models and pathways of care. This needs resource and training but also changes in mindsets over responsibilities, workforce components and infrastructure. It also needs research to understand the more granular

needs, including on variation from centre to centre. At present it feels like CYP people are fitting around services under strain, not always equipped to meet their needs, rather than as it should be, the other way around.

Table One: Summary of survey responses for regions and Likert options showing question (note questions asked for estimates of children and young people admitted to the respondent's paediatric ward between between January 1st and March 31st 2021), possible responses with number of responses per option and percentage of total responses for each question.

Question	Response	Number (% of total responses)
Region of England	East of England	2 (6%)
	Midlands	2 (6%)
	North of England	18 (50%)
	SE England & London	6 (17%)
	SW England	8 (21%)
	Total responses	36
What proportion of children and young people were admitted because of a primarily mental health diagnosis?	None	2 (6%)
	1-25%	15(42%)
	26-50%	14 (39%)
	51-75%	3 (7%)
	76-100%	2 (6%)
	Total responses	36

Of those admitted because of a primarily mental health diagnosis, what proportion had an eating disorder?	None	2 (6%)
	1-25%	21 (62%)
	26-50%	7 (21%)
	51-75%	4 (11%)
	76-100%	0 (0%)
	Total responses	34
Of those admitted because of a primarily mental health diagnosis, what proportion had a diagnosis of depression/anxiety or self harm?	None	2 (6%)
	1-25%	6 (18%)
	26-50%	6 (18%)
	51-75%	15 (45%)
	76-100%	4 (13%)
	Total responses	33
Of those admitted because of a primarily mental health diagnosis, what proportion needed involvement of social services or safeguarding during the admission?	None	2 (6%)
	1-25%	12 (36%)
	26-50%	6 (18%)
	51-75%	9 (27%)
	76-100%	4 (13%)
	Total responses	33
Who would usually make and lead the decision for restraint being needed for these admissions?	A full MDT decision of all of the above	12 (37%)
	A member of a supporting mental health team	2 (6%)
	Joint nursing and medical team	6 (18%)

	Joint paediatric mental health and mental health team	9 (30%)
	Member of the nursing team	1 (3%)
	Member of the paediatric medical team	2 (6%)
	Total responses	32
Who would usually make and lead the decision for a naso-gastric tube being needed for these admissions?	A full MDT decision of all of the above	11 (34%)
	A joint paediatric medical and mental health team decision	11 (34%)
	A joint paediatric medical and nursing decision	1 (3%)
	A member of the paediatric medical team	9 (29%)
	Total responses	32
How many times has your trust/ward employed registered mental health nurses to care for children and young people?	Never	8 (26%)
	rarely	7 (22%)
	sometimes	5 (15%)
	often	7 (22%)
	very often	5 (15%)
	Total responses	32
How many times has child or young person has had to wait in an emergency department for more than 12 hours	Never	8 (27%)
	rarely	12 (40%)
	sometimes	8 (27%)
	often	0 (0%)

because they couldn't be admitted to a ward?	very often	2 (6%)
	Total responses	30
How would you rate the level of inpatient access to mental health professional leadership for support and guidance?	No access	1 (4%)
	Poor access or infrequent	4 (13%)
	Sometimes but not adequate	14 (47%)
	Good and adequate	8 (28%)
	Excellent	3 (10%)
	Total responses	30

References

1. Royal College of Paediatrics and Child Health. A snapshot of general paediatric services and workforce in the UK. 2020. https://www.rcpch.ac.uk/sites/default/files/2020-09/a_snapshot_of_general_paediatric_services_and_workforce_in_the_uk_1.4.pdf (last accessed 21st June 2021).
2. NHS Digital. Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. 2020. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up#summary> (last accessed 21st June 2021).
3. Ford T. Mental health of children and young people during the pandemic. *BMJ* 2021;372:n614.