NHS SERVICE DELIVERY AND ORGANISATION R&D PROGRAMME

PROGRAMME OF RESEARCH ON EVALUATING MODELS OF ORGANISATION AND DELIVERY OF HEALTH SERVICES

CALL FOR PROPOSALS ON THE ORGANISATION AND DELIVERY OF IN-PATIENT CARE FOR MENTAL HEALTH PROBLEMS

Background

The SDO Programme wishes to commission research to provide a stronger evidence base on how to improve the effectiveness and quality of in-patient treatment and care for people with mental health problems. Current acute psychiatric in-patient provision, which now constitutes most of the remaining psychiatric beds, is in many ways unsatisfactory, and there are widespread concerns that acute in-patient care is too often provided in remote overspill units, that acute care may not be acceptable for many women, that levels of behavioural disturbance on wards may not be consistent with a therapeutic environment, and that some elements of an effective treatment approach for in-patients, especially psychological interventions, are too rarely available. There are therefore widespread current concerns about the capacity, safety, effectiveness and acceptability to service users of psychiatric in-patient care.

In recent years, as psychiatric bed numbers have decreased, the threshold for admission has became higher, the proportion of compulsory in-patients has increased and the ward environment became less acceptable for many patients. A series of reports has recently detailed these concerns. The Standing Nursing Midwifery Advisory Committee Report on Acute In-patient Care – '*Addressing Acute Concerns'* (Department of Health, 1999a) has set out a number of areas for action and some of these have also been identified within the National Service Framework for Mental Health (Department of Health, 1999b) and the NHS Plan (Department of Health 2000). Further, the quality of in-patient care has been highlighted both by 'Safety First', the Report of the Confidential Inquiry into Suicide and Homicide by People with Mental Illness (Department of Health, 2001); by the report of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) entitled 'The Recognition, Prevention and Therapeutic Management of Violence in Mental Health Care' (UKCC, 2001) and by the recent Department of Health guidance 'Mental Health Policy Implementation Guide: adult acute in-patient provision (Department of Health, 2002).

There is a relatively weak evidence base on many aspects of in-patient care, and most studies have been descriptive accounts. For example the Milmis Surveys conducted by the research Unit of the Royal College of Psychiatrists and the studies of Fulop et al (1996) and Beck et al. (1997), have demonstrated that a significant number of admissions could have been avoided or stays could have been reduced had other resources been available. Similarly there are few systematic reviews in this field. Jepson et al (2001) identified only one such review that concerns in-patient care directly, and it found no differences in outcomes between routine admissions

and planned short hospital stays (Johnstone and Zolese, 1997). However, this review concerned only five randomised controlled trials, all of which are more than 20 years old.

The SDO Programme therefore wishes to commission research on several aspects of in-patient psychiatric care:

A. In-patient alternatives to traditional in-patient care
B. Ward observation procedures
C. In-patient care for young people
D. Staff morale on in-patient units

Current calls for proposals

A. In-patient alternatives to traditional in-patient care

The SDO Programme wishes to commission one project the address the issue of in-patient alternatives to traditional in-patient care.

Why the question is important to the NHS now

In-patient care for people with mental health problems is a matter of concern to the NHS at present. The Department of Health has recently issued guidance on adult acute in-patient provision (Department of Health, 2002) which makes it clear that it is necessary to improve the experience of in-patient care for users.

Why empirical research is needed

Research is needed because of the weak current evidence base, the high proportion of total mental health services costs which are spend on in-patient services, and because many service users not satisfied with traditional in-patient services. The following issue requires a stronger evidence base:

- Effectiveness and cost-effectiveness of in-patient alternatives to traditional in-patient care

The research question

- What is the effectiveness, cost-effectiveness and acceptability to service users (and their carers) of different forms of care, such as crisis beds and specialised wards as alternatives to traditional in-patient care?

One research project will be funded, which should address all dimensions of this question.

Methods

A range of methods will be required. These could include:

- Randomised controlled trials of traditional in-patient care and its in-patient alternatives
- Observational studies of traditional in-patient care and its in-patient alternatives
- Qualitative studies of service user experiences and of the preferences of carers of different forms of in-patient care
- Economic studies of the cost-effectiveness of such alternatives

It is suggested that applicants consult the methodology book, *Studying the Organisation and Delivery of Health Services* (Fulop et al, 2001) when considering the range of methods they propose to use to carry out this research.

B. Ward observation procedures

The SDO Programme wishes to commission one project the address the issue of ward observation procedures.

Why the question is important to the NHS

Patient safety is a current concern because of the high rates of suicide and deliberate self harm (DSH) among those in receipt of in-patient care. 4% of all the nation's suicides involve people who are in receipt of in-patient care, and a large proportion of these happen in or around the ward. There are associated high rates of self harm among this population. While the reasons for these phenomena are complex, there is reason to believe that observation procedures need to be examined, in terms of effectiveness and acceptability. In addition, observation procedures are important for protecting patients from assault by other patients: indeed patients widely report feeling unsafe on wards.

Why empirical research is needed

There is little evidence on effectiveness of various levels of observation. These questions also need to be considered alongside the perceptions of patients of their care and safety.

The research question

- How do forms of observation (for risk of suicide and DSH) and alternative types of management compare in terms of cost, patient acceptability and clinical outcomes ?

One research project will be funded, which should address all aspects of this question.

Methods

A range of methods will be required. These could include:

- Controlled trials of different forms of management for risk of suicide and DSH in routine clinical settings.
- Observational studies of different forms of management for risk of suicide and DSH in routine clinical settings.
- Economic studies of the cost-effectiveness of such interventions.
- Qualitative approaches, possibly leading to quantitative measurement techniques, to gauge patient acceptability.

It is suggested that applicants consult the methodology book, *Studying the Organisation and Delivery of Health Services* (Fulop et al, 2001) when considering the range of methods they propose to use to carry out this research.

C. In-patient care for young people

Why the question is important to the NHS now

There is no clear policy or consistent national provision for in-patient care for young people. Services vary between areas, and include adolescent wards, forms of special residential care, first episode teams to treat the onset of psychotic disorders, which may offer home treatment in crisis, and admission to adult acute wards. Admitting adolescent and youngsters to adult wards may be entirely inappropriate, where for example they feel unsafe in such settings or where they may be vulnerable to violence or exploitation. Child and adolescent in-patient units, however, often provide a tertiary rather than a secondary care services, may have long waiting lists, may not offer immediate admission during a crisis, and may not be orientated to short-stay acute care.

Mentally ill adolescents and young people who are admitted to general adult in-patient units often report that these units do not meet their needs. Further, severe mental disorders increase in frequency after puberty (Frangou & Byrne, 2000). Prompt assessment is essential for young people with the first signs of a psychotic illness, where there is growing evidence that early assessment and treatment can reduce levels of morbidity. Unclear clinical responsibility for the mental health care of adolescents can sometimes lead to disagreements between child and adolescent mental health services and adult services if working arrangements have not been addressed and agreed. Variations exist for the 'cut-off' point for referral to adolescent services, for example, 16, 18, 21 years or school leaving. A lack of agreed local arrangements can cause confusion and delay.

Why empirical research is needed

Little evidence exists on which types of treatment and care are currently provided or which are most effective, cost-effective and acceptable to young people and their families. Although there is some evidence that residential treatment can be replaced by home treatment, this is not common practice in crisis (Mattejat et al, 2001).

The research questions

- Which types of in-patient care produce better clinical and social outcomes for young people?
- Which types of service offering acute treatment and care are preferred by young people and their families?
- What is the cost-effectiveness of adolescence units and adult acute in-patient wards in treating young people?

One research project will be funded, which should address all of these questions.

Methods

A range of methods will be required to address these questions. These could include:

- Controlled trials of different types of acute or in-patient treatment for young people requiring acute assessment and treatment
- Observational studies of different types of acute or in-patient treatment for young people requiring acute assessment and treatment
- Economic studies of the cost-effectiveness of such interventions.
- Qualitative approaches, possibly leading to quantitative measurement techniques, to assess patient and carer views and preferences.

It is suggested that applicants consult the methodology book, *Studying the Organisation and Delivery of Health Services* (Fulop et al, 2001) when considering the range of methods they propose to use to carry out this research.

D. Staff morale on in-patient units

Why the question is important to the NHS now

The welfare of staff in the NHS is of obvious importance. Staff in in-patient areas have to cope with the pressures of working with the most severely ill, while arguably more attention, has in the past, been given to their community counterparts in terms of policy focus and training. Their work is additionally more stressful because of bed pressures, high levels of violence and self harm and in come cases, poor ward environments. This area is characterised by problems of recruitment and retention, high vacancy rates, the frequent use of bank, agency and temporary staff, with consequent higher costs than for permanent staff. This all leads to discontinuity of care for patients, the human and financial costs of burn out and finally an overall barrier to developing a skilled and enthusiastic workforce.

Why a literature review is needed

Before any empirical work on staff morale is commissioned, the SDO Programme would like to understand the current evidence on staff burnout, satisfaction and

morale levels, including any comparative evidence differentiating between staff groups e.g. public sector vs. private sector or between different professional groups.

The literature review

A comprehensive review of both the published research literature and unpublished 'grey' literature concerning staff morale in mental health services is required. This should focus on literature concerning staff working in in-patient mental health services, but if evidence concerning the morale of staff working in other areas of mental health, is pertinent, this should also be included. Relevant evidence from countries other than the UK should be cited.

The review of the current literature should include addressing the following questions (to the extent that there is any evidence available):

- Are staff with high morale more clinically effective?
- What organisational and other factors are most associated with poor morale?
- What interventions, with which active ingredients, improve staff morale?
- Are different interventions required to improve morale in different professional groups?
- What is the cost effectiveness of different interventions?

Methods
Applicants should clearly outline their proposed methods for identifying relevant published and grey literature. It is expected that applicants will plan to use a variety of methods including: the research team's prior knowledge; search of electronic databases; and advice from key researchers and practitioners in the field.

Output
A short report which should first, briefly and critically, describe the evidence on staff morale and burnout in mental health services. This should include the effectiveness and cost effectiveness of any interventions used to improve morale. Secondly, the report should clearly identify the areas for further research and how they might be addressed.

Commissioning processes

In respect of each of the first three projects outlined above, a **two** stage commissioning process is being used and applicants are invited to submit **outline** research proposals by **Wednesday 22 January 2003.**

In respect of the final project, a **one stage** commissioning process is being used and applicants are invited to submit **full** literature review proposals by **Wednesday 22 January 2003.**

Commissioning process for empirical projects A, B and C

A two stage commissioning process will be used for these projects. Therefore, outline proposals are invited at this stage, which should be submitted using the relevant **SDO Outline Proposal application form**.

Applicants should indicate how they will:

- demonstrate the involvement of service users and carers and other relevant stakeholders at each stage of the proposed research project; and
- build in an active programme for disseminating the results, and discussing them with those who plan, manage and deliver services.

Interim reports will be required at intervals to be agreed with successful applicants. A final report (in a form to be agreed in advance with the SDO Programme) will be required no later than one month after the completion of the project.

Successful applicants may also be required to make a short oral presentation concerning their project to the SDO Programme Board.

Guidance Notes for submitting an outline proposal

The process of commissioning for each study will be in two stages. At this stage we are requesting applicants to submit **outline** proposals. Outline proposals will be shortlisted, and a number of applicants subsequently invited to submit full proposals.

TWENTY-FIVE HARD COPIES of the proposal should be submitted (minimum font 10pt), using the A4 Outline Proposal application form, together with a disk or CD containing the proposal.

Applicants are asked to submit proposals by **Wednesday 22nd January 2003 at 1pm to:**

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

Please note we will not accept electronic submissions, faxed or hand written proposals.

The application form is available as a Word XP file or Rich text format from:

- the SDO website: http://www.sdo.lshtm.ac.uk/calls.htm, or
- by Email from: marty.svehla@lshtm.ac.uk

Guidance notes for the completion of the A4 Outline Proposal application form can be found at the front of the application form.

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.

The successful team 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 'Calls for Proposals' page).

Funding of a maximum of **£300,000** is available for each project in this call. Applicants should note that value for money is an important consideration in respect of this research and they should demonstrate that their proposal meets this criterion.

Following submission of outline proposals, successful applicants will be notified of the outcome in early April 2003. Shortlisted applicants will then be invited to submit full proposals by mid-May 2003. Applicants will be informed of the outcome of the full proposals by the end of July 2003. Please note that these dates are approximate and my be subject to change.

The projects should start no later than **September 2003** and be completed in 3 years.

The exact length and cost of the project should be determined by the applicant, as they think appropriate. Applicants should clearly justify the timescale and cost of their proposal. Proposed costs of the project should not exceed the limit stated above.

Commissioning process for project D

A one stage commissioning process will be used in respect of the literature review on staff morale. Therefore, full proposals are invited, which should be submitted using the relevant **SDO Literature Review Application Form**.

Guidance Notes for submitting a full proposal for a literature review

25 HARD COPIES of the full proposals should be submitted (minimum font 10pt), using the A4 Literature Review Application Form**.** Please also submit one copy **on CD or Floppy Disk** saved in Word version 95, 97, 2000 or XP, or Rich Text Format.

Applicants are asked to submit proposals by **Wednesday 22nd January 2003 at 1pm to:**

Martin Švehla
Commissioning Manager
NCCSDO
London School of Hygiene and Tropical Medicine

99 Gower Street
London
WC1E 6AZ

Please note we will not accept electronic submissions, faxed or hand written proposals.
The application form is available as a Word 97 file or Rich text format from:

- the SDO website: http://www.sdo.lshtm.ac.uk/calls.htm, or
- by Email from: marty.svehla@lshtm.ac.uk

Guidance notes for the completion of the A4 Literature review application form can be found at the front of the application form.

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.

The successful team 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 'Calls for Proposals' page).

The proposal should cost no more than **£60,000.** Applicants should note that value for money is an important consideration in respect of this research and they should demonstrate that their proposal meets this criterion.

The project should start no later than **1st June 2003** and be completed in 6 months.

The exact length and cost of the project should be determined by the applicant, as they think appropriate. Applicants should clearly justify the timescale and cost of their proposal. Proposed costs of the project should not exceed the limit stated above.

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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.