

A picture of health? The quality of physical healthcare provided to adult patients admitted to a mental health inpatient setting

The National Confidential Enquiry into Patient Outcome and Death reviewed the quality of physical healthcare provided to adults admitted to a mental health inpatient setting, highlighting areas of practice that need improving and making recommendations for clinical and organisational changes that will improve patient care.

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Introduction

Cardiometabolic disease is a primary driver of excess premature mortality in people living with severe mental illness (Chang et al, 2010). There is a highly complex relationship between deterioration in mental health and physical health, so many patients will require considerable expertise from both settings to be managed appropriately. There are systemic barriers between mental and physical healthcare delivery and admission to mental health inpatient settings is an opportunity to provide preventative healthcare.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) undertook a review into the quality of physical healthcare provided to adult patients admitted to a mental health inpatient setting (Docherty et al, 2022).

Study method

The aim of the study was to highlight remediable factors in the physical healthcare of adults aged 18 years and over who were admitted to a mental health inpatient setting in the UK for at least 1 week between 1 November 2018 and 31 October 2019, and who:

- Had existing chronic obstructive pulmonary disease, asthma, cardiovascular disease or diabetes
- Had been transferred to a physical health hospital
- Died in the mental health inpatient setting or within 30 days of discharge

Data were collected and analysed from multiple sources which informed the recommendations made in the report. Organisational questionnaires were returned from 56 mental health trusts and 224 mental health hospitals, gathering data regarding the provision of services and protocols available relating to physical healthcare. A total of 291 retrospective clinical questionnaires were completed by the consultant psychiatrist responsible for each patient during their stay in a mental health hospital; 285 sets of anonymised case notes were peer reviewed by a multidisciplinary group of physical and mental health professionals. Anonymous online surveys were completed by 670 mental healthcare professionals, 168 service users and 79 carers. Specialist commissioned mental health services and suicides, homicides and self-harm related deaths were excluded from this study.

Report findings and recommendations

The cohort comprised 138/291 (47.4%) female and 151/291 (51.9%) male patients (two did not answer). They had a mean age of 61.6 years. The most common reason for admission was increased risk to self or others (194/291; 66.7%) followed by deterioration of known psychotic (90) or affective condition (89). There were 201/291 (69.1%) patients who had two or more physical health conditions. The patients were a complex, multimorbid group with both physical and mental health conditions that needed to be monitored appropriately.

Case reviewers considered that good practice had been delivered in 42/157 (26.8%) of cases, while there was room for improvement in clinical, organisational or both clinical and organisational aspects of care in 102/157 (65.0%) cases.

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The report made twelve recommendations targeted at providers and individual clinicians. The key messages are discussed in this article with the supporting recommendations listed in [Table 1](#). The report, including the complete recommendation list and other support tools, is available at <https://www.ncepod.org.uk/2022pnhm.html>

Physical health assessment on arrival and admission

Guidance from the Royal College of Psychiatrists (2022) states that a physical health review should be started within 4 hours of admission, or as soon as is practicably possible.

The case reviewers found that 33/291 (11.3%) patients did not have an initial physical health assessment. Where there was sufficient information to review, they found that 29/150 (19.3%) patients did not have their physical health conditions included during this assessment. The reviewers also found that the initial physical health assessment was undertaken inappropriately in 28/126 (22.2%) patients. This related to incomplete physical health observations (15) and/or documentation of them (5) and assessment delays (8), with

Table 1. Key recommendations for healthcare professionals

On arrival at a mental health inpatient setting, check if the patient faces any acute risks to their physical health, including physical health risks associated with rapid tranquilisation, and take appropriate action

On admission to a mental health inpatient setting, carry out and record an initial physical health assessment on all patients. If the patient has the mental capacity to consent to undergo a physical health assessment but refuses, document this then and try again as soon as practicable.

This should start within 4 hours (in line with the Royal College of Psychiatrists (2022) standards for inpatient mental health services) and include, but not limited to:

- a. Baseline observations including blood pressure, heart rate and respiratory rate and temperature and oxygen saturation
- b. Details of existing physical health conditions and any acute changes since the last clinical review
- c. Current medication (physical and mental health) including side effects and adherence
- d. Whether the patient is at risk of withdrawal from drugs/alcohol
- e. Height, weight, relevant blood tests (use recent blood tests if appropriate) and an electrocardiogram
- f. Hydration status and a fluid balance plan
- g. Dietary status, with input from the nutrition team as necessary
- h. Review of physical health risks associated with rapid tranquilisation
- i. The frequency of repeat physical health observations, relevant to the patient's condition, using the National Early Warning Score (NEWS2) where appropriate

Within 24 hours of admission to a mental health inpatient setting, collaboratively develop and document a physical healthcare plan with every patient, based on their initial physical health assessment. Where applicable, include:

- a. The most appropriate healthcare location to treat the patient's physical healthcare needs (eg mental health or physical health hospital)
- b. Monitoring and treatment plans, including:
 - How frequently to review the physical health risk assessment, recognising acute or chronic health conditions
 - How often to repeat physical health observations and whether to use early warning tools
 - A nutrition plan
- c. The physical health support needed
- d. Escalation plans in the event of deterioration (linked to the NEWS2 score) or patient not consenting to be assessed, that include who to contact and when
- e. Identification of gaps in clinical history and a plan to address them

Develop and implement an organisational policy and protocol to ensure that patients in a mental health inpatient setting are properly assessed, and treated, for physical health conditions in a considerate and collaborative manner. This could be done by:

- a. Formalising existing clinical networks or pathways for diagnosing or treating common acute conditions for example, infection or existing long-term conditions
- b. Training registered mental health nurses, healthcare assistants, or other staff as appropriate to monitor and support the management of common long-term physical conditions, while ensuring their competencies are well defined and are kept up to date
- c. Collaborating with local physical health hospitals to develop a physical health liaison service

Table 1. Key recommendations for healthcare professionals (continued)

Develop and implement an organisational policy and protocol to involve patients, carers, friends and family in the patient's physical healthcare. This could include:

- a. Enabling carers, family and friends to provide staff on the ward with information about the patient's physical health
- b. Access to clear information on what general physical health assessments are carried out when a patient is admitted to the ward
- c. Access to:
 - Healthy lifestyle advice
 - How carers, family or friends can support good physical health
- d. Ensuring that, with patient consent, patients and their carers, family or friends can
 - Receive updates on the patient's physical health including transfers to physical healthcare settings
 - Ask questions about the patient's physical health needs
 - Contribute to the development of and/or receive a copy of the patient's physical healthcare plan

Receive clear information about any post-discharge follow-up physical health plans

Ensure that electronic patient records in mental health inpatient settings:

- Have the functionality to record physical health conditions
- Have the facility for tasks to be set to aid disease and treatment monitoring
- Are accessible, to allow handover between clinical teams and across healthcare providers

multiple factors involved in some cases. The report highlighted the importance of recognising risks for people with severe mental illness of having an acute illness on arrival to a mental health inpatient setting. This could include dehydration, malnutrition or increased risk of infection which should be dealt with immediately.

A comprehensive physical health assessment should also be undertaken once the patient has been admitted. The study found variation in the comprehensive reviews. Case reviewers found that 89/177 (50.3%) patients had some aspect of the comprehensive review missed and that in 80/89 of those patients, it could have had an impact on the patient's care. A complete comprehensive review is crucial in ensuring high quality care for this complex patient group.

The Public Health England et al (2016) Making Every Contact Count guideline stated that an inpatient admission should be an opportunity for health promotion and disease prevention, such as smoking cessation, exercise and maintaining a healthy diet. Out of 60 survey respondents, 32 reported that they were not given any advice or information about looking after their physical health.

Develop a physical healthcare plan for patients admitted to a mental health inpatient setting

The clinicians completing the questionnaire reported that 122/291 (41.9%) patients did not have evidence of a physical health monitoring plan for physical health observations on admission; and a further 42/122 (34.4%) patients still did not have a plan in place during the first week of their admission. It is crucial that methods of identifying acute deterioration such as the National Early Warning Score (NEWS2) are used consistently within mental health inpatient settings, to assist staff with decision making. This plan should include parameters for escalation, and clear documentation of how care should be escalated.

Formalise clinical networks between mental health and physical healthcare

Accessing expert physical healthcare to help to manage this complex patient group can be difficult because of the separation of services. Case reviewer data showed that only 71/291 (24.4%) patients had local care pathways or pre-existing arrangements with physical health providers as part of their care plan. Established pathways can assist both mental and physical healthcare delivery by allowing access to experts. In this study, 147/283 (51.9%) patients were transferred to a physical health hospital with an acute physical health episode. The case reviewers noted that transfer to an acute hospital could have been avoided in 16/116 (13.8%) patients. Reasons that transfer could have been avoided included early identification of deterioration (9), appropriate advice from physical health colleagues (7) and early referral (3),

Key points

- Physical health needs of patients in mental health inpatient settings should be assessed and managed from arrival.
- Once a patient is admitted to a mental health inpatient setting, a detailed physical health assessment should be undertaken.
- Mental health inpatients should be assessed, and treated, for physical health conditions in a considerate and collaborative manner that includes the patient.
- Clinical networks or pathways between mental health and physical healthcare should be formalised to support the effective provision of healthcare.
- Mental health inpatient admissions should be used as an opportunity to improve patient involvement and access to preventative care.

with multiple factors involved in some cases. Mental healthcare staff need support in providing effective physical healthcare, and formal clinical networks may be a way to achieve this.

Conclusions

The data in the report provided an in-depth review of the physical healthcare of patients admitted to mental health inpatient settings. A mental health admission should be used as an opportunity to assess and involve patients in their general health. Organisations should ensure that there are robust protocols in place resulting in consistent and appropriate delivery of physical healthcare to this patient group, with guidelines in place to assist colleagues in managing this group appropriately. The report highlights the need for improvements in physical healthcare provision and ensuring that patient-centred care is delivered.

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