Mental Health National Service Framework

Mental Health National Service Framework (Wales) edition

Mental Health

Contents

Introduction

The original series *Protocols for Investment in Health Gain* were written in the early 1990s to suggest areas where the introduction, or more widespread use, of certain practices could lead to worthwhile improvements in health for the people of Wales. Subsequently, the Health Evidence Bulletins Wales (HEBW) project[i] was instigated in 1996 to review these documents and provide summaries or statements of the best current evidence with a precise indication of the strength of the evidence and its sources for each statement.

The first HEBW Mental Health Bulletin[ii] focused on bringing together evidence for the effectiveness of largely medical and health service interventions for selected disorders. This Bulletin was developed specifically to support the implementation of the Wales National Service Framework (NSF) for Adult Mental Health Services in Wales[iii] and has been structured to support the updated NSF[iv]. Topics include mental health promotion and social inclusion, the needs of service users and carers, access to services, provision of comprehensive assessment and treatment, and recruiting and maintaining a skilled workforce. In accordance with the NSF, the Bulletin also links to issues for children's mental health services, services for elderly people with a mental illness, drug and alcohol misuse provision and those with mental health problems in the criminal justice system.

The statements represent a methodical summary of the evidence in this area identified through a formal literature search across a wide range of sources. The evidence has been critically appraised using internationally accepted

methods, summarised and compiled into this document and reviewed by a multidisciplinary team[v]. The information in this document and the Project Methodology are also available electronically, via the Health of Wales Information Service (http://nww.wales.nhs.uk/hebw) and the Internet (http://hebw.cardiff.ac.uk).

The convention used in this document to indicate the **type of evidence** is[vi]:

'Type I evidence' - at least one good systematic review (including at least one randomised controlled trial). ***'Type II evidence'*** - at least one good randomised controlled trial ***'Type III evidence'*** - well designed interventional studies without randomisation ***'Type IV evidence'*** - well designed observational studies ***'Type V evidence'*** - expert opinion; influential reports and studies

The use of evidence type rather than evidence hierarchy has been chosen deliberately. Every attempt has been made to find the best available evidence within each topic. Information from high quality intervention studies is included whenever possible but observational evidence also cited where relevant. By valuing evidence from randomised controlled trials more highly than observational studies there is a danger that intervention with limited effectiveness might be judged more worthy than those based on observation. Similarly, those observational studies that clearly prove effectiveness (and make a randomised trial unethical) might be undervalued.

In addition, qualitative research can be more appropriate for interventions designed to influence human behaviour, providing insights into people's experiences and into the social contexts that strengthen, support or diminish behaviour.

Information assigned as Type V evidence may include expert opinion and important reports or recommendations that should also be highly regarded.

Statistically significant quantitative information has been provided where possible using the units of measure provided in the cited publication(s). For guidelines, an indication is given as to whether they are based on a systematic review (evidence based guidelines) and/or developed via the consensus of an expert panel (expert consensus guidelines).

The following information sources were systematically searched in the preparation of this Bulletin: ASSIA, AMED, Caredata, CINAHL, Clinical Evidence, Embase, Evidence Base, EBM Reviews (including the Cochrane Library), HMIC, Medline, National Institute for Clinical Evidence (NICE), National Research Register, PsycINFO, SIGLE, TRIP, SIGN Guidelines, Sociological Abstracts, and Web of Knowledge. Internet websites such as the Department of Health, and specialist Societies and Colleges (e.g. Sainsbury Centre for Mental Health, The Royal College of Psychiatrists) were also searched.

Search filters were used to search for systematic reviews and randomised controlled trials across all topic areas[v]. Randomised controlled trials with less than 100 participants were normally excluded unless a smaller trial was the best available evidence within a subject area. Specific searches for all types of evidence were then carried out for topics where evidence from randomised controlled trials was not available or feasible.

A comprehensive literature search, to identify recent reliable evidence across all topics, was carried out covering publications from 2000 to November 2003. Update searches were performed in the Cochrane Database of Systematic Reviews 2004 Issue 4 for all topics. In addition, selected information sources from the list above were searched during November and December 2004 for certain topics as advised by reviewers of the Bulletin. Full details of all the search strategies used are available from the Project Office.[vii]

This Bulletin is designed to summarise the best current evidence to support the development of implementation tools such as guidelines and care pathways at national and local levels. It is also anticipated that the document will be of interest to students, educators and healthcare professionals, in keeping abreast of the large and increasing body of literature in this field. Some of the conclusions reached in this Bulletin will inevitably be controversial. Every effort has been made to include the best evidence within a subject area. Readers who are

aware of any important studies that have been overlooked are encouraged to contact the project team[vii]

While every effort is made to avoid errors in these summaries, the statements are intended to act as signposts to reliable sources of evidence, not as guidelines for the management of patients. It is hoped that this Bulletin will facilitate evidence-based practice, which involves "integrating individual expertise with the best available external evidence from systematic research"[viii]

i http://hebw.cardiff.ac.uk

ii *Health Evidence Bulletins - Wales: Mental Health*. Cardiff: Welsh Office, 1998 http://hebw.cardiff.ac.uk/mental/index.html [accessed 01.11.05]

iii *Adult Mental Health Services. A National Framework for Wales.* Cardiff: Welsh Assembly Government, April 2002. http://www.wales.gov.uk/subihealth/content/keypubs/pdf/adult-mental-nsf-e.pdf [accessed 16.05.05]

iv *'Raising The Standard' The Revised Adult Mental Health National Service Framework and an Action Plan for Wales*. Cardiff: Welsh Assembly Government, October 2005 http://www.wales.gov.uk/subihealth/content/reports/raising-standard-e.pdf [accessed 01.11.05]

v Weightman AL, Mann MK, Sander L,Turley RL. *Health Evidence Bulletins Wales. Project Methodology 5.* Cardiff: Information Services University of Wales College of Medicine, January 2004 http://hebw.cardiff.ac.uk/projectmethod/title.htm [accessed 01.11.05]

vi This table is adapted from the Bandolier system (derived from the work at McMaster University, Canada) using the Centre for Reviews and Dissemination criteria for a systematic review. See http://www.jr2.ox.ac.uk/Bandolier/band6/b6-5.html [accessed 01.11.05] and the Database of Abstracts of Reviews of Effectiveness (DARE) http://www.york.ac.uk/inst/crd/faq4.htm [accessed 01.11.05]

vii Health Evidence Bulletins Wales. Information Services. Cardiff University, Cardiff CF14 4XN. Email: TurleyRL@cardiff.ac.uk

viii Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based Medicine. How to Practice and Teach EBM* Edinburgh: Churchill Livingstone, 1997.

Top

Glossary of Abbreviations used in this Bulletin

ACCESS	Access to Community Care and Effective Services and Supports
ACT	Assertive Community Treatment
ASAP	Assaulted Staff Action Programme
BDI	Beck Depression Inventory
BPD	Borderline Personality Disorder
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CI	Confidence interval
CISM	Critical Incident Stress Management
CMHT	Community Mental Health Tea

CPA	Care Programme Approach
CPN	Community Psychiatric Nurse
COAST	Croydon Outreach and Assertive Support Team
COPES	Community Oriented Program Environmental Scale
DLRR	DerSimonian – Laird Relative Risk
DSH	Deliberate Self Harm
EPDS	Edinburgh Postnatal Depression Scale
ESS	Ethnic Specific Services
FSW	Family Support Worker
GAD	General Anxiety Disorder
GAF	Global Assessment of Functioning
ICM	Intensive Case Management
ICT	Information and Computing Technologie
ID	Intellectual disability
IPS	Individual Placement and Support
LQOLP	Lancashire Quality of Life Profile
MDOs	Mentally Disordered Offenders
MHS	Mental Health Service
MHWs	Mental Health Workers
NICE	National Institute for Clinical Excellence
NNH	Number Needed to Harm
OCD	Obsessive Compulsive Disorder
OR	Odds Ratio
PANSS	Positive and Negative Syndrome Scale
PCP	Primary Care Practitioner
PTSD	Post Traumatic Stress Disorder
QOL	Quality of Life
RCT	Randomised Controlled Trial
RR	Relative Risk
SD	Standardised Difference
SDQ	Strengths and Difficulties Questionnaire
YBOCS	Yale-Brown OCD Scale
YOT	Youth Offending Team

Top

Home

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