

# Children and Young People's inpatient and PICU mental health services: transformation in an evidence vacuum

**Celeste Foster**

NAPICU Executive Committee Member

Correspondence to: [journal@napicu.org.uk](mailto:journal@napicu.org.uk)

The mental health of our children and young people is a major public health issue internationally (WHO 2013) and here in the UK (Children's Commissioner 2023). The onset of serious or enduring mental health difficulties falls, for the most part in the second decade of life (Solmi et al. 2022) and so it also follows that this life stage should be the prime period for meaningful, timely and effective intervention, in order to reduce the burden of mental ill-health across the life course. And yet, despite the irrefutable social and economic logic of this statement, as a nation we have repeatedly failed to recognise the need for, or demand, better preventive strategies or mental health care quality for our young people, accepting decades of underfunding.

Over the past decade, there has been increasing need for mental health services to support children and young people (CYP). In the UK, the rates of probable mental disorder in CYP are increasing (Newlove-Delgado et al. 2022). In 2024, the Royal College of Psychiatry reported a 50% increase in emergency referrals of young people (needing to be seen within 24 hours) in 2023 (RCPsych 2024). This sits against a backdrop of an increase in referrals to CYP mental health services generally.

Despite this, there remains a gaping hole where the evidence base upon which to build effective, developmentally informed and growth promoting mental health service provision for children and young people should be. The academic, Kathleen Delaney, has been calling out the lack of attention and research to the specific work of nurses working in CYP inpatient mental health services for years (Delaney 2019). A small number of studies investigating the experience and outcomes for young people in inpatient services including PICUs highlights a complex picture in which inpatient units seems to provide an important stabilising environment for some young people, without clarity about exactly how this achieved, whilst also posing significant risks for other



young people and moral distress for the staff that work in them (Matthews & Williamson 2016; Hayes et al. 2017).

It is well understood that the dislocation of CYP from families, school and peers, caused by the way in which inpatient beds are currently distributed in the UK, combined with the experience of being cared for alongside other very poorly young people means that hospital admission is very risky for young people and should be used sparingly and judiciously. NHS England's own CYP mental health inpatient task force has acknowledged that inpatient provision is not currently of high enough quality and are engaged in a programme of transformation (NHS England 2020).

Good mental health in children and young people is inextricably intertwined with ordinary child development. It is forged through carer, family, peer and other adult relationships within school, social and community networks. In good-enough circumstances, these relationships help children to learn, play, grow, build the neurobiological foundations needed for emotion and stress regulation, and to develop their own unique identity, without fear of reprisal for being themselves. Key attachment relationships help them manage the adversities that

life throws along the way, which in turn produces new skills and capacities for coping with adversity.

So, it follows that effective intervention when this process goes wrong, should also prioritise developmentally-focused understanding of distress and growth promoting attachment-focused relational care to alleviate it. Yet, historically, development of CYP mental health inpatient service delivery, has relied on the appropriation of knowledge and practice models developed from the care of adults, relying on stabilisation of psychiatric symptoms and diagnostic criteria and manuals that are arguably not fit-for purpose for young people, as its main organising frameworks.

NHS England CYP inpatient mental health service transformation task group charter (CYP IMHS Task group; NHS England 2020), which includes CYP PICU in its remit, highlights an ambition to reduce inappropriate admissions and provide evidence-based outcomes-led intervention for young people. Following consultation with carers, young people, providers and commissioners, they have now set out principles for improving practice. Primarily, to develop flexible intensive therapeutic environments available in the localities in which young people live, that can provide integrated specialist care for the needs of young people who might previously have been located in separate general adolescent inpatient units, eating disorder services, PICU, low secure services, and services for CYP with underlying learning disability and neurodiversity.

Herein lies the rub: the historic lack of priority and interest given to specialist inpatient and intensive mental health interventions for young people means that there is little research evidence upon which to start building a plan for realising these principles in practice. From a research perspective little is known about the barriers and enablers to operationalising them; what effective and acceptable psychosocial interventions across a 24-hour cycle of care are; what constitutes an appropriate admission; the optimal length of stay for treatment; or even of what treatment should be comprised. The sector is also lacking valid outcome measures, sensitive to the factors that are known to influence admission experience, with which to actually examine whether new innovations are working (Clark & MacLennan 2023).

In my research in a CAMHS PICU, published previously in this journal (Foster & Smedley 2019a, 2019b), we demonstrated that inpatient care provision for young people involved management of competing complex clinical tasks and tensions, using a range of personal qualities to manage highly arousing and emotive situations, alongside application of sophisticated relational skills analogous to the development-enabling qualities of the love provided by good-enough parental objects. Safe and enabling therapeutic alliances had a specific quality that

were characterised by a disciplined and active use of self; in other words, lending one's values, body, personal qualities and sensory-affective-cognitive processing system, in the service of young people, who even if they were well, would not yet have acquired the language, mentalisation and regulation capacities needed to manage their own thoughts, feelings and behavioural impulses independently.

Positive outcomes for CYP therefore require staff who are not just competent in the nuanced interpersonal and psychosocial interactions that are known to support psychological, cognitive and emotional growth in children, but who are also sufficiently supported to get up close and be prepared to really feel something of the young person's felt difficulty, so they can put it into words and respond to it in a way that the young person can take in, to not only manage in the moment but also build up their own internal resources for coping. Inpatient and PICU staff working directly with young people know this experientially, yet this idea of developmentally informed relational interventions and the support that staff need to be able to sustain them does not, as yet, feature in service specifications or models of care delivery.

As a society we rightly expect that detailed understanding of child and adolescent development is embedded into the design of every other institution that children and young people interact with: parenting, childcare, nurseries, schools and colleges, community youth groups and community health services. Yet as children move across the threshold from needing community-based treatment for common mental health conditions, to needing intensive care for acute, complex and serious mental health problems, our provision moves further away from a developmentally informed approach to one built on an innately adultist acute psychiatric model of care.

This is why the National Association of Psychiatric Intensive Care Units (NAPICU) has secured funding for a ground-breaking three-year programme of stakeholder engagement and research focusing on developing the evidence base to improve care quality and outcomes for children and young people requiring intensive therapeutic mental health care. Partnering with the University of Salford, a mixed methods research design will establish a comprehensive understanding of how care provision for children and young people experiencing acute and complex mental health needs is organised, implemented and used, including good practice examples, and drawing out implications for improving standards for future design and delivery of intensive therapeutic mental health care.

We will be reporting on the progress of this project in an issue of the *Journal of Psychiatric Intensive Care* later in the year, and updates including how you can get involved in the research will be available on NAPICU's website (<https://napicu.org.uk>).

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