

Social work: mental health services

Quick summary sheet

NICE supports person-centred care and support through the development of evidence-based guidelines and quality standards.

Guidelines:

- Comprehensive set of recommendations for action
- Focused on a particular topic/setting
- Aimed at a range of audiences
- Show the underpinning evidence

Quality standards:

- Set of statements to help improve quality
- Focused on areas of poor quality or variation in practice
- Can be used to measure improvement or demonstrate good quality

Examples of guidance topics relevant to adults' & children's Social Workers:

Depression in adults ([CG90](#) & [QS8](#))

Coexisting mental illness and substance misuse ([NG58](#))

Depression in children ([NG134](#) & [QS48](#))

MH of adults in the criminal justice system ([NG66](#) & [QS163](#))

Service user experience in adult MH ([CG136](#))

Transition MH inpatient to community ([NG53](#) & [QS159](#))

Decision-making & mental capacity ([NG108](#))

Antisocial behaviour in children ([CG158](#) & [QS59](#))

The scenarios below show how NICE guidance could be used in social work practice. We recognise that NICE guidance would be used alongside other sources of information to support professional judgement.

Scenario 1—Management of violence & aggression

Situation:

Alice is 14yrs and has mental health issues. She lives with her dad and has regular breaks in a residential children's home.

The home inform Alice's dad of any incidents where Alice has hit staff or young people. Alice tells her dad that, when this happens, she is not allowed to phone him afterwards and this upsets her.

Examples of NICE guidance:

Violence and aggression: short-term management (NG10—recommendations 1.7)

Includes guidance on de-escalation and appropriate restrictive interventions for children & young people (e.g. not removing contact with parents or carers as a punishment).

Action:

Alice's social worker uses NICE guidance to plan a review meeting with Alice, her dad and the care home manager.

The plan includes good practice in terms of not using restrictions on contacting family as a punishment.

Scenario 2—Mental health and substance use, maintaining contact

Situation:

A team leader of an integrated mental health team has identified that young men referred to their service, with both mental health and substance use issues, are twice as likely to stop attending appointments.

Examples of NICE guidance:

Coexisting severe mental illness and substance use: community health & social care services (NG58—recommendations 1.5 & 1.6)

Includes advice on service design for managers and organisations.
Also includes specific guidance on maintaining contact with individual people accessing support.

Action:

The team leader uses NICE guidance to develop a proposal for local research to find out why this group of people stop attending the service.

They make the case that the research could be used to change the service, making it more effective in meeting the needs of men with mental health and substance use issues.

Scenario 3—Advance planning & psychiatric inpatient admission

Situation:

Joanne has a moderate learning disability and has experienced two psychotic episodes. The second time she was admitted to a psychiatric inpatient unit.

Joanne was recently discharged, but Joanne and her family are worried that this might happen again and they don't know what to do.

Examples of NICE guidance:

Mental health problems in people with learning disabilities (NG54—recommendations 1.3, 1.8)

& Transition between inpatient MH settings & community (NG53—recommendation 1.2.9)

Includes the development of a mental health care plan for people with a learning disability. Also covers crisis (advance planning) and involvement and support for family and carers.

Action:

Joanne's social worker refers to the NICE guidance within a request to colleagues in learning disability and psychiatric teams to meet with Joanne and her family.

The purpose of the meeting would be to create a crisis plan. This would include advance decisions about treatment and support as well as potential triggers or indicators of crisis.

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