



NICE Guidelines: Inpatient Mental Health Care 2000-2023

An Outline and Explanation Lecture for The
Lampard Inquiry

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April 2025





Aims and outline

- To introduce the clinical guidelines developed by National Institute for Health and Care Excellence (NICE).
- To provide context around the guidelines' role in advising on clinical best practice and service delivery.

Outline of lecture

1. Introduction to NICE guidelines
2. Key guidelines (2000-2023) and timeline
3. Broader context: additional resources, challenges, impact and outcomes



Presenters

Professor Stephen Pilling

- Consultant clinical psychologist
- Consultant clinical advisor on mental health to NICE

Professor Tim Kendall

- Consultant psychiatrist
- National Clinical Lead for new models of mental health care
- 2016-2024 National Clinical Director for Mental Health NHSE

Together


- Produced the first NICE guideline, and many further guidelines together (until 2016 for Professor Kendall).
- Directors of the National Collaborating Centre for Mental Health (NCCMH), a collaboration between UCL and the Royal College of Psychiatrists.



Who are NICE?

National Institute for Health and Care Excellence

- An independent public body of the Department of Health and Social Care.
- Key role:
 - Provide independent, rigorous and systematic evaluation of evidence.
 - Produce guidance and recommendations.
 - Encourage the uptake of best practice and improved outcomes.
- Widespread professional and public involvement and support.



Section 1: Introduction to NICE guidelines



What are NICE guidelines?

Evidence reviews and treatment recommendations, usually for a particular diagnosis or a particular clinical need.

To develop a guideline, NICE bring together a relevant group of experts, who

- gather and review all evidence relating to that guideline area, and
- develop recommendations on treatments and service delivery.

This is then used to support decision making by clinicians and people using services to underpin high quality healthcare.



Principles of NICE guidelines

- An aid to clinical judgement, not a substitute
 - There is a need for flexibility in practice to consider individual circumstances, preferences, and values of patients.
- Not mandated
 - Cannot instruct all clinicians to follow guidelines but can encourage their use as a tool to aid decision making.



What guidelines can do

- Move us from 'eminence-led' to 'evidence-based practice'.
- Synthesise the large amount of available evidence to support clinicians and service users.
- Steer individual treatment choices within 'best care'.
- Underpin 'quality standards' for healthcare services.
- Improve practice for individual clinicians.
- Help commissioners and government make decisions about spending on NICE concordant care.



What guidelines can't do

- Replace clinical decision making.
- Replace patient choice.
- Reliably account for multimorbidity or comorbidity.

Note: This is not an exhaustive list.

Guideline development process



NOTE: There are varying levels of research evidence (quantity and quality) in different areas. Where there is little experimental evidence, guidelines may be largely based on expert knowledge.

Changes to NICE guidelines over time

- All guidelines are reviewed regularly against new evidence.
- NICE use proactive surveillance methods to explore whether there is any new evidence to "contradict, reinforce, or clarify guideline recommendations". (NICE)





Section 2: NICE guidelines applicable to inpatient mental health care in 2000-2023



Key NICE guidelines for inpatient mental health care

All NICE guidelines may have application for individuals receiving inpatient mental health care. Here we focus on:

- key guidelines most likely to be relevant before, during and immediately after inpatient stays,
- those including all ages (children and young people, adults, older adults), and
- those relevant during 1st January 2000 – 31st December 2023 (as indicated by the Inquiry).

NOTE: Most guidelines are not setting specific.

Using the NICE website to access guidelines

NICE National Institute for Health and Care Excellence

Guidance Standards and indicators Life sciences British National Formulary (BNF) British National Formulary for Children (BNFC) Clinical Knowledge Summaries (CKS) About

Home > NICE Guidance > Conditions and diseases > Mental health, behavioural and neurodevelopmental conditions > Psychosis and schizophrenia

Psychosis and schizophrenia in adults: prevention and management

Clinical guideline | CG178 | Published: 12 February 2014 | Last updated: 01 March 2014

Guidance Tools and resources Information for the public Evidence History

[Download guidance \(PDF\)](#)

Overview
Recommendations
Recommendations for research
Context
Finding more information and committee details
Update information

Overview

This guideline covers recognising and managing psychosis and schizophrenia in adults. It aims to improve care through early recognition and treatment, and by focusing on long-term recovery. It also recommends checking for coexisting health problems and providing support for family members and carers.

Last reviewed: 19 September 2024

We added links to relevant technology appraisal guidance in the [sections on assessment and care planning](#) and [interventions for people whose illness has not responded adequately to treatment](#). This is to provide easy access to relevant guidance at the right point in the guideline only and is not a change in practice.

Related quality standards

[Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups](#)

[Psychosis and schizophrenia in adults](#)

See full guidance

View recommendations only

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On this page

- [1.1 Care across all phases](#)
- [1.2 Preventing psychosis](#)
- [1.3 First episode psychosis](#)
- [1.4 Subsequent acute episodes of psychosis or schizophrenia and referral in crisis](#)
- [1.5 Promoting recovery and possible future care](#)

Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in [making decisions about your care](#).

[Making decisions using NICE guidelines](#) explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

Health and care professionals should follow our general guidelines for people delivering care:

- [decision making and mental capacity](#)
- [medicines adherence](#)

1.1 Care across all phases

1.1.1 Race, culture and ethnicity

- 1.1.1 Healthcare professionals working with people with psychosis or schizophrenia should ensure they are competent in:
- assessment skills for people from diverse ethnic and cultural backgrounds
 - using explanatory models of illness for people from diverse ethnic and cultural backgrounds
 - explaining the causes of psychosis or schizophrenia and treatment options
 - addressing cultural and ethnic differences in treatment expectations and adherence
 - addressing cultural and ethnic differences in beliefs regarding biological, social and family influences on the causes of abnormal mental states
 - negotiating skills for working with families of people with psychosis or schizophrenia
 - conflict management and conflict resolution. **[2009]**

1.1.2 Physical health

- 1.1.2.1 People with psychosis or schizophrenia, especially those taking antipsychotics, should be offered a combined healthy eating and physical activity programme by their mental healthcare provider.
- Our 2019 review of the STEPWISE trial did not change this recommendation. **[2019]**
- 1.1.2.2 If a person has rapid or excessive weight gain, abnormal lipid levels or problems with blood glucose management, offer interventions in line with relevant NICE guidance (see the [NICE guidelines on overweight and obesity management, cardiovascular disease: risk assessment and reduction, including lipid modification and preventing type 2 diabetes](#)). **[2014]**
- 1.1.2.3 Offer people with psychosis or schizophrenia who smoke help to stop smoking, even if previous attempts have been unsuccessful. Be aware of the potential significant impact of reducing cigarette smoking on the metabolism of other drugs, particularly clozapine and olanzapine. **[2014]**

Key guideline elements



Trends in recommendations

- More guidelines produced and available over time.
- Evidence availability has changed.
- Increased emphasis on psychological interventions.
- Increased emphasis on physical health of people with mental health problems.
- Care needed with pharmacological interventions.



Key trend: Moving from risk assessment to safety planning

- Risk scales and risk scores should no longer be used.
- People should not be classified by 'level' of risk.
- Treatment provision should not depend on a risk score.
- We need to move towards 'safety planning'.



Section 3: Broader context



Influence of NICE guidelines

NICE guidelines have widespread use and influence within the NHS and more broadly, including on:

- policy documents,
- implementation guides,
- quality standards,
- national clinical audits, and
- accreditation standards.



Implementing recommendations

- Success in implementation, and positive impact, apparent in certain settings.
 - NHS Talking Therapies for anxiety and depression delivering excellent patient outcomes.
 - Early Intervention in Psychosis services have shown gradual improvement.
- Problem area: recommendations on specific mental health teams such as 'assertive outreach teams' or 'crisis resolution home treatment teams' etc.
 - Some weaker evidence which is at times contradictory.
 - Multiple different mental health teams mean care is fragmented.
 - Specialist inpatient teams have become detached from community.



Discussion: future challenges

- Ensuring more representation from minority ethnic groups in guideline development teams, ensuring diverse community involvement from the start.
- Reducing focus on service-level or team recommendations, and more focus on intervention recommendations.



Conclusion

- NICE guidelines offer the best available evidence for health care across England and Wales.
- Guidelines are developed through a rigorous process, based on high-quality evidence and intelligence.
- Guidelines are continuously monitored to ensure that the recommendations presented are safe and reflect the latest research and policy.
- Guidelines should be considered in clinical practice, but their use is not mandated.



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Links

National Collaborating Centre for Mental Health (NCCMH)

<https://www.rcpsych.ac.uk/improving-care/nccmh>

National Institute for Health and Care Excellence

<https://www.nice.org.uk/>