

Accessing inpatient mental health care for children and adolescents

A Framework

October 2022

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ACKNOWLEDGEMENTS

This Framework acknowledges the traditional custodians of the lands on which we live and work. We extend that respect to Elders past, present and future in maintaining the culture and connection to country for all First Nations people.

This Framework also acknowledges the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to the care we provide.

This Framework was written with the contributions of peer workers, carers for children and adolescents with mental ill-health, peak organisations, education specialists and clinicians from across NSW Health. It thanks them for the passion and care with which they all approach children and adolescents in times of crisis and throughout their journey.

A NOTE ON LANGUAGE

Within this Framework, the term “**child or adolescent**” or “**children and adolescents**” refers to a person or people between the age of 0-11 (for child) or 12-17 (for adolescent) with mental-ill health utilising the health care system, while “**consumers**” refers to the child or adolescent, as well as their family, carers or close social supports. This inclusive use of “consumer” is aligned with the Agency for Clinical Interventions’ approach to partnerships between clinical staff and users of health services.

The philosophies and standards of this Framework are consistent with The National Mental Health Statement of Rights and Responsibilities and the Charter for Mental Health NSW.

BACKGROUND

About this document

This Framework is supported by A Guide to Understanding Inpatient Mental Health Admissions for Children and Adolescents available from Mental Health Branch.

Audience

The intended audience for this Framework is NSW Health clinicians and healthcare providers, who are involved in the decision-making process of whether (and under which model of care) to admit children and adolescents experiencing moderate to severe mental ill-health into inpatient care.

Purpose

This Framework provides a Framework to guide clinicians and health care providers in making these just decisions regarding appropriate inpatient care and alternative services for children and adolescents. This Framework should be used in conjunction with other Frameworks that address care for children and adolescents, including implementation, integration of local processes and evaluation.

Appropriate utilisation of mental health inpatient resources will assist those resources to be available for the children and adolescents who will require them. It is the responsibility of referring and receiving clinicians to ensure admission into inpatient care is both an ethical and equitable treatment option.

Legal and policy context

The Mental Health Act 2007 (NSW)^[1] sets out the process for admission of children and adolescents to hospital. The Act requires that the least restrictive care is delivered, consistent with safe and effective interventions that are appropriately and reasonably available to the care provider. It also requires that treatment is developmentally appropriate and in line with professional standards (for example, care for young Aboriginal people needs to consider their cultural and spiritual beliefs). If there are any inconsistencies between this Framework and Mental Health Act 2007 (NSW), the provisions of the Act take precedence.

Court-mandated assessments must be approached in the same way as any non-mandated assessment, within the restrictions provided by the Assessment Order. Court-mandated assessment must not be perceived as a requirement to admit, as that decision remains with the referring and receiving clinicians. Assessment Orders will describe what steps are to be taken should the child or adolescent not be admitted.

This Framework is informed by and should be read in conjunction with:

- PD2010_034 Children and Adolescents - Care in Acute Care Settings: Clinical Practice Guidelines for the care of children and adolescents in NSW Health acute care settings
- PD2017_015 NSW Health Admission Policy which provides guidance to health service staff in regard to the decision to admit, the admission of patients to hospital and associated business processes
- NSW Service Plan for People with Eating Disorders 2021-2025 which provides a Framework for Health Professionals to support the delivery of treatment and care for people with or at risk of developing an eating disorder
- GL2015_009 Psychiatric Emergency Care Centre Model of Care Guideline which provides high-level guiding principles and basic components for PECC services
- PD2021_039 MHOAT Documentation which provides guidance on the use of electronic medical record (eMR) systems for the documentation of clinical practice and care
- PD2012_053 Mental Health Triage Policy which describes the mental health triage process and the standards for NSW Health mental health telephone triage services

GUIDING PRINCIPLES

When deciding on the appropriate model of care for a child or adolescent experiencing mental ill-health, decisions must be made congruent with the following principles:

- **Trauma-Informed** - Recognise the widespread effects of trauma on patients, their carers or social supports and staff
- **Person-Centred** - Tailor care to the child or adolescent and family's strengths, desires, and needs to deliver the most developmentally and clinically appropriate care
- **Least Restrictive and Least Disruptive** - Provide care that creates the least impact on the consumer's autonomy, education pathways, vocational stability, and connection to normal social groups or existing community-based care plans. In practice, this involves selecting models of care that are as close to the family or carers of the child or adolescent, in order to minimise disruption, promote engagement, and integrate the child or adolescent's usual community (and community-based health care) supports
- **Collaborative** - Consider educational, vocational, housing and family support in addition to mental health care and/or specialist interventions.

ACCESS TO MENTAL HEALTH INPATIENT SERVICES FOR CHILDREN AND ADOLESCENTS

Admission

Inpatient care should be accessed only when referring clinicians assess that inpatient services can provide the care a child or adolescent requires, and that no less restrictive service can provide the required care. Clinicians must consider all practical alternatives to inpatient care prior to referring a child or adolescent for admission.

When choosing to admit a child or adolescent, teams should attempt early connection with the patient's existing and expected community-based services to ensure holistic treatment planning, smooth transition between services, more resilient post-transfer of care follow-up, and better outcomes.^{[2], [3]}

Avoiding “social admissions”

The “social admission” is a term used to describe admissions where children and adolescents who did not meet the above indications for inpatient care were admitted (or in some cases, not discharged). Admissions should only occur where there are specialist mental health requirements or therapeutic goals that are best achieved by inpatient care.

These social admissions are a response to a complex predicament, for which alternatives must be found. This requires referring, receiving or assessing clinicians to work collaboratively with external agencies to arrive at the most satisfactory solution, prioritising the interests of the child or adolescent.

The decision to admit

While best practice demands integration of multidisciplinary teams, the decision to admit (and under which model of care) is the responsibility of clinicians supported by NSW Health policies, and local procedures such as those referenced in the Legal and policy context. This decision must be made in consultation with the consumer, and in line with the principles established within the Framework.

Clinicians should consider admission of children and adolescents into inpatient care (whether voluntary or not) as a potentially traumatic experience which should only be initiated in cases where to not admit the child or adolescent is likely to cause more harm or trauma.

To minimise the risks of inpatient admission, local services should have policies, practices and approaches to reduce or remove these harms when caring for children and adolescents.

Selection of model of inpatient care

The decision to admit a child or adolescent for mental health care must consider clinical needs within the patient-centred, trauma-informed, least restrictive principles established above. The following factors should be taken into account in this assessment:

- Severity (including levels of distress or impairment)
- Complexity (including comorbidities)
- Impact (on the child or adolescent and others)
- Persistence
- Age and developmental stage
- Demographics or sub cohort

- Risk of harm
- Outcomes desired
- Care required
- Additional support that may be necessary or beneficial (for example, a one-to-one nursing ratio)

Local referring teams should be aware of the services and units that are available to and responsive to the needs of the child or adolescent. In NSW, the following options are generally available:

- Paediatric wards with CAMHS consultation-liaison (CL)
- Paediatric ward with general psychiatric CL
- Specialist CAMHS Unit (see Attachment 2)
- Psychiatric Emergency Care Centre with CAMHS consultation liaison

Admission to an adult mental health ward is an inappropriate location for almost all children and adolescents, and must be avoided unless all other options have been exhausted. This does not preclude the admission of older adolescents where an adult mental health ward is the most appropriate option.

Local policies must be in place to guide referring clinicians on escalating care outside of a Mental Health Service, District or Network if the most appropriate model of care is not available locally.

Supported admission to non-CAMH paediatric wards

Any child or adolescent being admitted to a paediatric ward experiencing mental ill-health must receive timely mental health specialist support, preferably CAMH specialist support. The referring clinician along with the assessing team are required to provide local assessment and advice as to which services must be engaged. Consideration must be given to the following items:

- Availability of specialist skills and training on the admitting ward
- Local specialist services availability
- Locally determined boundaries of cohort (e.g. age or scope of ill-health)
- Pre-existing relationships between available services and the child or adolescent
- Timeframe and service availability hours
- Remote or virtual integration

Where a child and adolescent psychiatrist is not the admitting clinician, the admission must be under a paediatrician supported by timely specialist consultation. Virtual or remote CAMHS CL services are available statewide.

Requirements for referral to a CAMHS inpatient unit

While not mandatory, the CAMHS Referral Form (Appendix A) provides a template to facilitate communication between specialist CAMHS acute inpatient units and referring clinicians.

As a minimum, referring clinicians must:

- Provide all requested documentation where possible
- Ensure family/carers are aware of, and involved in the referral decision, including to which unit, and what the referral involves

- Provide contemporary information and updates whilst awaiting admission
- Clearly define the purpose of admission
- Make telephone contact with the individual unit(s) to discuss referral and participate in the treatment planning, progress, and discharge planning processes
- This telephone contact must be conducted between consultants to avoid a perceived hierarchy between decision-makers^[4]

Key elements to effective inpatient care

The following factors should be considered when making an admission decision and developing treatment plans:

- Individually tailored treatment plans — involving child or adolescent and family/carers in the development of care plans
- Early planning for transfer of care — facilitating transition between different components of the service continuum
- Multi-disciplinary trained staff and multi-disciplinary teams
- Post-transfer of care support — utilising hospital- or community-based services
- Multi-modal family-based treatment — using a range of treatments and hybrid services
- Multi-agency collaboration — engagement with developmentally appropriate education, vocational and housing support in addition to mental health care
- Peer support — advocacy and authentic support as provided by a professional with lived experience
- Provision of specialist intervention — including linkage of services who can provide interventions for comorbidities or other issues likely to be seen in the patient's population (e.g. substance use)^{[5]. [6]}

MONITORING AND REPORTING

Districts and Networks have responsibilities for monitoring and improving their service delivery, including benchmarking and analysing key performance indicators (KPIs). Opportunities to identify the experience of children and adolescents, their families and carers are important elements of ongoing performance monitoring processes.

Attachment 3 assists mental health services in understanding their own outcomes, using measurement and improvement principles.

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LIST OF ATTACHMENTS

1. Example CAMHS acute inpatient referral form
2. NSW CAMHS acute inpatient units
3. Measuring implementation

ATTACHMENT 1: EXAMPLE CAMHS ACUTE INPATIENT REFERRAL FORM

REFERRER DETAILS			
Date of referral		Service / LHD	
Name		Position	
Contact number		Fax number	
Email			
Is this clinician nominated as the primary contact? If not, who is the local CAMHS / LHD team primary clinician?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a consultant psychiatrist aware of the referral for admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details		
Allocated community MH clinician during admission?			
Details of any other inpatient units referred to in order of preference 1 st , 2 nd etc.	<input type="checkbox"/> Lismore <input type="checkbox"/> Newcastle <input type="checkbox"/> Hornsby <input type="checkbox"/> Westmead <input type="checkbox"/> Children's Hospital Westmead <input type="checkbox"/> Orange <input type="checkbox"/> Campbelltown <input type="checkbox"/> Sydney Children's Randwick <input type="checkbox"/> Shellharbour		

PATIENT DETAILS			
Given name Preferred name		Surname	
Date of Birth	Age	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Contact number			
Residential address			
Is this the discharge destination?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no please give details:		
Where is the patient currently?	<input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/> NFA		
Details (hospital, ward, contact)			
Current Mental Health Act status include date of schedule	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Not known		
Educational / Vocational status School name / contact person	Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attending <input type="checkbox"/> Yes <input type="checkbox"/> No
	School / TAFE		Grade / Year
GP details	Contact number	Email	

PARENT / GUARDIAN DETAILS		PARENT / GUARDIAN DETAILS	
Name		Name	
Relationship		Relationship	
Address		Address	
Home telephone		Home phone	
Mobile		Mobile	
Primary contact / Designated carer / Shared Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary contact / Designated / Shared Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aware of referral	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aware of referral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family admission	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER SERVICES INVOLVED (CAMHS, DCJ, private clinicians, Juvenile Justice, NGO's)			
Name		Name	
Position / Service		Position / Service	
Contact number		Contact number	
Email		Email	

REASONS FOR REFERRAL attach summary if available	
Presenting issue?	
Expectations / purpose / goals of admission?	
Current mental state / working diagnosis?	
Has a physical examination been completed within 24 hours or updated in last 5 days?	<input type="checkbox"/> Yes Attached <input type="checkbox"/> No
Protective Factors?	
Current / previous treatment / medications / admissions if known?	
ISSUES CHECKLIST (self or others)	DETAILS
Absconding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cigarette use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deliberate self-harm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Developmental delay	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Forensic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual assault / safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any dietary requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicidal ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other behaviours of concern	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I certify that the information provided is complete and correct. I agree to provide any other information available which may be necessary to complete the assessment of this referral or for consumer management if accepted. I will accept return of this consumer upon discharge.</p>		Signed:
INTAKE OFFICER		
OUTCOME OF REFERRAL	DATE NOTIFIED Who and by whom	COMMENTS including informing other units that referral has been sent to

ATTACHMENT 2: NSW CAMHS ACUTE INPATIENT UNITS

Please note: The non-acute units (Rivendell and Coral Tree) and state-wide units (Justice Health & Forensic Mental Health unit at Long Bay and long stay treatment resistant unit at Concord) have separate referral criteria and pathways.

Northern NSW:	
Kamala Lismore Base Hospital	
Address	Kamala C&A MH Unit
	Lismore Base Hospital
	60 Hunter Street
	Lismore NSW 2480
Intake contact number	(02) 6620 7900
Fax	(02) 6620 9998
Age range	12-17years
Beds	8

Hunter New England:	
Nexus John Hunter Hospital Newcastle	
Address	Nexus
	John Hunter Hospital
	Lookout Road
	New Lambton NSW 2305
Intake contact number	(02) 4985 5800
Fax	(02) 4985 5815
Intake email	HNELHD-NEXUSIntake@health.nsw.gov.au
Age range	12-17years
Beds	12

Northern Sydney:	
Brolga Hornsby Hospital	
Address	Brolga Unit
	L1 Bdg 52 Hornsby Ku-ring-gai Hospital
	Palmerston Road
	Hornsby NSW 2077
Intake contact number	(02) 9485 6150
Fax	(02) 9485 6006
Age range	12-17years
Beds	12

Western Sydney:	
Redbank House Westmead Hospital	
Address	Acute Adolescent Unit
	Redbank House Westmead Hospital
	Darcy Road
	Westmead NSW 2145
Intake contact number	0429 926 174
Intake email	WSLHD-MentalHealthPatientFlow@health.nsw.gov.au
Age range	12-18years
Beds	9

Sydney Children's Hospitals Network: Hall Ward Children's Hospital Westmead	
Address	Hall Ward
	Children's Hospital Westmead
	Cnr Hawkesbury Road and Hainsworth St
	Westmead NSW 2145
Intake contact number	(02) 9845 1112
Intake email	SCHN-CHW-HallWard@health.nsw.gov.au
Age range	6-15years
Beds	8

Sydney Children's Hospitals Network: Saunders Unit Sydney Children's Hospital Randwick	
Address	Saunders Unit
	Sydney Children's Hospital
	High Street
	Randwick NSW 2031
Intake contact number	(02) 9382 1272
Intake email	SCHN-SaundersReferrals@health.nsw.gov.au
Age range	12-15years
Beds	8

Western NSW: Wollemi Bloomfield Hospital Orange	
Address	Child and Adolescent Mental Health Unit
	Orange Base Hospital Bloomfield Campus
	Forrest Road
	Orange NSW 2800
Intake contact number	(02) 6369 7313
Fax	(02)
Age range	12-17years
Beds	10

South Western Sydney: Adolescent MH Acute Inpatient Unit Campbelltown Hospital	
Address	Adolescent MH Acute Inpatient Unit
	Campbelltown Hospital
	Therry Road
	Campbelltown NSW 2560
Intake contact number	(02) 4634 4444
Intake email	SWSLHD-MentalHealth-GnaKaLun@health.nsw.gov.au
Age range	12-17years
Beds	10

Illawarra Shoalhaven: Adolescent Inpatient Unit Shellharbour Hospital	
Address	Adolescent Mental Health Inpatient Unit
	Shellharbour Public Hospital
	15-17 Madigan Boulevard
	Shellharbour NSW 2529
Intake contact number	(02) 4295 2827
Fax	(02) 4295 2828
Age range	12-17years
Beds	6

ATTACHMENT 3: MEASURING IMPLEMENTATION

Districts and Networks have responsibilities for monitoring and improving their service delivery, including benchmarking and analysing key performance indicators (KPIs). The following section is designed to assist mental health services in understanding their own outcomes, using measurement and improvement principles that identify desired and undesired impacts to person and services as a delicate balance.

Implementation Philosophy

This Framework is driven by a desire to assist children and adolescents on their path toward mental wellbeing and best outcomes. While KPIs or other measurable data are designed as tools to understand performance, it is critical that hospitals and clinicians ensure that a focus on KPIs does not compromise the delivery of care to consumers.

Assessing success

Across the international evidence base, there are limited agreed metrics to identify when models of care are best benefiting children and adolescents in managing their mental wellbeing. Readmission is not considered an appropriate metric in isolation. The pathway toward mental wellness for children and adolescents is rarely linear, and readmission or representation does not (in itself) define a failure of care. Measuring only a few KPIs may cause a misrepresentation of performance, as it over-simplifies the complexity of the system being assessed. This Framework suggests Districts and Networks collect and monitor a suite of measures, which broadly fit under the following categories (in descending order of weight):

Impact-focused measures

Impact-focused measures should be the primary assessment for defining success (as with any outcome-focused approach to care). Approximately half of all measurement should focus on the outcomes as delivered to (or experienced by) the patient. This may be individual such as Patient Reported Outcome Measures (PROMs) or improvement in functional assessment over length of admission, or may be systemic such as specialist CAMHs bed utilisation percentage or proportion of children and adolescents referred to community-based services compared against referred to inpatient services.

Person-focused measures

Person-focused measures define consumer engagement and satisfaction. Patient Reported Experience Measures (PREMs) are a common tool that contribute to patient-focused assessment of success. Other common quantitative and qualitative formats are child or adolescent surveys, focus groups, or observation measures. In each case, these measures consider the person as an individual experiencing a complex system of care.

Process-focused measures

All Districts and Networks will have their own set of process-focused measures. Process-focused measures are usually the first “dials to move” following change and improvement work. Process focussed measures may include: length of time the consumer has waited to see a mental health clinician, alignment between anticipated and actual dates of transfer of care, or time between identifying appropriate referral or further support services and their engagement with the consumer.

Local analysis of process-focussed metrics may also support local process improvement activities to continually ensure the model of care operates in a manner which optimally supports improved outcomes.

Balancing measures

Balancing measures are designed to reduce the unexpected or undesired outcomes of service delivery (or change or improvement work). Examples include caseload of Peer Workers (balancing increased involvement in decision-making teams) or length of stay in ED (balancing access to appropriate services).

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