ACT Government | Canberra Health Services

CAMHS Adolescent Unit Model of Care

Mental Health, Justice Health

and Alcohol and Drug Services

June 2023

Contents

Approvals

Position	Name	Signature	Date
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Document version history

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V0.1	September 2022	Canberra Health Services	Internal and External Stakeholders	External Consultation
V0.2	April 2023	Canberra Health Services	MHJHADS Executive Office	Updated from consultation process for final endorsement.
V0.3	June 2023	Canberra Health Services	MHJHADS Executive Office	Updated further from consultation process for final endorsement.

1. Introduction

This Model of Care (MoC) for the CAMHS Adolescent Unit (CAU)[1] sets out the evidence-based framework for the care provided within the unit. A clearly defined and articulated MoC helps ensure that all health professionals are 'viewing the same picture', working towards common goals and evaluating performance on an agreed basis. This document describes how the service sits within the broader continuum of service for adolescents but is not intended to be a comprehensive description of these other services.

This MoC:

- outlines the principles, benefits, and elements of care,
- provides the basis for how we deliver evidence-based care to every patient, every day through best clinical practice, education, and research; and
- contains information on patient/client flows (the areas from where patients enter and exit the service) and service co-ordination, that is the linkages required for seamless patient care.

A MoC is a dynamic document and will be updated over time to support new evidence and improved ways of working. Any updates will include relevant change management principles and processes to ensure clear engagement and communication.

1.1 Summary description of the service

The CAU provides acute inpatient mental health services for adolescents aged 12 years and up to their 18th birthday. The design of the unit and the services provided are informed by the physical, developmental, and psychological needs of adolescents. Care is provided through shared decision making and in partnership with the adolescent and their parents, carers, guardians, GPs, community health services, other community-based services, and other involved agencies.

The service is governed by the Child and Adolescent Mental Health Service (CAMHS) within the division of Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS). It is situated within a paediatric medical and surgical unit in the Centenary Hospital for Women and Children governed by the Paediatric Department. The two divisions will work together to provide care to adolescents through inter-departmental and inter-agency collaboration.

1.2 Vision and principles

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. The vision and role are more than just words, they are our promise to each other, to our patients and their families and to the community. We all have a role to play in delivering on this promise:

- Vision: Creating exceptional health care together
- Role: To be a health service that is trusted by our community

1 The Adolescent Acute Inpatient Mental Health Unit name is a working title that will be revised prior to the opening of the unit.

Our values together with our vision and role, tell the world what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community. Our values are that:

- We are reliable - we always do what we say
- We are progressive - we embrace innovation
- We are respectful - we value everyone
- We are kind - we make everyone feel welcome and safe.

Our Strategic Plan sets out our path forward as an organisation for the next three years. It is values driven—it outlines how we will deliver against our vision of 'creating exceptional health care together' for our consumers, their parents and carers.

Our Partnering with Consumers Framework provides clear principles for a shared understanding of our approach and what is required from all team members for effective partnerships with adolescents, parents and carers in line with our organisational values. The principles have been developed in collaboration with our consumer and carer organisations and underpin this Framework.

Our service within the unit will be guided by the following principles:

- acknowledges the unique developmental needs of adolescents and provides services that meet these needs
- places the adolescent at the centre of care by listening to their opinions, providing them with information in ways they understand, involving them in decision-making about their care and respecting their privacy
- recognises the growing capacity for adolescent's independence and self-management by working with young people and their families to increase their competence and confidence in taking responsibility for the management their own health
- works closely with the adolescent, their parents and carers and supports to enable hospital diversion strategies and to minimise the length of time in the unit
- acknowledges the importance of community care and the early engagement of community and stepdown services in providing comprehensive care
- acknowledges and integrates the socio-cultural determinants of healthcare into care planning and treatment
- supports adolescents to maintain their identity as students, workers, friends and family members.
- provides timely, high quality, efficient and professional multidisciplinary adolescent and family-centred care
- provides a therapeutic environment that facilitates quality, safe, recovery-oriented and trauma-informed care
- provides care and support in the least restrictive environment.

We will work with all people respectfully with consideration for their individual identity, characteristics and needs. We welcome all diverse backgrounds.

1.2.1 Maintain culturally sensitive practices for Aboriginal and Torres Strait Islander People

We will work in a culturally sensitive manner with Aboriginal and Torres Strait Islander people, acknowledging their culture, traditions and specific needs. We will:

- deliver services that are sensitive to the social and cultural beliefs, values and practices of Aboriginal and Torres Strait Islander people
- recognise the need for privacy for cultural and spiritual practice
- ensure cultural awareness training is undertaken by all staff in regard to health service delivery to people from Aboriginal and Torres Strait Islander backgrounds
- refer adolescents and/or their families to the Aboriginal Liaison Officer, whenever appropriate and with their consent.

1.2.2 Maintain culturally sensitive practice for Culturally, Linguistically Diverse (CALD) People

We will work in a culturally sensitive manner with Culturally, Linguistically Diverse (CALD) People. We will:

- deliver services that are sensitive to the social and cultural beliefs, values and practices of people from CALD backgrounds
- communicate with adolescents and carers in a language that they can understand, is free from medical jargon with use of interpreters where required
- recognise the need for privacy for cultural and spiritual practice
- ensure cultural diversity training is undertaken by all staff, including cultural awareness in regard to health service delivery to people from CALD backgrounds.

1.2.3 Provide sensitive and respectful practice for the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer + People (LGBTIQ+) community

We will provide safe and supportive care for LGBTIQ+ people. The clinical team will be sensitive to issues of sexuality, sex and gender diversity. Individualised care plans and risk assessments will be developed with consideration of people's sexuality, sex and gender diversity in order to address specific issues that have a higher prevalence amongst LGBTIQ+ people. We will promote inclusive language and practices, in order to support LGBTIQ+ people.

1.2.4 Recognition of the roles of parents and carers

We will recognise and respect the important role of parents and carers in the role of the mental health and well-being of adolescents. The service will provide care which is consistent with the Carers Recognition Act 2021 and utilise the definitions and principles put forward within the Act. This will include:

- identifying carers early in the referral and or admission process
- recognising the range of carer relationships including parents, foster, kinship and other carer relationships

- acknowledge that parents/carers often have expert knowledge which is important in deciding on treatment and care planning. Consider the views of parents and carers and involve them in planning and decision making
- encourage parents/carers to recognise their own needs, strengths and resources in supporting their child or adolescent
- Being mindful of addressing barriers to engagement and seek to ensure services are culturally responsive and designed to fit the family's needs and preferences
- In CAU parents/carers and families are encouraged to visit regularly.

1.2.5 Human rights

We will protect and uphold the human rights of people experiencing mental illness and act in accordance with national and international standards including United Nations Principles and Conventions. Mental health care can at times involve the careful balancing of individual rights and safety, particularly in the acute space. The service will ensure obligations under law are met, including those obligations set out within the Human Rights Act 2004 and the Mental Health Act 2015. The service will provide care that is least restrictive, and trauma informed, while maintaining the safety of adolescents admitted to the unit, staff, visitors and the broader community.

1.2.6 Key legislation applicable to the unit

Key legislation applicable to the unit include:

- Carers Recognition Act 2021
- Children's and Young Persons Act 2008
- Crimes Act 1900
- Discrimination Act 1991
- Health Records (Privacy and Access) Act 1997
- Human Rights Act 2004
- Mental Health Act 2015
- Official Visitor Act 2012
- Work Health and Safety Act 2011

We will work with external agencies including Official Visitors, the Public Advocate, the Health Services Commissioner and the Children & Young People Commissioner to support them to discharge their legislative functions through reporting commitments and visits to the unit when required.

2. Benefits to be realised

CAU provides acute inpatient mental health services built around the needs of adolescents. Some of the anticipated benefits for adolescents and their parents, carers and families include:

- a team and environment that provides adolescents, parents and carers with a positive experience of care
- developmentally appropriate care attuned to the complex needs of young people that facilitates, emotional, cognitive and social developmental needs

- a secure and safe environment that can appropriately manage risk and vulnerability
- comprehensive evidence-based treatments
- time-limited intervention that supports recovery and enables a safe transition to an appropriate alternative mental health care setting
- achieve delivery of efficient and seamless transfer of young people between acute and community-based services
- reduced length of stay and readmissions within 28 days
- opportunities for inter-departmental and inter-agency collaboration between MHJHADS and WYC.

3. Description of service

The CAU provides six inpatient beds to facilitate the provision of acute adolescent mental health inpatient care. The length of stay within the unit will be determined by the clinical presentation. The service is mindful that young people thrive best in their own homes and their own communities and aims to minimise disruptions as far as possible. The unit is locked and accepts both voluntary and involuntary admissions. The CAU provides services within a continuum of cares for adolescents which includes:

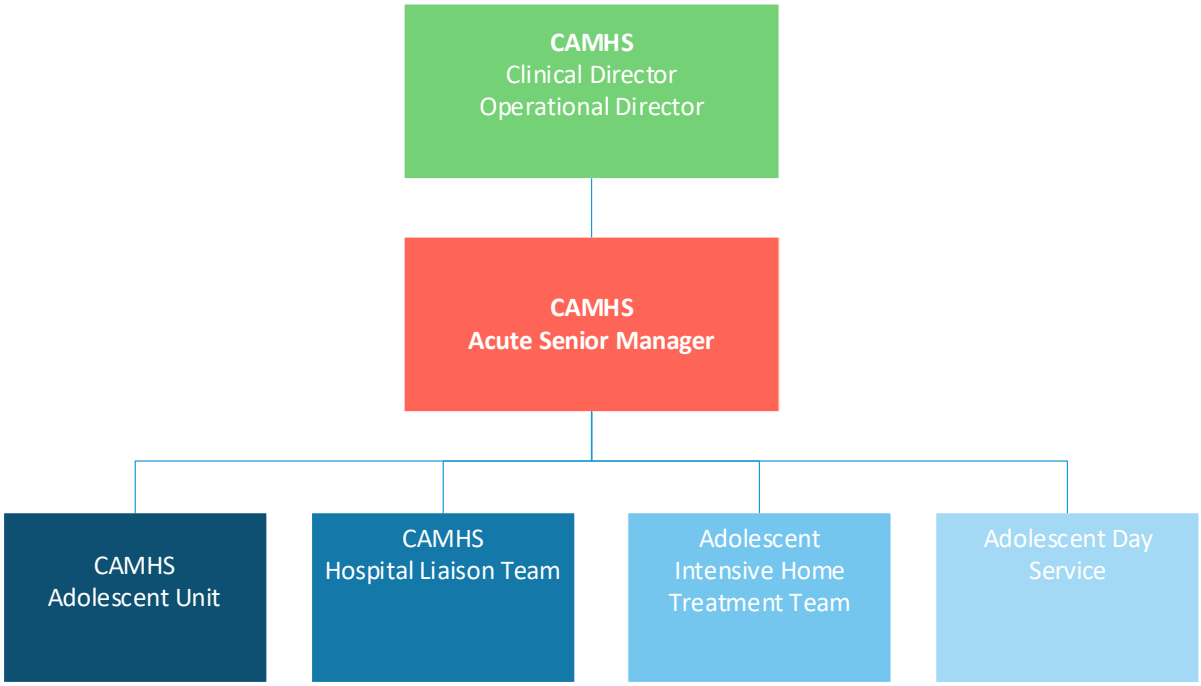
- generalist health services, including GP (primary care) and community programs
- private specialists such as Paediatricians and Psychiatrists
- specialist mental health community-based services such as CAMHS Community Teams and specialists mental health community organisations
- emergency department and acute specialist community based mental health services such as Adolescent Intensive Home Treatment Team
- highly specialised care including tertiary supports such as Adolescent Acute Inpatient Mental Health Unit and other acute inpatient units.

3.1 CAMHS Acute

The CAU will be operated by the CAMHS Acute services. CAMHS Acute consists of four teams that work closely together to support adolescents presenting with acute mental health concerns to the Canberra Hospital Emergency department or who are admitted to an inpatient ward. The teams are:

- The CAMHS Hospital Liaison Team (HLT) provides mental health assessment and consultation liaison services to all areas of the Canberra Hospital, including the Emergency Department (ED) and to the Paediatric services, for children and adolescents aged 5 to 18 years old
- The Adolescent Intensive Home Treatment Team (AIHTT) provides in-reach into hospital and up to 2 – 4 weeks of intensive (up to 3 times daily) evidence-based interventions in the home after a presentation to ED or a hospital admission
- The CAMHS Adolescent Day Program (ADP) provides up to a four-weeks intensive psychosocial functional recovery activity and therapy-based program to support adolescents and their parents and carers, after discharge from hospital or a presentation to the emergency department or step up from CAMHS Community teams.
- The CAMHS Adolescent Unit team.

Figure 1. CAMHS Acute Services



3.2 Care setting

The CAU is a six-bed Inpatient Unit on Level 1, Building 11 of the CHWC. It is located within a paediatric medical and surgical unit. The space is separated from the other areas of the unit through access-controlled doors. The CAU will share a number of clinical and non-clinical spaces with the paediatric unit. The spaces within the unit include:

- Six mental health bedrooms with ensuite facilities
- A shared dinning and recreational lounge
- An outdoor courtyard
- A de-escalation space including a sensory room, a de-escalation lounge, a courtyard and a seclusion space
- Clinical spaces including a work room, clean utility, store and equipment bays will be shared between CAMHS and Paediatrics
- Other shared spaces including interview room, a meeting room and a family lounge.

3.3 Safe wards

The CAU services uses the Safewards model, which is a model designed to reduce conflict and restrictive practices within inpatient units by identifying and addressing the causes of behaviours in staff and patients that may result in harm (conflict) and reduce the likelihood of this occurring. Staff are trained to use a range of methods to manage patient behaviours in a concerted effort to reduce restrictive or coercive interventions. This also requires staff to review their own behaviours and responses to conflict and the strategies used to manage challenging behaviours.

4. Patient journey

4.1 Admission

Inpatient admission is an important component of mental health treatment for adolescents in allowing assessment and treatment that cannot be safely provided within the community. The aim of admission is to assist young people to achieve a level of health and functioning that will allow them to continue in their recovery in their own community and environment. It is preferable for adolescents to receive treatment in their own homes and communities whenever possible. When adolescents are admitted, CAMHS Acute services will work with the adolescent and their parents, carers and guardians to minimise disruptive elements of hospitalisation by supporting options for safe care in the community at the earliest possible time.

4.1.1 Admission Criteria

The admission criteria for CAU is;

- Adolescents aged from 12 years and up to their 18th birthday
- Residing in the ACT and surrounding regions serviced by CHS
- A recognised or probable acute/severe mental illness or mental disorder and a reasonable likelihood that inpatient care will result in substantial benefit
- Assessed as medically stable for admission to a mental health unit. Adolescents requiring ongoing inpatient medical treatment cannot be admitted to the unit.
- And at least one of the following:
  - previous unsuccessful trial of intervention in a community-based settings, or circumstances that do not allow this to occur
  - high risk of significant harm to self or others
  - have complex needs and intervention requirements that can only safely be provided in an inpatient setting
  - diagnostic complexity requiring a range of observation and assessment, most effectively performed as an inpatient.

Admissions are prioritised to adolescents experiencing severe deterioration of their mental health. This includes adolescents at immediate risk of harm, those experiencing significant functional impairment, psychological distress, medical or social consequences, that cannot reasonably be managed in the community. The decision to admit an adolescent considers their current support network and the capacity to increase this support.

CAU provides care to both voluntary and involuntary admitted adolescent patients, including those under the Mental Health Act 2015 or Section 309 of the Crimes Act.

4.1.2 Exclusion Criteria

Exclusion from the CAU includes:

- Adolescents who do not meet the key admission criteria
- The availability of a less restrictive means of safely caring for the adolescent

- Adolescents with a mental illness or disorder, but whose primary presentation is medical instability. These patients are best admitted to a Paediatric unit or other CHS medical units and provided with mental health services by the CAMHS HLT
- Adolescents who have been unable to be adequately assessed due to an acute medical problem such as intoxication, head injury or delirium
- Adolescents whose primary referral is for accommodation purposes due to a breakdown of primary support or problems with out-of-home care placement.

Admissions for the sole purpose of neurodevelopmental disorder diagnosis. These patients are best managed through paediatric and psychiatric outpatient services.

Adolescents who require high dependency care cannot be admitted to CAU. They will be admitted to another CHS Mental Health unit and can be transferred to CAU when suitable for a lower dependency environment. Some older adolescents may also be assessed as more appropriate for admission to an adult mental health unit based on their psychosocial developmental needs.

At times due to the prevailing CAU patient mix, the overall ward acuity and risk level and bed availability it may not be possible for an adolescent who requires admission to be admitted to the CAU. Arrangements will be made for admission to another appropriate unit.

The wishes of the adolescent and their parents and carers will be considered in any decision relating to admission.

4.1.3 Admission Pathway

Admissions to CAU may take place 24 hours a day, 7 days a week.

Emergency department

The majority of adolescents are admitted to CAU from the Canberra Hospital Emergency Department (ED). All adolescents presenting to the ED will be assessed as medically stable for a mental health admission by the ED team prior to the mental health assessment (Figure 3). Following this, adolescents will be assessed by either the CAMHS HLT and the Psychiatric Registrar or the Mental Health Consult Liaison (MHCL) team and/or the Psychiatric Registrar after hours. All adolescents must be reviewed by a Psychiatric Registrar prior to admission. The Psychiatric Registrar is responsible for organising the admission in consultation with the CAMHS Psychiatrist or the Consultant Psychiatrist on-call outside of hours.

Other CHS Inpatient Unit

Adolescents may be admitted directly from another inpatient unit within CHS (Figure 3). The HLT will conduct an assessment to determine the suitability of admission to the unit and work with the Consultant Psychiatrist on-call to arrange the admission.

Transfers from another hospital

Adolescents may be admitted from another hospital, such as Calvary ED or when they are repatriated from a hospital in another state. They must have been reviewed by a Psychiatric Registrar, assessed as medically stable for a mental health admission, and with the agreement of the CAMHS Psychiatrist or Consultant Psychiatrist On-Call after hours.

Direct admissions

Direct admission from the community with agreement between the community Consultant Psychiatrist and the Consultant Psychiatrist On-Call are possible when clearance as medically stable for a mental health admission has been provided. Referrals from GPs and Private Specialists are via ED only. GPs and Private Specialists are able to seek CAMHS advice by contacting the CHS Psychiatrist on call or by arranging a booked phone appointment with a Child and Adolescent Psychiatrist through the CAMHS Intake service.

Admission to other CHS units

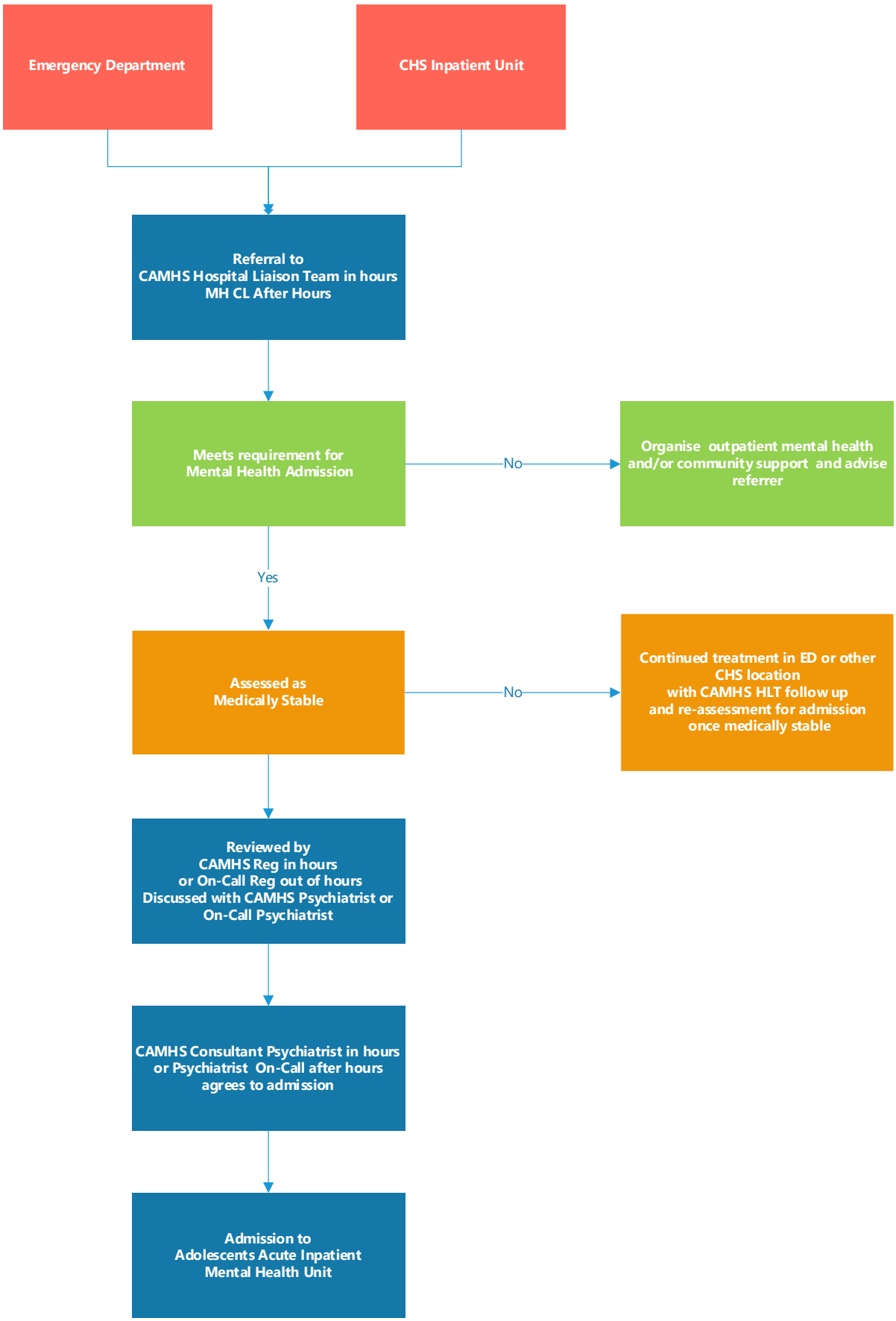
If an adolescent requires a mental health admission and does not meet the CAU admission criteria, other options for care will be explored. This will be discussed with the referrer and may include admission to another CHS inpatient unit, an adult mental health unit and community-based options. The safety and well-being of the adolescent is a key consideration in the decision to admit to an alternate unit.

Consent to admission and to share information

Ongoing and informed consent must be obtained for voluntary inpatient admissions from the adolescent, parent, carer or guardian as appropriate to the situation. The views of the adolescent and their parents and carers are always considered. The concept of the 'Gillick competence' is given consideration depending on the age and maturity of the adolescent.

The service recognises the complex issues that surround consent to share information, particularly for older adolescents, and is committed to working with adolescents and their parent, carers or guardians to involve all relevant parties in care. Further information is contained within the CHS Policy CHS20/251 Informed Consent – Clinical.

Figure 2: Typical pathways for admissions to the CAU in the Canberra Hospital



4.1.4 Arrival and orientation

On arrival to the ward adolescents and their parents and carers are orientated to the ward and the ward program. This includes:

- provision of an induction information package including a Welcome Booklet.
- an explanation of rights and responsibilities (written and verbal) for both adolescents and members of their support network
- an explanation of expectations on the ward including processes for use of phones and electronic devices
- screening of physical and mental health by nursing/medical team
- an introduction to their primary nurse, doctor and care coordinator
- an orientation to the ward facilities and supporting facilities
- an introduction to the ward program.

Care coordinator

All adolescents will be assigned a carer coordinator who will act as a single point of contact for parents and carers and services. They will ensure that key tasks are completed by the broader care team including standardised assessments, care and safety planning, discharge planning, referrals to other services and outcome measures are completed. The care coordinator may be a member of the allied health or nursing team.

Searching of property and persons

If it is deemed necessary for the safety of the patient and/or others, a patient and their belongings will be searched on admission, following consent being obtained and recorded in the medical record. If the patient is under a Mental Health Act order, consent is not required, however, respect and dignity will be maintained during this process. Any belongings deemed unsafe (eg. Scissors, knives, lighters, other sharp objects, etc) will be removed from the patient and, if appropriate, returned to the person on discharge. Any searching procedures will adhere to appropriate CHS guidelines and policy including Searching of a Consumer's Person or Property. Lockers are available to secure belongings on arrival to the ward.

Access and use of electronic devices

Patients admitted may have access to their personal digital devices (eg. Phones, iPads etc) in line with unit policy and consistent with their treatment plan. Patients will be allocated a locker to store their personal devices. All items will be returned upon discharge.

CHS digital media access policies must be adhered to, including a policy of no unauthorised recordings, pictures or social media postings.

4.1.5 Assessment, care planning and treatment

Our interventions include:

- Comprehensive mental state assessment
- Psychological assessment and treatment
- Access to physical health assessment and appropriate treatment and advice

- Risk assessment
- Relapse prevention and safety planning
- Medication review and prescribing
- Care planning, including working with the young person's family and carers
- Discharge planning with parents, family, care givers, community treating teams and external community supports
- Family work and psychoeducational support for families
- Occupational therapy
- Activity programme, including social and recreational activities, as well as therapeutic groups
- Education provided onsite by professional teaching staff
- Social work support, including assistance with benefits and housing

Mental health assessment, care planning and treatment within the unit is conducted using a multidisciplinary approach. The wishes of the adolescent and their parents and carers will be engaged in this process and their wishes always considered. Each adolescent's needs are individually assessed, and interventions are tailored to these needs. Planning and treatment focus on assessment, stabilisation of the adolescent's mental state and preparation for safe discharge. Treatments may include medication, therapeutic groups and/or individual activities.

The unit provides structured inpatient activities which address adolescents' immediate therapeutic, recreational, and educational needs. Attendance at these activities is expected unless instructed otherwise by the treating team to ensure admissions are therapeutic, productive and goal directed. The therapeutic program will provide evidenced based interventions and be delivered flexibly in considering the needs of adolescents admitted to the unit at any one time, and their respective lengths of stay. Content is designed to empower adolescents, promote inclusion and instil a sense of self-agency. It will incorporate a variety of evidenced-based modalities including but not limited to: psychoeducation, mindfulness, behavioural activation, emotional regulation, emotional literacy, distress tolerance and creative expression. Activities will be delivered primarily through group sessions led by nursing and allied health staff. Consideration will be given for one-on-one sessions where clinically appropriate.

The ADP will support therapeutic groups and engage adolescents and their parents and carers with their program prior to their discharge to ensure continuity at discharge.

The unit will work in partnership with the Hospital School to provide ongoing educational activities, where an adolescent is able to participate. These activities may be provided within the unit itself and/or within the hospital school which is located in close proximity.

Other CHS services may be utilised in supporting adolescents while in care including:

- Consultation with other medical services including paediatrics
- the Aboriginal Liaison Team, which can consult with both adolescents and their parents and carers.
- spiritual support services
- Alcohol and other drug Services.

4.1.6 Family and Carer Supports

There are a range of facilities available to parents and carers during the admission. Parents and carers may access the parent/family/carer room within the ward itself and the Family Room which is sponsored by Ronald McDonald House. Support services are available to families include Aboriginal Liaison Officers and Spiritual Support Services. The team will also facilitate referral of parents and carers to appropriate carer support services.

4.1.7 Use of the sensory modulation room, de-escalation lounge and seclusion room

Adolescents will be supported to use the least restrictive facility to regulate their emotions and de-escalate any behaviours of concern.

The sensory room is available for adolescents to request use as needed. To create a sense of safety and soothing through sensory input, the sensory room provides the adolescent with the opportunity to regulate their emotions and create a sense of control. The sensory room includes audio-visual equipment, comfortable furniture and a range of seating options. Sensory equipment, such as weighted blankets and sensory toys can be used in the room to further support adolescents.

The de-escalation lounge and courtyard may be used on request of the adolescent, or it may be suggested as an option by staff. It provides a space for adolescents to regulate their emotions in a low stimulus environment. The de-escalation space includes an enclosed courtyard which is exposed to the outside air. In extreme and rare circumstances an adolescent may require a greater level of care and separation within the ward to maintain their and others' safety. In these instances they are encouraged to use the de-escalation lounge. However, there may be rare instances where they may be admitted to the seclusion room for their safety and the safety of others. The use of this room is governed under the Mental Health Act. Only patients who are involuntary can be placed in the seclusion room. Seclusion only occurs for limited time and only when the adolescent poses a significant risk to themselves or others. This is a very low stimulus and safe environment where adolescents will have continuous 1:1 support and supervision. The following CHS Policy provides guidance on the use of seclusion and other restrictive practices:

- Restraint and/or Forcible Giving of Medication to a Person Detained under the Mental Health Act 2015
- Restrictive Practices for people NOT detained under the Mental Health Act 2015
- Seclusion of Persons Detained under the Mental Health Act 2015

4.1.8 Progress monitoring and review

Each adolescent's progress is reviewed and documented daily by their treating clinicians and during formal care team meetings. These meetings may include the adolescent, their parents and carers and other relevant parties. This may also include their CAMHS clinical manager, representative from community support services and other health care providers.

The CAU will ensure the appropriate consent has been obtained from the adolescent and/or parents or carers in the case of external attendees. Areas of review will include current mental state, psychosocial status, medications, progress in their therapy program and discharge planning.

Adolescents and their parents and carers will be invited to participate in the review processes and will be provided with updates on progress. Treatment plans are modified in accordance with the adolescent's progress and in consultation with the adolescent and their parents and carers.

All patients will have periodic observations taken and recorded throughout the day. The frequency and type of these observations will be determined by the adolescent's condition and/or whether there has been a deterioration in their condition. Escalation processes are determined based upon hospital monitoring protocols and any relevant staff or family concerns.

If it is identified that a patient's condition has deteriorated and can no longer be safely managed by the current process, consideration will be given to change the management of the patient following discussions between senior medical staff. This may involve:

- Transferring the patient to another CHS unit
- Transfer to an external more specialised facility
- Providing a higher intensity of care within the CAU.

4.1.9 Transfer and discharge

Transfer and discharge planning commences at admission. Discharge planning will involve shared decision making with the adolescent, their parents, carers and guardians, and the inpatient treating team. Discharge planning will also involve other parties involved in the adolescent's care such as CAMHS clinical manager, GPs, representative from involved agencies and service providers, community managed organisations and other health care providers. The service is committed to working closely with both CHS services and external provides to support safe discharge planning.

On discharge, adolescents and their parents, carers and guardians will be provided with a follow up plan appropriate to their needs and preferences. They will be provided with a follow-up plan with clear expectations regarding time frames and pathways for access and intervention if things deteriorate.

Services which are referred to for discharge will be many and varied but may include:

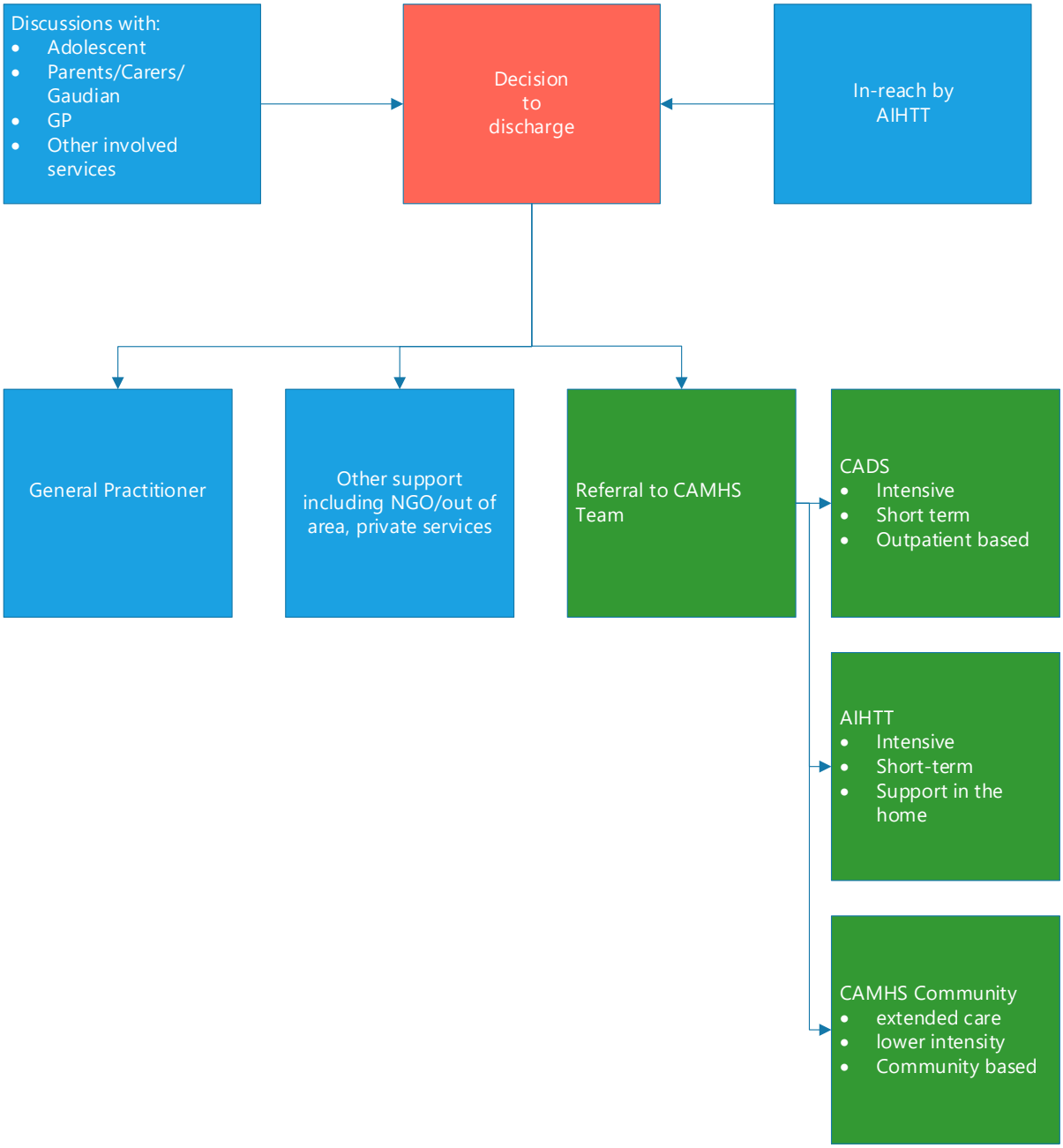
- private services such as private psychiatrist or psychologist or paediatrician
- CAMHS Services including the Adolescent Day Service, the Adolescent Intensive Home Treatment Team and the CAMHS Community Teams
- Community Managed Organisations including youth services
- NDIS funded organisations
- Where appropriate Child and Youth Protection Services
- School services such as School Counsellors
- youth drug and alcohol services
- eating disorder services
- residential services such as STEPS.

GPs will be provided with a discharge summary and, if necessary for care, a follow-up phone call.

4.1.10 Transfer of Care

As part of ongoing care some young people may require transfer to another ward or facility due to acute medical conditions. When a patient is from outside of the ACT, and their mental state allows for it, they may be transferred to a hospital closer to home for continuation of care if deemed clinically appropriate.

Figure 3: Typical discharge pathways for the CAU



5. Service support

5.1 Bedside Data Entry, Patient Digital Journey Boards and the Digital Health Record

Clinicians (nurse, allied health, doctors, etc.) have access to computers to enter relevant patient information into the Digital Health Record, order tests, review results of investigations, send outpatient referrals, provide discharge emails to patient and General Practitioners (GPs). This includes a combination of fixed computers located within the staff base as well as workstations-on-wheels for bedside data entry.

Patient Digital Journey Boards are located within the staff workstation and provide real-time information regarding the patient's demographic information, location, alerts and transport needs. They are a communication tool designed to increase awareness of a patient's status at any given time and assist care planning and the discharge. Nursing staff are responsible for updating the journey board.

5.2 Communication within the ward

Staff and patients have access to telephone communications through VoIP telephones and a Digital Antenna System which provides access to carrier mobile phone networks within the building. Staff VoIP telephones and wireless internet access points (allows internal and public internet access) are available for 30 minutes through UPS battery backup in the event of a power failure to provide continued communications during systems failure or a disaster response.

Staff will also have Clinical Work Devices (CWDs) which provide mobile telephone functionality.

5.3 Infection Control

CAU will comply with the National Safety and Quality Health Service (NSQHS) Standards on Prevention and Control of Healthcare Infections, CHS policy and procedure and work with the infection Prevention and Control Unit to minimise the risk of health care related infection. Processes on the ward will include hand hygiene practices, standard precautions, additional precautions, environmental cleaning, isolation of children and adolescents with infectious diseases and quarantine of children or adolescents during pandemics or with listed disease requiring quarantine.

5.4 Interpreter services

Interpreters are available through the Translating and Interpreting Services (TIS) for patients and families who require assistance to communicate effectively

5.5 Food Services

Breakfast, lunch, dinner, morning, afternoon tea and supper is provided for inpatients. Fresh fruit, drinks and snacks are available daily. Patient diet orders and meals are managed through an electronic ordering system within the DHR with assistance from the dietitian as required. A food services staff member delivers meals to the patients.

There are a number of cafeterias available for families, parents and carers to use throughout the hospital. Families do however, have access to tea and coffee facilities, reheating facilities and a shared patient/parent/carers/family beverage bay.

5.6 Linen

Supplies are delivered by the CHS linen contractor and delivered daily. Clean linen supplies are stored on trolleys in the designated linen bay in the unit shared with paediatrics. The linen supply is restocked by a trolley exchange system. Dirty linen is stored in dirty linen hampers in the dirty utility room. Collection and transfer to a central location for collection occurs daily.

5.7 Patient Entertainment

Patient entertainment is not available in the mental health bedrooms. Television and entertainment systems are available within the communal recreational area of the unit.

5.8 Printer

A multifunction printer and a pharmacy scanner are located within staff workstation.

5.9 Security

The unit will be access controlled for the safety of patients, visitors and staff. Access to the unit is via intercom or swipe card access. Parents and carers will have access via visiting hours and by arrangements. Nursing staff will facilitate access to the unit.

All staff have access to CWDs when working on the ward. These devices incorporate a notification system for alarms and alerts activated within the ward. The devices also incorporate a personal duress button.

Duress buttons within the staff bases, interview room and meeting room may be used to activate the centralised hospital duress system. When the duress alarm is activated the location of the duress will be notified to all other devices within the ward as well as centrally to the security service.

CHS Security will provide a response to any security incident on the ward including the activation of a duress alarm.

5.10 Stores

Supplies are provided to the CAU using an imprest system directly to the imprest store, shared with paediatrics. Stock levels are monitored by the Purchasing and Inventory Control System (PICS).

5.11 Video Conferencing

Video conferencing is available within the main meeting room. Selected meeting rooms within CHWC are also configured to provide video conferencing and can be booked by staff.

5.12 Wi-Fi

Free Wi-Fi internet and networking access is provided throughout the ward for use by staff and visitors.

5.13 Waste Management

Waste is managed as per the CHS Policy for Waste Management. The CHS cleaning contractor provides waste removal services from the unit.

6. Workforce

6.1 Service Leadership

This leadership team ensures high quality evidence based, multidisciplinary coordinated care is delivered to adolescents and their parents and carers.

The CAMHS Clinical Director (CD), in liaison with the CAMHS Operational Director, is responsible for the governance of the unit. The CAMHS Acute Senior Manager oversees the operations of CAMHS Acute ensuring the teams work together to provide an integrated acute service to adolescents.

The Clinical Nurse Consultant (CNC) provides leadership to the nursing team within the unit and manage the general operations of the unit. The CNC is an experienced mental health nurse who leads the nursing team to provide continuous nursing care to adolescents and their families. The CNC is also responsible for overseeing the operations of the allied health team within the unit. They ensure there are adequate resources to ensure the safe functioning of the ward.

6.2 Staffing

The CAU requires a skilled mental health workforce and will be staffed by the following CAMHS staff:

- Psychiatric Consultant
- Psychiatric Registrar
- Junior Medical Officer
- Nursing staff with mental health training
- CAMHS allied health and allied health assistants.

6.3 Hospital School

The Hospital School is an Education Directorate program supporting adolescents from preschool to year 12 with their education during their stay in hospital. The Hospital School teachers liaise with the child's usual teachers and clinical staff to provide education and support to children and adolescents that is tailored to their needs. Teachers may provide education in the school room or on the ward itself. All children and adolescents of school age admitted to CAU have access to the Hospital School.

6.4 Ward clerks

Ward clerks have responsibility for patient admissions, discharges and transfers and other business processes. They ensure the accurate and timely entry of patient details in ACTPAS as well as the preparation of patient folders and paperwork, completion of admission paperwork, and general tasks such as ordering and restocking clinical forms and stationery. Ward clerks assist with patient enquiries and provide general assistance to people attending the ward. Ward Clerks are located within a reception area external to CAU.

6.5 Patient Support Services

Patient Support Services provide a range of services to the unit including Wardspersons, Hospital Assistants and the Central Equipment and Courier Service.

6.6 Pharmacy

Access to pharmacy services within the unit is provided by CHS pharmacy staff. Restricted and individualised medications are monitored and stocked by pharmacist/s available seven days a week. The CAU will share clean utility with the Paediatric Adolescent Unit.

7. Accreditation and Training

CAU is accredited under the eight National Safety and Quality Health Service (NSQHS) Standards. These standards relate to:

- Clinical Governance;
- Partnering with Consumers;
- Preventing and controlling health-care associated infection;
- Medication safety;
- Comprehensive care;
- Communicating for safety;
- Blood management; and
- Recognising and responding to acute deterioration.

An education matrix will be developed for all staff working on the unit and ongoing education and development support will be provided to nurses working within the unit. Nursing in-service education is routinely conducted on the unit. Clinical placement for students from universities is also provided for nursing, allied health and medical students.

Training in the unit will include all mandatory CHS education as well as training specific to mental health and the unit including (but not limited to):

- CHS Occupational Violence policy and management
- Safe wards
- Risk assessment
- Familiarisation with the unit infrastructure including elements that relate to security and safety
- Familiarisation with the Unit Model of Care and Operational Guidelines

8. Implementation

The implementation of this Model of Care will be led by MHJHADS. The MoC will be implemented in the lead up to the opening of the unit through:

- an orientation and training program for staff employed to work on the unit

- an ongoing training program for staff working within the unit
- processes and documentation used within the unit that support the continued implementation of the model of care
- the development and implementation an Operational Guideline.

9. Monitoring and Evaluation

CAU will ensure the provision of a high-quality service through ongoing feedback from adolescents, parents and carers who use the service, measurement of staff satisfaction and well-being and through the collection of data relating to the characteristics of ward utilisation. The CAU team will strive toward evaluating its performance against national service/care delivery standards and accreditation. The CAU MoC will be reviewed within 12 months following implementation.

Monitoring and evaluation of the CAU will occur through a range of mechanism including:

- CHS's Clinical Governance Structure and Committees;
- CHS's Risk Management Processes;
- Australian Council of Health Care Standards (ACHS) against the National Quality and Safety Health Service Standards.

Indicators may include:

- Consumer and carer experience of the service measured using consumer and carer feedback and surveys.
- Consumer and carer participation in ward development processes.
- Ward admissions and discharges as a measure of utilisation.
- Total length of stay.
- Bed occupancy rates.
- Re-admission rates
- National Outcomes and Casemix Collection (NOCC) outcomes and case mix measures for Children and Adolescents.
- Staff retention.
- Staff well-being measures (eg. Leave rates, well-being surveys).
- Use of restrictive practices.
- Critical incidents.
- Workplace safety measures.

10. Records management

This finalised document and any further updates will be electronically stored on the Canberra Health Services intranet site – 'Models of Care', to ensure accessibility for all staff.

11. References

NSW Health. (2022). *Children and Adolescents with Mental Health Problems Requiring Inpatient Care.*

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12. Abbreviations

Abbreviation	Name
AIHTT	Adolescent Intensive Home Treatment Team
CAADS	Acute Adolescent Day Service
CAU	Adolescent Acute Inpatient Mental Health Unit
CALD	Culturally and linguistically diverse
CAMHS	Child Adolescent Mental Health Service
CARU	Children At Risk Unit
CHS	Canberra Health Services
CHWC	Centenary Hospital for Women and Children
CWD	Clinical Work Devices
EDP	Eating Disorder Program
ICU	Intensive Care Unit
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer + People
MDT	Multi-disciplinary Team
MHCL	Mental Health Consult Liaison
MoC	Model of Care
NICU	Neonatal Intensive Care Unit
PICU	Paediatric Intensive Care Unit
PWH	Paediatric Ward High Care
STEPS	Supporting young people Through Early intervention and Prevention Strategies program
WY&C	Division of Women, Youth and Children

13. Model of Care Development Participants

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