ADMISSION TO ACUTE MENTAL HEALTH UNIT

PROCEDURE ©

DOCUMENT SUMMARY/KEY POINTS

This document provides guidelines for:

- Admission of Children and Adolescents Requiring Inpatient Care
- Admission Criteria for Saunders Unit & Hall Ward
- Admission Protocol for Saunders Unit & Hall Ward
- Discharge and Continuum of Care from Saunders Unit & Hall Ward
- Bed Management Guideline for Children & Adolescents with Mental Health Problems Requiring Inpatient Care
- Referral details for Child & Adolescent Mental Health Units in NSW
- 24-hour contact details for Mental Health Services in NSW

CHANGE SUMMARY

- New Network document: site specific policies/procedures have been rescinded.
- The additional process of Transfers Across Network Emergency Departments
- Clarity on overnight leave beds

READ ACKNOWLEDGEMENT

- Clinical staff working in Saunders Unit, Hall Ward, SCH/CHW Emergency Departments, and the SCHN Patient Flow teams should read and acknowledge they understand the contents of this document.

TABLE OF CONTENTS

This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

1 Introduction

The Saunders Unit at Sydney Children's Hospital Randwick (SCH) and Hall Ward at Children's Hospital Westmead (CHW) are both 8 bed acute Child and Adolescent Mental Health Service (CAMHS) Inpatient Units of the Sydney Children's Hospital Network (SCHN). They are both gazetted units that operate in compliance with the legislation of the NSW Mental Health Act (2007). They provide specialist assessment, diagnostic and therapeutic services to children and young people with severe or complex mental health problems that cannot be managed in less restrictive environments. Each unit is a tertiary and quaternary level service with children & young people referred by other specialist Child and Adolescent Mental Health Service (CAMHS) providers.

The Saunders Unit & Hall Ward teams work collaboratively with children, parents/guardians and families, community based mental health services and schools to deliver patient centred and family focused integrated care. Children and young people are admitted to each unit under the supervision of a Consultant Child & Adolescent Psychiatrist. Assessment and treatment involves a multidisciplinary approach incorporating expertise within Nursing, Occupational Therapy, Psychiatry, Paediatrics, Psychology and Social Work fields. During admission, Department of Education offers a tailored strength-based school program. Overall treatment is individualised and includes individual, group, family, behavioural, pharmacological, and care coordination approaches.

Saunders Unit & Hall Ward accept referrals from across NSW with prioritisation given to people living in the local geographical area and children and young people in most urgent need of care and assistance.

2 Admission / Exclusion Criteria

2.1 Admission Criteria

i. Saunders Unit - aged 12 years and up to 17 years

ii. Hall Ward – aged 6 years and up to 15 years

Consideration will be given to children outside the age ranges on a case by case basis. Young people outside this age-range may continue to present via Emergency if they have existing relationship with any team and/or recent contact with the Mental health services across SCHN who are in the process of transitioning into adult services"

i. The child or young person is medically stable.[1]

ii. Symptoms of mental illness or disturbance such as a major mood disorder or psychosis exist.

[1]*Medically stable - has no acute or chronic medical problems that would require inpatient medical management, and specifically does not require continuous monitoring of vital signs, frequent neurological obs, intravenous treatment, continuous nasogastric nutrition or fluids, or continuous use of equipment that may be used to self-harm (such as oxygen tubing, lengths of bandages or slings).*

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iii. A recent (ideally during the preceding 48 hours) comprehensive mental health assessment by a child and adolescent mental health clinician[2] and a Mental Health Outcomes and Assessment Tool (MH-OAT) assessment or equivalent completed.

iv. A recommendation by a Child & Adolescent Psychiatrist that inpatient care is necessary.[3]

v. Evidence that least restrictive options such as intensive community care have been trialled and failed, or that the acuity of the patient's problems requires admission for their own or others' safety.

vi. Evidence that acute inpatient admission is likely to be beneficial.

vii. Clearly articulated goals for a psychiatric admission.

viii. An undertaking by the child or young person's parents/guardians that they will be available to attend family meetings on weekly basis, in addition to visiting.[4]

ix. An undertaking by the local CAMHS or usual treating clinician to work collaboratively with the inpatient team throughout the admission, discharge planning process and to assume responsibility of ongoing care following discharge or assist in arranging such care.

x. Evidence that the referring clinician has discussed admission and its alternatives with the child or young person and their family/carers.

xi. An undertaking by the young person's parents/guardians to ensure suitable accommodation to return to upon discharge.

xii. If the child is in out of home care, the appropriate Family and Community Services (FACS) Team and/or Out Of Home Care service provider must be available throughout the admission and in particular undertake to ensure the child or young person has necessary provisions, such as clothing and visits and outings.

xiii. If the child or young person also has an intellectual disability, their relevant case worker or National Disability Insurance Service (NDIS) must be informed of the admission, and undertake to participate collaboratively with the inpatient team for the duration of the admission.

2.2 Exclusion criteria

- Children or young people who have been unable to be adequately assessed due to an acute medical problem such as intoxication, head injury or an acutely confused state.
- Those who are medically unstable.
- The availability of a less restrictive means of safely caring for the child or young person.

[2] *A Child & Adolescent Mental Health Clinician is a medical officer, psychologist, occupational therapist, social worker or clinical nurse consultant specialising in Child & Adolescent Mental Health, with the public or private sectors*

[3] *This may be either a Child & Adolescent Psychiatrist currently caring for the young person or offering an on-call service to the referring CAMHS Clinician*

[4] *For parents/families/carers who live over 100km from the hospital, the Parent's Hostel and Ronald McDonald House or other accommodation options nearby can be arranged and subsidised through the IPTAAS.*

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- Evidence that suggests an acute mental health admission may be counter-therapeutic for the young person.
- The child or young person's behaviour (e.g. aggression) is unable to be managed to an acceptable level to maintain the safety of other patients and staff.

3 Pathways for Admission

There are several pathways for admission to Saunders Unit and Hall Ward. This section will detail the procedures for following each of these referral pathways.

Internal Referrals from within SCHN:

- Admission via local SCHN Emergency Department [see 3.1.1 below]
- Admission via the Emergency Department of the other SCHN hospital [see 3.1.2]
- Patient flow when no CAMHS bed available. [see 3.1.2 a]
- Admission via medical ward within SCHN [see 3.1.3]
- Admission via SCHN outpatient clinic [see 3.1.4]

External Referrals from outside SCHN:

- Admission via referral from outside agency including community CAMHS, private mental health clinicians [see 3.2.1]
- Admission via an Emergency Department, psychiatric unit, or medical unit external to SCHN [see 3.2.2]

3.1 Internal Referrals

3.1.1 SCHN Emergency Departments

- Children and young people with mental health problems who present to an SCHN Emergency Department (ED) (SCH ED or CHW ED) will be triaged and treated as per ED procedure. This includes the ED Medical Officer (ED MO) taking a complete medical and mental health history, performing a physical examination, and arranging any appropriate investigations.
- Whilst in the ED, patients should be managed in the least restrictive, yet safest, environment. Safety for the patient, family, other patients and staff is paramount, with consideration given to the level of observational care level required. See Practice Guideline Therapeutic Supervision of Mental Health Patients: Observation Care Levels.
- Any significant medical issues require immediate management. If the patient's medical condition requires stabilisation and treatment, this should be provided in the most appropriate medical setting. Consideration of the patients risks, with allocation and documentation of an appropriate observational care level should occur by the ED MO. Mental health consultation can be requested for advice as appropriate.

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- Once an assessment by the ED MO is complete and it is determined that a mental health review is appropriate, the ED should refer to the Mental Health Clinical Nurse Consultant (MHCNC) via hospital switchboard.
- If there is no MHCNC available then the Psychiatry Registrar on-call for ED can be contacted via hospital switchboard.
- Only once the patient has been documented as medically cleared by the ED MO, the patient is assessed by an appropriate mental health clinician, and the need for admission confirmed with the Admitting Medical Officer (AMO)5, is the patient able to be transferred to the most appropriate CAMHS inpatient unit.
- The transfer will most often be to the CAMHS inpatient unit of the hospital connected to the ED where the child or young person has presented.
- However, if a patient is noted to be from an area with a closer CAMHS inpatient unit, during business hours, patients should whenever possible be referred and transferred to that acute CAMHS inpatient unit operated by their Local Health Department (LHD)
- Outside of business hours, children and young people from an area with a closer CAMHS inpatient unit, but in a SCHN ED requiring an acute bed should be admitted to Saunders Unit/Hall Ward (unless they are medically unstable) and a referral made to their LHD CAMHS inpatient unit the next day.

3.1.2 Intra-network transfers across SCHN Emergency Departments

- Intra-Network transfer (i.e. transfers between SCH and CHW) should be considered for any patient in an SCHN ED who needs a mental health admission however there are no beds in the current SCHN CAMHS inpatient unit or (if appropriate) in the CAMHS unit in their local LHD (See *Appendix 1)*.
- NUM/staff should first ascertain that there is a bed available at Saunders Unit/Hall Ward before asking the AMO to request transfer.
- Request for patient transfer is generally made by the AMO at the referring hospital to the AMO at the receiving hospital. There may be circumstances where this can be done by the referring CNC or registrar but only if this is acceptable by the consultant at either end.
- If a patient has been assessed in ED and needs an admission they can be transferred directly to the mental health unit across campus, without going through their ED, however only if the AMO has accepted them as above.
- The after-hours Resident/Registrar should be informed of transfer so that medications (if any) for the patient is charted.
- Bed Managers at both sites must be consulted about any proposed transfer of patients prior to transfer.

[5] For the purposes of this document, the Admitting Medical Officer (AMO) is normally a Consultant Child & Adolescent Psychiatrist. There is an AMO (on-call Consultant Child & Adolescent Psychiatrist) available 24 hours/day contactable via hospital switchboard.

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- When there is capacity for patient transfer – refer to protocol for Intra-Network transfers of Mental Health patients for detailed information.

3.1.2a Patient flow when no CAMHS bed available

If a young person is in the Emergency Department of CHW or SCH requiring admission to a secure CAMHS Unit, and there are no mental health beds available within the SCHN network, then:

- Urgent referrals will be made to all other CAMHS acute inpatient units in the state, starting with their local area. Patients may have to access beds out of their LHD due to bed availability.
- Transfer to the patient's local Psychiatric Emergency Care Centre (PECC) or adult mental health units should be considered and referrals made if appropriate.
- If no other unit is able to accept the patient's transfer, the mental health clinician should consult the Clinical Director (or delegate) of Saunders Unit/Hall Ward to enquire as to possible discharges.
- If no beds are available at the local CAMHS or adult mental health service, or if transfer is not appropriate, then the Network Head of Department, and the Clinical Program Director (or delegates) should be notified and permission requested to admit to a general medical ward pending an appropriate bed becoming available at the mental health acute unit. Outside of business hours the Psychiatrist on call in consultation with the After-hours Nurse Manager.
- Patients who are involuntary under the Mental Health Act (MHA) cannot be admitted to a medical ward except if they require acute medical care. Involuntary patients must be placed in a gazetted bed (e.g. an acute inpatient psychiatric unit or the Emergency Department).
- If the child or young person is medically stable and will require 1:1 nursing if admitted to a medical bed, the AMO/treating psychiatrist and the Patient Flow team should be consulted as to whether any current psychiatric unit inpatients may be safely transferred temporarily to a general bed (if available) who would not require 1:1 nursing. If so this should be organised and the young person admitted to Hall Ward/Saunders Unit. If no Saunders Unit/Hall Ward beds can be freed, the young person should be admitted to a general ward with 1:1 nursing.

3.1.3 Referrals of patients admitted in general wards within SCHN

A child or young person may be admitted to a general medical ward under the care of the Psychiatry team (as mentioned in 4.1.1b) or under the care of another speciality service (e.g. General Pediatrics, Oncology, General Surgical).

- If an acute inpatient bed is required for patients who are currently admitted on a paediatric ward, the treating team is to notify the MHCNC who will assess (if not already done so) and prioritise the requests for an acute inpatient bed.

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- Transfer requests to be entered into the Patient Flow Portal (by the current ward) as a request for Inter Ward Transfer.
- Minimum documentation required:
  - Mental Health Assessment (MH-OAT Form)
  - Risk Assessment (MH-OAT Form)
- If there is no available bed in the Saunders Unit/Hall Ward a referral is to be made to all other CAMHS Units (See Appendix 1).

3.1.4 Referral of patients from Psychological Medicine Outpatient Clinics within SCHN

- If an urgent admission is recommended for a patient who is currently reviewed within the Department of Psychological Medicine Outpatient clinics, the referring team is to contact the SCH MHCNC or CHW NUM of Hall Ward as appropriate, to request admission.
- Minimum documentation required:
  - Mental Health Assessment (MH-OAT Form)
  - Risk Assessment (MH-OAT Form)
- If no beds are available in the acute unit, the patient is to be taken to the hospital's ED after notifying the NUM of ED.

3.2 External Referrals

Referrals from outside the Network may come from many varied sources. These may include community CAMHS teams, private Psychiatrists, other Emergency Departments, PECC units, adult mental health inpatient services, or medical wards at other hospitals. However, an assessment an agreement by a Child Psychiatrist is also required.

Procedures for managing these referrals are detailed below.

3.2.1 Referral Process & Triage for External Referrals

SCH:

- All inquiries and referrals should be directed to the Nurse Unit Manager (NUM) of Saunders Unit on (ph. 93821272). After hours this is delegated to the MHCNC contacted via SCH switchboard (ph: 9382 1111) or via email SCHN-SaundersReferrals@health.nsw.gov.au.
- If the CNC is unavailable, this is delegated to the Nurse-in-Charge of Saunders Unit.

CHW:

- During regular business hours, all inquiries and referrals should be directed to the Nurse Unit Manager (NUM) of Hall Ward (ph: 9845 1112 or page 6374 via CHW switchboard). After hours this is delegated to the Nurse-in-Charge of Hall Ward.

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- The MHCNC/NUM (or delegates) will take details of the referral and perform an initial triage.
- If the MHCNC/NUM (or delegates) assesses the initial referral information as potentially meeting admission criteria they will request the referring agent to provide further information.
- Referral documentation should be completed by referrer (See *Appendix 2*) with a checklist used as a guide for information required (See *Appendix* 3).
- In general, a recent completed MH-OAT Assessment module or equivalent is adequate (See *Appendix 2*).

3.2.2 Intake Process

- All referrals are reviewed each weekday by the clinical team and discussed with the Admitting Medical Officer (AMO) and NUM (or delegate).
- Admissions are prioritised according to clinical acuity and need rather than using a "waitlist" model. However, a waitlist will be created when all beds are full and adjusted depending on clinical acuity.
- Children and young people currently admitted to SCH or CHW awaiting a mental health bed, particularly if they are in the Emergency Department (ED), requiring 1:1 nursing on a general ward, or are detained under the Mental Health Act 2007 (NSW) will be prioritised.
- CHW only: children less than 12 years requiring urgent secure mental health admission will also be prioritised as there are no other services available to care for these children.
- Local service availability, ward milieu, patient co-morbidities requiring other services within SCHN, and logistics may also be taken into account in considering the referral.
- Additional information may be requested from the referrer before a decision about admission can be made
- If additional information has been requested from the referrer and this has not been received within one week, the child or young person will be removed from the intake list and the referrer notified.
- If a young person is identified as posing a particularly high risk of aggression, a pre-admission meeting involving the Saunders Unit/Hall Ward NUM (or delegate), AMO (or delegate), and Allied Health team member, with or without the referrer, child or young person and their parents/guardians, may be arranged in order to clarify need for admission or potential alternatives. If admission is required, a behavioural/risk minimisation plan will be drafted addressing likely care needs whilst on ward.
- The NUM, in consultation with the AMO, may decline any admission if they assess the risk toward others as being unacceptably high.
- Outside of usual intake processes, if the referral is urgent (as per 4.2.1), the MHCNC/NUM will immediately contact the AMO to discuss the case. Referrers will be informed of the outcome of the referral by the MHCNC/NUM after the clinical team has

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made a decision. Advice regarding referrals to other units or services may be provided when indicated (See Appendix 2).

- The referrer is responsible for all communication with the patient and their parents/guardians. Communication must include a discussion with the child or young person and parents about the nature of the unit and admission. If further communication is required after this the NUM of Saunders Unit/Hall Ward would be the point of contact.

3.2.3 Urgent Referrals and Procedures Outside the Usual Intake Process

Some external referrals may be deemed urgent once triaged by the MHCNC. Urgent referrals may be managed outside of usual intake processes and need immediate attention. Urgent referrals may but not always include a child or young person who is in an Emergency Department external to SCHN requiring admission with no local options, or who has significant risk issues unsuitable/unmanageable in their current environment e.g paediatric ward, PECC unit. If this occurs during business hours, the MHCNC/NUM will liaise with the AMO for Saunders Unit/Hall Ward as soon as practicable. Non-urgent referrals received on Fridays after the Friday intake meeting may in certain circumstances be triaged by the MHCNC/NUM as more urgent because the case may not otherwise be discussed until Monday.

If this occurs after hours and there are available beds in either Saunders Unit or Hall Ward, the MHCNC or Psychiatric Registrar will take referral information and discuss appropriateness of referral with the AMO.

4 Transfer Process and Admission Procedure

4.1 Transfer Process

- Direct transfers from the local SCHN ED to the affiliated inpatient unit are as described above
- Direct transfers from the SCHN ED of the other SCHN hospital are as described above
- Direct transfers from locations external to SCHN will generally only be accepted for admission during normal working hours once agreed upon by the AMO. Such admissions need to arrive before 1500 hours to allow a full admission to be completed and management strategies put in place before 1700. If the transfer is unable to occur before then the transfer will usually need to be delayed until the following business day to ensure adequate staff are available to manage any issues that may arise.
- For external non-urgent booked admissions it cannot be guaranteed that a bed will be still available the following day should there be a more urgent presentation via ED requiring the bed. The referring clinician must call to confirm the availability of the bed on the day of admission.

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- There may be instances where a transfer will only be allowed via an SCHN Emergency Department. This includes urgent referrals that arrive after hours and other instances as determined by the AMO. In these cases, the patients will be re-assessed by the SCHN mental health team in the SCHN ED to determine whether the patient will be accepted for admission after discussion with the AMO.
- During business hours the patient flow manager is to be informed of all patient transfers prior to the patient arriving. After hours, the after-hours nurse manager is to be informed. The NUM (or delegate) will make this notification.

4.2 Admission Requirements

Patients may require a urinary drug screen, baseline bloods, and appropriate imaging or other investigations as clinically indicated. The final decision on which investigations and the timing of these investigations (ie. Prior to admission or during admission) are made by a Medical OfficerA base line recording of vital signs, with height and weight

- The level of observational care the patient requires, their status under the Mental Health Act, and leave status will be recorded on admission along with an immediate management plan.
- All patients will require a search of their belongings to ensure all potential items for self-harm are removed.
- Assessments for all patients on the unit will include:
  - nursing assessment
  - physical examination
  - mental state & risk assessment
  - psychiatric assessment
  - family assessment
  - discharge planning
- A multi-disciplinary care plan, including input and agreement from the parents/guardians and the young person as appropriate, will be developed on admission and reviewed at least weekly during the admission.
- Medium and longer term management plans including post-discharge care should be documented within 2-4 working days of admission.
- Collaboration with the referring agency will be maintained throughout the process.
- Further details about admissions can be noted in the Model of Care document for SCHN inpatient units.

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5 Leave From Hospital

5.1 General Leave Principles

Leave from hospital is an important part of treatment and recovery for the young person and their family and can assist in development of appropriate treatment recommendations post discharge.

The appropriateness of trial leave will be discussed for each patient at the weekday handover meetings.

The young person and their family will be invited to participate in this process.

A clear leave plan should be developed for each patient granted leave from hospital which should include:

i. Name of Medical Officer approving leave: where possible this should be the young person's treating Consultant Psychiatrist or delegate in their absence.

ii. Rationale for leave.

iii. Length of leave with time of commencement and return to the inpatient setting documented.

iv. Who is responsible for the young person whilst on leave?

v. Support services available to the family whilst on leave.

vi. Any restriction whilst on leave.

vii. Medication arrangements.

viii. Risk assessment and appropriate management plans if required.

All patients with approved leave should have a risk assessment documented in their electronic file.

Those taking responsibility for the young person whilst on leave must have an understanding of the young person's risks and management plan and consent to taking responsibility for the young person's welfare whilst on leave.

i. Contact details for support service should be provided to the young person and their parents/guardians prior to going on leave. This should include contact details for the ward and Acute Care Team (ACT) if deemed appropriate (See Appendix 4). Referral information should be provided by the mental health team to support agencies if necessary prior to leave commencement.

ii. If the parents/guardians have any concerns while on leave they should initially contact the ward for advice. Nursing staff should then consult with the MHCNC (SCH only) or treating Consultant Psychiatrist or delegate for further advice if required.

On return feedback should be obtained and documented from both the parents/guardians and young person to assist in future care planning. If any issues arise appropriate reviews should be arranged and documented.

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5.2 Overnight Leave from Saunders Unit/Hall Ward

Graded leave is an important part of the treatment plan for some young people and their families. At times it may be necessary to use overnight leave (ONL). Demand for a mental health bed is high and therefore consideration for ONL needs to be thoroughly assessed.

Long day leave can be used as an alternative.

ONL (if used at all) is recommended to be restricted to the night prior to discharge when the likelihood of discharge is very high, with an explanation to the parents/guardians that the bed may be unavailable on their return.

AND

The night is prior to a day where the treating Consultant Psychiatrist will be present in case a loss of the bed occurs so that the treating Consultant Psychiatrist will be responsible for the final decision about the disposition of the patient.

The Patient Flow team must be notified of any ONL as per Admitted Leave Policy.

6 Discharge and Continuum of Care

- Discharge plans will commence at the time of the admission.
- The service that will be providing ongoing care in the community must be identified and appropriate referrals made, if necessary, within two working days of admission by the care coordinator or delegate.
- The community mental health service provider that will be responsible for post discharge care should be involved throughout the admission and encouraged to attend the hospital to allow collaborative planning, continuity of care, and patient and family engagement.
- Following discharge the young person must be reviewed within seven days by the community mental health team or private mental health clinician who will be providing follow up. The hospital Case Manager or Psychiatric Registrar who provided care during the admission must telephone the patient or their parents/guardians within seven days of discharge to ensure that the outpatient appointment is scheduled/has occurred, and to check on the well-being of the patient.
- A discharge letter will be sent to the young person's local CAMHS, General Practitioner, Paediatrician or private Psychiatrist (as appropriate) on discharge.

6.1 Documentation

Documentation must adhere to NSW Health Documentation Policy and NSW Health Clinical Documentation (MH-OAT) protocols as per GL2008_016 and PD2005_358.

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7 Related policies

1. SCHN Therapeutic Supervision of Mental Health Patients: Observation Care Levels Guideline
2. SCHN Psychiatric Admission: Intra-Network Transfers of Inpatients Procedure
3. SCHN Admitted Patient Leave Policy

8 Bibliography and related information

Relevant NSW Department of Health Policy and Guidelines.

Aggression, Seclusion & Restraint in Mental Health Facilities in NSW, (PD2012_035)
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_035.pdf

Children and Adolescents with Mental Health Problems Requiring Inpatient Care (PD2011_016)
http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_016.pdf

Transfer of Care from Mental Health Inpatient Services (PD2012_060)
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_060.pdf

Mental Health Act Codes for Legal Status Code Set 2009/2010 (PD2009_082)
http://www0.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_082.pdf

Mental Health Ambulatory (MH-AMB) Data Collection Reporting and Submission Requirements 1 July 2006 (PD2006_042) http://www0.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_042.pdf

Mental Health Clinical Documentation (PD2010_018)
http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_018.pdf

Mental Health Clinical Documentation – Redesigned (GL2008_016)
http://www0.health.nsw.gov.au/policies/gl/2008/pdf/GL2008_016.pdf

Mental Health Outcomes & Assessment Tools (MH-OAT) Data Collection Reporting Requirement 1 July 2006 (PD2006_041) http://www0.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_041.pdf

Mental Health Triage Policy (PD2012_053) http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_053.pdf

Physical Health Care of Mental Health Consumers (GL2009_007)
http://www0.health.nsw.gov.au/policies/gl/2009/pdf/GL2009_007.pdf

Physical Health Care Within Mental Health Services (PD2009_027)
http://www0.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_027.pdf

Provision of Services to People with an Intellectual Disability & Mental Illness - MOU & Guidelines (PD2011_001)
http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_001.pdf

Psychiatric Patients - Guidelines for the Transport of (PD2005_044)
http://www0.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_044.pdf

Sexual Safety in NSW Mental Health Services - Guidelines for the Promotion of- 2nd Edition (GL2005_049)
http://www0.health.nsw.gov.au/policies/GL/2005/pdf/GL2005_049.pdf

Transport of People Who are Mentally Ill (PD2005_139)
http://www0.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_139.pdf

Zero Tolerance Response to Violence in the NSW Health Workplace (PD2005_315)
http://www0.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_315.pdf

Other NSW Health Publications

Charter for Mental Health Care in NSW: http://www0.health.nsw.gov.au/pubs/2000/pdf/mhcharter.pdf

Framework for Suicide Risk Assessment and Management for NSW Health Staff:
http://www0.health.nsw.gov.au/pubs/2005/pdf/suicide_risk.pdf

Memorandum of Understanding between ADHC & NSW Health in the provision of services to people with an intellectual disability and mental illness:
http://www0.health.nsw.gov.au/pubs/2010/pdf/mouandguidelines_disabili.pdf

Mental Health Emergency Response 2007: Memorandum of Understanding:
http://www0.health.nsw.gov.au/pubs/2007/pdf/mou_mentalhealth.pdf

Suicide Risk Assessment and Management Protocols : General Hospital Ward:
http://www0.health.nsw.gov.au/pubs/2004/general_hosp_ward.html

Suicide Risk Assessment and Management Protocols : Mental Health In-Patient Unit:
http://www0.health.nsw.gov.au/pubs/2004/inpatient_unit.html

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NSW Legislation and Guides

Accredited Person's Handbook 2009: http://www0.health.nsw.gov.au/pubs/2009/pdf/ap_handbook_2009.pdf

Mental Health Act 2007: http://www.legislation.nsw.gov.au/viewtop/inforce/act+8+2007+FIRST+0+N/

Mental Health Act 2007 Regulations: http://www.austlii.edu.au/au/legis/nsw/consol_reg/mhr2007219/

Mental Health Act 2007 Guidebook:
http://www0.health.nsw.gov.au/resources/mhdao/pdf/mentalhealthact2007guideb.pdf

Minors (Property and Contracts) Act 1970 No 60:
http://www.legislation.nsw.gov.au/viewtop/inforce/act+60+1970+cd+0+N

Children and Young Persons (Care and Protection) Act 1998:
http://www.legislation.nsw.gov.au/fullhtml/inforce/act+157+1998+FIRST+0+N

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APPENDIX 1: State-Wide CAMHS Referral Units

Child and Adolescent Mental Health Services	
Gna Ka Lun (Campbelltown Acute Adolescent Inpatient Unit), Campbelltown	(02) 4634 4444
The Nexus Unit (John Hunter Hospital), Newcastle	(02) 4985 5800
The Acute Adolescent Unit, Redbank House, Westmead	(02) 9845 6577
Shellharbour Acute Adolescent Unit, Shellharbour	(02) 4295 2500
Lismore Acute Adolescent Unit	(02) 6620 7900
Brolga Acute Adolescent Unit, Hornsby	(02) 9485 6151

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APPENDIX 2: Referral Checklist

Please ensure the following is included in the referral

☐	Consultant Child and Adolescent psychiatrist or specialist CAMHS clinician has reviewed patient and has assessed that an inpatient review is appropriate. In the case of CAMHS clinician assessment, the case has been discussed with a Child and Adolescent Psychiatrist who agrees that admission to an acute CAMHS inpatient facility is required and appropriate.
☐	Parents/guardians s/carers are aware of and involved in thereferral, and the Welcome document has been given to them for consideration.
☐	The purposes/goals of the requested admission are clearly defined
☐	Referrers name, contact details, service and position
☐	A recent Mental Health Assessment (A1)
☐	Contemporary information from within the last 24hrs
☐	MH-OAT
☐	A current risk assessment
☐	A recent physical examination and relevant blood tests/investigations
☐	The contact details of key stakeholders such as family, guardian, psychiatrist, school, psychiatric or medical community services, FACS, ADHC, NDIS, case manager, GP
☐	Any reports, court orders, or other information deemed relevant
☐	Any referring CAMHS must allocate a mental health worker to the child or adolescent, who will then be involved as much as is practicable throughout inpatient treatment
☐	Confirmation from any referring CAMHS that any child or adolescent from their own local area will be prioritised for either inpatient or outpatient follow-up
☐	The patient must have a discharge destination at the time of referral
☐	Patients must be informed that the Saunders Unit/Hall Wardarenon-smoking areas, and this is not negotiable

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APPENDIX 3: Intake Form

STRICTLY CONFIDENTIAL

Patient details			
First name:		DOB:	
Surname:		Age:	Gender: M / F
Usual address:			
Home telephone:		Mobile telephone:	
Where is the patient currently? Home ☐ Hosp Comments:			
Mental Health Act Status			
Educational/Vocational Status Enrolled: ☐ Yes ☐ No Attending: ☐ Yes ☐ No School/Tafe: Grade/Year:			
Parent/Guardian details		**Parent/Guardian details**	
Name:		Name:	
Address:		Address:	
Home telephone:		Home telephone:	
Mobile telephone:		Mobile telephone:	
Primary contact?	Y / N	Primary contact?	Y / N
Other Services Involved (CAMHS, FACS, Private Clinicians, Juvenile Justice, NGO's,)			
Name:		Position:	
Phone Number:		Email:	
Name:		Position:	
Medicare Number:		Health Fund:	
Phone Number:		Email:	
Name:		Position:	

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Referrer details	
Name:	Position:
Phone number:	Fax number:
Email:	

Reason for Referral	
Presenting Problem (including working diagnosis)	
Expectations of Admission	
Current Mental State and Treatment	
Risk Assessment Summary Aggression ☐ Self Harm ☐ Suicide ☐ Absconding ☐ Sexual Risk ☐ Child Protection ☐ Other (please specify) ☐	
Previous Treatment/Hospitalisations	
Issues Checklist Tick box if yes	**Details**
Accommodation ☐	
Aggression ☐	
Child Protection ☐	
Developmental Delay ☐	
Education ☐	
Family functioning ☐	
Forensic ☐	
Interpreter needed ☐	
Substance Abuse ☐	
Sexual Assault ☐	

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APPENDIX 4: Mental Health Access Line

Mental Health Access Line
1800 011 511

24 Hour service across New South Wales

Central triage/referral service for all New South Wales public mental health services.

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