



ACT
Government

**Canberra Health
Services**

Adolescent Acute Inpatient Mental Health Unit Model of Care



Mental Health,
Justice Health and
Drug and Alcohol
Services

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1. Introduction

This Model of Care (MoC) for the Adolescent Acute Inpatient Mental Health Unit (AAIMHU)¹ sets out the evidence-based framework for describing the right care, at the right time, by the right team and in the right location across the continuum of care. A clearly defined and articulated MoC helps ensure that all health professionals are 'viewing the same picture', working towards common goals and most importantly evaluating performance on an agreed basis.

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

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

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.

This MoC should be stored on the Canberra Health Services (CHS) 'Models of Care' intranet site. It will be reviewed within 12 months of the unit opening and updated regularly through consultation and relevant communication.

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:

- 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 families, 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 consumers 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.

Care in the AAIMHU is informed by principles specific to the Unit. The service:

- acknowledges the unique developmental needs of adolescents and provides services which cater to these needs
- places the adolescent at the centre of care by listening to their opinions, providing them with information in ways in which they understand, involves them in decision making about their care and respects their privacy
- will consider the medical needs of the adolescents admitted to the unit
- 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 families, 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
- Supports adolescents to maintain their identity as students, workers, friends and family members. We accomplish this by acknowledging and integrating systemic factors such as educational, vocational, cultural, social and relational aspects into care planning. These are also sometimes referred to as the socio-cultural determinants of healthcare, which invariably play an integral role in the mental health of adolescents.
- 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.

3. Benefits to be realised

AAIMHU provides acute inpatient mental health services which are built around the needs of adolescents. Some of the anticipated benefits for adolescents and their families include:

- a team and ward environment which provides adolescents, parents and carers with a positive experience of care
- provide developmentally appropriate care attuned to the complex needs of young people that facilitates, emotional, cognitive and social developmental needs
- provide a secure and safe environment that can appropriately manage risk and vulnerability
- provide comprehensive evidence-based treatments
- embed the principles of safeguarding into safe delivery of care
- provide 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.

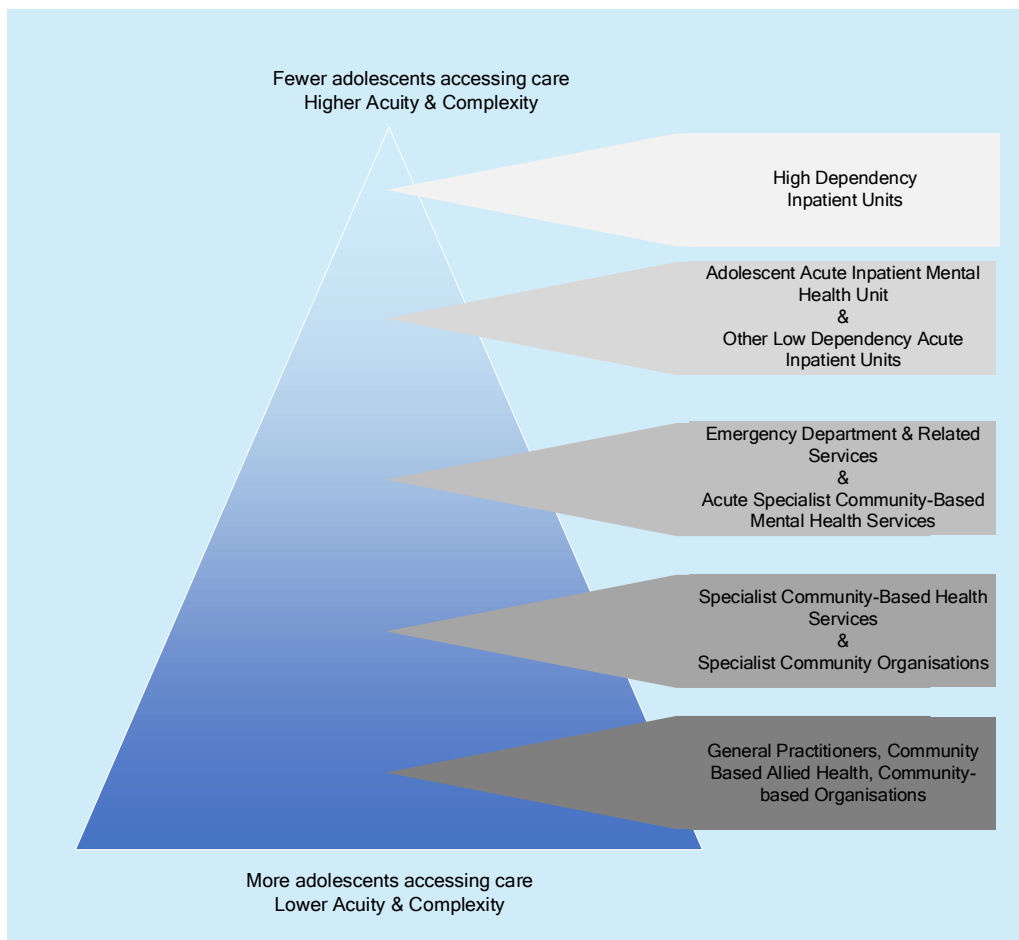
4. Description of service

The AAIMHU 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 AAIMHU provides services within a stepped care framework (see Figure 1). The stepped care framework is composed of different levels that allow young people to flexibly step up or step down into services according to their needs. These levels include:

- generalist mental health services, including GP (primary care) and community programs;
- specialist community-based services such as CAMHS Community Teams
- emergency department and acute specialist community based mental health services such as Adolescent Intensive Home Treatment Team
- intensive tertiary supports such as Adolescent Acute Inpatient Mental Health Unit and other low dependency acute inpatient units
- High dependency inpatient mental health units.

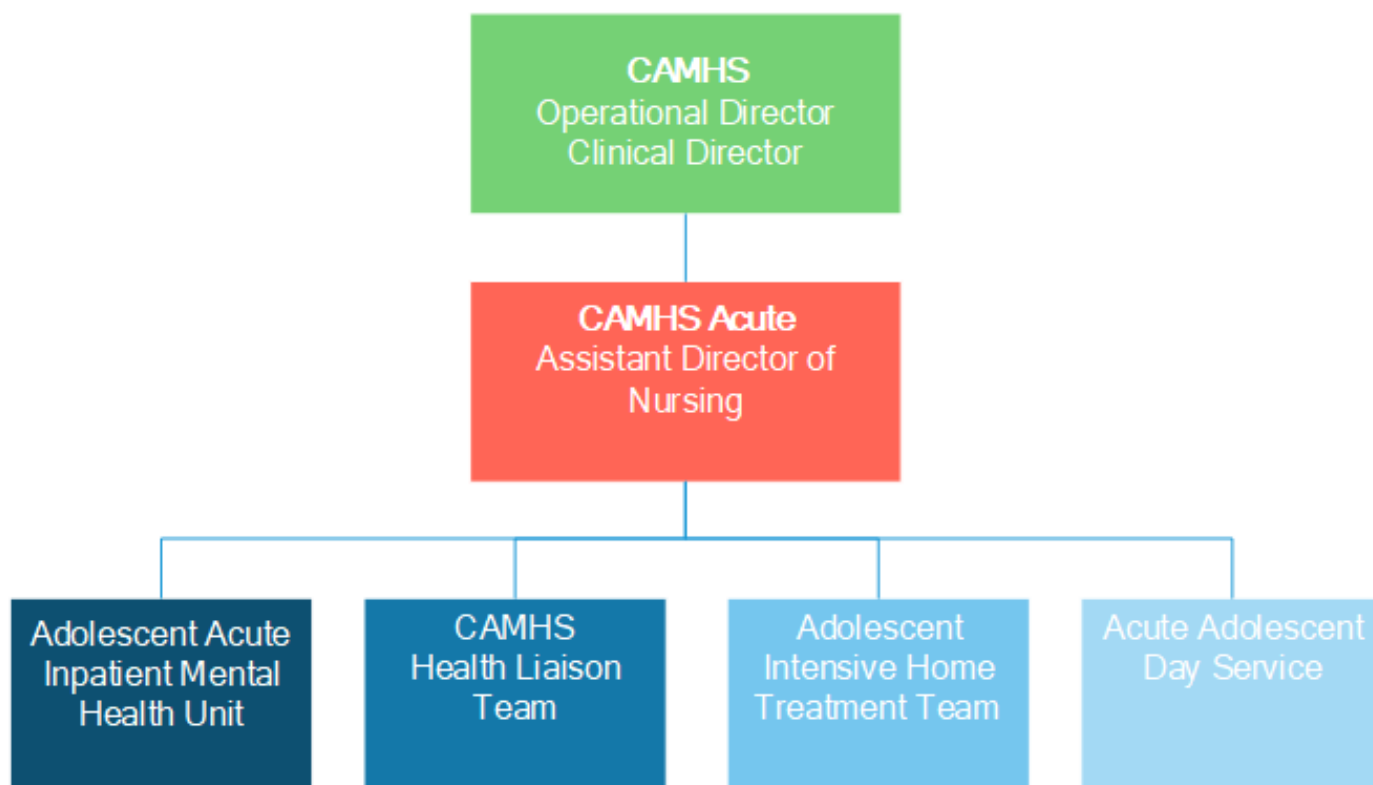
Figure 1: The continuum of mental health services for adolescents in the ACT



The AAIMHU 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 and to the Paediatric services, for children and adolescents aged 5 to 18 years old
- The Adolescent Intensive Home Treatment Team (AIHTT) provides short term treatment in the home after a presentation to ED or a hospital admission
- The Acute Adolescent Day Service (AADS) provides up to a four-weeks intensive activity and therapy-based program to support adolescents and their families and carers, after discharge from hospital or a presentation to the emergency department.
- The Adolescent Acute Inpatient Mental Health Unit team provides 24/7 medical, nursing, and allied health care to the six mental health beds.

Figure 2: CAMHS Acute Services



4.1 Admission Criteria

AAIMHU provides acute inpatient mental health care to adolescents from the ACT and surrounding region who are aged from 12 years and up to their 18th birthday.

The admission criteria for AAIMHU is;

A recognised or probable acute/severe mental illness or mental disorder and a reasonable likelihood that inpatient care will result in substantial benefit

The completion of medical clearance for a mental health admission. 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 which 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.

Exclusion criteria

Exclusion to the AAIMHU includes:

- Adolescents who do not meet the key admission criteria
- 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 unit. They may be transferred to the AAIMHU after medical stabilisation if further admission is required.
- Adolescents with eating disorders who are medically unstable. These patients will be admitted to a Paediatric unit or other unit. These adolescents may be transferred to AAIMHU if further admission is requiring following consultation with the AAIMHU.
- 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.

In the absence of reasonable probability of a mental illness, adolescents with a primary diagnosis of autism spectrum disorder and/or intellectual disability are unlikely to benefit from an admission to the AAIMHU and may be at higher risk of harms associated with admission. These adolescents are not admitted unless deemed appropriate following a careful risk-benefit analysis by senior AAIMHU staff.

Adolescents with a primary diagnosis of conduct disorder or conduct-related behavioural disturbances will generally not be admitted unless deemed appropriate following a careful risk-benefit analysis by senior AAIMHU staff.

Adolescents may be admitted to other mental health wards within the ACT, based upon the prevailing AAIMHU ward patient mix and the associated overall ward acuity and risk level, nature and severity of clinical symptoms, and level of maturity of the patient requiring admission. As far as possible, the wishes of the adolescent and their parent or guardian will be taken into account.

Involuntary Criteria

AAIMHU provides care to both voluntary and involuntary admitted adolescent patients, including those under the Mental Health Act 2015.

The risks of admission

Hospitalisation, due to its isolating and disruptive nature, and its potential for stigmatisation, should not be the first or preferred option for adolescents with psychiatric vulnerabilities. CAMHS Acute services will work with the adolescent and their family/carers to minimise disruptive elements of hospital by supporting safe discharge through the AADS and the AIHTT as early as possible.

Consent

Consent must be obtained for a voluntary inpatient admission to proceed. The views of the adolescent and their parents/carers are considered. The concept of the 'Gillick competence' is given consideration depending on the age and maturity of the adolescent.

Safe wards

The AAIMHU services uses the Safewards model and interventions for use in mental health inpatient units. The Safewards model is 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.

4.2 Care setting

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

Room types

There are six single rooms designed with anti-ligature fixtures, ligature door alarms and anti-barricade doors. Each room includes a plinth style bed, a day bed, storage space, a desk and a dedicated ensuite. The entry doors feature electro-static glass viewing panels. This glass remains opaque by default to provide privacy, whilst allowing staff to switch the glass to translucent for time-limited periods for the purpose of observation. The entry doors are accessed with proxy controls. These bedrooms directly articulate to a shared recreation, dining space and courtyard. There are no medical services within these bedrooms.

Communal spaces with AAIMHU

A shared dining room and recreation lounge and provides a flexible communal space for dining, recreation and activities. It incorporates an outdoor courtyard, lounge area and dining space with basic kitchen facilities.

De-escalation space

A de-escalation space incorporates a sensory modulation room, de-escalation lounge, a seclusion room and a covered outdoor courtyard. There is an ensuite in this space that can be accessed via the seclusion and de-escalation rooms.

The sensory room is a space for adolescents to explore and use their senses to regulate their emotions. The sensory modulation room includes audio-visual equipment, a rocking chair and a range of other 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 provides a space for adolescents to regulate their emotions in a low stimulus environment. The de-escalation space is adjacent to a small courtyard. The courtyard is visually enclosed but open to the outside air. It provides another alternative environment for adolescents to separate and regulate their emotions.

In extreme and rare circumstances an adolescent may require a greater level of care and separation within the ward. The ward incorporates a seclusion room where adolescents may be placed involuntarily, under the Mental Health Act 2015. This 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/supervision. The use of this room is governed under the Mental Health Act 2015.

Shared clinical spaces

The following spaces are shared with the Paediatric Department and are located outside of the area managed by CAMHS:

- A clinical work room is located centrally. The room articulates from the Paediatric side and AAIMHU. There is a staff station located just outside the work room within the common area allowing for staff to work 'on the floor' and to enhance patient-staff interaction
- A clean utility/medication room for medication storage and preparation
- A Treatment Room provides an environment for clinical procedures to be performed
- The ward contains one dirty utility room that services the entire AAIMHU with a pan sanitiser and dirty linen storage capability
- An imprest storeroom for storage of consumables and a separate equipment storeroom
- The ward has several bays, located centrally that allow for equipment to be safely stored and easily accessed (ie. Resus trolley, Computer On Wheels, linen trolley and skips, waste bins, etc.).

Other shared spaces

- There are bookable interview rooms for assessment processes, therapies and family/carer meetings.
- A bookable meeting room contains video conferencing facilities. This room may be used for MDT meetings, handover, tribunal hearings, training and family/carer meetings
- A parent lounge, including beverage bay, is available for use by all families accessing the unit.

5. Patient journey

The clinical presentation of the adolescent determines their admission pathway, the interventions provided while on the ward and discharge or transfer pathway.

Admission

Admissions to AAIMHU may take place 24 hours a day, 7 days a week. The majority of adolescents are admitted to AAIMHU from the Canberra Hospital Emergency Department (ED). All adolescents presenting to the ED will be medically cleared by the ED team prior to the mental health assessment. Following this, adolescents will be assessed by the CAMHS HLT and/or the Psychiatric Register. All adolescents must be reviewed by a Psychiatric Registrar prior to admission. The Psychiatric Register is responsible for organising the admission in consultation with the Consultant Psychiatrist on-call.

Outside of the CAMHS HLT hours assessments will be conducted by the Mental Health Consult Liaison (MHCL) team and/or the Psychiatric Register.

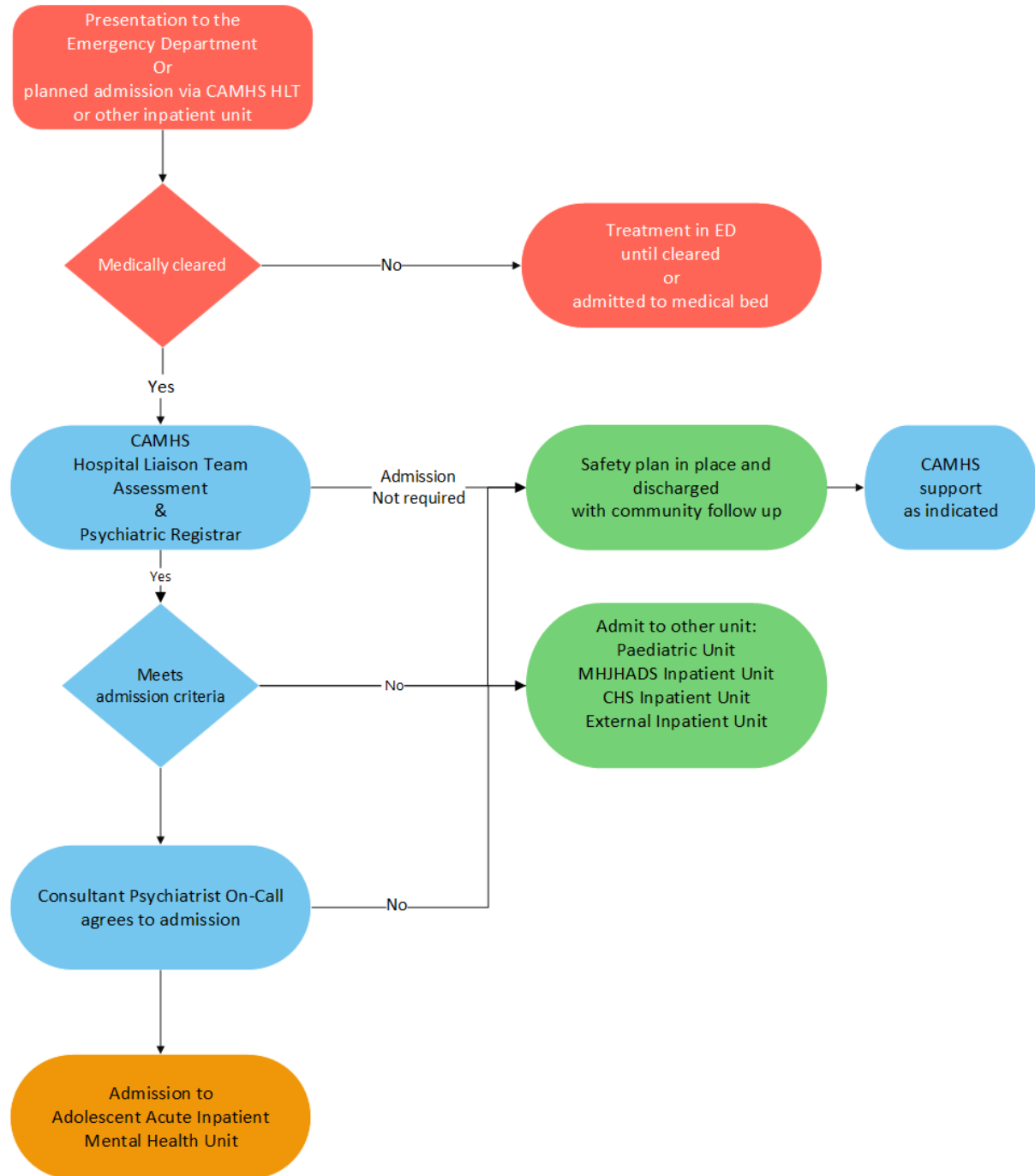
Adolescents may be admitted directly from another inpatient unit within CHS. Generally, the HLT will conduct an assessment to determine the suitability of admission to the unit and work with the Consultant Psychiatrist on-call to arrange the admission.

Adolescents may be admitted from another hospital, such as Calvary ED, when they have been reviewed by a psychiatric register, they have been medically cleared and with the agreement of the Consultant Psychiatrist On-Call.

Direct admission from the community with agreement between the community Consultant Psychiatrist and the Consultant Psychiatrist On-Call are possible when medical clearance has been provided.

If an adolescent requires a mental health admission and does not meet the AAIMHU admission criteria, other options for care will be explored. This may include admission to another CHS inpatient unit, an adult mental health unit and community-based options.

Figure 1: Typical pathways for admissions to the AIMHU



Arrival and orientation

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

- provision of an induction information package
- an introduction to their primary nurse and doctor
- an explanation of rights and responsibilities (written and verbal) for both adolescents and members of their support network
- processes around the use of phones and electronic devices

- an orientation to the ward facilities and supporting facilities
- an introduction to the ward program.

Lockers are available to secure belongings on arrival to the ward.

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.

Restricting access to personal property and use of lockers: Patients admitted may have access to their personal digital devices (eg. Phones, iPads etc) if it is consistent with the treatment plan and does not interfere with the unit routine. Patients will be allocated a locker to store their personal devices. All items will be returned upon discharge.

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

Assessment, care planning and treatment

Mental health assessment, care planning and treatment within the unit is conducted using a multidisciplinary approach, ensuring the adolescent and their family/carers are engaged in this process. Each adolescent's needs are individually assessed, and interventions are tailored to these needs. Planning and treatment focuses on assessment, stabilisation of the adolescent's mental state and preparation for safe discharge.

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 their treatment team. The AADS will inreach into the unit to engage adolescents and their family/carers with their program prior to their discharge, providing improved continuity of care.

Family and Carer Supports: The AAIMHU team involves parents or carers in the care planning process and provides essential updates regarding the care being provided to their child. Parents and carers may access the family/carer room within the ward itself and the Family Room which is sponsored by Ronald McDonald House. Support services available to families include Aboriginal Liaison Officers and spiritual support through the chaplaincy service.

Use of the sensory modulation room, de-escalation lounge/ seclusion Room: Adolescents will be supported to use the least restrictive facility to regulate their emotions and de-escalate any problematic behaviour. The sensory room will be freely available to adolescents to use whenever available. The de-escalation lounge and courtyard may be used on request of the adolescent or it may be suggested as an option by staff.

The seclusion room may be used on rare occasions and only occur after other means of behaviour modulation have been exhausted. Constant monitoring of the adolescent will occur for the duration

of the period of use of these facilities. The use of this room is strictly governed under the Mental Health Act 2015.

Progress monitoring and review

Each adolescent's progress is reviewed and documented daily by their treating clinicians and during formal MDT meetings. These meetings may include the adolescent, their parents/carers and other relevant parties as indicated. This may include their CAMHS clinical manager, representative from relevant agencies such as youth worker, school counsellor and GPs. The AAIMHU will ensure the appropriate consent has been obtained in the case of external attendees. Areas of review will include current mental state, psychosocial status and medications, and progress in their therapy program.

Adolescents and their parents and carers are involved in the review processes and are updated periodically on their child's progress. Interventions and treatment plans are modified in accordance with the adolescents progress and in consultation with the adolescent and their family or carers.

All patients will have periodic observations taken and recorded. 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
- Discharging into community-based care with consideration of safety planning and support options
- Providing a higher intensity of care within the AAIMHU.

Transfer and discharge

Transfer and discharge planning commences from the point of admission. Discharge planning will involve shared decision making with adolescent, their family and carers. This is a strong focus of the multi-disciplinary team. Shared-decision making also involves the adolescent extended care team including community-based health services, GP's, private providers, NDIS support coordinators and community managed providers wherever relevant.

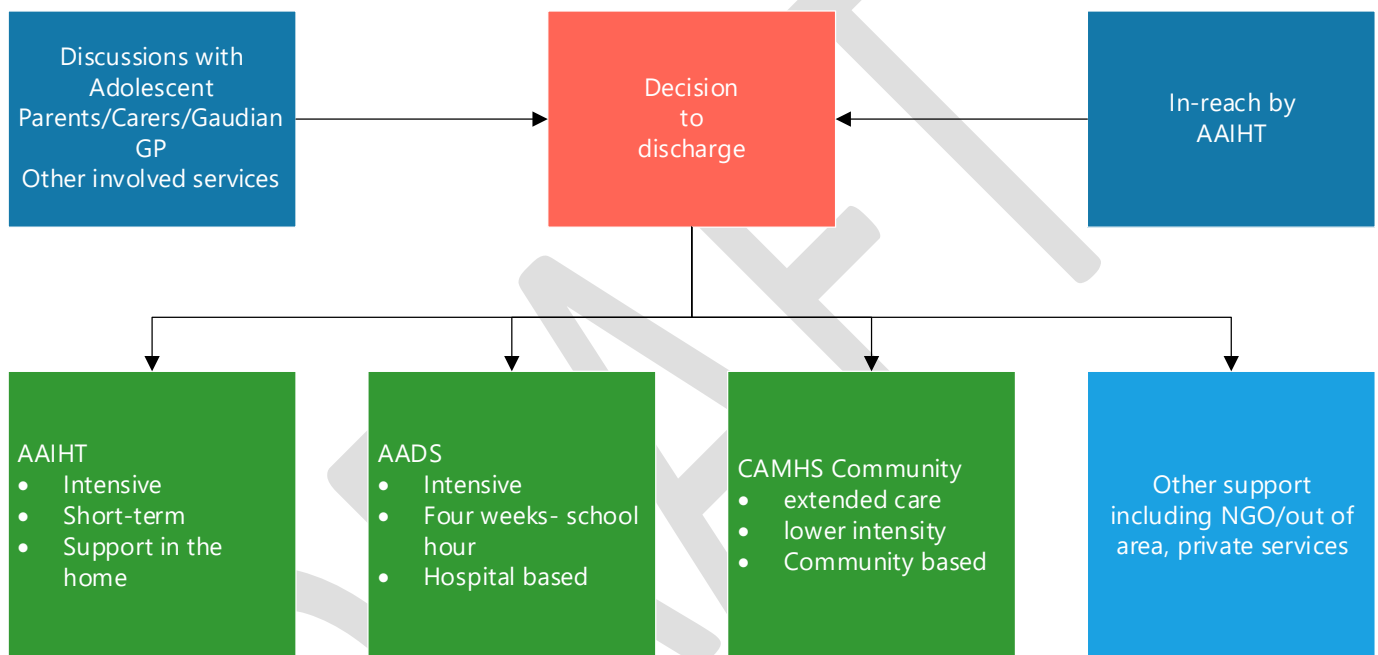
As part of ongoing care some young people may require transfer to another ward or facility to provide more specialised care. When a patient is from outside of the ACT, and their mental state allows for it, they may be transferred to a hospital closer to home for continuation of care if deemed clinically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

On discharge, adolescents and their family/carers will be provided with a follow up plan appropriate to their needs and preferences. This includes the following:

- private services such as private psychiatrist or psychologist or pediatrician
- CAMHS Services

- their local GP
- 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.

Figure 2: Typical discharge pathways for the AAIMHU



6. Service support

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 a number of 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.

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.

Infection Control

AAIMHU will comply with the National Safety and Quality Health Service (NSQHS) Standard 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.

Interpreter services

Interpreters are available to the unit staff for patients and families who are unable to communicate effectively in English through the Translating and Interpreting Services (TIS).

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 the DIETpas system, an integrated food services management system, with assistance from the dietitian as required. A food services staff member delivers meals to the patients.

Meals are not provided to families; however, they have access to tea and coffee facilities, reheating facilities and a shared patient/family/carers beverage bay. There are a number of cafeterias available for public use throughout the hospital.

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.

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.

Printer

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

Security

The ward may be locked if required. Access to the locked ward is via intercom or via swipe card access.

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.

Stores

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

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.

Wi-Fi

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

Waste Management

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

7. Workforce

7.1 Service Leadership

There are several senior positions that are integral to the AAIMHU. This leadership team ensures high quality evidence based, multidisciplinary coordinated care is delivered to adolescents and their families/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 all of CAMHS Acute ensuring the teams work together to provide an integrated acute services 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.

7.2 Staffing

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

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

7.3 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 AAIMHU have access to the Hospital School.

7.4 Ward clerks

Ward clerks have responsibility for patient admissions, discharges and transfers using the ACT Patient Administration System (ACTPAS) and other business applications. 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 AAIMHU.

7.5 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.

7.6 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 AAIMHU will share clean utility with the Paediatric Adolescent Unit.

8. Accreditation and Training

AAIMHU 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. The CNE will provide ongoing education and development support 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.

9. Implementation

The implementation of this Model of Care will be led by the divisions Mental Health, Justice Health, Alcohol and Drug Services with the support the CHWC Expansion Project Team. The MoC will be implemented in the lead up to the opening of the unit through the development and implementation of:

- 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.

10. Monitoring and Evaluation

AAIMHU will ensure the provision of a high-quality service through ongoing feedback from adolescents, family 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 AAIMHU team will strive toward evaluating its performance against national service/care delivery standards and accreditation. The AAIMHU MoC will be reviewed within 12 months following implementation.

Monitoring and evaluation of the AAIMHU 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 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.
- 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).
- Workplace safety measures.

11. Records management

Following the relevant consultation, 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.

12. Bibliography

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

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13. Abbreviations

Abbreviation	Name
AIHTT	Adolescent Intensive Home Treatment Team
AAIMHU	Adolescent Acute Inpatient Mental Health Unit
CAMHS	Child Adolescent Mental Health Service
CARU	Children At Risk Unit
CHS	Canberra Health Services
CHWC	Centenary Hospital for Women and Children
EDP	Eating Disorder Program
ICU	Intensive Care Unit
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

14. Model of Care Development Participants

Position	Name
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Carer Representative	TBC
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