

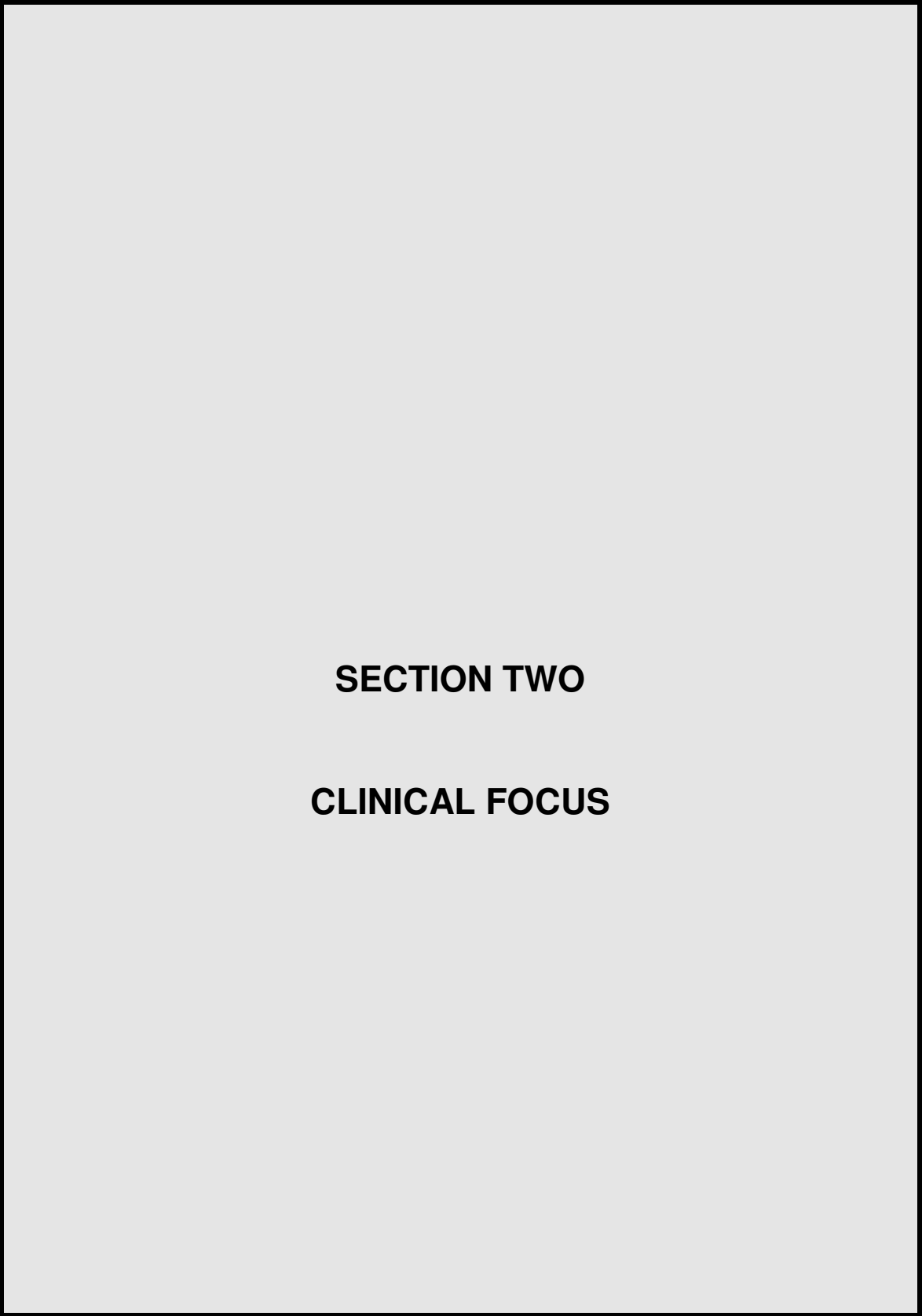
Mental Health Services	Canterbury DHB	Issue Date: 19 August 1999
Child and Family Unit Service Provision Framework		Date Reviewed: 30 Nov 2005

SOUTH ISLAND REGIONAL ACCESS SERVICE PROVISION FRAMEWORK

CHILD & FAMILY UNIT

The SPF sets out the standards to which the service is provided. It cannot capture all possible clinical scenarios, and therefore clinical judgement and the safety of the client and the community must remain utmost in each Clinicians mind.

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Table 2a	
CLINICAL FOCUS	
DESCRIPTION	<p>The Child and Family Unit is part of the Child, Adolescent and Family Mental Health Service continuum of care.</p> <p>The Unit aims to help children and families overcome acute/severe or chronic emotional, behavioural, psychiatric and learning problems.</p> <p>The unit provides families with a safe, therapeutic learning situation, in which both child and parent(s) can work towards strengthening individual and family functioning.</p>
SPECIFIC TASK OF THE UNIT	<ul style="list-style-type: none"> • The unit provides a time-limited, multi-disciplinary care for eight children, up to the age of 16 years. • To provide comprehensive assessment, in order to diagnose disorders, assess and plan treatment. • Time-limited multi-disciplinary treatment (for arranged admissions). • To reduce the severity and impact of psychiatric, emotional, behavioural and developmental disorders in children. • To promote effective management skills of parents and care-givers and increase their ability to successfully look after their child/adolescent. • To improve the functioning of the child/adolescent within their home environment. • To help maintain in or re-integrate the children/adolescents back into their base school. • Consult/liaise with other services/agencies involved with the child/adolescent in order to co-ordinate services. • To liaise with teachers over programmes that have been implemented for the child/adolescent. • Provide follow-up at home (if living locally) after discharge to encourage implementation of the recommendations. This may include phone calls or patient/family attending unit.

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Table 2b		
ACCEPTANCE CRITERIA - PRE-ADMISSION ASSESSMENT		
	Children/adolescents will be assessed by the Child & Family Unit if:	
		1. The child/adolescent is aged between 0 and 16 years of age
	and	2. The child/adolescent has a suspected or known severe psychiatric, emotional, behavioural or developmental disorder
	and	3. The child/adolescent has failed to progress sufficiently, despite appropriate outpatient treatment
	and	4. The child/adolescent has identified ongoing caregiver(s)
	and	5. The child/adolescent/family/whanau/caregiver live in the Health Funding Agency Southern Region or funding has been obtained for an out of area child/adolescent.
	and	6. A written referral has been received from: <ul style="list-style-type: none"> • Mental Health Service following psychiatric consult • Medical specialists / paediatric department following psychiatric consult <p>Or</p> <ul style="list-style-type: none"> • A South Island Child & Family Outpatient Service (ie Regional referrals)

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Table 2c		
ACCEPTANCE CRITERIA - INPATIENT ADMISSION		
	Patients will be accepted into elective treatment by the Child & Family Unit if:	
	1.	The child/adolescent has been pre-assessed by the Child & Family Unit and the acceptance criteria for assessment has been met.(This may be waived for regional referrals)
	and	2. The child/adolescent's treatment needs exceed what can be provided in a primary health care setting.
	and	3. The child/adolescent commits to treatment in keeping with their development level.
	and	4. The family/whanau/caregiver commits to active participation in the treatment process through: <ul style="list-style-type: none"> - attending meetings - maintaining contact with their child/adolescent - addressing their own treatment needs
	and	5. A base school has been confirmed or is being actively pursued.
	and	6. Any pending / known court issues over custody are dealt with and resolved.
	and	7. Outstanding Care and Protection issues have been resolved.
	and	8. Provisional psychiatric diagnosis has been decided by the multidisciplinary team.
	and	9. The Child/Adolescent is at significant risk of harming him/herself or others or the Child/Adolescent is too unwell to function at home or school or the Child/Adolescent requires careful pharmacological intervention to stabilise his/her condition.
	and	10. The referrer has agreed to provide ongoing care on discharge from Unit follow-up.

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Table 2g	
DISCHARGE CRITERIA - INPATIENT	
	A child will be discharged from the Inpatient Unit when:
	1. The symptoms have been stabilised and a programme satisfactorily initiated to a level at which the child is able to be managed at home and suitable follow-up has been arranged with Outpatient Mental Health Services as appropriate.
or	2. The comprehensive assessment has been completed and recommendations made.
or	3. There is insufficient progress towards agreed treatment goals and there is insufficient benefit of further treatment to the child/family/whanau/caregiver.
or	4. The child or/family/whanau/caregiver decline treatment.
or	5. The Child & Family Unit environment is not considered to be in the interests of the child's long term wellbeing.
or	6. The child is unable to be managed in the Child & Family Unit environment due to the presence of the child posing an unacceptable risk to peers or staff.

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SECTION FOUR

INTERFACES

Child and Family Unit (CFU) interface with District Services

Process	Standards/Tasks	Who
Receive Enquiry	<ul style="list-style-type: none"> Answer queries about possible suitability for inpatient service Obtain sufficient clinical information Check details against admission criteria Provide advice as necessary or Advise District service to send referral form Document in enquiry book 	Child and Family Unit

Referral	<ul style="list-style-type: none"> Phone CFU Consultant or delegate Send CFU referral and include psychiatric assessment and other relevant reports e.g. school information, special education input, psychometric testing Ensure ongoing management field on referral form is completed 	District Service
	<ul style="list-style-type: none"> CFU Consultant Psychiatrist will discuss the referral with the child/adolescent's Child and Adolescent Psychiatrist and Consultant Psychiatrist Make decision regarding admission within 2 working days of receipt of referral and advise District service by phone 	Child and Family Unit

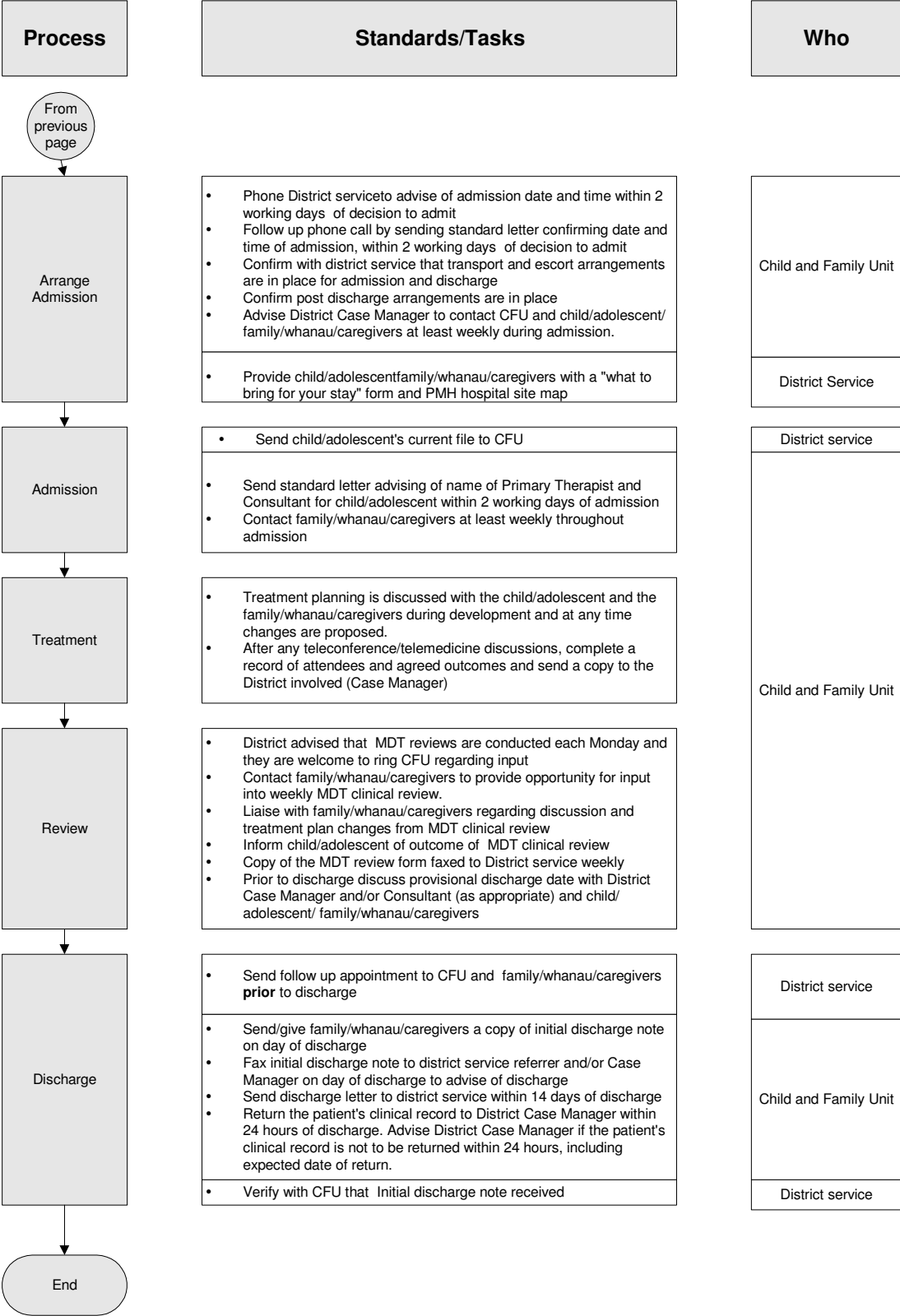
<p>Does the child/adolescent meet the acceptance criteria for admission?</p> <p style="text-align: right;">No →</p>	Advise referrer	<ul style="list-style-type: none"> Advise referrer of non acceptance and reason, via telephone within 2 working days of receipt of referral Discuss options, as appropriate Send standard letter outlining reasons for decline and options Advise if unhappy with outcome to contact the CFU Consultant 	Child and Family Unit
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<p>Is a bed available?</p> <p style="text-align: right;">No →</p>	Place on the Waiting List for admission	<ul style="list-style-type: none"> Advise the District service by letter that the child/adolescent is on the waiting list for admission, outlining the approximate waiting time. Advise the District Service they can contact CFU to gain an update on the waiting list status Advise District service by phone when a bed is available Send standard letter confirming date and time of admission, when a bed becomes available 	Child and Family Unit
<p>Yes</p>		<ul style="list-style-type: none"> Advise CFU if child/adolescent no longer requires admission, so they can be removed from the CFU waiting list 	District Service

Arrange Admission	<ul style="list-style-type: none"> Phone District service to advise of admission date and time within 2 working days of decision to admit Follow up phone call by sending standard letter confirming date and time of admission, within 2 working days of decision to admit Confirm with district service that transport and escort arrangements are in place for admission and discharge Confirm post discharge arrangements are in place Advise District Case Manager to contact CFU and child/adolescent/family/whanau/caregivers at least weekly during admission. 	Child and Family Unit
	<ul style="list-style-type: none"> Provide child/adolescent/family/whanau/caregivers with a "what to bring for your stay" form and PMH hospital site map 	District Service

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Child and Family Unit (CFU) interface with District Services - continued



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SECTION FIVE

CLINICAL FUNCTIONING

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ROLES AND RESPONSIBILITIES - PRIMARY NURSE / WORKER

- Primary care of one (or more) patient(s) from admission until discharge.
- Participating in inservice training and staff meetings.
- Take responsibility for additional designated tasks as negotiated, e.g. Health and Safety and Supervision of Students, Petty Cash, D.O.R., Re-stock of medication room supplies, Library, Vehicles, Rosters and First Aid.
- Transfer responsibility to another primary nurse/worker in consultation with Multidisciplinary Team while on leave.

Admission

- Co-ordination of assessments/therapeutic interventions, leaves and all daily activities for assigned patients throughout admission or for the time primary responsibility for the patient has been agreed to.
- Preparation of care-plan for patient's notes for day to day use following admission conference.

Treatment

- Daily care and supervision of patients in the ward milieu throughout shift as well as specific supervision of allocated patients.
- Dispensing of medications as required and ensuring medications are given as prescribed to allocated patients.
- Behavioural and medical observations as required.
- Complete measures, charts, graphs and notes on patients file each shift.
- Create treatment plan and provide accurate updates and weekend or school timetable plans, as appropriate.
- Monitoring behavioural programmes.
- Leading groups or participate in groups as allocated.
- Work 1:1 with allocated patient as indicated by treatment plan.
- Improving children/adolescent coping skills through modelling, social skills training and situational intervention.
- Assist parents to learn parent management techniques and behavioural interventions as well as other necessary skills to allow them to cope with their child/adolescent's disorder.
- Initiation and review of behaviour programmes with Clinical Psychologist
- Documentation of allocated patient's progress each shift.
- Domiciliary visits to patient (when local) pre admission and follow up.
- Take/pick up (as necessary) child to necessary community visit, e.g. schools, Christchurch Hospital, home, sports events, etc.
- Be in charge of shift as necessary (red dot on roster system).
- Attend hand-over session at beginning and end of shift to ensure continuity of care between staff.
- Liaise with other community organisations/services who have contact with our clients.
- Initiation and review of behaviour programmes with Clinical Psychologist.

Review

- Participating in multidisciplinary meetings and reviews.
- Attending weekly review for allocated patients.

Discharge

- Participating in admission/discharge conferences for allocated patients.
- After attending discharge conference write discharge summary to close file.
- Ensure all necessary documentation handed in file to secretary on discharge.

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SECTION SEVEN

TREATMENT GUIDELINES

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GENERAL TREATMENT GUIDELINES

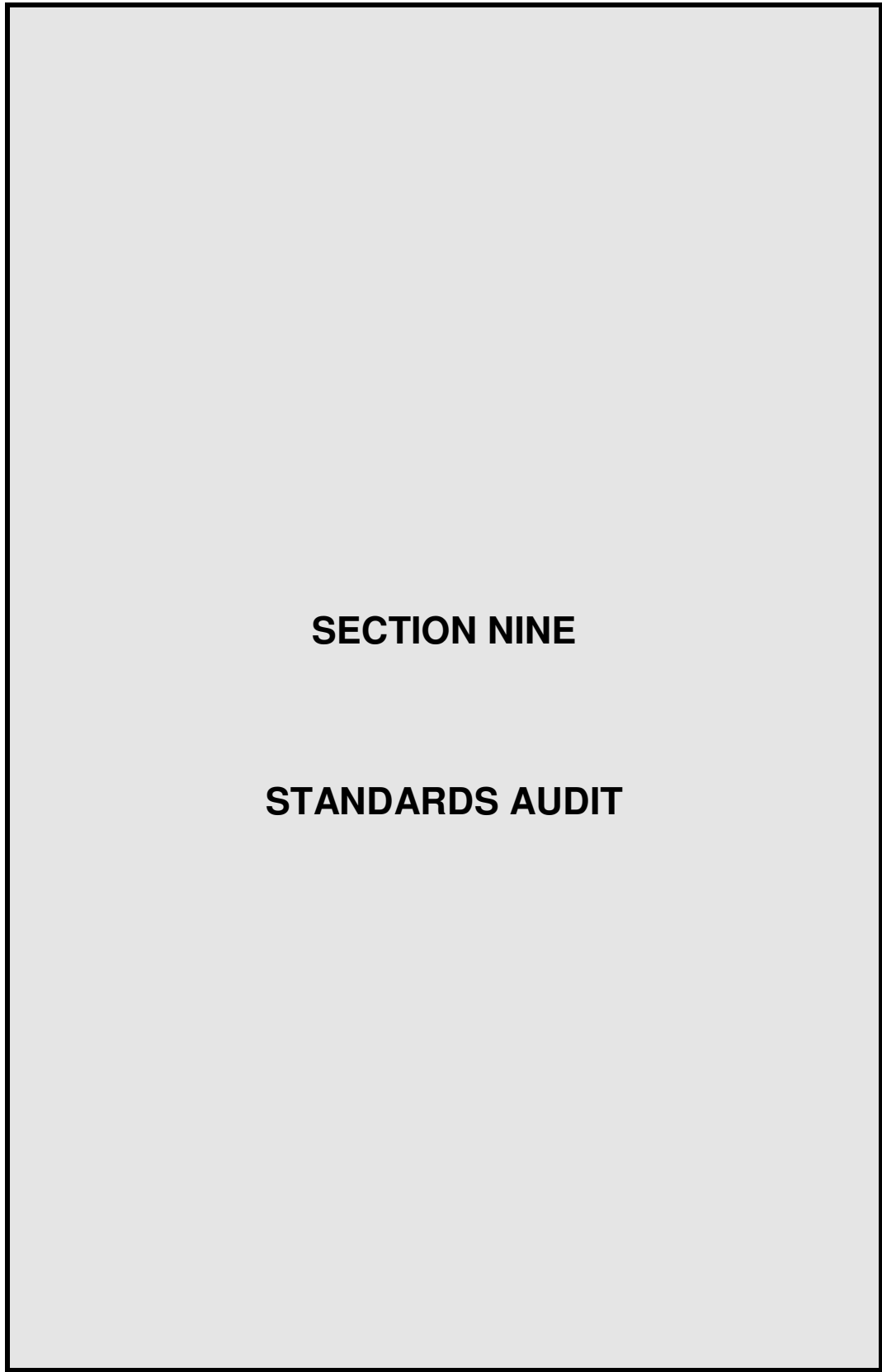
- The Child & Family Unit will provide treatment consistent with the current literature and treatments that are known to be effective and have some pragmatic basis. Such treatments are often a result of evidence based research, recommendations from world authorities and are likely to follow trends utilised by other Child and Adolescent services.
- Any treatments used within the service will be subject to regular review by the Multi-Disciplinary Team.
- A treatment agreement between the patient and/or for the patient's family and Multi-Disciplinary Team is outlined and mutually agreed.
- The treatment of individual patients will involve family, whanau and significant others, as appropriate.
- Practice will be responsive to the specific needs of the patient and his/her family, e.g. cultural and gender.
- In general, the whole family (or child/adolescent and caregivers), needs to be involved in the treatment process.
- Components of treatment with the Child & Family Unit are outlined in the Service Provision Framework under Specific Functions and Disciplines Able to Perform Them.
- Should a clinician wish to apply any unorthodox treatment he/she:
 - will discuss the proposed treatment with the Multi-Disciplinary Team and gain their agreement.
 - Discuss the treatment with the patient and the patient's family and receive written consent.

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PHARMACOTHERAPY GUIDELINES

- It is recognised that outside of treatments for ADHD, Tourette's Disorder and Obsessive Compulsive Disorder, that there is a relative paucity of research guiding psychopharmacology in the child and adolescent area.
- If any senior doctor wishes to prescribe unusual drug combinations or to prescribe a single drug in a dose above the manufacturer's recommendations, he/she will be prudent and consult with a colleague before commencing such prescribing. The doctor will carefully note in the clinical file his or her reasons for such prescribing and arrange to monitor the patient's progress closely.
- Medical staff will attempt to restrict their prescribing to those medications recommended in the preferred medicines list. However, Consultants may wish to use other psychotropic drugs from time to time. House Surgeons will only prescribe psychotropic medication after discussion with Consultants.

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Date: _____ **Standards**
Achieved: _____

NHI No: _____

CHILD AND FAMILY UNIT STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 1 of 3) DISTRICT SERVICE RESPONSIBILITIES				
Phase		Standard	✓ - X - N/A	Comment
REFERRAL				
	1.1	<ul style="list-style-type: none"> District service spoke with CFU Consultant or delegate (Registrar or Clinical Psychologist) regarding referral 		
	1.2	<ul style="list-style-type: none"> CFU referral completed and sent to CFU 		
	1.3	<ul style="list-style-type: none"> Psychiatric assessment sent to CFU 		
	1.4	<ul style="list-style-type: none"> Relevant reports sent to CFU 		
	1.5	<ul style="list-style-type: none"> Ongoing management field completed on CFU referral form 		
ADMISSION				
	2.1	<ul style="list-style-type: none"> Transport arrangements confirmed for admission prior to admission 		
	2.2	<ul style="list-style-type: none"> Responsibility for arranging transport at discharge is confirmed 		
	2.3	<ul style="list-style-type: none"> Child/adolescent/family/whanau/caregiver provided with "What to bring for your stay" form and PMH site map (by District service, from CFU referral pack) 		
	2.4	<ul style="list-style-type: none"> District Service sent child/adolescent's current file to CFU 		
DISCHARGE / TRANSFER				
	4.1	<ul style="list-style-type: none"> District service faxed follow up appointment to family/whanau/caregiver prior to discharge 		
	4.2	<ul style="list-style-type: none"> Verify with CFU that Initial Discharge note received 		

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Date: _____ Standards Achieved:

NHI No: _____

CHILD AND FAMILY UNIT STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 2 of 3) CHILD AND FAMILY UNIT RESPONSIBILITIES				
Phase		Standard	✓ - X - N/A	Comment
REFERRAL				
	1.5	<ul style="list-style-type: none"> CFU Consultant discussed the referral with the Child and Adolescent Psychiatrist 		
	1.6	<ul style="list-style-type: none"> CFU Consultant discussed the referral with the child/adolescent's Consultant Psychiatrist 		
	1.7	<ul style="list-style-type: none"> District service advised of decision regarding admission within 2 working days of receipt of referral. 		
<i>If referral did not meet acceptance criteria for admission</i>	1.8	<ul style="list-style-type: none"> District service advised of non-acceptance for admission, within 2 working days of receipt of referral 		
	1.9	<ul style="list-style-type: none"> Options discussed with District Service 		
	1.10	<ul style="list-style-type: none"> Standard Letter sent to District service advising of non acceptance, reason for decline for admission and options 		
<i>If patient placed on the waiting list for admission</i>	1.11	<ul style="list-style-type: none"> Letter sent to District service advising the child/adolescent was placed on the waiting list for admission 		
	1.12	<ul style="list-style-type: none"> Letter included approximate waiting time 		
	1.13	<ul style="list-style-type: none"> Letter sent to District service confirming date and time of admission when bed became available 		
ADMISSION				
	2.6	<ul style="list-style-type: none"> District service advised of date and time of admission by letter/fax, within 2 working days of receipt of referral. 		
	2.7	<ul style="list-style-type: none"> Advise District service of name of Primary Therapist and Consultant for child/adolescent within 2 working days of admission 		
	2.8	<ul style="list-style-type: none"> Family/whanau/caregiver contacted at least weekly throughout admission 		
REVIEW				
	3.1	<ul style="list-style-type: none"> Family/whanau/caregivers were contacted and given opportunity to provide input into weekly MDT review 		
	3.2	<ul style="list-style-type: none"> CFU fed back outcome of MDT review to family/whanau/caregivers 		
	3.3	<ul style="list-style-type: none"> CFU fed back outcome of MDT review to child/adolescent 		
	3.4	<ul style="list-style-type: none"> Copy of MDT review form faxed to District Service Case Manager weekly during admission 		

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CHILD AND FAMILY UNIT STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 3 of 3) CHILD AND FAMILY UNIT RESPONSIBILITIES				
Phase	Standard	✓ - X - N/A	Comment	
3.5	<ul style="list-style-type: none"> Prior to discharge CFU discussed provisional discharge date with District Service Consultant/Case Manager 			
3.6	<ul style="list-style-type: none"> Prior to discharge CFU discussed provisional discharge date with child/adolescent 			
3.7	<ul style="list-style-type: none"> Prior to discharge CFU discussed provisional discharge date with family/whanau/caregivers 			
3.8	<ul style="list-style-type: none"> After any teleconference/telemedicine discussion a record of attendees and outcomes sent to the District Case Manager 			
DISCHARGE / TRANSFER				
4.3	<ul style="list-style-type: none"> Initial discharge note faxed to District service referrer and/or Case Manager on day of discharge 			
4.4	<ul style="list-style-type: none"> Patient's clinical record returned to District Case Manager within 24 hours of discharge <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> District Case Manager advised within 24 hours of discharge, that the patient's clinical record would not be returned on discharge, including expected date of return 			
4.5	<ul style="list-style-type: none"> Copy of Initial discharge note sent/given to family/whanau/caregivers 			
4.6	<ul style="list-style-type: none"> Discharge letter sent to District service within 14 days of discharge. 			