

# **SOUTH ISLAND REGIONAL ACCESS SERVICE PROVISION FRAMEWORK**

## **YOUTH INPATIENT 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.***

**SECTION TWO**

**CLINICAL FOCUS**

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<b>Table 2a</b>	
<b>CLINICAL FOCUS</b>	
<b>DESCRIPTION</b>	<p>The Youth Inpatient Unit is an eight bed facility for the assessment and treatment of youth aged 16 up to the 18th birthday, or older if they are still at school, who have a psychiatric disorder (including but not limited to depressive, psychotic, anxiety disorders, substance abuse with co-morbidity etc.), and who cannot be managed, or effectively treated, in other mental health or youth services.</p> <p>The Youth Inpatient Unit is governed by the parameters of the Health Funding Authority and Service Agreements with the Regional users of the service.</p>
<b>SPECIFIC TASKS OF THE UNIT</b>	<ol style="list-style-type: none"> <li>1. Undertake multi-dimensional, comprehensive, psychiatric assessments within a structured / therapeutic milieu setting.</li> <li>2. Case management to ensure that clients receive all the services required, within the available resources.</li> <li>3. Provide an environment where multi-agency and multi-disciplinary skills can be pooled e.g. the Strengthening Families initiative.</li> <li>4. Provide a holistic approach that takes into account youth, family/whanau and environment.</li> <li>5. Provide individual treatment planning and discharge planning on admission.</li> <li>6. A multi-agency, multi-disciplinary and multi-skills mode of intervention which would utilise the available resources and skills within the healthcare, education, social services system, and Youth Justice.</li> <li>7. The involvement of caregivers, family/whanau, will be central to planning individual care needs of the youth.</li> <li>8. Integration with the Youth Day Programme, to enable sharing of resources and skills in the best interests of the youth of the inpatient unit.</li> <li>9. Complete compliance with, and implementation of mental health standards.</li> <li>10. Provision of culturally appropriate services, that are responsive to the needs of the youth.</li> <li>11. Provide advice, education and support for family/whanau members and caregivers.</li> <li>12. Provide regular support and liaison to other community agencies.</li> <li>13. Provide expert multi-disciplinary psychiatric consultation and support to primary care services.</li> <li>14. Provide training opportunities for students of different disciplines.</li> <li>15. Regularly monitor and evaluate, both qualitatively and quantitatively the treatment programmes, using appropriate measures and processes.</li> </ol>

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<b>Table 2b</b>	
<b>ACCEPTANCE CRITERIA - ASSESSMENT</b>	
	<b>Youths will be assessed by the Youth Inpatient Unit if:</b>
	1. The youth is aged 16 or 17 years of age.  <b>or</b> The youth is 18 years of age and is still at secondary school.
<b>and</b>	2. The youth has a probable or confirmed severe psychiatric disorder as defined in the DSMIV.
<b>and</b>	3. The youth cannot be safely managed or effectively treated in another mental health or youth service.
<b>and</b>	4. The admission is not solely for: <ul style="list-style-type: none"> <li>- behavioural problems as a result of conduct disorder</li> <li>- the treatment of personality disorder with a history of interpersonal violence</li> <li>- the treatment of behavioural problems due to intellectual disability.</li> <li>- alcohol and drug related problems.</li> </ul>
<b>and</b>	5. A written referral has been received from a Mental Health Professional within a Mental Health Service of the Southern Region.
<b>and</b>	6. The referral has been discussed with a Child & Adolescent Psychiatrist.
<b>and</b>	7. The youth lives within the Southern Region.

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<b>Table 2c</b>		
<b>ACCEPTANCE CRITERIA - PLANNED ADMISSION</b>		
	<b>Youths will be accepted for admission by the Youth Inpatient Unit if:</b>	
	1.	The referral has been assessed by the Youth Inpatient Unit and the assessment criteria have been confirmed.
<b>and</b>	2.	A severe psychiatric disorder as defined in the DSMIV has been confirmed. <b>or</b> Admission is for the purpose of diagnostic clarification in complex cases.
<b>and</b>	3.	The youth is willing to engage in treatment <b>or</b> The youth meets the criteria for compulsory treatment subject to the Mental Health Act (1992).
<b>and</b>	4.	The referrer has made arrangements for follow-up and accommodation on discharge.

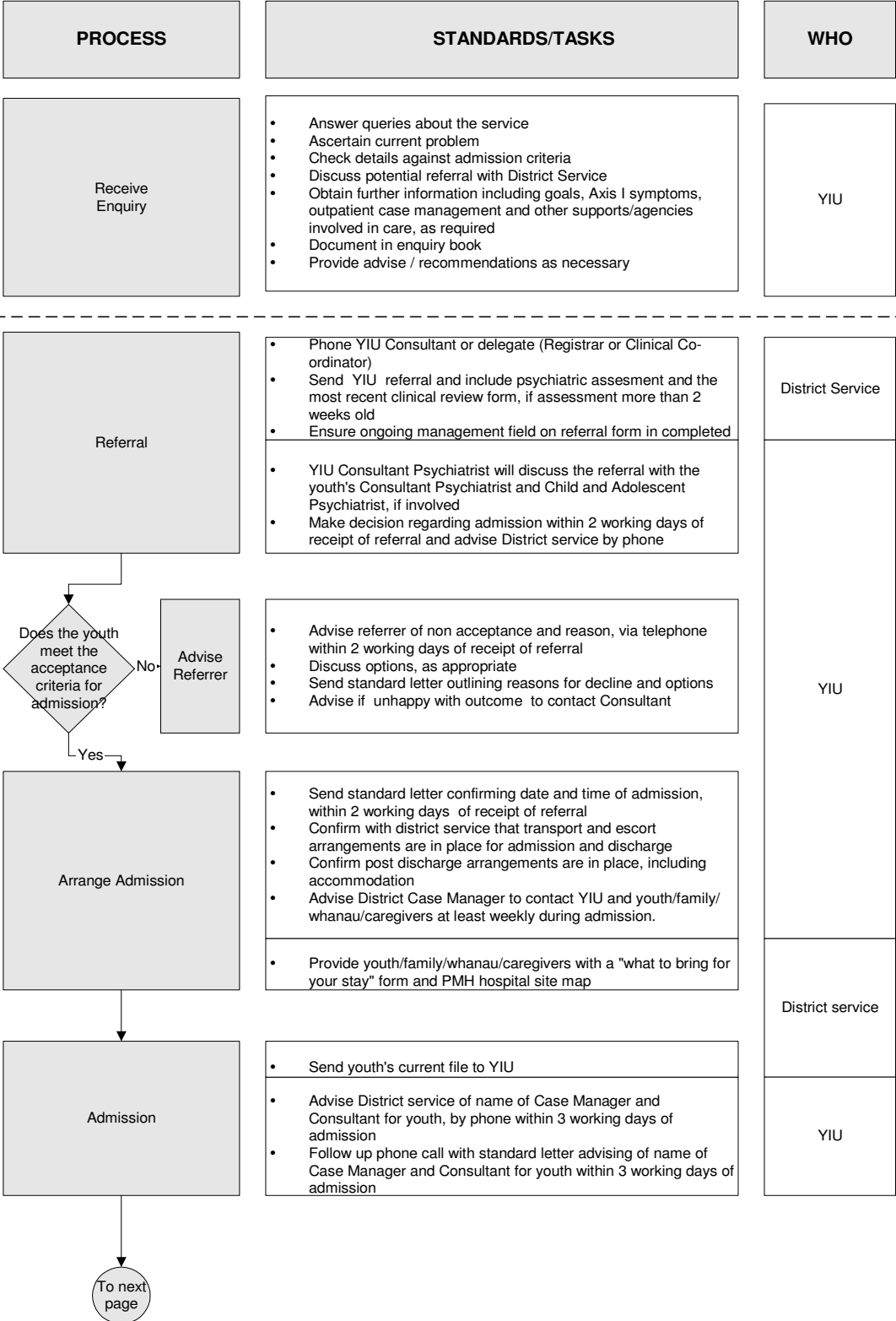
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<b>Table 2e</b>	
<b>DISCHARGE CRITERIA</b>	
	<b>A patient will be discharged from the Youth Inpatient Unit when:</b>
	1. The psychiatric symptoms have been stabilised. <b>and</b> the goals of treatment have been met, or the patient is satisfactorily working towards them. <b>and</b> the patient is able to be managed on an outpatient / daypatient basis.
<b>or</b>	2. The patient declines treatment (and does not meet the criteria for use of the Mental Health Act (1992)).
<b>or</b>	3. There is not sufficient progress towards agreed treatment goals and ongoing treatment is not of benefit to the patient.
<b>or</b>	4. The treatment needs would be best met by another service.
<b>or</b>	5. The patient does not have a confirmed severe psychiatric disorder (DSMIV) that would necessitate inpatient hospitalisation and recommendations have been made to the referrer.
<b>or</b>	6. The patient poses a danger to others in the unit that is not due to their psychiatric disorder.

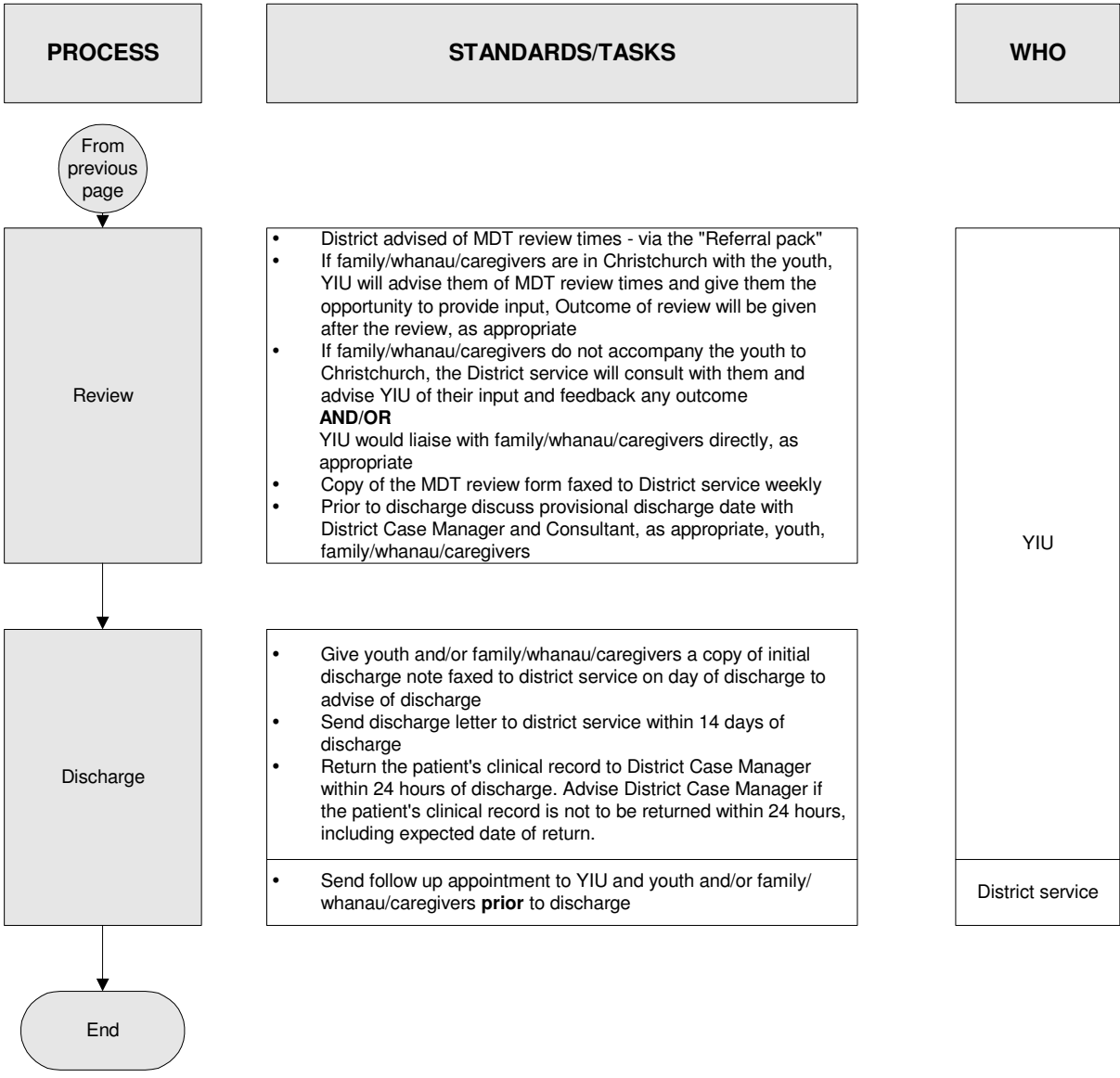
**SECTION FOUR**

**INTERFACES**

**YOUTH INPATIENT UNIT (YIU) INTERFACE WITH DISTRICT SERVICES**



**YOUTH INPATIENT UNIT (YIU) INTERFACE WITH DISTRICT SERVICES (continued)**



**SECTION FIVE**

**CLINICAL FUNCTIONING**

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## CASE MANAGEMENT

The Youth Inpatient Unit utilises a case management model to promote quality, consistency and continuity of care by assigning one team member to oversee and take responsibility for the patient's ongoing care.

Case Manager's prime responsibility is to:

- oversee the co-ordination of treatment as defined by the treatment plan.
- establish a therapeutic relationship with the patient.

### **The Case Management model is applied as follows:**

- Registered nurses, psychologists, social workers, occupational therapists, registrars and senior registrars can be case managers and in exceptional circumstances the Consultant Psychiatrist may be a case manager.
- Pukenga Atawhai will co-case manage tangata whaiora.
- Each patient will have only 1 Youth Inpatient Unit case manager and one designated Doctor / Consultant Psychiatrist.
- The case manager will be allocated based on the needs of the patient and case manager caseload / activity.
- For emergency referrals, a Primary Nurse (Associate Case Manager) is allocated until the next multi-disciplinary team meeting.
- Re-admissions will be allocated to the patient's previous case manager, as appropriate.
- Case management may be transferred in consultation with the multi-disciplinary team.
- The Case Manager or delegate will have contact with the patient at least twice a week.
- In the absence of the Case Manager the Primary Nurse will act as the Associate Case Manager.

### **Referral**

- Document any further contact on the referral screening form.

### **Assessment**

- Takes overall responsibility for ensuring that the assessment / assessment summary and treatment plan for any patient is completed, documented and conveyed to those appropriately involved.
- Present assessment summary to multi-disciplinary team within 1 week of admission.
- Document Psychiatric Assessment summary in Healthlinks.
- Document treatment plan (include management of risk factor/s) on Healthlinks.
- Create review form documenting date of next review.
- Integrate information from different assessment sources.

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## CASE MANAGEMENT (Continued)

### Assessment (continued)

- Prepare the individual care plan (ICP) within 72 hours. In the case of emergency admissions, an interim care plan must be produced within 24 hours of the admission, to be followed by a full individual care plan.
- Ensure that the assessment protocols are completed, with the relevant data entered on Healthlinks.

### Treatment

- Liaison with the referring case manager, General Practitioners, other health professionals and NGO's.
- Ensure all documentation occurs in a standardised and timely fashion, inclusive of risk assessment.
- Formulate the treatment plan in partnership with patient and family/whanau/caregivers as appropriate.
- Regularly review the treatment plan with the patient, multi-disciplinary team and family / whanau / caregivers.
- Ensure that the treatment plan is co-ordinated / implemented, regularly evaluated/updated and addresses the needs identified throughout the admission.
- Attend decision making meetings (i.e. review and assessments) which pertain to the patient, where possible.
- Take responsibility for handing over patient care to appropriate team members while on leave.
- Overall co-ordination of care delivery by the multi-disciplinary team.
- After each patient contact, write progress note in clinical file. Progress notes to be dated and signed.
- Provide support, education and advocacy for family / whanau / caregivers as required.
- Assist the patient to gain an understanding of their illness.
- Formulate a crisis care plan with the multi-disciplinary team in consultation with the patient and family / whanau / caregivers.
- Review Individual Care Plan (ICP) and casenotes.
- Review past events and update with patient.
- Undertake individual work with the patient as appropriate.
- Action any decisions / referrals.
- Take the primary role in crisis management.

### Review

- Complete patient disclosure form and ensure these and other relevant patient information is regularly updated on information system - this is checked at review.
- Review progress against the treatment plan (including risk assessment).
- Ensure risk assessment is current.
- Document in clinical notes.
- Fill in appropriate sections of review form prior to review meeting.

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## CASE MANAGEMENT (Continued)

### Review (continued)

- Referring case manager to be involved in review, as appropriate. e.g. phone contact made, telemedicine, or present at review meeting.
- Patient and family / whanau / caregivers consulted re input into review, as appropriate.
- Present case to multi-disciplinary team.
- Complete Healthlinks review form.
- Send standard letter to referring case manager to update on youth's progress and outcome of review, at least monthly.

### Discharge

- Plan for discharge in discussion with the multi-disciplinary team.
- Complete or co-ordinate documentation related to discharge.
- Engage with the patient and family / whanau / caregivers, where possible, and the multi-disciplinary team in discharge planning, to achieve an effective transfer of care.
- Liaise with the agencies that will take on further management and follow-up.
- Update treatment plan, as required, including discharge plan.
- Notify regional service 2 weeks prior to discharge if possible, for regional patients.
- Involve family/whanau/caregivers in discharge planning, where appropriate.
- Complete initial discharge note on Healthlinks prior to discharge and give a copy to the patient and the family / whanau / caregivers, where appropriate.
- Complete full discharge summary on Healthlinks within 3 working days of discharge.
- Send copy of discharge summary to the referrer, GP and/or attending Psychiatrist within one week of discharge and outpatient Case Manager.
- Inform the outpatient Case Manager, by phone / fax / e-mail of the discharge as soon as the patient has left the unit, and advise their destination.
- Complete evaluation, audit and research data as appropriate, within 10 days of discharge.

**SECTION SEVEN**

**TREATMENT GUIDELINES**

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<b>GENERAL TREATMENT GUIDELINES</b>
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See separate folder “SPF - Treatment Guidelines for Southern Regional Youth Inpatient Unit”.

1. Practice Parameters for the Assessment and Treatment of Children, Adolescents and Adults with Autism and Other Pervasive Developmental Disorders.  
pages 32S-54S *J.Am.Acad.Child Adolesc.Psychiatry, 38:12 Supplement, Dec 99.*
2. Practice Parameters for the Forensic Evaluation of Children and Adolescents who may have been Physically or Sexually Abused.  
pages 37S-56S *J.Am.Acad.Child Adolesc.Psychiatry, 36:10 Supplement, Oct 97.*
3. Practice Parameters for the Assessment and Treatment of Children, Adolescents and Adults with Attention-Deficit / Hyperactivity Disorder.  
pages 85S-121S *J.Am.Acad.Child Adolesc.Psychiatry, 36:10 Supplement, Oct 97.*
4. Practice Parameters for the Assessment and Treatment of Children, Adolescents and Adults with Autism and Other Pervasive Developmental Disorders.  
pages 32S-54S *J.Am.Acad.Child Adolesc.Psychiatry, 38:12 Supplement, Oct 99.*
5. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Post traumatic Stress Disorder.  
pages 4S-26S *J.Am.Acad.Child Adolesc.Psychiatry, 37:10 Supplement, Oct 98.*
6. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Language and Learning Disorders.  
pages 46S-62S *J.Am.Acad.Child Adolesc.Psychiatry, 37:10 Supplement, Oct 98.*
7. Practice Parameters for the Assessment and Treatment of Children and Adolescents who are Sexually Abusive of Others.  
pages 55S-76S *J.Am.Acad.Child Adolesc.Psychiatry, 38:12 Supplement, Dec 99*

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### GENERAL TREATMENT GUIDELINES (Continued)

8. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Depressive Disorders.  
pages 63S-83S *J.Am.Acad.Child Adolesc.Psychiatry, 37:10 Supplement, Oct 98*
9. Practice Parameters for the Assessment and Treatment of Children, Adolescents and Adults with Mental Retardation and Comorbid Mental Disorders.  
pages 5S-31S *J.Am.Acad.Child Adolesc.Psychiatry, 38:12 Supplement, Dec 99*
10. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Schizophrenia.  
pages 177S-193S *J.Am.Acad.Child Adolesc.Psychiatry, 36:10 Supplement, Oct 97*
11. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders.  
pages 69S-84S *J.Am.Acad.Child Adolesc.Psychiatry, 36:10 Supplement, Oct 97*
12. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Conduct Disorder.  
pages 122S-139S *J.Am.Acad.Child Adolesc.Psychiatry, 36:10 Supplement, Oct 97*
13. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Bipolar Disorder.  
pages 157S-176S *J.Am.Acad.Child Adolesc.Psychiatry, 36:10 Supplement, Oct 97*
14. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Substance Use Disorders.  
pages 140S-156S *J.Am.Acad.Child Adolesc.Psychiatry, 36:10 Supplement, Oct 97*
15. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Obsessive-Compulsive Disorders.  
pages 27S-45S *J.Am.Acad.Child Adolesc.Psychiatry, 37:10 Supplement, Oct 98*

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**SECTION NINE**

**STANDARDS AUDIT**

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Date: \_\_\_\_\_ Standards Achieved:

NHI No: \_\_\_\_\_

<b>YOUTH INPATIENT UNIT STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 1 of 3) DISTRICT SERVICE RESPONSIBILITIES</b>				
Phase		Standard	✓ - X - N/A	Comment
<b>REFERRAL</b>				
	1.1	<ul style="list-style-type: none"> <li>District service spoke with YIU Consultant or delegate (Registrar or Clinical Co-ordinator) regarding referral</li> </ul>		
	1.2	<ul style="list-style-type: none"> <li>Referral received at YIU with psychiatric assessment</li> </ul>		
	1.3	<ul style="list-style-type: none"> <li>Referral received at YIU with most recent clinical review form, if assessment more than 2 weeks old</li> </ul>		
	1.4	<ul style="list-style-type: none"> <li>Ongoing management field completed on YIU referral form</li> </ul>		
<b>ADMISSION</b>				
<i>Admission Arrangements.</i>	2.1	<ul style="list-style-type: none"> <li>Responsibility for arranging transport at discharge is confirmed.</li> </ul>		
	2.2	<ul style="list-style-type: none"> <li>Post discharge accommodation arrangements confirmed.</li> </ul>		
	2.3	<ul style="list-style-type: none"> <li>Youth/family/whanau/caregivers provided with "What to bring for your stay" form and PMH site map (by District service, from YIU referral pack)</li> </ul>		
	2.4	<ul style="list-style-type: none"> <li>District Service sent youth's current file to YIU</li> </ul>		
<b>REVIEW</b>				
	4.1	<ul style="list-style-type: none"> <li>If family/whanau/caregivers did not accompany youth to Christchurch, District service consulted with them and advised YIU of their input to the MDT review.</li> </ul>		
	4.2	<ul style="list-style-type: none"> <li>District Service fed back outcome of MDT review to family/whanau/caregivers</li> </ul>		
<b>DISCHARGE / TRANSFER</b>				
	5.1	<ul style="list-style-type: none"> <li>District service faxed follow up appointment to youth <b>prior</b> to discharge</li> </ul>		

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Date: \_\_\_\_\_ Standards Achieved:

NHI No: \_\_\_\_\_

<b>YOUTH INPATIENT UNIT STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 2 of 3) YIU RESPONSIBILITIES</b>				
Phase		Standard	✓ - X - N/A	Comment
<b>REFERRAL</b>				
	1.6	<ul style="list-style-type: none"> <li>District service advised of decision regarding admission within 2 working days of receipt of referral.</li> </ul>		
	1.7	<ul style="list-style-type: none"> <li>YIU Consultant discussed the referral with the youth's Consultant Psychiatrist and Child and Adolescent Psychiatrist, if involved</li> </ul>		
<i>If referral did not meet acceptance criteria for admission</i>	1.8	<ul style="list-style-type: none"> <li>District service advised of non-acceptance for admission, within 2 working days of receipt of admission</li> </ul>		
	1.9	<ul style="list-style-type: none"> <li>Options discussed with District service.</li> </ul>		
<b>ADMISSION</b>				
<i>Admission Arrangements.</i>	2.5	<ul style="list-style-type: none"> <li>District service advised of date and time of admission by letter/fax, within 2 working days of receipt of referral.</li> </ul>		
<b>Admission</b>	2.6	<ul style="list-style-type: none"> <li>Advise District service of name of Case Manager and Consultant for youth within 3 working days of admission</li> </ul>		
<b>REVIEW</b>				
	4.3	<ul style="list-style-type: none"> <li>If family/whanau/caregivers were in Christchurch YIU advised them of MDT review times and given opportunity to have input.</li> </ul>		
	4.4	<ul style="list-style-type: none"> <li>YIU feedback outcome of MDT review to family/whanau/caregivers</li> </ul>		
	4.5	<ul style="list-style-type: none"> <li>If family/whanau/caregivers were not in Christchurch YIU liaised with family/whanau/caregivers regarding review input and outcome</li> </ul>		
	4.6	<ul style="list-style-type: none"> <li>Copy of MDT review form faxed to District Service weekly during admission</li> </ul>		
	4.7	<ul style="list-style-type: none"> <li>Prior to discharge YIU discussed provisional discharge date with District Service Case Manager</li> </ul>		
	4.8	<ul style="list-style-type: none"> <li>Prior to discharge YIU discussed provisional discharge date with youth</li> </ul>		
	4.9	<ul style="list-style-type: none"> <li>Prior to discharge YIU discussed provisional discharge date with family/whanau/caregivers</li> </ul>		

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<b>YOUTH INPATIENT UNIT STANDARDS AUDIT TOOL (FOR DISTRICT PATIENTS) (Page 3 of 3) YIU RESPONSIBILITIES</b>				
Phase		Standard	✓ - X - N/A	Comment
<b>DISCHARGE / TRANSFER</b>				
	5.2	<ul style="list-style-type: none"> <li>• Initial discharge note faxed to District service on day of discharge</li> </ul>		
	5.3	<ul style="list-style-type: none"> <li>• Copy of Initial discharge note given to youth and/or family/whanau/caregivers</li> </ul>		
	5.4	<ul style="list-style-type: none"> <li>• Patient's clinical record returned to District Case Manager within 24 hours of discharge</li> </ul> <p style="margin-left: 20px;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• 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</li> </ul>		
	5.5	<ul style="list-style-type: none"> <li>• Discharge letter sent to District service within 14 days of discharge.</li> </ul>		