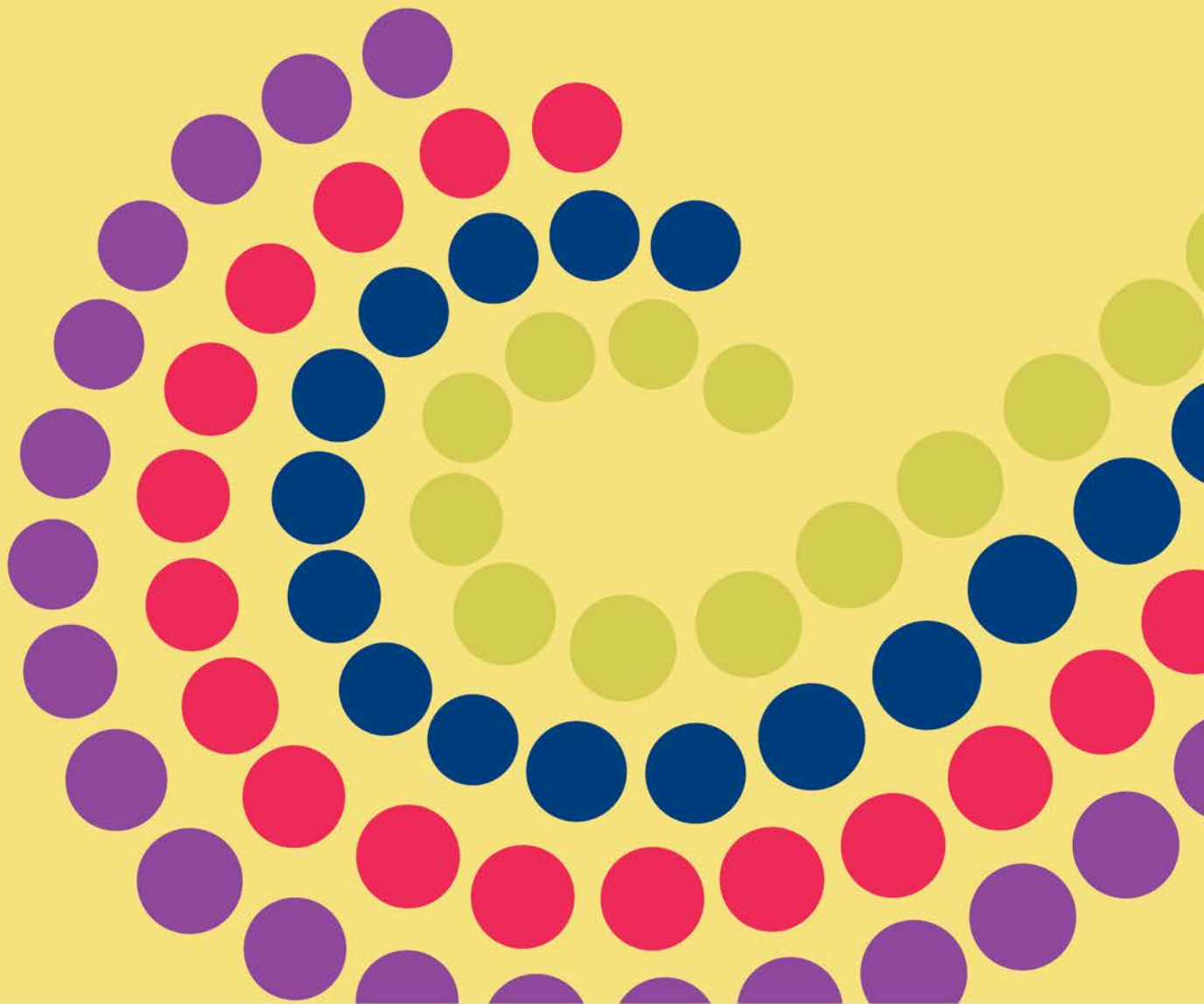


CAMHS Model of Care Mallee Ward

June 2021



Women's and Children's Hospital Information Reader Box

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Additional Circulation List	<p>The Project Team</p> <table border="0"> <tr> <td>Dianna Smith-McCue</td> <td>Senior Project Officer-CAMHS</td> </tr> <tr> <td>Kendall Louder</td> <td>Nurse Unit Manager CAMHS Mallee Ward</td> </tr> <tr> <td>Dr Simon Hein</td> <td>Medical Unit Head, Mallee Ward</td> </tr> <tr> <td>Lyn Jones</td> <td>Principal Aboriginal Mental Health Lead CAMHS</td> </tr> <tr> <td>Dr Monica McEvoy</td> <td>Nurse Practitioner-Multicultural Mental Health CAMHS</td> </tr> <tr> <td>Sue Pilkington</td> <td>Nurse Unit Manager-Paediatric Emergency Department WCH</td> </tr> <tr> <td>Dr Abdul Musa</td> <td>Staff Specialist-PED WCH</td> </tr> <tr> <td>Dr Marshall Watson</td> <td>Consultant Child & Adolescent Psychiatrist-Forensic Services CAMHS</td> </tr> <tr> <td>Dr Greg Keil</td> <td>Medical Unit Head- Country CAMHS</td> </tr> <tr> <td>Elizabeth Challis</td> <td>Nurse Unit Manager-Adolescent Ward WCH</td> </tr> <tr> <td>Kat Evans</td> <td>Lived Experience Coordinator-CAMHS</td> </tr> <tr> <td>Stephanie Jenkin</td> <td>Nurse Consultant Mallee Ward</td> </tr> </table>	Dianna Smith-McCue	Senior Project Officer-CAMHS	Kendall Louder	Nurse Unit Manager CAMHS Mallee Ward	Dr Simon Hein	Medical Unit Head, Mallee Ward	Lyn Jones	Principal Aboriginal Mental Health Lead CAMHS	Dr Monica McEvoy	Nurse Practitioner-Multicultural Mental Health CAMHS	Sue Pilkington	Nurse Unit Manager-Paediatric Emergency Department WCH	Dr Abdul Musa	Staff Specialist-PED WCH	Dr Marshall Watson	Consultant Child & Adolescent Psychiatrist-Forensic Services CAMHS	Dr Greg Keil	Medical Unit Head- Country CAMHS	Elizabeth Challis	Nurse Unit Manager-Adolescent Ward WCH	Kat Evans	Lived Experience Coordinator-CAMHS	Stephanie Jenkin	Nurse Consultant Mallee Ward
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Description	Mallee Ward is the only designated child and adolescent mental health inpatient unit in South Australia for children and young people who require inpatient treatment. This document aims to define who our clients are, how they access our services and the suite of services we provide; it provides a statement of care, outlining the relevant principles and values underpinning the service and the way in which we will manage our work. It is a living document that will change over time to reflect research and evaluation, the results of continuing consumer, carer and stakeholder contributions, the political, environmental, social climates and other elements at play in the Mental Health context. However the over-riding principles will be enduring. The Mallee Ward Model of Care is aligned with the CAMHS model of care and information for CAMHS staff, clients and carers, as well as a guide for the wide community, referral agencies and stakeholders.																								
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Key Messages

- Mallee Ward is a 12 bed unit located at the Women's and Children's Hospital (WCHN), the unit has 4 swing beds which give the option of converting into a 2 or 4 bed High Dependency Low Stimulus Unit (HDLSU).
- The service is for children /young people up to 18 years old whose acuity and/or needs cannot be met in the community. The service acknowledges the cultural needs of priority population groups.
- Through an evidenced based practice lens the project team has synthesised feedback from the literature, staff, lived experience and data/resource analysis to develop the Model of Care (MoC).
- Key elements of the MoC include ensuring the environment is developmentally appropriate and provides therapeutic programs to improve children and young people's bio-psycho-social functioning and meet their cultural and spiritual needs.
- Mallee Ward is integrated into the broader continuum of service delivery for Children and Adolescent Mental Health Services (CAMHS), and other government, non-government services, inclusive of private practitioners.
- Mental Health Assessment, Care and treatment is guided by the Mental Health Act (2009) and has strong links with not only the Women's and Children's Hospital but to the Office of the Chief Psychiatrist.
- Mallee Ward is staffed by a multi-disciplinary team and provides training and education for all mental health clinicians.
- Mallee Ward is committed to learning from and sharing its learnings with all organisations at a state, national and international level.
- Mallee Ward's practice is responsive to meet the ever changing needs of the community and is evaluated in a number of domains.

Abbreviations

CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Services
HDLSU	High Dependency Low Stimulus Unit
MoC	Model of Care
SA	South Australia
WCH	Women's and Children's Hospital
WCHN	Women's and Children's Health Network



The Women's and Children's Hospital is a recognised leader in paediatric care, most particularly mental health care, research, training and advocacy, both within Australia and internationally. The anticipation of the new mental health inpatient unit provides the impetus to create a more integrated and better-coordinated *Model of Care (MoC)*. Some of the keys drivers include: ensuring the service is developmentally appropriate, aligning care to least restrictive and best interest principles, ensuring key stakeholders and partner agencies is integrated to the model of practice and working in cooperation with consumers.

This MoC is a document that defines who our clients are, how they access our services and the suite of services we provide; it provides a statement of care, outlining the relevant principles and values underpinning Mallee Ward and the way in which we will manage our clinical work. It is an evolving document that will change over time to reflect the ever changing needs of the community.

Importantly, the MoC is integrated to the broader CAMHS Model of Care to describe how the unit works in partnership with the community. CAMHS acknowledges that acute inpatient care is connected as one potential step in the broader consumer journey for children, young people and their families. The following information provides clarity as to the principles of care, underlying legislation, staff providing care and the key aspects of treatment from contact to follow up to community treatment. Thank you to the Project Team whose efforts were crucial in the development of this important piece of work.

Throughout this document the term Aboriginal is inclusive of the Torres Strait Islander peoples. *"CAMHS acknowledges Kurna people as the traditional owners and custodians of this land. We respect their spiritual relationship with their country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kurna people today."* CAMHS also acknowledges all Aboriginal cultural groups in South Australia.

Disclaimer

While every effort has been made to ensure the material contained in this handbook is up-to-date at the time of publication, the Women's and Children's Hospital accepts no responsibility for the accuracy or completeness of the material in the publication and expressly disclaims all liability for any loss or damage arising from reliance on any information contained within it.



What is this document?

The Mallee Ward MoC broadly defines the way services are delivered within the framework of state-wide Mental Health Act legislation and standards of practice. It outlines best available developmentally appropriate practice care and services for children and young people as they progress through the stages of care. It aims to ensure all children and young people get the right care, at the right time, by the right team and in the right place.

What does the evidence tells us?

International evidence reflects child and adolescent mental health inpatient units provide assessment and treatment to children and young people who are acutely unwell and where there may be concerns for the safety of the child, young person or others.

In Australia mental health problems in children and young people are common in the community and expected to rise in the context of COVID-19.¹ A national Australian survey established that 13.9% of children and young people aged 4–17 experience significant mental disorders. **Almost one-fifth of all young people aged 11 to 17 years' experience high or very high levels of psychological distress.** 19.9% of all young people (11 to 17 years) had high or very high levels of psychological distress in the previous 12 months.² It should also be noted of all young people aged between 12 and 17 years old, 7.5% had experienced suicidal ideation in the past 12 months, 7.2% had made a suicide plan, and 2.4% had attempted suicide.³

The South Australian population has not changed significantly in the last 12 years (1.6 million). 5-19 year olds make up 17.7% of the population in SA⁴. One in five (over 280,000) South Australians are experiencing a diagnosable mental illness. At some point in their lives, 45% of South Australians will experience a diagnosable mental illness⁵

¹ Fisher JRW, Tran TD, Hammarberg K, Sastry J, Nguyen H, Rowe H, Popplestone S, Stocker R, Stubber C, Kirkman M. Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. Med J Aust 2020; <https://www.mja.com.au/journal/2020/mental-health-people-australia-first-month-covid-19-restrictions-national-survey>

² Australian Institute of Health and Welfare 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW.

³ Stephen R Zubrick, Jennifer Hafekost, Sarah E Johnson, David Lawrence, Suzy Saw, Michael Sawyer, John Ainley, William J Buckingham, (2016), Suicidal behaviours: Prevalence estimates from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing

⁴ Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016. Compiled

⁵ South Australian Mental Health Strategic Plan 2017–2022



Mallee Ward is the only public health inpatient mental health facility for children and young people in South Australia.

What is Mallee Ward?

Mallee Ward is a 12 bed unit, (inclusive of the option of a 4 bed High Dependency Low Stimulus Unit, (HDLSU)) located at the Women's and Children's Hospital for children and young people (up to 18 years) whose mental health needs are assessed as both acute and severe and that cannot be safely managed within the community. It offers a seven-day multidisciplinary program in a therapeutic environment for children and young people admitted voluntary and involuntary as authorised under the Mental Health Act (2009).

Mental health care is provided by a multidisciplinary team of clinicians and auxiliary staff whom aims to care for children and young people in partnership with their families /care givers in the acute phase of illness. Mallee Ward works in partnership with families/care givers and the community using a recovery-orientated approach to ensure treatment is provided in the least restrictive environment. Clinicians aim to empower families to participate in their child's treatment and assist their recovery by providing information, therapeutic group programs in a home-like environment, education and support.

Who are our clients?

The service is for children and young people up to the age of 18 whose acuity and/or needs cannot be adequately met in a community setting. Common acute phase diagnoses treated by our services include, but are not limited to:

- first episode psychosis
- bipolar disorder
- emerging personality disorder
- severe depression or anxiety disorder

Aligned with the CAMHS Model of Care there are three priority population groups that given their specific needs are particularly considered for inpatient care in line with their immediate acuity.

ABORIGINAL AND TORRES STRAIT ISLANDERS

The needs of Aboriginal children, adolescents and their families accessing CAMHS are met through providing an accessible service that recognises the diversity of experience within the Aboriginal community and the importance of cultural and custodian responsibilities. Addressing the physical, mental and social emotional and wellbeing in a cultural context. Approaches are aligned with the WCHN Aboriginal Strategic Plan 2018-2022 that clearly states first contacts for this population should be provided by a person from culture.



CHILDREN AND YOUNG PEOPLE UNDER THE CARE OF CHILD PROTECTION

Young people who have experienced abuse and neglect and are subsequently under care and protection orders (Guardianship of the Minister, Guardianship of the Chief Executive) are more vulnerable than their peers to developing mental health issues. Mallee Ward Inpatient Services recognise the significant behavioural and emotional impact that early childhood trauma has upon infants, children and young people. There is a duty of cooperation placed on Mallee Ward and the Department of Child Protection (DCP) to work collaboratively in the best interests of children and young people under care and protection orders, with recognition that emotional wellbeing and mental health can affect all aspects of their lives and no one service alone is able to meet their needs.

Mallee Ward acknowledge children and young people of Aboriginal and Torres Strait Islander origin are over represented in this population and will receive a priority CAMHS service. Mallee Ward prioritises culturally responsive work; as such staff consider cultural needs of young people in care, and work closely with the Aboriginal Service.

CULTURALLY AND LINGUISTICALLY DIVERSE (CALD)

CALD children and young people and families often present with complex trauma, with Post Traumatic Stress Disorder and complex family dynamics being the most common presentation. Children and young people from CALD backgrounds presenting to Mallee Ward are often experiencing severe and complex mental health problems that are understood in very different ways in their families and communities. Mallee Ward prioritises culturally responsive work; as such staff consider cultural needs of children and young people in care, and work closely with CALD consultants.

What underpins the Model of Care?

The SA Mental Health Act 2009 was proclaimed on 1 July 2010 and provides a legislative basis for mental health reform in South Australia. The overall aim of the act is to ensure service provision is in line with national and international best practice. The Act provides a legislative basis for care within Mallee Ward and increases accountability to and through the Office of the Chief Psychiatrist.

The SA Mental Health Act (2009) provides:

- a legislative basis for mental health reform in South Australia
- aims to bring about recovery, as far as possible, whilst retaining freedom, legal rights, dignity and self-respect as far as is consistent with the protection of the mentally ill and the community
- allows for both voluntary and compulsory treatment of mental health conditions
- introduces significant changes in practice to bring services in line with national and international best practice
- increases accountability through the Office of the Chief Psychiatrist
- strengthens consumer and carer involvement to improve outcomes for consumers and families
- provides for high quality, safe and multidisciplinary care and treatment
- balances interventions with safeguards.



The Office of the Chief Psychiatrist (OCP) ensures accountability and compliance with the Act through a range of actions:

This includes:

GAZETTED FACILITY

WCH and Mallee Ward is a gazetted facility for the treatment and care of people with a mental illness, this means where a person needs to be taken from the community to a facility for an involuntary assessment, the Mental Health Act 2009, requires that they be taken to a declared mental health facility. If they are found to be mentally ill or mentally disordered as a result of this assessment, they can be further detained and given involuntary mental health treatment in a declared mental health facility.

INSPECTIONS

The Office of Chief Psychiatrist conducts inspections of Mallee Ward to monitor the standard of mental health care, the treatment of patients, the use of restrictive practices and the administration of the Act. Inspections also provide the Chief Psychiatrist with data that will inform other functions, such as promoting the continuous improvement of mental health service delivery and organisation, and advising the Minister on issues relating to mental health. Visits may be comprehensive inspections, announced visits for specific purposes, unannounced visits and or part of a larger investigation. Recommendations from these visits are followed up through a continuous improvement planning process within the ward in partnership with CAMHS Executive.

COMMUNITY VISITOR SCHEME

Community Visitor Scheme (CVS) is an independent statutory body, reporting to the Minister for Health and Wellbeing on matters related to the Scheme's functions under the Mental Health Act 2009 and to the Minister for Human Services on matters related to the Scheme's functions under the Disability Services (Community Visitor Scheme) Regulations, 2013. The purpose of the CVS is to further protect the rights of people with a mental illness who are admitted to mental health units and community mental health facilities and people with a disability who live in disability accommodation or a Supported Residential Facility (SRF). CVS makes recommendations for to Mallee Ward post visit and these are embedded as part of its continuous improvement planning process in partnership with CAMHS Executive.

To ensure adherence to the Mental Health Act (2009) Mallee Ward delivery embeds the following approaches to care.

Personalised Care	Respectful of the needs and preferences of the young people and affords them dignity and active participation in all support, care and treatment decisions.
Integrated Care	Supporting a holistic service approach that focuses on the whole person, recognising and supporting their mental health, physical health and social needs through improved partnerships, collaborative care planning and continuity of care.
Safe and High	Ensuring services are planned and delivered to the highest quality,



Quality Care are safe, respectful and protect the rights of all who utilise services.

Aligned with these are a number of service principles for Mallee Ward, inclusive of:

Accessibility

- Mallee is a state-based facility that provides evidence-based best quality mental health care to children and adolescents and the service community.

Trauma Informed Care

- Trauma-informed care is an organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for people who have experienced trauma, their families and carers, and service providers.

Engaging and Equitable

- Mallee works in collaboration with health providers, pathways and partners to ensure holistic care, respecting the central role that family, carers, other support networks provide in wellbeing and recovery.

Innovative

- Care is provided with a focus on innovation and recovery which empowers children, young people and their carers.

Multidisciplinary

- Mallee will provide a range of interventions which is holistic, discipline specific and evidence based.

Safety and quality

- Mallee integrates research, teaching, clinical care monitoring, evaluation, and quality assurance.

Least Restrictive Practice

- Mallee policy directs that the use of Restraint and seclusion are interventions of last resort, only to be used when other options have failed.

Person and Family Centred Care

- Staff will ensure the child/young person and their family are consulted in regard to their needs, desires and goals around improving their mental health and being able to return to normal life.

Recovery model

- All people are respected for the experience, expertise and strengths they contribute.

Staff wellbeing

- Mallee Ward aims to be a workplace that promotes good staff health and wellbeing.

Clinical Supervision

- Supervision is considered to be critical for the supervisee's wellbeing, ongoing development of clinical practice and for ensuring that clients receive safe care.

Multidisciplinary Team Review and Debriefing

- Mallee is well supported, cohesive team by embedding multi-disciplinary team reviews on a regular basis and opportunities for debriefing, in response to specific incidences.



Who we are?

Multidisciplinary team member	Roles and duties involved
Activity Therapist	Providing a range of activity base programs throughout the day provides a therapeutic environment and can assist in the recovery process, by reducing boredom, reducing aggression, assessing level of functioning, assessing level of communication, assessing ability to interact with others, developing or improving consumer skills and knowledge and improved facilitation of therapeutic relationships.
Administrative support staff	Responsible for the provision of an effective and efficient confidential secretarial, administrative and reception service to the staff and clients of the Mallee Ward. The Administrative Assistant supports Mallee Ward, CAMHS, Consultant private practices, Emergency Mental Health Service and the OCP. Varying roles are Hiring Manager for recruitment and Compliance Officer for the Office of the Chief Psychiatrist. By designing databases to collect, collate and report statistics to WCHN Executive, CAMHS, Mallee Ward and Emergency Mental Health Service meetings.
Associate Nurse Unit Manager	Assist the Nurse Unit Manager in undertaking service management responsibilities, e.g. recruitment, staffing, leave management, rostering, work allocation and performance management; financial and supplies planning and monitoring.
Registered Nurses Level 1 and 2	Assess Mental State of young people, provide therapeutic and person centred care while working closely with young people and their families. Support liaison between services and discharge service transition. Clinical Nurses (RN 2) will be supported to undertake a portfolio.
Enrolled Nurse with Mental health Experience	Will care for young people under the supervision of a Registered Nurse.
Clinical Nurse Consultant	Supports nursing staff in delivering proficient clinical care using evidence based practice. Works collaboratively with the consumer and multidisciplinary team in the development of individual/treatment plans, including organization of planned admissions with community teams and consumers/families. Oversees seven-day follow up for discharged patients.
Nurse Unit Manager	Line management, coordination and leadership of the nursing team and/or multi-disciplinary team activities, including where relevant, such local resource management as to achieve continuity and safe, high quality care and outcomes.
Occupational Therapist	Provide skills assessments, formulate rehabilitation plan which is delivered both individually and in groups.
Child and Adolescent Psychiatrist	Medical Psychiatrist assessment and management plan which may include physical investigations, include blood tests, medical imaging, prescription of medication and monitoring of progress with engagement in overall multi-disciplinary treatment plan during and post admission.
Psychiatric Registrar	The psychiatric registrar provide expert medical psychiatric assessment and treatment in consultation with the multidisciplinary team, including but not limited to face to face and telehealth interview, obtaining collateral information and liaison with external partners, ordering of



	investigations and commencement of medication.
Clinical Psychologist	Provide specialised therapy, performs in-depth assessments of aspects of brain functioning and behaviour. Participates in research and responsible for service wide data collection.
Principal/Education Consultant	Provide education data which may include attendance, behaviour and academic abilities. Provide support and advocacy for families in re-engaging young people in existing education programs or new education programs. Provide skills assessment in literacy and numeracy for individualised learning plans. Liaise with enrolled schools to gather and share premorbid information.
Social Worker	Provide support for families, provide talking therapies, advice in relation to housing, finance and supports.
Speech Pathologists (accessed through Community CAMHS)	Providing specialists assessments and capacity building for staff to engage with consumers/carers with speech and language delays/disorders.
Peer/Career Specialist Workers (accessed through Non-government agencies/CAMHS)	The peer specialist supports young people when they are ready to be discharged from the ward to get back into regular life by providing follow up peer support for a period of time after the young person has been discharged from the ward.
Aboriginal Wellbeing Consultants (accessed through non-government agencies / Women's and Children's Hospital/CAMHS)	Aboriginal identified professionals play a pivotal role in providing support and assistance to young people and their families, including practical and emotional support, informing appropriate assessment by incorporating cultural elements, advocacy, referrals and discharge planning.

What are the stages of care?

Mallee Ward is integrated within a broader system of care for children and young people with mental health needs within our State. We are responsible to the Women's and Children's Hospital Network, as well as the Office of the Chief Psychiatrist.

Mallee Ward work closely with all Metropolitan and Country Community CAMHS Teams and Hospital based Clinical Liaison Service, Eating disorders service and the Adolescent Ward.

Mallee Ward has strong links with South Australian Police and SA Ambulance Service.

We also work closely with Government and Non-government agencies:

- Government – Youth Mental health Services, Education, Department of Child Protection and Forensic services.
- Non-Government – Headspace, Uniting Care, etc.
- Private Providers – GPs, Psychiatrists, private clinical Psychologists.



Referrals

Present to WCH with or without consultation	Young people/families presenting to the Paediatric Emergency Department. SAPOL/SAAS for patients under Section 25 of the Mental Health Act. For acute crisis the admission will be as brief as safely possible, with the community continuing treatment once the crisis has been resolved usually over a 24 hour to 48 hour period.
Transfer	From within Women's and Children's Hospital and other SA hospitals, both country and metropolitan.
Planned	Government: Youth Mental Health Services/CAMHS Community services/ Education/Department of Child Protection/Forensic Services Non-Government – Headspace Private providers - GPs/Psychiatrists other

In accordance with the Mental Health Act 2009, Mallee Ward has a commitment to least restrictive care. Alternative options to admission are discussed with the child or adolescent and their parents and/or carers. When admission is not possible or appropriate, the inpatient unit consultant Child and Adolescent Psychiatrist (or other appropriate clinician) can provide advice on measures which will assist with short term treatment, crisis management and crisis resolution to ensure the child's or adolescent's safety in a community setting.

Assessment and Admission

Assessment Comprehensive age appropriate mental health and family assessments for children and young people with acute and complex difficulties that cannot be achieved through least restrictive means.

- Longitudinal observation of mental state for diagnostic clarification
- Classroom based assessment at hospital school
- Interagency liaison including systemic work and case conferences
- Institution and review of Pharmacological Strategies
- Psychometric and other psychological assessments
- Brief psychological interventions
- Physical investigations including tests of blood, urine, EEG, cerebral imaging

Forensic CAMHS forensic services will refer in consultation with Mallee Ward leadership team via a planned admission process, with agreed referral goals and a pre-discharge meeting to support management back into a custodial environment. The goal of the experience is to address the biopsychosocial needs of the consumer, inclusive of longer term management options.



Multiple Complex Behavioural Assessment	A cross-sectional and longitudinal assessment where community assessment cannot be definitive in either assessment and/or diagnosis. It caters specifically for children and young people with severe and/or complex mental health and behavioural needs that have not responded to previous interventions.
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Treatment

Skill development	Working in partnership with parents/carers in the delivery of treatment for children and young people with acute and severe mental illness is provided by the multi-disciplinary team through individualised care, inclusive of therapeutic groups and activity based programs to support psycho education and skill acquisition. Young people of all ages are together in a fully integrated unit, with separate programs and activities dependent on their developmental needs.
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Stabilisation

High Dependency Low Stimulus Unit (HDLSU)	HDLSU is not a form of restraint or seclusion as referenced in the The Office of the Chief Psychiatrist standards in accordance with Section 90(2) and (3) of the Mental Health Act 2009. The decision to utilise the HDLSU is based on an assessment of the child or young person, their risk factors, mental state and physical condition. This decision is made in collaboration with the Psychiatric Consultant and the multi d team.
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Referral pathways	Connection with community, inclusive of Education, Centrelink, Homelessness sector, CAMHS community, Youth Mental Health, and private psychiatrists, GPs and other relevant agencies.
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Transition - Discharge

Transition Planning	Connecting community (home/ regular activities /school), with the young person and their family. Planning for transition from Mallee Ward commences at the point of admission by working in partnership with consumers/carers and proactively engaging community services who are providing ongoing care. Facilitating connection to CAMHS, other mental health providers including Youth MHS, private providers, GPs, NGOs, DCP, Centrelink, etc.
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Technology	Tele-medicine and other technologies can be used to enhance support access with communication between acute inpatient and the wider community, particularly in a rural and remote setting.
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Post Discharge – Care and Support

Seven Day follow up	CAMHS community offers follow-up care within seven days of discharge. The aim of this approach is to ensure that the child or young person has stabilised and has been able to connect with the community follow up and
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support.

Other agencies and private practitioners	Mallee Ward offers ongoing consultation and support to referral pathways post discharge to support connection to community.
Assertive follow up	Mallee Ward assertively follows up with consumers/carers who do not engage via follow up community based appointments through phone conversation, tele health link, or face to face outpatient appointment.

How do we know we are making a difference?

Mallee Ward staff are committed to adopting, adapting, and developing new measures for evaluation and are continuously monitoring our processes to promote best practice and continuity of care for children and young people. The principles of continuous quality improvement are embedded in the context of a learning culture when reviewing and adapting our systems of care. Outcome measures are provided on a regular basis and reviewed at both a local and national level. Specific data on the use of seclusion and restraint is also collated and reviewed three monthly and determines practice modifications as required. The Office of the Chief Psychiatrist inspection program and Community Visitor Scheme is complemented by the Women's and Children's Health Network, Patient Safety Leadership walk round to ensure a contemporary evidence base practice of support consumers in the least restrictive way is achieved.

Mallee Ward is aligned to National Mental Health standards and participate in accreditation processes within the WCHN.

SERVICE ADVOCACY

Mallee Ward has a strong commitment to informing best practice into the wider community. Attendance and participation in a variety of clinical and operational meetings at a local, state and national level to ensure shared learnings and evidence based practice is embedded in providing a least restrictive contemporary inpatient unit.

FEEDBACK

Mallee Ward welcomes feedback from our consumers, families and visitors. While everyone is pleased to hear compliments and praise, we also want to know if you have concerns about any of our services. Because we value feedback, we promote a culture of openness to receiving feedback.

Mallee Ward invites consumers, families and visitors to complete feedback forms available in the common area along with the Consumer Feedback Letterbox where the forms can be placed. Alternatively, the WCHN website provides alternative methods to consumers, families and visitors to provide their feedback. The Network ensures that it provides different ways to hear your feedback, and that is why it has committed to providing multiple ways to make your voice count. The website provides a table providing information on all the different ways we capture feedback which is sent to a central space, accessible to staff champions and management.

RESEARCH

Opportunities for integration of clinical and academic research will be strongly encouraged within Mallee Ward. Promotion of research is integral to improving clinical



outcomes through the generation of new knowledge that will translate to evidence-based care. The benefits of research undertaken will span across care to children and young people and their families, as well as provide opportunities for staff to be part of a research culture that enhances clinical care, with the ability to attract Masters and PhD students to be involved and expand on the potential role of the unit as a dedicated research hub.

TEACHING AND TRAINING

The Mallee Ward is part of the WCHN, is an accredited teaching post affiliated with the major universities across South Australia. Teaching across all levels can be accommodated, from medical student placements through to postgraduate training of psychiatric registrars. This is applicable across medicine, nursing and allied health. As such staffing ratios must include senior personnel across the disciplines able to provide the appropriate level of supervision and support as required by their respective colleges.



References

A national framework for recovery-oriented mental health services – Guide for Practitioners and Providers

[https://www1.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/\\$File/recovgde.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf)

An Evidence Check rapid review brokered by the Sax Institute for the NSW Ministry of Health. September 2017.

<https://www.saxinstitute.org.au/wp-content/uploads/Inpatient-care-for-children-and-adolescents-with-moderate-to-severe-ment....pdf>

Central Adelaide Local Health Network Mental Health Directorate Aboriginal Mental Health Clinical Practice Guideline and Pathways A culturally appropriate guide for working with Aboriginal mental health consumers

<https://www.sahealth.sa.gov.au/wps/wcm/connect/c9265300414f31cab52cb7e8f09fe17d/Aboriginal+Mental+Health+Clinical+Practice+Guideline+and+Pathways.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c9265300414f31cab52cb7e8f09fe17d-mNBKYGh>

Data Compendium Promote Protect Prevent Chief Public Health Officer's Report 2016-2018 Prepared by the Prevention and Population Health Branch

https://www.sahealth.sa.gov.au/wps/wcm/connect/a2004ebb-fc4e-44b3-88d2-7a0a9cd53638/CPHO1618_Data+Compendium_FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-a2004ebb-fc4e-44b3-88d2-7a0a9cd53638-mMzq-vf

Australian Bureau of Statistics. (2015). *Causes of Death, Australia, 2014.*

Catalogue No. 3303.0. Canberra: ABS. Accessed 2 March 2015

from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument>

Australian Bureau of Statistics (2019). *Causes of Death, Australia, 2018: Intentional self-harm in Aboriginal and Torres Strait Islander people.* Catalogue No.

3303. Retrieved 26 September 2019

Minas H, et al., 2013. Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion. *International Journal of Mental Health Systems.* 7 (23), p.13.

Outcomes for children and young people in care - Alexandra Osborn and Leah Bromfield (2007)

Person and Family Centred Care Charter – WCHN -

http://www.wch.sa.gov.au/support/consumer/pfcc_charter.html



Restraint and seclusion in mental health – SA

Health <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/mental+health/restraint+and+seclusion+in+mental+health>

WCHN Aboriginal Health Plan 2018 - 2022

Inclusive to the references and footnotes there are a number of key legislative links and Policies, Directives and Plans that have been considered in the development of this MoC.

National Context:

- [Fifth National Mental Health and Suicide Prevention Plan](#)
- [National Standards for Mental Health Services \(NSMHS\) Standards](#)
- [National Mental Health Strategy](#)
- National Indigenous Reform Agreement (2019)
- Headspace National Youth Mental Health Foundation

State Context:

- SA Mental Health Act 2009
- SA Carers Recognition Act 2005
- The Child and Young persons' Safety Act 2017
- SA Health Strategic Plan 2017-2020
- [WCHN Strategic Plan 2020 - 2026: Realising Potential, Creating Together](#)
- WCHN Aboriginal Health Plan 2018 - 2022
- CAMHS Model of Care 2017
- SA Youth Mental Health System of Care May 2012
- Aboriginal Health Care Framework 2019-2024
- Aboriginal Affairs Action Plan 2019-2020
- Charter of Rights for Children and Young People in Care. 2009
- Family Safety Framework and Authority to Disclose Information under the Family Safety Framework Policy Directive
- Information Sharing Guidelines for Promoting Safety and Wellbeing
- [Rapid Response Framework: Whole of Government Services for Children and Young People under Care and Protection Orders](#)

