NSW GOVERNMENT

Guide to Understanding Inpatient Mental Health Admissions for Children and Adolescents

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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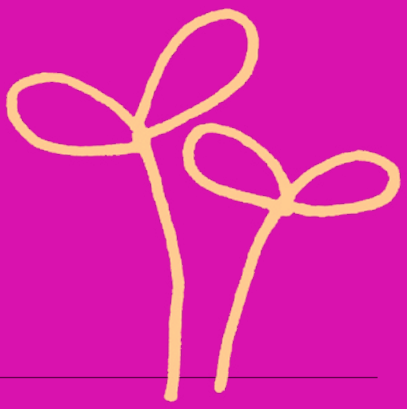
Acknowledgments



This Guide acknowledges the traditional custodians of the lands on which we live and work. We extend that respect to Elders past, present and future in maintaining the culture and connection to country for all First Nations people.

This Guide also acknowledges the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to the care we provide.

This Guide was written with the contributions of youth Peer Workers, carers for children and adolescents with mental ill-health, peak organisations, education specialists and clinicians from across NSW Health. We thank them for the passion and care with which they all approach children and adolescents in times of crisis and throughout their journey.

A Note on Language

Within this Guide, the term "child or adolescent" or "children and adolescents" refers to a person or people between the age of 0-11 (for child) or 12-17 (for adolescent) with mental-ill health utilising the health care system, while "consumers" refers to the child or adolescent, as well as their family, carers or close social supports. This inclusive use of "consumer" is aligned with the Agency for Clinical Innovation's approach to partnerships between clinical staff and users of health services.

The philosophies and standards of this policy are consistent with The National Mental Health Statement of Rights and Responsibilities and the Charter for Mental Health Care in NSW.

About Perinatal Child and Youth, Mental Health Branch

Perinatal Child and Youth is part of the Mental Health Branch, NSW Ministry of Health. The team provides leadership, policy development and monitoring, and strategic guidance to NSW Health perinatal, child and youth and adult mental health services across NSW.

Perinatal Child and Youth works collaboratively with a wide range of stakeholders to promote the best use of available evidence, disseminate relevant data, information and resources and develop policies and plans to optimise the care and treatment for children and young people.

For more information contact:

https://www.health.nsw.gov.au/mentalhealth/Pages/services-camhs.aspx

About this Guide

Audience

The intended audience for this Guide is people who are currently involved in or may become involved in caring for a child or adolescent experiencing mental-ill health. This could include families and carers, social workers, Peer Workers, education professionals, adult mental health and non-mental health clinicians such as paediatricians and emergency department consultants, general practitioners, communities and justice professionals and children and adolescents themselves. Clinicians who routinely assess children and adolescents with moderate to severe mental ill-health will find this Guide aligns with concepts with which they are already familiar.

Background

This Guide is a document to assist in the understanding of how admission decisions are made. This Guide has been published in response to a shift in both the clinical approach to, and consumers' expectations of, appropriate mental health support to children and adolescents. Internationally, it has been recognised that inpatient care can be a traumatic experience for children and adolescents (and their families, carers or close social supports). Thus, while inpatient care is an important (and at times, necessary) part of the continuum of care, evidence suggests that it should be reserved for those situations when there is a clear clinical indication for its use and when less restrictive treatment options are not suitable.

Purpose

This Guide is written to provide understanding of trauma-informed, person-centric care, for children and adolescents in or approaching a mental health crisis, especially when considering inpatient mental health care. This Guide is designed as a tool for audiences who may be unfamiliar with the current services and resources available within the continuum of mental health care, including the indications and impacts of inpatient mental health care.

Care of children and adolescents is likely to be provided by a team consisting of professionals from many branches of medicine or allied health (and representing many different agencies, such as hospitals, not-for-profit support services, or government agencies), along with social supports such as parents and carers. In support of these teams, this Guide intends to provide a shared knowledge-base from which team members can understand the risks and benefits of inpatient mental health care.

Guiding Principles

These key principles underpin the decision-making for determining the most appropriate approach to providing care for children and adolescents. These principles are presented without priority or hierarchy. It is important not to assume that how health care providers or mental health specialists understand these principles is the same as how consumers may understand them. Listening, asking and respectfully checking are key skills to delivering efficacious and appropriate care in this setting.

Trauma-Informed

"Trauma-informed care or trauma-informed care and practice is a strengths-based approach that is responsive to the impact of trauma. It emphasises physical, psychological and emotional safety for both survivors of trauma and service providers. Trauma-informed care creates opportunities for survivors to rebuild a sense of control and empowerment. It is grounded in an understanding of the neurological, biological, psychological and social effects of trauma, and recognises the high prevalence of these experiences for people who access mental health services.

Some experts in NSW prefer the term 'trauma informed care and practice'. This [Guide] uses the term 'trauma-informed care' as it is the predominant terminology used in the literature." – NSW Agency for Clinical Innovation[1].

Care providers should recognise the widespread effects of trauma on patients, those close to them, and staff. All mental health care should aim to avoid exacerbating the immediate trauma of the consumer's presentation and social history, and avoiding new traumatising events through inappropriate care. Providers should be mindful of the traumatic effects providing care may have on themselves and colleagues.

Person-Centred

Children or adolescents and their families should be approached as a person first, rather than categorised as a diagnosis or problem. Professional care should be holistic, and tailored to the consumer's strengths, desires, and needs. In considering the most developmentally and clinically appropriate care, the decision-making team should include families, carers, or other social supports, and (where developmentally appropriate) the child or adolescent as equal partners in the decision-making process to ensure the selected model of care may be anticipated to deliver the agreed goals.

Least Restrictive and Least Disruptive

A child or adolescent's autonomy and rights as an individual are fundamental to delivering ethical and effective care. Minimising disruption is an important principle of care. Consideration must be given to providing care that is safe and effective while having the least possible impact on the consumer's vocational or educational pathways, connection to normal social groups and existing community-based care plans. For all service users, and especially for younger children and Aboriginal families, the selected model of care should be the closest available to home when possible.

In some cases, a child or adolescent may be treated involuntarily under the *Mental Health Act* 2007 (NSW)[7]. In these cases of involuntary treatment, care providers must make attempts to preserve as much autonomy as possible, and to regularly review if the ongoing need for involuntary treatment is essential. For these children and adolescents, their youth Peer Workers, and families and carers are important advocates in reducing these impacts on a child or adolescent's autonomy.

Collaborative

Delivering holistic care requires collaboration with multi-disciplinary teams and multi-agency care providers, and with consumers themselves. Holistic care for children and adolescents considers allied health, educational, vocational, housing and family therapy support in addition to mental health care or biological, psychological, social, and cultural interventions. These may be provided by services within the same facility, or require linkage to and shared planning with external community-based services including the child or adolescent's school or other providers in their local area. While collaboration explicitly must also involve the child or adolescent and their family, this is covered in more detail under Person-Centred care above.

Accessing Services

While this Guide has a focus on admission into inpatient care, it is essential for the ongoing growth and development of children and adolescents that they receive care which is appropriate, equitable and accessible. In all cases, non-inpatient services should be considered prior to, and along with, referring children and adolescents into inpatient mental health care.

Mental health and mental ill-health is a life-long journey and sometimes during this journey the individual may need to access different support services. Children and adolescents mental health is influenced by many factors including social, environmental and biological factors[2]. Therefore, it is critical that a holistic approach is taken when determining which service is most appropriate for the individual at the time.

"No wrong door" approach

"No wrong door" may refer to both the *No Wrong Door* NSW Health Initiative[3] (which aims to reduce systemic barriers to accessing mental health care), and also to a more general acknowledgement that people may access mental health care from many different access points (for example, via a General Practitioner, an Emergency Department, Department of Communities and Justice, or even as an involuntary patient via NSW Police). A "no wrong door" approach does not limit the care that may be provided to a child or adolescent by which point of access a child or adolescent engages, and works to integrate access to care across all of these points of access. This Guide explicitly acknowledges a significant number of consumers access care via the Emergency Department, because they are in or approaching crisis and require emergency care. In these cases, as in all cases, this Guide supports creating an integrated and coordinated service system regardless of how children and adolescents first approach the wider health care system.

A "no wrong door" approach refers to the removal of barriers at the first point-of-contact that exist for children and adolescents with persistent mental ill-health or complex needs. It does not, however, remove the practical limitations around the selection of models of care, meaning consumers and providers must still understand the possible practical limitations that may exist in organising ongoing care to suit a child or adolescent's needs.

Available services

There is no current evidence for a single best-practice approach to providing mental health care for children and adolescents, and NSW offers a number of care pathways for children and adolescents experiencing moderate to severe mental ill-health. While inpatient care provides very specific benefits and indications (see page 10), emerging research suggests that alternatives to inpatient care may lead to equivalent or better outcomes for some individuals[4,5,6]. Therefore, it is essential that each child or adolescent is assessed as an individual for all practical alternatives to inpatient care before deciding to admit.

While each child or adolescent may be presenting with different levels of severity and complexity, the below table (Table 1) has been developed to educate unfamiliar care providers or consumers as to some alternative services which may provide support to the individual experiencing mental ill-health instead of (or in addition to) admitting the child or adolescent for care.

Continuum of services

Decision-making teams benefit from all members (including families and carers) having an understanding of outpatient or community-based services that provide care. There is no "one-size-fits-all" approach to mental health care and so decision-making teams must consider a continuum of services to provide different types of support appropriate to each child or adolescent. Decision-making teams should ensure that all avenues are considered before a child or adolescent is admitted into inpatient care to ensure they are receiving the most appropriate care.

Selecting appropriate services

While mental ill-health may result in clinical symptoms, there are many other social, environmental and biological factors that may impact mental ill-health[2]. Therefore, it is important that along with the principles outlined in this Guide additional factors such as the individual's social, cultural and environmental factors are considered in ensuring the service is appropriate.

Care providers should understand that inpatient care is one part of the journey through mental health care for children and adolescents. Consumers will potentially be involved with community-based services either prior to considering inpatient care, or as part of a planned transfer of care to provide ongoing care on leaving inpatient care. This Guide encourages "step-up" or "step-down" methodologies, where movement to a new model of care is the smallest appropriate "step", which minimises disruption to children and adolescents and the care that they receive.

The below list is not exhaustive and is subject to change over both time and geography. It has been developed to describe the variety of different services that may cater to various children and adolescents around NSW.

Not all communities will have access to all services, nor are all services appropriate for every child or adolescent. Geography, age, and availability are common exclusion factors that would prevent a child or adolescent from accessing a service. Children or adolescents, parents and carers who are unfamiliar with what is available are encouraged to engage with the care providers they may already be engaged with, such as their General Practitioner or School Counsellors.

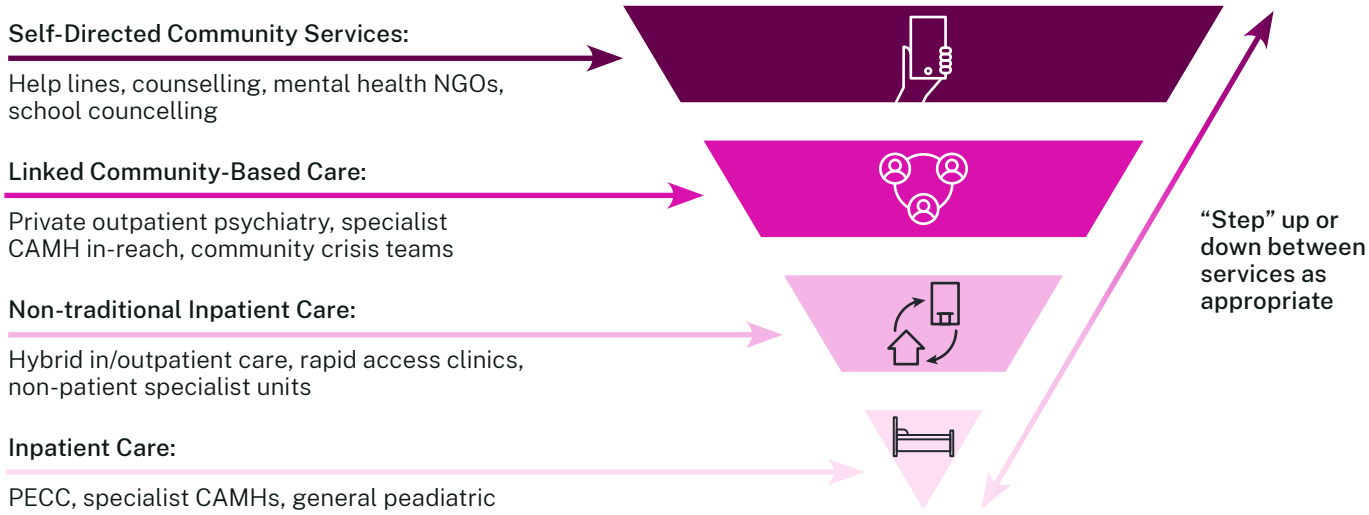
Professionals such as school staff, paediatricians, or emergency department staff who are unfamiliar with what services are available for a specific cohort or within a specific area are encouraged to contact the NSW Health Mental Health Line on 1800 011 511

Types of services available across NSW that cater to children and adolescents experiencing mental ill-health

Type of service	Primary purpose of service
Broad mental health services	
Community Crisis teams (example: Safeguards Child and Adolescent Mental Health Response Teams)	These community based teams provide rapid, mobile, intensive and flexible short-term delivery of skilled evidence-based interventions to resolve mental health crisis.
Specialist CAMHS consultation and liaison	These services provide specifically trained CAMHS care to those outside of the CAMHS unit in a variety of settings including other hospital settings, schools, justice centres or at home.
Virtual consultations	Virtual consultations can provide an accessible alternative to face-to-face consultation with appropriate clinicians.
Ongoing mental health programs or therapies (example: Cognitive or Dialectical Behavior Therapy)	These programs can provide ongoing mental health support through short-or long-term services in environments outside of the hospital setting. Alternatively these programs may take place within the hospital setting, but under a day program or outpatient model.
Private outpatient services (e.g. psychiatry, psychology, counselling)	These outpatient or day program services may provide mental health support in a supportive environment either within or outside of a hospital setting.
Rapid access clinics	Rapid access clinics within the hospital provide rapid access to the appropriate assessments and treatment without admission.
Mental Health non-government organisations and charities	Mental health organisations such as Beyond Blue may provide a variety of services for broad or specific mental ill-health conditions including online, telephone, face-to-face support, or connection to more specialised services.
Kids Helpline	Staffed by qualified counsellors, Kids Helpline is a free and confidential 24/7 online and phone counselling service for young people aged 5 to 25. Kids Helpline is available at 1800 55 1800 or counsellor@kidshelpline.com.au
Lifeline	Lifeline is a national charity providing Australians of all ages access to 24-hour crisis support and suicide prevention. Lifeline is available at 13 11 14.

Condition-specific services	
Alcohol and Other Drug counselling services	Alcohol and Other Drug counselling services can provide tailored mental health support to those experiencing mental-ill health related to alcohol and other drugs.
Condition-specific programs (example: Program for Early Intervention & Prevention of Disability (PEIPOD))	Condition-specific programs may support early intervention and provide condition-specific and appropriate care. An example of this is the PEIPOD program, which is a multidisciplinary service that provides early intervention for children and adolescents experiencing their first episode of psychosis or emerging mental health concerns.
Specialist Intensive Alcohol and Non-Prescription Drug Units	Non-Emergency Department assessment and specialist care to children and adolescents experiencing drug or alcohol-related mental ill-health.
"SafeHaven" models	"SafeHaven" services provide a safe space for people experiencing a suicidal crisis with care provided by Peer Workers with a lived experience of suicidality in a non-clinical environment.
Cohort-specific services	
Aboriginal-controlled community health services (ACCHS)	ACCHS are primary health services operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to Aboriginal identifying individuals, including mental health services.
Aboriginal Liaison Officers	Aboriginal Liaison Officers can support Aboriginal identifying individuals with culturally appropriate support within the hospital and with information and services external to the hospital.
LGBTIQ+ Health Services	LGBTIQ+ health services can provide a variety of socially appropriate mental health support services, including support for those living with HIV.
Transcultural Health services (example: Transcultural Mental Health Centre (TMHC))	Transcultural Health services may provide tailored care to meet the needs of culturally and linguistically diverse communities. An example of this is the TMHC which provides support to health professionals and communities to support positive mental health for people from culturally and linguistically diverse communities.
School counsellors or Wellbeing and Health In-Reach Nurses	School counsellors can provide psychological counselling, assessment and intervention services within the school environment. Wellbeing Nurses work with students and local health and social services to support health and wellbeing for students, including mental health.

Stepping consumers through mental health services



Accessing Inpatient Care

A balanced approach to inpatient care

Inpatient models of care should be accessed only when it is assessed that inpatient models can provide the care a child or adolescent requires, and no less restrictive service is suitable. The Mental Health Act 2007 (NSW) provides some guidance for when inpatient admission of children and adolescents is required, and states that suffering mental ill-health, or displaying behaviours indicative of mental ill-health, does not justify detaining a child or adolescent for admission[7]. The admission of children and adolescents into inpatient care may be a traumatic experience which should only be initiated in cases where to not admit the child or adolescent is likely to cause more harm or trauma.

While the majority of inpatient admissions are voluntary, the Mental Health Act 2007 (NSW) also allows for children and adolescents to be detained and admitted involuntarily. In these cases, it is required that "treatment or control of that person is necessary" to protect the person or others from "serious harm"[7]. Once mandated inpatient care has been commenced, every effort is made to remove the child or adolescent from involuntary status and allow inpatient care to continue voluntarily, or to transfer care to a non-inpatient setting.

Courts (often with the involvement of Department of Communities and Justice) may also order that a child or adolescent be assessed for whether they meet the requirements for an involuntary admission. The court order will not mandate admission, but rather assessment and will usually describe what steps are to be taken should the child or adolescent not be admitted. Often this will be returning to court or police custody, or discharge into the care of a relative or guardian.

When choosing to admit a child or adolescent, teams should attempt early connection with the patient's existing (where present) and expected community-based services to ensure holistic treatment planning, smooth transition between services, more resilient post-transfer of care follow-up, and therefore better outcomes[8,9]. Community-based treatment teams (whether pre-existing connections, or new connections as a result of this presentation) should be active participants in a child or adolescent's treatment planning. Where possible, this connection should occur prior to admission, though admission should not be delayed unreasonably to facilitate this connection.

Benefits and risks of inpatient care

Inpatient care describes a number of different models of care, covering a large spectrum of restriction, disruption and therapeutic intervention. Each instance of inpatient care presents different potential benefits and harms, and the interactions between these must be considered during the decision to refer for admission.

Inpatient care provides a more controlled environment with greater supervision and greater access to medical specialists than most community-based options. For that reason, it can be beneficial for patients who require constant monitoring and support to prevent harm to self or others. This is often described as "acute containment". Inpatient care may also be the best option for children and adolescents who require physiological support not available in the community. For example, patients with eating disorders are able to receive mental health care under an inpatient admission, while also receiving specialist medical support from paediatricians, dieticians, and ongoing contact with nursing staff.

Patients being admitted to inpatient care receive the following benefits:

- Greater confidence in safety of the child or adolescent and treating team members
- Ongoing monitoring and symptom management
- Access to additional physical care resources when required[10]

However, when deciding to admit a child or adolescent to inpatient care, the likelihood and consequences of the following impacts to the individual should also be considered:

- Dislocation from routine, structure and identity of "normal" life
- Loss of ongoing contact with existing social contacts, community care and friendship groups
- Isolation from usual educational settings and developmental impacts
- Exposure to unhealthy behaviour from inpatient peers
- Development of institutional dependence and "sick" identity
- Experiencing stigma, feelings of shame, and/or discrimination
- Formation of unhealthy or inappropriate friendships and support networks[11]

Determining whether inpatient care is the best course of action for the child or adolescent experiencing mental ill-health should be a multidisciplinary approach and include the benefits and risks of inpatient care as well as a person-centred understanding of the child or adolescent's strengths and goals.

The decision to admit

The decision to admit a child or adolescent into inpatient care is challenging due to the limited research evidence, and the diversity of children and adolescents and their ill-health. While inpatient care is beneficial for some children and adolescents, current studies have found no behavioural or symptomatic indicators to suggest when admission is required, or will produce better short or long-term outcomes than community-based care[12]. This means that identifying when inpatient care is appropriate requires a holistic understanding of the child or adolescent, rather than assessment against a checklist of factors.

Avoiding "Social Admissions"

The "social admission" is a term used to describe a previously used practice where children and adolescents who did not meet the indications for inpatient care were admitted (or in some cases, not discharged) for a variety of reasons, usually related to instability in the home environment. Given the known risks of harm associated with inpatient care, social admissions are an unacceptable practice, even when they are implemented with good intentions. Admissions should only occur where there are specialist mental health requirements or therapeutic goals that are best achieved by inpatient care.

These social admissions are a response to a complex predicament, for which alternatives must be found. This requires multiple agencies (including those outside the hospital) to work collaboratively to arrive at the most satisfactory solution, keeping the interests of the child or adolescent in mind.

Aims of admission

As part of selecting the appropriate model/setting of inpatient care, the aims of hospitalisation should be clearly defined by referrers, and aligned with the child or adolescent's goals at the time that admission is considered.

When considering admission, the aims of hospitalisation should be clearly agreed upon between the child or adolescent (where appropriate), mental health services and families or carers. Hospital admission should not be a strategy solely for providing supervised care placements for children and adolescents. Even in situations of homelessness or breakdown in care, children and adolescents should only be admitted to achieve therapeutic goals.

Early transfer of care planning

Holistic inpatient care extends beyond the time spent within a ward and recognises the first days after transfer of care can be a difficult and challenging time for consumers. Early transfer of care planning includes not only defining initial length of stay, but also beginning the process to connect the consumer with local community services that will be involved post-transfer of care. The services contacted should, where they exist, be located in the consumer's closest-to-home District, irrespective of the District or Network under which the child or adolescent was admitted. Where admission occurs prior to these connections being made, that transfer of care planning should be commenced as soon as possible.

Rather than simply providing the name and telephone number of an outpatient service, a "warm handover" connects the individual with the new provider before the first appointment. This trauma informed approach reduces the stress and number of times the individual needs to repeat their story and aims to increase the likelihood that the individual will follow up on a referral to one provider from another.

Admission of Aboriginal children and adolescents

There is a lack of evidence when it comes to determining the relative effectiveness of inpatient care for Aboriginal children and adolescents with moderate to severe mental ill health. Of the five Australian studies identified in a 2022 literature search, none reported on the relative effectiveness or appropriateness of inpatient mental health for young Aboriginal people[13].

There are significant barriers identified for Aboriginal children and adolescents in accessing mental health care:

- A lack of awareness about available services
- Reliance on informal supports from family and friends
- Concerns about confidentiality
- Fear of shame for themselves and their families
- Limited access to culturally appropriate treatment services[14]

It is acknowledged that the span of culturally aware services may differ between areas, however, District and Network protocols should demonstrate a genuine commitment to support access to local, culturally responsive services[15].

Trauma-informed care is critical in providing culturally responsive mental health care to Aboriginal children and adolescents. Mental health services may consider the following when defining these protocols:

- How Aboriginality might be identified on assessment
- Service partnerships with Aboriginal mental health workers, Peer Workers, and/or liaison officers (and/or Aboriginal community-based services)
- Considering the cultural integrity of the service to which the child or adolescent is referred
- Incorporate Aboriginal concepts of health and wellbeing through the assessment, referral, and treatment process

For Aboriginal children, adolescents and families, issues around travel from home and separation from family and community require the system to be culturally aware and responsive. Among other therapeutic benefits, this awareness contributes to the beneficial outcomes of a collaborative professional-carer alliance.

Types of Inpatient care

Inpatient care covers a continuum of service options within the greater continuum of mental health care. Different wards, units, and locales carry different potential for benefit and harm, and thus must be individually assessed for any child or adolescent requiring care. Some examples of these potentials for benefit include individual therapy, family or group therapy, school interventions, medication reviews, etc.

Where the decision to admit includes the decision to transport a child or adolescent to a facility away from home, pros and cons associated with transportation and distance of care from home must be carefully considered. This includes considering financial and accommodation costs for the family, as well as other detrimental effects of distance such as removal from existing support networks and disruption of schooling and routine.

For involuntary admissions under the Mental Health Act 2007 (NSW), children and adolescents may only be admitted to units which have been designated as declared units[7].

Where an appropriate bed is not available locally, it is the responsibility of the District or Network to provide an escalation process that allows the child or adolescent to receive appropriate and timely care.

Child and Adolescent Mental Health Services (CAMHS) inpatient units

CAMHS inpatient units are often the most appropriate location for children and adolescents with mental ill-health that require inpatient management. The unit will be specifically for children and adolescents with moderate to severe mental ill-health, employing specially trained/educated staff and providing a safe environment for this vulnerable cohort. Systematic reviews have found CAMH inpatient units are effective at delivering symptom stabilisation and evidence-based care[16].

Paediatric inpatient units

General paediatric wards can be an appropriate and effective model of care when provided with support of CAMHS clinicians or Consultation-Liaison (CL). These wards are less specialised in managing the specific needs of mental ill-health in both staff skillsets and physical environment. Often, the use of general paediatric wards is appropriate when prioritising close-to-home care in regional areas, or where CAMHS units are otherwise not available.

However, when a child or adolescent with mental ill-health is admitted to a paediatric setting, they require timely in-reach by mental health services. Where a child and adolescent psychiatrist is not the admitting clinician, the admission should be under a paediatrician who must be supported by timely specialist consultation. While in-hospital CL services may only be available in business hours, virtual or remote CAMHS CL services are available 24 hours a day and are critical to ensuring timely treatment.

Services admitting children and adolescents on general wards should also consider specialist education and training arrangements for general paediatric staff assigned to care for these patients.

Psychiatric Emergency Care Centre

The Psychiatric Emergency Care Centre (or PECC) usually co-located with Emergency Departments, is a short-stay centre focused on rapid assessment and intervention during a 24-72 hour admission to hospital. As a short-stay centre, PECCs have a specialist focus on defining care pathways out of hospital, including established relationships with local outpatient services. While PECCs are designed to provide services for the adult cohort, CAMHS CL support together with these outpatient-focused specialists can provide an effective model-of-care for defining a comprehensive plan from short-stay inpatient care back into the community for older adolescents presenting in crisis.

Adult mental health wards

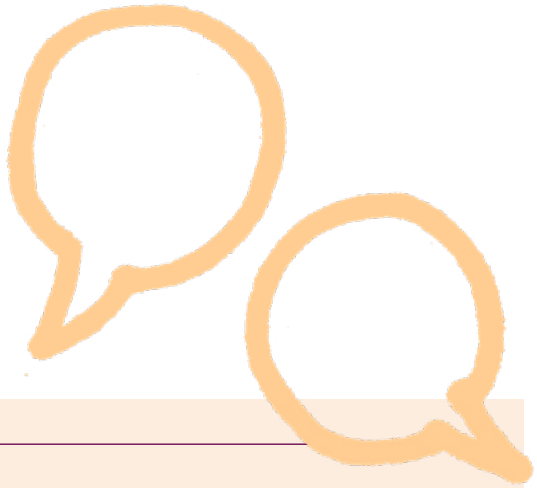
Adult mental health wards are significantly less safe for adolescents, and produce worse outcomes[17]. Adolescents admitted to adult mental health wards are more likely to leave care against medical advice than those admitted to paediatric units[17].

For a very small cohort of adolescents (such as some of those approaching the age of 18), an adult mental health ward may be considered an appropriate location for admission. However, in the vast majority of cases, an adult mental health ward is not an appropriate location for admission.

Hybrid inpatient/outpatient care

Hybrid care refers to any care that mixes inpatient and outpatient services. This covers a variety of care models that blend care in unique ways, with the appropriate balance between settings requiring careful consideration unique to each patient. The structure of hybrid models of care will be unique to each District or Network. It is anticipated these hybrid models are likely to become more available as part of an increasingly digital health landscape and community-based programs such as day programs and co-located school care models. Evidence suggests outcomes of hybrid care are equivalent for most clinical measurements at 6-month follow-up when compared with inpatient care alone[18], though direct comparison is difficult due to the variety of care.

Peer Support



Critical to the provision of trauma-informed and person-centred care is the role of Peer Workers and the act of peer support. These supportive peer relationships have been identified as a predictor of positive change during inpatient admission[19]. Peer support involves drawing upon personal lived experience and a professional understanding of the mental health system to provide authentic support to children and adolescents accessing mental health care. Peer Workers are professionals who provide this service in both inpatient and outpatient contexts.

Some facilities or teams may have Peer Workers who have further specialised into youth or family peer support, to increase their skills in provision of peer support to and for children and adolescents or families and carers respectively. Both types of peer worker provide an opportunity for rapport and modelled recovery when generally involved in the provision of mental health support, and additionally provide a critical role in advocacy around decisions to refer children and adolescents.

For children and adolescents, selecting a model of care guided by desired outcomes can be complex. This is especially true where the child or adolescent's desired outcomes conflicts with those of their parent or carer. Collaboration with and integration of Youth and/or Family Peer Workers within teams is consistent with this Guide's expectations of person-centred care and can assist in the fundamental shift away from managing acute symptoms and diagnoses, and toward caring for a child or adolescent[19].

Aboriginal-specific peer support

Aboriginal consumers experience significant barriers to accessing mental health care (as described on page 8) and may experience unique trauma within the mental health system, and can be better supported through the engagement of Aboriginal-specific peer support services. While the availability of these services will vary between Districts and Networks, Aboriginal-specific peer support should be considered an integral part of any assessment or management of consumers who identify as Aboriginal.

Aboriginal-controlled community health services (ACCHs) deliver holistic, comprehensive and culturally appropriate health care to consumers who identify as Aboriginal. In Districts or Networks where these services exist, ACCHs should be involved in collaborative multi-agency care for Aboriginal consumers. In areas where ACCHs are not available, alternative workforces such as Aboriginal Liaison Officers and Aboriginal mental health workers should be engaged[15]. In all circumstances, clinicians should develop partnerships and work collaboratively with Aboriginal Health Workers and Aboriginal Mental Health Workers to provide culturally appropriate and responsive services and build their own competencies in delivering culturally appropriate care.

Support without Peer Workers

This Guide acknowledges that not all departments, networks, hospitals, or education facilities will have Peer Workers. Additionally a significant number of Emergency Department mental health presentations may occur outside of hours of availability for Peer Workers. In these cases, it is beholden upon assessing staff to implement strategies that mitigate the absence of Peer Workers. Specific focus should be placed on meaningful contact with consumers, advocacy for the child or adolescent, and anti-stigma interventions.

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List of Acronyms used in this guide:

ACCHS	Aboriginal-Controlled Community Health Services
CAMHS	Child and Adolescent Mental Health Services
CL	Consultant-Liaison
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer/Questioning
LHD	Local Health District
NSW	New South Wales
PECC	Psychiatric Emergency Care Centre
PEIPOD	Program for Early Intervention & Prevention of Disability
NGO	Non-Government Organisation

For more information contact:

https://www.health.nsw.gov.au/mentalhealth/Pages/services-camhs.aspx

The decision to admit a child or adolescent into inpatient care is challenging due to the limited research evidence, and the diversity of children and adolescents and their ill-health. Internationally, it has been recognised that inpatient care can be a traumatic experience for children and adolescents (and their families, carers or close social supports). This Guide has been published in response to this shift in both the clinical approach to, and consumers' expectations of, appropriate mental health support to children and adolescents.

This Guide is designed as an accessible but evidence-based tool for audiences who may be unfamiliar with the current services and resources available within mental health care. It is suitable for families as well as general practitioners, peer workers, or school counsellors.

In support of the teams that support children and adolescents, this Guide intends to provide a shared knowledge-base from which everyone can understand the risks and benefits of inpatient mental health care.

"This guideline helped me to understand the broad mental health services available to children. I believe that this Guide will be an effective tool for staff to utilise to refer patients to appropriate services and reduce the length of stay in inpatient settings."

Quote from Paediatric Nurse, 2022