

<b>DEPARTMENT</b>	Northern Area Mental Health
<b>NAME OF DOCUMENT</b>	<b>NPU Children Visiting Procedure</b>
<b>NUMBER</b>	
<b>SPONSOR</b>	Angela Obradovic/Robyn Humphries
<b>FUNCTIONAL GROUP</b>	NPU Family/FaPMI/Carers Steering Group
<b>IMPLEMENTATION STRATEGY</b>	Regular staff training sessions offered within the current Professional Development timetable at The Northern Psychiatric Unit, plus inclusion of the procedure in the new staff orientation folders.
<b>EVALUATION STRATEGY</b>	A six month review via staff survey and discussion groups with feedback presented to the Family/FaPMI/Carer Steering Group for consideration and adjustment.
<b>NSQHS Standards (2012)</b>	<p>1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards</p> <p>1.5.2 Actions are taken to minimise risks to patient safety and quality of care</p> <p>1.7 Developing and/ or applying clinical guidelines or pathways that are supported by the best available evidence</p> <p>1.7.1 Agreed and documented clinical guidelines and/ or pathways are available to the clinical workforce</p> <p>1.18.1 Patients and carers are partners in the planning of their treatment</p> <p>2.2.2 Consumers and/ or are actively involved in decision making about safety and quality</p> <p>2.5.1 Consumers and/ or carers participate in the design and redesign of health services</p> <p>2.8.2 Consumers and/ or carers participate in the planning and implementation of quality improvements</p>
<b>VERSION SUMMARY</b>	This is the first version of the procedure to support positive and safe visiting practices between consumer parents and their children at the Northern Psychiatric Unit following best practice principles.

#### **EXECUTIVE SUMMARY**

- Planning is paramount in supporting positive and safe visits by children with their consumer parents at the Northern Psychiatric Unit
- The safety and needs of the child are to be given priority
- This procedure operates in conjunction with the “Keeping in Touch With Your Children” Menu and Practice Guidelines (NAMHS, 2011)
- Children are to be in the immediate supervision of a responsible adult (who is not the consumer parent or a staff member) prior, during and after the visit.
- Support, supervision and location for visits are recommended by the treating team aligned with CRAAM status as outlined in this procedure

## 1. ASSOCIATED MELBOURNE HEALTH POLICY

MH03.07 Visiting Hours

## 2. PURPOSE AND SCOPE

Clinicians and families both recognise it is often beneficial for children to visit their parents whilst they are in hospital. The creation of a positive and safe visit for all participants requires planning on the part of the consumer parent, family/carers and treating team, reducing risks involved for vulnerable parties in the often unpredictable environment of the psychiatric inpatient unit.

This guideline is applicable to every staff member in NPU.

This guideline is to be used in conjunction with the current “Keeping in Touch with Your Children” Menu and Practice Guidelines, (especially in relation to options 5 and 6) plus the Family Intervention Sessions Guidelines, both produced by Northern Area Mental Health Service.

It is designed for the dependent children of parent consumers in mind, however, the procedure also applies to all children accessing the Northern Psychiatric Unit.

## 3. DEFINITIONS

Infant/Child/Young Person	A person under 17 years of age (or in the case of a Protection or Interim Order under 18 years of age). This also includes an unborn child. <sup>1</sup> In this document, “child” is used to describe infants, children and young people collectively.
Consumer Parent	A person utilising, or who has utilized a mental health service who is also the parent of a dependant child or primary caregiver. This includes biological/ step/ adopted/ foster and/or non-custodial circumstances with access or shared parenting rights.
Family/Carer	NWMH utilises this term to acknowledge the range of adult and child family members or significant others of the person receiving care, inclusive of those who may or may not identify as “carers” of their family member with a mental illness.
Family	Biological or chosen family as defined by the consumer <sup>2</sup> (e.g. spouse/ dependent and adult children, parents, siblings, grandparents etc).
Carer	A person who actively provides support or care for a person with a mental illness with whom they have an ongoing relationship. The carer/ support person need not necessarily live with the person with a mental illness. A carer can be a family member, friend or other person, including a child or young person, (other than an employed carer) who has a significant role in the life of the person with mental illness. The role of carer may not necessarily be a static or permanent one but may vary over time according to the needs of the consumer and carer <sup>3</sup> . A carer may not necessarily be the next of kin.
Young Carer	Children and young people up to the age of 25 years who provide unpaid care for a family member or friend who has a disability, mental illness or chronic illness or who is frail aged <sup>4</sup> . In this document, young carer refers to caring for a person experiencing mental illness.
NPU	Northern Psychiatric Unit
LDU	Low Dependency Unit in the Northern Psychiatric Unit
ICA	Intensive Care Area in Northern Psychiatric Unit

<sup>1</sup> Identification and Assessment of Vulnerable and At Risk Children and Families Policy, NWMH 02.08.01

<sup>2</sup> FISG “Working Together with Families and Carers” Policy document CC 6.1

<sup>3</sup> Based upon (with adjustments) the definition in the FISG “Working Together with Families and Carers” Policy document CC 6.1

<sup>4</sup> Based upon the definition used by Carers Victoria in [www.carersvictoria.org.au](http://www.carersvictoria.org.au)

Treating Team	Team including the Consultant Psychiatrist, Psychiatry Registrar, Psychiatry Intern, Hospital Medical Officer, Psychologist, Occupational Therapist, Social Worker, Contact Nurse, Patient Services Officer, and Allied Health Assistant.
Risk	Includes physical, emotional/psychological impact and issues of exposure to trauma to the consumer, family/carers, children, young people and staff.
CRAAM	Clinical Risk Assessment and Management, Guidelines of NWMH.

#### 4. RESPONSIBILITIES

- 4.1. All staff working at the Northern Psychiatric Unit share responsibility as outlined in the procedure.

#### 5. PROCEDURE

- 5.1. The safety and needs of the child are to be given priority.
- 5.2. The procedure aims to promote safe and timely contact between consumer parents on the NPU and their dependent child/ren (except if contact has been identified as contrary to the best interest of the child as deemed by the treating team or legal authority such as Child Protection).
- 5.3. The “Keeping in Touch With Your Children” Menu Options are to be offered to all parent consumers from the time of admission onwards. In the case of delaying the visit by the child to the NPU, staff are to keep open communication with the parent consumer, offering support and debriefing as required and continue to communicate with the child’s current care giver. Please see item 5.10 for procedures in delayed visits.
- 5.4. All staff are responsible to practice within legislative requirements and identify any current or potential risk issues. Some legal orders such as Children’s Court Orders (Vic), Family Violence Intervention Orders (Vic) or Family Law Court Orders (Aust) may prevent, restrict or require supervision of contact between a parent and their children. If there is a current legal order in place affecting the nature or level of contact between family members including children, the conditions of the order must be clarified before staff co-ordinate contact between children and their parents<sup>5</sup>.
- 5.5. Children are to be in the immediate supervision of a responsible adult (who is not the consumer parent or a staff member) prior, during and after the visit. The responsible adult is to be informed that the child is in their immediate care for the full duration of the visit and is held responsible as such. Ideally this will be explained when coordinating the visit prior to the day, is outlined in the Children Visiting Brochure and then again by any staff member who welcomes the family to the NPU on the day of the visit.
- 5.6. Staff are to be aware of the variation in needs in relation to children’s developmental stages (eg babies/ infants through to young people) especially considering young carers who may require further information or support in relation to their parent’s circumstances (eg safety, wellbeing and location).
- 5.7. The recommended location for conducting a visit by children at NPU is in the allocated family room on either wing. Visits conducted in bedrooms and common areas are discouraged. Please note: the family room of NPU 1 is located within the ward, whilst that on NPU 2 is located just outside the ward entrance. Both are designated and equipped for children’s usage. Children are not to be left unattended whilst on the unit. Children are not given access to the ICA.
- 5.8. The mental state and risk status of the consumer parent should be assessed on the same day prior to any child visiting. Specific consideration should be made regarding the consumer parent’s capacity to manage complexities inherent in the parental role such as appropriately regulating emotion, anticipating and managing distress (including their own and their child’s distress), acknowledging the child’s perspective and accepting/seeking appropriate support or debriefing following the visit. In the case that the visit has been cancelled, please refer to item 5.10.

<sup>5</sup> As outlined in NAMHS Keeping in Touch with Your Children Guidelines (2011)

5.9. **CRAAM Status in relation to children visiting:**

Parent consumers allocated with:

**a High risk category/no leave status under the Mental Health Act/Consumer Parents on the ICA:**

- i Children are to be given no access to the ICA under any circumstances.
- ii Consumer Parents are to be supported to follow the "Keeping in Touch with Your Children" menu options (especially options 1-4) by their contact nurse, doctors and allocated allied health staff.
- iii Visits by children of consumers on the ICA must be carefully planned between the treating team (including the social worker), family/carer and consumer parent, with visits being held in the appropriate family room. Visits by children are delayed for the first 72 hours from admission unless cleared by the treating team.
- iv Visits by children are to be arranged between 10am and 5pm daily to allow for an ICA nurse to escort the consumer for the full duration of the visit and will not be conducted without prior input from the social worker. Staff must be present for the full duration of the visit. Additional times may be negotiated and arranged with the treating team as per family needs.
- v The consumer parent is to be provided with an Information Sheet outlining the 'Children Visiting Policy Guidelines' upon admission and as required during their stay.
- vi The principles for ICA consumers are continued during the consumer's trial phase of transitioning onto LDU until bed allocation in LDU is complete and the consumer is transferred completely onto the LDU.
- vii Children are accompanied by a responsible adult (who is not the consumer parent or staff) for the full duration of the visit.

**b Medium risk category (consumer parents on LDU):**

- i Children must not visit prior to the first Consultant's Review (i.e. up to 24 hours, aligning with leave conditions/ CRAAM guidelines). Medical staff will establish mental state and risk, documenting clearly if visits from children are not recommended at this point. In recommending the level of staff presence, the Treating Team should be mindful of the specific needs appropriate to the age of the children (e.g. babies and infants through to young adults). Consumer-staff engagement occurs during the visit as per CRAAM guidelines.
- ii The consumer parent is given an information sheet upon admission to NPU explaining the Children Visiting Guidelines.
- iii Staff will assertively engage with the consumer parent in planning visits, assertively discussing options and plans with the consumer parent at the earliest possible time.
- iv Staff will proactively engage with the children's caregivers in order to plan visits and clarify expectations from all parties involved.
- v General visiting hours are 10am – 8pm. Visits for children are encouraged between 10am – 5pm to allow for Allied Health and additional nursing staff input/ support as required. Alternative times may be negotiated/organised with the treating team as per family needs.
- vi Visits by children are best conducted in the family room for the full duration.
- vii Children are accompanied by a responsible adult (who is not the consumer parent or staff) for the full duration of the visit.

**c Low risk category (consumer parents on LDU):**

- i Children must not visit prior to the first Consultant's Review (i.e. up to 24 hours, aligning with leave conditions/CRAAM guidelines). In the case of weekend admissions for consumers of voluntary status who have not been seen by a Consultant, staff are to contact the on-call consultant to ascertain agreement for visits by children.
- ii Staff are generally not required during the visit unless the Treating Team deem otherwise.
- iii Visits by children are best conducted in either family room for the full duration.
- iv Children are accompanied by a responsible adult (who is not the consumer parent or staff) for the full duration of the visit.

- 5.10. If the visit of a child is not deemed suitable at this time, clear rationale and date for review must be provided to the consumer parent and child's caregiver, and documented in CPF. Reviews are to be conducted regularly. Consumer parents are able to appeal such decisions by making a request with staff. Consumer parents are to be supported by all staff in following the "Keeping in Touch with Your Children" menu options, especially the non-contact menu options 1-4.

## **6. ASSOCIATED POLICIES/PROCEDURES**

- 6.1. MH03.07 Visiting Hours
- 6.2. MH03.01 Rights and Responsibilities of Patients
- 6.3. NWMH03.01.02 Carer Participation
- 6.4. NWMH03.01.01 Consumer Participation
- 6.5. NAMHS Working Together with Families and Carers Procedure

## **7. REFERENCES**

- 7.1. Australian Government National COPMI Initiative <http://www.copmi.net.au>
- 7.2. Department of Health and Ageing (2010). National Standards for Mental Health Services <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-servst10-toc>
- 7.3. Melbourne Health "Partnerships in Care" brochure (patients' rights and responsibilities) <http://www.mh.org.au/www/342/1001127/displayarticle/1001416.html>
- 7.4. Melbourne Health Values <http://www.mh.org.au/our-goals-and-values/w1/i1001228>
- 7.5. Mental Health Act 1986 Victoria [http://www.legislation.vic.gov.au/Domino/Web\\_Notes/LDMS/LTObject\\_Store/LTObjSt6.nsf/DD E300B846EED9C7CA257616000A3571/ACD4FED0771D1FCBCA2579560002C01D/\\$FILE/86-59aa101%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt6.nsf/DD E300B846EED9C7CA257616000A3571/ACD4FED0771D1FCBCA2579560002C01D/$FILE/86-59aa101%20authorised.pdf)
- 7.6. Northern Area Mental Health Service (2011). "Keeping in Touch with Your Children" Menu and Practice Guidelines.
- 7.7. Northern Area Mental Health Service, The Family Intervention Sessions Guidelines.
- 7.8. Northern Area Mental Health Service, Working Together with Families and Carers Policy CC6.1, 2005.
- 7.9. Victorian Government Department of Human Services (2007). Families where a parent has a mental illness; a service development strategy. [http://docs.health.vic.gov.au/docs/doc/152919D748B067C1CA25787800748DB8/\\$FILE/Families%20where%20a%20Parent%20has%20a%20Mental%20Illness%20\(FaPMI\)%20Strategy.pdf](http://docs.health.vic.gov.au/docs/doc/152919D748B067C1CA25787800748DB8/$FILE/Families%20where%20a%20Parent%20has%20a%20Mental%20Illness%20(FaPMI)%20Strategy.pdf)
- 7.10. Victorian Government Department of Human Services (2006). Working together with families and carers, Chief Psychiatrists Guidelines. <http://www.health.vic.gov.au/mentalhealth/cpg/families.pdf>

## 8. FURTHER INFORMATION

- 8.1. Contact Members of the NPU Family/FaPMI/Carers Steering Group via email via the Chairperson Angela Obradovic (Chief Social Worker, Northern Area Mental Health Service, NWMH) on [Angela.Obradovic@mh.org.au](mailto:Angela.Obradovic@mh.org.au)

## 9. DOCUMENTATION

As outlined in procedure above.

## 10. REVISION AND APPROVAL HISTORY

Date	Review Date	Ver	Author and approval
March 2014	March 2016	1	<ul style="list-style-type: none"><li>• Robbie Bennet, NPU Program Manager</li><li>• Angela Obradovic , NAMHS Area Chief Social Worker/Family Work Development Coordinator;</li><li>• Endorsed by NPU Exec Nov 2013</li></ul>