Hospital School SA

Kukuwardlingka Tirkanthi

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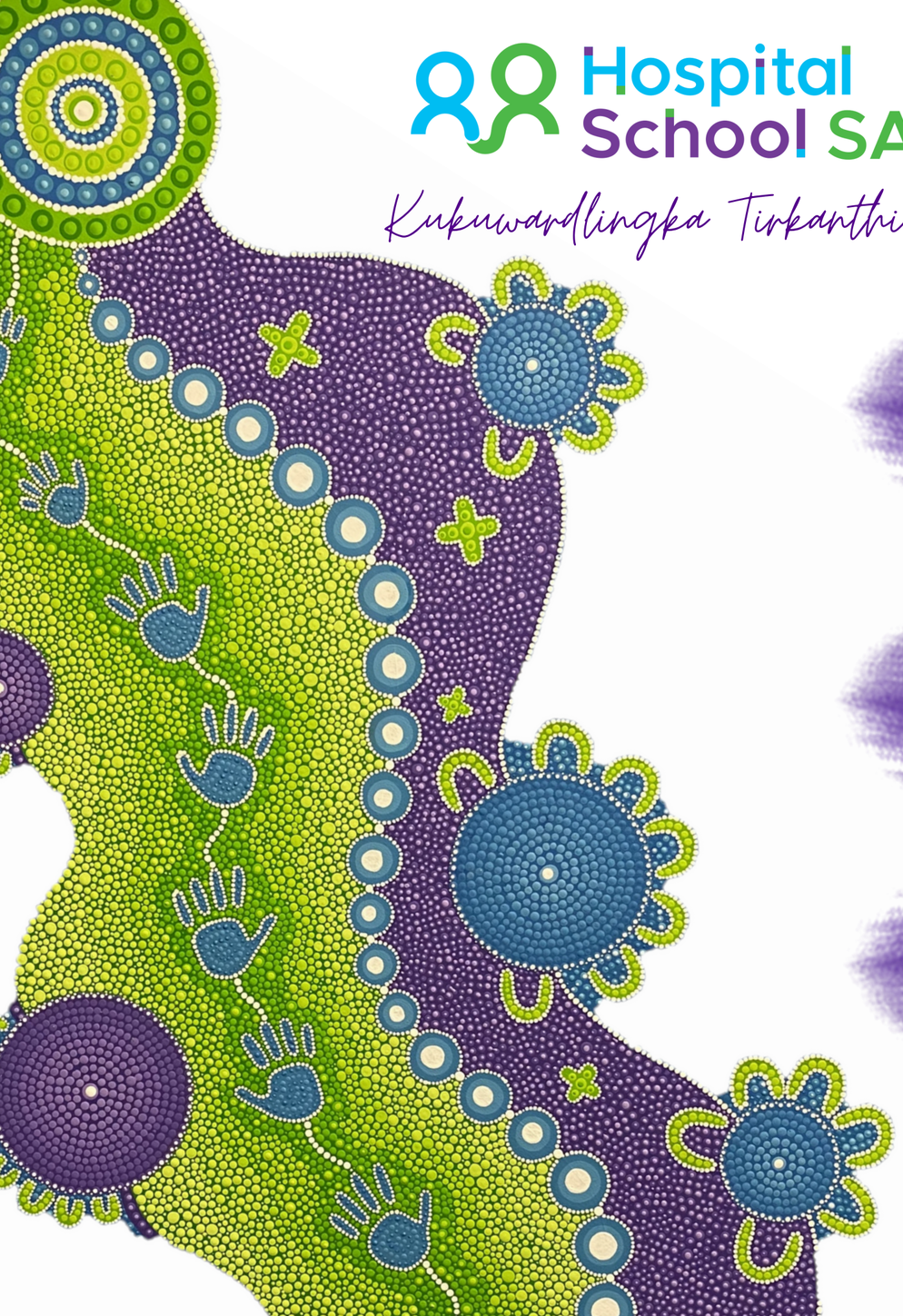

Hospital School SA acknowledges the Traditional Owners and Custodians of the lands on which we meet, where we work and the lands of our students throughout Australia. We are proud to celebrate First Nations stories and talent through the work that we do. We acknowledge our students and families and their continuing connection to land, waterways and community.

ADOLESCENT MENTAL HEALTH

- What is Admission versus Presentation? - ideas
- 400 admissions in 2019

- 12 to 14 Emergency mental health presentations a day
- 2100 in 2019
- 3100 in 2020
- 3707 in 2021
- 4000 + in 2022
- 1200 CAMHS connect calls per month
- 62% increase in adolescent mental health involvement from 2019 to 2022

Kendall Lounder - Nurse Unit Manager

Child and Adolescent Mental Health Inpatient Unit

SIMHS

SUPPORTING IMPROVED MENTAL HEALTH IN SCHOOLS

It is recognised that multiple visits or high profile visits and presentations result in prolonged school absences and disengagement with education and peers. Hospital School SA on average will have a mental health cohort of 35% or more.

Government of South Australia
Department for Education

Hospital School SA

Government of South Australia
SA Health

Women's & Children's Hospital

Nurse Consultant - Mallee Ward
Clinical Coordinator
HSSA Principal:

- Shared coordination of school visits
- Shared attendance of school visits
- Maintaining data on school visits
- Evaluation of the SIMHS

Mental Health Team -
Emergency Mental Health Team
RACER Clinicians

01 On Admission

Hospital School Team

- Meet with young person and family
- Contact enrolled school
- Obtain education current information
- Provide family with education options and information

Mental Health Team

- Refer young person to HSSA
- Discuss education expectations with young person and family
- Discuss young person at Clinical Handover

During Admission 02

Hospital School Team

- Liaise with enrolled school
- Re-engage young person with learning
- Complete education goal setting/planning
- Young person attends HSSA

Mental Health Team

- Treatment goal setting/planning
- HSSA school visit
- Encourage/Support engagement with HSSA
- Discuss potential MHLP school visit with community team

03 Pre-Discharge Planning

Hospital School Team & Mental Health Team

- Discuss potential school visit at Clinical Handover
- Discuss potential school visit with young person and family

04 On Discharge

Hospital School Team & Mental Health Team

- Coordination/Confirmation of school visit
- Provide school visit details to young person and family

05 School Visit

Hospital School Team & Mental Health Team

- Provide school team with information regarding the young person's mental health during admission, on discharge and outline community team referrals, contacts and planning.
- Provide school team with the information, strategies and planning around the young person's ongoing learning and engagement with education.

SIMHS

SUPPORTING IMPROVED MENTAL HEALTH IN SCHOOLS

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SUPPORTING IMPROVED MENTAL HEALTH IN SCHOOLS

It is recognised that when young people present for emergency mental health that there is a need to communicate with enrolled schools.

Young people may make a return to school post discharge, may need support re-engaging with school and may need support to communicate with schools if blocks and barriers to a successful return are in place.

Clinical Coordinator
HSSA Principal:

- Monitor coordination of HSSA in the PED
- Communicate in regards to documentation
- Maintaining data on PED presentations
- Evaluation of the SIMHS

**

Emergency Mental Health WCH

Hospital School Team - during school hours

- Attend PED to participate in discussion and assessment with young person, family and/or school staff member
- Liaise with enrolled school for sharing of information - collateral information from the school and providing the school with information regarding presentation

Mental Health Team - during school hours

- Liaise with HSSA when -
- young person presents with a school staff member
- young person is sent in from school
- early identification of presentation is that school has been identified as the main stressor or trigger

Hospital School Team - after school hours

- Receive hand over information in email that includes the completed assessment
- Telephone school and inform Wellbeing Leader of presentation and inform of discharge plan

Mental Health Team- after school hours

- Email HSSA regarding presentation including the completed assessment, community referrals and contacts.

Mental Health Team*

- **Emergency Mental Health**
- **RACER**
- **Mallee**

Government of South Australia
Department for Education

Hospital School SA

CAMHS
Child and Adolescent Mental Health Services

Government of South Australia
SA Health

Women's & Children's Hospital

SUPPORTING IMPROVED MENTAL HEALTH IN SCHOOLS

SIMHS

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HSSA Principal:

- Monitor coordination of HSSA in the PED
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Emergency Mental Health WCH

**

Mental Health Team

- Emergency Mental Health
- RACER
- Mallee

REFERRAL CRITERIA

- ATTENDS PAEDIATRIC EMERGENCY WITH A SCHOOL STAFF MEMBER
- IS SENT IN TO PAEDIATRIC EMERGENCY BY SCHOOL
- IS SENT IN TO PAEDIATRIC EMERGENCY FROM SCHOOL
- SCHOOL/LEARNING IS THE MAIN STRESSOR, TRIGGER, REASON FOR PRESENTATION
- SCHOOL HAS MADE REQUESTS - EXCLUSION, DOCUMENTATION

Government of South Australia
Department for Education

Hospital School SA

CAMHS
Child and Adolescent Mental Health Services

Government of South Australia
SA Health

Women's & Children's Hospital

SIMHS

STAKEHOLDERS

Emergency Mental Health Presentation	**	PED	EMH
		HSSA	E.SCHOOL
Emergency Mental Health Discharge	*	EMH	RACER
		HSSA	E.SCHOOL
Critical Indicent Reposnse	#	HSSA	SWISS

SMHS

01 On Admission

During Admission 02

03 Pre-Discharge Planning

On Discharge 04

05 School Visit

STAKEHOLDERS

PED | EMH

MALLEE

HSSA

ENROLLED SCHOOL

MALLEE

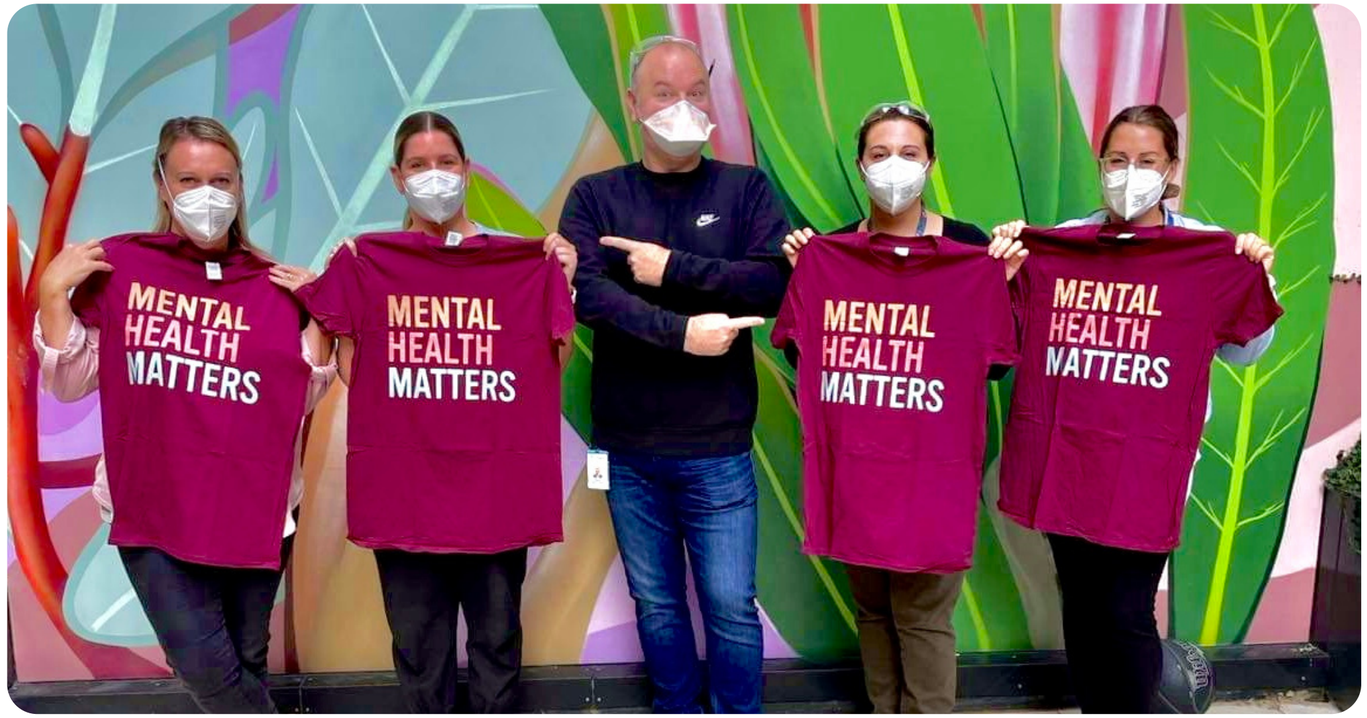
HSSA

COMMUNITY TEAM

HSSA | ENROLLED SCHOOL

01

On Admission/Presentation



PED

EMH

MALLEE

HSSA

ENROLLED SCHOOL

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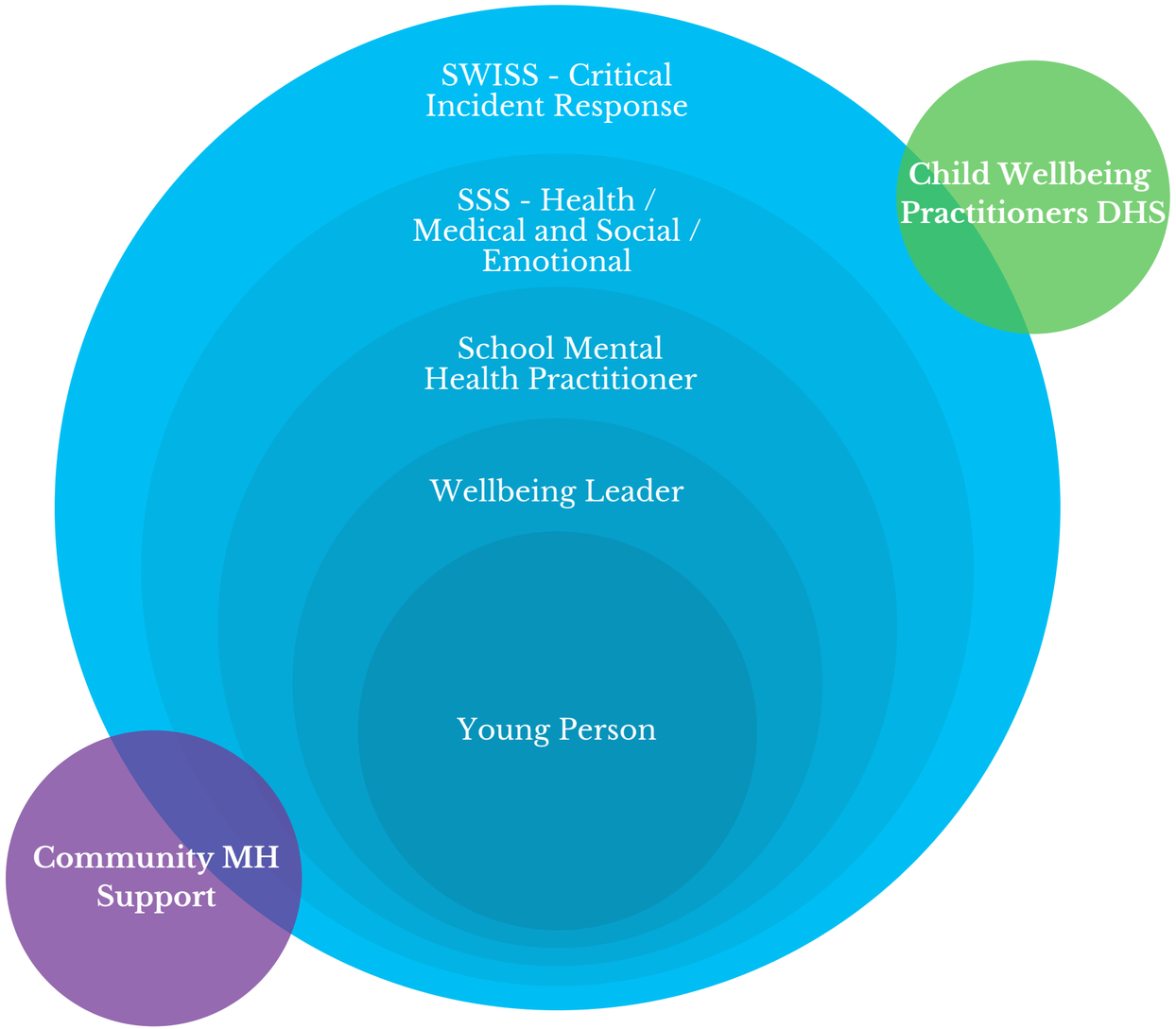
SUPPORTING IMPROVED MENTAL HEALTH IN SCHOOLS

School-based MH responses



Wellbeing Leader refers up and out.

SIMHS

SUPPORTING COLLEAGUES -

SCENARIO BASED TRAINING

ADOLESCENT MENTAL HEALTH

When a young person presents at the Emergency Department with a mental health concern, medical observation and conversations will result in either:

- **Discharge home**
- **Discharge home with referrals made to community providers**
- **Admission for containment / medication review / referral to community providers**

It does not result in:

- **A diagnosis**
- **A school appropriate support plan**
- **Direct communication with school from medical professionals**
- **A clearance letter**

ADOLESCENT MENTAL HEALTH

Most common support needs reported by schools

- **LGBTQIA+ inclusion**
- **Suicidal ideation**
- **Deliberate self harm**
- **Previous or emerging psychosis**
- **Situational crisis**

Most common requests from schools

- **Clearance letter**
- **Mental Health Care Plan**
- **Diagnosis and medication**
- **Mental health admission**
- **NDIS support documents**
- **Copies of referrals**
- **Supportive classroom strategies**
- **Strategies for maintaining safety of students and others**

Our on-call psychiatric registrar reviewed Student last night, 14 year old who attends School in Year 9.

Student went to Wellbeing Leader and wanted to talk about some thoughts they had been having and that they felt their mood had been "up and down" and that they had done some self cutting 3 weeks ago. Student told Wellbeing Leader this was in relation to ongoing thoughts their friends would leave them and they would no longer have friends. Student was asked by Wellbeing Leader if they had told their parents. Student told them they had told their parents and their mother had told her not to hurt themselves as it hurts the whole family. Student said this had not stopped them feeling this way and had made them more anxious and unsure. Wellbeing Leader asked Student if this made them still want to hurt themselves and Student replied yes.

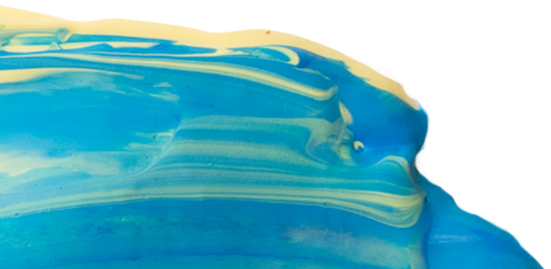
1. **Consider how your school would respond**
2. **What would your first and next actions be?**

Let's see how the school responded...

Emergency Mental Health Presentation Handover

Wellbeing Leader asked Student to wait and unknown to Student an ambulance was called. Student expressed that they did not want to go to hospital but Wellbeing Leader said the school was following protocol. Parents expressed unhappiness in the school doing this as they were only informed once Student was on route to WCH. Parents had said that they would have attended school to transport Student to WCH if the situation had called for this level of outcome.

The family reported that they were told not to return to school until we provided them with a letter deeming Student safe, and no longer at risk of self-harm or suicidal ideation. The Psych Registrar discussed with our team and asked if could be emailed about this issue, to communicate with the school and support us with the situation. On assessment there were not immediate plans or actions for harm and it was assessed as an anxiety increase due to friendship concerns and lack of strategies to work through this situation in a positive and productive way. Student had said they would now not talk to the Wellbeing Leader if there were further problems as they were now really embarrassed about being seen going to hospital by ambulance and had just wanted to talk.



Let's see the plan devised...

- EMH Handover

Student has only had limited MH history with one other incident in 2019 which was followed up by *CAMHS and then referred through to Headspace which they attended for the requested time and the case was then closed.

Plan:

1. **Discharge home with Mother**
2. **Handover to HSSA for support and enrolled school communication - repair needed with in school supports and school identified as a safe place**
3. **HSSA to discuss school support plan**
4. **Re-referral to *CAMHS**
5. **CAMHS Connect material and contact details provided**

Mallee Ward
Discharge Summary

Situation/
Student was brought to the WCH ED by SAAS on **//**, accompanied by her mother. SAAS were called after Student had expressed suicidal ideation with a plan online to a Kids helpline online portal. Student attended hospital voluntarily, but had not engaged in conversation or disclosed their suicidal plan to the SAAS staff or in ED.**
On review, Student reported they had experienced suicidal ideation for over 12 months and had previously attempted suicide via overdose on "a few bottles of tablets lying around" last year. They reported they had developed a plan to suicide over recent weeks, but they refused to divulge the plan or what had contributed to their suicidal ideation. They voiced they would probably attempt suicide if discharged, but again refused to describe a method. They were admitted to Mallee Ward for diagnostic clarification and risk containment.
During the admission Student reports that they couldn't really remember what suicide plan they had reported. Student feels they misunderstood the meaning behinds their words. They remained on the ward over the weekend, agreed with the formulation below, engaged in safety planning and was discharged home with their mother on the **//**.**

Impression/
Student is a 14-year-old neurodiverse young person presenting with acute escalation in longstanding suicidal ideation and emotional dysregulation in context of impending school return. They also have comorbid generalised and social anxiety symptoms and poor body image. They described dissociative experiences when overwhelmed - derealisation and depersonalisation, feeling like they are in a video game, vague psychotic-like symptoms of seeing and hearing things. Experiences both classical migraines and recurrent non-specific headaches, both currently under control but with a tendency to increased headaches when distressed/wanting to avoid the world.
This is on a background of autism, ADHD, dyslexia, dyscalculia and dysgraphia. Longstanding peer difficulties and bullying, complicated by difficulties with mentalising and social-emotional reciprocity.
Family history of anxiety with some likely disrupted attachment from perceived intrusiveness by parents and temperamental/sensory mismatch. Many features of emerging borderline personality disorder that will need longitudinal monitoring for diagnostic clarification.

Plan/
1. Discharged home with mother on the **//****
2. Safety planning completed prior to discharge
3. Continue fluoxetine 20 mg mane, ideally wait 12 weeks to see full response
4. Referred to Western CAMHS for psychiatry follow-up with view to consider optimising fluoxetine dose vs. change to alternative antidepressant and to consider trial of low dose risperidone and/or stimulant in future
5. Updated private psychologist Genevieve Roberts and neurologist Dr Doctor
6. Discussed with Hospital School principal Matthew McCurry with regards to HSSA liaison with enrolled school, support plan and will meet with Matthew and mother on discharge

SIMHS

SUPPORTING IMPROVED MENTAL HEALTH IN SCHOOLS

February 2021/February 2022 REPORT

Hospital School SA

Government of South Australia
Department for Education

CAMHS
Child and Adolescent Mental Health Services

Government of South Australia
Health
Women's and Children's Health Network

The 'Women's and Children's Hospital' clinical services and 'Hospital School SA' share a strong focus and drive in wanting all young people to have the opportunity to achieve and develop the skills and character to make a successful transition to adult life. Good mental health is a vital part of that. The challenges young people face are hugely varied – from stress and anxiety about exams to incredibly serious and debilitating long-term conditions. Everyone who works with children and young people in the Women's and Children's Hospital share this role in helping them to get the help they need.

Many schools already support their students' mental health. Both Hospital School SA and the WCH (CAMHS) acknowledged that we can do more to help schools support children and young people safely transition back to school following a contact with the hospital. This is why the two services (WCH and Hospital School SA) have been working together to develop a collaborative framework to support children and young people and this transition.

A significant number of young people attend hospital in crisis, leading to an Emergency Mental Health presentation or a Mallee Ward admission. A collaborative approach resulting in a throughcare model has proven invaluable in meeting the needs of our young people. This multidisciplinary approach has been able to address the barriers, triggers and/or stressors that impact on our young people and enabled either opportunity to re-engage them with education or engage them with education.

Matthew McCurry - Principal, Hospital School SA

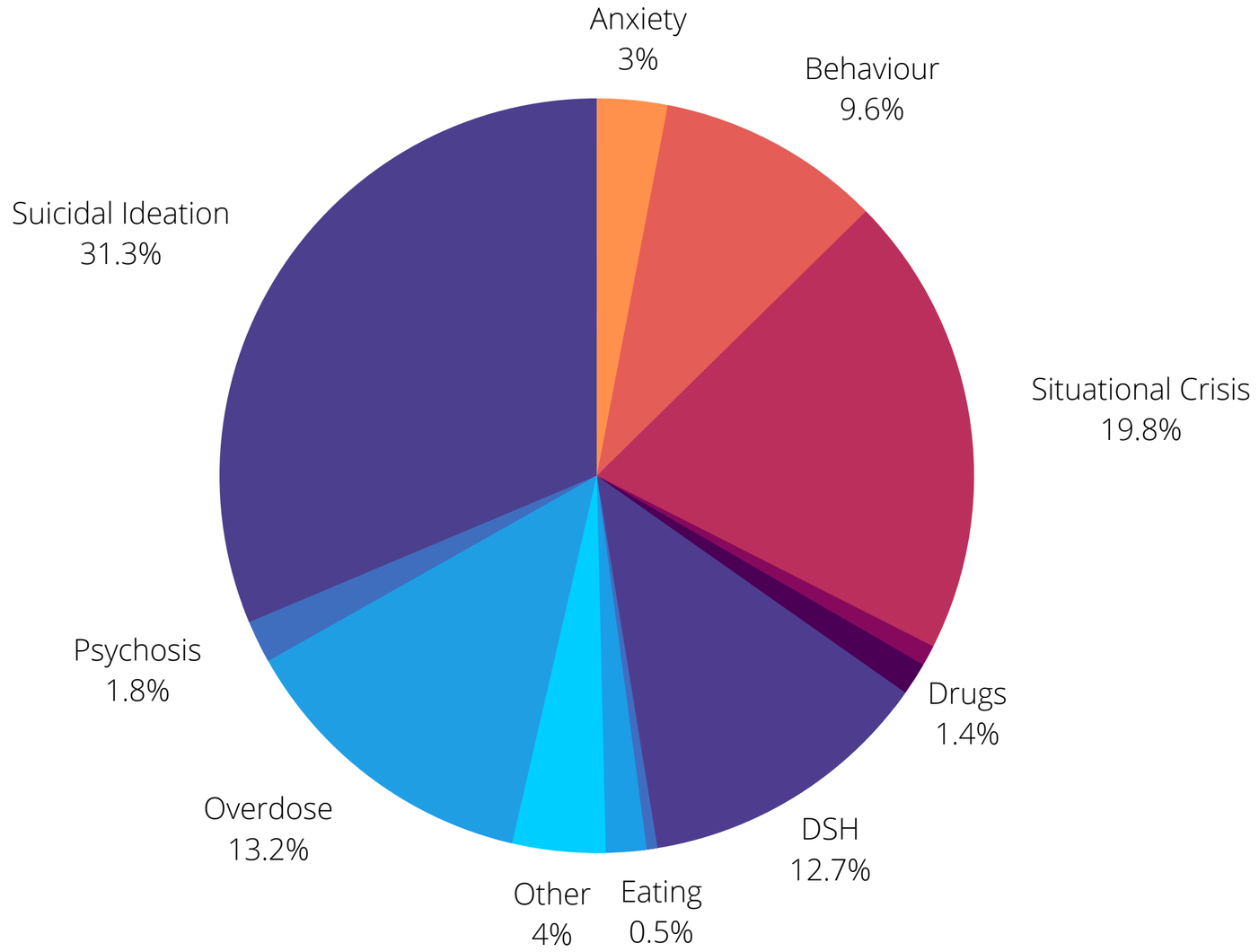
This collaboration shares the expertise between the two key areas to ensure a safe return to school forms a key component of children and young peoples' mental health treatment. The service is centred on a drive to put the needs of children and young people at the heart of educational engagement. To break down the complex concerns from educational environments and to establish clear responsibility for putting in place a coherent offer of support. This report shows that real success comes from collaboration and sets a challenge to all those working with children and young people. Only by working in partnership, sharing expertise, and making best use of finite resources can we achieve the improvements in mental health outcomes that we all want to see for the children and young people we support.

Tim Crowley - Nursing Director/Operations Manager - Acute and Statewide - CAMHS

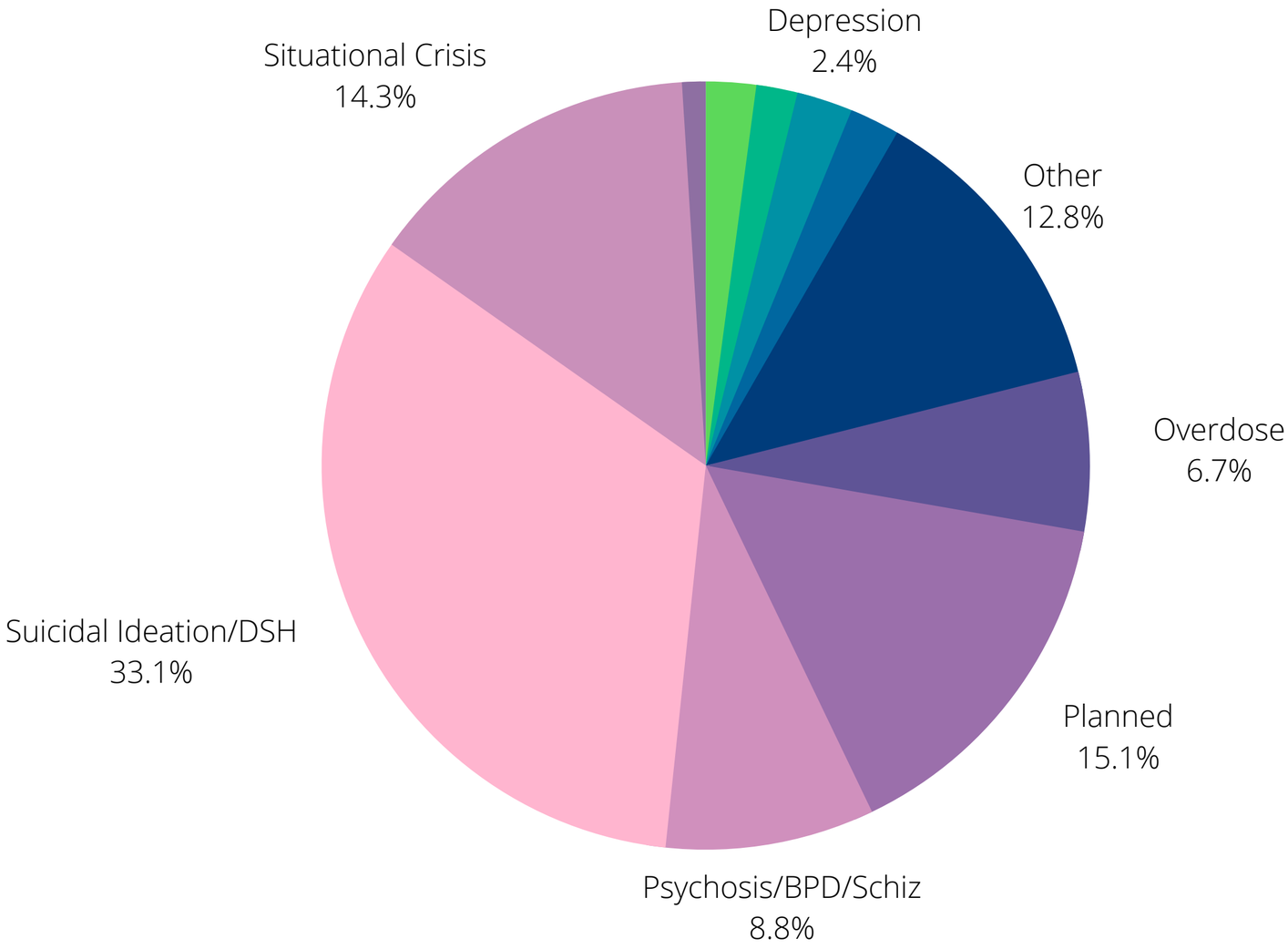
EMERGENCY MENTAL HEALTH DATA (January 2021 – February 2022)

Report Period Top 5 presenting problem

1. ***Suicidal Ideation = 1029***
2. ***Situational Crisis = 651***
3. ***Overdose = 434***
4. ***DSH = 416***
5. ***Behaviour = 316***



MENTAL HEALTH ADMISSION DATA (January 2021 – February 2022)



Report Period Top 5 admission problem

1. ***Suicidal Ideation = 267***
2. ***Planned Admit = 122***
3. ***Situational Crisis = 115***
4. ***Other = 103***
5. ***Psychosis/BDP = 71***

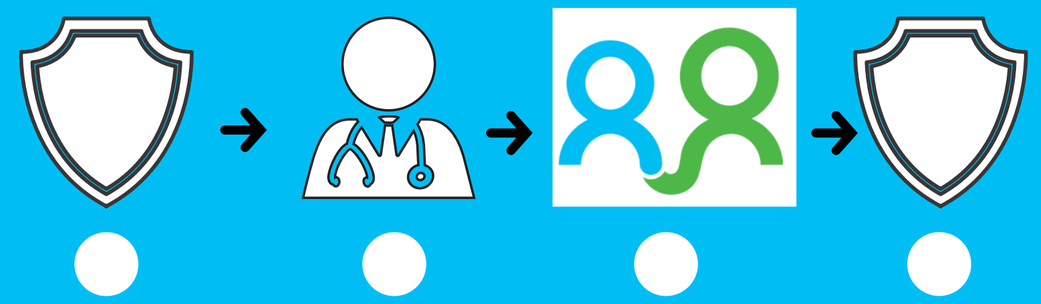
Hospital School SA - school communication resource

Important information for schools about discharge from the WCH PED after a mental heath presentation

Why is HSSA calling?

A Hospital School team member attends PED to participate in discussion with and assessment of young people or receives hand-over information if out of hours, for mental health presentations that have a school component.

A Hospital School team member will notify a leader at the young person's enrolled school via phone, and provide any relevant information about the presentation following process described in the Information Sharing Guidelines (ISG).



Thank you for being willing to receive the information from Hospital School SA (HSSA), provided over the phone, about your student's recent presentation at the Women's and Children's Hospital (WCH) Paediatric Emergency Department (PED). We appreciate the collegiate manner in which you welcomed our involvement.

At hospital

1

When a young person presents at the WCH PED, they are seen by a Triage Nurse at the desk who will initially assess their condition. As soon as possible after this, a mental health nurse will do a more formal assessment of the young person. Your student was discharged home after these assessments.

WCH ED presentations do not result in a diagnosis. You will also not receive any direct communication from the medical team including a clearance letter or a school appropriate support plan or strategies. Support planning is the responsibility of the school and should be undertaken in consultation with the young person, their family and any community support providers when possible.

Support planning

2

Support planning answers questions such as:

·What measures are in place to keep them and others safe in the future? (support / safety plan)

·What new plans need to be put in place to effectively reduce the likelihood of harm in the future?

·How are their strengths, wishes and lived-experience reflected in the plans?

·Who do the plans involve and what are their roles?

·How will the plans be monitored?

·What community supports are in place? Are they adequate?

·What referrals to community supports are appropriate? Have they been made and followed up?

·Are there specific vulnerabilities in them, that increases the likelihood of harm in the future?

·Are there additional people outside of the school environment whose safety needs to be considered?

At school

3

Now that your student has returned to school, it can be helpful to reflect on process and outcome, and consider the ways staff, students and community can be supported in the future when a young person is experiencing mental health difficulties.

Intervention for all student mental health concerns are based on the needs of the individual. When determining the risk of immediate harm, you are using your judgement which is informed by your knowledge and experience of that young person.

You understand that intrusive thoughts about self-harm and or suicide does not equate to a suicide attempt. Through conversation / observation you seek to determine where on the spectrum of risk the young person currently is.

Assessment & review

4

These conversations / observations seek to answer questions such as:

·Are they safe enough to remain at school?

·How confident are you that you will be able to determine if the likelihood of harm increases if they stay at school?

·To what extent are they a danger to themselves? Are they likely to cause serious physical or emotional harm or death?

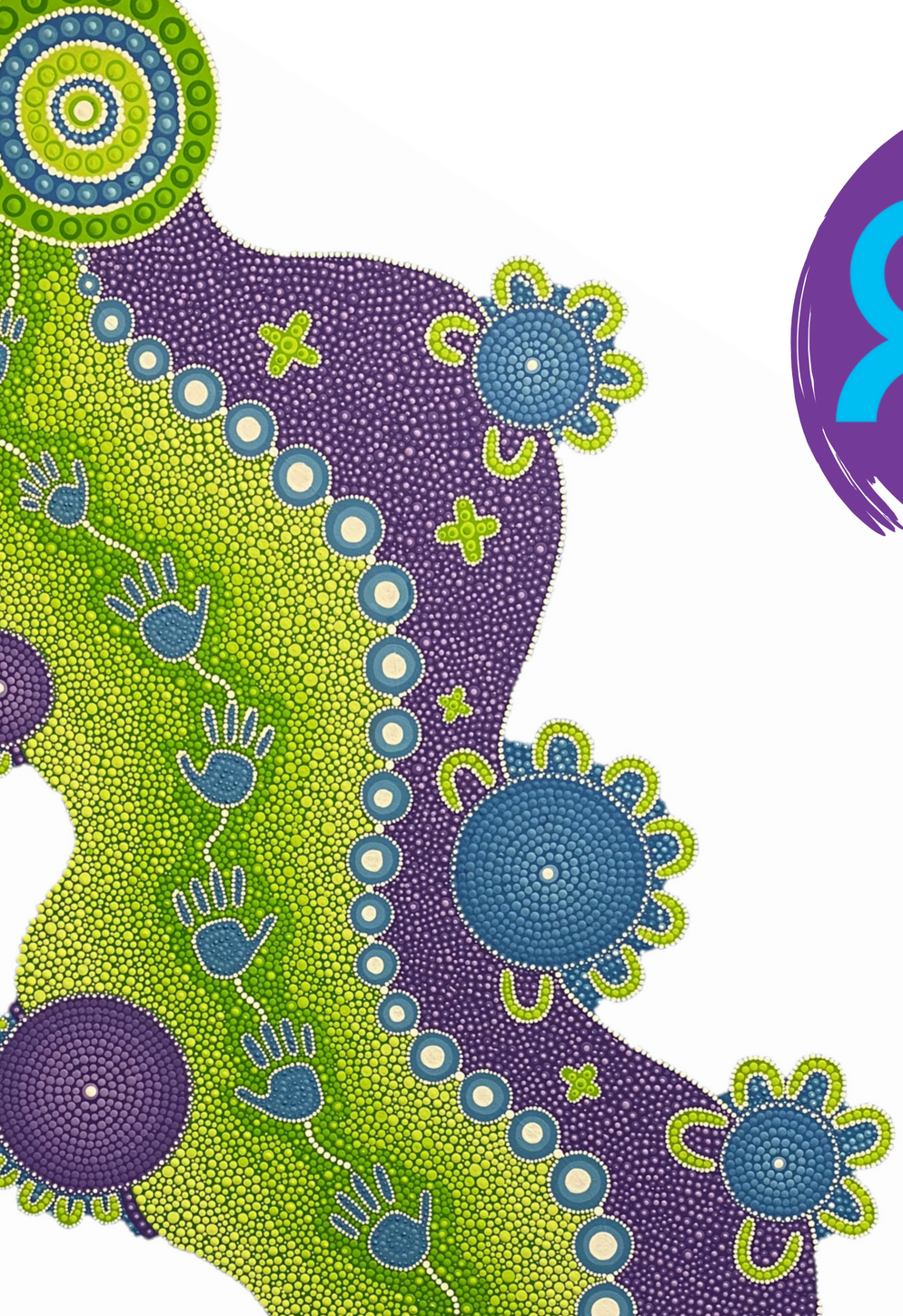
·To what extent are they a danger to others? Are they likely to cause serious physical or emotional harm or death?

·What measures are in place to keep them and others safe in the immediate future? Are they adequate?

·Can any precipitating factors be reduced or controlled to ensure their immediate safety?

You can seek advice by calling CAMHS Connect on 1300 222 647. They can help find the most suitable support for a young person in distress. You must have parent consent in order to do this.

Sometimes there will be a mis-match between your determination and that of health care practitioners. That is ok, and to be expected at times as you try to best understand the risk of immediate harm and respond in helpful and safety ensuring ways. You aim to not cause further harm and relationship breakdown by being unnecessarily reactive and "policy driven". HSSA leaders are able to meet with your staff and provide further information about WCH PED presentations / admissions if that is helpful. You are welcome to forward this e-mail to all staff to increase their knowledge and awareness of these processes.



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