

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Visiting, Children, Inpatient, Mental Health
SUMMARY	This policy has been developed to outline the processes to be undertaken to ensure the safety of children visiting mental health inpatient facilities.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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**Children Visiting Inpatient Mental Health
Facilities****SESLHDPR/641****1. POLICY STATEMENT**

This procedure provides an outline of processes to be followed to maintain the safety and wellbeing of children during visits to all SESLHD Mental Health Inpatient Facilities. The content is consistent with [National Standards for Mental Health Services 2010](#) and [NSW Ministry of Health Policy Directive PD2015_049 - Code of Conduct](#).

2. AIMS

This procedure aims to provide clear processes for both employees and their managers when facilitating contact with consumers and their children.

3. TARGET AUDIENCE

This procedure applies to all employees within the SESLHD Mental Health Services and their line managers.

4. RESPONSIBILITIES**4.1. Staff will:**

Follow this procedure related to clinical and non-clinical activities.

4.2. Line Managers will:

Ensure clinical staff members are familiar with this procedure, circulated and enable local implementation. Ensure non-clinical staff members are aware of this procedure.

4.3. Clinical Operation Managers/Inpatient Service Managers:

Will distribute this procedure within their relevant service. Ensure line managers are familiar with and ensure staff adhere to this procedure

4.4. District Managers will:

Monitor the compliance and review of this procedure, and report to the District Clinical Governance Committee.

5. DEFINITIONS

SESLHD: South Eastern Sydney local Health District

Child: Refers to anyone under the age of 16 years as per the *Children and Young Persons (Care and Protection) Act 1998* (NSW).

Young Person: refers to a person who is aged 16 years or above, but who is under

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the age of 18 years.

Employer: refers to any person authorised to exercise the functions of the SESLHD MHS.

Employee: refers to any person working in any capacity in the SESLHD MHS (casual, temporary contract or permanent capacity including visiting practitioners).

Child Wellbeing Unit (CWU): refers to your local government agency responsible for the child protection reports. Trained staff in CWUs assist mandatory reporters within their agencies to use the Mandatory Reporter Guide and ensure that all concerns that reach the threshold of risk of significant harm are reported to the Child Protection Helpline. Where concerns do not meet the new threshold, information about the child or young person will be entered into WellNet, the CWU database. This information is only visible to staff in other CWUs, which assists in assessing cumulative risk of harm. CWU assessment officers help mandatory reporters to identify services available within their own agency, or in other organisations, which could support the family.

Mandatory Reporting Guide (MRG): refers to the interactive guide which was developed to assist front-line mandatory reporters to determine whether a case meets risk of significant of harm threshold for reporting children and young people at risk in NSW. This can be accessed by all staff via South Eastern Sydney Local Health District Intranet, Useful Links. <https://reporter.childstory.nsw.gov.au/s/mrg>

Family Room: An identified room located within the mental health facilities however isolated from the environment. The room must be clearly identified to all staff and consumers for its purpose and priority given to its use at all times. The room must be upheld and maintained in terms of its cleanliness and family friendly environment.

6. DOCUMENTATION

Assessment of parental responsibilities during an admission:

- Any arranged visits of children to consumers within Mental Health Inpatients Facilities should be in the child’s best interests, with the safety of the child being paramount at all times.
- As part of the initial assessment or in follow up consultations, staff should identify whether a consumer has parental or primary carer responsibilities. This should be clearly documented in the electronic medical record (eMR).
- Where it is identified the consumer has parental responsibilities of children, the relevant section in eMR should be completed.

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- It is everyone's responsibility as Mandatory Reporters to identify and report if the child or young person may be at risk of significant harm and seek consultation through their local Child Wellbeing Unit (CWU) and/or Mandatory Reporting Guide (MRG).
- Children should only be visiting consumers to whom they are closely related. It is the responsibility of all staff to seek further consultation if there are any known restrictions/legal requirements to the child visiting a consumer prior to facilitating same.
- Staff should endeavour to respect the consumer's rights to maintain contact with their children during an admission.
- The decision for the child to visit the consumer whilst an inpatient should be made between the consumer, the child's primary carer and the treating team, to ensure it is in the child's best interest and supportive of the consumers recovery.

Children visiting Mental Health Inpatient Facility:

- Arranged visits of the child should be incorporated into the consumer's mental health care plan and reviewed at all multi-disciplinary meetings to ensure compliance with this policy.
- All visits to Inpatient Facilities should be pre-arranged with clinical staff prior to the visit to ensure appropriate arrangements are made to make certain the comfort and safety of the child are maintained, and the privacy and dignity of other consumers is upheld.
- The required level of supervision by staff should be considered and documented for all children and young people visiting inpatient facilities. The level of supervision should consider the age of the child, care level of the consumer, and location of the visiting or family room; this is to ensure the necessary safety of the child and the least restrictive practice for the consumer.
- Staff should also consider the below factors in arranging the visits of children:
 - *Unit Acuity*: consideration of recent incidents or potential escalation in unit environment or dynamics that will potentially impact the safety of the child during the visit.
 - *Staffing*: Staff skill mix and availability to facilitate visit at the agreed time
 - *Psychological Impact*: Any changes or deterioration in the consumer's mental state should be considered, as well as any expressed emotional response to the visit that may hinder recovery.

Staff responsibility during a visit:

- Staff should observe and document the interaction. Risks maybe identified on the safety and wellbeing of the young person during the visit.
- Staff may postpone any visit in the best interests of the child; however specific risk factors/rationale must be identified and clearly documented in the file.

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- If during the visit staff identify any risks to the child or consumer the visit may be terminated for the safety of all, with a clear and respectful explanation to the family members present.
- In order for the visits to be re-instated, staff must consult with the treating team or delegate to consider the safety of the child.

Unit Facilities to accommodate visit:

- Visits with children should take place within the designated “Family Room”. Family Rooms should be separated from the unit environment and provide an area that is safe and child friendly. It is the Unit Manager’s responsibility to ensure this room is clearly accessible and maintained for appropriate use.
- Each Mental Health Inpatient Facility has an assigned room for use of family visiting. This room should be child friendly, and risk assessed for safety. These rooms should always be given priority to its sole purpose, above any other clinical need, to ensure facilitation of visits. It is the Nurse Unit Manager’s and subsequently all staff’s responsibility to ensure the upkeep and preservation of this room, with any damage or identified needs addressed to Inpatient Nurse Unit Manager as soon as possible.
- **Visiting Times:** to be discussed with NUM/Nurse in Charge prior to visit and risk assessed dependent on unit environment/staffing on that day.
- See below appointed “Family Rooms” for each campus across SESLHD:

Prince of Wales Hospital:

Kiloh Centre: Family Room is located on ground floor adjacent to Main Reception. The Family Room can be accessed by both Observation and General Unit Staff. The room has been designed to encompass a child friendly environment that provides a relaxing and welcoming atmosphere to family members

Mental health Intensive Care Unit (MHICU): Interview Room, located off the unit with accessibility via MHICU Main Reception area for visitors, room is spacious and provides low stimulating environment.

Psychiatric Emergency Care Centre (PECC): Interview Room, located off the unit with accessibility via secure doors both via PECC and ED corridor. Family can enter via corridor in Emergency Department. Room has comfortable seating and provides low stimulating environment.

Mental Health Rehabilitation Unit/ Euroa Aged Care: Activity Room, located between Aged Care and Rehabilitation Unit, with access via both unit. Spacious room with comfortable seating and low stimulus. Family will be escorted via the

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unit to this room, door is locked at all times with staff access only, can be exited at any time.

St George Hospital:

Acute Inpatient Unit: Observation Unit & General Unit: All visits are facilitated in Interview Rooms, located on unit vicinity but off the unit environment. Can be accessed by both Observation and General unit for its purpose. Room has ample seating and low stimulus. All visits to be pre-arranged with staff at agreed time and supervised at all times by staff member.

Psychiatric Emergency Care Centre (PECC): Interview Room located on unit vicinity but off unit environment. Room has ample seating and is monitored via the unit Closed Circuit Television (CCTV) at all times. Interview Rooms are locked, with staff access only, all visits supervised by staff at all times.

The Older Person Mental Health Service/Unit Sub Acute unit, Interview Rooms located on unit, locked room with staff access only. Visits are agreed via risk assessment from treating team in terms of safety and need for supervision with staff member.

The Sutherland Hospital:

Acute Inpatient Unit: Family Room is located out in main reception area, out of the unit environment. Room is set up with ample comfortable seating and tables and is child friendly. All visits will be assessed for risk and safety from treating team, and the requirement for supervision from staff will be determined from this assessment.

Rehabilitation Inpatient Unit: Sub Acute Unit, all visits with family and children encouraged to take place off unit environment in the community. If visits are to take place on the unit, Interview Rooms or communal areas on the unit are to be used.

7. REFERENCES

NSW Health

[NSW Ministry of Health Policy Directive PD2015_049 - Code of Conduct](#)

Other

[National Standards for Mental Health Services 2010](#)

[NSW: Mandatory Reporter Guide](#)

[NSW: Child Story Reporter Community](#)

[Child Visiting Policy in Mental Health Settings, Cardiff and Vale University Health Board](#)

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8. VERSION & APPROVAL HISTORY

Date	Version	Version and approval notes
September 2018	DRAFT	Authors: Melissa Coates, Clinical Nurse Consultant, SESLHD MHS; and Kerry Haddad, Clinical Nurse Specialist, ESMHS Mental Health. Reviewed by Claire Gaskin, Director of Child and Adolescent, SESLHD MHS; and Linda Green, Family and Carers Manager, SESLHD MHS.
October 2018	DRAFT	Disseminated for wider consultation across sites. No comments for change. Pending DDDCC endorsement.
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February 2024	1	Routine review commenced
March 2024	1	Reviewed and endorsed out of session by DDCC
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