

# PARENTS WITH DETERIORATING MENTAL STATE - MANAGEMENT

## PRACTICE GUIDELINE<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- Illness and hospitalisation can increase the burden and stress on parents and carers
- SCHN provides support to parents and families of children who are patients of SCHN, as part of the routine approach to managing mental health issues in children.
- Extreme level of stress or a parent/carer's inability to cope may affect their child's treatment and recovery
- A social worker must be consulted to make a comprehensive psychosocial assessment on parents or carers with a deteriorating mental state, unless the family is already being managed by the Department of Psychological Medicine. The Department of Social Work has formally agreed to conduct a psychosocial assessment before referral to the Department of Psychological Medicine.
- The mental health team should be consulted when there is concern from the treating team and social worker.
- For emergency or urgent situations, the mental health team can facilitate a comprehensive assessment in the local adult Emergency Department
- On rare occasions, it may be appropriate for the SCHN mental health team to provide short-term MH care for parents, including prescription of psychotropic medication
- Documentation should be made in the child's eMR, or an eMR created for parents with identifiable risk and requiring mental health management if specific MH treatment is being provided for a parent by SCHN staff.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> May 2020	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Clinical Nurse Consultant	<b>Area/Dept:</b> Psychological Medicine

## CHANGE SUMMARY

- This is a new SCHN document that highlights the management of parents with a deteriorating mental state.

## READ ACKNOWLEDGEMENT

- All SCHN Clinical staff must read and acknowledge the content of this document

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## Principles

SCHN is committed to working in partnership with families and co-workers in providing patient centred care. The routine mental health treatment for children and young people includes family assessment and supportive care and/or family therapeutic approaches. We recognise the important role that parents take in the treatment and recovery of their children. We also recognise the potential impact and burden that illness and hospitalisation creates for families and carers. On some occasions, this stress may be significant and lead to acute mental health deterioration in a parent that affects the child's care.

Our goal is to help parents provide the optimal care that their child needs. When clinicians observe an acute deterioration in a parent or carer's mental health state adversely affecting the child's treatment, it may be necessary to seek consultation from the SCHN Psychological Medicine Team.

As a Children's Hospitals Network, the primary focus of care is the child within their family system. Whenever possible a parent who requires individual mental health care should be managed by their own independent mental health worker with appropriate expertise in adult services outside of SCHN. This ensures patient-centred care for each member of the family who requires it and avoids potential conflicts of interest in the provision of care.

Short-term emergency treatment for parents may be appropriately delivered by the SCHN Psychological Medicine team if that treatment supports treatment of the child who is the SCHN patient and if treatment for the parent cannot be safely delivered outside of SCHN. Longer term treatment by staff of Psychological Medicine for parents of SCHN patients is not appropriate.

## Identification of deteriorating mental health state in a parent/carer

Reasons for making a referral to the mental health team may include (but not limited to):

- Inability to make sound decisions that affect a child's treatment, for example: medical intervention to preserve life, discharge planning, or withdrawal of treatment
- Risk to self and/or others
- Emotional dysregulation – outside normal range for context
- Parental and family difficulties coping with a child's illness or the demands of treatment
- Distressing and incapacitating symptoms being presented, or progressive deterioration and loss of function with regard to self-care and social functioning, e.g. inability to leave patient's bedside
- Severe psychiatric disorder – untreated or exacerbated e.g. psychosis, mania, suicidal ideation

## Referral process

### In Hours

When a clinician is concerned about a parent's deteriorating mental state, including reasons highlighted above, they should consult the treating team to make a referral to the Social Work Department to complete a comprehensive psychosocial assessment. The Social Worker may facilitate referral to adult treatment services or, if this is not appropriate or feasible, may recommend referral to the Department of Psychological Medicine.

In circumstances where a parent or carer becomes aggressive or threatening to themselves or others, staff must address these behaviours and contact security if indicated. *Refer to Security – CHW Policy page 5 (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4001>) and Safety, Security and Patient Allocation network policy (<http://webapps.schn.health.nsw.gov.au/epolicy/policy/5092>)*

If the assessment indicates:

- Significant risk to self and/or others
- AND/OR Significant risk to the ongoing treatment or recovery of the child
- AND assessment outside of SCHN is not feasible or appropriate

The social worker **MUST** discuss the result of their assessment with the treating consultant and together make a referral to the Department of Psychological Medicine Consultation Liaison (CL) team.

- CHW – 9845 2005
- SCH – 9382 0075

Prior to a referral to Psychological Medicine, the treating team **MUST** discuss with the parent or carer the referral to the mental health team.

When making a referral, a consultant-to-consultant discussion **MUST** take place between the treating medical specialist and the SCHN Psychiatrist. The SCHN Psychiatrist will consider the referral and, if accepted, identify members of the Psych Med team that will conduct the assessment. During the mental health assessment, the social worker and/or key members from the treating team must be present.

If the referral is not accepted, the Psychiatrist will provide recommendations for the most appropriate course of action, such as referral to the parent's own or a local GP, involving a local adult mental health team, referral to the local adult Emergency Department, or referral back to the parent's usual treating mental health clinician.

## **After Hours**

When a clinician is concerned about a parent's deteriorating mental state, they should consult the treating team to make a referral to the After Hours On-Call Social Worker to complete a comprehensive psychosocial assessment.

If the assessment indicates:

- Significant risk to self and/or others
- AND/OR Significant risk to the ongoing treatment or recovery of the child
- AND assessment outside of SCHN is not feasible or appropriate

The After Hours on-call social worker **MUST** document and discuss the result of the assessment with the treating consultant.

A consultant-to-consultant discussion **MUST** then take place between the treating medical officer and the After Hours Psychiatrist on Call via switch. A management plan from this discussion must be documented and the After Hours Nurse Manager notified. The Psychiatrist on call will identify members of the Psych Med team that will conduct the assessment.

- CHW – 9845 0000
- SCH – 9382 1111

Prior to a referral to Psychological Medicine, the treating team **MUST** discuss with the parent or carer the referral to the SCHN Psychological Medicine Team.

During the mental health assessment, the After Hours on call social worker and/or key members from the treating team must be present.

## **Assessment of Parent or Carer by the Department of Psychological Medicine**

### **Acute emergency or urgent situations**

In an acute emergency or urgent situations, the parent or carer will have a risk assessment by the SCHN Psychological Medicine Team, and when indicated will be transferred to an adult hospital for further comprehensive assessment and/or treatment. The SCHN Psychological Medicine Team will assess and determine the level of assistance required to transfer the parent or carer safely to the adult hospital.

There may be circumstances that warrant the short-term treatment of a parent or carer by members of the Department of Psychological Medicine. In general, this will only be when it is contraindicated for the parent or carer to leave the child's bedside for the time required to attend their own personal mental health treatment. The decision to provide short-term mental health treatment to a parent or carer will be made by the treating team in consultation with the Psychiatrist and the child's treating team. Such treatment of a parent or carer may include psychotherapeutic and/or pharmacological interventions.

## Non-urgent

### ***Known pre-existing mental health condition***

The SCHN Psychological Medicine Team will contact the parent's usual case manager and draw up a collaborative care plan; this may include commencing medication, reviewing mental state, providing short-term psychotherapeutic input, and/or making a referral to the local adult mental health team. If treatment is provided by the SCHN Psychological Medicine Team, the Team will provide feedback to the parent's case manager on an ongoing basis while the child remains admitted at SCHN.

### ***No known existing mental health condition***

After an assessment, the SCHN Psychological Medicine Team will provide a management plan for the parent or carer. This may include commencing medication, reviewing mental state, providing short-term psychotherapeutic input, and/or making a referral to the local adult mental health team or to their local GP for assessment and management.

## Ongoing support on the ward

The SCHN Psychological Medicine team may provide ongoing support for the treating team and the ward nursing staff whilst the patient remains admitted. If appropriate, this will include ongoing review of the parent or carer as necessary in consultation with the treating team.

## Medication for parents/carers

Child and Adolescent Psychiatrists must not routinely prescribe medication for parents or carers. In rare cases where risk is high and other interventions are not sufficient, or if psychosocial circumstances make treatment outside of SCHN impossible, a Child and Adolescent Psychiatrist may consider temporarily prescribing medication. The rationale for this decision will be documented in the parent's eMR.

SCHN Psychiatrists will not prescribe medication for parents for extended periods of time. If the Psychiatrist considers that there are exceptional circumstances that warrant longer-term mental health management and/or prescribing for a parent, this must be discussed with the Head of Department/Area Director for Mental Health and formal approval sought from SCHN Executive. Referral to local treatment services must be made for ongoing review and prescription of medication at the earliest time possible and notification of the referral made to the Head of Department/Area Director for Mental Health.

## Documentation

A separate medical record is made for the parent or carer when:

- Risk/s have been identified
- A detailed assessment is undertaken
- Medication is required for the parent
- After hours medical officer required to review parent or carer

The parent or carer's medical record should include:

- Risk identified (with a brief note made in the child's eMR identifying that a separate assessment has been made and a separate file created for the parent)
- Assessment details
- Management plan, including medication
- Relevant existing treating team contact names and phone numbers
- Adult mental health crisis line

There is no need to create a separate medical record for a parent or carer if the intervention is brief, such as a triage assessment and recommendation for external referral. In these circumstances, a note should be made in the child's eMR that a separate triage assessment of the parent or carer was made and provide details of the referral.

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