



Letter re Services provided at Starship Children's Hospital

- Consult Liaison Child Psychiatry Service
- Child and Adolescent Inpatient Eating Disorder Bed

by

Auckland District Health Board (ADHB)

for

Midland District Health Boards (Midland DHBs)

- Waikato
- Bay of Plenty
 - Lakes
- Taranaki

1. BACKGROUND & CONTEXT

Midland DHBs (excluding Tairāwhiti) has, since the establishment of Starship as a national children and youth hospital, accessed tertiary specialist mental health inpatient beds for children and adolescents (up to their 18th birthday) from the Child and Family Unit (CFU) at the Starship Hospital in Auckland. There is some flexibility based on the young person's developmental needs, and in some extenuating circumstances, a person may be admitted up to their 19th birthday.

In 2011, the number of beds funded by the Midland region through Inter-district Flows (IDFs) was increased from 3 to 4 per annum, in order to better meet increased demand for service by the region. Three beds are purchased under service specification – Child, Adolescent and Youth Inpatient beds (MH138)¹. These beds are referred to as ward admissions. A further bed is purchased for intensive clinical inpatient support/high dependence under service specification - Adult Intensive Care Inpatient beds (MHA02). This is an adult service specification as there is no appropriate relevant national child and youth service specification. This bed is referred to as high dependence unit (HDU).

The other Midland bed purchased from Starship is for young people (up to their 16th birthday) with Eating disorders. This purchase line is in place until 30 June 2013 under service specification Eating Disorders Inpatient Intensive Treatment and Consultative Services.

Midland DHBs also pays through IDFs for its share of the Mental Health Consult Liaison Child Psychiatry services provided throughout the Starship hospital for inpatients from Midland DHBs.

It has been agreed that there is a need to formalise the agreements for the above services between Auckland District Health Board (ADHB) and the Midland DHBs in the form of this Letter of Services.

Given the services described above are governed by 2 separate service groups within ADHB, this document is to be viewed as a stand-alone agreement for the **Consult Liaison Child Psychiatry Services** and the **Child and Adolescent Inpatient Eating Disorder service** delivered by ADHB for the four eligible Midland DHBs. This document may also be read in conjunction with the Letter of Service for the Child and Family Inpatient Unit (CFU).

2. FUNCTION OF THIS DOCUMENT

This document describes the roles and responsibilities of Starship Hospital and Midland DHBs for

- Consult Liaison Child Psychiatry services
- Child and Adolescent Inpatient Eating Disorder Service

It describes how these parties will work collaboratively to implement effective and responsive inpatient services for eligible children, adolescents and their families & whānau receiving services from Starship Hospital.

¹ Refer to the attachment that supports this SLA for the full Service Specifications – or <http://www.nsf.health.govt.nz/apps/nsfl.nsf/menuh/Home>

3. CONSULT LIASION CHILD PSYCHIARTY SERVICE

3.1 Service Objectives

The Consult Liaison Service provides psychological and emotional assessment and support to children and adolescents who have medical or surgical problems and are under the care of a Starship medical or surgical team. The service is also available to family/whanau and siblings. Children and adolescents experiencing illness or injury have between 2 and 10 times the risk of mental health problems, depending on the illness/injury. Risk for mental health problems increases with complexity of illness, length of stay and (for children and adolescents) neurological conditions. Parents of children with illness or injury also have high rates of mental health problems which, if severe, can compromise their child's treatment and lead to delays and prolonged hospital stays.

3.2 Service Functions

The Service provides assessment, management and referral for Mental Health problems, with a similar range to those problems seen in Community Child & Adolescent Mental Health services. Common issues are:

- Acute Stress, Post-traumatic Stress and Adjustment disorders subsequent to illness, injury or distressing treatments
- Major depressive disorders, anxiety disorders, psychosis and delirium in children, & adolescents with illness or injury
- Somatoform and conversion disorders : for example, pseudoseizures, somatoform disturbances of movement, conditioned psychogenic vomiting
- Major psychiatric disorder in boarding-in parents who are unable to access services outside the hospital because of geography or the severity of their child's illness
- Disruptive Behaviour disorders in children/adolescents which interfere with medical treatments
- Treatment adherence and compliance issues
- Assessment and management of deliberate self-harm requiring admission
- Management of complex pain disorders in children and adolescents, such as Central Neural Sensitization, Complex Regional Pain Syndrome and Visceral Hypersensitivity
- Assessment and Management of complex feeding difficulties
- Complicated grief bereavement and counselling
- Weight restoration for children with eating disorders.

Generally the service provides brief interventions. A minority of children will have longer term contact with the Consult Liaison team if they are in Starship Hospital for longer periods or if they live locally and have chronic health conditions.

3.3 Range of Interventions

The Consult Liaison team works closely with the child's medical or surgical team, cultural support teams and also with any other involved services (e.g. GP, School, Physios, Special Education Services, Adult Mental Health teams). Interventions may include:

- Assessment
- Cognitive Behavioural Therapy
- Child therapy and counselling
- Family therapy
- Medication
- Neuropsychological assessments
- Assessment for Daypatient and Inpatient treatment.

3.4 Referrals and Access

Referrals can be made by any Starship Clinical Staff member after discussion with Children/families and the treatment team.

Based at the Starship, the offices are on Level 3, and team members can be contacted through the Liaison Team Support on:

Ph: (09) 3074949 Ext. 23303
Fax: (09) 3078926

The service operates 8.30am – 4pm, Monday to Friday. If out of hours, a message can be left on the answer phone. After hours crisis are covered by the Child Psychiatry Emergency Service, who can be contacted through the Call Centre on (09) 379 7440.

3.5. Clinical Handover and Discharge

Clinical handover occurs as part of the standard Starship hospital discharge process.

Where there are ongoing mental health issues that require community mental health follow-up and treatment, the Consult Liaison team will make contact with the appropriate CAMHS, Adult Mental Health service or GP. This contact and any relevant supporting information is noted in the discharge summary forwarded to the receiving team.

For complicated mental health issues that cannot be managed solely on the medical ward, shared care arrangements with the Child and Family Unit will be negotiated on a case by case basis.

4. CHILD AND ADOLESCENT INPATIENT EATING DISORDER SERVICE

Starship hospital provides access to one bed for young people (up to their 16th birthday) for eligible Midland clients with Eating Disorders who require an inpatient paediatric ward admission for weight restoration and stabilisation of eating.

Access to inpatient treatment is coordinated by the Regional Eating Disorders Service (REDS) based at Greenlane (*information available on Healthpoint – www.healthpoint.co.nz, under*

'Mental Health' – Eating Disorders Service), in collaboration with the Midland Eating Disorder Liaison Coordinators and/or CAMHS keyworker.

4.1 Service Objectives

Young people with eating disorders are at risk of potentially irreversible effects on physical and emotional development. Early and aggressive management has been shown to improve outcomes. Medical and nutritional stabilisation is the first and most important goal of inpatient treatment. This is usually necessary before psychological therapy can be effective. For adolescents the attainment of as close to healthy weight as possible is necessary before psychological therapy is optimally effective.

4.2 Service Functions

Children and younger adolescents with eating disorders have a higher risk of rapid medical deterioration compared with older adolescents and adults. The aims of an inpatient admission are to:

- Attain physiological stability
- Commence appropriate refeeding
- Initiate nutritional recovery
- Undertake psychiatric assessment
- Engage young person & family in regular therapy sessions.

4.3 Admission Criteria

Most patients admitted with an eating disorder stay in hospital for several weeks.

Children who are admitted to Starship under General Paediatrics with anorexia or similar eating disorders will fall into at least one of the following categories:

- Medically unstable
- Co-morbid medical problems (e.g. IDDM)
- Rapid weight loss and are exhibiting some physical signs
- Exhausted families
- Continuing to deteriorate despite maximal outpatient therapy.

Admission Criteria will be met if patient has ANY of the following:

- Life-threatening weight loss
- Acute medical complications of malnutrition
- Acute food refusal
- Significant dehydration
- Hypoglycaemia
- Electrolyte imbalance

- Physiological instability
- Abnormal ECG
- Significant co-morbid psychiatric states
- Failure to gain weight despite maximum outpatient treatment.

4.4 Referrals from the Midland region

The primary focus of an inpatient admission is for medical stabilisation, and then preparation for transfer to outpatient management. Referrals from Midland will be accepted in the following circumstances:

- Referral is received from the local Eating Disorder Coordinator, via Auckland Regional Eating Disorders Service (REDS)
- There is a medical referral from a local paediatrician to Starship paediatrician (i.e. the patient has been medically assessed)
- A transition plan must be in place at the time of admission. The referring DHB must be willing to take the patient back for Transition and provide outpatient management
- As the most effective management for treating Eating Disorders in Young people is family therapy, the parents / caregivers must be willing to be available to engage in ongoing FBT and treatment during the admission – i.e. be able to come and stay in Auckland
- Transfer should not happen out of hours. The patient should be medically stabilised prior to transfer.

Patients who are being readmitted can be admitted directly to the ward after consultation with the Paediatrician on call and the Charge Nurse or Duty Manager.

4.5 Treatment and Interventions

Inpatient treatment and management occurs over 5 distinctive phases. There are clear descriptions of the medical and nursing interventions at each stage, nutrition guidance, activities recommended and leave entitlements. Full details can be found in the Starship Children's Health Clinical Guidelines for the Inpatient Management for Anorexia/Eating Disorders².

The key aspects are:

- Level One – Medical stabilisation
- Level Two – Restricted Activity
- Level Three – Mobilisation
- Level Four – Home Leave and Practice
- Level Five – Transition.

4.6 Clinical Handover and Discharge

All patients are discussed at the multidisciplinary team meeting once a week, and progress is reviewed according to the level based management plan. This plan can be adapted as clinically

² Refer to <http://www.adhb.govt.nz/starshipclinicalguideines/Anorexia.htm>

needed and modified to meet individual needs. The decision as to when a patient moves from one stage to another is made by the treatment team and depends on medical stability, weight gain, eating behaviour, compliance with restrictions on activity and other behaviours.

Once a patient has attained Level Four of the management plan, a shared care arrangement will be agreed between the family/whanau, REDS, the local Midland EDS Liaison Coordinator, CAMHS and GP as appropriate.

As the gate-keepers for access, patients will be discharged back to REDS who will work with the referring Midland DHB to agree the post treatment interventions most suitable for the young person in advance of the agreed discharge date.

5. COMMUNICATION AND INFORMATION SHARING

Information sharing will occur between the Starship clinicians and referring DHB key workers that will be open, transparent and intended to increase the quality of care that both parties deliver.

Young people and their families will be advised that services will share information with other service partners involved in their care. Information sharing between services will occur with the person's knowledge, and it is recognised that family/whanau are key members of the recovery team.

Information needs to be shared concerning:

- The context of the young person's support needs
- The responsibilities of the different parties in relation to ongoing treatment and care
- Monitoring of progress
- Any changes to level of risk and/or safety concerns
- Notification of serious incidents of:
 - Aggression
 - Violence
 - Restraint and/or seclusion
 - Attempted self harm
- All Leave/Transitional arrangements will be planned and agreed with the referring key worker in advance.

6. DISPUTE RESOLUTION

If any disagreements arise between the Starship Clinical Staff and Midland DHB clinicians, both parties will act in good faith to settle the dispute or difference by agreement.

Any unresolved disputes and differences between the parties will be directed in the first instance to the relevant DHB Clinical Directors or DAMHS within each organisation who will then enter into discussion to seek resolution.

7. REPORTING REQUIREMENTS

The following quarterly reports will be provided to the Midland Regional Director as part of this agreement.

7.1 Reporting against Consult Liaison Child Psychiatry Service

- Quarterly reports by Midland DHB
 - NHI
 - Gender
 - Date of Birth
 - Medical Diagnosis leading to Starship admission
 - Psychiatric Diagnosis
 - Consult/liaison events per child/family

7.2 Reporting against the Child & Adolescent Eating Disorder Bed

- By Midland DHB, by individual admission for Eating Disorders
 - NHI
 - Gender
 - Date of Birth
 - Admission age
 - Ethnicity
 - Inpatient stay start date
 - Inpatient stay end date
 - Number of occupied bed days
 - Number of leave days
 - Total stay days

8. REVIEW OF THIS LETTER OF SERVICES

This document will be reviewed annually (or sooner as required by either party) by those with delegated authority, or their delegates from ADHB and Midland DHBs.

- Service Managers
- Clinical Directors
- Funding and Planning
- Midland Regional Clinical Director

Next review date: 30th June 2013.

9. SIGN OFF

This Document has been agreed and signed off by:

Name	Position/DHB	Signed
Helen Wood	GM MH&A Waitemata & Auckland DHB	
Clive Bensemann	ADHB – Clinical Director	
Fionnagh Dougan	Starship General Manager	
Richard Aicken	Starship - Clinical Director	
Jeff Bennett	Waikato DHB – Group Manager	
Rees Tapsell	Waikato DHB – Director Clinical Services	
Ian Goulton	BOP DHB – Business Manager	
Sue Mackersey	BOP DHB – Clinical Director	
Maureen Emery	Lakes DHB – Group Manager	
Richard Thompson	Lakes DHB – Acting Clinical Director	
Wendy Langlands	Taranaki DHB – Group Manager	
Hester Swart	Taranaki DHB – Clinical Director	