

# **Model of Care for the Regional Adolescent Mental Health Service**

**Adolescence is a time of rapid developmental change. In addition to physical, intellectual, emotional, and social development, young people are also managing the transition from the world of child and family to that of the independence of adolescence**

(Royal College of Psychiatrist, Council Report 2002).

Most young people experience good mental health with positive psychosocial development in that they will have the capacity for effective learning and good social and family relationships. The majority of young people that do experience mental health problems experience them to be short lived, as they respond well to interventions provided by the community services. Some however, experience more complex and severe difficulties, which affect their ability to enjoy life and meet age appropriate developmental milestones. Mental Health problems are defined as a broad range of emotional and behavioural difficulties that are a cause for concern or distress (Raphael 2000)

This service therefore recognises the unique and complex mental health needs of such young people. As Ensley-Green (2000) states “children are not young adults: their special health needs should be acknowledged”. For this reason, the model for young people differs significantly in philosophy, structure and responsiveness from the traditional illness focused models associated with adult mental health services (AICAFMHA 2005). Therefore, the underpinning philosophy of our care model is a commitment to provide a caring and safe environment where a young person’s dignity and rights are protected whatever their race, creed, culture or belief. Our model of care will reflect the many complex factors that influence the young person’s mental health and development- including family, school, genetics and socio-economic and cultural environments. There will be significant emphasis placed on establishing and building working relationships with the young person and family or the identified caring adult and other professionals who have significant involvement. The care of the young person will be encompassed in a care plan that is systemically focused. The systemic

approach will allow for the defined complexity of the many systems as well understanding that systems can enhance or hinder progress.

Under Child Protection we recognise that abusive or traumatic experiences either ongoing or in the past, can sometimes be a feature of the problems presented by young people admitted to the service. Our service has a comprehensive child protection procedure in place to deal with issues around child abuse. These procedures are in line with the RCAPP (2005) & Children Order (1995).

Our unit is presently located on the site of Knockbracken Health Care Park and has eight beds and six day places available for young people from 13 to 18 years old. It is managed in Children Services, South & East Health & Social Service Trust and is an integrated part of Child & Adolescent Mental Health Services (CAMHS).

We are regionally funded service and only accept referrals from Child & adolescent Mental Health Services (CAMHS) Tier 3. We have a multi-disciplinary team its representations are from the following

Clinical Services Manager

Ward Manager

Mental Health Nurses

Health Care Assistants

Child and Adolescent Consultant Psychiatrist

SPR

Staff Grade Psychiatrist

Senior Practitioner (Social Worker)

Senior Clinical Psychologist

Higher Clerical Officer

Art therapist

Occupational therapist

Activities Co-Coordinator

Cognitive behavioural therapist

Students from a variety of disciplines on placement.

The referral is initiated by the tier three CAMHS, in collaboration with the referring team we determine whether admission would be the best intervention for the identified young person and family. The admission to the service is determined by the outcome of the inpatient/day team assessment that begins at acceptance of referral. It is important that a young person have a clearly identified home base, as plans for discharge start on the day of acceptance for admission.

The team is dedicated to working with young people and their families. Like many other specialties, team members are committed to following an ongoing training programme to provide the best care/treatment for the young person. One of our aims is to have a service that is open auditing our policies, procedures and interventions to ensure that practice is based on current evidence based practice.

Our unit provides care/treatment under the general definition for inpatient treatment units for adolescents, this being defined as a therapeutically directed group care for adolescents who experience emotional distress (Steinberg 1987). It provides a 24-hour and 7 days service for adolescents whose family situation and/or the severity of their disturbance makes such a service the treatment of choice, in contrast to outpatient or other forms of treatment (Hersov 1994). The Day Service runs 4.5 days per week and provides interventions; where the level of input at inpatient level is not required, to prevent admission to an inpatient bed and to facilitate discharge from an inpatient bed.

In addition, there is a common recognition of the stages that an adolescent would follow during their stay in an adolescent mental health unit. The first stage being the induction stage where the adolescent is uncertain and anxious about getting to know others. This lasts only for a short period and is commonly referred to as the 'honeymoon period'. This is immediately followed by the real emotions and behaviour that may lead to a resistance to treatment. In the second stage, the adolescent will start to work through important issues

and build up therapeutic relationships with staff and peers. The leaving stage is the time before discharge. It is usually the period the adolescent finds the hardest as feelings of rejection and loneliness are evident (Johnson 1982).

The other concept that will be used in the background of this model is the environment. This will mainly refer to the existence of the therapeutic milieu, which can be described as the provision of an atmosphere that gives individuals an opportunity to develop appropriate responses to situations that they may encounter (Walker 1994), but also examining the staff's role in the functioning of such an environment about the structure, involvement, safety, support, and individuality it offers the young person (Gunderson 1983).

Whilst the young person is in the unit, he/she will have a care plan. All interventions are designed where possible to meet the young person's needs. A care plan will capture ongoing assessment, agreed targets of interventions and identified review time. The care plan is agreed with the young person and family/carer in consultation with the multi-disciplinary team.

The focus is on group therapeutic interactions, noting that this therapy is a process that allows young people to learn about new aspects of themselves, new ways of relating to others and new ways of behaving (Rogers 1990). We also offer the following:

Individual therapy sessions

Family sessions

Recreational therapy

Creative art and music groups

Education

Adolescent development clinic

Relaxation therapy

Physical activities

Cognitive behavioural therapy

Systemic family therapy

Art therapy

Medication

The therapeutic relationship between some key workers and young people would meet the criteria set down by Horthvarth & Greenberg (1993). A relationship has boundaries. It is also a partnership where the therapist owes a duty of care to the young person. To have a therapeutic relationship with a young person, team members need to have a deep sense of honesty, empathy, trust and understanding. By providing this environment of acceptance, safety and respect it was also establishing a basis for the young person to psychologically mature and prepare for their future life (Weissman & Appleton 1995).

It is acknowledged that our service is a small, but significant part of the young person's care pathway in CAMHS. Our focus is to assist the young person to access ordinary adolescent experiences and be supportive in their independence of adolescence. Our unit is like a stepping-stone in a young person recovery that can be stepped onto for as long as required and moved on from.

For further information on adolescent mental health:

[www.youngminds.co.uk](http://www.youngminds.co.uk)

[www.focus.org](http://www.focus.org)

[www.mentalhealthtoday.co.uk](http://www.mentalhealthtoday.co.uk)

[www.camhs.org.uk](http://www.camhs.org.uk)