Guideline

Unaccompanied minors in QCH Emergency Department requiring assessment and discharge planning by CYMHS/ART and ED

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HUMAN RIGHTS

This governance document has been human rights compatibility assessed. Limitations identified were deemed justifiable indicating reasonable confidence that, if adhered to, there are no implications arising under the *Human Rights Act 2019.*

PURPOSE

This guideline provides support with clinical decision making when facilitating assessment and safe discharge of unaccompanied young people from Queensland Children's Hospital (QCH) Emergency Department following a mental health assessment by the Child and Youth Mental Health Service (CYMHS) Acute Response Team (ART). Decisions must be driven by robust clinical and risk assessment and guided by individual needs of young people and their families.

SCOPE

This procedure applies to all Children's Health Queensland Hospital and Health Service (CHQ) staff who provide care for young people presenting to QCH Emergency Department who are referred to the CYMHS Acute Response Team for assessment.

GUIDELINE

At the time of presentation to the QCH Emergency Department, a parent may not accompany the presenting young person. QCH Emergency staff are required to inform the young person about the relevant legal obligations regarding notification of their parent and obtaining consent. This may not be appropriate in the case of independent minors who do not consent to involvement of a parent.

In terms of who is a parent, refer to the definitions, and note that it may include other persons with parental responsibility.

ON ARRIVAL AT QCH EMERGENCY DEPARTMENT

As soon as able, QCH Emergency staff should seek the young person's verbal consent to obtain, confirm or verify the Parent's contact details (if on an Emergency Examination Authority (EEA) check section 3).

If a relevant parents' details are not able to be obtained at the first point of contact, each subsequent QCH Emergency clinician that takes over the care of the patient should attempt to contact the parent until they are contacted. The handover of this task to another team should be discussed and clearly documented.

Clinicians should attempt to:

- verify parent details through a database such as ieMR or HBCIS, (do not utilise patient's phone).
- notify the relevant parent of the young person's presence in QCH Emergency Department;
- inform the parent that their participation is advised in order to provide assessment and planning of ongoing care.
- request that the relevant parent attends QCH Emergency Department; or
- if they are not able to attend themselves, to nominate another adult to attend and be available to discuss care and treatment with the relevant clinicians while in the QCH Emergency Department (as and when required); and
- keep the young person informed of all communication with the parent.

PARENT UNABLE TO ATTEND OR DECLINES TO ATTEND EMERGENCY DEPARTMENT

It is important to be transparent with the parent regarding their obligations to present to the QCH Emergency Department or make arrangements for a nominated adult to attend.

Explain that:

- during the assessment of the young person, a clinician will need to gain collateral information regarding the issue that brought the young person to hospital.
- gaining this collateral information is an opportunity for the parent to inform the clinician of any difficulties that the parent has been facing in trying to care for the young person, medical history and other circumstances or background information that will be important for the clinician to consider in their assessment.

If a parent is unable or unwilling to attend QCH Emergency Department to participate in the ART assessment, the views of the parent and collateral history regarding the young person's mental health difficulties, should be sought via phone. Discuss with the parent the legal limitations of confining a young person to the Emergency Department.

MANAGING RISK IN THE CASE OF THE UNACCOMPANIED MINOR

All presentations to QCH Emergency Department are streamed in accordance with Emergency Triage processes. If the young person is not accompanied by a parent or nominated adult, consideration should be given to the risk that this presents to the young person's and others' safety. In these situations, staff should adopt a more cautious approach to risk mitigation within the QCH Emergency Department.

If unaccompanied, and there is a concern regarding any of the below risks, consideration should be given to **risk mitigation strategies** such as:

- consideration to where they are placed in the Emergency Department;
- increased nursing observations and ability to maintain these;
- nursing 'Special' or continuous direct supervision;
- security presence;
- if the young person is not under an EEA, then consideration can be given to the utilisation of the mental health act and other legislative frameworks (see below)
- for particularly high-risk situations where there are concerns about the level of aggression and the ability for the QCH Emergency Department to manage that risk without further planning, request QPS attend or remain in attendance until further planning can occur. For example, direct handover to QCH Security.

An **assessment of mental health risk** would include:

- aggression,
- deliberate self-harm,
- suicidal ideation,
- vulnerability,

- absconding or not engaging in treatment.

When assessing risk consider the following factors:

- presenting concern e.g., disposition, age, intoxication, forensic charges
- FirstNet and CIMHA Alerts,
- acute management plans (available on CIMHA through the Viewer),
- previous presentations documented on ieMR.
- further collateral such as a handover provided by Emergency Services
- request QAS/QPS to remain with young person until risks can be ascertained.

If the young person has presented on an Emergency Examination Authority (EEA), they may be detained for assessment under the provisions of the *Public Health Act 2005*.

If the young person has presented voluntarily, they should be encouraged to voluntarily participate in a mental health assessment and treatment.

Work with the young person to:

- Identify the benefits of an assessment and collaborate with them on shared goals.
- Validate their emotions and experience.
- Present a kind, calm and measured tone but be clear in what is expected regarding their behaviour and engagement within the QCH Emergency Department.

If there is an escalation in their behaviour and or the young person attempts to leave QCH Emergency Department, refer to CHQ-GDL-00732 Management of patients with acute behavioural disturbance and attempt the least restrictive intervention that is appropriate for their current level of behavioural disturbance.

If the young person does not wish to voluntarily participate in assessment or treatment, consider whether parental consent or the involuntary care provisions of *Mental Health Act 2016* are required.

CAPACITY TO CONSENT

If the young person refuses for a parent to be contacted or involved in a mental health assessment and treatment, the ART clinician will establish the capacity of that child or young person to make decisions in relation to confidentiality and decisions relating to their own health care, clearly documenting this and the accompanying decision-making process.

In most cases, children and young people can consent to (or decline) health care where they have sufficient capacity to do so. However, unlike adults, a child or young person is not presumed to have capacity, they must be assessed as demonstrating capacity to consent. This is often referred to as Gillick competence (see Definitions). A Gillick competent young person's decision not to involve their parent in their care must be respected, noting the limited exceptions that may apply.

Staff should be familiar with guiding documents:

- CHQ-GDL-50018 Informed Consent – Child and Youth Mental Health Service

- Qld Health Guide to Informed Decision-making in Health Care 2nd Ed. (2017)
- MHA 2016 Chief Psychiatrist Policy: Treatment and Care of Minors
- CHQ-POL-24702 Informed consent (health.qld.gov.au)

Consider utilising the MHA 2016 if:

- the young person refuses to participate in care and treatment.
- assessed as having acute mental health issues.
- are at risk of harm to themselves or another person.
- their lack of engagement means that there is not enough information to make a determination about risk but there are enough presenting risk indicators (outlined above) to indicate a reasonable concern that they are at risk of harm to themselves or others.
- Under the MHA 2016, a parent can give consent to assessment and treatment as a less restrictive way (see Definitions) to involuntary care.
- If QCH Emergency staff or ART are unable to obtain the voluntary consent of a competent young person for assessment or parental consent, then consider a Recommendation for Assessment (RA).
- Below outlines some of the considerations for a Recommendation for Assessment but it is optimal that for further clarity clinicians review the MHA 2016.
    - The person must meet the treatment criteria for a recommendation for assessment and if there is no less restrictive way for the person to receive treatment and care for their mental illness.
    - A Recommendation for Assessment can be initiated by any doctor or Authorised Mental Health Practitioner (see Definitions).
    - A doctor or AMHP may detain a person for a period of not more than one (1) hour for the purpose of making a Recommendation for Assessment. The Recommendation for Assessment can be revoked by the doctor or Authorised Mental Health Practitioner who initiated the Recommendation for Assessment.
- If QCH Emergency staff or ART are unable to obtain the voluntary consent of a competent young person for treatment, or parental consent, and treatment is required, a Treatment Authority (TA) can be initiated but only by an Authorised Doctor (an appointment made by the Chief Psychiatrist).
- At their earliest convenience, an Authorised Doctor (see Definitions) can cease a TA and revert to a less restrictive way of treatment with parental consent once they become available to provide this consent.

Detaining a young person without consent to be assessed

If not under an EEA or Mental Health Act 2016, a young person may only be detained in order to be assessed where there is an imminent risk to the life or health of the patient or others and there are no other less restrictive means available. It is not enough that it is in their best interests to do so, there must be an

actual risk of harm akin to an imminent threat or emergency. The risks need to be assessed for each occasion and a decision made whether the threshold issue of 'risk of harm' has been met.

DISCHARGE PLANNING

After completion of mental health assessment, and if admission is not recommended, the preference would be for the young person to be transported home in the company of their parent. Alternative options include being discharged home via taxi and/or public transport.

If a parent is unwilling to attend QCH Emergency Department to facilitate a safe discharge for their young person, or discuss alternative arrangements for a safe discharge, (or is uncontactable) consideration should be given to a referral to QCH Emergency Department Social Worker, in consultation with Child Protection and Forensic Medicine Service (CPFMS) Child Protection Liaison Officer (CPLO) during business hours and after hours by notifying Department of Youth Justice and Multicultural Affairs (DCYJMA) and discuss with the on-call CYMHS Psychiatrist.

If a parent reports that they are unable to attend QCH Emergency Department due to lack of transport or inability to drive, consideration should be given to the following:

- Asking the parent to nominate an appropriate adult to attend QCH Emergency Department to whom their young person can be discharged into their care.
- Problem solving available public transport options that may facilitate the parent attending QCH Emergency Department to collect their young person.
- Using a taxi voucher/APP pay to facilitate the parent or substitute to attend QCH Emergency Department to collect their young person. Taxi vouchers/APP pay are obtained during business hours through the Welfare Workers and after hours through the QCH Emergency Department.
- The young person remaining in QCH Emergency Department until a parent or nominated adult can attend.
- Emergency Department staff must confirm the identity of the nominated adult before discharging the young person into their care.

If none of the above options are viable to facilitate discharge, the parent may consent to their young person being discharged home unaccompanied in a taxi service. On obtaining consent, the parent can be advised of the likely timeframe of when the young person will leave the hospital via taxi and the taxi service used. As part of the consent, the parent should also be informed that we may not be able to follow up on the transit of the patient after leaving the hospital premises, and as such the parent will need to accept full responsibility for the decision to transport the young person via taxi and that they confirm they will be waiting at the home to care for the young person when they arrive.

The clinical appropriateness of this will be assessed by the ART clinician, discussed with the on-call CYMHS Psychiatrist and QCH Emergency Department Medical Officer (SMO). The decision will be based on the ART clinician's risk assessment and take into account the young person's age, developmental stage, emotional maturity, current mental state, acute intoxication, risk of misadventure and time of night. For example:

- 16-17 year-old may be discharged home unaccompanied in a taxi with parent consent or if they are Gillick competent and assessed as clinically appropriate as per above.

- 15-year-old may sometimes be assessed as having sufficient developmental maturity to be discharged home unaccompanied in a taxi with parent and if assessed as clinically appropriate as per above.

ALERT

Young people aged 14 or under requiring a mental health assessment should not be discharged from Emergency unaccompanied by a parent or nominated adult without first seeking advice from Social Work in collaboration with CPFMS, CPLO during business hours or after-hours with Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) and in discussion on-call CYMHS Psychiatrist.

If there are no grounds to detain the young person and they are wanting to leave QCH Emergency Department, and they object to their parent being contacted, explore alternate discharge options such as:

- immediate and extended family members
- friends and their family (adult over the age of 18 years)
- residential placement (when in residential placement funded by Child Safety)

Ultimately, if the young person is not Gillick competent, their parent is responsible for consenting to the proposed discharge arrangement. Speak with the parent or in the absence of them being contactable, to Social Work or DCYJMA to confirm the suitability of this proposed discharge arrangement.

ALERT

If no safe discharge plan can be identified and the parent cannot be contacted or they refuse to engage with a safe discharge plan and the young person is seen to be at risk of significant harm, then the ART should follow processes for reporting a reasonable/reportable suspicion of child abuse and neglect. Further information can be found within Child Protection: responding to child protection concerns (referral and reporting pathways) (health.qld.gov.au)

If in the process of discharge planning, the young person is not going to be discharged to a parent, then consideration needs to be given to:

- Follow up with QCH Social Work in collaboration with CPFMS, CPLO in hours or DCYJMA after-hours.
- If there are no other options available and in discussion with senior management, the young person to remain in the QCH Emergency Department or is admitted to a medical bed for a social admission.

Once able to be safely discharged

- Once there has been a plan established for discharge, ART or Consultation Liaison (if an inpatient and in business hours) should be recontacted to complete a further risk screen and Safety Plan with the parent or substitute carer (by phone) if they are ultimately to be discharged to their care.

ALERT

Additional considerations:

- **Check if the young person is listed as a Missing Person – contact Police Link 131414**
- **If parents have been uncontactable for a long period of time, consider a welfare check to parents' home**

DOCUMENTATION

The treating clinician/team must clearly document their risk assessment and discharge plan in the medical record in both ieMR and CIMHA, including any reasonable attempts to contact the parent, details of the person to whom the patient was discharged to, views and opinions of the young person.

DEFINITION OF TERMS

Term	Definition	Source
Authorised Doctor	A doctor who has demonstrated that they have met the required competencies and are authorised by the Chief Psychiatrist of their delegate	Schedule 3 of the Mental Health Act 2016
Authorised Mental Health Practitioner (AMHP)	A health practitioner who has demonstrated that they have met the required competencies and are authorised by the Chief Psychiatrist of their delegate	Schedule 3 of the Mental Health Act 2016

Gillick Competence	The common law position in Queensland for working with young people under 18 years of age without parental consent is that a health practitioner may respect the capacity of a minor to make their own health care decisions – termed 'mature minor' and 'Gillick competency'. To be Gillick competent, the minor must have sufficient understanding, intelligence and maturity to appreciate the nature of the health care, the consequences and risks of the health care that is proposed and the alternatives, including the consequences of not receiving the health care. This will vary according to the significance of the decision and factors within the child such as their maturity. Informed consent requires that information is presented in a form that can be comprehended by the young person and that the young person has an opportunity to clarify it (Kennedy and Richards 2007). To be valid, consent must be voluntary and free from any pressure by health practitioners, parents or others (Qld Health, 2019).	Guide to Informed Decision Making in Health Care, Clinical Excellence Division 2nd Edition, Queensland Health, 2023.
Less restrictive way	There is a less restrictive way for a person to receive treatment and care for the person's mental illness if, instead of receiving involuntary treatment and care, the person is able to receive the treatment and care that is reasonably necessary for the person's mental illness in 1 of the following ways— (a)if the person is a minor—with the consent of the minor's parent; (b)if the person has made an advance health directive—under the advance health directive; (c)if a personal guardian has been appointed for the person—with the consent of the personal guardian; (d)if an attorney has been appointed by the person—with the consent of the attorney; (e)otherwise—with the consent of the person's statutory health attorney	Mental Health Act 2016

Parent	Of a minor, includes – a) a guardian of the minor; and b) a person who exercise parental responsibility for the minor, other than a person standing in the place of a parent of the minor on a temporary basis; and c) for an Aboriginal minor – a person who, under Aboriginal tradition, is regarded as a parent of the minor; and d) for a Torres Strait Islander minor – a person who, under Island custom, is regarded as a parent of the minor	Mental Health Act 2016

SUPPORTING DOCUMENTS

Related documents

Policy and standard(s)

- Chief Psychiatrist Policy (Mental Health Act 2016): Treatment criteria, assessment of capacity, less restrictive way and advance health directives
- Chief Psychiatrist Policy (Mental Health Act 2016): Treatment and care of minors
- Child Protection Act 1999
- Human Rights Act 2019 (Qld)
- Mental Health Act 2016 (Qld)

Procedures, Guidelines, Protocols

- Child Protection: responding to child protection concerns (referral and reporting pathways) (health.qld.gov.au)
- Guide to Informed Decision Making in Health Care, Clinical Excellence Division 2nd Edition, Queensland Health, 2017.
- Queensland Health Less Restrictive Way Guidelines
- Queensland Health Capacity Assessment for Mental Health Treatment (Gillick Competence) – Child and Youth (guide for use Queensland Health Capacity Assessment for Child and Youth form)
- CHQ-GDL-50018 Informed Consent – Child and Youth Mental Health Service
- CHQ-PROC-50080 Collaborative care for acute mental health presentations in the Emergency Department
- CHQ-GDL-00732 Management of patients with acute behavioural disturbance
- CHQ-POL-24702 Informed consent (health.qld.gov.au)

Forms and templates

- Queensland Health Capacity Assessment for Child and Youth

CONSULTATION

Key stakeholders who reviewed this version:

• Acute Response Team Leader • Medical Director of Child and Youth Mental Health • Acute Response Team Consultant Psychiatrist • CYMHS CNC Campus Operations • Director of Social Work	• Emergency Department NUM • Emergency Department Medical Officers • Emergency Department Clinical Nurses • Director Child Protection and Forensic Medical Services (CPFMS)

GUIDELINE REVISION AND APPROVAL HISTORY

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1.0 05/09/2024	Nurse Unit Manager Critical Care Division	Divisional Director Critical Care	Executive Director Clinical Services	New document

Key words	Unaccompanied, minor, discharge, home, taxi, mental health, ART, disposition, safety, risk, 19044
Accreditation references	The National Safety and Quality Health Service (NSQHS) Standards (1-8): • Standard 1: Clinical Governance - Actions 1.15 • Standard 2: Partnering with Consumers - Actions 2.04, 2.05, 2.06 • Standard 4: Medication Safety - Actions 4.13 • Standard 5: Comprehensive Care - Actions 5.10, 5.13, 5.32, 5.33.