

## ADOLESCENT INTEGRATED TREATMENT AND REHABILITATION CENTRE MODEL OF SERVICE GUIDELINE

### 1. What does the Service intend to achieve?

Mental disorders are the most prevalent illnesses in adolescence. They have the potential to carry the greatest burden of illness into adult life. The Adolescent Integrated Treatment and Rehabilitation Centre (AITRC) is part of the Statewide CYMHS network of Community Teams, Evolve Therapeutic Services, Consultation-Liaison Services and Acute Adolescent Inpatient units.

The key functions of the AITRC are to:

- perform a comprehensive assessment of the adolescent – their strengths, their development to date and previous developmental trajectories, the mental illness and their family or care systems
- provide treatment interventions to alleviate or treat distressing symptoms
- validate strengths and assist progression in developmental tasks which are arrested secondary to the mental illness
- assist the adolescent's reintegration back into the community.

Interventions at the AITRC are:

- developed in partnership with adolescents and where appropriate their parents or carers.
- multidisciplinary
- based on multiple therapeutic approaches
- intensive
- delivered in a range of contexts including individual, school, community, group and family

Settings for assessments and interventions vary in the level of care provided. They include inpatient, therapeutic residential, step down and day patient. The level of care is determined by:

- providing care in the least restrictive environment appropriate to an adolescent
- acuity of behaviours associated with the mental illness with respect to safety to self and others
- the ability to care for oneself.
- care systems available for transition to the community
- access to the Centre

In addition the AITRC seeks to:

- maintain strong operational and strategic links to the CYMHS network
- establish effective, collaborative partnerships with general health services, in particular Child and Youth Health Services and services to support young people e.g. Child Safety Services
- provide education and training to health professionals within CYMHS on the provision of comprehensive mental health care to adolescents with severe and complex disorder;

- develop the capacity for research into effective interventions for young people with severe and complex disorder

## 2. Who is the Service for?

The AITRC is available for Queensland adolescents

- aged 13 – 17 years
- eligible to attend high school
- with severe and complex mental illness
- with impaired development secondary to their mental illness
- who have reasonable trials of intervention at local Community, Evolve or Acute Inpatient Child and Youth Mental Health Services, private child and adolescent psychiatrists or psychologists or Headspace services.
- who will benefit from a range of clinical interventions of varying intensity

It is not available to adolescents whose problems are

- primarily disorders of conduct
- primarily disorders of substance use
- primarily intellectual impairment
- primarily homelessness
- associated with histories of sexually assaultative behaviours

Various processes of assessment (initial referral to the Clinical Liaison Clinical Nurse – CLCN, intake meeting, assessment interview) to determine the suitability of admission of the adolescent with respect to the likelihood of

- positive therapeutic outcome and/or
- potential to assist with developmental progression and/or
- potential adverse impacts on the adolescent of being admitted to the unit
- potential adverse impacts on other adolescents if they were to be admitted

Adolescents may continue beyond their 18<sup>th</sup> birthday if

- continued admission is likely to produce the greatest clinical outcome in terms of symptom reduction and developmental progression
- there is no risk to the safety of other adolescents

Persistent mental illness with severe impairment in adolescents occurs with a number of disorders. Characteristically those referred fall into four broad groups:

- adolescents with a persistent eating disorder such that they are unable to maintain weight for any period in the community. These typically have co-morbid social anxiety disorder
- adolescents who have been unable to attend school for prolonged periods in spite of active community interventions. These may have a range of disorders including Social Anxiety Disorder, Avoidant Disorder of Childhood, Separation Anxiety Disorder and Oppositional Defiant Disorder.
- Adolescents with persistent depression, usually in the context of childhood abuse. They frequently have concomitant symptoms of trauma eg. PTSD, dissociation, recurrent self harm and dissociative hallucinations.
- Adolescents with persistent, severe psychoses.

Developmental delays and family difficulties are not uncommon.