



Visionary Leadership for Psychiatric-Mental Health Nurses Around the World

INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

POSITION STATEMENT, 1998

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The Rights of Children In Treatment Settings

A position regarding the detention of minor children in psychiatric treatment facilities, drug and alcohol treatment facilities, residential treatment facilities, and “behavior modification boarding schools.”

- All children have the right to be treated with dignity and free from mistreatment, abuse, neglect, and exploitation.
- ACAPN opposes the abduction and involuntary transport of children to facilities for confinement unless such measures have been clinically justified in specific, operational terms by a licensed mental health professional with the legal authority to do so. In the event that such tactics are necessary for the immediate protection of the child and/or society, the child must have access to an appeal process commensurate with the same right of habeas corpus available to every citizen of the United States of America.
- Children have the right to appropriate treatment in the least restrictive available setting in the event that treatment is necessary. This setting must be one that provides the highest likelihood for improvement and that is not more restrictive to their physical liberty than is needed for their own protection or for the protection of society.
- Prior to the child’s admission, a copy of their rights (written in clear and understandable language) should be given to them and explained to them verbally by a licensed staff member. A duplicate copy should be given to the child’s family member(s) or guardian(s). If owing to the child’s condition at the time of admission, the child has not understood his/her rights, a licensed staff member will provide an explanation to the child within 24 hours and periodically until some degree of understanding is reached. The necessity for repeating the rights communication process will be documented, signed, and dated. In the event that the child is very young, the rights should be explained to them in a way commensurate with their level of understanding. Professional registered nurses, as directed by the A.N.A. code of ethics, are obliged to assure that these rights are in no way violated.
- Prior to admission, the child and his/her family or guardian(s) have the right to be informed of all institutional rules and regulations and consequence/reward structure concerning their conduct and course of treatment. These should be clearly stated in writing and a copy should be provided to all parties for reference purposes.
- Treatment (including behavior modification procedures, therapies, educational activities) provided by any facility, including psychiatric hospitals, drug and alcohol treatment centers, residential treatment facilities, and “behavior modification boarding schools”) must be professionally and clinically justified. This means that procedures to which children are subjected must be defensible as being within the realm of professional standards of practice and affirmed by empirical research data as being appropriate.
- ACAPN affirms the right of children to talk and write to persons outside the detainment facility at any time during their detainment without having such communication censored or monitored unless such monitoring is clinically justified for the safety of the child or others. This right includes the right to contact an attorney.

- ACAPN opposes any prohibition or barriers to communication imposed by any facility including rigid and restrictive visiting policies, policies that restrict parents from visiting their children, limited access to telephones, and barriers to mail service.
- ACAPN opposes any and all punitive measures. Children should not be physically restrained (restriction of body parts by device or by placement in an isolated, locked room) **unless every avenue of prevention of harm to themselves or others has been exhausted.** The successive steps employed in the prevention of aggressive behavior must be clearly stated in specific operational terms. In the event that such restraint becomes necessary it should be done humanely and in accordance to standard aggressive behavior management (ABM) protocol by persons who have been trained and who have received instruction in ABM prior to their exposure to clinical situations. Children's face and head must never be obstructed at anytime. Any medication administered to the child must be ordered by (physician or advanced practice nurse) and administered by a licensed professional. Children **should never** be left alone while in restraints or while secluded. The duration of physical restraint of any kind should extend only until the child is sufficiently in control of him/herself to no longer pose a threat to themselves or to others. Restraints must be "broken" every 2 hours at a minimum. The child should be offered fluids, toileting, and vital signs should be taken. Restraint orders must be re-written every 24 hours after the child is evaluated by a licensed professional with legal authority to do so. All restraint procedures must be justified in writing and in specific, individual, operational (as opposed to general) terms.
- Children have the right to be cared for in a developmentally appropriate way by competent certified professionals who have had both the salient education and experience commensurate with working with a pediatric population. They have the right to therapies that are rendered by persons who have the appropriate education and training in those therapies. Treatment and therapies must be temporally and developmentally geared in such a way that they are meaningful to children.
- Children have the right to have access to an advocacy group (such as Advocacy, Inc.) as well as access to support groups such as the National Alliance for the Mentally Ill.
- Children have the right to review the information in their medical record with supervision. The right extends to the child's family or guardian.
- Children have the right to have their records kept private and to be told about the conditions under which information about them will be disclosed without their permission.
- Children and their families have the right to a treatment plan that is individually developed for their situations as well as the treatment plan for care after they leave the facility. This treatment plan should be developed in collaboration with children and families and should be monitored for appropriateness and for patient progress with their participation on a specified, regular basis.
- Children and families have the right to be told about the care, procedures, and treatment that they are given **in terms that they will understand.**
- Children and families have the right to be informed about the staff members who are their caregivers. This means information such as professional discipline, job title, and responsibilities. In addition, they have the right to know about any proposed change in the appointment of professional staff members who are responsible for their care.
- Custodial parents may request that their voluntarily admitted child(ren) be released from any hospital or institution within 72 hours without any delay on the part of the facility. ACAPN opposes the use of any coercive tactics designed to compel parents to reverse their decisions to withdraw their child(ren) from treatment. Children and families have the right to a copy of the institutional billing that is done directly to the third party payor. This billing must clearly specify in specific lay terms what service was rendered, when it was rendered, and what was charged for the service.