


**Emergency Department Clinical Pathway
for Children and Youth with Mental
Health Conditions/Addictions**

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Agenda

1. The ED Mental Health Clinical Pathways Project
2. The Pathway "Package"
 - Environmental Scan
 - Clinical Pathway
 - Screening Tools
 - Crisis Services Minimum Standards
 - Pre-Printed Orders
 - Memorandum of Agreement: EDs & Community Agencies
3. Next Steps
4. Discussion




The Project: Provincial Context






The Project: Background

- High demand: ED is a frequent entry point for child & youth mental health (CY MH) services
- Limited ED capacity to respond to CY MH needs
- Challenge of smooth and streamlined integration with community CY MH services




The Project: Purpose

- Development of an evidence-informed ED Mental Health Clinical Pathway
 - Triage and decision making tools in ED
 - In-hospital crisis worker capacity
 - Pre-Printed Order (PPO) sets
 - Integration with community CY MH agencies



The Project: ED Focus

- ED is not the ideal setting for many MH patients, but this is the current system
- Future goals of this project ...



The Project: Process

Work Group convened:

- Multidisciplinary experts:
 - Hospital and Community settings
 - Mental Health, Emergency, Pediatrics
- Ministry Representatives:
 - Ministry of Child and Youth Services
 - Ministry of Health and Long-Term Care
- Literature Search
- Environmental Scan
- Small Group Work



Work Group


Name	Title/Organization
Joanne Bignell	Nurse Practitioner, Crisis and Psychosis Program The Hospital for Sick Children
Anne Bowlby	Manager, Mental Health and Addictions Unit, Community and Population Health Branch, Ministry of Health and Long-Term Care
Barrie Evans	Clinical Psychologist, Special Education Programs and Services, Thames Valley District School Board
Claire Fainer	Executive Director, East Metro Youth Services
Karen Francis	Psychologist, Clinical Director of Ambulatory Services, McMaster Children's Hospital
Jonathan Golden	Clinical Psychologist, Kinark
Claire Gray	Psychiatrist, Emergency Mental Health Program, Children's Hospital of Eastern Ontario
Jeffrey Hawkins (Co-Chair)	Executive Director Hands-The Family Help Network
Mona Jabbour (Co-Chair)	Chief, Division of Emergency Medicine, Children's Hospital of Eastern Ontario
Jennifer Jaco	Physician, Emergency Department, Windsor Regional Hospital

Work Group

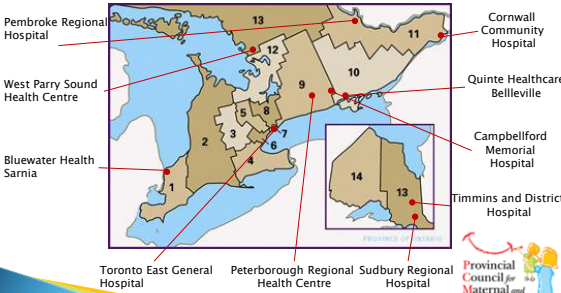

Name	Title/Organization
Russ Larocque	Director, Clinical Services, Algoma Family Services
Cindy Loukras	Paediatrician, Peterborough Regional Health Centre
Nancy Lum-Wilson	Team Manager, Cross-Sectoral Unit, Ministry of Health and Long-Term Care
John Lyons	Chair, Child and Youth Mental Health Research, Children's Hospital of Eastern Ontario
Rob Meeder	Paediatrician, Orillia Paediatric Teaching Association
Sara Ogilvie	Social Worker, Child and Adolescent Psychiatry, Hotel Dieu Hospital
Stephen Porter	Chief, Division of Paediatric Emergency Medicine, The Hospital for Sick Children
Rick Shields	Executive Director, St. Clair Child and Youth Services
Nila Sinnatamby	Policy Analyst, Mental Health and Addictions, Ministry of Health and Long-Term Care
Kathy Skelly	Registered Nurse, Paediatric Emergency Medicine, McMaster Children's Hospital
Anne Stark	Administrator, Child and Parent Resource Institute, Ministry of Children and Youth Services

Environmental Scan

- Telephone interviews
 - Representative sample EDs & Community Agencies
 - ED site participants solicited via ED LHIN Leads
 - Community interview participants solicited via EDs and Children's Mental Health Ontario
- Total Interview Participation:
 - 10 Hospital EDs
 - 11 Community Agencies



Hospitals Interviewed

Interviewed Community Agencies I

LHIN	Organization	Hospitals Served
1-Erie St. Clair	Maryvale Adolescent and Family Services	Windsor Regional Hospital Chatham-Kent Health Alliance Leamington District Hospital
2-South West	Huron-Perth Centre for Children and Youth	Huron Perth Health Care Alliance Alexandra Marine and General Hospital Wingham and District Hospital South Huron Hospital
7-Toronto Central	East Metro Youth Services	Toronto East General Rouge Valley Health System
9-Central East	Campbellford and District Community Mental Health Centre	Campbellford Memorial Hospital
9-Central East	Point in Time Centre for Children, Youth and Parents	Haliburton Highlands Health Services Peterborough Regional Health Centre

Interviewed Community Agencies II

LHIN	Organization	Hospitals Served
10-South East	Children's Mental Health Services	Quinte Healthcare - Belleville General Hospital
11-Champlain	Equipe Psycho-Sociale Pour Enfants & Adolescents Francophones	CHEO Cornwall Hospital
11-Champlain	Children's Mental Health Program Cornwall Hospital	Cornwall Hospital CHEO
11-Champlain	Pembroke Regional Hospital - Community Mental Health Services	Pembroke Regional Hospital
13-North East	HANDS TheFamilyHelpNetwork.ca	North Bay General Hospital West Nipissing General Hospital Mattawa General Hospital West Perry Sound Health Centre
13-North East	Child and Family Centre	Sudbury Regional Hospital

Environmental Scan: Questions

- Resources
- Screening Tools & Protocols
- Referral processes between ED & Community
- Referrals Prioritization Community agency
- Information sharing
- Linkages to primary care
- Special considerations for
 - schools, group homes, police
- Obstacles/How to improve



Environmental Scan: Findings I

Mental Health Crisis Worker

- Only 6/10 EDs had access to pediatric crisis teams or specialists
 - 5/6 access services from within their hospital,
 - 1/6 access crisis services from the community
- Crisis teams/staff were main link for patient to access community MH services



Environmental Scan: Findings II

Screening Tools:

- Screening tools used in 2/10 EDs to assess CY MH presentations

MOUs:

- 4 EDs had community agency protocols/MOUs
- Only two of these EDs were aware of them!

Information Sharing:

- Highly varied content & mechanism of sharing between EDs and community agencies



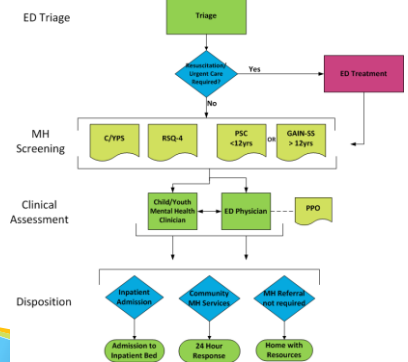
Environmental Scan: Findings III

System Improvements Suggestions:

- EDs to play more of a role in larger system
- Improved communication: EDs/Crisis Teams
- Presence of a community worker in the ED
- Clear, up-to-date protocols between EDs & community agencies
- Process for patients to bypass the ED



Draft Pathway



Key Pathway Components

- Minimum Standards
 - Access to MH Crisis Worker/Specialist
 - Memorandum of Agreements (MOA)
- Recommended Practices
 - Use of Screening Tools
 - Use of Pre-Printed Order (PPO) sets



Minimum Standards I

Child and Youth Mental Health Clinician

- Skills and focus to assess MH patients in ED
- Crisis services are main link to appropriate and timely referral to community MH services

Recommendation:

- Every accredited hospital ED should have access to child and youth mental health clinician
 - Not limited to in-person/on-site consultation
 - Community/mobile service, telephone or video access



Minimum Standards I

Role of Child and Youth Mental Health Clinician:

- Collaborate with ED team in assessment, treatment and discharge plans
- Collaborate with Community MH providers to refer patients to appropriate services
- Provide specific clinical interventions as required
- Play key role in ensuring integration with community MH providers /organizations



Minimum Standards I

Child and Youth Mental Health Clinician Competencies:

- Masters of Social Work (MSW), Bachelor of Social Work (BSW), Psychological Associate (C.Psych. Assoc), or Registered Nurse (RN), and eligible for registration with their discipline-specific professional college.
- When this is not available:
 - Child & Youth Worker Diploma (3 year program), or B.A. in Child & Youth Care, if relevant experience.
 - Must have knowledge of child and youth psychiatric disorders and minimum 3 years counseling experience



Minimum Standards I

Child and Youth Mental Health Clinician Scope of Practice

For children and youth with medium - high risk:

- Psychosocial assessments, behavioural management, counselling and support
- Assistance with crisis de-escalation and management
- Liaison: ED, Psychiatry and Community MH agencies
- Documentation and professional reports
- Recommendations: Patient disposition
- Referrals to and F/U with Community MH agencies
- Monitoring of service utilization



Minimum Standards II

Screening Tools Recommendations

- 3 brief self-surveys at triage for all CY MH presentation:
 1. Children's Hospital of Eastern Ontario (CHEO) Caregiver/Youth Perception Survey (C/YPS)
 2. Risk of Suicide Questionnaire (RSQ-4)
 3. Paediatric Symptom Checklist (PSC) for children <12 years OR Global Appraisal of Individual Needs- Short Screener (GAIN-SS) for children 12 years or older.



Minimum Standards II

Screening Tools: Process

- Extensive search for children's MH and addictions screening tools:
 - Identification by members of Work Group
 - CAMH Report: *Screening for Concurrent Substance Use and Mental Health Problems in Youth*
 - Literature review: *Evidence In-Sight, Ontario Centre of Excellence for Child and Youth Mental Health*
- > 100 screening tools identified



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Minimum Standards II

Screening Tools: Validity

- Work groups selected subset of relevant tools
- Secondary literature review to assess validity
- Final selection based on measures of
 - Sensitivity, specificity, consistency and reliability



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Minimum Standards III

Memorandum of Agreement (MOA)

- Key component for pathway success
- ED, Child and Youth Mental Health Clinician and community agencies have comprehensive understanding of Pathway and their roles within it.

Recommendation:

- Implementation of an MOA between all parties involved to ensure collaboration and adherence to ED MH Clinical Pathway



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Minimum Standards III

MOA Key Components

- Statement of purpose
- Governing principals
- Details regarding the parties to the MOA
- Details of the process to be followed
- Information sharing and privacy details
- Leadership details



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Recommended Practices I

Pre-Printed Orders (PPOs)

- PPOs ensure standardized, evidence-based management practices
- Useful adjunct to Clinical Pathways

Recommendation:

- PPO for chemical restraint to be implemented within the ED MH Clinical Pathway, to be used as needed



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Next Steps

- Completion of Report – Nov 2011
- Presentations
 - Child and Youth Advisory Committee – Dec 2011
 - Provincial Council for Maternal and Child Health (PCMCH) – Jan 2012
 - ED LHIN Leads – Early 2012
- ED MH Clinical Pathway Pilot testing & evaluation in 4 communities – 2012 to 2015



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Questions for Discussion

- Do the environmental scan findings fit your experience?
- What are your thoughts about the Minimum Standards?
- How do you ensure MOAs address current/future needs?
- What are critical factors for MOA implementation and success in directing the work?
- Are the screening tools meaningful for you?
- How well do you think the ED MH Clinical Pathway will work?
- What would help with acceptance and uptake of the recommendations?



Thank You!

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