• 9 year old In ER • Multiple behavioural issues Home and school difficulties Is the Seclusion Room needed? Certified under MH ACT Physical and verbal aggression • Elopement risk, danger to self • Code white might Is hard for staff, parents and be called **DECISIONS** doctors to see used ····· BARRIERS Admitted to ER room with Child starts to hit, cry, Ambulance is called and Mom and child present In ER: Pediatrician on call Refer to weekdays or block door, behaviour child is taken to ER parent, RN or SW to calm Hx is attained from parent at pediatrician medically stabilizes in ED weekends and after is uncontrollable in ambulance them and stay calm hours below N Need higher Is there a substance IHSU screen, access care level care? use issue? **BARRIERS** • No activities to self-regulate in ER • Can be a delay between ER assessment and IHSU clinician assignment Could be referred to SU Referred to portage • ED will not know about previous interaction with MCFD adult psychiatry directly Hospital ER staff are to fax CYMH to notify of child/youth presenting at hospital • Clinician to follow-up with referral – referral may not arrive at CYMH • Services with Aboriginal CYMH are different than CYMH • Psychiatry referral can be made by doctor to BC Children's but family must travel Assessed by emergency Does it fit with CYMH worker within CYMH mandate? **4......**, WEEKDAYS 0800 - 1600 START HERE Referred to PDCRS or Discharge home under Boys and Girls Club, School Is CYMH supports AB SW Friendship available? Center Family **Resource Center** MCFD 24-line for child protection Is PRHSW Is child admitted Is child able to Refer to CYMH in Assessed by PRHSW available? to pediatrics? go home? regular office hours AFTER HOURS AND WEEKENDS START HERE Emergency foster care 1:1 observation by Υ HC provider N Child is admitted to peds Held until assessment can be done

Upon admission to peds

