

CYMHSU Collaborative CYMHSU ER Protocol:

In the past ten years we have seen a significant increase in the number of children and youth seeking support for mental health and substance use. It was recognized that the journey to seek help was often fragmented, with many systems working alongside each other instead of together, increasing the chance of children and youth falling through the cracks.

With the goal of improving the journey and increasing access to integrated services and supports when needed, a Child and Youth Mental Health and Substance Use Collaborative was formed in 2013. The Collaborative started with just over a 100 people in the interior and now over 2,600 people are involved in all regions of the province.

As part of the Collaborative's work, it was identified that more and more young people were turning to the ER for support when they were in a mental health or substance use crisis. To try and address the problem, the Collaborative set up a working group to develop an ER Protocol that would aim to provide a consistent standard approach to care for children, youth and their families in the ER; also to equip ER Physicians, & Nurses - most with limited MH training – with the confidence and skills to support children and youth in their ER every day.

Working Group:

The original working group's membership was primarily from within Interior Health as at that time only IH was involved with the Collaborative. The membership consisted of ER Physicians, Psychiatrists, Pediatrician, ER Administrators, MHSU Managers, MCFD EDS and Clinician; School Counsellor; Collaborative support. This group developed the ER Protocol and had it vetted through ER Networks, Physician groups, MCFD and SU Services for feedback and approval. The protocol was also presented in 2014 to the provincial Emergency Medicine group – ESAC and again for successful endorsement in 2016.

As we progressed and moved to implementation of the Protocol then the membership changed to reflect all the Health Authorities and those who would be involved with leading the implementation and training across the regions and BCCH HEARTSMAP representation as this was the recommended psych-social assessment tool. The success of the implementation is dependent on the support of the Health Authorities and we appreciate their commitment.

Why Develop:

- To provide better care for an increasing number of children & youth who present to Emergency Departments with mental health and substance use crisis.
- To support ER physicians & nurses, who receive limited child and youth mental health training, with a best practice, a more efficient assessment process,
- To outline a clear process within ERs from triage to discharge.

- To establish a consistent referral process to community services.
- To support youth and families with an understanding of ER process; a discharge safety plan and community /provincial resource information.
- To ensure continuity of care by providing community referral sources and primary care physicians with information from assessment; communication and discharge plans.

Key Points:

The Working group developed five tools as part of the ER protocol:

- A 'What to expect Pamphlet' for youth and parents developed by them for them.
- An algorithm for physicians and nurses to outline a clear process within the ERs from triage to discharge.
- Including a psychosocial assessment tool called HEARTSMAP and the report becomes part of medical record. www.heartsmap.ca
- A discharge communication plan which acts as a referral form to community services and GP. (Part of medical record)
- A Discharge Safety plan for the youth to take home that they develop which is also included in info sent to referral services and GP and is part of their medical record.

Community Resource Information:

Information on local and provincial Mental Health and Substance Use information is provided in the following tools:

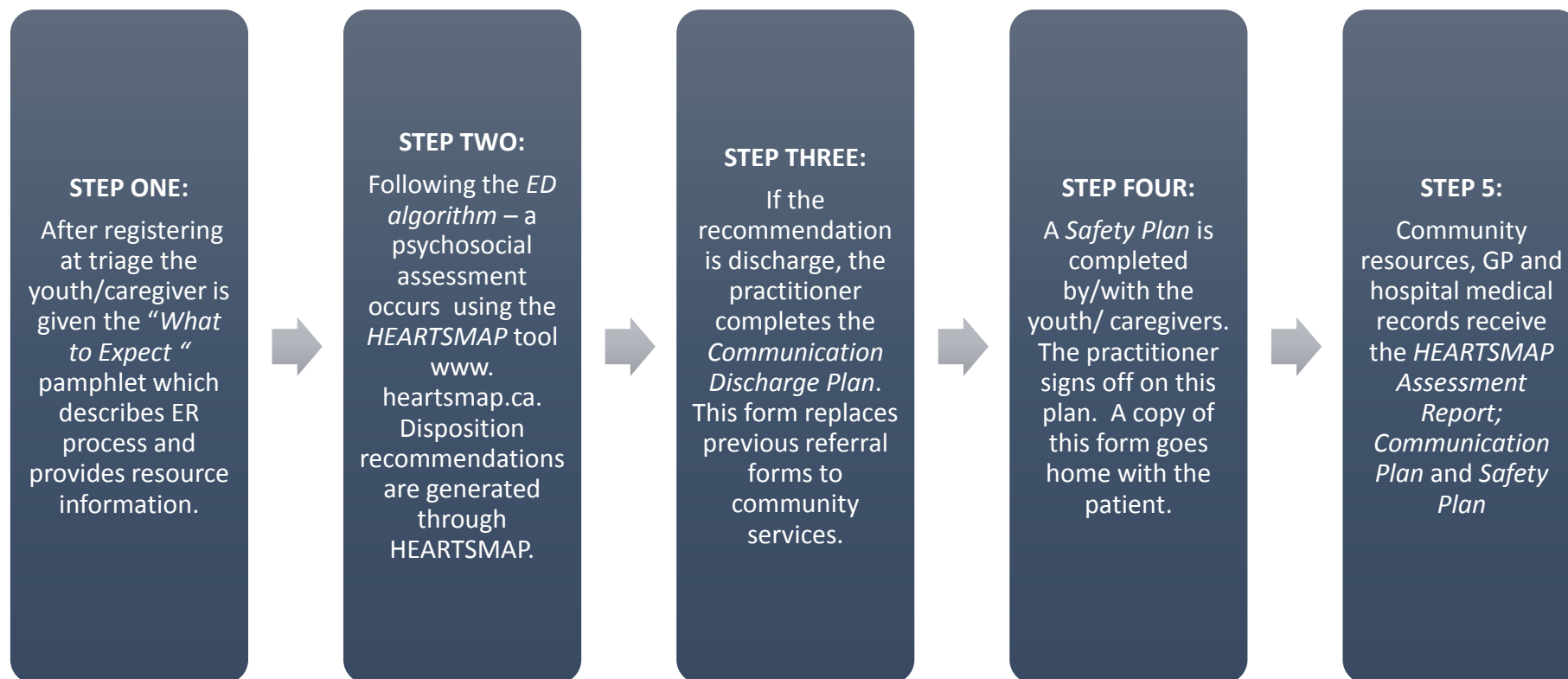
- What to Expect pamphlet – designed regionally with some local hospitals adapting to their community resources with support from Local Action teams
- LAT community resource information – where possible LATs are providing to hospitals community resource info on business cards; pamphlets, or bookmarks to include in pamphlet or hand out at ER.
- Discharge Safety Plan has a list of local and provincial resources. Youth details who their own care team is and takes form home.
- MCFD-CYMH teams are providing pamphlets to the hospital on their drop in clinics for distributing as part of protocol and to be in the waiting room as well for public
- www.heartsmap.ca is the assessment tool recommended and there is reference in the website to regional and provincial resources

School Connection:

Recognizing that it is important for the schools to be informed when a child/youth is seriously ill we have put into the “What to Expect” pamphlet a reference to the parent/caregiver/youth to inform the school. We also reference the school counsellor in the Discharge Safety Plan which is reviewed with the youth by the ER clinician/ERP. We discuss in the training the youth sharing their discharge safety plan with their

school counsellor. By reinforcing of the school connection with the youth and families we hope they will make the connection. At this time due to privacy reasons the medical record information is not going directly to the schools from the ER as they are not a designated MHSU service.

The process for using the tools in ER:



Practitioners who will use the tool: All practitioners who see and assess children and youth with MHSU in the ED may be trained to use the tools: ED physicians, ED nurses, psychiatric liaison nurses, social workers.. *Each site will decide upon the most appropriate team.*

Community Service Partners – Referral Services and Family Physicians:

MCFD-CYMH Services, Substance Use Services, Aboriginal MHSU Services, Crisis Response Services and Family Physicians are important to the follow up support with the ER Protocol. The majority of the youth will be referred to one of these services or to another community support if it is not a MHSU concern such as a social worker.

The community services have been involved from the beginning with the development of the protocol; in particular the discharge communication and safety plan tools and the training and implementation. Their engagement is critical for the success at a local hospital.

Family Physicians and the Referral service will receive copies of the assessment report; communication plan and safety plan for timely follow-up.

Family Physicians have also attended training sessions and benefit from being informed of the new process at the local hospital as they will receive the discharge information. Working with Divisions of Family Practice has been very helpful in this process.

Health Authority Engagement, Implementation and Training:

Each of the five Health Authorities are now engaged with implementing and training of the ER Protocol. We are promoting working with the HEARTSMAP assessment tool, there are a few smaller hospitals that are using the HEADS-ED as their assessment tool initially until they train with the former.

The process has been to pilot in 2-3 hospitals per Health Authority and as the new protocol is implemented, evaluated, adjustments made then the roll out across all the hospitals will begin. This is really moving forward this spring, 2017. Each HA has designated staff to assist with the implementation and this is being expanded to include Knowledge Exchange staff as we move forward who will assist with training. We have been providing training through in person sessions; webinars; on-line for HEARTSMAP and we are creating a video on the ER Protocol for training purposes to support sustainability. A challenge for the HA as we move forward for the training is their investment of time for staff training and ongoing sustainability and we appreciate their willingness and engagement to do this. Having the hospitals engaged in the implementation from early reviews of the process; training and a designated champion makes for a successful implementation

Evaluation:

The evaluation process for the trial sites includes the training itself, and then the use of the tools. For the Community services – MCFD and SU services they are asked about how the ER Protocol improved the information they received and preparing them to connect with the youth. We are also looking for numbers of youth referred to the services and numbers who engaged. Feedback is through on line and focus groups and direct feedback.

The parents/youth are also asked to give feedback around the protocol as well. They are given a handout in the ER inviting them to participate during the time the survey tools are opened. This could be on-line or through an app. All surveys are on-line.

The HEARTSMAP team is also gathering data from VCH, IH, and Fraser on the HEARTSMAP tool. This was originally tested in BCCH and are now collecting additional data as it rolls out across the province.

We would like to see 70% of the 109 ER's in BC have a CYMHSU ER Protocol or in line for by December 2017.

Additional supports:

Child Health BC did a review of 109 ERs on their pediatric service. CYMHSU was identified in this review and this protocol and the HEARTSMAP tool are seen as positive solutions to concerns identified.

They are also working on Restraint Protocols and this information will be shared with ERs once completed as well as Substance Use protocols.

Learning Links is an on-line education program on CYMHSU originally designed for physicians and has been promoted to nurses, social workers and clinicians. There are 15 modules available and take 30-60 minutes to study. We encourage those working in the ER and on Pediatrics to participate in this program. We are especially promoting the *Emergent Medicine* and *Substance Use -Concurrent Disorders* modules for the ER staff. There are CME credits for physicians who take all 15 courses.

Prepared by:

Michele Blais

Project Coordinator,

CYMHSU Collaborative

May 2017