ED Clinical Pathway
for Children and Youth
with Mental Health Conditions
Part One

Dr. Mona Jabbour, Vice-Chair, Department of Pediatrics, CHEO
Jeffrey Hawkins, Executive Director, Hands-The Family Help Network
Marilyn Booth, Executive Director, PCMCH

May 2013
1. Introduction
   - The Emergency Department (ED) Clinical Pathway for Children and Youth (CY) with Mental Health Conditions Work Group

2. Background

3. The Clinical Pathway
   - Process
   - Environmental Scan
   - Algorithm
   - Requirements

4. Next steps

5. Discussion
Estimated 14-21% of Canadian children / youth suffer from mental health and/or addiction (MH/A) disorders.

Youth aged 15 to 24
- 3 X more likely to have substance use problem than >24 years
- More likely to experience mood disorders such as anxiety and depression.
Background II

High demand for *Emergency* Mental Health care

- ED is a frequent entry point for child & youth mental health/addictions (CY MH/A) services
- In 2009-2010, 19,582 ED visits by children and youth in Ontario had a MH/A diagnosis.
Background II

Limited ED capacity to respond to CY MH/A needs

- Organized chaos
- Acute care, diagnosis and management focus
- Mental health expertise …
Background II

Challenge of smooth and streamlined integration with community CY MH/A services

- Ministry of Health: ED care
- Ministry of Child & Youth Services: Mental Health Agencies
Currently, MH/A services in Ontario are funded or provided by at least 10 different ministries. Community care is delivered by 440 children’s mental health agencies, 330 community mental health agencies, and 150 substance abuse treatment agencies.
ED CP for CY with MHC Work Group

Goals:

1. Develop an evidence informed clinical pathway with decision support tools to guide and support the care of children and youth presenting to EDs with mental health/addiction (MH/A) problems*

2. To ensure a seamless transition to follow-up services with relevant community MH/A agencies.

*The pathway addresses the needs of CY with MH conditions only.
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
- Subgroup work
- Recommendations
ED Clinical Pathway for MHC

Environmental Scan
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
Environmental Scan: Questions

• Resources
• Screening Tools & Protocols
• Referral processes between ED & Community
• Information sharing
• Linkages to primary care
• Special considerations for
  • schools, group homes, police
• Obstacles/How to improve
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 mental health services
Environmental Scan: Findings

Screening Tools:
• Screening tools used in 2/10 EDs to assess CY mental health (MH) presentations

Memorandum of Understanding (MOU):
• 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

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
ED Clinical Pathway for MHC

Clinical Pathway
Clinical Pathway: Purpose

To assess risk and arrange appropriate disposition for children and youth presenting to EDs with mental health concerns.

To ensure seamless transition to follow-up services with relevant community mental health agencies and providers.
Benefits of the Clinical Pathway

- Support decision making
- Communication tool
- Support delivery of high quality care
- Support evidence informed practice
- Support interdisciplinary care
- Improve outcomes
- Improved utilization of resources
Clinical Pathway Algorithm

**ED Triage**

- Resuscitation/Emergent Care Required?
  - Yes → ED Treatment
  - No → MH/A Screening

**MH/A Screening**

- C/YPS
- RSQ-4
- PSC <12 yrs
- GAIN-SS > 12 yrs

**Clinical Assessment**

- Child/Youth Mental Health Clinician
- ED Physician

**Disposition**

- Inpatient Admission
  - Admission to Inpatient Bed
- Community MH Services
  - 24 Hour Response
- Follow-up with Primary Care
  - 7 Day Response
- PPO
  - Home with Resources
ED Clinical Pathway for MHC

Minimum Standards
The following standards of care are required to ensure effective implementation of the ED CP:

1. Access to child and youth mental health clinician (CY MH clinician)

2. Use of standardized triage screening tools

3. Memorandum of agreement between EDs and community providers and agencies
ED Clinical Pathway for MHC

CY MH Clinician
**CY MH Clinician**

**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 **24/7 access** to child and youth mental health clinician
  - Not limited to in-person/on-site consultation
  - Community/mobile service, telephone or video access
CY MH Clinician: Roles

• Collaborate with ED team in assessment, treatment and discharge plans
• Provide specific clinical interventions as required
• Collaborate with Community MH agencies to ensure appropriate referrals and timely patient access
• Key role in ensuring integration of services:
  • ED and community MH agencies
CY MH Clinician: Competencies

• Masters of Social Work (MSW), Bachelor of Social Work (BSW), Psychological Associate (C.Psych. Assoc), or Registered Nurse (RN)

+ Registration/eligibility with their 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
ED Clinical Pathway for MHC

Screening Tools
Screening Tools: Process

- Extensive search for CY MH 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
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
  - Reliability
## MHC Screening Tools for C&Y

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>All CY MH/A patients</th>
<th>All CY MH/A patients &lt; 12 years</th>
<th>All CY MH/A patients ≥12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Hospital of Eastern Ontario (CHEO) Caregiver/Youth Perception Survey (C/YPS)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of Suicide Questionnaire (RSQ–4)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatric Symptom Checklist (PSC)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Global Appraisal of Individual Needs – Short Screener (GAIN–SS)</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>HEADS–ED Tool</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ED Minimum Standards

Use of Standardized Assessment Form

- Recommendation that the CY MH Clinician use a standardized assessment form that is shared with the MH community agency upon discharge.
# ED MH Clinical Pathway

## Standardized Assessment Form

**ED Mental Health Clinical PATHWAY**

### INCLUSION EXCLUSION DOCUMENTATION CODES

- CTAS 1
- Patient is not medically stable
- Age < 6 years

### ASPECT OF CARE

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start Time:</th>
<th>Initials:</th>
<th>PWT: Kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Code</td>
<td>Initials</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Assessment**
   - RR, HR and BP, then as indicated
   - Review of presenting complaint

2. **Screening Tests Given**
   - Youth Perception Survey (YPS)
   - Caregiver Perception Survey (CPS)
   - Risk of Suicide Questionnaire (RSQ-4)

3. **Treatment / Medications**
   - Medications as per Pre-Printed Order set
   - Need for physical restraints

4. **Activity**
   - Activity as Tolerated
   - Security Watch
   - Section 17
   - Form 1
   - Form 42 given

5. **Education**
   - Discussion of web-based resources
   - Discussion of community resources
   - Written information provided

6. **Consults**
   - MH Crisis Worker
   - Psychiatry or Pediatrics
   - Other

7. **Disposition Planning**
   - Community Agency Referral
   - Good understanding of education
   - Resources Provided

### Screening Tool Summaries

<table>
<thead>
<tr>
<th>Tool</th>
<th>High Risk Findings</th>
<th>Low Risk Findings</th>
<th>Non-Reliable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.a) Youth Perception Survey (YPS)</td>
<td>Score &gt; or = 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.b) Caregiver Perception Survey (YPS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Risk of Suicide Questionnaire (RSQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pediatric Symptom Checklist (PSC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Parent Completed Version (PSC)</td>
<td>Score &gt; or = 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Youth Self-Report (Y-PSC)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A copy of this form to be forwarded to:**

1. The referred Community MH/A Agency
2. The patient's Primary Care provider
ED Clinical Pathway for MHC

Pre-Printed Orders (PPOs)
Practice Recommendations

Use of pre-printed order sets ensure standardized, evidence-based management practices.

**Recommendation:**
PPO for chemical restraint to be implemented within the ED MH Clinical Pathway, to be used as needed
### PPO: Chemical Restraint in the ED

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>Dose</th>
<th>Indication</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLANzapine</td>
<td>Rapid Dissolve</td>
<td>(Children 1.25 – 5 mg/dose; Adolescents 5 – 10 mg/dose) PO</td>
<td>anxiety/agitation</td>
</tr>
<tr>
<td>ChlorproMAZINE</td>
<td>mg (Children 0.5 – 1 mg/kg/dose, Adolescents 0.5 – 1.5 mg/kg/dose) PO/IM</td>
<td>anxiety/agitation or Olanzapine is refused or ineffective</td>
<td></td>
</tr>
<tr>
<td>DiphenhydRAMINE (Benadryl®)</td>
<td>mg (0.5 – 1 mg/kg/dose, MAX 50 mg/dose) PO/IM</td>
<td>extrapyramidal symptoms or allergic reaction</td>
<td></td>
</tr>
<tr>
<td>LORazepam</td>
<td>mg (0.02 - 0.03 mg/kg/dose, MAX 2 mg/dose) PO/SL/IM</td>
<td>anxiety/agitation</td>
<td></td>
</tr>
<tr>
<td>Benztrpine</td>
<td>mg (0.02 - 0.05 mg/kg/dose, MAX 2 mg/dose) PO/I</td>
<td>extrapyramidal symptoms</td>
<td></td>
</tr>
<tr>
<td>DiphenhydRAMINE (Benadryl®)</td>
<td>mg (0.5 – 1 mg/kg/dose, MAX 50 mg/dose) PO/I</td>
<td>for extrapyramidal symptoms or allergic reaction</td>
<td></td>
</tr>
<tr>
<td>Nicotine resin gum</td>
<td>2 mg piece (MAX 12 pieces/day) PO PRN for nicotine cravings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes:
- Not for use with children < 6 years of age
- Use of chemical or physical restraint should be consistent with hospital policy
- Begin first with non-medication treatment (calming, supportive measures) and evaluation
- Medication should only be used as a second option for anxious/agitated patients
- Always give medication by oral route where possible
- **For agitated patients with suspected ingestions, only benzodiazepines should be used; neuroleptics are contraindicated.**
ED Clinical Pathway for MHC

Memorandum of Agreement
Memorandum of Agreement

Between
Emergency Department
And
Community Mental Health Agencies
MOA: Purpose

• Key component for pathway success
• Among ED & Community Agencies
  • Comprehensive understanding of pathway and roles within it.

Recommendation:

• Implementation of an MOA between all parties involved to ensure collaboration and adherence to ED MH Clinical Pathway
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
The development of an ED clinical pathway for CY MH/A will promote integrated services for children and youth with mental health concerns by ensuring a stabilization plan and timely follow-up. This will provide better patient care and reduce unnecessary use of costly emergency services.

www.pcmch.on.ca
Webinar II: Implementation

ED Clinical Pathway for Children/Youth with Mental Health Conditions, Part Two

1. June 18, 2013 12:00 – 1:00 p.m.
2. June 21, 2013 9:00 – 10:00 a.m.
Visit PCMCH online at: [www.pcmch.on.ca](http://www.pcmch.on.ca)
or
Contact Carla Siciliano at: [carla.siciliano@pcmch.on.ca](mailto:carla.siciliano@pcmch.on.ca)