ED Clinical Pathway for Children and Youth with Mental Health Conditions

Implementation Toolkit

September 2013

www.pcmch.on.ca
Objective of this learning module

To educate physicians, clinicians and mental health service providers about:

1. The Emergency Department (ED) clinical pathway for children and youth with mental health conditions.
2. The assessment tools in the clinical pathway.
3. Use of a memorandum of agreement to support a seamless transition between hospital and community mental health providers.
Background I

- 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

High demand for Emergency Mental Health care

Limited ED capacity to respond to CY MH/A needs

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

High demand for *Emergency* Mental Health care
Limited ED capacity to respond to CY MH/A needs

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.
Scope of the Clinical Pathway

Due to the limited resources currently available to support the needs of children and youth with addictions, this clinical pathway will focus only on the needs of children and youth with mental health concerns.
To guide and support care of children and youth, 17 years of age and younger, 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 Clinical Pathways

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

Minimum Standards
Minimum Standards of Care

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. Memorandum of agreement between EDs and community providers and agencies

3. Use of standardized triage screening tools
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

Memorandum of Agreement
Memorandum of Agreement (MOA)

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 CP
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
ED Clinical Pathway for MHC

Clinical Pathway (CP)
Recommendation:

- Standardized assessment form that is shared with the MH community agency upon discharge
  - Follows the patient
  - Shared branding
  - Confidentiality—HIC inclusive
- Enables physicians to take a psychosocial history which aids in decisions regarding patient disposition. Includes 7 variables.
ED Mental Health Clinical Pathway

Standardized Assessment Form – page 1

<table>
<thead>
<tr>
<th>ASPECT OF CARE</th>
<th>TIME</th>
<th>CODE</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Screening tests given</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Treatment / Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Consults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Disposition Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ASSESSMENT AND SCREENING TOOL SUMMARIES**

<table>
<thead>
<tr>
<th>HIGH RISK FINDINGS</th>
<th>NON-RELIABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HEADS-ED tool</td>
<td>1 = Needs action but not immediate 2 = Needs immediate action</td>
</tr>
<tr>
<td>2. a) Youth Perception Survey (YPS)</td>
<td></td>
</tr>
<tr>
<td>3. Ask Suicide Screening Questions (ASQ)</td>
<td>“Yes” to any question</td>
</tr>
<tr>
<td>4. Pediatric Symptom Checklist (PSC)</td>
<td></td>
</tr>
<tr>
<td>5. Global Appraisal of Individual Needs - Short Screener (GAIN - SS)</td>
<td>Moderate: 1-2 past year symptoms High: ≥ 3+ past year symptoms</td>
</tr>
</tbody>
</table>

A copy of this form to be forwarded to:

1. The referred Community MH Agency □ Sent 2. The patient’s Primary Care provider □ Sent

**SIGNATURE**

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>SIGNATURE</th>
<th>INITIALS</th>
</tr>
</thead>
</table>

Clinical pathways are not a substitute for sound professional judgement
The HEADS-ED© is a tool that enables physicians to take a psychosocial history which aids in decisions regarding patient disposition. Seven variables are incorporated into the use of the HEADS-ED tool: **Home**, **Education**, **Activities and peers**, **Drugs and alcohol**, **Suicidality**, **Emotions, behaviours and thought disturbance**, **Discharge resources**.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Supportive</td>
<td>Conflicts</td>
<td>Chaotic / dysfunctional</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>On track</td>
<td>Grades dropping / absenteeism</td>
<td>Failing / not attending school</td>
</tr>
<tr>
<td><strong>Activities &amp; peers</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>No change</td>
<td>Reduced / peer conflicts</td>
<td>Fully withdrawn / significant peer conflicts</td>
</tr>
<tr>
<td><strong>Drugs &amp; alcohol</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>No or infrequent</td>
<td>Occasional</td>
<td>Frequent / daily</td>
</tr>
<tr>
<td><strong>Suicidality</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>No thoughts</td>
<td>Ideation</td>
<td>Plan or gesture</td>
</tr>
<tr>
<td><strong>Emotions, behaviours, thought disturbance</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Mildly anxious / sad / acting out</td>
<td>Moderately anxious / sad / acting out</td>
<td>Significantly distressed / unable to function / out of control / bizarre thoughts</td>
</tr>
<tr>
<td><strong>Discharge resources</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Ongoing / well connected</td>
<td>Some / not meeting needs</td>
<td>None / on wait list / non-compliant</td>
</tr>
</tbody>
</table>

The HEADS-ED is a screening tool and is not intended to replace clinical judgment.

Copyright © 2011 by Mario Cappelli. This work is made available under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported license. [http://creativecommons.org/licenses/by-nc-nd/3.0/](http://creativecommons.org/licenses/by-nc-nd/3.0/)
Clinical Pathway (CP) Algorithm

ED Triage

- Triage
  - Resuscitation/Emergent Care Required?
    - Yes → ED Treatment
    - No

MH/A Screening

- C/YPS
- ASQ
- PSC <12yrs OR GAIN-SS > 12yrs

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
- Home with Resources
The entry point for the algorithm is the ED triage

Initial assessment by an experienced ED nurse with special triage training and experience

The Canadian Triage Acuity Scale (CTAS) guidelines are used to assign each patient to the appropriate priority level for assessment

Specific MH problems are addressed in the CTAS guidelines
The patient is taken immediately to appropriate ED area for assessment and management.

If medically stable, the patient may then be directed for MH assessment, if appropriate, as per the algorithm. Only a small proportion of patients require this type of immediate care.
All medically stable patients will be asked to complete a set of self-report surveys.

- All patients or caregivers: complete the Caregiver or Youth Perception Survey (C/YPS)
- Patients 10-21 years of age: complete the Ask Suicide Screening Questions (ASQ)
- Patients under 12 years: caregivers complete the Pediatric Symptom Checklist (PSC)
- Patients ≥ 12 years: complete the Global Appraisal of Individual Needs—Short Screener (GAIN-SS).
CP Stage: Clinical Assessment

• Depending on resources available, patients will either:
  • First be assessed by an ED physician, and then be referred to a Child and Youth Mental Health Clinician (CY MHC) for further assessment, or
  • Be assessed directly by a CY MHC
  • Patients deemed high risk by the CY MHC would be reviewed for potential admission with the Psychiatrist, Pediatrician or Family Physician on call, as available based on arrangements at that site.
Based on clinical assessment(s), one of three disposition decisions will be made:

1. Immediate referral to a mental health (MH) specialist with potential admission

2. Outpatient referral to a CY MH community agency
   • Telephone follow up in i) 24 hours or ii) within 7 days

3. Disposition home
   • Recommended follow-up with Primary Care provider
   • Provision of contact/resource information for relevant community MH services
Referrals to CY MH Community Agencies:

- Expectation for telephone follow-up is to review the presenting concerns and ED referral information and to determine priority for the in-person assessment at that agency.

- Expectation that the community agency inform the ED of this follow-up outcome, should the child/youth re-present to the ED.
ED Clinical Pathway for MHC

Screening Tools
Optimal MH Risk Assessment Tool

- Very Brief
- Very Easy to complete
- Very Easy to score
- Clinically intuitive
- Help guide clinical decisions in assessment and disposition recommendations
<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>All CY MH patients</th>
<th>CY MH patients aged:</th>
<th>Available in public domain free of charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Hospital of Eastern Ontario (CHEO) Caregiver/Youth Perception Survey (C/YPS)</td>
<td>✔️</td>
<td>10–21 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Ask Suicide Screening Questions (ASQ)</td>
<td></td>
<td>&lt;12 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Paediatric Symptom Checklist (PSC)</td>
<td></td>
<td>≥12 years</td>
<td>No PCMCH is purchasing the license</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>Yes</td>
</tr>
</tbody>
</table>
MHC Screening Tools for C&Y

- **Initial Screen:**
  - CHEO Youth/Caregiver Perception Survey (Y/CPS)
  - Ask Suicide Screening Questions (ASQ)

- **In-Depth Screen:**
  - Paediatric Symptom Checklist (PSC)
  - GAIN Short Screener (GAIN-SS)

- **Clinical Risk Assessment Tool:**
  - HEADS-ED
CHEO Youth / Caregiver Perception Survey (Y/CPS)

- A general MH/A screening tool used that addresses presenting concerns and stress factors in the child/youth’s life.
- For use with all children/youth with MH concerns presenting to the ED
Validation Information

• Difficult to evaluate using traditional psychometric techniques

• Have face and content validity from both the clinician and patient/caregiver perspectives
## Caregiver Perception Survey (CPS)

<table>
<thead>
<tr>
<th>Name of individual filling out survey:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child/youth:</td>
</tr>
</tbody>
</table>

Name & relationship of any other individual(s) accompanying child/youth to CHEO:

Who is currently living in the home with the child? (i.e., mother, father, brother, sister...)

---

Who recommended the child/youth come to the CHEO emergency department?

- Parent
- Child / Adolescent
- Family Doctor
- CAS
- Police
- Other:

Today: what is the main reason for bringing the child/youth to the CHEO Emergency Department? (Choose 1 only)

- Suicidal thoughts
- Suicide attempt
- Self-injury (physically hurts self on purpose)
- Depression / low mood / unstable mood
- Anxiety
- Bed-temper / outburst
- Violent behaviour
- Rule-breaking behaviour
- Drug and or alcohol abuse, specify
- Psychosis (e.g. hearing voices, odd behaviour, seeing things)
- School issues
- Family issues
- Other

Do you have any other concerns? (Choose a maximum of 3)

- No other concerns
- Suicidal thoughts
- Suicide attempt
- Self-injury (physically hurts self on purpose)
- Depression / low mood / unstable mood
- Anxiety
- Bed-temper / outburst
- Violent behaviour
- Rule-breaking behaviour
- Drug and or alcohol abuse, specify
- Psychosis (e.g. hearing voices, odd behaviour, seeing things)
- School issues
- Family issues
- Other

What do you think are the most significant or most important stresses in the child/youth's life that are contributing to this situation? (Choose a maximum of 3)

- School (grades, learning difficulties, problems with teachers, etc.)
- Friends, peers (no friends, not getting along with friends, dating issues, bullying, etc.)
- Issues with parents (fighting with parents, lack of communication, lack of involvement, etc.)
- Parent's marital issues (divorce, separation, fighting, etc.)
- Issues with siblings (brother/ sister) (e.g. not getting along, jealousy, etc.)
- Blended family issues (step family issues)
- Family financial issues
- Parent's work/employment issues (working too much, working odd hours, no job, etc.)
- Traumatic/traumatic event in family (death, accident, etc.)
- Child in care (group foster home), CAS involvement
- Moving
- Illness in family (physical or mental)
- Other (please describe briefly):

What are your child/youth's strengths?

1. 
2. 
3. 

What are your expectations in coming to the CHEO Emergency Department?

---
Youth Perception Survey (YPS)
A four item questionnaire specifically indicated for use in the ED to detect children and youth at risk for suicide

For CY MH/A patients 10-21 years

For use by non-psychiatric clinicians

Positive screen: “Yes” to any question
ASQ

Validation Information

- Sensitivity of 0.97
- Specificity of 0.88
- Negative predictive value for psychiatric patients: 0.97
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the past few weeks, have you wished you were dead?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. In the past few weeks, have you felt that you or your family would be better off if you were dead?</td>
<td>Yes</td>
<td>No</td>
<td>No response</td>
</tr>
<tr>
<td>3. In the past week, have you been having thoughts about killing yourself?</td>
<td>Yes</td>
<td>No</td>
<td>No response</td>
</tr>
<tr>
<td>4. Have you ever tried to kill yourself?</td>
<td>Yes</td>
<td>No</td>
<td>No response</td>
</tr>
</tbody>
</table>

If yes, how? ___________________________________________________________

When? ________________________________________________________________

Patient Name: _________________________________________________________

Medical Record # (or Patient Label): _____________________________

Date: ________________________________

NIH National Institute of Mental Health

Provincial Council for Maternal and Child Health
Pediatric Symptom Checklist (PSC)

• An in-depth psychosocial screen designed to facilitate the recognition of cognitive, emotional and behavioural problems.

• Questions include internalizing, attention and externalizing problems.

• For all CY MH/A patients under 12 years
PSC

Validation Information

• Well validated across several studies
• Sensitivity of 0.95 and Specificity of 0.68
• High internal consistency, high reliability
### Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

<table>
<thead>
<tr>
<th>Please mark under the heading that best describes your child:</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complains of aches and pains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Spends more time alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Tires easily, has little energy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fidgety, unable to sit still</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has trouble with teacher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Less interested in school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Acts as if driven by a motor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Daydreams too much</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Distracted easily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is afraid of new situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Feels sad, unhappy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is irritable, angry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Feels hopeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Has trouble concentrating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Less interested in friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Fights with other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Absent from school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. School grades dropping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Is down on him or herself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Visits the doctor with doctor finding nothing wrong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Has trouble sleeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Worries a lot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Wants to be with you more than before</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Feels he or she is bad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Takes unnecessary risks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Gets hurt frequently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Seems to be having less fun</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Acts younger than children his or her age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Does not listen to rules</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Does not show feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Does not understand other people's feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Teases others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Blames others for his or her troubles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Takes things that do not belong to him or her</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Refuses to share</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total score _______________________

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N ( ) Y

Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services?

www.brightfutures.org
Pediatric Symptom Checklist (PSC)
Global Appraisal of Individual Needs—Short Screener (GAIN-SS)

- An in-depth MH screen targeted for adolescents. It identifies internalizing disorders, externalizing disorders, substance use and crime/violence.
- For all CY MH patients 12 years or age and older
- Requires a user licence which PCMCH will obtain. The GAIN-SS will be available for download from the PCMCH website.
GAIN-Short Screener

Validation Information
• Well validated across several studies
• Sensitivity of 0.91 and Specificity of 0.90
• High internal consistency when compared with the full GAIN

Findings
• Low risk: 0 past year symptoms
• Moderate risk: 1-2 past year symptoms
• High Risk: 3+ past year symptoms
Global Appraisal of Individual Needs—Short Screener (GAIN–SS)

PCMCH will purchase the license.
### Global Appraisal of Individual Needs—Short Screener (GAIN–SS)

**PCMCH will purchase the license.**

---

<table>
<thead>
<tr>
<th>(Continued)</th>
</tr>
</thead>
</table>

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.

<table>
<thead>
<tr>
<th></th>
<th>Past month</th>
<th>2 to 3 months ago</th>
<th>4 to 12 months ago</th>
<th>1+ years ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**CVScr 4. When was the last time that you…**

a. had a disagreement in which you pushed, grabbed, or shoved someone? ..........4 3 2 1 0  
b. took something from a store without paying for it? .................4 3 2 1 0  
c. sold, distributed, or helped to make illegal drugs? .................4 3 2 1 0  
d. drove a vehicle while under the influence of alcohol or illegal drugs? .....4 3 2 1 0  
e. purposely damaged or destroyed property that did not belong to you? ........4 3 2 1 0  

5. Do you have other **significant** psychological, behavioral, or personal problems that you want treatment for or help with? *(Please describe)* ........................................................................... 1 0

v1. ................................................................................................................

6. What is your gender? *(If other, please describe below)*  1-Male  2-Female  99-Other  
v1. ................................................................................................................

7. How old are you today?  ____ ____ Age  
7a. How many minutes did it take you to complete this survey?  ____ ____ Minutes

---

**Staff Use Only**

<table>
<thead>
<tr>
<th></th>
<th>Site name v.</th>
</tr>
</thead>
</table>

8. Site ID: |

9. Staff ID:  Staff name v. |

10. Client ID:  Comment v. |

11. Mode:  1 - Administered by staff  2 - Administered by other  3 - Self-administered  
13. Referral: MH SA ANG Other  14. Referral codes:  

---

**Scoring**

<table>
<thead>
<tr>
<th>Screener</th>
<th>Items</th>
<th>Past month (4)</th>
<th>Past 90 days (4, 3)</th>
<th>Past year (4, 3, 2)</th>
<th>Ever (4, 3, 2, 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDSscr</td>
<td>1a – 1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDScr</td>
<td>2a – 2g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDScr</td>
<td>3a – 3e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVScr</td>
<td>4a – 4e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDScr</td>
<td>1a – 4e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*GAIN-SS copyright © Chestnut Health Systems. For more information on this instrument, please visit http://www.gaincc.org or contact the GAIN Project Coordination Team at (309) 451-7900 or GAINInfo@chestnut.org*
The HEADS-ED Tool

- Help guide clinical decisions in assessment and disposition recommendations
  - Very Brief
  - Very Easy to complete
  - Very Easy to score
  - Clinically intuitive
- 7 variables rated on a 3-point scale, based on need for action
Evidence for HEADS-ED

CHEO study with the HEADS-ED

• Crisis workers completed the HEADS-ED and CANS
• Youth completed the Children’s Depression Inventory
  • Evidence of inter-rater reliability, and criterion, concurrent and predictive validity for HEADS-ED
  • The HEADS-ED correlated highly with youth’s ratings of depression and a comprehensive clinician rating of mental health strengths and needs.
  • The tool had good detection of indicators of admission to inpatient psychiatry.

**HEADS-ED tool does not replace best clinical judgement; should be used to assist in clinical decision making.**
HEADS-ED Capability

HEADS-ED Website: www.heads-ed.com

- Simple interface to enter HEADS-ED scores
- Generates list of community resources (currently in Champlain LHIN only) based on patient’s age, language, and needs according to the HEADS-ED
- Provides customized printout of resources for patients/families, including personalized discharge instructions and HEADS-ED score summary
# HEADS-ED Tool

<table>
<thead>
<tr>
<th>HEADS-ED</th>
<th>0 - No action needed</th>
<th>1 - Needs action but not immediate</th>
<th>2 - Needs immediate action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home</strong></td>
<td>○ Supportive</td>
<td>○ Conflicts</td>
<td>○ Chaotic / dysfunctional</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>○ On track</td>
<td>○ Grades dropping / absenteeism</td>
<td>○ Failing / not attending school</td>
</tr>
<tr>
<td><strong>Activities &amp; peers</strong></td>
<td>○ No change</td>
<td>○ Reduced / peer conflicts</td>
<td>○ Fully withdrawn / significant peer conflicts</td>
</tr>
<tr>
<td><strong>Drugs &amp; alcohol</strong></td>
<td>○ No or infrequent</td>
<td>○ Occasional</td>
<td>○ Frequent / daily</td>
</tr>
<tr>
<td><strong>Suicidality</strong></td>
<td>○ No thoughts</td>
<td>○ Ideation</td>
<td>○ Plan or gesture</td>
</tr>
<tr>
<td><strong>Emotions, behaviours, thought disturbance</strong></td>
<td>○ Mildly anxious / sad / acting out</td>
<td>○ Moderately anxious / sad / acting out</td>
<td>○ Significantly distressed / unable to function / out of control / bizarre thoughts</td>
</tr>
<tr>
<td><strong>Discharge resources</strong></td>
<td>○ Ongoing / well connected</td>
<td>○ Some / not meeting needs</td>
<td>○ None / on wait list / non-compliant</td>
</tr>
</tbody>
</table>
ED Pathway for MHC

Pre-printed Order Set
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.
Pre-printed Order Set: Chemical Restraint in the ED
Summary

The development of an ED CY MH clinical pathway will promote safe and integrated services for children and youth with mental health concerns through efficient risk assessment and timely follow-up. This will provide better patient care and reduce unnecessary use of costly emergency services.

wwwpcmch.on.ca