# ED Clinical Pathway for Children and Youth with Mental Health Conditions Webinar Part One - May 2013 Questions & Answers

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| **Q 1** | **Is the pathway suitable for implementation in general hospitals as well as smaller hospitals?** |
| **A** | The pathway is suitable for use by all hospitals regardless of size. The Memorandum of Agreement (MOA) is an essential aspect of the pathway. It should include all agencies that serve the community. If you refer to hospitals or community agencies outside your local community, they should also be included in your MOA. |
| **Q 2** | **Does the pathway address C/Y with addictions?** |
| **A** | We were unable to comment on addictions for C/Y because we couldn't address it effectively. Addictions was identified in the report as a priority for future work as there is no addictions system for C/Y in Ontario. |
| **Q 3** | **Does the pathway address the needs of C/Y with special needs and global developmental disabilities?** |
| **A** | When we began work on the pathway many different needs emerged. Although it is extremely important to address the needs of these children, we had to focus on the population that we could do the most for initially. We didn't address these populations in particular. |
| **Q 4** | **Should clients already known to the Emergency Department (ED) be assessed differently than a client new to the ED?** |
| **A** | The pathway does not differentiate between new and known clients who visit the ED. If the client is well known to the ED it may not be relevant to have them complete the screening tool at each visit. If it has been a long time since their last visit then there has probably been an acute stress and it would be beneficial to do screening. In terms of the disposition decision, this will depend on whether or not they are currently linked in to mental health services, and if so, are these services meeting the client's needs. Individual decision making is required. |
| **Q 5** | **Did you consider adding a child psychiatrist to the ED team?** |
| **A** | This was discussed however a psychiatrist was not viewed as a front line clinician. Most ED's don't have access to a psychiatrist. The Child and Youth Mental Health Clinician (CYMHC) would be the first step. If indicated, the client can be referred to the psychiatrist, especially if admission is recommended. |
| **Q 6** | **Is the HEADS-ED tool filled in by the clinician or patient?** |
| **A** | The HEADS-ED tool studies were done with the clinician completing the assessment so this is what we recommend. It would be interesting to do a study with youth and parents completing it. |

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| **Q 7** | **When admission is indicated, will this be to a general ward or to an in-patient psychiatric unit?** |
| **A** | The pathway is not specific about where the admission will occur. Often these children/youth (C/Y) are admitted to a pediatric bed if a mental health bed is not available. The report recommends that a provincial bed board be established. This would identify where the beds are and how they can be accessed. We have been in dialogue with the Ministry of Health about this. |
| **Q 8** | **Will CritiCall facilitate access to in-patient beds?** |
| **A** | The work group did not identify a process for how access will occur. We made a recommendation for a bed board for in-patient mental health beds. The group that will facilitate this has not been identified yet but will be a process similar to what CritiCall uses. |
| **Q 9** | **Is privacy a concern with community mental health agencies in the MOA?** |
| **A** | The assumption in the pathway is that there will be one pathway for a community and not individual agencies. The assumption is that the CYMHA is in the circle of care. |
| **Q 10** | **Does the pathway address health equity and diversity as specific parameters?** |
| **A** | The expert panel recognized variations between communities in terms of capacity. The ED allows some degree of support regardless of where the ED is located. Various options to access a CYMHC are suggested, for example video conferencing. |
| **Q11** | **Should an ED with a high volume of C/Y with mental health conditions, i.e. 1000 youth per year, be supported by an on-site CY worker?** |
| **A** | It is important to have a CYMHC on site much of the time for such a large volume of visits. It is important to have an MOA with all community agencies to streamline the process. Linkages with community agencies are critical to maximize effectiveness. The MOA needs to have timelines to ensure timely follow-up. |
| **Q 12** | **Will the toolkit provide a list of suggested resources that will be provided in the event that the disposition decision is to follow-up with the family physician?** |
| **A** | Resources will be unique within each community. The MOA is key to the success of the pathway, streamlining collaboration between the ED and community mental health providers/agencies. |
| **Q 13** | **What is the intent of using the screening tool within the ED given the need within the ED to provide a comprehensive diagnostic and risk assessment?** |
| **A** | The intent of the screening tools is twofold. The screening tools help to inform the risk assessment in a timely fashion and expedite the process that occurs in the ED. It also facilitates the collection of information that can be used for intake later on with community mental health providers. ED clinicians are not equipped to do a comprehensive diagnostic work up so this is not expected. |
| **Q 14** | **Will the pathway be disseminated throughout the province?** |
| **A** | Yes. A part two webinar series is planned for June 18 & 21, 2013. It will be about implementation of the pathway including an implementation toolkit and use of the assessment tools. |