ED Clinical Pathway for Children and Youth with Mental Health Conditions Webinar Part Two - June 2013 Questions & Answers

For more information and to download a copy of the webinar slides and supporting documents, please visit us at: www.pcmch.on.ca

Q 1	**Is there a cost associated with use of the screening tools recommended in the pathway?**
A	Almost all the screening tools included in the pathway are available in the public domain for free use and will be downloadable from the PCMCH website. The GAIN-SS is the only screening tool that is not in the public domain. PCMCH is in the process of purchasing the license so that the GAIN-SS can be made available for free use by Ontario hospitals and downloadable from the PCMCH website.
Q 2	**Who should introduce and oversee the screening measures process?**
A	The first two tools are an initial screen: the Youth /Caregiver Perception Survey provides input that informs the assessment that takes place in the Emergency Department (ED). It is a brief tool to complete. The person doing the assessment will learn what brought the patient into the ED. It provides a positive focus to help the assessment move towards resolution of the crisis that brought them in. The Risk of Suicide Questionnaire identifies a risk of suicide which informs the assessment. Information will be used in the ED. The in depth screen uses the other 2 tools, the Pediatric Symptom Checklist and the GAIN Short Screener. They provide information that is collected in the emergency department and may be used by the Child and Youth Mental Health Clinician (CYMHC). The information is important for the individual's follow-up assessment.
Q 3	**In our hospital, community mental health funded child and youth service is sponsored by the hospital. There is no other community based standard. They would be developing a Memorandum of Agreement (MOA) between the ED and the hospital. Would this meet the minimum requirements?**
A	This would depend on the nature of the relationship and agreement between the different parties. There should still be an MOA even if it is within the hospital system. As new agencies come into the community it will be important that they be incorporated into the MOA.
Q 4	**In a small rural community, a psychiatric admission goes to a larger centre outside the community. How would the MOA fit in this circumstance?**
A	The MOA needs to include all agencies that serve the community. The in-patient hospital still needs to be included in the MOA. It is essential to create one system, with one MOA. This is core to the success of the pathway.

Q 5	**Are the screening tools validated for transitional aged youth greater than 18 years of age?**
A	The screening tools have been validated beyond age 18 except for the HEADS-ED tool. This doesn't mean that the HEADS-ED tool is not potentially useful for youth over 18 years of age, but it hasn't been validated for that age group.
Q 6	**Is the HEADS-ED tool similar to CALOCUS?**
A	I don't recall if the expert panel looked at CALOCUS. We will look into this.
Q 7	**Is the CY health assessment form a validated tool?**
A	It has been validated for face validity but not for content or criteria validity. Ideally it would be helpful if it were fully validated. The purpose is shared communication within a community for a given patient.
Q 8	**How is the HEADS-ED tool used to elicit information in an interview?**
A	This speaks to why you can't just put the tool on a website or have just anyone complete it. It needs to be a professional that has experience with interviewing children and youth in this domain. We are creating a set of instructional video's to provide education about how to use the HEADS-ED tool and how to most effectively and sensitively elicit the necessary information needed. It will also include information about how to score the tool.
Q 9	**Will the HEADS-ED video be available on the website?**
A	The HEADS-ED video is being created at CHEO. The plan is to make it available free on the CHEO website with a link from the PCMCH website.
Q 10	**Is confidentiality a concern when the child and youth mental health agency is not governed by PHIPPA?**
A	Legal clarification may be needed if for some reason an agency is not governed by PHIPPA. If they are not covered by PHIPPA or if they are a multiple service agency, it is essential that child and youth service agency components be separated out from those that are not bound by PHIPPA. In these circumstances, written consents would need to apply.
Q 11	**There is a lack of in-patient child mental health beds in the LHIN which results in long waits for service, i.e. 5 days.**
A	This was an issue identified across the province. The report recommends that a mental health bed board be established, similar to the CritiCall system. This would be a centralized service that will facilitate the location of a bed at the closest most appropriate location.
Q 12	**How can we get ED clinicians to use the screening tools?**
A	It is always a challenge to get clinicians to use something new that is put in place. The goal is that if it will make their work easier, more effective and more efficient, they are more likely to use it. With experience, clinicians will get an assessment and disposition decision that will facilitate the next step for that patient, then they will be more likely to use it.
Q 13	**How to ensure the tools get integrated into the process**
A	The MOA describes the process and information that will be shared. The expert panel put a great deal of time and effort to sort through available tools and select the best tools. Consistency of information in the ED informs the community process.

Q 14	**What can be done about the lack of capacity for follow-up by child and youth mental health organizations?**
A	This is a systemic issue that involves structural and resource issues. The Ministry of Child and Youth Services (MCYS) is working on this. We hope for increased emphasis on front end of services. Long waiting lists defeat the purpose of treatment being relevant and effective. The clinical pathway is seen as a process to address this challenge.
Q 15	**Is a mental health assessment team member considered a child youth mental health clinician (CYMHC)?**
A	A mental health assessment team member may potentially fill this roll. In the toolkit we have defined the expertise, competencies and specific role for the CYMHC. A mental health assessment team member may be this individual if they meet criteria for the role.
Q 16	**Our community has an MOA with a community agency and we are involved with the mental health and addiction nurses. Can we have two pathways?**
A	No there should be one pathway which all providers sign in order to establish a community wide system.
Q 17	**Will electronic documentation be a must?**
A	Electronic charting and documentation are becoming more prevalent however they are not a 'must'. It must work within your community and your capacity. Communication needs to be clear and readable.
Q 18	**Are there any challenges in getting community response within 24 hours or 7 days in the MOA?**
A	Without a MOA and without an expectation to do this, there will be challenges, beginning with a lack of front end responsiveness. There must be an MOA and it must be monitored by senior management so there is mutual accountability.
Q 19	**The CW CCAC is presently working with William Osler to provide mental health and addiction nurses who are responsible for supporting C/Y exiting the hospital. This is part of a three year strategy. Were you aware of this at the time of your project?**
A	This project happened subsequent to the clinical pathway project being completed. The nurses in the CCAC should be part of the MOA. They have a specific role for C/Y mental health. It is important to have all community partners around the table with the hospital and jointly sign the MOA. You want clarity about who is providing what services. We were familiar with what is happening in some sites across the province. We found that it is variable, with some sites that have very good services and other communities that lack services. We were not trying to make changes across the board, we wanted to bring everyone up to a common level.
Q 20	**Having participated in many updates from MCYS regarding what is considered to be "CORE" mental health services, I am worried that this PCMCH initiative is not on MCYS's radar. Is MCYS engaged in this process?**
A	The MCYS Transformation team has participated in the first set of webinars. PCMCH plans to follow up with MCYS. The focus on emergency departments and on integration is a core part of mental health services. A member of MCYS sat on the expert panel. They also sit on Council. The report of the ED Clinical Pathway went to the Ministry of Health and to MCYS. They are very aware of this project.