EMERGENCY DEPARTMENT CLINICAL PATHWAY FOR CHILDREN AND YOUTH WITH MENTAL HEALTH CONDITIONS

ENVIRONMENTAL ASSESSMENT FOR IMPLEMENTATION READINESS

A. Emergency Department

Conduct environmental audit to identify the accessibility of mental health services for children and youth within your emergency department.

1. What internal hospital resources does your ED draw upon when assessing/treating children and youth with mental health conditions?
   i. Do you have providers whose specific role is to provide care for children and youth with mental health conditions?
   ii. Are they part of the ED staff or are they provided from elsewhere? If elsewhere, what department(s) or community agencies provide this?
   iii. If yes, what professions/roles provide mental health services to children and youth in the ED? [i.e. adult psychiatrist, child psychiatrist, psychologist, RN, Nurse Practitioner, social worker, child and youth worker, none, other]
   iv. How many hours/day is your ED covered by mental health resources?
   v. Other resources?

2. Core competencies of mental health providers within your ED:
   i. What education background/level of training do they have?
      [i.e. MD, PhD, RN, RN-EC, PhD, MSW, Child and Youth Worker etc]
   ii. What, if any additional training do they receive?
      [i.e. mandatory hospital training, mandatory education package, none, other]
   iii. What is the supervisory structure for these providers (who do they report to)?

   3. Are you currently using any mental health screening tools to assess children and youth? If yes,
   i. Which screening tools do you use? Are they helpful?
   ii. Do you use them in conjunction with community agencies to prioritize referrals?
   iii. If not using any tools, how would you feel about using a brief screening tool to assess risk in making disposition and referral decisions?

4. How are your physicians and staff kept aware of different types of services available in your community? What resources do you use to obtain this information?

5. Do you refer directly to a community agency or provide a phone number to the family when the patient is discharged? Do you have a triage process?
   i. How is information shared between your ED and community agencies?
   ii. Are there any confidentiality provisions in place? How is privacy dealt with?

6. Are there formal protocols or informal arrangements with community agencies? Please describe, including expectations regarding timelines.
   i. Who is responsible for facilitating the protocols/arrangements?
   ii. What works well in these protocols/arrangements?
   iii. How could they be improved?
   iv. What is your experience with schools and group homes? Do they attempt to access community services first?

7. What Role do Family Health Teams / Primary Care / private mental health providers play in your referrals or in follow-up care?

8. How are children and youth who enter your ED accompanied by police dealt with?
   ▪ Is there a protocol in place for release to the ED service providers?

- ▪ Is there a target wait time for assessment of the patient?
- ▪ Is there a target wait time for police?

9. Do you feel that child and youth mental health conditions and/or addictions is/are addressed well in your ED?
    i. If not, what is lacking? What particular challenges do you face in addressing child and youth mental health concerns/addictions in your ED?
    ii. How would you improve the care of children and youth with mental health conditions in your ED?

B. <u>Community Provider</u>
Conduct environmental audit to identify the accessibility of mental health services for children and youth at your local hospital emergency department.

1. What linkages, if any, do you have with your local Emergency Department (ED) regarding child and youth mental health and/or addictions referrals?
    i. Are there formal protocols or informal arrangements? Please describe.
    ii. Do these protocols or arrangements vary depending on patient acuity/risk? If so, how?
    iii. Are there specific protocols in place for suspected suicidal patients?
    iv. What are your expected timelines for referrals from the ED? What are your expected timeline for dealing with other urgent referrals from other sectors? How are ED referrals dealt with in relation to these?
    v. Who is responsible for facilitating the protocols/arrangements?
    vi. What works well with these protocols/arrangements?
    vii. How could they be improved?

2. How do you receive/prioritize child/youth mental health referrals from the ED?
    i. What is the process?
    ii. What factors are considered in prioritization?
    iii. Do you also notify the patient's primary care provider?

3. What information is shared between the EDs and your organization/agency?
    i. How is information shared?
    ii. Are there any confidentiality provisions in place/how is privacy dealt with?

4. Are you currently using any child and youth mental health screening tools?
    i. What are they?
    ii. Are they helpful?
    iii. Do you use them in conjunction with EDs to screen the children and youth?
    iv. How would you respond to referral that was prioritized as "urgent" (i.e. within 48hrs or 5 days?) based on a screening tool used in the ED to assess risk?

5. What are the competencies of your staff regarding the provision of child and youth mental health services?
    i. Do they provide mental health services?
    ii. What education background/level do they have?
       [i.e. MD, PhD, RN, RN-EC, PhD, MSW, child youth worker etc]
    iii. What, if any additional training do they receive?
       [i.e. Mandatory organizational training, mandatory education package, none, other]

6. What do you see as the main obstacle/challenge in ensuring that children and youth with mental health conditions who visit the ED receive timely community services?

7. How would you like to see the ED-to-Community service provider process/system work?

8. How do you link/collaborate with Family Health Teams /Primary Care / private mental health providers?