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# ED Clinical Pathway for Children and Youth with Mental Health Conditions

## Implementation Toolkit

September 2013

# 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.**



# Clinical Pathway: Purpose

*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)



# Standardized Assessment

## 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

### ED Mental Health Clinical Pathway

*Clinical pathways are not a substitute for sound professional judgement*

INCLUSION		EXCLUSION	DOCUMENTATION CODES		Patient Identification		
Alert and oriented	CTAS 1		N = Within normal limits				
Mental health presentation	Patient is not medically stable		S = Significant findings				
	Age <6 years		N/A = Not applicable				
Date:		Start Time:		Patient Weight:		Kg	
ASPECT OF CARE		TIME	CODE	INITIALS			
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)						
	Ask Suicide Screening Questions (ASQ)						
	Pediatric Symptom Checklist – Parent (PSC)						
	Pediatric Symptom Checklist – Youth Self Report (Y-PSC)						
	Global Appraisal of Individual Needs – Short Screener (GAIN-SS)						
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						
ASSESSMENT AND SCREENING TOOL SUMMARIES							
		HIGH RISK FINDINGS		NON-RELIABLE			
1. HEADS-ED tool		1 = Needs action but not immediate    2 = Needs immediate action					
2.a) Youth Perception Survey (YPS)							
b) Caregiver Perception Survey (YPS)							
3. Ask Suicide Screening Questions (ASQ)		"Yes" to any question					
4. Pediatric Symptom Checklist (PSC)							
a) Parent Completed Version (PSC)		Positive Score ≥ 28					
b) Youth Self-Report (Y-PSC)		Positive Score ≥ 30					
5. Global Appraisal of Individual Needs - Short Screener (GAIN - SS)		Moderate: 1-2 past year symptoms    High: 3+ past year symptoms					
A copy of this form to be forwarded to:							
1. The referred Community MH Agency <input type="checkbox"/> Sent				2. The patient's Primary Care provider <input type="checkbox"/> Sent			
SIGNATURE		INITIALS		SIGNATURE		INITIALS	

# ED Mental Health Clinical Pathway

Standardized assessment form  
– page 2

## HEADS-ED Tool

### The HEADS-ED

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

	0 No action needed	1 Needs action but not immediate	2 Needs immediate action
<b>H</b> ome	○ Supportive	○ Conflicts	○ Chaotic / dysfunctional
<b>E</b> ducation	○ On track	○ Grades dropping / absenteeism	○ Failing / not attending school
<b>A</b> ctivities & peers	○ No change	○ Reduced / peer conflicts	○ Fully withdrawn / significant peer conflicts
<b>D</b> rugs & alcohol	○ No or infrequent	○ Occasional	○ Frequent / daily
<b>S</b> uicidality	○ No thoughts	○ Ideation	○ Plan or gesture
<b>E</b> motions, behaviours, thought disturbance	○ Mildly anxious / sad / acting out	○ Moderately anxious / sad / acting out	○ Significantly distressed / unable to function / out of control / bizarre thoughts
<b>D</b> ischarge resources	○ Ongoing / well connected	○ Some / not meeting needs	○ None / on wait list / non-compliant

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

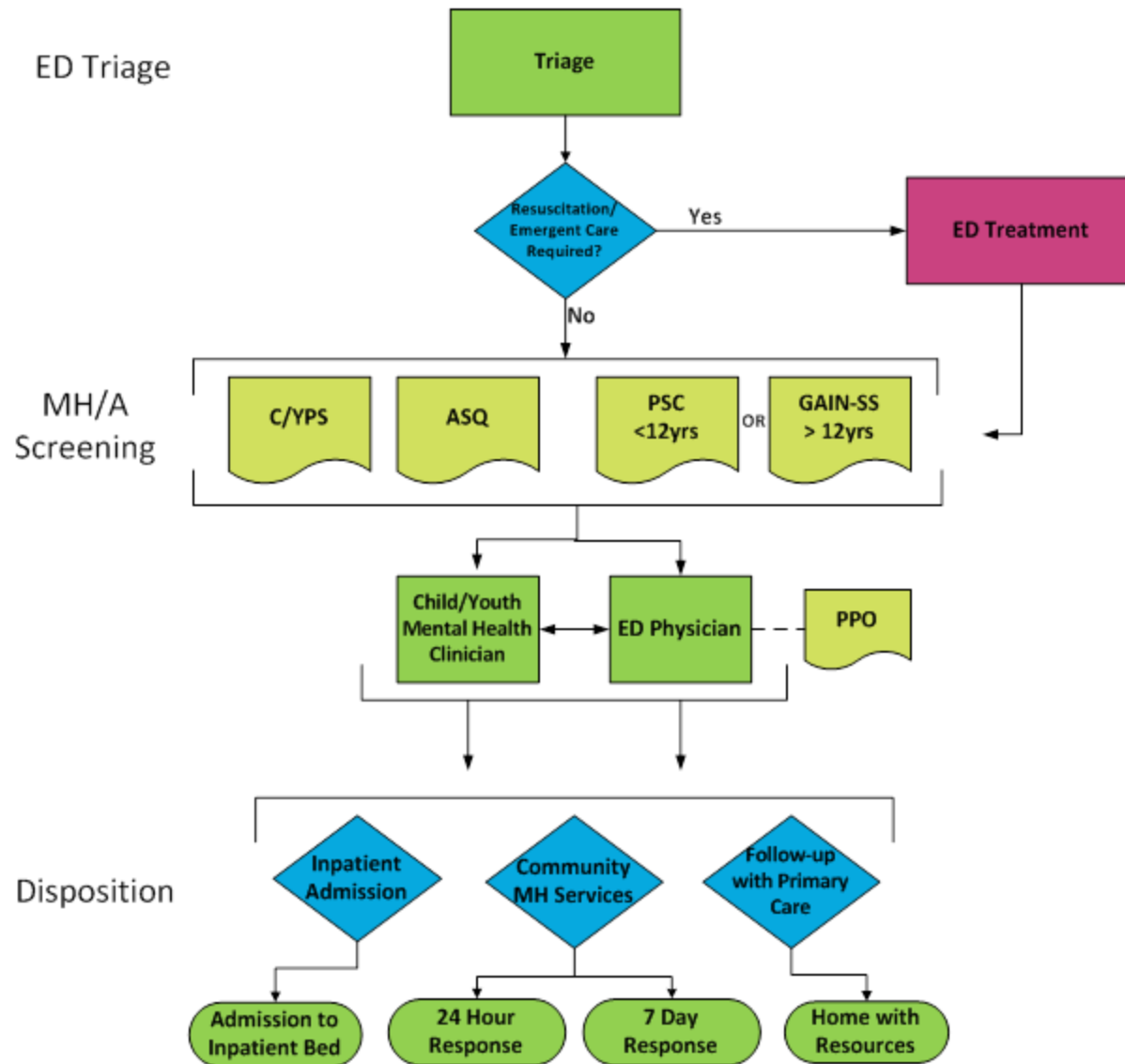


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# Clinical Pathway (CP) Algorithm



# CP Stage: *ED Triage*

- 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

# CP Stage:

## *Resuscitative / Emergent Care*

- 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.

# CP Stage: *Mental Health Screening*

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  $\geq 12$  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.

# CP Stage: *Disposition*

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

# CP Stage: *Disposition* Continued

## 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

# MHC Screening Tools for C&Y

Screening Tool	All CY MH patients	CY MH patients aged:	Available in public domain free of charge
Children's Hospital of Eastern Ontario (CHEO) Caregiver/Youth Perception Survey (C/YPS)	✓		Yes
Ask Suicide Screening Questions (ASQ)		10–21 years	Yes
Paediatric Symptom Checklist (PSC)		<12 years	Yes
Global Appraisal of Individual Needs – Short Screener (GAIN–SS)		≥12 years	No PCMCH is purchasing the license
HEADS–ED Tool	✓		Yes

# 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

# CHEO Y/CPS

## 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)

 401 Smyth Rd, Ottawa, Ontario, K1H 8L1, 613-737-7800		Today's Date: _____	
<b>CPS</b> (Caregiver's Perception Survey)		Child/Youth's Name: _____ Date of Birth: _____	
Patient ID#: _____		Home Address: _____ (Street) _____ (City) _____ (Postal code) _____	
		Child's School (name): _____ School Grade: _____	

Name of individual filling out survey: \_\_\_\_\_

Relationship to child/youth: \_\_\_\_\_

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?

<input type="checkbox"/> Parent	<input type="checkbox"/> Child / Adolescent	<input type="checkbox"/> School (name): _____
<input type="checkbox"/> Family Doctor	<input type="checkbox"/> CAS	<input type="checkbox"/> Police
<input type="checkbox"/> Another hospital: _____		<input type="checkbox"/> 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
- ☐ Bad temper / outbursts
- ☐ Violent behaviour
- ☐ Rule-breaking behaviour
- ☐ Drug and/or alcohol abuse: specify \_\_\_\_\_
- ☐ Psychosis (e.g. hearing voices, odd behaviour, seeing things)
- ☐ School issues
- ☐ Family conflicts
- ☐ 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
- ☐ Bad temper / outbursts
- ☐ Violent behaviour
- ☐ Rule-breaking behaviour
- ☐ Drug and/or alcohol abuse: specify \_\_\_\_\_
- ☐ Psychosis (e.g. hearing voices, odd behaviour, seeing things)
- ☐ School issues
- ☐ Family conflicts
- ☐ 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/stressful 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)

<div style="text-align: center;">           401 Smyth Rd, Ottawa, Ontario, K1H 8L1, 613-737-7600  <b>YPS</b>          (Youth's Perception Survey) – Age 12 and over       </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         Patient ID#: _____       </div>	Today's Date: _____ Your Name: _____ Date of Birth: _____ Home Address: _____ <div style="text-align: center; font-size: small;">(Street)</div> <div style="text-align: center; font-size: small;">(City) (Postal code)</div> School (name): _____ School Grade: _____
---	--

Name and relationship of any people that came with you to CHEO today: \_\_\_\_\_  
 \_\_\_\_\_  
 Who is currently living with you in your home? (i.e., mother, father, brother, sister...) \_\_\_\_\_  
 \_\_\_\_\_

**Who recommended that you come to the CHEO emergency department?**  

<input type="checkbox"/> Parent	<input type="checkbox"/> You	<input type="checkbox"/> School (name): _____
<input type="checkbox"/> Family Doctor	<input type="checkbox"/> CAS	<input type="checkbox"/> Police
<input type="checkbox"/> Another hospital: _____		<input type="checkbox"/> Other: _____

**Today: What do you think is the main reason that you came or were brought to the CHEO Emergency department? (Choose 1 only)**  
☐ Thoughts about killing myself  
☐ Tried to kill myself  
☐ Hurt myself on purpose (physically)  
☐ Depression / low mood / mood swings  
☐ Anxiety / worried feelings / scared feelings  
☐ Angry / bad temper  
☐ Violent behaviour  
☐ Not respecting rules  
☐ Problems with drugs and / or alcohol:  
 Specify: \_\_\_\_\_  
☐ Hearing or seeing things that are not really there  
☐ School problems  
☐ Family conflicts  
☐ Family / friends / teachers thought I should come to CHEO  
☐ Other (please describe briefly): \_\_\_\_\_  
 \_\_\_\_\_

**Do you have any other concerns? (Choose a maximum of 3)**  
☐ No other concerns:  
☐ Thoughts about killing myself  
☐ Tried to kill myself  
☐ Hurt myself on purpose (physically)  
☐ Depression / low mood / mood swings  
☐ Anxiety / worried feelings / scared feelings  
☐ Angry / bad temper  
☐ Violent behaviour  
☐ Not respecting rules  
☐ Problems with drugs and / or alcohol:  
 Specify: \_\_\_\_\_  
☐ Hearing or seeing things that are not really there  
☐ School problems  
☐ Family conflicts  
☐ Family / friends / teachers thought I should come to CHEO  
☐ Other (please describe briefly): \_\_\_\_\_  
 \_\_\_\_\_

**What do you think are the most significant or most important stresses in your life that are contributing to this situation? (Choose a maximum of 3)**  
☐ School problems (grades, learning difficulties, problems with teachers, etc.)  
☐ Problems with friends / peers (no friends, not getting along with friends, dating issues, bullying, etc.)  
☐ Problems with parents (fighting with parents, lack of communication, lack of involvement, etc.)  
☐ Parents' marriage problems (divorce, separation, fighting, etc.)  
☐ Problems with brothers and sisters (e.g. not getting along, jealousy, etc.)  
☐ Problems with step family members  
☐ Money problems in family  
☐ Personal money problems  
☐ Traumatic / stressful event in family (death, accident, etc.)  
☐ CAS involvement  
☐ Moving  
☐ Illness in family (physical or mental)  
☐ Other (please describe briefly): \_\_\_\_\_  
 \_\_\_\_\_

**What are your strengths (e.g. what are the things that you like about yourself, what are the things that you are good at)?**  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**What do you expect in coming to the CHEO Emergency department?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Ask Suicide-Screening Questions (ASQ)

- 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



## Ask Suicide-Screening Questions

- |   |     |    |             |
|---|-----|----|-------------|
| 1. In the past few weeks, have you wished you were dead?  | Yes | No | No response |
| 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? | Yes | No | No response |
| 3. In the past week, have you been having thoughts about killing yourself?                            | Yes | No | No response |
| 4. Have you ever tried to kill yourself?  | Yes | No | No response |

If yes, how? \_\_\_\_\_

When? \_\_\_\_\_

Patient Name:

Date:

Medical Record # (or Patient Label):



# 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)

## 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.

Please mark under the heading that best describes your child:

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

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? \_\_\_\_\_

# Pediatric Symptom Checklist (PSC)

## Pediatric Symptom Checklist—Youth Report (Y-PSC)

Please mark under the heading that best fits you:

		Never	Sometimes	Often
1. Complain of aches or pains	1			
2. Spend more time alone	2			
3. Tire easily, little energy	3			
4. Fidgety, unable to sit still	4			
5. Have trouble with teacher	5			
6. Less interested in school	6			
7. Act as if driven by motor	7			
8. Daydream too much	8			
9. Distract easily	9			
10. Are afraid of new situations	10			
11. Feel sad, unhappy	11			
12. Are irritable, angry	12			
13. Feel hopeless	13			
14. Have trouble concentrating	14			
15. Less interested in friends	15			
16. Fight with other children	16			
17. Absent from school	17			
18. School grades dropping	18			
19. Down on yourself	19			
20. Visit doctor with doctor finding nothing wrong	20			
21. Have trouble sleeping	21			
22. Worry a lot	22			
23. Want to be with parent more than before	23			
24. Feel that you are bad	24			
25. Take unnecessary risks	25			
26. Get hurt frequently	26			
27. Seem to be having less fun	27			
28. Act younger than children your age	28			
29. Do not listen to rules	29			
30. Do not show feelings	30			
31. Do not understand other people's feelings	31			
32. Tease others	32			
33. Blame others for your troubles	33			
34. Take things that do not belong to you	34			
35. Refuse to share	35			

# 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



**GAIN Short Screener (GAIN-SS)**  
Version [GVER]: GAIN-SS ver. 3.0

# Global Appraisal of Individual Needs– Short Screener (GAIN–SS)

*PCMCH will purchase the license.*

What is your name? a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
(First name) (M.I.) (Last name)

What is today's date? (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/20\_\_\_\_

The following questions are about common psychological, behavioral, and personal problems. These problems are considered <b>significant</b> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0
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.					

- IDSr 1. **When was the last time** that you had **significant** problems with...
- a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? .....4 3 2 1 0
  - b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day? .....4 3 2 1 0
  - c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen? .....4 3 2 1 0
  - d. becoming very distressed and upset when something reminded you of the past? .....4 3 2 1 0
  - e. thinking about ending your life or committing suicide? .....4 3 2 1 0
  - f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? .....4 3 2 1 0
- EDScr 2. **When was the last time** that you did the following things **two or more times**?
- a. Lied or conned to get things you wanted or to avoid having to do something .....4 3 2 1 0
  - b. Had a hard time paying attention at school, work, or home. ....4 3 2 1 0
  - c. Had a hard time listening to instructions at school, work, or home. ....4 3 2 1 0
  - d. Had a hard time waiting for your turn. ....4 3 2 1 0
  - e. Were a bully or threatened other people. ....4 3 2 1 0
  - f. Started physical fights with other people .....4 3 2 1 0
  - g. Tried to win back your gambling losses by going back another day. ....4 3 2 1 0
- SDScr 3. **When was the last time** that...
- a. you used alcohol or other drugs weekly or more often? .....4 3 2 1 0
  - b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)? .....4 3 2 1 0
  - c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? .....4 3 2 1 0
  - d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events? .....4 3 2 1 0
  - e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? .....4 3 2 1 0

# Global Appraisal of Individual Needs– Short Screener (GAIN–SS)

*PCMCH will purchase the license.*

(Continued)	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0
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.					

- 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**) ..... Yes No  
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					
8. Site ID: _____	Site name v. _____				
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 <input type="text"/> SA <input type="text"/> ANG <input type="text"/> Other <input type="text"/> 14. Referral codes: _____					
15. Referral comments: v1. _____					
Scoring					
Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSr	1a – 4e				

# 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](http://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

HEADS-ED	0 No action needed	1 Needs action but not immediate	2 Needs immediate action
<b>H</b> ome	○ Supportive	○ Conflicts	○ Chaotic / dysfunctional
<b>E</b> ducation	○ On track	○ Grades dropping / absenteeism	○ Failing / not attending school
<b>A</b> ctivities & peers	○ No change	○ Reduced / peer conflicts	○ Fully withdrawn / significant peer conflicts
<b>D</b> rugs & alcohol	○ No or infrequent	○ Occasional	○ Frequent / daily
<b>S</b> uicidality	○ No thoughts	○ Ideation	○ Plan or gesture
<b>E</b> motions, behaviours, thought disturbance	○ Mildly anxious / sad / acting out	○ Moderately anxious / sad / acting out	○ Significantly distressed / unable to function / out of control / bizarre thoughts
<b>D</b> ischarge resources	○ Ongoing / well connected	○ Some / not meeting needs	○ None / on wait list / non-compliant

# 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

Hospital Logo	<b>PCMCH</b>  <b>PHYSICIAN ORDERS FOR CHEMICAL RESTRAINT IN THE EMERGENCY DEPARTMENT</b>  Page 1 of 1	Patient Identification						
Weight: _____ kg    Height: _____ cm    Allergies: _____								
<b>Notes:</b> <ul style="list-style-type: none"> <li>Not for use with children &lt; 6 years of age</li> <li>Use of chemical and/or physical restraint should be consistent with hospital policy</li> <li>Begin first with non-medication treatment (calming, supportive measures) and evaluation</li> <li>Medication should only be used as a second option for anxious/agitated patients</li> <li>Always give medication by oral route where possible</li> <li><b>**For agitated patients with suspected ingestions, only benzodiazepines should be used; neuroleptics are contraindicated.</b></li> </ul>								
<b>MEDICATION</b> _____ <input type="checkbox"/> <b>OLANzapine</b> Rapid Dissolve _____ mg (Children 1.25 – 5 mg/dose; Adolescents 5 – 10 mg/dose) PO Reason: <input type="checkbox"/> anxiety/agitation  _____ <input type="checkbox"/> <b>ChlorproMAZINE</b> _____ mg (Children 0.5 – 1 mg/kg/dose, Adolescents 0.5 – 1.5mg/kg/dose) PO/IM Reason: <input type="checkbox"/> anxiety/agitation or <input type="checkbox"/> Olanzapine is refused or ineffective  _____ <input type="checkbox"/> <b>DiphenhydrAMINE</b> (Benadryl®) _____ mg (0.5 – 1 mg/kg/dose, MAX 50 mg/dose) PO/IM Reason: <input type="checkbox"/> extrapyramidal symptoms or allergic reaction  _____ <input type="checkbox"/> <b>LORazepam</b> _____ mg (0.02 - 0.03 mg/kg/dose, MAX 2 mg/dose) PO/SL/IM Reason: <input type="checkbox"/> anxiety/agitation  _____ <input type="checkbox"/> <b>Benztropine</b> _____ mg (0.02 - 0.05 mg/kg/dose, MAX 2 mg/dose) PO/IM Reason: <input type="checkbox"/> extrapyramidal symptoms  _____ <input type="checkbox"/> <b>DiphenhydrAMINE</b> (Benadryl®) _____ mg (0.5 – 1 mg/kg/dose, MAX 50 mg/dose) PO/IM Reason: <input type="checkbox"/> for extrapyramidal symptoms or allergic reaction  _____ <input type="checkbox"/> <b>Nicotine resin gum</b> 2 mg piece (MAX 12 pieces/day) PO PRN for nicotine cravings								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; text-align: center;">PHYSICIAN SIGNATURE</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">PRINT NAME OF PHYSICIAN</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">DATE &amp; TIME</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">NURSE SIGNATURE</td> <td style="border-top: 1px solid black; text-align: center;">PRINT NAME OF NURSE</td> <td style="border-top: 1px solid black; text-align: center;">DATE &amp; TIME</td> </tr> </table>			PHYSICIAN SIGNATURE	PRINT NAME OF PHYSICIAN	DATE & TIME	NURSE SIGNATURE	PRINT NAME OF NURSE	DATE & TIME
PHYSICIAN SIGNATURE	PRINT NAME OF PHYSICIAN	DATE & TIME						
NURSE SIGNATURE	PRINT NAME OF NURSE	DATE & TIME						
Form No.    Date    Original Copy – Chart    Yellow Copy – Pharmacy								

# 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.

[www.pcmch.on.ca](http://www.pcmch.on.ca)