Incidence of child and youth presentations to the emergency department for addictions and mental health

CAEP 2018

Acknowledgement AHS support staff, physicians, patients and families
Presenter Disclosure

Presenter: Heather Hair Executive Director
Emergency Strategic Clinical Network™

Relationships with financial sponsors:
• None
Disclosure of Financial Support

This project has received financial support from Campus Alberta Neuro Science in the form of an meeting grant.

This project has received financial support from Alberta Economic Development and Trade- Division of Alberta Government for a research grant.

This program has received in-kind support from Alberta Health Services in the form of logistical support.

Potential for conflict(s) of interest: NONE
• Youth in crisis - Identify the problem/opportunities
• How we collected the input from family/friends
• Results – 4 themes identified
• Next steps
There were **assumptions** made about the patient journey - we don’t actually understand the journey as the patient experiences it.

**Families** of children and youth play an integral role and are often not included in care discussions and decisions.

There is **variance** in practice across the Zones.

There are many **projects** happening in the Zones to address this population in the ED.

It is easy to jump to **solutions** without having all of the information.

As reported by the Canadian Institute for Health Information, the rate of child and youth emergency department (ED) visits for mental health complaints increased by 50% between 2007 and 2015.
Project Background

PHASE I
Current State
Complete February 2018

PHASE II
Prioritize Projects
Starting March 2018

PHASE III
TBD

Brain Trust 1
Aug 2016

Brain Trust 2
Spring 2018

Patient & Family Mapping
ED Mapping
Data Analysis & Literature Review

Prioritize Projects
Business Case Development

Implementation
Phase I: Collect the Current State

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Zone and provincial level data gathered with support from AMH and ED analysts:
- Pre-crisis
- At the ED
- Post-ED visit

OUTCOME:
- A data report summarizing data throughout the patient’s journey in the ED
Data Findings

Arrival to ED

Children and Young Adults under Age 25 who went to Top 17 ED in Alberta related to A&MH issues, by Number of A&MH Visits Over 2 Year Time Frame (Dec 1/14 - Jan 31/16)

- 81% 82% for first visit
- 13% 12% for second visit
- 4% 3% for third visit
- 2% 3% for four visits or more

Source: 4 information systems- DIMR
Youth and family experiences were gathered using:

- Online Surveys
- Focus Groups
- 1:1 Interviews
- Webinars

**OUTCOMES:**

- A visual journey map of youth’s experiences was created and validated by youth (MAPS)
- A report on family and caregiver’s experiences was created (PaCER)
Phase I: Collect the Current State

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Data analysis (Provincial & Zone)

Patient & family journey mapping (PaCER & MAPS) Process within ED's from Patient Arrival to Discharge/Admission

Best practice evidence review

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Process mapping done at Alberta Children’s Hospital and Stollery to examine data, successes, challenges at:

- Triage
- Initial Assessment - MH/Psych Consult
- Psychiatric Consult
- Admissions/discharges
- Bed Management

OUTCOMES:

- Process maps for ACH and Stollery
- Four identified areas for improvement
**Approach**

- The AMH and ESCN™ conducted surveys of youth who had presented to the ER for a mental health or addictions related concern and their families/caregivers.

- The survey contained closed- and open-ended questions on reasons for ED visits, expectations about and experiences during their visits, and areas for improvement.

- One survey was created specifically for youth (ages 15-24 who visited the ED for an addiction and/or mental health related concern) while the second was created specifically for families and caregivers (those with a child or loved one who attended the ED from age 7-24 for an addiction and/or mental health related concern).

REB approved
Survey results

The survey was open for four weeks and participants were recruited across the province using an extensive array of social media platforms.

n = 992 (Youth survey)
n = 553 (Family and Caregiver survey)

For each survey, a randomly selected sample of open-ended responses were drawn to thematically analyze to the point of informational redundancy in Nvivo 11. A second researcher validated the coding schemes.
Helping Kids and Youth in Times of Emotional Crisis
Preliminary Quantitative Survey Results

Child and Youth Survey

Respondents by Geographical Region:
- 31% Calgary and Area
- 34% Edmonton and Area
- 10% Northern Alberta
- 11% Central Alberta
- 13% Southern Alberta

Top 3 things child/youth want:
- Privacy to tell their stories
- A welcoming environment
- A place to connect

Average age when child/youth first went to the ED in time of crisis: 16

92% of respondents were Female
**Family and Caregiver Survey**

40% of respondents said they work for AHS

70% of respondents had their child/loved one released from the ED (i.e. they were not admitted to hospital)

56% of respondents said their child/loved one was female

Top 3 things family/caregivers want:

- Information about how to deal with another crisis
- List of community services
- Information about the child/family member’s illness

Alberta Health Services
Emergency SCN & Additions and Mental Health SCN.
Helping Kids and Youth in Times of Emotional Crisis

We want to make meaningful changes to how kids, youth, and their families experience going to the ER for mental health concerns.

To do that, we need to:

1. Hear from kids and youth about what their experiences have been like.

2. Listen to families share their experiences of seeking help for their loved ones.

3. Talk to ER and Addictions and Mental Health staff to hear what’s working and what isn’t.

4. Understand what the data and literature says about services being provided.
Once we have collected all of this information, visual maps will be created that show how patients, families, and health care staff experience care in the ER.

The maps will be used to identify times in the patient’s journey where changes would make a big difference.

Youth Survey Link – survey.ahs.ca/KidsYouth
Family/Caregiver Survey Link – survey.ahs.ca/FamilyCaregiver

Want to get involved? Find out more info:
On our website: www.albertahealthservices.ca/scns/page7698.aspx
On Twitter: @amb_scn
Themes

- Care provider Training – Stigma
- Wait times and access
- Environment
- Family Involvement
- Communications and navigation

There are a number of areas in need of improvement to provide high-quality, patient-centred care to youth with mental health or substance use concerns that present to the Emergency Department. Phase II of this project will involve a review of the themes and determine priorities and strategies to address the themes that could be implemented into the workflow.
Thank you!