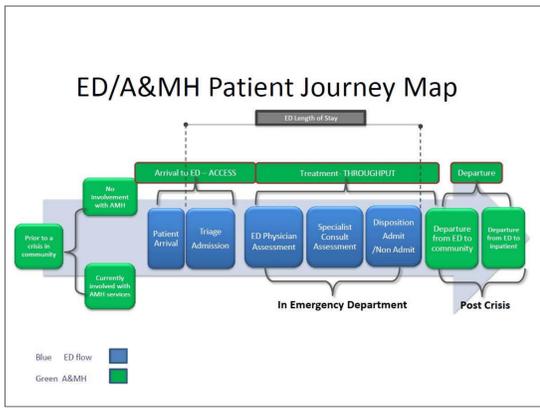


Introduction

The Addiction and Mental Health Strategic Clinical Network™ (AMH SCN™) and the Emergency Strategic Clinical Network™ (ESCN™) launched the Helping Kids & Youth in Times of Emotional Crisis project in 2016 in response to the several identified opportunities to improve care for children, young adults and their families with addiction and/or mental health issues presenting to Emergency Departments (ER).

In order to make meaningful, patient-driven change for children and youth with addiction and/or mental health issues, a clear understanding of what their experiences are when they go to the ER was required. This included an understanding of what leads up to an ER visit, what services they hoped for and subsequently received at the ER and what follow-up was done once leaving the ER.

In August 2016, a Brain Trust was held in Calgary. Attendees included patients and families, front line staff, physicians, clinicians, operational leadership and researchers. The goal of the Brain Trust was to gather ideas for gaps and opportunities along a pre-defined patient journey map



Phase I – Current State

From the Brain Trust the major takeaways were:

- There are assumptions made about the patient journey – the health system doesn't actually understand the journey as the patient experiences it.
- Families of children and youth play an integral part of their journey and are often not included in their care.
- There is variance in practice and populations across the Zones.
- There are many projects happening in the Zones to address this population in the ER.
- It is easy to jump to solutions without having all of the information.

Based on this feedback from the Brain Trust, the AMH and ESCN™ took a step back and sought input from all areas to accurately represent the patient journey through the ER.

Methods

Phase I was divided into several layers to gather the necessary data to inform the Current State map

- 1. Patient and family mapping** was done using surveys and focus groups to ensure that patient and family journeys are mapped using their own words, feelings, and direct experiences. Two community agencies, both of who specialize in hearing the patient voice, supported mapping the journeys of patients and families. PaCER (Patient and Community Engagement Research) worked primarily on the family journey and MAPS (Mapping and Planning Support Alberta Capital Region) focused on the youth journey.
- 2. ER Mapping** began at the two urban pediatric hospital ERs: Stollery and Alberta Children's Hospital (ACH). Working with front line staff, physicians, and administrators, the mapping process created deeper understanding of daily processes such as flow through the ED, admissions, discharges, and various wait times.
- 3. Data Analysis** provided an upfront detailed review of available data to help create a baseline understanding of who is presenting at the ER.

Brain Trust 2

On February 28 2018, a second Brain Trust was held in Calgary to summarize the findings of all of our Phase I work and to seek validation and feedback on future directions for this work from a broad group of stakeholders, leaders, and patients.

Through layering all the data and information gathered to develop the current state, the opportunities for improvement were divided into five overall themes and were presented to the participants of Brain Trust 2 for validation and further discussion. World Cafes were held throughout the afternoon so that smaller groups could participate in facilitated and in-depth discussions.

Stigma emerged at the forefront as a large gap across many layers of Phase I. However, rather than create a theme (and subsequently a bucket of work) around "Stigma" we challenged the Brain Trust 2 participants to consider how stigma relates to and affects each of the themes and the problems identified as well as the proposed solutions. If we can address gaps in each of these areas, we should begin to move the dial towards decreasing stigma. Throughout the World Cafes, participants were challenged to think about whether implementing a specific initiative would lead to an increase in stigma, a decrease in stigma, or not affect stigma at all. This "stigma lens" will continue to be at the core of this work as it moves forward into Phase II.

Themes

Theme 1: Youth and families don't know where to go for help (before and after the ER visit).

Youth and families have indicated difficulty in navigating the health care system for support prior to/while in crisis and that there are challenges in accessing follow-up care.

Theme 2: Health care professionals awareness, understanding, empathy, comfort-level and competencies with addiction and mental health needs to be improved.

Youth and families reported feeling that staff don't understand addiction and mental health issues and that they are treated differently when they go to the ER with these issues compared to a physical health complaint.

ER staff also report feeling unprepared and uncomfortable when dealing with patients with addiction and mental health issues and point to only a general education and understanding of these issues.

Theme 3: Parents/caregivers have unmet need in times of crisis.

Families report that by the time they are bringing their child/loved one in to the ER, not only is the youth in crisis, but they (and their family unit) are also in crisis. They report wanting information on how they can help their child deal with the next crisis but also wanting support for their own health needs.

Theme 4: Youth and families had poor experiences at the ER.

Youth and families reported a shift in the way they were treated by staff once they revealed that they were presenting with an addiction and/or mental health concern. There was a reported lack of understanding and communication of the processes once at the ER and protocols which isolated parents and youth created further information and communication barriers.

Theme 5: There is variation in practice and standards for the ER, including care for addiction and mental health.

There are different service models being delivered in ERs across the province for youth presenting to the ER for and addiction and/or mental health related concern, each with pros and cons. Standardized assessments, protocols and practices do not exist and lead to variation in care. Staff hours, especially those of specialized teams (mental health and mobile teams) are not aligned with the times of high need/traffic in the ER.

Current State Patient Map

The comic strip is titled "MY VISIT TO THE E.R." and is divided into several panels:

- DECIDING TO GO TO THE HOSPITAL:** A patient thinks, "Today is really hard, I'm thinking about ending it all. What do you do when the depression seems like it will never end?" A friend says, "Honey, if you are thinking of ending your life we need to go to the hospital now!" The patient thinks, "I'd better see a Doctor and get assessed. I can't live like this anymore."
- ARRIVAL AT THE E.R.:** The patient asks, "Oh no, how long will I have to wait? I don't want all of these people to know my situation! Maybe we should leave, I don't think I can do this." A staff member says, "Wow, training in mental health would help medical staff be more understanding, sensitive, and compassionate." The patient thinks, "I wish they had a private space for people having a mental health crisis." A staff member says, "I can't handle these feelings anymore. Don't tell me to calm down. I would if I could! I feel so confused and anxious."
- WAITING:** A staff member says, "For your safety, I need you to wait in here. The security guard is here for your protection. It will be approximately two hours." The patient thinks, "I wish I had something to do to help pass this time, books or cards would help." A staff member says, "I feel like a prisoner. Where is the Doctor? Why am I being punished for being sick?" The patient thinks, "That uniformed guard outside the door makes me look dangerous. I understand why he is there but I wish he was dressed in street clothes so it wouldn't be so obvious."
- SEEING THE E.R. STAFF:** A staff member says, "I know my daughter best, I know what she needs." The patient thinks, "I wish staff would ask me how and when I'd like my family involved." A staff member says, "I can prescribe some medication that will help with your symptoms. I don't think you'll need to stay in the hospital." The patient thinks, "I want to figure out what is happening to me and how to deal with it on my own, not just medicate myself." A staff member says, "Oh no, I need more than medication. I need to know what's happening to me."
- SEEING THE MENTAL HEALTH STAFF:** The patient thinks, "Oh good, I am going to see a mental health expert." A staff member says, "I know you are the mental health professional and know a lot about this illness, but you don't know me. I'd like to tell you about my experience. I am the expert on me." A staff member says, "You're right, I do know about your symptoms. These medications will help you. I can't do anything more if you refuse these medications. I will also give you a referral to a counselor." The patient thinks, "I wish he'd listen to me and take me seriously. I'm not overreacting and I'm not just seeking attention."
- AFTER THE E.R. VISIT:** The patient thinks, "I really need help now, I can't wait 6 months - it is urgent." A staff member says, "I'm going to need someone to talk to before that. I wish there was a place I could go to get help when I really need it! I don't want to go back to the E.R."

The comic includes logos for Alberta Health Services Strategic Clinical Networks and MAPS (Mapping and Planning Support Alberta Capital Region).

Next Steps

In order to move into Phase II of this work the AMH and ESCN™ will complete a pre-planning process to prioritize the potential opportunities. Information on work that is currently in progress has been gathered and will continue to be investigated to search for opportunities to connect and leverage existing initiatives.

Contact information

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