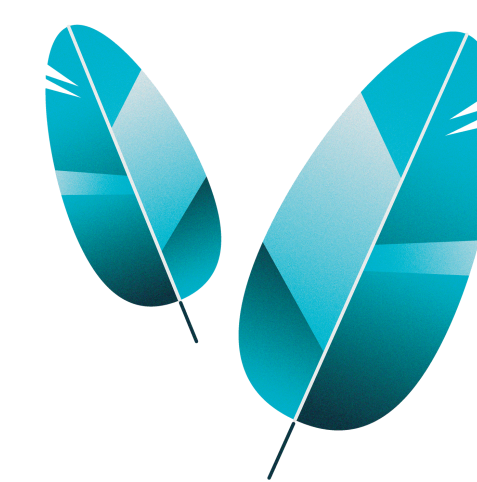


ED2Foundry: Exploring how to enhance care between the emergency department and integrated youth services for young people with mental health and substance use concerns

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• F O U N D R Y •

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Introduction

- Symptoms of mental health and substance use (MHSU) challenges start early in life, with 50-70% developing during childhood or adolescence [1].
- There was a 61% rise in mental health-related emergency department (ED) visits by Canadian children and youth between 2008 and 2019 [1].
- Evidence suggests EDs are often a first point of contact for youth with MHSU concerns, as more than half of Canadian youth and young adults presenting to the ED with MHSU needs have not had any previous mental health-related contact with the health care system [2, 3].
- Foundry is an integrated youth services (IYS) initiative across British Columbia, Canada, that provides physical and mental health services, substance use support, peer support and social services to young people ages 12-24.
- Despite the clear and urgent need to improve the connection between EDs and IYS, there remains a profound disconnect between them.

Objectives

- The objectives of the ED2Foundry project are to:
 - (1) better understand assessment, treatment and referral of young people (ages 12-24 years) who present to the ED with MHSU concerns; and
 - (2) explore ways to improve young people and their families/caregivers' experience in the ED and the transition between EDs and IYS.

Methods

Social Ecological Model (SEM)



- We conducted semi-structured interviews (n = 26) in 2020.
- Participants included ED physicians (n = 6), social workers (n = 4), nurses (n = 2), an occupational therapist (n = 1); a counselor (n = 1); staff/leadership in IYS organizations (n = 4); mental health/family workers (n = 3); peer support workers (n = 2), and parents (n = 3).
- Analysis was conceptually guided by the Social Ecological Model (SEM), which helps understand how individuals interact with their environment within a complex social system [4].
- A deductive and inductive analytical approach was used.

Results: Themes

Context of the Environment

- Participants spoke negatively about the physical environment of the ED, saying it was "quite loud and busy" (participant 15), commenting on the congestion with lots of people, noises and lack of private spaces and spaces where young people feel safe.
- The negative impacts related to the time it takes to be seen by a physician at the ED and the limited hours that specialized services, such as addictions and mental health nurses, are available were also discussed.
- Similarly, within IYS, participants discussed limited hours and wait times as barriers.
- Time and physical environment in the ED was considered at the organization level of the SEM. Time in IYS was considered at the community level of the SEM.

"The addiction team isn't available on the weekends or the evenings so instead of keeping him over the weekend so he could see someone, they just discharged him onto the street..."
- Parent, Participant #17

"There's often long wait periods, historically I've experienced with young people where they've been left in ER hallways for hours and sometimes days."
- Early Intervention Assertive Case Manager, Participant #15

Inadequate Communication

- A recurring concept was that when youth present to an ED, they are asked to repeat their story numerous times to various service providers throughout their visit, which can be a difficult and traumatic experience.
- When transitioning from the ED to community services there is a lack of communication between charting systems in different agencies, leading young people to have to repeat their stories even more. This was considered at the policy level of the SEM.
- Participants also cited negative experiences from conversations between youth and service providers, which left youth feeling invalidated and stigmatized. This was considered at the interpersonal level of the SEM.

"Telling stories you know like five, sometimes six times to different individuals along the way which was really exhausting and problematic."
- Family Services Project Developer, Participant #22

"Had someone respond, 'So you just want to be skinny, that's your issue?'... and I had a nurse say to me, 'Don't you realize you're killing yourself here, like this is very serious, do you not see how serious this is?' And again it wasn't in a compassionate light."
- Peer Support Worker, Participant #4

Assessments

- When asked about their knowledge on existing assessments, participants were unclear about youth-appropriate ED assessments and resources.
- Many participants expressed a lack of confidence and knowledge when assessing or referring young people with MHSU challenges.
- Participants spoke about young people feeling like they were being screened or assessed to meet a certain score or cut-off point to either be admitted or get referred to services.
- Assessments were considered at the organizational level of the SEM.

"How comfortable are physicians saying stay/go for young people with mental health issues? I would say uncomfortable."
- ED Physician, Participant #24

"If you want help then you have to make yourself look as bad as possible and make yourself show as many symptoms as possible so that you would meet that magical number."
- Peer Support Worker, Participant #4

Recommendations

- Within each of these themes, we identified several potential interventions derived from both direct suggestions from participants and researchers considering the results of the thematic analysis and brainstorming how to address some of the findings.
- A range of interventions were suggested including smaller scale immediate interventions that address the problems within the interpersonal, organization and community levels of the SEM, as well as long-term recommendations that involve changes at the policy level of the SEM.

Theme	What to address	Possible Intervention
1. Context of the Environment	Improving ED experience for young people and wait times in the ED	Provide care packages, items and/or sensory kits and access to tablets Integrate a peer support worker in ED
	Physical ED environment	Renovate the ED wait area (e.g., lighting, chairs, wall colours, art, dedicated spaces for youth)
2. Assessments	Using assessments on case by case basis for youth with MHSU concerns	Integrate existing assessment(s) into ED clinical services
	Thinking beyond a cut-off score for service referrals/admission	Integrate an MHSU worker in ED (24-7) responsible for administering assessments
	Considering the many aspects of health	Create a new biopsychosocial assessment for young people considering MHSU and social determinants of health
3. Inadequate Communication	Stigmatizing and judgmental language, lack of trauma-informed care and miscommunication about community services	Training for ED staff (e.g., online module, educational videos, digital storytelling, lunch and learn)
	Lack of communication when moving services perpetuates repetition of stories	Provincial wide universally used charting system Integrate a "community liaison" responsible for connecting and referring young people to appropriate services

Conclusion

- This study identifies flaws within the current system of assessing, treating and referring youth who present to the ED with MHSU concerns.
- The results indicate ways to improve the ED experience for youth as well as the transition process from the ED to community services. Suggestions were made on long-term and short-term bases:
- Long-term systemic changes suggested include developing an MHSU assessment for young people, unifying the charting systems throughout the province for community and hospital services, and reforming the ED environment through increasing numbers of both ED and specialized staff and adapting the physical space.
- Areas of improvement that can be altered immediately were also recommended, such as integrating a peer support worker or community liaisons into ED clinical services, training of ED staff on trauma informed care and IYS, or providing care packages to young people to make the wait times more endurable.



foundrybc.ca/iaymh2022

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