

# 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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## Introduction

Integrated youth services (IYS) provide multidisciplinary care (including mental, physical and social), prioritizing the needs of young people and their families/caregivers. Over the last decade there has been a significant rise in emergency department (ED) visits by young Canadians with mental health and substance use (MHSU) concerns. However, there remains a profound disconnect between EDs and IYS, such as Foundry in British Columbia.

## Objectives

The objectives of this study were to 1) better understand young people's experience in the ED with regards to assessments, treatment and referrals when presenting to the ED with a MHSU concern, 2) explore solutions to improve young people and their families' experience in the ED as well as the transition between EDs and IYS through changes at the policy level, interpersonal levels and community levels, and 3) implement an intervention inspired from the findings in two EDs in Vancouver, British Columbia.

## Approach/Methods

We conducted 26 semi-structured video and phone interviews with key stakeholders, including ED staff, parents/caregivers, IYS staff, and individuals with lived experience, in British Columbia, Canada, in the summer of 2020. Snowball sampling was used to reach participants (n=26), including ED physicians (n=6), social workers (n=4), a nurse (n=1), an occupational therapist (n=1), a counsellor (n=1), staff/leadership in IYS organizations (n=4), mental health/family workers (n=3), peer support workers (n=2) and parents/caregivers (n=3). A thematic analysis was conducted using a deductive and inductive approach conceptually guided by the Social Ecological Model (SEM).

## Results

We identified three overarching themes and factors to consider at all levels of the SEM. At the interpersonal level, inadequate communication between ED staff and young people contributed negatively to the care the young person received and their experience in the ED. At the organizational level, we found that appropriate youth-specific MHSU assessments were lacking and inconsistent and that the ED environment (specifically wait times, physical space and staffing issues) was incompatible with the needs of these young people. At the community level, the environment of IYS and other community services were important, including hours of operations and

wait times. Policy level factors identified include inadequate communication between services due to different charting systems and documentation between organizations/agencies. We identified possible interventions based on participant suggestions to be implemented in two EDs in Vancouver.

## **Conclusion**

This study provides insight into important long-term systemic issues and more immediate factors that need to be addressed to improve the delivery of services for young people with MHSU challenges. This research supports intervention development and implementation in the ED for young people with MHSU concerns.

