Rural ER Care for Youth Mental Health Patients in Crisis

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THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
Faculty of Medicine

LAND ACKNOWLEDGMENT

We are on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Sə́lílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

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PRESENTER DISCLOSURES

Name: Dr. Jennifer Russel

Relationships with commercial interests:

- Grants/Research Support: none
- Speakers Bureau/Honoraria: none
- Consulting Fees: TEND
- Other:
  - Associate Head of Mental Health at BCCH and Women's
  - Psychiatrist on the Compass team

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PRESENTER DISCLOSURES

Name: Josee Chayer

Relationships with commercial interests:

- Grants/Research Support: none
- Speakers Bureau/Honoraria: none
- Consulting Fees: none
- Other: Indigenous Care Coordinator on Compass Program

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Name: Robelle Salvador

Relationships with commercial interests:

- Grants/Research Support: none
- Speakers Bureau/Honoraria: none
- Consulting Fees: none
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PRESENTER DISCLOSURES

Name: Elizabeth Partridge

Relationships with commercial interests:

- Grants/Research Support: none
- Speakers Bureau/Honoraria: none
- Consulting Fees: none
- Other: Nurse Clinician on Compass Team

Name: Kate Cheung

Relationships with commercial interests:

- Grants/Research Support: none
- Speakers Bureau/Honoraria: none
- Consulting Fees: none
- Other: Nurse Clinician on Compass Team

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MITIGATION OF BIAS

Urban Perspective:

- Trained primarily in urban centres and continue to work at BCCH
- Have traveled to rural remote BC
- Have reviewed this case with rural physicians and clinicians

Stigma of Mental Health Issues:

- Acknowledge that this is still prevalent in all areas of health care
- Us versus them phenomena

Prejudices towards ethnic or marginalized groups

- We all have them, based on our lived experience and upbringing
- Self-awareness is key to shifting these perspectives
- Know better, do better

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POLL QUESTION

How comfortable do you feel managing adolescents with mental health concerns in your hospital?

A. Bring it on – these cases are the reason I went into medicine
B. I feel OK managing these cases – but could use more support
C. I am anxious managing these cases
D. I dread these cases – and feel unsupported and/or unprepared

How comfortable do you feel working with an Indigenous adolescent with mental health concerns?

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LEARNING OBJECTIVES

- Formulate an approach to the presentation of a mental health adolescent in a rural hospital
- Recognize the importance of Trauma Informed Practice
- Identify tools to assess a mental health patient
- Develop an approach to an admission
- Identify tools to safety plan with an adolescent
- Discuss complexities of rural/remote setting
- Examine the impact of these cases on the provider

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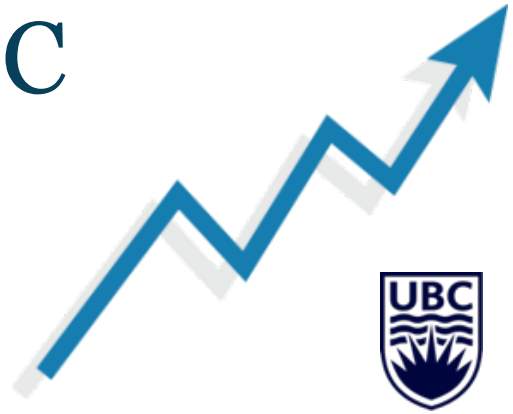
MENTAL HEALTH AND THE PANDEMIC



- 1 in 4 youth globally are experiencing clinically elevated depression symptoms
- 1 in 5 youth globally are experiencing clinically elevated anxiety symptoms
- Rates are double pre-pandemic estimates

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Racine et al., 2021

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

MENTAL HEALTH AND THE PANDEMIC

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Racine et al., 2021

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Search All AAP

Advocacy | Blueprint for Children | Advocacy Issues | State Advocacy Focus | Advocacy Resources

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:

As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

The pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted. We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

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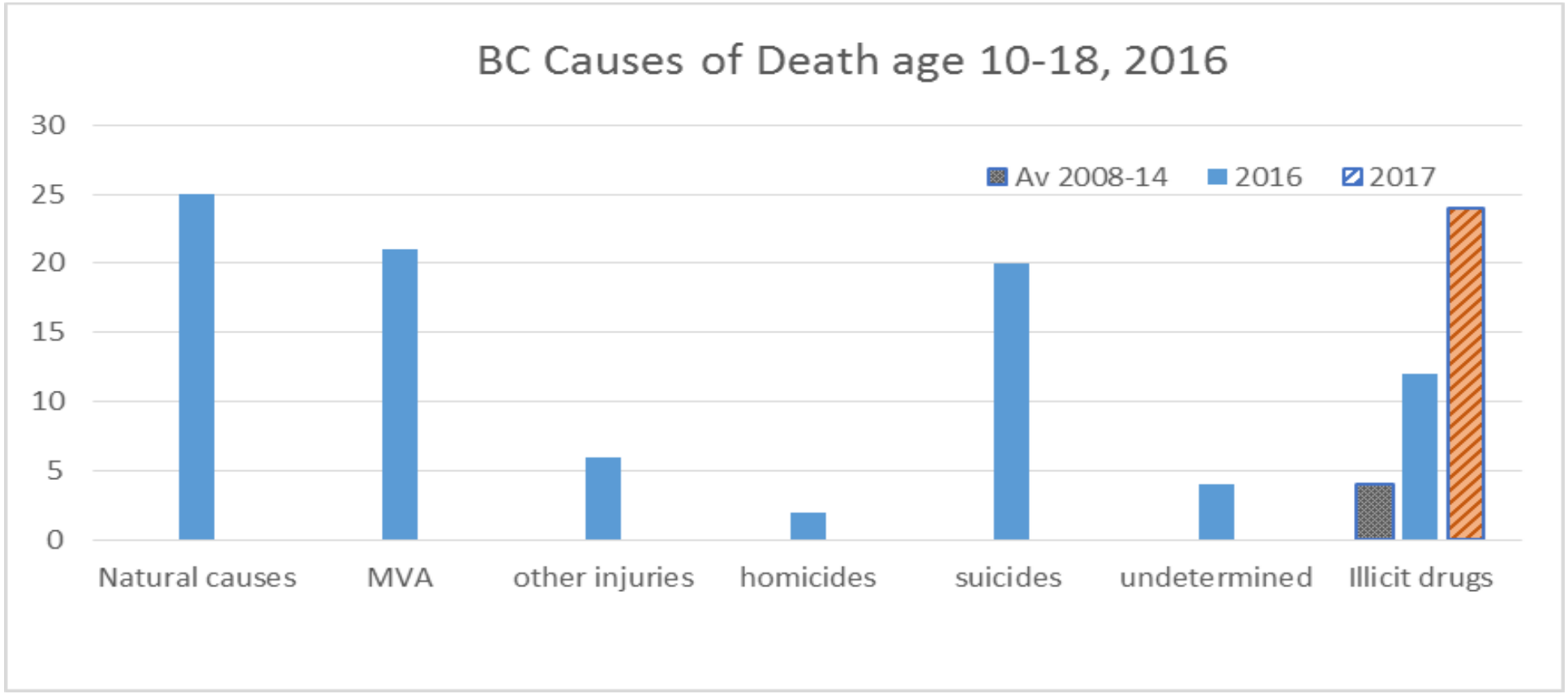
EPIDEMIOLOGY; CHILD DEATHS IN BC



From https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/child-death-review-unit/reports-publications/child-mortality-2016.pdf

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APPROACH TO THE ADMITTED MENTAL HEALTH PATIENT

- History and Physical Exam
- Assess and treat any medical concerns
- Assess any mental health concerns
- Decide disposition (home or keep/ admit)
- Home – safety planning and connection
- Admitted – prepare for admission
- Set goals (youth and family)
- Prepare for discharge or transition to higher level facility

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MOST PSYCHIATRIC DISORDERS IN YOUTH ARE TREATABLE

- Most psychiatric disorders in children and youth respond well to treatment (ADHD, anxiety, mood disorders, eating disorders and substance use).
- However, many children and youth in BC (and their families) struggle to access timely psychiatric assessment and care.
- As a result, our young people are not getting the treatments they need when they need them.
- With out comprehensive psychiatric assessments, many treatable underlying mental health disorders are not addressed according to current treatment guidelines

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SUPPORTING INDIGENOUS CARE

- Indigenous Care Coordinator
- Indigenous SW
- Staff growth/learning (e.g., trainings, shifting practices with introductions, culturally specific resources, asking providers about youth's connection to communities)
- Integration across education initiatives
- Outreach project

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Impact of Colonization on Children and Youth in British Columbia cannot be overstated

CASE #1

Jayne

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JAYNE

- 15 year old Indigenous youth presents to rural ER
- Her teacher called her Mom to say that she had posted comments on line that she was going to “kill herself for real tonight”
- Jayne had a previous suicide attempt by taking 8 Advil two days ago
- She lives with her family
- Her Aunt had bipolar disorder, died of suicide last year
- Her Mother is very worried and wants her admitted to hospital

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JAYNE CONT'D

- When you meet with Jayne she initially denies any mental health symptoms, and gets agitated wanting to leave
- When confronted with her Instagram post – she says she was just upset because of a conflict with her boyfriend but is fine now and they are back together (she is texting him during the interview)
- Her Mother found a suicide note in her room, and a bottle of acetaminophen, with 30 tablets missing

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IMPORTANCE OF TRAUMA INFORMED PRACTICE

B

- Promoting psychological and culturally safe spaces
- Importance of Relationship
- Understanding where the youth and family are coming from
- Understand reluctance to seek mental health services and trust medical providers as a product of intergenerational trauma
- Helps us shift how we see behavior from what is wrong with them to what happened to them
- Acknowledges the effects of trauma from a mind, body, spirit perspective.
- Least restraint Guidelines by Child Health BC

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RAPPORT AND THERAPEUTIC COMMUNICATION

Belle

- Therapeutic communication is the way in which we help patients and family feel heard and seen.
- Therapeutic communication includes verbal and non-verbal ways
- Rapport is the way in which we build bridges of trust
- Developing rapport can include asking about hobbies, interests, music, video games

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IMPORTANCE OF OBSERVED BEHAVIOURS

- What they are hearing and seeing
- What the child/youth is attempting to communicate
- Whether or not the child/youth is trying to get away from something or get to something of importance
- What can be done to make the child/youth feel safer
- What needs does the child/youth have that remain unmet

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COMMUNICATION STRATEGIES

- Treat the child/youth with respect. Approach in a quiet, calm and confident manner. Speak clearly and slowly
- Explain who you are and what you are doing
- Ask preferred pronoun and use gender inclusive language
- Validate the child/youth's feelings and concerns
- Be transparent and communicative throughout all interactions
- Use everyday words and terms the child can easily understand

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COMFORT & REGULATION STRATEGIES

- Attend frequently and briefly (this may help avoid unnecessary agitation)
- Ensure their physical and psychological needs are met i.e.: toileting, nourishment & hydration, and pain management
- Provide comfort items that help with emotional and behavioural regulation i.e.: warm drink, sleep mask, lip balm, paper and pencils, snacks, books,playing cards, blankets, and stuffed animals
- Provide sensory modulation items i.e.: fidget toys, ear plugs, arts and crafts, music or sound therapy, digital media, and aromatherapy mist

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CHBC Least Restraint Practical summary and Tools, January 2022

COMFORT & REGULATION STRATEGIES CONT'D

- Offer suggestions for coping and emotional regulation: relaxation techniques cue cards, apps with regulation strategies
- Encourage active use of coping de-escalation strategies: walking, talking, writing, resting, crying, and deep breathing
- Offer time alone and a quiet space
- Offer spiritual care or practice
- Connection with family/support person

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ENVIRONMENTAL MODIFICATION STRATEGIES

- Protect the child/youth from accidental harm (e.g., do not leave them unattended on a bed without safety guards, lower the bed as close to the floor as possible)
- Modify the environment to create low stimulus environment e.g., reduce lighting, noise, reduce people in room, etc.
- Minimize the number of staff attending the child/youth
- Allow them to have familiar but non-dangerous personal items (own clothing)
- Accompany them to and from places (e.g., the toilet)

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KEEPING A YOUTH OVERNIGHT

- Voluntary or Certified
- How to support the youth in hospital
  - Are there people who can support the youth overnight (trusted adults)?
  - Warm blankets, food, connection with health care workers
  - Installation of Hope – most of these youth get better
  - Medications that can support the youth in hospital
  - Encouraging connection with support
- Connection with Regional supports to get direct assessment
  - Megan Crawford in the North
  - Connect with Compass

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SETTING GOALS FOR THE ADMISSION

- Need to be realistic about what can be done in hospital
- More assessment/stabilization is likely needed
- Incorporating available community resources into the plan
- Importance of family meeting/ engaging youth
- Addressing certification issues
- Collaborative planning for the admission (family and staff)
- Clarification of roles and responsibilities
- Engaging support if needed (i.e. call Compass)

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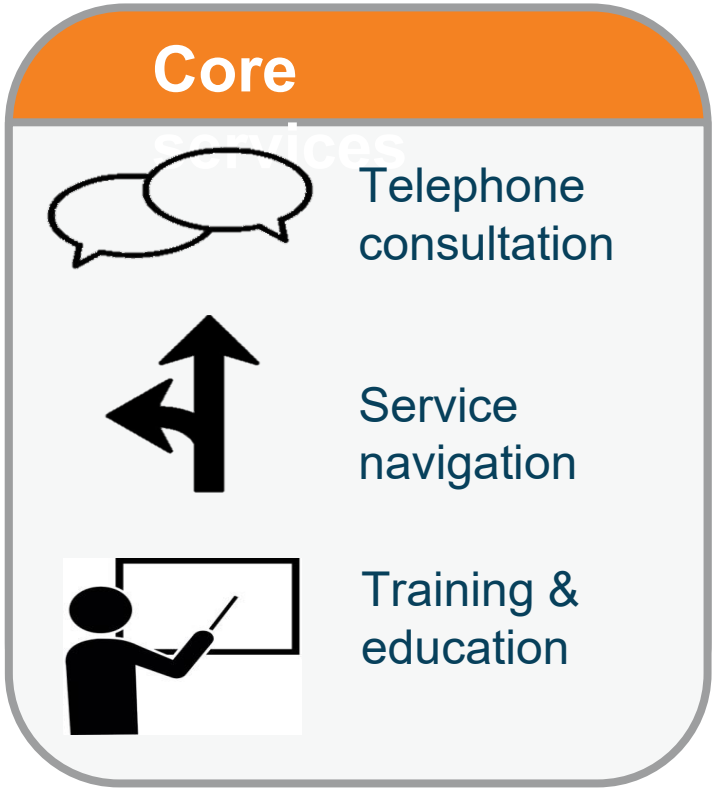
Service Overview

WHAT
- Provider support program

WHO
- Psychiatrists
- Psychologist
- Social Workers
- Nurse Clinicians
- Registered Clinical Counselors
- Indigenous Care Coordinator

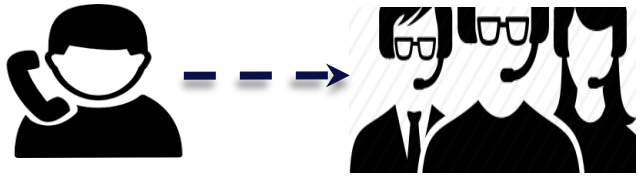
FOR WHOM
- Physicians & Primary Care Providers
- Pediatricians, Psychiatrists & other specialists
- MH/SU clinicians (CYMH, SW, Psychologists)
- Nurses & Nurse practitioners
- Community Carers (Indigenous Elders, Youth Workers)
- School Counsellors
- Case Managers

WHEN
- Mon-Fri, 9 a.m. - 5 p.m.



What to Expect When you Call Compass

1) Community Provider Calls Compass



Telephone-based consultation with seasoned clinician

- Diagnostic clarification
- Support with screening
- Treatment planning
- Resource/service navigation

2) Compass Provider Schedules Further Consultation(s) as needed

Booked telephone or video consultation for additional support as needed

- Additional support with the above
- Specialized support as needed, such as:
  - Medication consultation
  - Therapeutic consultation (e.g., CBT, DBT, ERP)

3) Direct Assessment Scheduled IF needed

Video-based direct assessment with the patient, guardians, and community providers

- Focused assessment to target a specific question
- Comprehensive in-depth assessment for diagnostic clarity or support with treatment planning

HOW CAN COMPASS HELP NURSING / ALLIED STAFF

- Crisis Management
- Comprehensive Initial MSE
- Establish positive therapeutic relationships
- Milieu Management
- Care Planning
- Discharge Planning

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TOOLS TO DO A MENTAL HEALTH ASSESSMENT

- There are key assessment and screening tools that can help clinicians diagnose, monitor, and provide assessments to identify a client's strengths and concerns. Some examples of these include:

    - HEARTSMAP
    - PHQ-9
    - Anxiety Scales: SCARED, GAD-7
    - Columbia Screen
    - CRAAFT

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HEARTSMAP

- A tool designed to support Emergency Department clinicians to conduct a comprehensive psychosocial evaluation for children and youth presenting with mental health and substance misuse concerns.
- Collects information across the following 10 variables:
  - Home, Education and Activities, Alcohol and Drugs, Relationships and Bullying, Thoughts and Anxiety, Safety, Sexual Health, Mood, Abuse, Professionals and Resources
- https://openheartsmap.bcchr.ca/

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PHQ-9

- Patient Health Questionnaire (PHQ-9) is a self-report screening, assessment, monitoring and diagnostic tool for depression incorporating DSM-IV criteria in a 9 item questionnaire rating from “0” (not at all) to “3” (nearly every day).
- https://www.compassbc.ca/education
  - Depression ToolKit —> Scales & Tools

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Anxiety Scales and Tools

- **SCARED**: The scale is a child and parent self report screening and assessment tool for childhood anxiety disorders including generalised anxiety, separation anxiety, panic disorder, and social phobia validated for ages 8 - 18 years old.
- **GAD-7**: A self-administered questionnaire used as a screening tool and severity measure of generalized anxiety disorder for those 13 years and older.
- https://www.compassbc.ca/education
  - Anxiety ToolKit —> Scales & Tools

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CRAFFT

- Screening tool available for clinicians for adolescents aged 12 - 21 years of age to identify substance use, substance-related riding/driving risk, and substance use disorder.
- https://crafft.org/
  - https://crafft.org/wp-content/uploads/2019/02/CRAFFT-2.0_Clinician-Interview.pdf

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COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

- A questionnaire for clinicians to provide a standardized measure of suicidality and access the severity, lethality and immediacy of suicidal behaviors and ideations.
- It can also be used to monitor treatment outcomes and establish suicide risk in a variety of settings.
    - https://physicians.northernhealth.ca/sites/physicians/files/physician-resources/mental-health-resources/documents/suicide-screener.pdf

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CONNECTING WITH COMMUNITY RESOURCES AND DISCHARGE PLAN

- Ensure patient has follow up with a primary care provider booked for continuity of care
  - If patient does not have a primary care provider: Northern Health Virtual Primary and Community Care Clinic (1-844-645-7811) or First Nations Health Authority Doctor of the Day (1-855-344-3800)
- Fostering connections and helping make referrals to community mental health services such as local Child and Youth Mental Health teams (TOPS), Indigenous Child and Youth Mental Health (CYMH) Services, Foundry, Developmental Disabilities Mental Health (DDMH), Early Psychosis Intervention (EPI), Aboriginal Patient Navigator Services (APNs-MHSU), etc.
- Safety Plan including urgent crisis support (Eg. Kid's Help Phone (1-800-668-6868), Northern BC Crisis Line (1-888-562-1214), KUU-US Crisis Line (1-800-588-8717), Interior Crisis Line Network (1-888-353-2273), Metis Crisis Line (1-833-638-4722))
- Wellbeing BC (https://wellbeing.gov.bc.ca/): Official resource for mental health, substance use and addictions support.

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RISK ASSESSMENT AND SAFETY PLANNING

Compass Toolkit: Suicide Risk Assessment

(how to assess)

1. Ask Directly
2. Normalize the experience
3. Utilize Risk Assessment tools such as ASQ toolkit

If **YES** to any of these questions:

- "Are you having thoughts of killing yourself right now?"
  - Ask them to describe the thoughts

- Then assess the level of risk
  - Timeframe (imminent, acute or chronic)
  - Intensity (low, moderate or high risk)
  - Summary Assessment (both timeframe and intensity)

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SAFETY PLAN –SELF TOOLKIT FOR ADOLESCENTS

- Kelty Mental Health: Self ToolKit for Adolescent
- Safety planning tool: Working collaboratively with the youth
  - Create and share a safety plan to identify triggers, coping strategies, point of contact and crisis resources.

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SENDING A YOUTH HOME

- Connection to community treatment
- Creation of an individual safety plan which includes family or trusted adults
- Include Indigenous youth's Nation "It takes a village…"
- A plan for what happens if things deteriorate at home
- What is the follow up plan for this youth – to get ongoing care
- Medications that can be used for stabilization in the short term

Importance of Shared Decision Making – call and review if needed 604 875 2345 – ask for the attending on call

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RURAL AND REMOTE COMPLEXITIES

- There is inequity in BC regarding resources for children and youth with mental health and/ or substance use concerns
- These cases are complex and take a lot of time
- You might be managing many cases at once
- Transferring to a higher level of care is a difficult decision as it has risks and benefits
- Weather, internet service, further add to the complexities
- The impact of systemic discrimination and colonization is especially significant in underserved areas

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RURAL AND REMOTE COMPLEXITIES

- There is often more connection and willingness to lean in
- Knowing a family for generations - has an advantage
- Creative solutions built on cultural strengths and connection are key in addressing youth mental health symptoms
- Leverage the support and “Community gems”
- Key to not worry alone

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Impact of Mental Health Cases on the Provider

- These cases are complex and take a lot of time
- The stakes are high, morbidity and mortality are high
- Rural providers have a heavy burden of care
- It is not unusual to know the youth or family outside of the clinical setting, which causes complexities but also has advantages
- It can feel isolating and stressful
- We have heard that these cases significantly contribute to provider burnout and feelings of isolation

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Some tips to stay healthy!

- Acknowledge the impact that these cases have on you and your team
- Advocate for resources and training
- Develop a community of support
- Never worry alone! Call for help
- Practice low impact debriefing
- Practice self compassion
- Practice what we preach - work reasonable hours, exercise, nutrition etc.

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CASE #1 Q&A

POST YOUR QUESTIONS IN THE CHATBOX

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