

An Emergency Department Clinical Pathway for Children and Youth with Mental Health Conditions



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KEYWORDS

- Mental health/addictions • Clinical pathway • Implementation • HEADS-ED
- Screening tools • Emergency department (ED) • Community mental health

KEY POINTS

- Children and youth are increasingly seeking services for mental health/addictions concerns, putting increasing burden on hospital emergency departments.
- Care of children and youth with acute mental health/addiction conditions is fragmented; improved management by standardizing care and facilitating transition between emergency department and outpatient services is needed.

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- An emergency department mental health clinical pathway has been developed, disseminated; and implemented in several pilot settings; an implementation toolkit is available on-line to support local implementation efforts.
- Experiences from these pilots provide valuable lessons for tailoring future implementations.

INTRODUCTION

The hospital emergency department (ED) is an important and frequently accessed entry point for children and youth across North America with mental health and addictions (MH/A) concerns.¹⁻⁷ More than 50% of youth seeking MH care use the ED as the first point of contact without previously seeking outpatient MH care⁶ and repeat visitors account for a large proportion of presentations with estimates ranging from 12% to 43%.⁸ Not only are EDs seeing an increased volume of MH patients,^{7,9} the duration of stay for MH visits is up to twice that of other conditions¹⁰ with multiple factors often contributing to longer wait times.¹¹ Increased duration of stay is also associated with higher costs¹²; consequently, hospital EDs are under great pressure to manage these wait times without sacrificing quality patient care.

In addition to their pivotal role as an access point for MH/A services, hospital EDs also serve as a point of interim care for children and youth awaiting a definitive MH assessment and treatment in hospital or in the community. Many EDs are challenged in managing children and youth with MH/A owing to a lack of clinical resources, standardized screening tools, and/or training.^{13,14} This problem is compounded by the lack of reliable, integrated, and streamlined referral processes to appropriate resources in the community. The MH system in Canada and the United States is complex, fragmented, and limited,¹⁵⁻¹⁷ and the transition between emergent care and outpatient care for MH conditions remains problematic.¹ In particular, there is poor understanding among ED and community MH agencies (CMHAs) regarding what services each organization provides. More timely and accessible outpatient services have been recommended to improve this currently problematic transition between acute and outpatient care.

CLINICAL PATHWAYS

A clinical pathway is a tool that operationalizes best evidence and supports quality care delivery within and across interdisciplinary teams into a standardized, accessible, and structured point-of-care format.¹⁸ Because clinical pathways define standardized care processes that can be anticipated by interdisciplinary health teams, many potential benefits have been demonstrated with their use, including improved efficiency, patient safety, and outcomes, as well as decreased hospital costs.¹⁹⁻²⁷ Clinical pathways are being increasingly used in EDs and recommended by broader health systems internationally as a form of quality improvement.^{28,29} Although EDs have embraced clinical pathways to improve the standard practice for specific medical conditions and pediatric behavioral presentations,^{30,31} we did not find any published clinical pathways focused on emergency management of overall pediatric MH/A presentations.

The Provincial Council for Maternal Child Health in Ontario convened an interdisciplinary work group to develop an evidence-informed clinical pathway to guide and

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