

Helping Kids and Youth in Times of Emotional Crisis

Phase 1

Revised: July 25

What's this project about?

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, coming to Emergency Departments (ERs) with addiction and/or mental health issues.

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

How did we do this?

Patient and Family Mapping: Surveys and focus groups were used to map youth and family journeys using their own words, feelings and experiences.

Two community agencies, both who specialize in hearing the patient voice, were asked to help. Patient and Community Engagement Research (**PaCER**) mapped the family journey. Mapping and Planning Support Alberta - Capital Region (**MAPS**) mapped the youth journey.

ER Mapping: Site visits and interviews took place with **triage staff, ER nurses, mental health teams, psychiatrists, and bed coordinators**. This helped create a clear picture of what was happening in the health care system at the Alberta Children's Hospital and the Stollery Children's Hospital.

Data Collection: Administrative health data was used to create a baseline understanding of who is coming to the ER.

What did we find?

Based on the data and information gathered, five themes emerged:

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

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

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



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Theme 4: Youth and families had poor experiences (ER and Addiction & Mental Health related) when accessing help at the ER.

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

Echoing through all of the findings was the experience of **stigma**. Rather than create a separate theme, stigma was placed at the core of all identified themes.

What's happening next?

Future work will focus on reducing stigma through initiatives that will be prioritized into Phase II.

Phase II will launch, starting with the pre-planning phase, to identify and investigate current and on-going related initiatives that may be leveraged. New projects will then be prioritized for initiation.

For more information, please contact the Addiction and Mental Health SCN: addictionmentalhealth.scn@ahs.ca