

# Helping Kids & Youth in Times of Emotional Crisis

March 10, 2020

## What's this project about?

Over the past decade Alberta has seen a continual increase in the number of youth (aged 7-24) presenting to Alberta Emergency Departments (EDs) with depression, self-harm, substance misuse, anxiety problems, and situational crises. In 2016 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 to identify opportunities to improve care for children, young adults, and their families presenting to the emergency department in times of emotional crisis.

## How will we do this?

Phase One included a literature review, local data collection, consultation with clinicians and families, and a comprehensive online survey that was completed by **992** youth and **553** family/caregivers. Thematic analysis of survey results revealed five overarching themes of the youth and family experience in the ED:

1. Youth and families don't know where to go for help in times of crisis;
2. Health care professionals' awareness, understanding, empathy, comfort level and competencies with addictions and mental health needs to be improved;
3. Parents/caregivers have unmet needs in times of crisis;
4. Youth and families had poor experiences in times of crisis at the ED; and
5. There is variation in practice and standards for EDs, including care for addictions and mental health.



Read the full Phase One Report [here](#).

In Phase Two we focused on the second theme, "*Health care professionals' awareness, understanding, empathy, comfort level and competencies with addictions and mental health needs to be improved*". To address this issue our nurse educators drew upon the evidence-based work of the Alberta Family Wellness Initiative and the Palix Foundation to develop an educational workshop for ED nurses. This workshop emphasizes a science-based understanding of the role of brain development and environmental factors in the etiology of mental illness and addiction. The workshop emphasizes the importance of compassion and empathy in delivering trauma informed care for an emotional crisis.

This workshop was piloted with our Lived-Experience Advisory Committee to ensure that it resonated with their experiences and addressed their concerns for delivering more compassionate care.



## Where are we now?

The full day training program is being delivered in six EDs across Alberta between December 2019 and April 2020. The workshops are being supported by a comprehensive evaluation framework to assess nurses knowledge and attitudes towards patients with addiction and mental health concerns prior to training, to document their intentions for clinical practice improvement immediately following the training, and to follow-up 90 days post-workshop to determine if changes in knowledge, attitudes, and practice have been maintained over time.

Following the completion of the six pilot workshops and the evaluation of impact, a business case will be developed to explore the scale and spread of this training.

## Who is involved?

The Emergency Strategic Clinical Network, PaCER, Mapping and Planning Support Capital Region (MAPs), Strategy for Patient-Oriented Research (SPOR), Zone ED Operations, and youth/families with lived experience have been key partners in this work.



### PROTOCOL FOR CARING FOR YOUTH IN EMOTIONAL CRISIS

#### SCOPE:

Emergency Departments

#### SCHEDULED REVIEW DATE:

TBD

#### INITIAL EFFECTIVE DATE:

As soon as you read it

#### REVISION EFFECTIVE DATE:

Always room for improvement

#### PRINCIPLES:

Some of the things a nurse can do may seem very basic, but actually make a big difference in the patient's and caregiver's experience



#### SIX ELEMENTS:

##### 1. Keep it simple

Remember that youth and caregivers in distress might be excited, confused, overwhelmed, distracted, so:

- Use plain language
- Introduce yourself
- Do not rush the person
- Be mindful of how you present
- Use a lot of repetition

##### 2. Offer comfort measures

- Remove distractions / disruptions
- Offer water, juice, warm blanket or whatever you have
- Include family / caregiver when possible
- When it is a long wait, remember to check on them

##### 3. Provide explanations

- As many as you can
- Waiting for a physician and / or specialists
  - Reasons for security guards
  - Waiting for admission

##### 4. Validate them and show empathy

- "I know it took a lot of courage to come to the ED"
- "I am so sorry that this process is frustrating for you"
- "That must be stressful to deal with"

##### 5. Non-judgmental approach

Listen attentively and avoid lecturing them. We understand it can be hard to maintain a non-judgmental approach sometimes, but you may have to actively remind yourself to do that

##### 6. Remember it is an ongoing illness

Just like their brain didn't develop to function in a certain way overnight, you aren't going to be able to fix or heal their mental health issue in one ED visit. You do not need to be an AMH specialist or have specialized assessment skills to have a positive impact on the patient

For more information on this project, please contact the Addiction and Mental Health Strategic Clinical Network™: [AddictionMentalHealth.SCN@albertahealthservices.ca](mailto:AddictionMentalHealth.SCN@albertahealthservices.ca)