
KAMLOOPS CHILD AND YOUTH MENTAL HEALTH CRISIS RESPONSE PROTOCOL

**A Collaborative Approach between the Ministry for Children and Family
Development, Interior Health, Aboriginal Child and Youth Mental Health
Services, Community Partners and Family Physicians**

DRAFT

**PROTOCOL
DATE:
February X, 2016**

Context and Purpose

The purpose of this protocol is to promote safe and effective care for youth in crisis under 19 by ensuring timely and appropriate referrals are made to community service providers. This protocol outlines the role of various community partners in a crisis situation, identifies the appropriate agency to contact depending on the day and time. The protocol is also meant to ensure a collaborative approach to treatment planning considerations, discharge decisions, and referral guidelines to community-based treatment services for youth who are presenting at hospital in a crisis.

Background

Under the Thompson Region Child and Youth Mental Health and Substance Use Local Action Team representatives from Interior Health Authority, Ministry for Children and Family Development (MCFD), and MCFD contracted Aboriginal Child and Youth Mental Health service providers (White Buffalo Aboriginal and Métis Health Society and Secwepemc Child and Family Services), Royal Canadian Mounted Police (RCMP), Family Physicians, and School District 73 met to review and update the child/youth mental health crisis response protocol for the Kamloops area. Original proposal was implemented on January 16, 2013.

Key Partners

- Family Physicians
- Interior Health: Community Services, Parkview Child and Adolescence Mental Health Centre, Royal Inland Hospital
- Ministry for Children and Family Development, Child and Youth Mental Health
- Royal Canadian Mounted Police
- Secwepemc Child and Family Services
- School District 73
- White Buffalo Aboriginal and Métis Health Society
- Youth Forensics

Review

This Crisis Response Protocol will be reviewed annually from the date of this protocol to ensure that it remains current and meets the needs of committee and community members.

Crisis Response Protocol

A. INITIAL COMMUNITY PRESENTATION

School Setting – when a child or youth presents with active suicide ideation in the school setting:

1. Trained school personnel will follow applicable School District 73 Protocols. See Appendix for Suicide Risk Assessment Protocol.
2. With the involvement of the students' parent/guardian, a safety plan will be collaboratively developed for the child/youth with a designated community resource (MCFD, Child and Youth Mental Health, Interior Health, Parkview Child and Adolescent Mental Health, Secwepemc Wellness, White Buffalo Wellness).

Note: Other SD 73 protocols that may apply in other crisis areas may include The VTRA (Violence Threat Risk Assessment) Protocol/Worrisome Behavior and the Critical Incident Response Plan.

Child and Youth Mental Health (CYMH)

On **weekdays, between 9:00 am – 12:00 pm, 1:00 pm - 4:00 pm (to be determined)**, CYMH provides crisis response to child, youth, family or community referrals.

1. Following an initial suicide risk assessment by assigned Clinician on urgent response, the Clinician will determine whether referral to hospital is required.
2. If referral to hospital is required, the CYMH Team Leader or Clinician will contact Parkview Team Leader or Parkview On-Call Clinician to consult and provide some back ground information. The CYMH Clinician, in consultation with parent/guardian, will make a decision regarding the transportation of the client to the hospital (i.e, parent/guardian or RCMP).

Note: If the child or youth is in the care of either the Ministry of Children and Family Development or Secwepemc Child and Family Services, the Social Worker may be required to transport the child or youth to Royal Inland Hospital for an assessment. ***If so, the Social Worker may transport the youth to the hospital and remain at the hospital until care is transferred to another health care clinician, the youth is admitted or discharged.***

Aboriginal Child and Youth Mental Health (ACYMH)

White Buffalo Aboriginal and Métis Health Society

1. The Aboriginal Child and Youth Mental Health Clinician, when available, will provide crisis response for clients with whom the Clinician holds open, active files.
2. Office Hours are 8:30 AM to 4:30 PM Monday to Friday, with a daily office closure between 12:00 PM and 1:00 PM. Please contact the agency's main land line: 250.554.1176.
3. When the Aboriginal Child and Youth Mental Health Clinician is unavailable to provide crisis response, please contact mainstream CYMH to provide assistance: 250.554.5800 (North Shore residents) and 250.371.3648 (South Shore residents).

Secwepemc Child and Family Services (SCFS)

1. The Wellness Team Leader/Aboriginal Development Clinician, when available, provides crisis response in the community to those families who are actively involved with SCFS.
2. Parkview or Kamloops Mental Health Afterhours Response Team provides the crisis service in the ER and then collaborates with SCFS regarding follow-up services.
3. New referrals for Aboriginal families are accepted through the hospital and are seen as a priority, however if there is a capacity issue SCFS, Parkview and CYMH will collaborate and determine the most immediate service provision available.

RCMP Involvement

Community to Royal Inland Hospital Emergency Room:

1. A child/youth may be brought by the RCMP to Royal Inland Hospital (RIH) for an assessment if they meet the criteria for apprehension under section 28 (1) of the Mental Health Act (MHA).
2. Parkview will be called by ED physicians and will follow Pediatric Algorithm. See Appendix B for Algorithm.
3. RCMP staff will remain with the youth until assessment is completed by a physician and the youth is admitted or discharged.

4. RIH ED will prioritize the patient to support prompt discontinuation of RCMP attendance.
5. The RCMP member's decision to transport to RIH under the MHA is dependent on the seriousness of the offence that brought the youth to cells, consideration for public safety and that of the youth as well.

In RCMP City Cells:

Weekdays, between 8:30am – 4:30 pm

1. CYMH will respond to a youth presenting in crisis in RCMP City Cells.
2. If the RCMP are aware that the child or youth has an open file with Secwepemc Child and Family Services, the Secwepemc Aboriginal Development Clinician will be contacted to respond.
3. If the CYMH or Secwepemc Family Services Clinician determines the youth needs to be referred to the hospital, the RCMP will transport the client to RIH ED if the youth meets the criteria for apprehension under section 28 (1) of the MHA.
4. The RCMP member's decision to transport to RIH under the MHA is dependant on the seriousness of the offence that brought the youth to cells and considerations for public safety.
5. If the youth has a current probation order, the RCMP will contact the Probation Officer.

After 4:30pm on Weekdays and Weekends

1. Kamloops Mental Health Afterhours Response Team (KMHART) will assess in cells, unless an Aboriginal youth specifically requests the assessment be done by the Secwepemc Child and Family Services clinician depending on availability.
2. If KMHART determines that a child needs to be transported to hospital, RCMP will take the child or youth to hospital, if the youth meets the criteria for apprehension under section 28 (1) of the MHA, and remain with the youth until assessment is completed by a physician and the youth is admitted or discharged.
3. If the youth has a current probation order, the RCMP will contact the Probation Officer.

B. INITIAL HOSPITAL PRESENTATION

Client presents at the RIH ER, ER provides triage and registration.¹ Please see Appendix B for RIH Pediatric Psychiatry Access and Flow Chart for details.

Weekdays 8:30 am – 6:00 pm

1. ER Physician personnel will contact Parkview (250-314-5629) if client is presenting in crisis.
2. Parkview will assess client in ER and consult with attending ER physician. Clinician review chart/ensures safety/able to engage in assessment.
3. Parkview will contact the agency to participate or consult if child is involved with Youth Forensic Services (YFS), CYMH, White Buffalo Aboriginal and Métis Health Society, or Secwepemc Child and Family Services, - if available.
4. ER personnel can involve the Aboriginal Patient Navigator (APN) at RIH to provide support to the patient, family and staff. APN services are available 7 days a week (except stat holidays) from 7:00 am – 4:00 pm.
5. ER physician consults with Parkview or to determine if the patient will be admitted to:
 - a. Pediatric psychiatry unit
 - b. Remain in secure room in ER
 - c. Adult psychiatry unit with support

If not admitted to hospital, REFER TO P.7 “NO ADMISSION TO HOSPITAL” SECTION.

Monday-Friday 6:00 pm -11:00 pm, Saturday-Sunday 8:00 am -10:00 pm

1. ER physician contacts KMHART (250-377-0088) if client is presenting in crisis.
2. KMHART assess client presentation and consults with attending ER physician.
3. The ER physician completes assessment and will make the arrangements for admission, if appropriate.

¹ Screening for domestic violence and parental mental health issues, and coordinating referrals to appropriate services will be a consideration in future reviews of this protocol.

4. If discharge is recommended, and if appropriate, the ER physician will send a referral for Parkview for crisis stabilization.

C. NO ADMISSION TO HOSPITAL AND TRANSITION TO COMMUNITY (i.e. Health care clinician completes assessment and recommends return to community):

Definition: Health Care Clinician: Any health care provider from acute that is responsible for the assessment, care and/or treatment of children/youth in Kamloops and noted in this protocol.

Transition to Community Mental Health Services

1. The appropriate health care clinician will facilitate a transitional safety plan back into the community. ER Social Worker to support transition process if needed and appropriate.
2. Discharge summary and assessment record will be sent to Family Physicians/Pediatrician/Psychiatrist and appropriate agency for follow up.
3. The health care clinician consults with the parent/legal guardian and all appropriate community services and resources of the child/youth to create a safe and appropriate transition plan.
4. For those requiring crisis intervention, the health care clinician will refer to Parkview clinician.
5. If there are child protection concerns (as per Section 13 CFCSA), the ER personnel contacts MCFD – Child Protection, Secwepemc Child and Family Services – Child Protection, or After Hours 250-310-1234.
6. The health care clinician obtains the client's consent to refer to CYMH/ACYMH and, with consent, makes the referral within one business day (Monday to Friday).
 - * If YFS is involved, the health care clinician will notify YFS prior to discharge (2).
7. CYMH receives referral. Referral will be triaged. CYMH completes an intake if required within two business days. If the client is Aboriginal, Parkview will contact the appropriate ACYMH service and co-ordinate a collaborative intake process.
8. Upon completion of an intake and acceptance of service, CYMH/ACYMH assigned clinician participates in the ongoing care and discharge planning with the client/guardian (note: Child might already be on CYMH/ACYMH caseload).

² YFS is not a voluntary mental health service – it is a Youth Court mandated mental health program.

Admission to Parkview for Crisis Stabilization

The Parkview Clinician will book a follow-up appointment through the Parkview Crisis Program and child/youth will be assigned a case manager. The youth's care will be managed through Parkview until the crisis is over and they are transitioned to community resources.

D. CRISIS RESPONSE AT FAMILY PHYSICIAN OFFICE

Following an initial assessment by Family Physician and child/youth is in a crisis and Physician may choose to:

1) Call for an urgent assessment:

- Call Child and Youth Mental Health: Weekdays, between 9:00 am – 12:00 pm, 1:00 pm - 4:00 pm (hours to be determined)
 - North shore: 250-554-5800
 - 905 Southill St. Kamloops
 - South shore: 250-371-3648
 - 1165 Battle St. Kamloops
- To access initial assessment youth/family will visit CYMH (North Shore, or South Shore locations, depending on individual's residence). Following an initial assessment by the Clinician, the Clinician will determine whether referral to hospital is required. If they feel a referral to hospital is required, they will contact Parkview Child and Adolescent Mental Health, Monday to Friday 8:30 am -6:00 pm, (250-314-5629) and or KMHART to discuss the case.
- If referral to hospital is required, the CYMH clinician, in consultation with parent/guardian, will make a decision regarding the transportation of the client to the hospital (i.e, parent/guardian or RCMP).

2) Call for an urgent psychiatrist assessment:

- Call Parkview (250-314-5629) Mon – Fri 8:00 am – 6:00 pm to connect with child psychiatrist.
- Or call KMHART (250-377-0088) Mon-Fri 6:00 pm -11:00 pm Sat-Sun 8:00 am -10:00 pm.

*Note: Admission to Parkview for Crisis Stabilization
Important for FP to be aware that the youth's care will be managed through Parkview until the crisis is over and they are transitioned to community resources for long term support.*

3) Send Patient to the Emergency Department/Parkview on their own

- Physician to call Parkview to decide if patient should go directly to Emergency Department or sent directly to Parkview.
- Physician will prepare/collate information for family. Will send information electronically to the Emergency Department/Parkview. Ensuring that a warm handover occurs, where there is a conversation between the FP and Emergency Department Doctor/Parkview manager.
- Arrange transportation for patient and their family to the hospital in consultation with parent/guardian, will make a decision regarding the transportation of the client to the hospital (i.e, parent/guardian or RCMP).

4) Call for Escort To Hospital via RCMP

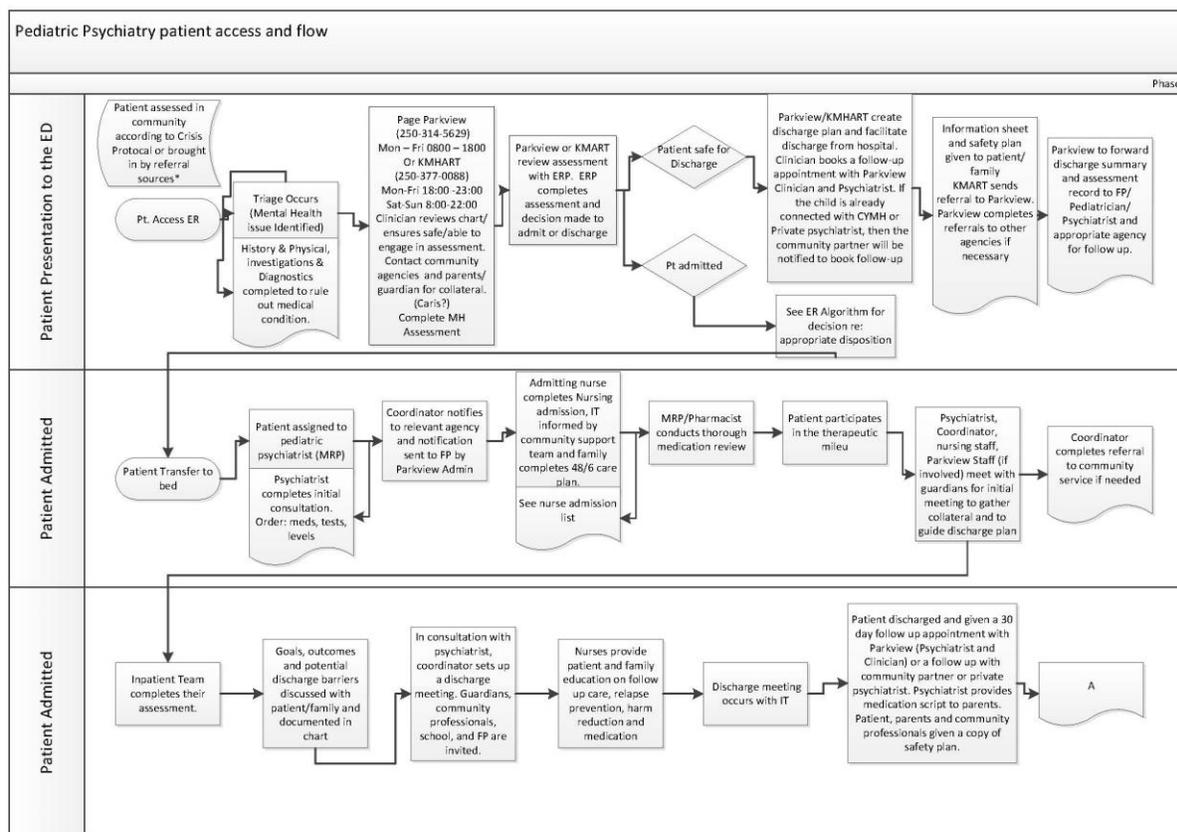
- For non-emergency call (250)-828-3000
- For emergency call 911

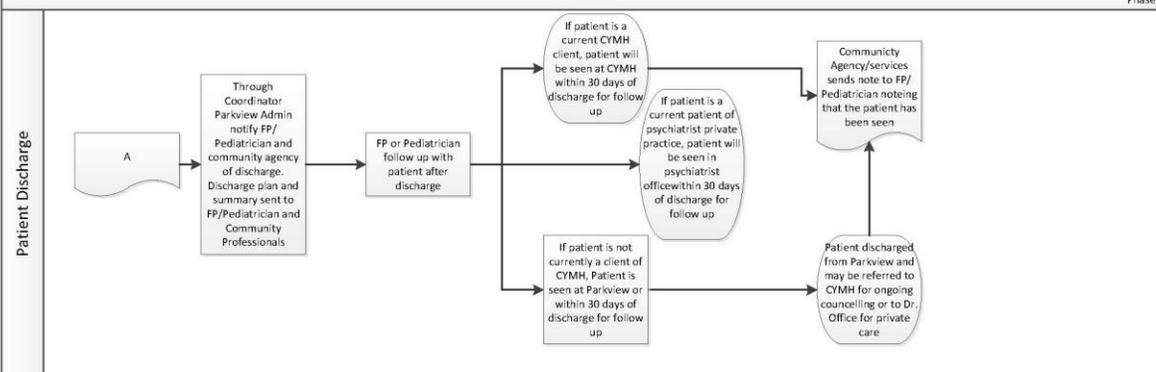
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Appendix A: Crisis Response Working Group Participants

Family Physicians	
Interior Health Authority: Community Services, Parkview Child and Adolescence Mental Health Centre, Royal Inland Hospital	Raj Chahal, Rae Sampson,
Ministry for Children and Family Development, Child and Youth Mental Health	Manon LeBlanc Katherine Gulley
Royal Canadian Mounted Police	Kim Lucas
Secwepemc Child and Family Services	Kathie McKinnon
School District 73	Bill Hamblett
White Buffalo Aboriginal and Métis Health Society	Leilah Stella
Youth Forensics	Rob Brooks

Appendix B: RIH Pediatric Psychiatry Access and Flow Chart





- Nursing Admission**
- Admission assessment (includes 48/6, HoNOS/MRR, MSE etc.)
 - BPMH
 - Rating scales
 - Behavioural expectations and strategies
 - Identifies pre-hospital functions,
 - Supports in place and
 - Informed consent
 - MHA forms

- Referral Source:**
- CYMH
 - School
 - Community agencies (ddmh, eating disorders)
 - Self referral
 - RCMP
 - Forensics
 - Aboriginal Agencies
 - Expectation: TL or clinician contact parkview coordinator or on-call clinician for continuity of information.

- Elements of Discharge**
- Patient must be safe to discharge home (discharged to an environment in which there are resources adequate to address the patients medical/psychiatric needs)
 - All referrals, equipment, safety, social services, counselling, medications are coordinated and confirmed prior to discharge
 - Medication ordered, medication reconciliation and /or medication review completed
 - Education literature given to family/patient
 - Receiving is arranged during day time hours (if possible)
 - Care providers, Food and housing is confirmed
 - Potential discharge barriers are resolved

- Glossary**
- FP – Family Physician
 - Family – Includes caregivers
 - IT – Interdisciplinary team
 - CYMH – Child and Youth Mental Health
 - MRP – Most Responsible Physician
 - ERP – Emergency Room Physician
 - BPMH – Best Possible Medication History
 - SU – Substance Use



Appendix C: Suicide Protocol



Protocol Agreement Between School District #73, MCFD - Child and Youth Mental Health, Interior Health and FN Wellness Services

Responding to Students Who Present At Risk for Suicide

PURPOSE:

The purpose of this protocol is threefold:

1. To ensure that students identified as potentially suicidal by school personnel are adequately screened and further help is provided in an effective and coordinated manner with community partners.
2. To clarify the roles and responsibilities of school personnel with respect to assisting students with suicidal thoughts.
3. To provide guidelines that aid in appropriate screening, response, and follow up to suicidal students and, if needed, to facilitate the transport of students to ensure their personal safety and immediate intervention.

GUIDING PRINCIPLES:

1. The safety and well-being of children and youth is always the primary consideration.
2. There are times children and youth may need protection from themselves.
3. All confidentiality is waived with a student's disclosure of suicidal thoughts, plans, or actions.
4. Information related to suicidal disclosure should be shared by all involved helpers and parents/guardians for the sole purpose of ensuring the life and safety of the student.
5. Collaboration and creation of a safeplan strategy between the child/youth and their resource team, which could include varied formal and informal supports such as school personnel, CYMH, Interior Health, FN Wellness Services, social workers and other community resources, family, etc. is a key factor in effectively reducing suicidal behavior.

At a school site, only designated school personnel who have been instructed through the current SD73 Suicide Response Training are allowed to screen for the child/youth's suicide risk and contract an interim safeplan.

SD73 Suicide Response Trained personnel should assess any child or youth presenting with suicidal thoughts. If this is not possible, the child/youth is to be referred to the CYMH Urgent Response Clinician (contact North or South shore depending on home address) for immediate consultation regarding assessment and planning.

SD73 PROCEDURE FOR INTERVENING WITH SUICIDAL CHILDREN/YOUTH

Always make certain that a suicidal student is never left alone.

If a student presents with current suicidal thoughts or ideation, only SD73 Suicide Response trained personnel are to initiate this process with the child/youth present.

- ❑ School personnel must ensure the youth’s legal guardian/parent/caregiver is contacted and that a responsible adult comes to the school site

- ❑ Complete the **Suicide Risk Screening and Interim Safeplan** document (best if done in collaboration with the student)
 - With student’s knowledge, ensure safeplan includes involvement of parent(s)/guardian(s)
 - With student’s knowledge, ensure safeplan includes informing principal or vice-principal
 - With the student’s and parent(s)/guardian(s) knowledge ensure that everyone knows the Suicide Risk Screening and Interim will be shared with involved community agencies

- ❑ With the Suicide Risk Screening and Interim Safeplan document completed and while still in the presence of the child/youth and parent/guardian, call the applicable agency

When you call, be sure to clearly state the purpose of your call...”**I am calling from the school district with a suicide risk screening. Could I please speak directly to your urgent response mental health clinician”**

1. If the child/youth is a ***current client*** of Parkview, Secwepemc or White Buffalo, your first point of contact will be that agency
2. Should contact with Parkview, Secwepemc or White Buffalo not occur, make contact with the respective CYMH Urgent Response Team (North Shore or South Shore Team)
3. All other Suicide Risk Screenings will be processed through CYMH North Shore or South Shore Urgent Response Teams

CYMH – North Shore residents	250.554.5800
CYMH – South Shore residents	250.371.3648
Parkview	250.314.2122 (pager)
Secwepemc (not between 12-1)	250.314.9669
White Buffalo (not between 12-1)	250.554.1176

An immediate discussion will occur with the designated community agency urgent response clinician regarding the information received through the screening and the best plan of action will be collaboratively determined

- Ensure child/youth and parent(s)/guardian(s) have been provided with all key contact phone numbers - current local resource card
- Only allow the child/youth to leave under the care of their parent(s)/guardian(s)/designated adult(s) who can/will ensure the safeplan will be followed
- Once a plan of action is determined and initiated, the completed Suicide Risk Screening and Interim Safeplans must be immediately faxed to involved agencies using the provided fax cover sheet

CYMH North Shore	250.554.5849 (fax)
CYMH South Shore	250.371.3611 (fax)
Parkview	250.314.2281 (fax)
Secwepemc	250.314.9609 (fax)
White Buffalo	250.554.1157 (fax)

- Within the school day fax a copy of the completed Suicide Risk Screening and Interim Safeplan to the School Board Office using the provided fax cover sheet

School Board Office	250.372.1183 (fax)
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- Keep the initial/hard copy of the Suicide Risk Screening and Interim Safeplan as part of your restricted client documents (do not place any information in the student's permanent student file or on data systems)

If the child/youth cannot agree to a safeplan, *immediate* measures must be taken to ensure safety.

- Contact the appropriate community agency and one of two actions will occur

1. The child/youth will be transported to the appropriate agency for a comprehensive Suicide Risk Assessment.

or

2. The community agency will immediately consult Parkview staff to develop an emergency response plan. In this case the SD73 staff will follow the recommendations of the community agency/Parkview

When you call, be sure to clearly state the purpose of your call...**”I am calling from the school district with a suicide risk screening. Could I please speak to your urgent response mental health clinician”**

1. If the child/youth is a **current client** of Parkview, Secwepemc or White Buffalo, your first point of contact will be that agency.
2. Should contact with Parkview, Secwepemc or White Buffalo not occur, make contact with the respective CYMH Urgent Response Team (North Shore or South Shore team)
3. All other Suicide Risk Screenings will be processed through CYMH North Shore or South Shore Urgent Response Teams

CYMH – North Shore residents	250.554.5800
CYMH – South Shore residents	250.371.3648
Parkview	250.314.2122 (pager)
Secwepemc (not between 12-1)	250.314.9669
White Buffalo (not between 12 - 1)	250.554.1176

Should the child/youth need transport to a community agency or ER and parents/guardians are not available, school district personnel can do so if deemed safe. If it is not safe to transport the child/youth to ER emergency services will need to be called (911). No matter the means of transport, SD73 personnel are to remain with the child/youth at the agency site or in ER until staff/parent/guardian assume responsibility

- Once a plan of action is determined and initiated, completed Suicide Risk Screening and Interim Safeplans must be immediately faxed to involved agencies

CYMH North Shore	250.554.5849 (fax)
CYMH South Shore	250.371.3611 (fax)
Parkview	250.314.2281 (fax)
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