

BRIDGES:

A New Program
to Address the
Critical Gap for
Youth in Mental
Health Crisis



BRIDGES ● ● ●
PASSERELLES

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Vision

The 'BRiDGES Project' was developed in direct response to **increasing numbers** of youth and families **accessing mental health crisis services** over the past several years who also required intensive treatment services once their immediate crisis situation had been stabilized.



Identified Gaps in Mental Health Services for Youth

- No capacity for long-term inpatient hospitalization for ages under 16 (focus is crisis oriented short term inpatient stay);
- Lack of partial hospitalization / day treatment programs, particularly for under < 16 years;
- Lack of availability of intensive services following discharge from inpatient;
- Lack of appropriate services for 16-18 years old with SMI (severe mental illness).



Consequences

- Repeat presentations to emergency department or contact with mobile crisis service;
- Repeat emergency admissions/re-admissions
- Poor access and longer wait times for hospital and community outpatient services;
- Discharge from inpatient unit without necessary and appropriate follow-up treatment plan;
- In cases of older youth with SMI, longer stay admission in the hospital due to difficulty in discharge planning, thus reducing the hospital inpatient capacity.



Partnering Agencies

Bridges is a collaborative service supported by four partnering agencies:

- The Youth Services Bureau of Ottawa (YSB);
- The Children's Hospital of Eastern Ontario (CHEO);
- The Royal Ottawa Health Care Group (The Royal);
- Ottawa Public Health (OPH).



Partners - YSB

- YSB is an accredited Children's Mental Health Centre and a multi-service agency providing a range of services within the Ottawa-Carleton community;
- Seven mental health programs (including Youth & Family Counselling, Integrated Crisis Response Services/Mobile Team [Phone/Mobile/Residential], Walk-In Clinic, Intensive Family Support and Wraparound);
- Services include Housing, Employment, Youth Justice, Community Services, Health, and Youth Engagement.



Partners - CHEO

CHEO is a pediatric health and research centre serving children and youth aged 0-18 years in Eastern Ontario, Western Quebec, Nunavut and parts of Northern Ontario.

Mental Health services provide Emergency and Urgent psychiatric services, acute inpatient psychiatric care, and outpatient services.



Partners - The Royal

The Royal provides specialized, tertiary mental health services to adults and adolescents in the Champlain District Local Health Integration Network.

The Youth Psychiatry Program serves youth aged 16-18 years, and provides inpatient, partial hospitalization, and outpatient services.



Partners - Ottawa Public Health

Ottawa Public Health (OPH) provides public health programs and services to individuals and communities while advocating for public policies that make our city and its residents healthier. OPH is a teaching health unit and works with all postsecondary educational institutions in the area.

OPH is in its third year of their Child and Youth Mental Health Promotion and Suicide Prevention strategy. OPH is working closely with all four local school boards, YSB, The Royal, and CHEO to increase mental health promotion, resiliency and recovery, and suicide prevention services and programs throughout the City.



Funding

Funding is provided by:

- the Champlain District Local Health Integration Network (LHIN);
- Ottawa Public Health;
- Nursing Secretariat.



Program Description

Bridges provides a link between hospital and community offering intensive short-term (16 wks) clinical intervention and skill building for youth and their families presenting with complex mental health needs.

- Community-based services /coordinated response;
- Integrated, intensive, interdisciplinary team;
- The Bridges team:
 - Clinical Coordinator (.5);
 - Youth and Family Counsellors (2 x 1.0);
 - Public Health Nurse (1.0);
 - Psychiatric Registered Nurse (1.0);
 - Occupational Therapist (.5);
 - Psychologist (.4);
 - Psychiatrist (presently 1.5 days per week);
 - Administrative Assistant (.4).



Program Description

REFERRAL-based program

(Phase I) Integrated Crisis Response Services/Mobile Team, CHEO (inpatient), The Royal.

(Phase II) Integrated Crisis Response Services/Mobile Team, CHEO (inpatient, urgent care and Emergency dept.), The Royal (inpatient).

CLIENT PROFILE

Youth aged 13-17 yrs (up until their 18th birthday) who reside within the Champlain LHIN and are experiencing symptoms of complex mental illness (anxiety, depression, psychosis and/or emotional dysregulation), and require enhanced services before transitioning to ongoing community-based mental health services.



Overview of the Clinical Process

- Clinical Coordinator receives and reviews new referrals and assigns appropriate cases to one of the case managers who acts as the point person in charge of communication with the youth, family, the team, and outside agencies for the remainder of their involvement with the program.
- Intake process is completed by the case manager including “Getting To Know You,” “Road Map,” YSB High Risk Assessment, and standardized screening questionnaires.
- Service planning begins with the goal of transitioning youth within the subsequent 16 wks to community-based mental health services.
- Results of the intake process and ongoing discussion of goals and client progress are reviewed regularly by the interdisciplinary team.



Getting Started in the Program



Getting to know each other

- Structured intake process aims to scaffold discussion from general to pointed goal-setting
- Important Step
 - First direct intervention: sets the tone;
 - Main objective is to build rapport with youth;
 - Emphasis is placed on collaborative process.
- Four main tools facilitate this process
 - “Getting to know Bridges” package;
 - “Getting to know you” guided discussion tool;
 - “My expectations for Bridges” checklist tool;
 - “My Roadmap” goal-setting tool.



“Getting to know you” tool

- Designed to be delivered as a structured discussion
- Divided into six sections:
 - 1) Who I am;
 - 2) My life’s ups and downs;
 - 3) A day in my life;
 - 4) My lifestyle;
 - 5) Bridges & me;
 - 6) More information about me.



“Getting to know you” (cont’d)

1. Who I Am

- Demographic details, gender identity, parent participation, cultural identity.

2. My Life’s Ups and Downs

- Normalizing life’s variations: we all naturally go through ups and downs.



“Getting to know you” (cont’d)

3. A day in my life

- Holistic description of life routines that are known to be associated with promoting health and provides details on *Social Determinants of Health*.

4. My lifestyle

- Clients rate themselves within different lifestyle areas: education, employment, mental health, housing, friendships, safety, sexual health.



“Getting to know you” (cont’d)

5. Bridges & Me

- This section attempts to gather specific information needed to support them with the Bridges programming (interests, obstacles).

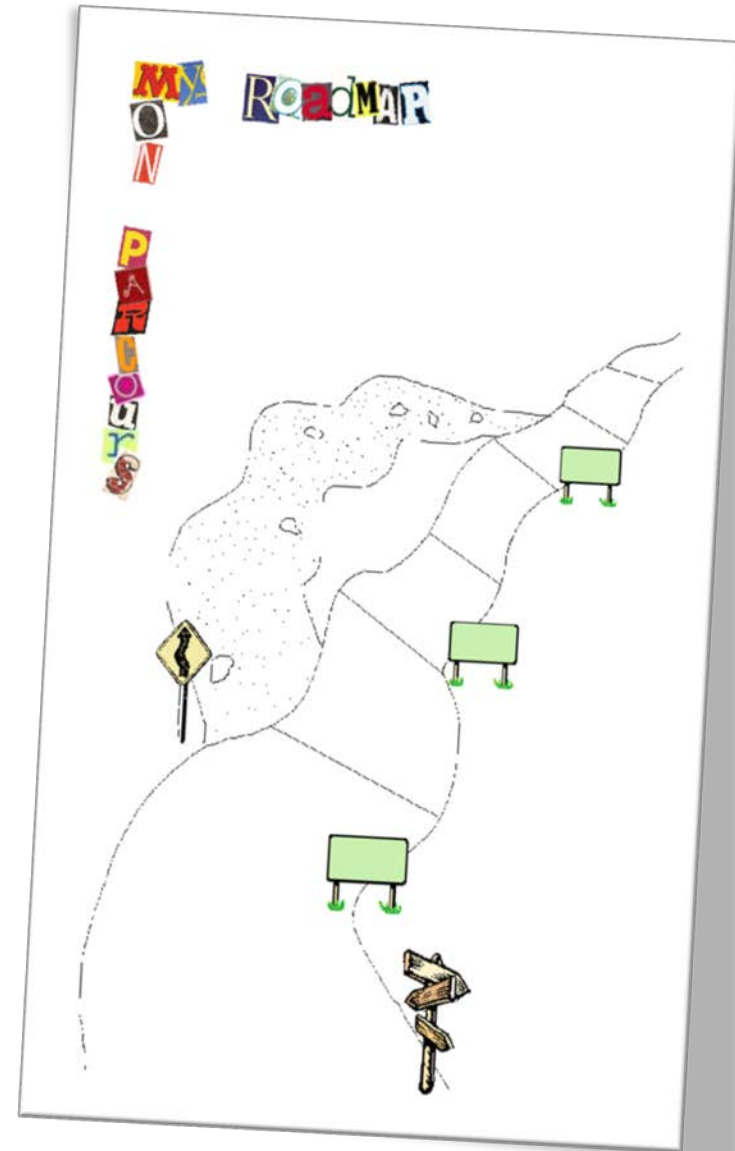
6. More Information About Me

- Open-ended question to highlight topics that haven’t already been identified.



My Roadmap

- Goal Setting tool
- Client's goals are informed by three sources of information:
 - i. "Getting To Know You" Form;
 - ii. "My Expectations for Bridges";
 - iii. Results from self-report screening measures.



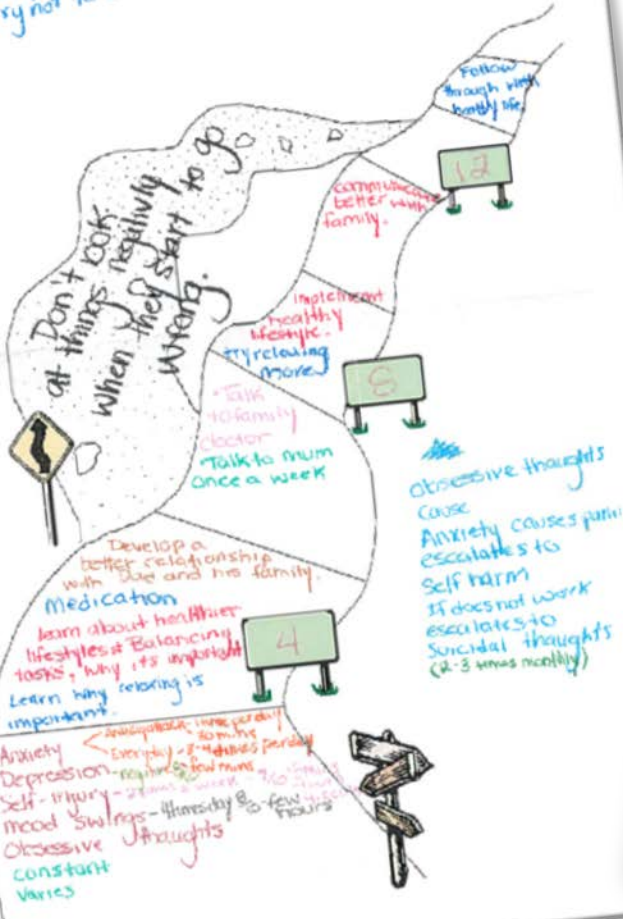
MY ROADMAP

1) Accept obsessive thoughts, not let them escalate to anxiety.

2) Try not to let the "little things" get to me and try not to overanalyze situations.

• Have my own happy family.
• Teach

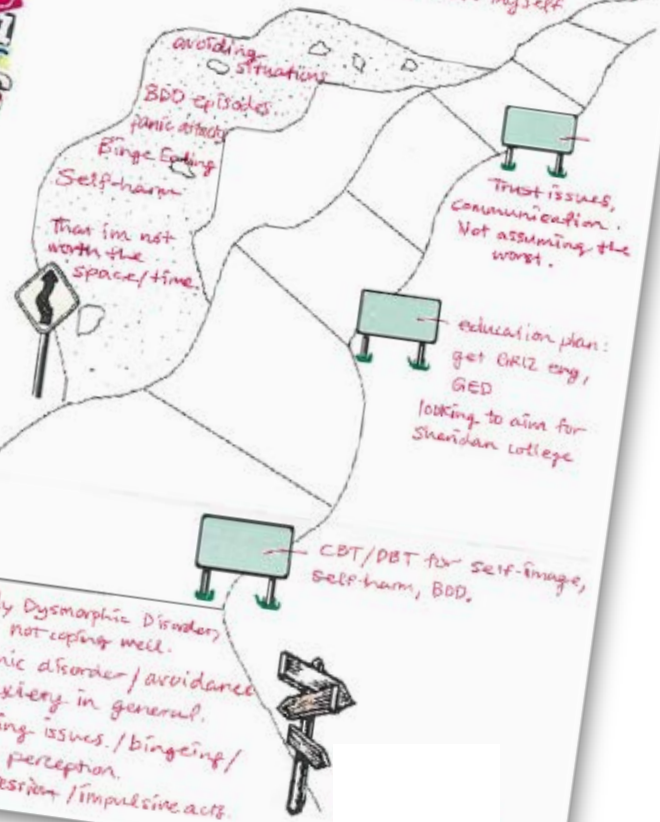
PSYCHOLOGY



MY ROADMAP

- healthy/normal and
- no self-harm
- have an education plan
- able to go out and do things without panic attacks,
- to be able to cope with BDD and learn to tolerate myself.

PSYCHOLOGY



My Roadmap (cont'd)

1. Horizon: Long-term goals.
2. Where I am today -
 - Goal areas;
 - To ensure these are “measureable,” clients are encouraged to identify the **frequency**, **intensity**, and **duration** of each.
3. Steps to get there:
 - Steps can be identified all at once or progressively.
4. Barriers:
 - Normalizes struggles;
 - Problem solving: “How to get back on track.”



Discharge Planning

Discharge planning, including clear discharge dates, is discussed in an ongoing fashion, starting at the time of admission to:

- Eliminate barriers for youth to transition successfully to regular services and community supports;
- Provide coping tools and resources;
- Ensure continuity of care;
- Provide opportunities for youth engagement.



Mission: Bridges is a collaborative service bridging hospital and community that offers intensive short-term intervention and skill building for youth and their families with complex mental health needs.

Needs

- * Direct access to intensive, short-term specialized services and interdisciplinary team
- * Provide support following discharge or crisis
- * Reduce barriers to services
- * Individualized and client centered

Inputs/Resources

CLINICAL TEAM

Counsellors (2 x 1.0)
Mental Health Nurse (1.0)
Public Health Nurse (1.0)
Occupational Therapist (0.5)
Psychologist (0.4)
Psychiatrist (0.4)
Coordinator (0.5)
Admin (0.4)

STEERING COMMITTEE

Representatives from YSB, CHEO, The Royal, and OPH

FUNDING

Champlain LHIN
Ottawa Public Health
ON Nursing Secretariat

Activities

1. REFERRALS: Received and reviewed by Co-ordinator, Assign to Case Manager

2. INTAKE: Consent, Getting to know you, Roadmap, Screening Questionnaires, High Risk Assessment

3. TEAM MEETING: Review of presenting issues/needs for treatment planning

4. TREATMENT
Individual and family counselling
Groups (OT, DBT, Parent)
Psychology
Psychiatry

5. DISCHARGE: Referrals for ongoing services, screening questionnaires, feedback to clients, feedback from clients

Clinical Services



Clinical Services Available

Clients of the Bridges program have access to individual, family, and group interventions. Treatment planning is determined based on referral information, client identified goals, and clinical judgement and recommendations of the treatment team.

- Counselling (individual, family, parenting);
- Psychotherapy (individual, family);
- Psychiatric support (individual, family);
- Assessment and diagnostic clarification;
- Medication management and review;
- Occupational therapy;
- Health promotion and prevention;
- Groups.

Weekly case planning meetings ensure that members of the interdisciplinary team are aware of each client's progress in the program, and can coordinate services.



Bridges Youth Group

- Youth groups based on occupational therapy and health promotion knowledge and activities;
- Two-hour group, offered weekly;
- The first hour centres on self-care, productivity, and leisure, and the second hour focuses on either yoga or life skills cooking group;
- Group topics include: self-esteem, anxiety, supports, sexual health, staying strong, self-care, and employment.



Bridges 'Managing Your Emotions' Group

- Skills group based on the principals of Dialectical Behavior Therapy (DBT);
- Orientation/Commitment session;
- 12 week group: Three Modules -
 - Module 1: Mindfulness and Distress Tolerance;
 - Module 2: Mindfulness and Emotion Regulation;
 - Module 3: Mindfulness and Interpersonal Effectiveness;
- Individual DBT sessions;
- Supported by 24/7 Mobile Crisis when necessary.



Bridges Parent Group

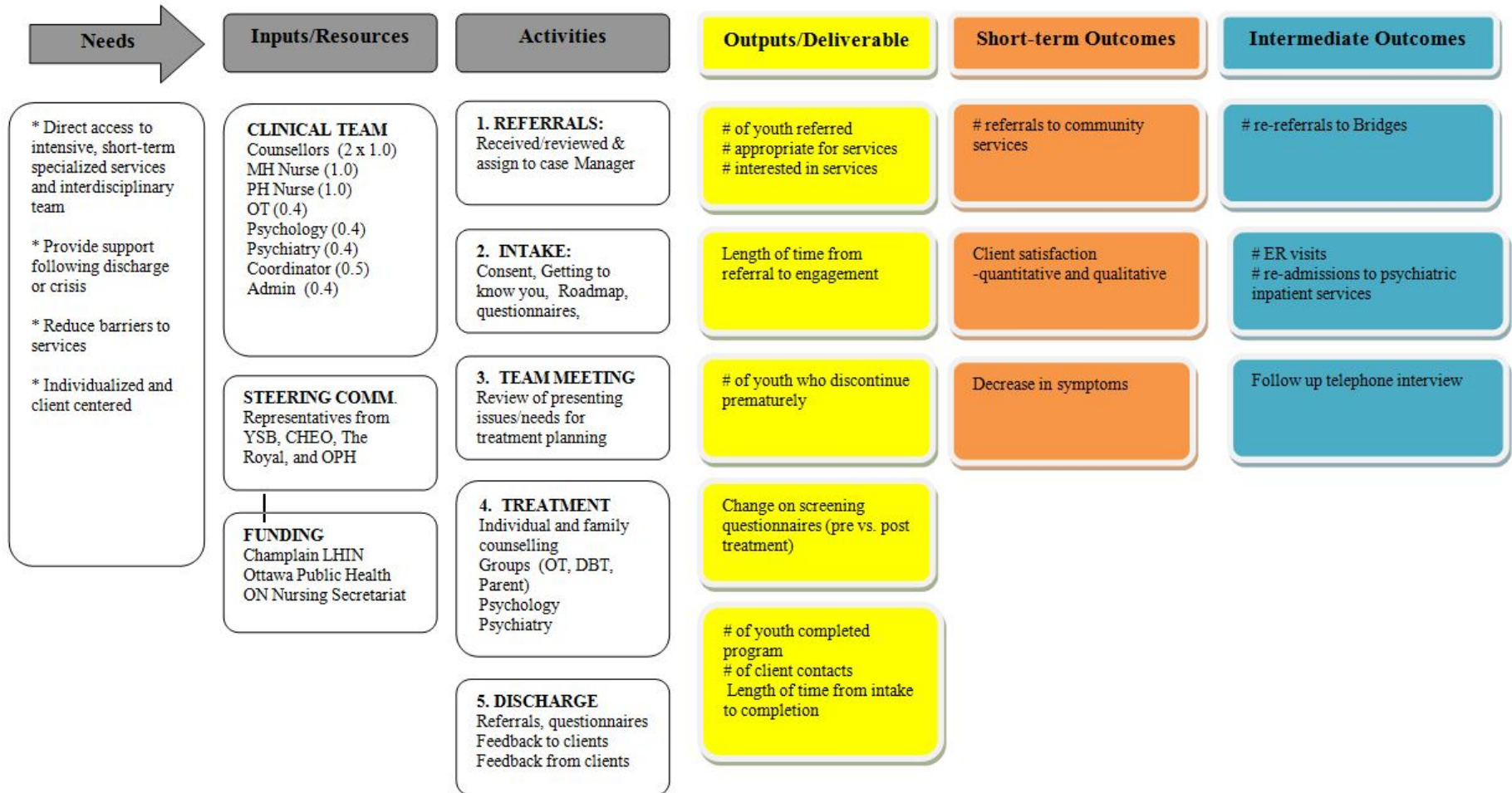
- Developed based on parent survey conducted late Fall 2013.
- Group content reflects needs assessment of parents, caregivers, and guardians of Bridges youth.
- Led on a bi-weekly basis for two hours with the first hour focuses on knowledge transfer and the second hour focuses on peer-to-peer support for parents.
- Group topics include: coping with suicidality and self-harm, technology use & misuse, staying strong, community supports, attachment & validation, parenting.



Preliminary Outcomes and Future Directions



Mission: Bridges is a collaborative service bridging hospital and community that offers intensive short-term intervention and skill building for youth and their families with complex mental health needs.



Clinical Screening Measures

- **The Multidimensional Anxiety Scale for Children 2nd Edition- Self-Report (MASC2-SR)**
 - Total score;
 - Separation Anxiety/Phobias;
 - Generalized Anxiety Disorder (GAD) Index;
 - Social Anxiety (Total score and Humiliation/Rejection and Performance Fears subscales);
 - Obsessions and Compulsions;
 - Physical Symptoms (Total score and Panic and Tense/Restless subscales);
 - Harm Avoidance.

T-Scores of 70+ are classified as “very elevated,”
65-69 “elevated,” 60-64 “slightly elevated,”
55-59 “high average,” 40-54 “average”, and <40 “low.”



Clinical Screening Measures

- **The Children’s Depression Inventory 2nd Edition: Self-Report (CDI-2:SR)**
 - Total score;
 - Emotional Problems (Total score and Negative Mood/Physical Symptoms and Negative Self-Esteem subscales);
 - Functional Problems (Total score and Ineffectiveness and Interpersonal Problems subscales).

T-Scores of 70+ are classified as “very elevated”, 65-69 “elevated”, 60-64 “high average”, 40-60 “average”, and <40 “low.”



Clinical Screening Measures

- **The Adolescent Alcohol and Drug Involvement Scale (AADIS)™:**

14-item screening questionnaire that addresses patterns of substance use. Scores above 37 on the AADIS suggests the need for a full substance abuse assessment.

- **The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA):**

13-item screening measure that includes questions about internalizing/externalizing behaviours, mental health, physical health, and general functioning.



By the numbers...

- **MASC2-SR at intake (T-scores, N= 60)**
 - Total score: Elevated (mean = 67)
 - Separation Anxiety/Phobias: High Average (mean = 55)
 - Generalized Anxiety Disorder Index : Elevated (mean = 67)
 - Social Anxiety: Elevated (mean = 64)
 - Obsessions & Compulsions: Elevated (mean = 64)
 - Physical Symptoms: Very Elevated (mean = 74)
 - Harm Avoidance: Average (mean = 46)



By the numbers...

- **CDI2-SR at intake (T-scores, $N = 60$)**
 - Total score: Very Elevated (mean = 80)
 - Emotional Problems : Very Elevated (mean = 78)
 - Functional Problems: Very Elevated (mean = 78)
- **AADIS:** mean score 35; wide range of scores (i.e., minimum score = 0, max score = 68)
- **HoNOSCA:** self and parent ratings are generally consistent, mean scores = 22 (out 52)



By the numbers...

- **Preliminary data suggest the following at post-treatment:**
 - **MASC2-SR:** reductions in overall anxiety, GAD/worry, performance fears, OCD-related symptoms, and physical sensations/panic;
 - **CDI2-SR:** reductions in overall depressive symptoms and emotional problems;
 - **“High Risk” Assessment:** reductions in numbers of clients meeting YSB criteria for “high risk” designation.



Trends observed to date

- ER visits for many clients have not resulted in re-admission to psychiatric inpatient services;
- Generally, re-admissions have been brief;
- Effective communication between Bridges and inpatient services when clients are admitted and during discharge planning;
- One re-referral to Bridges.



From our clients...

- “I would say you are very youth friendly. That you ‘get’ youth in a way that other M.H. professionals often don’t. Youth should give seminars for the rest of this sector in the city! I mean it.”
- “Excellent/supportive. You communicate well for one thing. You put youth first but also are reassuring to parents.”
- “That their approach to kid’s mental health works.”



From our clients...

- “Exceptionally good! Absolutely amazing staff; Gruelling at times but worthwhile; very impressive program.”
- “Incredible amount of professional knowledge all together in one place.”
- “The program is encompassing to help with all aspects of difficulty and the whole team work well as an integrated system.”
- “I appreciated the amount the people cared and to know me more on a personal level. Everyone was supportive of my decisions.”
- “Thanks guys so much, you’ve saved me.”



Challenges

- Evaluating clinical data in a heterogeneous population:
 - age, diagnoses, chronicity;
- Appropriate services for transitional-aged youth;
- Gathering intermediate outcome data:
 - readmissions, ER visits, use of other mental health services;
- Balancing the philosophies and policies of partnering agencies.



Developments and Future Directions

- **The “Managing Your Emotions” group**
 - Ongoing discussion about the process of planning and running groups;
 - Evaluation of impact on behavioural patterns/symptoms.
- **Enhancing client feedback**
 - Qualitative and quantitative measures of client satisfaction;
 - Feedback from the youth and family where appropriate (electronic/online options);
 - Use of feedback in ongoing assessment of needs and program planning.



Developments and Future Directions

- **Parent groups**
 - Content generated based on feedback provided by clients
 - Interdisciplinary involvement
- **Youth Engagement Initiatives**
 - Video projects, focus groups



Thank you!



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