

Transitioning Youth from Children's Mental Health to Adult Mental Health and Addictions Services Community Protocol

Purpose of Protocol:

The purpose of this protocol is to assist Brant services to ensure a coordinated transition plan for each youth with acute mental health needs/longer-term service users who are at highest risk and require on-going mental health and addictions supports. The Protocol is based on the belief that planning for successful transitions will result in improved outcomes and experiences for youth.

Youth and their families can benefit from the community working together to develop coordinated, proactive transition plans to support the change from children's mental health services to adult mental health and addictions services. Collaborative practices between youth, family, service providers and physicians are important to ensure transition plans create a seamless process and support appropriate services being in place.

The Protocol identifies the responsibility of Children's Services and Adult Mental Health and Addictions Services to actively engage with each other, youth, and their families/caregivers in transition planning that will:

- Create a common understanding among service providers in terms of process and access to services for youth with mental health and/or addiction issues.
- Promote improved coordination and communication among children's and adult services for youth with mental health and/or addiction issues.
- Contribute to a more seamless, timely, coordinated, and effective transition for youth with mental health and/or addiction issues from children's to adult services, and to adulthood in general.
- Promote continuity of service through the provision of flexible supports from both sectors and to ensure successful engagement with the adult services.
- Address all areas of transition including but not limited to services, education, employment programs, living arrangements, relationships, and community inclusion.
- Consider the youth's increasing responsibility and accountability for managing their own well-being.

It should be noted that youth who do not fall within this particular high risk criteria should not be excluded from being provided with information about adult services and transition planning.

Background:

The children's mental health sector serves children and youth ages 0 – 18; the Early Psychosis Intervention program starts at age 14; and Brant adult mental health services start at age 16. Children's mental health services and adult mental health and addictions services primarily interface between the ages of 16 to 18 which provides an ideal opportunity for the two sectors to work together with the youth and their families.

Transitioning to adulthood is a challenging and complex process for all youth; transitioning to adulthood for youth with mental health and/or addiction issues often involves overcoming additional barriers or obstacles including:

- Youth may not have been diagnosed with a mental illness, which may limit their access to the adult mental health and addictions system.
- Lack of information and understanding among youth, parents/caregivers, and the children's sector regarding adult mental health and addictions services (especially the differences and capacity between children's and adult services).
- Lack of system-wide integration and co-ordination including minimal transition planning and lack of age appropriate supports for youth in transition
- Multiple systems/Ministries, including different language, expectations, and definitions.
- Family/caregivers are usually very involved in children's treatment services and decision-making, whereas adult services recognize the young adult's independence and own accountability.

Definitions:

Children's and adult services interface as early as age 14; services and language differ in the two different sectors. Definitions are included in this protocol to assist in clarifying language typically used – the definitions are not reflective of the age groups for which services are provided.

- Children's Mental Health services, funded by MCYS, provide supports to children and youth age 0 – 18, and their families
- Early Psychosis Intervention, funded by MOHLTC, provides supports starting at age 14
- Addictions services, primarily funded by MOHLTC, provide supports to children, youth and adults
- Adult Mental Health services, primarily funded by MOHLTC, provide supports starting at age 16

Children's Mental Health services definitions:

- **Mental Health** – Children/youth experiencing mental, emotional, or behavioural concerns that are intense, persist over long periods, are inappropriate for the child's age, and interfere with the child's life/daily functioning at home, school or in the community. Children's mental health disorders present in many different ways including (but not limited to) anxiety, depression, managing mood, bullying or being bullied, self-harm, poor concentration, anger management, loss of appetite, eating disorders, difficulty sleeping, substance abuse/addictions (drugs/alcohol, gambling, gaming, internet, shopping, or sexual behaviour), poor self-esteem, questioning sexuality, learning disabilities, grief, divorce, fire-setting behaviours, aggression, lack of energy/motivation, behaviour disorders (oppositional/defiant, conduct), Autism Spectrum Disorder, Tourette Syndrome
- **Psychiatric** – A psychiatric diagnosis is not required for children's mental health services, and often is not identified until into adolescence.
- **Emergent** – current supports are not sufficient to meet the needs of the youth and this is stressing the service system; the support needs of the youth are stressing the family/caregiver to the point of nearing exhaustion; the youth's living

placement/school placement may be in jeopardy. Community planning and coordination needs to creatively address the supports.

- Urgent – youth is in crisis or impending crisis; service system and family supports have been exhausted; system cannot meet all support needs within funded services. Community planning and coordination needs to creatively address the supports.
- Complex needs – the support needs of the child are beyond that of the current funded system; a specialized treatment plan is required
- Crisis - ‘crisis’ is defined by the caller (child/youth/family); the immediate needs of a child/youth or their families who call and/or present are addressed through Crisis Response Services (phone/mobile) or Walk-In Clinic; outcomes of crisis response include assessment, stabilization of the crisis, creation of a safety plan and plan for next steps, and connection to community resources
- Priority/Prioritization – youth who are assessed at risk of harm to self or others are referred and admitted immediately to services (others are waitlisted).
- Treatment Services – Identifies a range of modalities and programs including groups, brief counselling, office-based counselling, intensive counselling/outreach services, day treatment, residential treatment (8:00 – 8:00), in-patient (out of county).
- Intensive Child and Family Services – Home, school and community based supports up to 6 hours per week for families with children experiencing significant social, emotional and behavioural challenges, with priority given to those with significant mental health concerns.
- Emergency/Homeless Shelter – provides safe, caring, short-term housing to homeless youth ages 15 – 19 years experiencing a situational, family or mental health crisis. Program helps youth improve daily living skills, increase social supports, set goals for future, succeed at school/work, improve family connections and become more independent.
- Longer-term Housing – provides safe, caring, longer-term housing (90 days or over) to homeless youth ages 15 – 19 years experiencing a situational, family or mental health crisis. Program helps youth improve daily living skills, increase social supports, set goals for future, succeed at school/work, improve family connections and become more independent.

Adult Mental Health and Addictions services definitions:

- Acute - the exacerbation of a psychiatric diagnosis; suicidal with lethality; or homicidality
- Crisis - is the onset of an emotional disturbance or situational distress (which may be cumulative) involving a sudden breakdown of an individual’s ability to cope.
- Emergency / Psychiatric Crisis - A psychiatric emergency is a sudden paroxysmal intensification of symptoms in the course of a disease.

A psychiatric emergency might also be defined as a set of circumstances in which (1) the behavior or condition of an individual is perceived by someone, often not the identified individual, as having the potential to rapidly eventuate in a catastrophic outcome and (2) the resources available to understand and deal with the situation are not available at the time and place of the occurrence.

Thus, emergencies frequently involve a mismatch of needs and resources for which the emergency service must compensate. Central to the concept of an emergency are the subjective quality, the unscheduled nature, lack of prior assessment or adequate planning and resultant uncertainty, severity, urgency and conflict or failure of natural or professional supports all of which contribute to the need for immediate access to a higher level of care. (American Psychiatric Association)

- Urgent / Urgent Psychiatry – Urgent problems as opposed to emergencies can be thought of as situations that have some or all of these features but where the situation is evolving more slowly, the feared outcome is not imminent and attention can be delayed for a short time. (American Psychiatric Association)
- Concurrent Disorders refers to services to meet the needs of people living with substance use and mental health issues.
- Dual Diagnosis - refers to persons with both a developmental disability and mental health needs.
- Addictions refers to services aimed to address problematic substance use, gambling, gaming, internet, shopping or sexual behaviour negatively impacting an individual's healthy functioning in a number of life spheres.
- Serious Mental Illness - is identified by disability, duration and diagnoses. The critical dimension is the extent of disability and serious risk of harm to themselves or others, related to a diagnosable disorder. Disability refers to the fact that some individuals lack the ability to perform basic living skills. Duration indicates that the client's problem may be ongoing in nature. Diagnosis implies that the disorder must be diagnosable.
- Crisis Intervention - refers to active treatment and support offered as soon as possible after an individual has been identified as in acute distress.
- Intensive Case Management - includes outreach and client identification, assessment and planning, direct service provision, intervention, monitoring, evaluation and follow-up and information, liaison, advocacy, consultation and collaboration.
- Supportive Case Management - offers short and long-term community support for adults living with a serious mental illness or addiction issues. Supportive Case Workers assist individuals to set goals in a variety of life areas and to maintain stability in the community.
- Peer Support - Client needs assistance with skill building, linking to community resources and personal support that could be successfully performed by a staff who is not a trained mental health worker, but is someone who has empathy, understanding, skills and life experience suitable to the job.

- Mental Health Diversion - programs identify persons with mental disorders and divert them from traditional criminal justice pathways to mental health treatment systems.
- Diversion is an alternative to prosecution for individuals whose criminal behaviour can be linked to their mental health condition(s). The services include developing a diversion plan to address mental health needs i.e. referrals to mental health services, housing and linkages to social and healthcare services.
- Withdrawal Management Services - offer help with voluntary withdrawal from alcohol and/or drugs to people who are under the influence and/or in withdrawal (or in crisis directly related to these substances).
- Safe Beds (Short-term Residential Crisis Beds) - are used as an alternative to custody and/or hospitalization for individuals with mental illness who are in a state of crisis. Typically an individual will remain in the residential setting for a short period of time while linkages and referrals are made to other community programs/services.
- Supported Employment - provides employment supports, including job development, skills development, job search skills, employment planning, career counselling, supported education and supports to sustaining employment or education.
- Supportive Housing - provides housing and related recovery/support services with different levels of supervision, programming and lengths of stay to people who are not ready/able to live independently in the community.
- Transitional Housing provides a supportive living environment where individuals with staffs' assistance are able to acquire the knowledge, skills and resources needed for successful transition to independent living.

Guiding Principles:

- **Early identification** is necessary: According to the provincial Working Together for Kids Mental Health initiative, children and youth with mental health needs should be referred to children's mental health services to ensure the right child receives the right service at the right time; in Brant, Contact Brant is the single point access to children's mental health services and children/youth should be connected to this agency if there are any concerns about mental health.
- **Timely coordination:** Ideally, starting at age 14 and at least by age 16, youth and their families receiving support from children's mental health services will be provided with information about transition planning, adult mental health and addictions resources, and differences in children's to adult practices. Service providers should regularly provide this information at least annually thereafter.
- **On-going planning and coordination:** Time is required to support the proactive transition process. Youth with acute mental health needs/longer-term service users who are at highest risk and require on-going mental health and addictions supports, and are receiving support from children's mental health service agencies, will be provided with a coordinated transition process through the collaboration of

children's mental health service providers and adult mental health and addictions service providers. Changes in the needs of the youth based on alterations of their natural support network and well-being are considered on an on-going basis.

- **A person-centered, strengths-based approach** to planning; the key players are the youth and their family who will be going through the transition. Preparing a youth/family for transition includes providing information, building the youth's skills, recognizing their strengths, and providing opportunities. Transition planning is about a youth's life now as well as how to best prepare for the future; financial independence, employment, independent living arrangements, and sexuality are all issues that are addressed in the transition from youth to adulthood.
- **Respect for the youth's own choices and autonomy** - planning with the youth encourages self-determination. The youth will have choices in terms of the transition support and services accessed. Service providers support the youth in becoming independent by taking responsibility and accountability for decision-making and managing their own well-being; service providers support parents/guardians in understanding this.
- **Knowledge across sectors** of services including scope of services, admission criteria, and intake processes.
- **Building capacity of people and communities** enhances the transition process. Service providers should ensure staff are knowledgeable, coordinate and plan regarding capacity of community resources, recognize the strength of partnerships, and build collaboratively on community opportunities.
- **Inter-agency and multi-sector collaboration is necessary and essential** for successful transitions and a seamless process; community agencies, physicians, and stakeholders assist by providing information to youth and their families and connecting to all appropriate community resources prior to transition. Collaboration involves the community, not just one organization. A receptive community and responsive service system provides young adults with choices for active citizenship and involvement in meaningful work, education, leisure, and living environments.
- **Multi-sector collaboration** is needed to identify gaps in services related to transitioning from children's services to adult mental health and addictions services. This can be accomplished at Planning Tables such as the Children and Youth Services Committee, Crisis Table, Mental Health and Addictions Network, etc.

Reference documents which are useful to consider for transition planning and coordination include: *Getting Our Acts Together: Interagency Collaborations in Child and Youth Mental Health* (March 2009, CHEO); and the Education Act (especially Regulation 181/98)/ Individual Education Plan.

Roles:

Children's Service Providers agree to initiate transition planning:

- Start early (age 14 – 16) to identify youth that meet the criteria of this protocol
- Early and continuing review of medications
- Update assessments should be pursued at age 16/17. Woodview

Telementalhealth services can be accessed; if the CCAC MHANs program is involved, they can monitor medications.

- Provide information to youth and families on adult services and transitioning
- Support connection to adult mental health and addiction services, as well as the broader resources in the community
- Respond to youth, their families, and service providers by assisting with transition planning
- Assist youth and their families to develop a proactive, coordinated, and seamless transition plan, ensuring active engagement with other stakeholders including children's services, physicians, and adult services
- Focus on building on each youths' skills, independence and responsibilities during the preparation years to transition
- Ensure youth identified as emergent/urgent due to acute mental health needs/ longer-term service users who are at highest risk and require on-going mental health and addictions supports are referred to Case Resolution at age 16 to review their plan for transition, and again at age 17 to ensure a coordinated plan is in place that addresses opportunities for full community participation and optimal quality of life (refer to the Case Resolution Protocol). Case Resolution should also identify any gaps/trends/pressures to the Children and Youth Services Committee.
- Identification of a community staff to be the "Lead" / "Case Manager" may be needed for some youth (refer to Community Service Collaboration Protocol).
- Identification of any gaps/pressures/trends to Contact Brant for Children and Youth Services Committee review.

Additionally, Contact Brant agrees to:

- Coordinate youths' access to children's services and provide information to connect to adult mental health and addictions services
- Annually notify agencies involved with transitional aged youth who have complex mental health needs of the expectations for planning, at a minimum following the 16th birthday of each youth
- Work with the local community to forecast service pressures and trends in the children's services sector, and for potential service pressures and trends in the adult mental health and addictions sector as identified through transition planning.

Adult Mental Health and Addictions Service Providers agree to support transition planning:

- Provide information to youth, families and the children's service sector on adult services, capacity, eligibility, and access
- Provide information to youth and their families when they are involved with the adult mental health and addictions services prior to age 18 on children's mental health services and access
- Respond to youth, their families, and children's service providers by assisting with transition planning
- Assist youth and their families to develop a proactive, coordinated, and seamless transition plan, ensuring active engagement with other stakeholders including children's services, physicians, and adult services

- Identify skills, responsibilities and expectations for young adults, their families and children’s service providers in preparation for services in the adult mental health and addictions sector during the preparation years to transition.

Evaluation:

The Children and Youth Services Committee will review the Protocol annually to evaluate the effectiveness of the process and protocol. The annual review should consider what has happened and identification of the needs and gaps. The Children and Youth Services Committee could consider surveying individuals and families regarding their experience with transition. Other community tables, such as the Crisis Table and Healthlinks, may be able to provide information and data to inform the overall community evaluation.

Community Partners:

The Brant community service agencies providing children’s mental health services, adult mental health and addictions services, and other stakeholders agree to actively engage in and support transition planning as described in this Protocol.

The Brant Children and Youth Services Committee supports this Protocol and is represented by the following organizations:

Brant Community Healthcare System	Grand River Community Health Centre
Brant County Health Unit	HNHB Community Care Access Centre
Brant Haldimand Norfolk Catholic District School Board	Lansdowne Children’s Centre
Canadian Mental Health Association	New Credit Social and Health Services
Brant Family and Children’s Services	Nova Vita
Child and Parent Resource Institute (CPRI)	Ontario Early Years Centre
Contact Brant for Children’s & Developmental Services	Six Nations Child and Family Services
Family Counselling Centre of Brant	St. Leonard’s Community Services
Ganohkwasra, Youth Lodge	Woodview Mental Health & Autism Services
Grand Erie District School Board	YMCA Settlement Services

Process Summary: Transitioning from CMH to AMH&A Services Community Protocol

Process	Children and Youth Services	Adult Services
Inter-agency Collaboration	<ul style="list-style-type: none"> • Early identification of children/youth with mental health concerns and clear processes for access to services • Early identification of youth who will be transitioning (i.e., assess the possibility of on-going support) • Develop and support protocols and processes that promote collaboration and coordination (refer to the Brant Community Service Collaboration Protocol, Case Resolution Protocol, Crisis Protocol, Transitional Aged Youth with a Developmental Disability Protocol) • Develop a proactive, coordinated, cross-sector transition plan for youth as identified in this Protocol 	<ul style="list-style-type: none"> • Identification of youth under age 18 with mental health concerns and clear processes for access to children’s and adult services • ‘Youth friendly’ environments offer admission criteria that is inclusive and not limited to diagnosis; intake process is flexible in times and location • Develop and support protocols and processes that promote collaboration and coordination (refer to the Brant Community Service Collaboration Protocol, Case Resolution Protocol, Crisis Protocol, Transitional Aged Youth with a Developmental Disability Protocol) • Develop a proactive, coordinated, cross-sector transition plan for youth as identified in this Protocol
Service Providers	<ul style="list-style-type: none"> • Identify youth requiring transition to adult services considering adequate time to complete the collaborative process • Prepare youth for the transition and share information about adult services including service expectations, criteria of adult services, and capacity of adult services • Collaborate with adult services to create a smooth transition; promote consistency and realistic expectations from one environment to another; work collaboratively with adult services to assist youth with securing missing documentation (e.g, Health Card) • Accompany youth where possible to the initial intake with adult services to share information and 	<ul style="list-style-type: none"> • Refer youth under age 18 to children’s services as appropriate • Collaborate with children’s services to create a smooth transition; promote consistency and realistic expectations from one environment to another; work collaboratively with children’s services to assist youth with securing missing documentation (e.g, Health Card) • Provide on-going education to children’s services regarding program scope, admission criteria, and intake process • Provide mutual support to each other in providing service to youth and promote further coordination and

	<p>establish a connection; identify youth's support needs as well as financial independence, employment, and living arrangements</p> <ul style="list-style-type: none"> • Provide mutual support to each other in providing service to youth and promote further coordination and integration of services where appropriate • Determine with the adult provider the number of required joint visits 	<p>integration of services where appropriate</p> <ul style="list-style-type: none"> • Determine with the children's provider the number of required joint visits 	
<p>Transition Planning Process</p>	<p>Both Sectors Working Together:</p> <ul style="list-style-type: none"> • Prepare for the transition and ensure consistency within and between environments • Ensure that all transition plans are coordinated, integrated and information is shared with parents/caregivers/support circle and across service sectors • Ensure basic needs are met including income and housing, safety and security, physical & emotional. • Foster self-esteem and a healthy identity by meeting needs on an individual basis. • Maintain and encourage positive relationships that will provide consistency during change. • Create opportunities to foster positive peer relationships (e.g., involvement in recovery groups, recreation and social opportunities). • Provide essential support and resources to youth in their new environment. • Modify or adapt routines and environment, as appropriate, to meet individual needs. • Support the need for increased independence and help youth to create their own identity • Provide choices and involve youth in the transition process to promote and support self-advocacy • Work collaboratively to provide culturally sensitive services • Ensure accessibility needs (physical, visual, communication) are met through flexible service delivery <p>Note: For youth with a dual diagnosis (mental health concerns and developmental/intellectual disability), also refer to the Transition Planning Protocol and Procedures for Young People with Developmental Disabilities, a regional protocol of the Hamilton/Niagara Region</p>		
<p>Website Resources</p>	<p>www.contactbrant.net www.st-leonard's.com www.ementalhealth.ca</p>	<p>www.woodview.ca www.bchsys.org</p>	<p>www.kidsmentalhealth.ca www.brant.cmha.ca</p>

Flow Chart: Transitioning Youth from Children’s Mental Health to Adult Mental Health and Addictions Services for Youth with Acute/High Risk Mental Health and Addictions Needs

Child/Youth
Child/youth is identified with mental health concerns

Contact Brant
Child/youth is connected to Contact Brant for assessment, intake and triaging to appropriate services

Children's Mental Health Services
CMH provides treatment services and coordinates with other services.
Identifies the youth with complex needs/longer-term service users that are at highest risk and require on-going MH & addictions supports for transition planning, starting at age 14 wherever possible.

Transition Planning
By age 16, service providers have discussed transition planning to adult mental health and addictions services at age 18, and provided information about adult services and expectations.
Connect to adult mental health and addictions for appropriate services and/or to assist with transition planning.

Adult Mental Health & Addictions Services
By age 18, the youth has a coordinated, seamless transition plan with children's mental health services, their family, and adult mental health and addictions services.

Children’s and adult services interface as early as age 14:

- Children’s Mental Health services support ages 0 – 18;
- Addictions services support all ages;
- Early Psychosis Intervention starts at age 14;