



RESEARCH INSTITUTE
INSTITUT DE RECHERCHE



5 June 2015

Ms. Christine Gaitens
President of the Board
Ontario Association of Child & Youth Counsellors
350 Victoria Street
Toronto, ON
M5B 2K3

Dear Ms. Gaitens,

RE: Support for Legislative Recognition of Child & Youth Counsellors as Regulated Health Professionals

It is with great pleasure that I share the views of my physician and nursing colleagues on the important contributions of Child & Youth Counsellors, and support for CYCs to be recognized as Regulated Health Professionals in Ontario.

The Children's Hospital of Eastern Ontario has long benefited from the contributions of CYCs as members of our inpatient and outpatient mental health programs. However, we had never utilized their skill set in the Emergency Department. CHEO's ED is a busy regional hub for all types of problems and has faced a significant surge in mental health presentations over the last 5 years. We have the fastest growing and highest number of ED mental health presentations for children and youth in the province. Despite a successful Crisis program with 2 Crisis Intervention Workers providing direct service 16 hrs per day, 7 days of week, we were struggling to keep up with the needs of these patients.

In November 2013, we trialed a new position: the Emergency Department CYC. Two experienced CYCs (one internal, one new to CHEO) were recruited to work daily from 7 pm until 3 am to support the many mental health patients who presented in the later evening, were beyond the capacity of the CIWs who ended their shifts at midnight, and were therefore left for the physicians to assess and manage. Prior to the CYCs being added to the team, many patients were held overnight for a consultation with the daytime CIW to help identify appropriate community resources and supports for the family. We envisioned that a collaborative MD-CYC model would allow more patients to be successfully discharged with community resources, thus helping our wait time metrics. Additional benefits would yield fewer repeat visits through better support and resourcing from the CYC intervention, and fewer security interventions and sitter hours, to name a few.

The CYC's role included patient and family greeting, de-escalation and support, resetting expectations, and preliminary data gathering on the patient's issues and existing resources. The physician would then see the patient and family to make an assessment of risk and generate a diagnosis, many times with the CYC present. They would then confer to develop a management plan that typically involved many more community resources and practical parenting supports than the physician was aware of.

/...2

PAGE TWO

The CYC would then return to communicate the discharge plan, having time to fully explain each resource and how best to navigate them.

The CYCs quickly engaged all members of the ED team to understand how they could best be helpful and be integrated into our processes and care. They proactively approached patients and families to help calm fears and anxieties with a sensitive and professional manner. Soon, they were one of us, team members with a clear purpose and specific, unique skills that supported the other professional roles. When not busy with a mental health patient, they provided supports to other patients and families, particularly homeless youth and children with significant behavioural issues or sensitivities (autism) who otherwise would escalate in the busy ED environment.

A formal evaluation of the role over 16 months revealed that CYC's made a difference in many of the ways we envisioned, with several differences achieving statistical significance. More importantly, the physicians, nurses and other support staff came to recognize and rely of their unique skill set. Inter-professional collaboration was evident and fostered. Unfortunately, budgetary constraints prevented us from continuing the pilot into this year, leaving all ED staff disappointed. We feel this unique mobilization of CYCs warrants consideration for other EDs; we plan to describe our experience though publication in the future.

This very positive experience has prompted me to add my voice to the call for legislation to recognize Child & Youth Counsellors as Regulated Health Professionals. They provide a unique skill, are highly dedicated, compassionate and professional in their approach, and could definitely help the health care sector expand capacity to meet growing demand with recognized scope and status.

I wish you and the Ontario Association of Child & Youth Counsellors success on this journey towards full legislated recognition.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Farion', written in a cursive style.

Ken J. Farion, MD FRCPC
Medical Director and Chief, Pediatric Emergency Medicine, CHEO
Medical Director, Quality & Systems Improvement, CHEO

Associate Professor, Departments of Pediatrics and Emergency Medicine
University of Ottawa

farion@cheo.on.ca
Phone: 613-737-7600 x2899
Fax: 613-738-4885