

Children's Mental Health Access

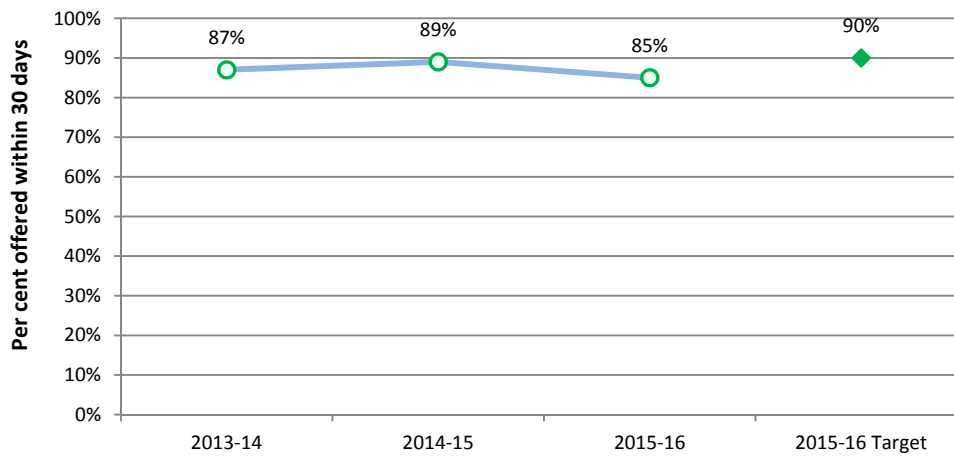
Measure Definition

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

Understanding this Measure

Delays in treating mental illness can have negative consequences, including exacerbation of the client's condition. Research has shown that the longer children wait for service, the more likely they are to not attend their first appointment. One of the strategies associated with Addiction and Mental Health is to improve how children and youth access addiction and mental health services. Monitoring the percentage of children who have symptoms or problems that require attention but are not considered urgent or emergent can help in identifying system delays and assessing service capacity, while ensuring that children most in need of treatment receive it immediately.

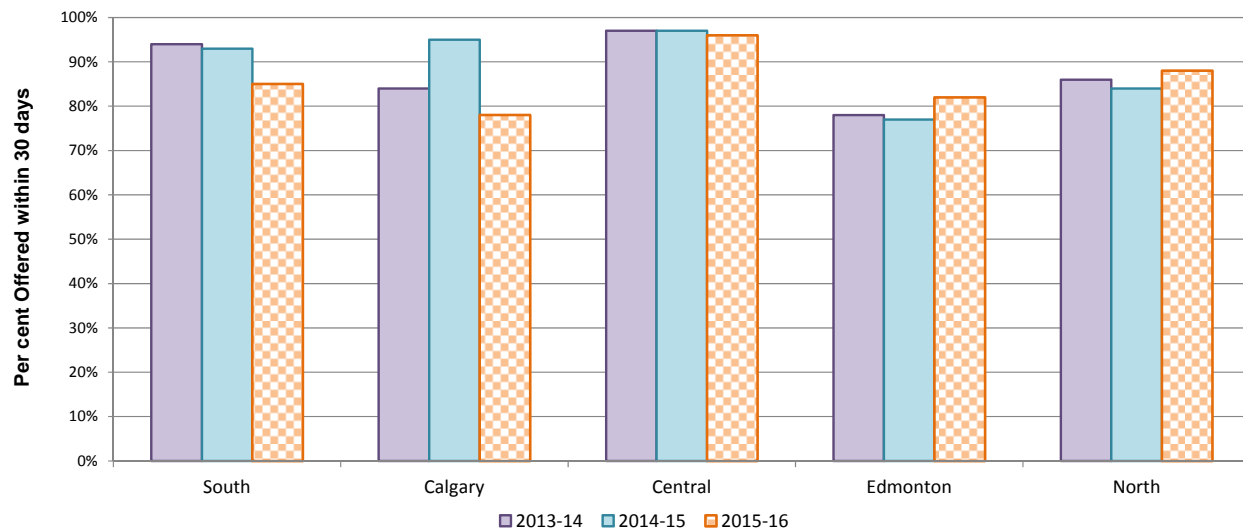
Children Offered Mental Health Services within 30 days - Annual



How Do We Compare?

Comparable national data is not available for this measure.

Children Offered Mental Health Services within 30 days - Zone



Children’s Mental Health Access – Actions

Provincial/ Strategic Clinical Network (SCN)	<ul style="list-style-type: none"> • The Addiction & Mental Health (AMH) SCN continues to work with government partners to develop a comprehensive model for school mental health based on learning from the EMPATHY work. • The Youth Patient Journey study was completed to examine homeless youth that transition to homeless adults. Eighty youth were surveyed across Alberta. Recommendations will include examining trends, needs related to rural and urban settings and availability and utilization of resources.
South	<ul style="list-style-type: none"> • Participating on two Regional Collaborative School Delivery committees to streamline access to children’s addiction mental health services. • Developed an electronic intake book to monitor in real time the wait times and to clearly identify children who may be offered appointments longer than 25 days away. • Developed and implemented a wait list protocol for children waiting more than 30 days to access to services earlier. • Conducted an analysis to determine how quickly wait time data can be assessed to help identify trends sooner.
Calgary	<ul style="list-style-type: none"> • Completed the Brain Health integration planning which includes future needs for children and youth requiring mental health care and treatment across the continuum of care. • A webpage is under development to share templates and tools across AHS. This work will be presented nationally at the Canadian Association of Pediatric Health Centers. • A new electronic scheduling system and electronic health record was implemented.
Central	<ul style="list-style-type: none"> • Participated on three Regional School Delivery collaboratives with the Regional Collaborative School Delivery Model. • Worked in collaboration with provincial AMH portfolio to support Mental Health Review and response to a rural Quality Assurance Review.
Edmonton	<ul style="list-style-type: none"> • The Strongest Families Institute continues to be contracted to manage approximately 45 families per month. This support reduces the number of children and families that require in-clinic services, therefore increasing the availability for other children and youth with more urgent mental health concerns to AHS community clinics. • Continue to implement strategies to manage the increasing number of emergency presentations by children and adolescents for mental health concerns. Examples of strategies include walk-in appointments every day, Crisis Team visits to any school that highlights an urgent concern for a student, and collaboration with Child and Family Services and Disability Services for youth in group homes.
North	<ul style="list-style-type: none"> • Participating on six Regional Collaborative School Delivery committees working to streamline access to children's addiction mental health services. • Continue spread of Alberta Access, Improvement, Measures (AIM), and AHS Improvement Way (AIW) process improvement implementation. • Suicide Risk Management protocol for children in schools developed in Fort McMurray has been spread to other sites in the zone and shared with Regional Collaborative Services Delivery teams.

IN SUMMARY

The Q4 provincial results have shown deterioration from last year. Two zones have demonstrated improvement compared to the same period as last year.

Wait times for access to community mental health treatment services are used as an indicator of patient access to the health care system and reflect the efficient use of resources.

DID YOU KNOW

Currently, Alberta is the only province with access standards for children’s mental health. There is no comparable information from other provinces regarding the wait times for children to receive community mental health treatment.

Children's Mental Health Access – Zone Details

Percentage of children aged 0 to 17 years offered scheduled community mental health treatment within 30 days from referral.

Children Offered Mental Health Services within 30 days	2013-14	2014-15	Q4 YTD		Trend *	2015-16 Target
			2014-15 Last Year	2015-16 Current		
Provincial	87%	89%	89%	85%	↓	90%
South Zone	94%	93%	93%	85%	↓	n/a
Calgary Zone	84%	95%	95%	78%	↓	n/a
Central Zone	97%	97%	97%	96%	↓	n/a
Edmonton Zone	78%	77%	77%	82%	↑	n/a
North Zone	86%	84%	84%	88%	↑	n/a

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

Number of new enrollments	2013-14	2014-15	Q4 YTD	
			2014-15 Last Year	2015-16 Current
Provincial	7,456	7,947	7,947	8,870
South Zone	1,450	1,697	1,697	1,749
Calgary Zone	1,465	1,815	1,815	2,038
Central Zone	1,170	1,257	1,257	1,458
Edmonton Zone	1,852	1,562	1,562	1,703
North Zone	1,519	1,616	1,616	1,922