

Transitional Support Services (TSS) Program Review 2008-2009

The East Metro Youth Services' Transitional Support Service (TSS) has provided discharge planning support and interim case management services to those youth and their families who have been hospitalized in the Adolescent Mental Health Programs at either Toronto East General Hospital (TEGH) or Rouge Valley Health System; Centenary Site (RVHS). The TSS is for those youth and families who are not connected to any mental health service providers in the Toronto Children's Services Network and it is structured as an interim and brief (up to 3 months) service. Along with Case Management Services, Individual and Family Therapy can also be provided by the Transitional Support Services Worker to the youth and/or the family on an interim basis while other services are being sought.

The TSS program has remained relatively consistent this year with some slight shifts in regards to client statistics. Efforts have been directed towards building and/or strengthening our partnerships with other service providers. For example, the transitional support worker presented an overview of hospital crisis and outpatient services to Settlement Workers and she was also part of a working group at Centenary Hospital that aims to identify the challenges of the relocation of the inpatient and day hospital programs within the Child and Mental Health Program. In addition, she was invited to participate in a task group of the Early Youth Intervention Priority Project task force for the East LINH and developed a group model (Time for Me), in collaboration with a EMYS counselor, for youth who have family members with mental health issues. This group aims to fill a considerable gap in terms of programming as it is estimated according to the 2006 Canadian Census that one in every ten children live with a parent that has a psychiatric disorder, and one in every six resides in a household where at least one individual has a psychiatric disorder.

Client Statistics

During the 2008 calendar year, there were 34 referrals to Transitional Support Services (TSS) representing a very small decrease of 17 % over the total of the previous year's referrals. Referrals generated from the Child and Adolescent Mental Health Program at TEGH comprised 85% of the total referrals received for this year. This represents a slight decline (9%) in the number of referrals from the previous year from TEGH and reflects the increase in service capacity of the outpatient services.

On the other hand, the Adolescent Mental Health Program at RVHC (Shoniker Clinic, Inpatient Unit and Day Hospital) generated 15 % of the referrals for this same time period. This represents a significant increase (50%), in the number of referrals from the previous year and perhaps is indicative of the relocation and restructuring of the outpatient and inpatient programs.

In terms of demographic information of TSS clients, there was a slight difference in gender (41 % male and 59% female). With regards to the ages of clients, most clients (76%) were 12 – 15 years, 15 % were considered transitionally-aged youth 16 – 24 years and only 9% were 8 -11 years.

Primary Diagnoses	Prevalence
Oppositional Defiant/Conduct Disorders	29 %
Adjustment disorder	29 %
Major Depressive Disorder	21 %
Parent/child Relational Problems	6 %
Anxiety Disorder	6 %
Post-Traumatic Stress Disorder	6 %
Obsessive Compulsive Disorder	3 %

Clients were most often (76 %) referred to and received Individual and Family therapy. Referrals were made to Blake Boulton Youth Outreach Services, Delisle Youth Services, Hincks/Dellcrest Children’s Centre, Oolagen Community Services, Turning Point Youth Services, and Youthlink. The TSS worker also completed referrals to Centralized Access to Residential Services and to the Jerome D. Diamond Centre and Hincks/Dellcrest Centre for day treatment programming. The average waiting time for counselling services was 123 days or approximately 4 months for these clients. On average TSS clients waited 118 days for a day treatment program and 40 days for a residential placement.

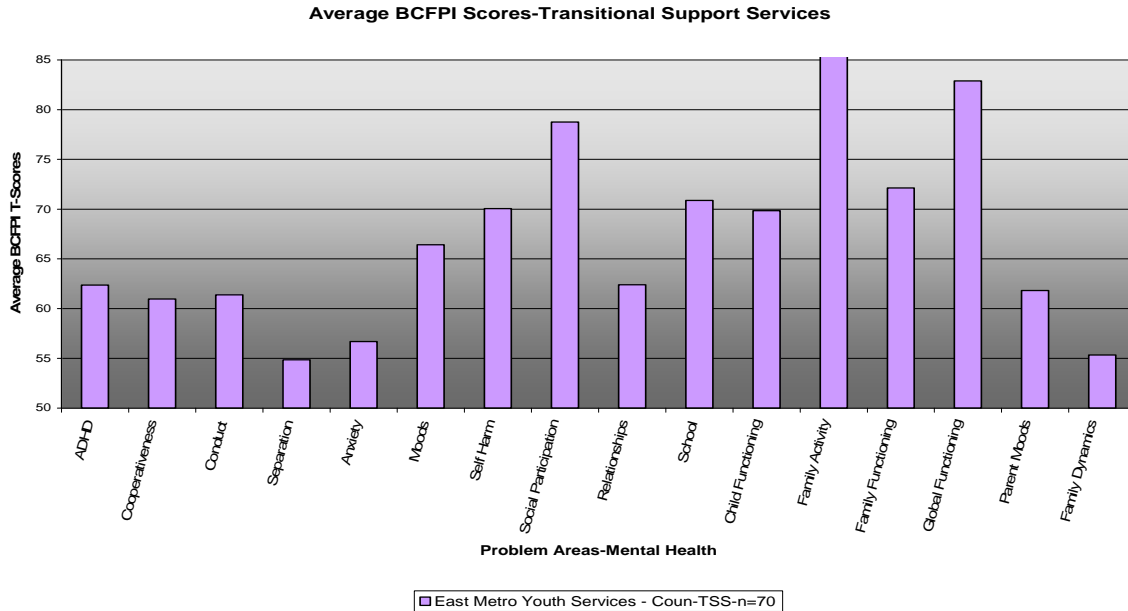
The Transitional Support Services worker also referred client to services within East Metro Youth Services such as Intensive Child and Family Services (ICFS) and also day treatment programming with an individual and family counselling component. The average wait for ICFS was five months and the wait for day treatment programming was just several weeks.

Aggregate Data

Graph 1 displays the average Brief Child and Family Phone Interview (BCFPI) scores of the TSS clients as rated by youth and their parents. In total, 70 Adolescent and Parent BCFPIs were completed. All clients that engage in Transitional Support Services and all services of Children’s Mental Health Centers in Ontario are administered the standardized Brief Child and Family Phone Interview (BCFPI). For clients of Transitional Support Services, this occurs during the Initial Service Coordination meeting and is done most often with the youth and/or the parents.

This data indicates that these TSS clients are demonstrating more severe symptoms than 84% of the children in the general population in a significant number of the domains of the BCFPI, (self-harm, social participation, school and overall child functioning, family activity and functioning and global functioning). These results would suggest that the mental health issues

that these youth are experiencing are having a significant impact on their ability to function and also on their family's overall functioning level.



Supporting Information

The successes of TSS highlighted in this review are also evidenced in our 2008 client satisfaction survey. The following are some comments

“The TSSW was always there. Incredibly supportive. She went above and beyond. She never said ‘I can’t do something about it’. She is terrific, exceptional. She introduced us to a new school, and activated us in the community and helped [daughter].” (parent)

“The TSSW made arrangements with us when [son] was released from the hospital. She approached [son] in a way that allowed him to make decisions with regards to the treatment without him knowing it. So, it didn’t put too much pressure on him, yet empowered him.” (parent)

“We have been associated with many agencies and counselors in the past but TSSW and EMYS was the first we had actually felt comfortable with. The TSSW would do follow up calls with the school, the courts and other agencies. She sat with me for hours on end in the courtroom. The TSSW was very supportive and stood up for us when it was needed.” (parent)

Future Directions

The TSS worker's involvement in the Central East LHIN task group of the Early Youth Intervention Priority Project will continue to reinforce the cross-sectorial service partnerships and it will also build on the need for early identification, treatment and continuous care planning for youth and their families. Further, given some budgetary challenges facing hospitals within the current economic climate, it is likely that the demand for transitional case management and service coordination will continue to increase.