



interRAI

The Child and Youth Suite of Assessments

InterRAI Mental Health Conference

April 2017

Brussels, Belgium

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Children's Mental Health in Ontario

- Clinicians, educators and school personnel want to play a crucial role in the identification of students struggling
 - One in five students experiences mental health issues
 - Yet only about 25% receive the treatment needed
- Highly predictive of
 - Impaired social and emotional functioning
 - Poor academic achievement
 - School absenteeism
 - Substance abuse
 - Academic failure and drop out in both elementary and secondary schools



How does interRAI instruments help children, youth and their families?

- Improving early identification of mental health and substance use across service sectors
- Enhancing access to mental health care services
- Improve transitions
- Contributing to increased evidence-informed care planning to improve the functionality of mental health services across multiple service sectors



Overview



- Introduction to interRAI Child and Youth Suite
- Using the Outcomes
- Summarizing Measurements

interRAI approach to assessment development

- Each instrument designed for a particular population
- Instruments designed to work together
- interRAI maintains high standards for the quality of measures used in instrument systems
- Systems approach means multiple applications are possible from a single assessment
- Unique outcome measures to guide planning



interRAI Instruments Designated as Pan-Canadian Standard

- To attain this, interRAI assessments have gone through an open, transparent evaluation process which was governed by jurisdictional representatives, clinicians, vendors and leading experts in standards and architecture.

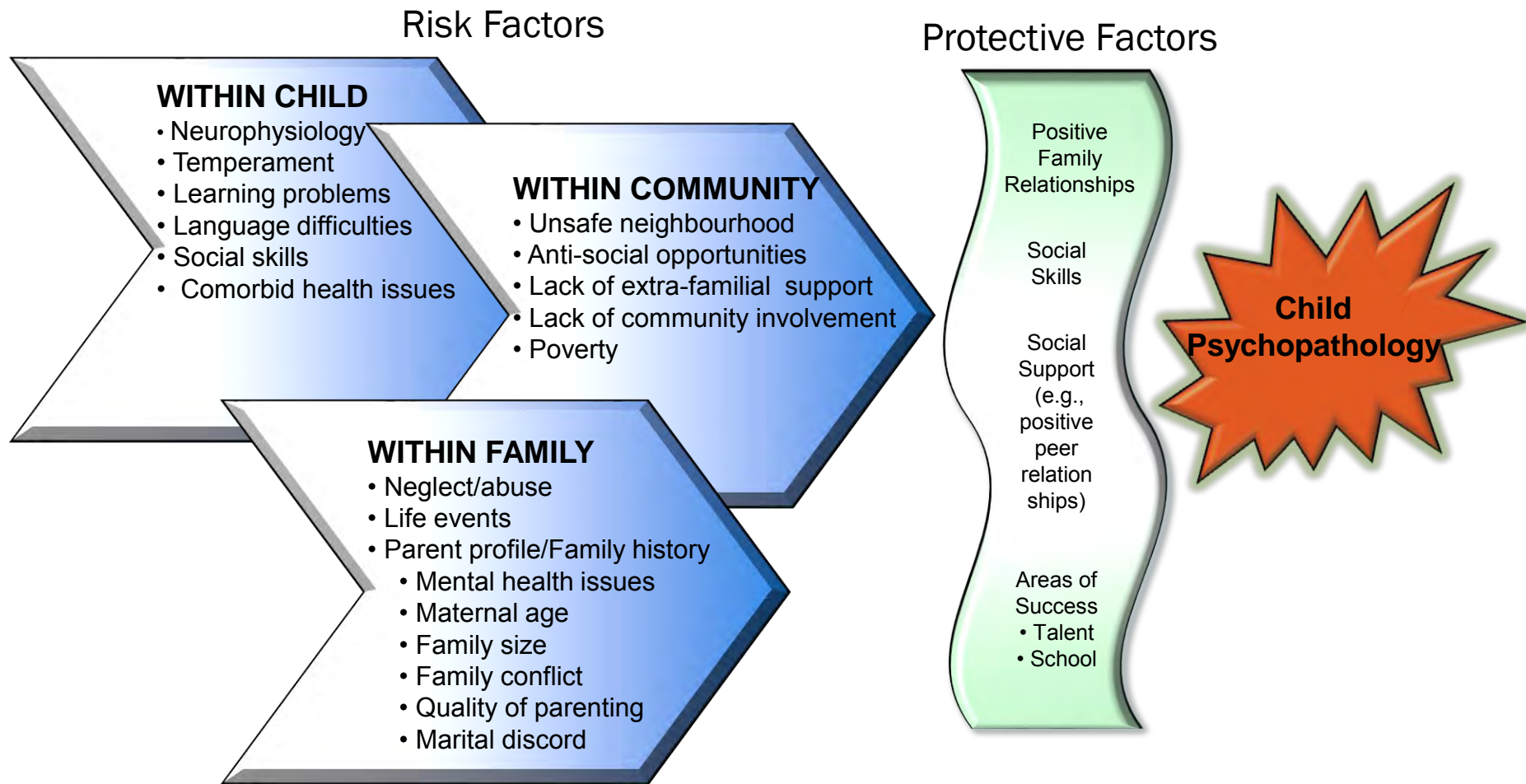
Criteria must include the following:

- support clinical practice
- use across disciplines
- use across multiple health sectors
- support client care
- meet a business need
- widely tested
- balanced workload impact
- bilingual support
- affordable and financially viable to implement



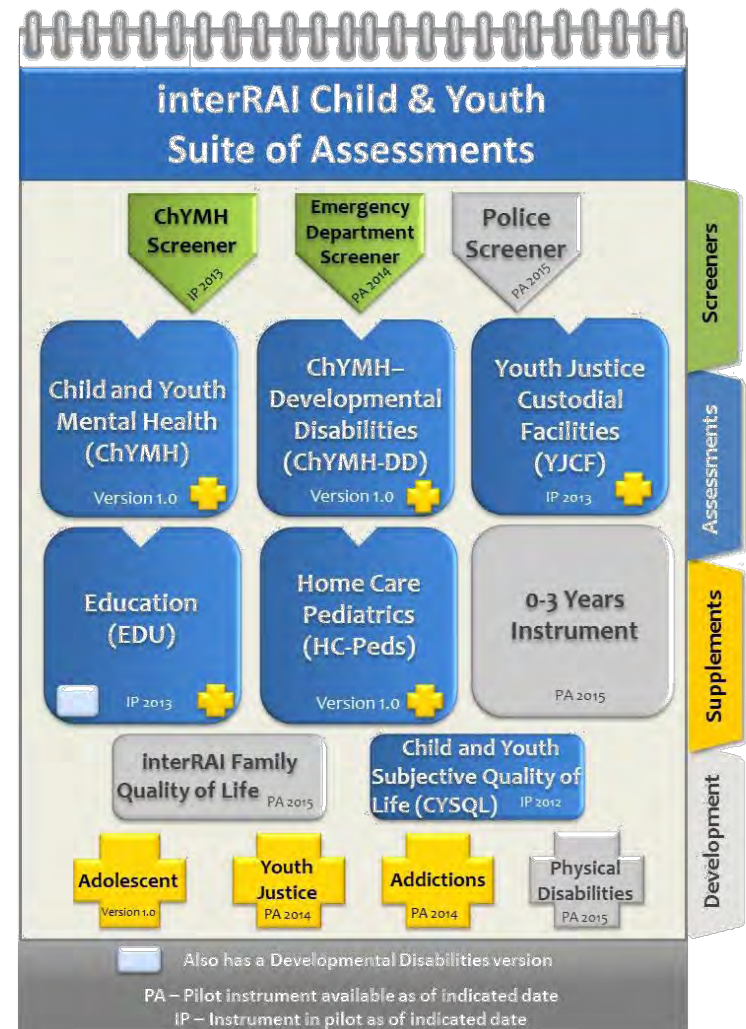
How were the instruments developed?

Conceptual model of child and youth psychopathology

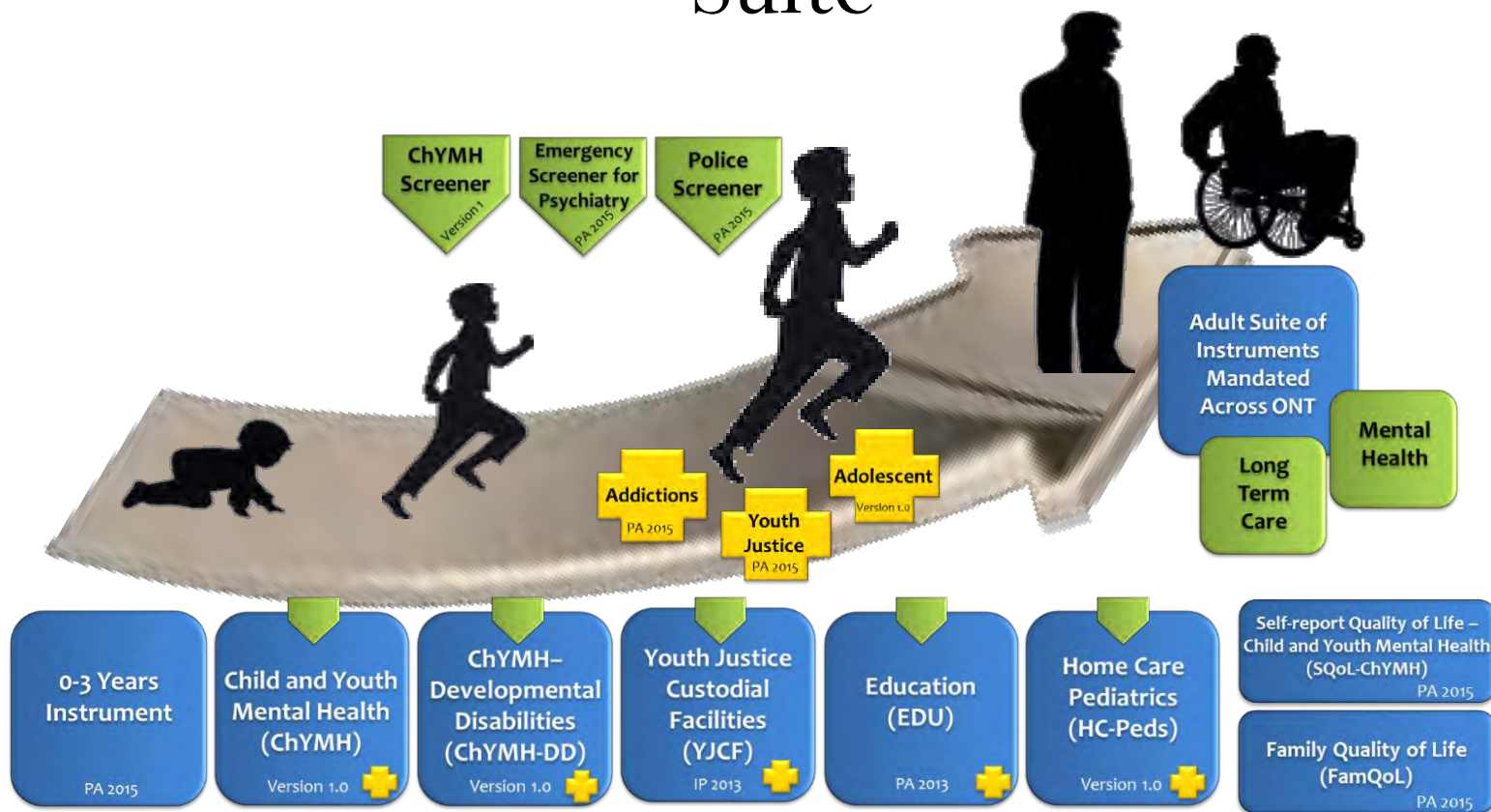


The interRAI Child and Youth Suite

- Child and youth interRAI instruments incorporate information that would typically require multiple assessment tools to enhance early identification, assessment and care planning.
- Over 100 clinical and research experts from 11 countries (Canada, United States, Poland, Belgium, Finland, Sweden, Netherlands, Australia and Czech Republic) contributed to the development of the tools and the evidence-based care planning guidelines.
- Designed for integration with adult instruments allowing children/youth to be followed across sectors and systems as they age.



interRAI Child and Youth Suite



interRAI 0-3 Years instrument

- Stage of Development: Pilot
- Use in multiple settings for children with developmental and mental health needs
 - Children between the ages of 0-3 years
 - Community-based or inpatient services
- Families of children up to 3 years, 11 months identified as being at-risk of poor outcomes due to individual or family needs
 - Assesses infant/toddler/preschooler or family needs to support care planning
 - Assesses developmental, behavioral or emotional needs



Child and Youth Mental Health - Screenener (ChYMH-S)

**ChYMH
Screenener**

- Use in multiple settings
 - Inpatient, community programs and schools
- For ages **4-18** years

Stage of development: Official

Example Domains: Mental State

Indicators, Behaviour,
Stress/Trauma/Unsettled Relations

☐ **Summary of Risk**

- ☐ Danger to Self
- ☐ Danger to Others
- ☐ Abuse by Others
- ☐ Family/placement breakdown

☐ **Mental Health Services Required**

☐ **Assessment/Service Urgency**

interRAI Emergency Screener for Psychiatry for Children and Youth

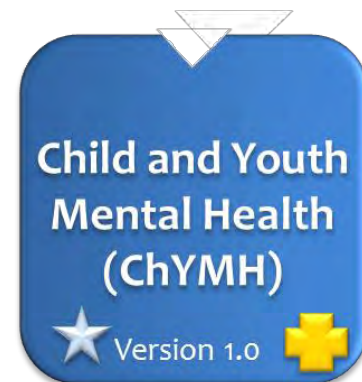
Emergency
Department
Screener

Stage of development: Pilot

- Use in emergency psychiatry settings
- Assesses acute mental health needs to ensure safety
 - Assist with triage, prioritization
- Target population
 - Children and youth **4-18** years



Child and Youth Mental Health (ChYMH)



- Use in multiple settings for children with mental health needs
 - Children/youth between the ages of **4-18** years
 - Community-based or inpatient/residential services
- Additional supplements where appropriate
 - E.g., Adolescent, Youth Justice, Addictions

Stage of Development: Official

Example Domains: Mental State Indicators, Harm to Self and Others, Substance Use or Excessive Behaviour, Strengths & Resilience, Communication and Vision, Environmental Assessment

In development: Case Mix, Parent CAPS, Youth CAPS

Child and Youth Mental Health – Developmental Disability (ChYMH-DD)

ChYMH–
Developmental
Disabilities
(ChYMH-DD)



- Use in multiple settings for children and youth who have mental health and developmental needs including Autism
 - Ages **4-18** years
 - Community-based or inpatient/residential services
 - Level of intellectual functioning is below 70 or,
 - Where it is deemed more appropriate than the ChYMH based on clinical judgement
- Supplements where applicable
 - E.g., Adolescent, Physical Disabilities

Builds a comprehensive picture of the individuals' strengths, needs, functioning, and areas of risk to inform care planning for clients with complex developmental and mental health needs

Stage of Development: Official

Example Domains: Mental State Indicators, Harm to Self and Others, Cognition and Executive Functioning, Strengths and Resilience, Independence in Daily Activities, Psychosocial Well-Being

In development: Additional DD Scales, Norms, Quality Indicators, Case Mix



Adolescent Supplement

- Triggered for all youth 12 years and older
- For children 11 years and younger whose behaviour reflects that which is more common in adolescence
 - E.g., substance use, parental status (youth as parent)

Stage of Development: Official

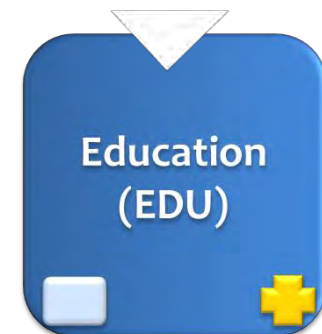
Example Domains: Parental Status, Substance Use, Instrumental Activities of Daily Living

Addictions Supplement

- Available for children and youth who indicate possible addictive behaviour
- Collects information about addictive behaviours relating to
 - substance use
 - tobacco use
 - gambling
 - video gaming



interRAI Education (EDU)



- Use in school settings for the identification of child mental health difficulties
 - Ages **4-20**
- In addition to mental health needs, it assesses
 - learning difficulties, speech and language problems, academic risk areas, social difficulties (including bullying and victimization) school engagement, developmental concerns (e.g. fine/gross motor) and strengths)
- Additional supplements where appropriate
 - E.g., Addictions, Adolescent, Physical Disabilities


Builds a comprehensive picture of the student's mental health and educational needs and strengths

Stage of Development: Pilot

Example Domains: Mental State Indicators, Education, Strengths and Resilience, Communications, Hearing/Vision/Motor

Future development: Additional CAPs (including those for teachers), Norms, Quality Indicators, Case Mix, Developmental Disability version

Youth Justice Custodial Facilities (YJCF)

Youth Justice
Custodial
Facilities
(YJCF) 

- Use in youth secure custody facilities who are serving a custodial sentence
 - Ages 12-18 years
- In addition to mental health needs, assesses
 - risk of harm to others, and risk and protective factors related to recidivism
- Pilot Sites
 - Half of Ontario's youth secure custody facilities started in November 2014
- Additional supplements where appropriate
 - E.g., Addictions

Identifies mental health needs in order to reduce service barriers for youth serving custodial sentences

Stage of Development: Pilot

Example Domains: Mental State Indicators, Harm to Self and Others, Strengths and Resilience, Criminal Involvement, Substance Use and Excessive Behaviour, Family and Social Relations

In development: Additional YJ-specific scales; Youth CAPS

MINISTRY OF CHILDREN AND YOUTH SERVICES

Child and Youth Subjective Quality of Life (CYSQL)

Self-report Quality of Life
– Child and Youth Mental
Health (SQoL-ChYMH)

IP 2012

- Measure of client satisfaction and wellbeing
- Inpatient or outpatient
- Promotes youth engagement and allows an opportunity for them to provide feedback on services received
- Recommended instrument for use by Accreditation Canada

Stage of Development: Official

Domains: Privacy, Safety, Autonomy, Staff and Peer Relationships, Recreation, School, Family Support, Health, Overall Well-Being

interRAI Family Quality of Life

interRAI Family
Quality of Life PA 2015

Pilot stage

- Intended to assess the subjective well-being, satisfaction, and family functioning of family members who have a child/youth receiving mental health services
- Allows the opportunity for the family to provide feedback on the services received
- Inpatient or outpatient



CAPs

- Collaborative Action Plans are documents containing current evidence-informed approaches to guide interventions in target areas.
- CAPs target to those who may benefit from an intervention
- Enable service providers to use time efficiently
- Decision-support tools to inform interactions between service providers and individuals with identified needs

Example

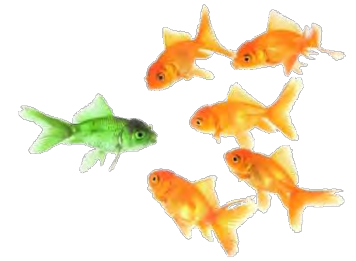
CYMH-Communication CAP

The CYMH-Communication CAP offers guidelines to enhance communication for children and youth with considerable difficulties in this area. This CAP applies to young persons in community and inpatient mental health settings.

Issue

Communication includes understanding others (reception or comprehension) and sending messages (expression) with motor movements (speaking, gesturing, writing). Sometimes children and youth can have intact language ability (for example, knowing the meanings of words and phrases, understanding messages given by others), but the ability to produce speech may be impaired (for example, voice loss, trouble with making specific sounds, stuttering). Likewise, children and youth can have adequate speech sound production skills but struggle to

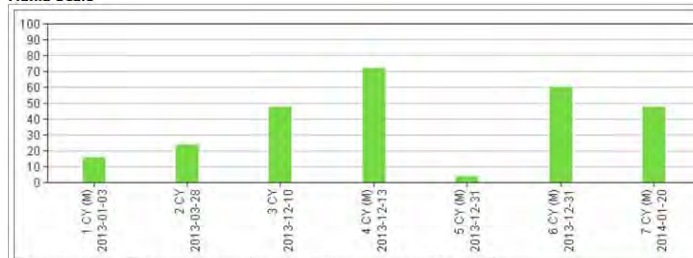
- A triggered CAP will highlight child or youth needs and appropriate interventions in that area. Judgement is required to determine clinician ability and availability.
- 29 ChYMH CAPs available



Scales – Clinical change/impact

- Subscales covering key domains
 - Provides the ability to measure change over time
- Scales provide a summary of a child or youth's current issues, with higher scores indicating greater severity or frequency of an issue
- Shows individual items contributing to the scale scores
- Used to monitor outcomes (improvement, deterioration and/or no change).
- Examples: Aggressive Behaviour, Anxiety, Parenting Difficulties, Disruptive Behaviour

Mania Scale



* Please refer to breakdown of scale scores below for further clarification of identified issues.

Scale	Item (ChVMH)	Code Entered at Time							Coding scale (ChVMH)
		1	2	3	4	5	6	7	
Mania									
CY-C1c	Hyperactivity - Excessive level of activity	1	1	2	2	0	1	1	0. Not present 1. Present but not exhibited in last 3 days 2. Exhibited on 1 – 2 of last 3 days 3. Exhibited daily in last 3 days, 1-2 episodes 4. Exhibited daily in last 3 days, 3 or more episodes or continuously
CY-C1i	Inflated self-worth - e.g., exaggerated self-opinion, arrogance, inflated belief about one's own ability	0	1	1	3	1	2	2	*See above
CY-C1m	Irritability - Marked increase in being short-tempered or easily upset.	0	1	1	4	0	3	2	*See above
CY-C1n	Pressured speech or racing thoughts - Rapid speech, rapid transition from topic to topic	0	1	2	3	0	2	3	*See above
CY-C1o	Labile affect - Affect fluctuates frequently with or without an external explanation	0	1	3	3	0	3	3	*See above
CY-F4b	Problematic sexual behaviour - Sexual behaviour that has an impact on social relationships or interferes with everyday functioning (e.g., excessive masturbation, inappropriate or excessive touching or physical contact)	1	0	1	0	0	0	1	*See above
CY-C1kk	Difficulty falling asleep or staying asleep - e.g., waking up too early; restlessness	2	1	2	3	0	4	0	*See above

Monitoring the impact

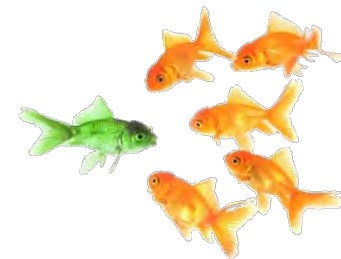
- Informs primary care; anxiety, distractibility/hyperactivity and depressive severity using subscales
- Collect additional information on domains; identification information, mental state indicators, substance use or excessive behaviour, harm to self and others, behaviour, cognition and communication, stress, trauma, unsettled relations and medication and health conditions

Distractibility/Hyperactivity Scale



* Please refer to breakdown of scale scores below for further clarification of identified issues.

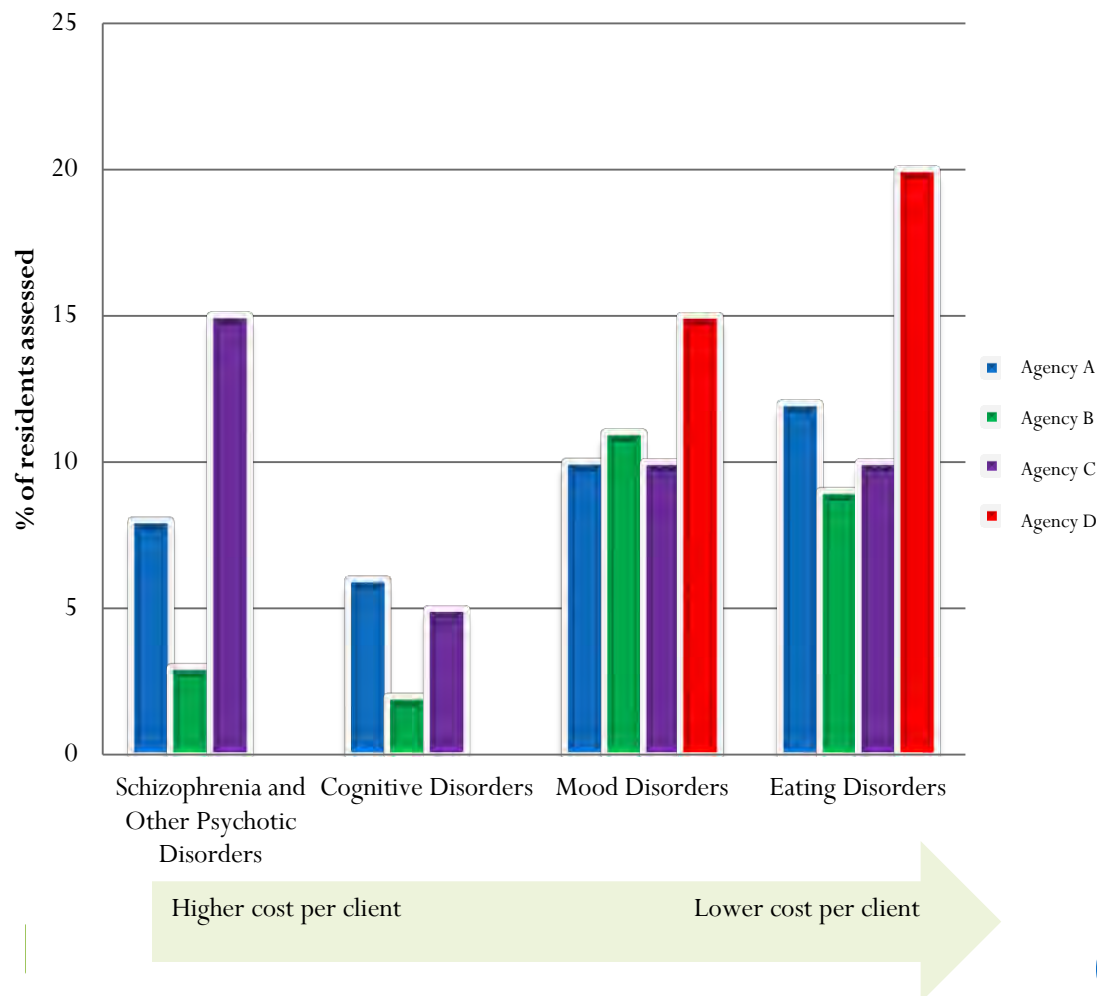
			Code Entered at Time					Coding scale (ChYMH)
Scale		Item (ChYMH)	1	2	3	4	5	
Distractibility/Hyperactivity	CY-C1a	Impulsive - e.g., running into traffic; takes risky actions without thinking; difficulty taking turns; interrupts	4	4	4	4	2	0. Not present 1. Present but not exhibited in last 3 days 2. Exhibited on 1 — 2 of last 3 days 3. Exhibited daily in last 3 days, 1-2 episodes 4. Exhibited daily in last 3 days, 3 or more episodes or continuously
	CY-C1b	Easily distracted - e.g., episodes of difficulty paying attention; gets sidetracked	4	3	3	3	2	*See above
	CY-C1c	Hyperactivity - Excessive level of activity	4	4	3	2	1	*See above
	CY-C1d	Disorganization - e.g., problems organizing personal belongings; difficulty adhering to schedule	4	3	2	2	1	*See above



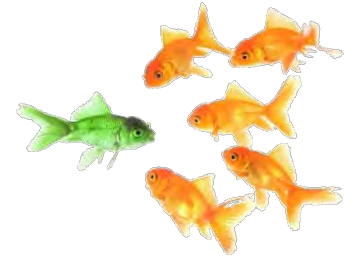
Case Mix

- Determines cost per client based on individual client presentation
- Supports organizational and system-wide planning, management, and accountability
- Supports allocating limited resources in a fair and equitable way

Example: Resource-Intensive Clients by Agency

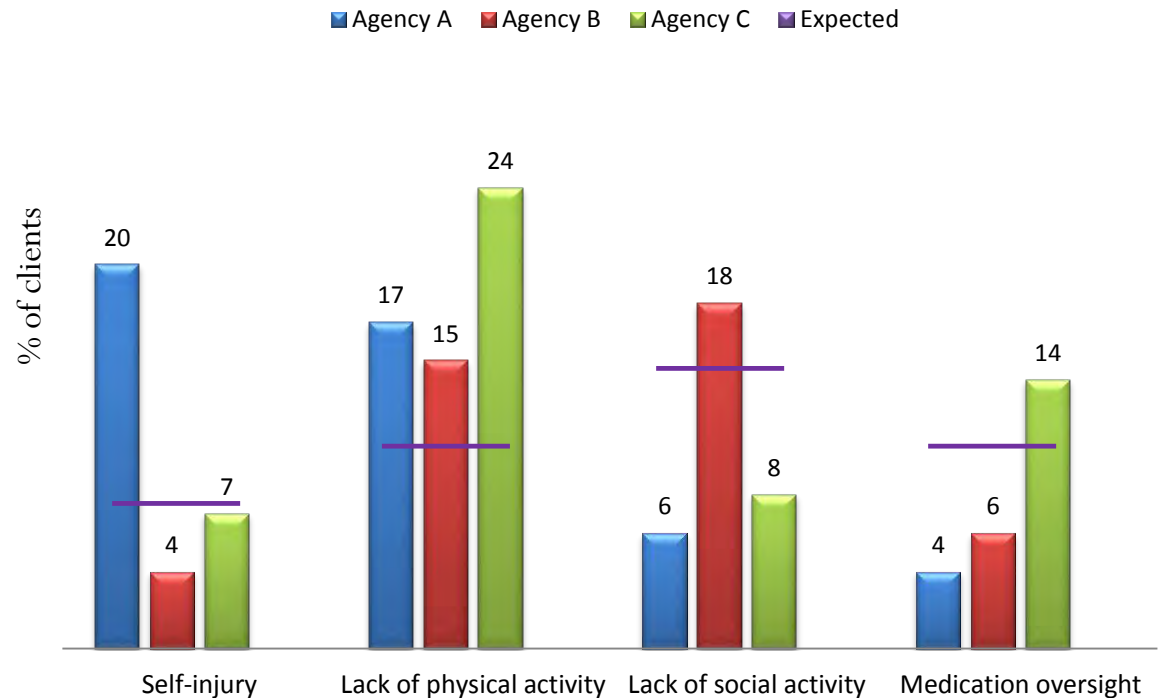


Future Development: Quality Indicators

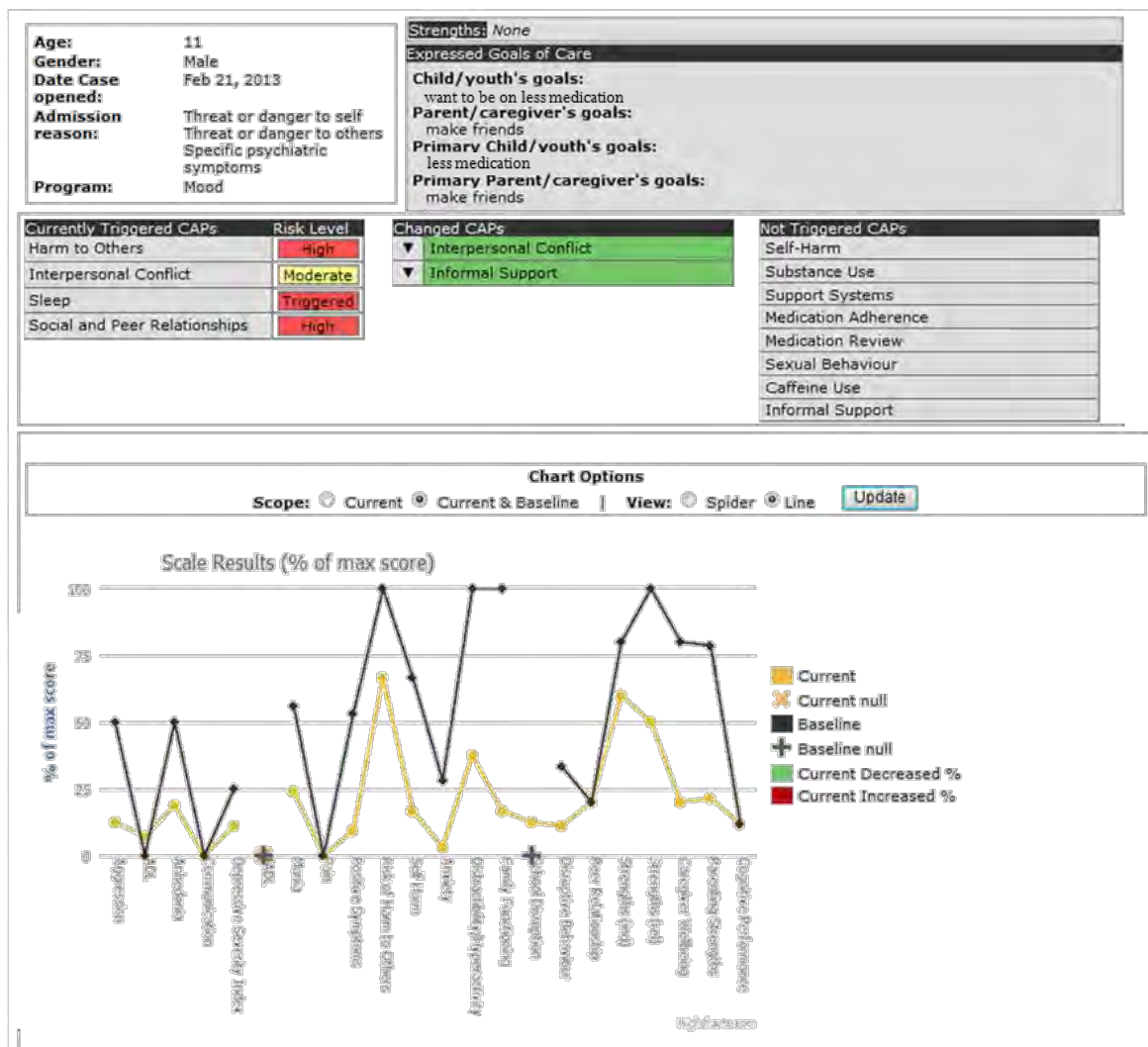


- Examine the prevalence of a variety of process and outcome measures
- Summarize performance relative to other service providers and guide collaborations
- Provide expectations for positive outcomes
- Show where improvements can be made
- Accountability based on expectations

Example: Distribution of Selected Quality Indicators by Agency



Client Profile



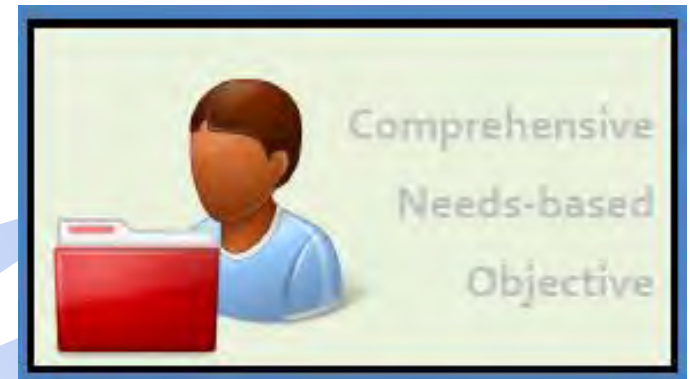
Using the results

Results of interRAI Assessment



=

Youth Profile



Support planning



Assist triage decisions



Support referrals



Track change

Using the results



Support care planning

- Scales, CAPs, and assessment data identify areas where the child or youth is experiencing challenges
- Care plans tailored to address individual's needs
- CAPs provide evidence informed interventions to improve functioning and quality of life
- Goals of care included as identified by both child/youth and family/caregiver



Assist triage decisions

- Consistent and comparable comprehensive assessment information for every client to inform triage decisions
- Providing strategies to families and youth to realize gains before service starts



Support referrals

- Comprehensive profile to determine service delivery
- Standardized information sharing across sectors, agency's and into adult services to facilitate transitions



Track change

- Monitor child or youth trajectory to catch declines early and celebrate improvements
- Facilitates check-ins with families and child/youth during involvement

Outcome Measures

- All full instruments have:
 1. Collaborative Action Plans (CAPs)
 2. Scales
- Designed through extensive literature review and international collaboration



CAPs	Scales
<ul style="list-style-type: none">*Alert the clinician to areas of potential risk based on information collected about events, symptoms, and functioning*Areas for treatment and intervention*Provide evidence-informed guidelines for further assessment and treatment	<ul style="list-style-type: none">*Intended to provide a detailed description of the child/youth's clinical status*Monitor outcomes (improvement/deterioration)
<i>e.g., Sexual Offending, Sleep, Communication</i>	<i>e.g., Aggressive Behaviour, Severity of Self-Harm</i>

Scope of impact

Residents/ Clients and Families

- Collects information based on the developmental stage and appropriate setting
- Identifies individual needs along with strengths through a comprehensive assessment with a valid and reliable instrument
- Centres the client to the assessment process as client and family/guardian(s) goals are identified
- Generates immediate outputs that empower residents/clients and families in goal-setting process
- Builds a client profile to facilitate ongoing case management
- Reduces the number of times clients/families need to retell their story
- Provides the vehicle for a lifespan approach to treatment

Clinicians

- Improves interdisciplinary communication across sectors through consistent language and compatible items
- Generates real-time results support timely care planning and monitoring
- Creates evidence for building best practice through the use of an instrument with client specific evidence-informed guidelines for care-planning
- Reduces clinician burden through simplified training due to the modular format of interRAI system
- Supports needs based triaging to ensure effective clinical practice and waitlist management

Scope of impact con't

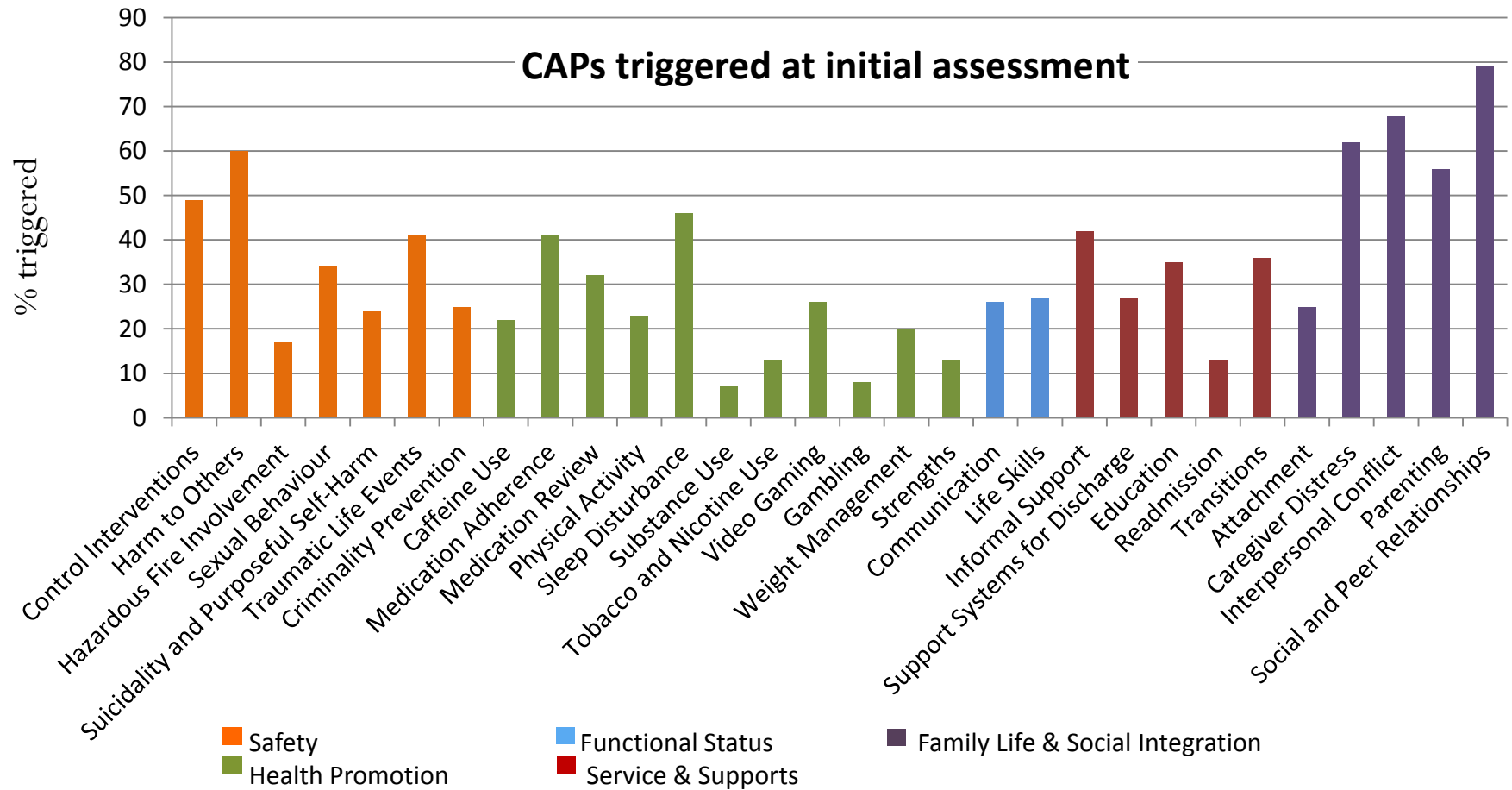
Managers and Administrators

- Provides population profiles to plan future programs and resource requirements
- Facilitates program and agency evaluation through outcome measurement
- Informs trend analysis monitoring on key indicators over time
- Forms comparable Quality Indicators, which reflect clinical outcomes of services specific to the client population
- Transpires a comprehensive assessment: multi-disciplinary information gathering supports collaborative decision making
- Supplies client and caregiver perceptions of outcomes and the service system

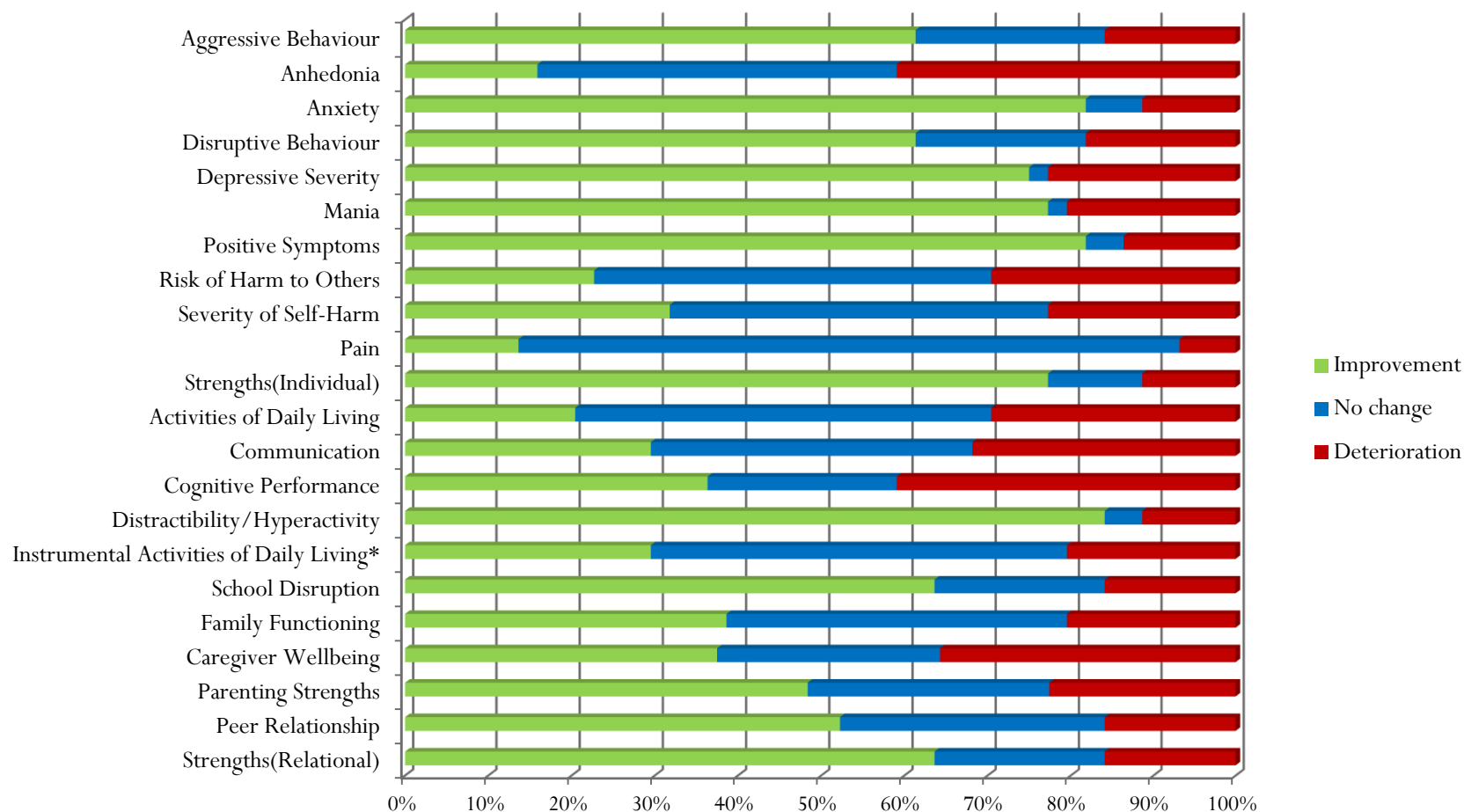
Funders and System Planners

- Evaluates the results of quality initiatives at the agency and regional levels
- Supports organizational and system-wide planning, management and accountability through Case Mix identifiers, a system which determines the cost per client based on client presentation
- Provides information on population mental health needs to support education and capacity development.
- Enables objective decision-making about resources and support needs
- Provides early identification across spectrum of child needs; prevent clients from falling through the cracks and creates a healthy start to life
- Generates individual and aggregate client profiles;
Collects information (age, services, providers, dates of services) in addition to areas of need (number of incidents within identified time frame, whether an indicator has been present or not)

interRAI ChYMh CAPs: A Super Domain Example



Pre Post: Proportion of Scale Score over Time for Program

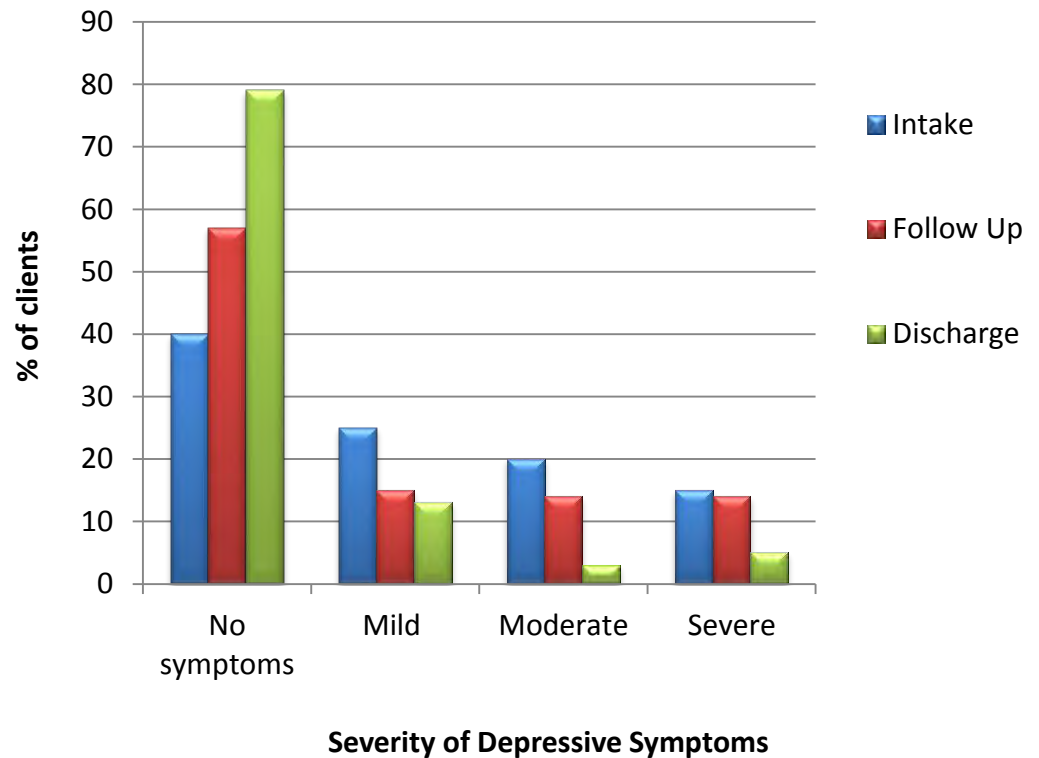


Customize agency scorecard

Outcome data can demonstrate **program effectiveness** over time. In this example, the program saw a reduction in depressive symptoms for clients at all levels.

Viewing standardized data over time can guide program evaluation and facilitate change.

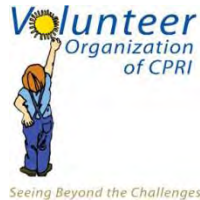
Example: Percentage of Clients at Intake, Follow-up, and Discharge Scoring on the Depressive Severity Index



Partnerships



Partners – Examples Community-Based Organizations



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Canadian Organizations

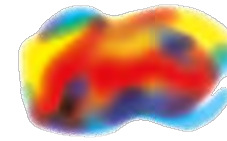
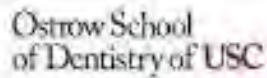


MINISTRY OF CHILDREN AND YOUTH SERVICES

MINISTRY OF HEALTH AND LONG-TERM CARE



International Organizations



IPSE DE BRUGGEN



Karolinska Institutet



Charles University in Prague



For more information

interRAI

<http://www.interrai.org/>

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