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BC: MHAPP

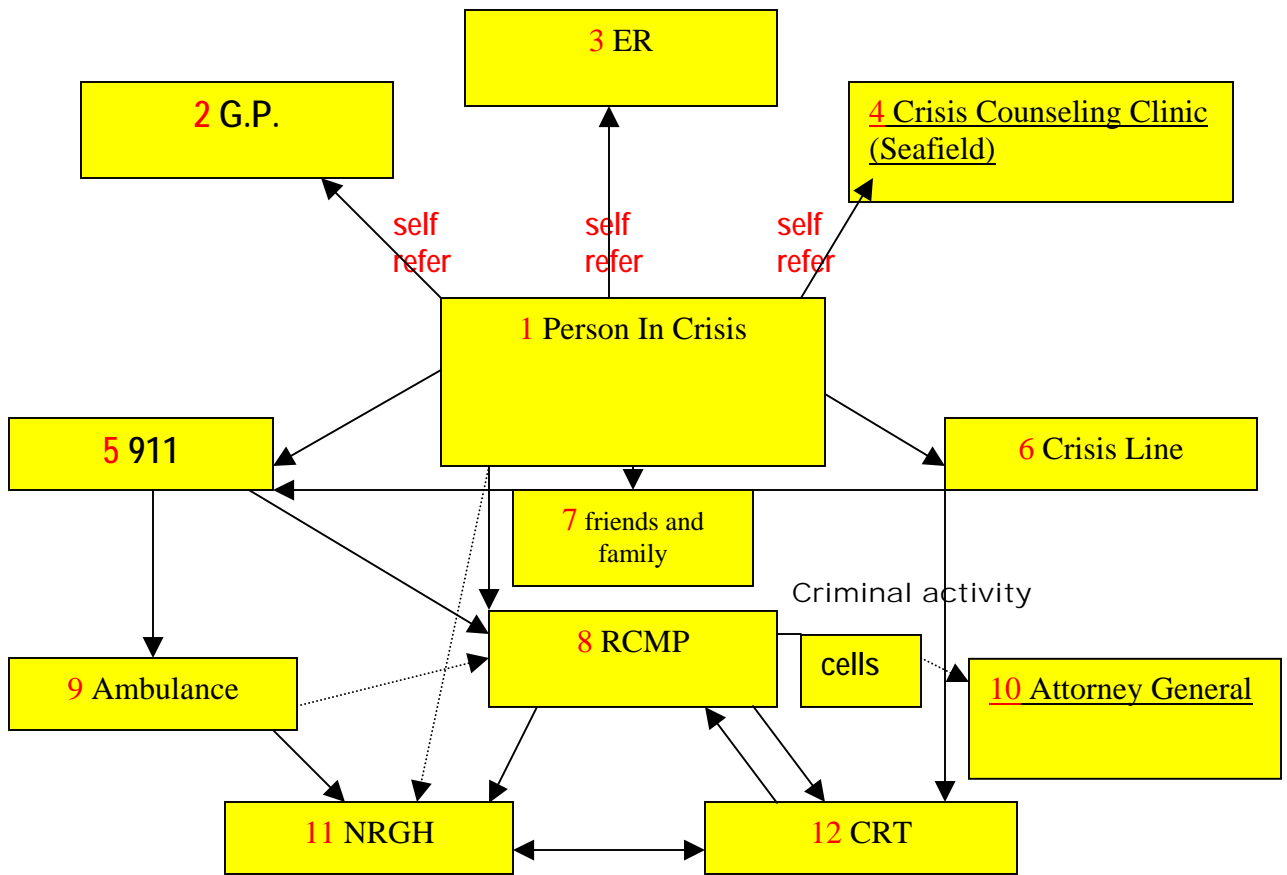
Building Capacity: Mental Health and Police Project

Nanaimo Steering Committee

Action Plan Report

October 6, 2005





Ongoing support services

VIHA Services

- Crisis Counselling Clinic (Seafield)
- Other Mental Health Services
- Alcohol and Drug Services
- Psychiatric Services

Ministry of Children and Families

- Child and Youth Mental Health

Ministry of Human Resources

Non-Profit Societies

- Tillicum Haus First Nations
- Brain Injury Society
- Nanaimo Family Life
- Phoenix Centre
- Citizen's Advocacy
- Men's Resource Center
- ADAPT
- John Howard Society
- Clearview Detox
- Haven Society
- Disability Resource Center

Legend

.....→ Occasional use

————→ more commonly used route

## Brief Description Of Services

- 1) Person experiencing a mental health crisis
- 2) General Practitioner- a person might self refer to their doctor, who may refer them on to the appropriate service.
- 3) Emergency Room- a person in crisis may self refer to the emergency room at Nanaimo Regional General Hospital
- 4) Crisis Counseling Clinic (Seafield)- walk in crisis counseling clinic 10:00 am-7:00 pm Monday- Friday.
- 5) 911- dispatch for police, ambulance and fire. Person in crisis, family members, or community at large may phone 911 in a mental health crisis.
- 6) Crisis Line- 24- hour crisis line service to the Mid-Island region. The crisis line services include referral information for callers.
- 7) Friends and family- an important resource to a person in crisis. They can often assist in dealing with a crisis and provide information to service providers.
- 8) RCMP- The police will respond in the event of a 911 call asking for police response or when there is criminal activity involved. Often the first responders in a mental health crisis.
- 9) Ambulance- Will be called by 911 should the person making the call request the services.
- 10) Attorney General- when criminal activity is involved, the person in crisis may enter the court system/jail/Forensics.
- 11) NGRH- Nanaimo Regional General Hospital
- 12) CRT- Crisis Response Team. Mobile Crisis Response: 8:30 am to 10:00 pm – 7 days a week.

# Issues Identified and Prioritized

## Hospital

The committee would like to acknowledge the hard work and dedication of the hospital staff at Nanaimo Regional General Hospital and suggest that the issues lie within the larger system. The committee has identified that the wait times at the Emergency Room for RCMP, BCASS and for people who live with mental health issues, is too long (up to four hours). The physical space for the Crisis Response Team to meet with someone is insufficient. Getting Medical clearance on a person in psychiatric crisis can be a long process. Also identified was the lack of beds for youth experiencing a mental health crisis. Youth are held on the adult ward or the pediatric unit.

### *Provincial Recommendations*

That funding is provided to expand the number of beds available at Nanaimo Regional General Hospital to decrease wait times in the emergency room. That funding is provided to increase physical space for people in psychiatric crisis to be assessed in the emergency department. That the proposed 8-bed unit for people in psychiatric crisis be implemented as soon as possible. That a more integrated unit be attached to Emergency Room departments to deal with psychiatric crisis. That funding for Youth Psychiatric beds is made available to Nanaimo Regional General Hospital.

### *Local Action*

That discussion between the hospital and RCMP and BCASS continue to allow for decreased wait times in the Emergency Room. RCMP will examine the possibility of special constable status for security staff to allow the RCMP to lessen wait times in the Emergency Room. Examine results of BCSS Provincial Project on hospital wait times for psychiatric issues.

- *Timeline:* ongoing
- *Players Involved:* RCMP, BCASS, Hospital Emergency Department Supervisor
- *Funds Needed:* Provincial funding is needed at this level.

## Housing

The committee has identified a need for more affordable supported housing in the Nanaimo area. There is also a need for bridge housing for people coming out of the hospital and transitioning back into the community.

### *Provincial recommendations*

The Ministry of Health should provide increased resources to Vancouver Island Health Authority or directly to community agencies to provide sufficient supported housing to accommodate a majority of persons with mental health issues who are in need of such support in the community.

Vancouver Island Health Authority should investigate and develop a trial for the establishment of Crisis Residential Units as “bridge housing” for persons recovering from mental health crisis, with a view to having several such units available on Vancouver Island.

### *Local Actions*

All parties should support and lobby through their organizations for an increased federal/provincial budget for supported housing for persons with mental health issues, and consider endorsement/lobbying for residential crisis units.

- Timeline: 1 year
- Players Involved: All Committee members

## **Information Sharing Systems and Protocol**

While Nanaimo does have the ability to share some information between the RCMP and Nanaimo Mental Health, the need for better systems of information sharing in the community was also identified.

### *Provincial Recommendations*

That privacy legislation be reviewed and assessed with a view to reducing restrictions on release of information in limited circumstances and for limited purposes in order to enable emergency responders, hospitals, and other relevant agencies to share information in order to provide the best, most effective, and least intrusive and dangerous interventions in regards to a person experiencing a mental health crisis

### *Local Action*

That we make available to persons living with a mental health issue on a voluntary basis, a card that will carry information on their contact persons and support systems to be used in the event of a mental health crisis. The committee will look at the model that was created by the Williams Lake BC:MHAPP committee. Canadian Mental Health Association Clubhouse members will develop a card that can be accessed at the Phoenix center.

- Timeline: 1 year
- Cathie Cameron will create a committee at the Phoenix Centre to work on Clubhouse cards.
- Funds Needed: CMHA will provide the cards to members of the Phoenix Centre Clubhouse

## Education/Training Component

*Best Practice: training and practice must be ongoing*

Training needs to be ongoing, and the techniques provided in the training must be used regularly in order to develop a sense of comfort/expertise and to be effective.

### *Provincial Recommendations*

That Provincial dollars be provided to Emergency Responders to provide ongoing mental health training. That the Ministry of Health and/or Vancouver Island Health Authority provide dollars to create and deliver “mental health crisis awareness” education module to include in the training of the Emergency Department Staff including Security.

### *Local Action*

The Nanaimo Crisis Response Team provides training to the Nanaimo RCMP at this time. Crisis response will modify the training to add a component on mental health crisis skills. The Crisis Society provides Family-to-Family training that can be accessed through Gloria Deck. CMHA Nanaimo will be providing Mental Illness First Aid, a two-day workshop starting in early October. CMHA also has the BRIDGES program facilitated by persons living with a mental health issue.

- *Timeline:* ongoing
- *Players:* All of the above mentioned agencies
- *Funding Needed:* That the committee members be proactive in ensuring that funding is provided to members of the community to attend relevant trainings.

## Mental Health Act/Representation Agreements

### *Provincial Recommendations*

That the Mental Health Act be revised to include honoring Representation Agreements written by people who live with Mental Health issues. That supportive services be provided to provide people to aid in the creation of Representation Agreements.

### *Local Recommendations*

That the community provides public information regarding Representation Agreements. That a letter writing campaign be undertaken to show support for this issue.

- *Timeline:* 1 year
- *Players Involved:* CMHA-Ruth Johnson has lined up a speaker to speak about representation agreements. CMHA will go forward with preparing for that.
- All committee members to be involved in letter writing campaign.
- *Funds Needed:* Funding for speaker to attend the island and the costs associated with that.

## Actions and Issues Begun or Finished Through the Process of the Project

### 1

- Focus Group participants identified issues with the use of the crisis line. They identified the need for more volunteers working at one time to prevent reaching the answering machine during times of crisis. They also identified the need for sensitivity training for volunteers.
- Gloria Deck arranged for Crisis Line Staff to be present at the Phoenix Centre to talk about the Crisis Line and clarify their role in the community.
- Crisis Line now has extended hours. 2 people on each shift Monday-Friday 10:00am to 12:00am. 3 Crisis Lines allow for better access to service for people living with mental health issues.

### 2

- RCMP and BCASS continue to be in conversation with Emergency Room personnel. They are working towards reducing the wait times in the Emergency Room.

### 3

- Johnny Tunnel /Crisis Response Team spoke of creating a separate steering committee to look at this issue.

### 4

- Nanaimo Salvation Army is in the process of creating a homeless shelter. A Crisis Response Team member will be on duty at the shelter during certain hours.

### 5

- Ruth Johnson presented to the Senate Committee on the State of Mental Health in Canada on housing and the need for more Supported Independent Living placements in the community.