North Okanagan Mental Health System Progress Report 2000

...next steps...

Regional Summary
Adult Mental Health System
June 2000

A Project of

the North Okanagan Health Region and
the Canadian Mental Health Association BC Division
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Introduction

The North Okanagan Adult Mental Health System Progress Report brings together information collected during the Salmon Arm Adult Mental Health System Progress Report (completed in 1998), the Vernon Adult Mental Health System Progress Report (completed in June 2000) and the Revelstoke Adult Mental Health System Progress Report (completed in June 2000). The Progress Report represents a unique partnership between the Canadian Mental Health Association, BC Division and the North Okanagan Health Region that has enabled a broad range of community members to offer their perspectives on the functioning of their local and regional mental health systems. This partnership was only possible with the full support of a number of key people within the North Okanagan Health Region including the Regional Mental Health Manager and local Mental Health Centre Directors.

Each of the three Adult Progress Reports was directed by a local Steering Committee made up of people with mental illness (referred to throughout this report as “consumers”), families of people with mental illness, mental health service providers and managers. The focus was on the mental health system for people aged 19-64.

Information about system functioning was collected from over 400 people including people with mental illness, family members, mental health service providers and external respondents from community agencies and organizations through questionnaires and focus groups. Based on this information, each Progress Report Steering Committee identified key community findings and developed recommendations for ongoing system improvement. Based on community-based findings and recommendations, the research team then worked with the Regional BC Schizophrenia Society Coordinator and the Regional Mental Health Manager to identify consistent regional themes and develop recommendations.

It is the intention of the Progress Report process to provide a basis for ongoing quality improvement within the North Okanagan Regional Mental Health System, by providing the region with an overview of the various stakeholder perspectives on key areas of system functioning. This information, when combined with other sources of system functioning information such as accreditation, file audits and performance indicators, provides a rich basis for ongoing system improvement.

This Summary is a way to provide you with an overview of the regional findings and recommendations. Summaries of findings from Salmon Arm, Vernon and Revelstoke which each include a more comprehensive review of the data are also available. In addition, a Regional Seniors Mental Health System Progress Report (related to the mental health system for people over 65) is also available. While we recognize the importance of integrating the mental health system for all age groups in the North Okanagan, the adult and senior's mental health systems are distinct. We therefore chose to review and report on them separately.

It is important to note recent developments in the North Okanagan Mental Health System and put the following findings and recommendations within the context of these developments. In 1998, the North Okanagan Mental Health Services produced a Mental Health Plan for funding and service development. In 1999, the North Okanagan Health Region sponsored an accreditation process conducted by the Canadian Council on Health Services Accreditation. Both of these documents are noted throughout this report. Finally, in April 2000, the North Okanagan mental health management structure was reorganized and integrated so that the Regional Mental Health Manager for the first time became responsible for both hospital and community mental health services. This provides an excellent environment for continuous quality improvement throughout the region and the implementation of the recommendations within this report.
Progress Report - Regional Summary

Adult Mental Health System

Services that made up the North Okanagan Adult Mental Health System for the purposes of the Progress Report were:

**Inter-Regional Services:**
- Kelowna General Hospital
  - Psychiatric ICU - Intensive Care Unit
- Riverview Psychiatric Hospital
  - Tertiary care
- Consumer Development Project
  - community development
- BC Schizophrenia Society Coordinator
  - community development

**Regional Services:**
- Vernon Jubilee Hospital
  - Psychiatric In-Patient Unit, Day Hospital
- Forensic Services
- Step-Up Step-Down (Willowview)
  - short stay hospital diversion program
- Sunshine Lodge
  - residential care
- Down’s Residence
  - residential care
- CMHA 24th Avenue
  - residential care
- People In Need Crisis Line (PIN)

**Vernon and Area Services:**
- Psychiatrists
- Mental Health Centre
- Canadian Mental Health Association
  - Semi-Independent Living Program (supported housing)
  - Community Living Support
  - Duplex – CMHA House - housing
  - Activity Centre
  - Yinhe - housing
  - Albert Place - housing
  - Eating Disorder Program
  - Supported Work Program
  - Clubhouse
  - 53rd Ave. - housing
  - Community Response Team - crisis response
  - Autumn House – congregate housing
- Home Support
- Vernon Mental Health Consumer Council
- Peer Outreach
- Mood Disorders Support Group
- Forensic Community Liaison
- Family Care Homes
- BC Schizophrenia Society
  - Family to Family - family education
  - Partnership Program - public education
- Mental Illness Family Support/Info Centre
The Scope ...

Salmon Arm and Area Services:
- Psychiatrists
- Mental Health Centre
- Psychiatric Emergency After Hours Program (PEAHs)
- Forensic Services
  - (in 1998 based in Kamloops)
- McGuire Centre
  - counselling and support
- Semi-Independent Living Program
  - supported housing
- SILA House
- Canadian Mental Health Association
  - Friendship Cove - clubhouse
  - CMHA Community Support Workers
- Volunteer Placement/Supported Work
- Family Care Home

Revelstoke and Area Services:
- Psychiatrists
- based in Vernon and Salmon Arm
- Forensic Community Liaison
- (based in Salmon Arm)
- Mental Health Centre
- Queen Victoria Hospital
  - custodial Care - one to one attendants

External Groups and Organizations
Some of the key services and organizations that were identified as external groups from each of the three communities for the purposes of the Progress Report were:
- Family Doctors
- Salvation Army
- RCMP
- Family Resource Centre
- Church Leaders
- Women’s Transition House/Women’s Shelter
- Immigrant Services Society
- Ministry of Children and Families
- Addiction Services/Alcohol and Drug Program
- Vernon Youth and Family Services Society
- Revelstoke Family and Youth Resources Society
- Friendship Centre
- John Howard Society
- Ministry of Social Development and Economic Security
- On-Reserve First Nations People
Questionnaires

Although the original questionnaires developed in Salmon Arm were modified for Vernon and Revelstoke, the questionnaires generally included statements related to the following key areas. The following are examples of statements used in each key area:

**HOUSING**
People with mental illness are given choices about where they live.

**INCOME**
Consumers are offered help from mental health workers to resolve income assistance problems.

**VOCATIONAL/EDUCATIONAL**
Consumers are given choices about the kind of work (paid/volunteer) they can do.

**HOSPITAL SERVICES**
Consumers are able to get hospital mental health services when they need them.

**COMMUNITY SERVICES**
Mental health workers will come to visit consumers when they are not doing well.

**CRISIS RESPONSE**
There are alternatives to hospital when people are acutely ill.

**CONSUMER INVOLVEMENT**
There is support from peers available to help people with mental illness in this community.

**FAMILY INVOLVEMENT**
Respite services are available to family members.

**CULTURAL SENSITIVITY**
Mental health services are sensitive to people’s cultural/ethnic background.

**COMMUNITY EDUCATION AND INTEGRATION**
The mental health system supports community members to recognize and respond to early signs of mental illness.

**SYSTEM-COMMUNITY INTEGRATION**
The mental health system is well connected to local community agencies.

**NEEDS MET**
The mental health services I have received have met my needs.

**ADVOCACY**
People with mental illness are comfortable voicing concerns about the mental health services they receive.

**SERVICE PROVIDER SUPPORT/INVOLVEMENT**
Service providers are invited to be involved in local mental health decision making.

**RECOVERY PHILOSOPHY**
Mental health workers believe people with mental illness can grow, change and recover.

Respondents were asked to rate statements on a scale of 1-5 (from strongly disagree to strongly agree) and provide comments. The following open questions were also included on each questionnaire:

What do you think is working well in the Vernon/Salmon Arm/Revelstoke and area adult mental health system?

What do you think is not working well in the Vernon/Salmon Arm/Revelstoke and area adult mental health system?

What are your suggestions for change in the Vernon/Salmon Arm/Revelstoke and area adult mental health system?

What other kinds of support would be helpful to you?

Is there anything you would like to add about your experiences with the Vernon/Salmon Arm/Revelstoke and area adult mental health system?

If you have experienced difficulty getting to and from mental health appointments or programs in or out of town, please explain the difficulties you’ve had and suggest ways these might be addressed.
Who We Heard From

In total we heard from 431 people from the North Okanagan Health Region regarding the adult mental health system. We received a **total of 422 completed questionnaires** with the following breakdown:

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We also received information from 9 people through focus groups at the Vernon Immigrant Services Society. Once initial findings were analyzed in each community, a series of focus groups were conducted with consumers, families and service providers to explore findings and brainstorm possible recommendations.

### Consumer Respondents

- **Gender**
  - 68% were female
  - 32% were male

- **Age**
  - 19% were between 19-34
  - 36% were between 35-44
  - 41% were between 45-64
  - 4% were 65

- **Community**
  - 36% were from Vernon
  - 23% were from Salmon Arm
  - 19% were from Revelstoke
  - 4% from Enderby
  - 3% from each of Armstrong, Lumby and Coldstream
  - 9% from other outlying communities

- **Length of Time Receiving Service**
  - 19% less than a year
  - 3% 1 to 5 years
  - 48% more than 5 years

### Family Respondents

- **Gender**
  - 62% were female
  - 38% were male

- **Relationship to Person with a Mental Illness**
  - 50% parents of a person with mental illness
  - 32% spouses of a person with mental illness
  - 9% siblings of a person with mental illness
  - 0% children of a person with mental illness
  - 3% were in the “other” category

- **Community**
  - 44% were from Vernon
  - 21% were from Salmon Arm
  - 10% were from Revelstoke
  - 6% were from Sorrento
  - 4% from each of Lumby, Armstrong, Cherryville
  - 7% from other outlying communities

- **Length of Time Family Member Has Been Receiving Service**
  - 22% less than a year
  - 40% 1 to 5 years
  - 38% more than 5 years
In reviewing key findings and recommendations, it is important to note that consumer and family respondents, in particular, self-selected, that is they chose to respond to the questionnaire. We suspect that the majority of consumer respondents are people who are relatively well connected to the mental health system and their responses therefore may not reflect the experiences and perspectives of people who are either less engaged or disengaged from the system. Additional attempts should be made to hear from the less engaged populations and more mental health resources should be focused on ensuring this is done effectively.

In the following discussion, we will highlight findings and recommendations that are either consistent or inconsistent with the 1998 North Okanagan Health Region Mental Health Plan (NOHR MH Plan) and with the 1999 North Okanagan Health Region Accreditation Survey Report (Accreditation Report). In most cases, the Progress Report findings substantiate the findings and/or directions outlined in these reports and provide additional support for suggested directions. In a few cases, however, the Progress Report findings suggest different and/or additional responses for consideration.

It is important to note that the current mental health system is a system in transition as it continues to move toward a truly regional system. The Progress Report therefore provides timely information about the extent to which the adult mental health system is currently experienced as an integrated, regional system by a variety of stakeholders and outlines recommendations about how to continue to build a stronger regional mental health system.

Across all 3 communities, 3 very consistent strengths of the North Okanagan Mental Health System emerged:

- high quality of service providers,
- the Step program, and
- the generally hopeful nature of the mental health system.

Quality of Service Providers

The most frequently identified strength of the North Okanagan Regional Mental Health System within each of the three communities was the high quality of service providers. Many consumer, family and external respondents identified the dedication of front-line staff, particularly in the face of limited resources and high demands. This strength is consistent with the Accreditation Report which identified the North Okanagan Health Region’s “dedicated, enthusiastic and excellent teams of caregivers.”

The mental health workers are dedicated to their jobs and their clients. They do the best they can, unfortunately, they are extremely busy and overworked.

– Revelstoke Consumer

A professionally competent, creative, and service driven staff who respect boundaries and are excellent team players.

– Salmon Arm External

My experience has been that the workers are excellent, well-trained, caring and dedicated.

– Vernon Family

Strengths of the System
The Step Program

The Step Program was identified as a key strength in both Revelstoke and Vernon. The Accreditation Report identified the "short stay residential program which can be accessed directly from the inpatient unit (as an) excellent example of an innovative program." (Accreditation Survey Report, p11)

While this program was not as dominant a strength in Salmon Arm, the value of this model was noted. In Salmon Arm, respondents identified the lack of local alternatives to hospital as a gap in the area of crisis response and the development of a local Step Program was therefore a recommendation in the Salmon Arm Progress Report.

While the Step Program was identified as a system strength by Revelstoke respondents, establishing a local crisis response capability with or without a physical place for people to go in crisis, was the second most identified suggestion for change in Revelstoke.

The NOHRM Plan identifies the development of both a short stay crisis response facility in Salmon Arm and a Revelstoke crisis response, community after hours quick response capability as priorities for new funding.

Recovery Philosophy

The North Okanagan Adult Mental Health System is generally experienced as a hopeful system by respondents from all three communities. The presence of a recovery philosophy was one of the top rated areas by consumers, families and service providers in both Vernon and Revelstoke. Over 80% of consumer respondents in Salmon Arm agreed or strongly agreed with the statement “Mental health workers believe people with mental illness can grow, change and recover.”
There were a series of areas for improvement that were also consistently identified across the three communities which, for the purposes of the Progress Report, represent regional areas for improvement. They include the need to:

- **Develop a Strong Regional Culture**
- **Improve Access to Regional and Local Services**
- **Improve Regional Discharge Planning and Follow-up**
- **Strengthen Education to Consumers and Families, the General Public and System Gatekeepers**
- **Strengthen Efforts to Address Housing Needs of People with Mental Illness in the North Okanagan**
- **Develop Region-Wide Complaint and Appeal Processes**
- **Improve the Psychiatric Ward Environment and the Provision of Rights Information**
- **Develop a Regional Employment Strategy for People with Mental Illness**
- **Respond Effectively to Cultural/Ethnic Diversity Within the North Okanagan**
We are told about “restructuring” and shifts in “paradigms”. The recent North Okanagan Health Region changeover has been at a level well above our heads. No one has asked for our input. – Vernon Community Worker

There is a lack of communication and common goals between different agencies. – Salmon Arm Community Worker

Strategic Directions...

Developing a Regional Culture

There continues to be confusion about the respective roles of the various parts of the regional mental health system among service providers, consumers, families and external respondents. Significant regional system integration concerns were identified within each of the three local Progress Reports.

It appears that the system is often not experienced as a regional system, particularly for people living outside of the Vernon area. In addition, responses from some regional service providers suggest that they do not think of themselves as regional service providers and are not fully aware of what services are available outside of Vernon and/or how to link people to these services. In each of the three communities there is also a group of service providers who do not feel involved in regional mental health decision-making in any meaningful way.

These issues were identified with reference to the entire health care system in the Accreditation Report which stated that:

“Although the team has had some success improving communication, this continues to be a challenge. There is a sense of distance between the regional management team and the rest of the organization…The management team has identified the need to open the lines of communication to foster and strengthen relationships with care teams, particularly with clinical staff, and this is encouraged.”

(Accreditation Survey Report, p. 26)

It is not surprising that there has been confusion within the system. Change and reorganization have been constant with regionalization of health care in this province. Now that the hospital and community mental health systems are administratively integrated in this region, it should serve to build a stronger regional team. Beyond the recommendations below, this area will also be addressed through the development of specific regional initiatives which are suggested further in the Progress Report.

Although we separated this out for the purposes of the Progress Report, in order to achieve a truly integrated mental health system in the North Okanagan, significant attention must be given toward integrating and coordinating mental health services for elderly, adult and youth.

Recommendations

3. Create an environment among regional and contracted mental health staff that supports a regional perspective on service delivery.

4. Develop mechanisms to ensure that service providers (including both regional staff and contracted service staff) have meaningful ways to be involved in regional mental health decision-making.

5. Create ongoing opportunities through in-services and/or other means for hospital staff and community staff from all North Okanagan communities to build stronger working relationships.

6. Monitor both the extent to which service providers feel involved in decision-making and the extent to which the system is experienced as a regional system by consumers, families, service providers and external groups over time.

7. Develop mechanisms to further integrate the North Okanagan mental health system for all age groups.
This was my first year of being critically ill while living in a small community. My previous experiences occurred in two large cities where all services were available to me on an emergency basis at any time. Therefore, I never thought what it must be like living in a remote place without those services. I know it is frustrating fighting, and the very opposite of what I need for stability of mind. - Revelstoke Consumer

While trying to develop a regional system, it is important to recognize that people experience significant barriers to accessing regional and local mental health services if they do not live near those services. For example, people from Armstrong and Lumby identified that they did not feel connected to local services (such as housing, social/recreational or case management services) based in Vernon. As noted in the previous section, regional mental health services such as the VJH Psychiatric Inpatient Unit and Day program, Step Program and Crisis Line are not experienced as being accessible to people in communities outside Vernon. Concerns were raised regarding regional and local system responsiveness to people in outlying areas. This issue was also identified in the Accreditation Report which stated that:

“the team recognizes the difficulty of reaching clients in rural areas and continues to try to improve its delivery of care and service in these locations” (Accreditation Survey Report, p. 11)

8. Develop focused strategies to ensure adequate access to regional services in Vernon and Salmon Arm for people who live in outlying communities throughout the region.

9. Monitor local strategies to ensure adequate access to local services to people who live in communities outside Vernon, Salmon Arm and Revelstoke.

10. Develop a process which monitors people’s access to local and regional services on an ongoing basis.
The area of discharge planning and follow-up was identified as an area for improvement in all three community Progress Reports. In part this issue is connected to the development of a stronger regional culture and the development of more effective ways for the regional hospital service to become linked with local service systems. Respondents also linked inadequate discharge planning to premature discharges which often occur as a result of inadequate access to hospital beds due to a greater demand than supply of beds. In Salmon Arm, the discharge planning recommendation identified the need to use a multi-disciplinary team approach to discharge planning that includes consumers and families in meaningful ways.

The only Accreditation Report recommendation in the area of mental health also identified discharge planning and follow-up as a key area for attention and recognized the importance of strengthening community supports to ensure that people receive adequate support and follow-up once they leave the hospital.

“There are only 17 mental health beds for the region, clients are being discharged early. The team recognizes that if more community supports were available, early discharges would be better supported. It is therefore recommended that the mental health team develop and implement processes to ensure that clients’ need for ongoing care and service are being addressed consistently across the region.”

(Accreditation Survey Report, p.12)
There are three distinct areas for improvement in the realm of education. The first is the need to provide timely, relevant and understandable information to consumers and families about their mental illness, their medications and community resources and supports. The second is the need to provide ongoing broad-based public education about mental illnesses, early identification and how to access the mental health system both in pre-crisis and crisis. The third area is the importance of providing information to system gatekeepers including family doctors, school counselors, religious leaders, drug and alcohol workers, and RCMP among others about how to identify the early signs of mental illness and how to access the mental health system. In addition, gatekeepers need to be kept up to date about changes within the mental health system and family doctors, in particular, need ongoing information about their patients, once people have accessed the mental health system.

Many consumer and family respondents from all three communities identified the fact that the onus was often placed on them to find information about mental illness, mental health medications and available resources rather than this information being provided to them by service providers. In Salmon Arm, only 40% of families agreed with the statement “I was given the information I needed to support my family member manage his/her illness.” This area was recognized in the NOHR MH Plan as an area for improvement. The Mental Health Plan states that:

“Persons and family members of persons suffering from a major mental illness often lack specific information on the disorder or diagnosis in question. While, at first glance, this may not appear to present a significant problem – education should ameliorate it – it does, in fact, negatively impact on the individual and their ability to identify prodromal signs of illness (therefore the ability to self-monitor is compromised). A well-grounded understanding of their own diagnosis and the particular character and course of their disorder has frequently been correlated with individual medication compliance, thus indirectly, long-term stability and decreased hospitalization. Too, consumers and families that have a good understanding of the illness are less vulnerable to the negative effects of a social stigma that stubbornly persists in marginalizing both the consumer and, by extension, the family.” (North Okanagan Health Region Mental Health Plan, p. 20)

The Plan recommends the development of local resource centers which, if feedback regarding the BCSS Family Information and Support Centre in Vernon is an indication, is an important step to improving this area. Based on respondents comments in this area, we believe additional strategies must also be employed to address this issue.

14. In partnership with local initiatives, develop the regional components of a “survival kit” for consumers and families about:
   A. what services are available, B. how to access services,
   C. illness information, D. medication information,
   E. recovery, and F. complaint and appeal processes,
   and make sure the kit is provided at first contact with consumers and families.

15. Conduct follow-up evaluations with first contact (hospital or mental health center) consumers and families regarding whether they received the information they needed in terms of the above areas.

16. Create a regional culture that strongly promotes service providers role in the area of consumer and family information and education providing them with opportunities to develop relevant skills and the time to do this effectively.
Respondents from all three communities felt that there was extremely limited community understanding about mental illness. **In Salmon Arm, almost 60% of respondents disagreed with the statement “people in this community have a good understanding of mental illness.”** In Vernon, just over 70% of quotes to this statement were negative and in Revelstoke, over 90% of quotes were negative. The area of community understanding was one of the lowest rated areas by consumer and family respondents in Vernon and Revelstoke.

In terms of education regarding early identification of mental illness, many Salmon Arm respondents identified both a significant gap in specific services for young people first diagnosed with mental illness and a lack of early identification and intervention strategies. Family members, in particular, saw the area of early intervention for children and youth as a critical component of an effective mental health system. In Vernon, the area of early intervention for young people was the most often cited response to the question “what do you think is not working well?”.

Some work has recently been undertaken in the area of early intervention and it is therefore important that the following recommendations link in with, and build upon, work that is already underway.

**Recommendations**

17. **In partnership with local initiatives, develop regional public education strategies to:**
   A. **Raise awareness of the early signs of mental illness**
   B. **Raise awareness of how to access the mental health system both in, and prior to, a crisis**
   C. **Reduce stigma associated with mental illness**
Progress Report - Regional Summary

**Gatekeeper Education and Involvement**

To the statement “there is an effective flow of information between family doctors and local mental health services”, family doctors stated:

- Only if you have the time to really reach out for it. – Revelstoke Family Doctor
- This is one area that needs definite development and improvement. Family doctors are often not in the loop. – Vernon Family Doctor
- Varies from practitioner to practitioner, service to service. – Salmon Arm Family Doctor

The critical role of family doctors in identifying and responding to the early signs of mental illness was frequently emphasized. The majority of family doctor respondents from all three communities either disagreed or strongly disagreed with the above statement. This issue was recognized in both the NOHR Mental Health Plan and the Accreditation Survey Report. The Accreditation Report recognized some improvements in this area:

> “the team’s efforts to improve communication of client care plans to general practitioners are recognized and the team is encouraged to continue in this direction” – (Accreditation Survey Report, p. 11)

Since the Salmon Arm Progress Report was completed, there have been a number of local strategies developed to address this issue and, based on recent family doctor feedback, these strategies have had a positive impact in this area. As a result of the provincial early intervention initiative, some work has recently been undertaken to build on family doctor’s knowledge in the area of early intervention. It is therefore important that the following recommendations link in with, and build upon, work that is already underway in this area.

**Recommendations**

18. **Continue to strengthen understanding of early intervention (identification and referral) best practices among family doctors, school counselors, church leaders and others and clarify roles and responsibilities in this area.** (Salmon Arm recommendation)

19. **Building on the work in Salmon Arm, develop a series of options, including the use of internet technology, to better involve family doctors and work with family doctors to choose and develop the best option(s).**

20. **Explore the possibility of using MHECCU’s telespsychiatry technology for video conferencing within the region.**

21. **Create a regional newsletter for mental health system gatekeepers to keep them up to date on mental health system changes and aware of educational or other relevant events.**
Housing was one of the lowest rated areas by Vernon externals, family doctors, and service providers although it was one of the highest rated areas among families. Almost 80% of Vernon quotes in the housing area were negative with the majority of quotes identifying:

- the impacts of limited income on housing selection which often results in sub-standard housing for people;
- specific gaps in housing including temporary housing for people who are at high risk of homelessness, housing in outlying areas and housing for young people with mental illness;
- insufficient numbers of subsidized housing options

Overall, Salmon Arm respondents ratings in the housing area were low and concerns were raised about limited housing options, particularly for people who are vulnerable. A limited supply of low income housing was repeatedly identified as a barrier to finding adequate housing for people.

The NOHR Mental Health Plan recognized the need to develop more housing for people with mental illness and identified the development of 60 new semi-independent living units as a priority for future funding. The Plan also acknowledged the need to address the deficit of housing options for youth.

Recommendations

22. Work with the Ministry of Children and Families to develop specific programs and housing alternatives for young people newly diagnosed with a mental illness.

23. Advocate for the Region’s full share of semi-independent living units and distribute these units throughout the region.

24. Develop a regional strategy to address the housing needs of particularly vulnerable people including those at risk of homelessness.

Regional Complaint and Appeals Process

Generally, it appears that people are not clear about how to make their concerns about the mental health system known. In Salmon Arm, approximately 50% of consumer and family respondents did not know who to go to with complaints or concerns. In Vernon, consumers and families involved in the Adult Short Term Assessment and Treatment (ASTAT) program, had very low ratings to the statement “People with mental illness and their families know who to go to when they are not receiving good mental health services.” In Revelstoke this statement received a very low rating by both consumers and family members.

Recommendations

25. Create, and promote the use of, a formalized complaint and appeal procedure for the North Okanagan Regional Mental Health System.

26. Create a regional culture which is open to complaints and demonstrates its ability to consistently deal effectively and appropriately with complaints.
INPATIENT CARE - MIXED WARD

The difficulties of having a mixed patient population on the VJH inpatient unit was most frequently identified by Vernon respondents, however, as this service is regional in nature we have included this section in the Regional Summary. An often identified area in the “what do you think is not working well” section in Vernon was the mixed patient population on the psychiatric ward which often includes a broad range of people with mental illness including seniors, young people, people with alcohol and drug issues and people in acute psychiatric crisis. The third most identified suggestion for change by Vernon respondents was to address a number of inpatient issues including:

- development of special units for specific groups of people (seniors, people in acute psychiatric crisis);
- addressing inpatient security issues; and
- improving triage.

The NOHR Mental Health Plan identified both the need to develop a 6-bed psychogeriatric unit and the need for renovations at VJH as priorities for future funding. In the Fall of 1999, a series of renovations were carried out on the psychiatric unit which, hopefully, have begun to address some of the issues raised by respondents during the Progress Report.

Recommendations

27. Establish a regional psychogeriatric unit at the Vernon Jubilee Hospital.
28. Develop specialized staff skills and resources to work with patients with substance misuse issues who are experiencing a psychiatric crisis.
29. In concert with the Ministry of Children and Families, explore and develop crisis and stabilization options for youth that are alternatives to the hospital.
30. Explore regional crisis stabilization options throughout the region.

RIGHTS INFORMATION

While we did not ask a specific question regarding the provision of rights information to people in hospital in the Salmon Arm Progress Report, there was a strong finding in both Vernon and Revelstoke that indicated a lack of effective provision of rights information. Access to rights information while in hospital was the lowest rated statement for all Vernon consumers and one of the lowest five rated statements for family respondents of people receiving Adult Short Term Assessment and Treatment services. New mental health legislation has now been implemented which may have an impact in this area (since November, 1999).

Recommendations

31. Prominently display rights of people involuntarily detained on the psychiatric ward.
32. In an ongoing way ensure that the process for delivery of rights information is understood by all relevant service providers (including physicians).
33. Working with consumers and families, develop psychiatric patient rights for voluntary and involuntary patients.
34. Monitor the provision of rights information to people who are involuntarily detained in an ongoing way.
EMPLOYMENT

While the area of employment did not emerge as a central area of concern in either Vernon or Revelstoke, it did emerge in Salmon Arm as a key area for improvement. In Vernon, employment was the often identified area in the “what is not working well” section and frequently identified area in the suggestions for change section. In Revelstoke, where a number of more basic mental health supports are still missing, the area of employment was not identified as a priority. Salmon Arm respondents also identified a tendency towards a program versus an individual approach to employment. While this was largely attributed to limited local resources in the area of employment, a number of consumers at the focus group expressed frustration at the lack of individualized employment supports.

The Accreditation report identified this area as a strength and stated that:

“the team is commended for the support provided to clients in the form of vocational and educational support, honorariums for volunteer work, and supported employment programs in the public and private sectors” (Accreditation Survey Report, p. 11)

While the NOHR Mental Health Plan identified the need for more Therapeutic Volunteer Placement options (a way of providing honorariums for volunteer work), in Salmon Arm and Vernon we heard a broader message from respondents who identified the importance of having a range of employment options including support to help people get and keep competitive employment.

Recommendations

35. EXPLORE THE POSSIBILITY OF DEVELOPING A REGIONAL CAPACITY FOR DELIVERING EMPLOYMENT SUPPORTS.

36. LINK WITH GENERIC EMPLOYMENT SUPPORT PROGRAMS AND WITH NEW PROVINCIAL SUPPORTED COMPETITIVE EMPLOYMENT INITIATIVE TO STRENGTHEN THIS AREA REGIONALLY.
CULTURAL/ETHNIC SENSITIVITY

We asked respondents to rate the statement “Mental health services are sensitive to my cultural/ethnic background” and then asked them to identify their cultural/ethnic background. While the ratings in this area were fairly high across respondent groups, based on answers to the second question in Vernon and Revelstoke, it is clear that very few people from visible minority communities responded to the questionnaire.

Information gathered through the focus groups conducted at the Vernon Immigrant Services Society suggests that there is room for improvement in this area. At the focus groups, it was repeatedly stated that there is increased stigma related to mental illness within some cultural/ethnic groups which results in people not seeking mental health services or supports. In addition, language and different interpretations of mental health issues create additional barriers to accessing the formal mental health system.

In Salmon Arm On-Reserve First Nations people had significant concerns about the lack of clarity about the Ministry of Health’s responsibility for mental health services to On-Reserve people. First Nations respondents also identified insufficient liaison time between the system and First Nations people.

Recommendations

37. IN PARTNERSHIP WITH LOCAL INITIATIVES, WORK WITH THE IMMIGRANT SERVICES SOCIETY, FIRST NATIONS PEOPLE AND OTHER CULTURAL/ETHNIC GROUPS AND ORGANIZATIONS TO PROVIDE TARGETED INFORMATION AND EDUCATION ABOUT MENTAL ILLNESS AND HOW TO ACCESS MENTAL HEALTH RESOURCES.

38. PROVIDE OPPORTUNITIES FOR SERVICE PROVIDERS TO ATTEND CROSS-CULTURAL TRAINING EVENTS.
Next Steps

There have been a series of focus groups in both the Vernon and Revelstoke areas with consumers, families and service providers to discuss the findings and explore recommendations. In addition, findings were presented at a Regional Mental Health Service Provider meeting in May 2000. These focus groups and this presentation provided an opportunity for many people to hear and discuss the Progress Report results and begin to explore how they might work to address key areas for improvement.

**The next steps in the Progress Report process include:**
- The distribution of local and regional summaries to respondents,
- The review of key findings and recommendations with regional mental health decision-makers, and
- A presentation of the regional findings to the North Okanagan Regional Health Board.

Both prior to and during the Progress Report process, a number of strategies have been put in place to address areas that have emerged in the Progress Report as areas for improvement. It is important that these efforts are recognized and that Progress Report recommendations are addressed within the context of these efforts.

The importance of ongoing monitoring and quality improvement was highlighted in both the Accreditation Report and the NOHR Mental Health Plan. According to the Mental Health Plan:

"ideally monitoring and evaluation should, we believe, involve the cooperative efforts of family, consumers, and service providers – and a process that facilitates these efforts must be continuous" (NOHRMH Plan, p. 5)

The North Okanagan Mental Health System Progress Report represents an excellent example of a cooperative approach to monitoring and evaluation. To help ensure that the input and involvement of so many people within the North Okanagan Health Region contribute to ongoing system improvement we make the following recommendations.

**Recommendations**

39. **The Regional Mental Health Advisory Committee should be responsible for the review of recommendations, prioritization and development of a plan for implementation.**

40. **The Regional Mental Health Advisory Committee should be responsible for the development of a process to monitor implementation of priority recommendations over the next 1-2 years and report on progress on an annual basis to the Regional Health Board.**

41. **Use the recommended regional newsletter as a way to highlight changes that have been made based on Progress Report findings.**

42. **The Consumer Development Project continue to work with the North Okanagan Mental Health Manager on recommendation implementation.**

43. **Develop processes to gather experiences of people with mental illness who are either less engaged or disengaged from the current mental health system.**
Thanks!

The involvement of consumers, their families, service providers and other community members throughout the North Okanagan Health Region is essential to achieving ongoing improvements in the Mental Health System. We thank you for your participation and encourage you to get involved and work with others on the recommendations.

Local Steering Committee Members

Salmon Arm Steering Committee
- Jan Arcand
- Sherry Bowlby
- Kim Bramble
- Carol Erickson
- Lynne Glover
- Garth Mercer
- Ron Nichol (Salmon Arm Research Team)
- Gayle Tissington

Vernon Steering Committee
- Marva King
- Randy Murray
- Ron Nichol
- Sharon Rauhala
- Pam Roberts
- Sandy Rysen
- Mark Seymour
- Diane Smith
- JGn Suderman
- Gayle Tissington
- Tal Woolsey
- Sunny Zimmerman

 Revelstoke Steering Committee
- Joan Graham
- Paulette Gaudreault
- Sharon Kelly
- Janette Lewis
- Dennis Mrokwia
- Harriet Rogan
- Jill Silano
- Bertha Stone
- Tiulikki Tennant
- Gayle Tissington
- Peter Waters

Research Team
- Catharine Hume
- CMHA BC Division
- Shelagh Turner
- CMHA Consumer Development Project
Summary of Recommendations

1. **Develop a formalized crisis response capability in Revelstoke.**

2. **Explore hospital diversion options in Salmon Arm.**

3. **Create an environment among regional and contracted mental health staff that supports a regional perspective on service delivery.**

4. **Develop mechanisms to ensure that service providers (including both regional staff and contracted service staff) have meaningful ways to be involved in regional mental health decision-making.**

5. **Create ongoing opportunities through in-services and/or other means for hospital staff and community staff from all North Okanagan communities to build stronger working relationships.**

6. **Monitor both the extent to which service providers feel involved in decision-making and the extent to which the system is experienced as a regional system by consumers, families, service providers and externals over time.**

7. **Develop mechanisms to further integrate the North Okanagan mental health system for all age groups.**

8. **Develop focused strategies to ensure adequate access to regional services in Vernon and Salmon Arm for people who live in outlying communities throughout the region.**

9. **Monitor local strategies to ensure adequate access to local services to people who live in communities outside Vernon, Salmon Arm and Revelstoke.**

10. **Develop a process which monitors people’s access to local and regional services on an ongoing basis.**

11. **Ensure a 48 hour follow-up for every person who leaves or is discharged from VJH Psychiatric Unit and Step Program.**

12. **With the involvement of key mental health stakeholders, conduct a thorough review of VJH Psychiatric Unit discharge processes and protocols to all communities in the North Okanagan.**

13. **Create an internal process for ongoing evaluation and monitoring of consumer and family experiences with follow-up and discharge.**

14. **In partnership with local initiatives, develop the regional components of a “survival kit” for consumers and families about: a. what services are available, b. how to access services, c. illness information, d. medication information, e. recovery, and f. complaint and appeal processes, and make sure the kit is provided at first contact with consumers and families.**

15. **Conduct follow-up evaluations with first contact (hospital or mental health center) consumers and families regarding whether they received the information they needed in terms of the above areas.**

16. **Create a regional culture that strongly promotes service providers role in the area of consumer and family information and education providing them with opportunities to develop relevant skills and the time to do this effectively.**

17. **In partnership with local initiatives, develop regional public education strategies to: a. raise awareness of the early signs of mental illness b. raise awareness of how to access the mental health system both in, and prior to, a crisis c. reduce stigma associated with mental illness**

18. **Continue to strengthen understanding of early intervention (identification and referral) best practices among family doctors, school counselors, church leaders and others and clarify roles and responsibilities in this area. (Salmon Arm recommendation)**

19. **Building on the work in Salmon Arm, develop a series of options, including the use of Internet technology, to better involve family doctors and work with family doctors to choose and develop the best option(s).**

20. **Explore the possibility of using MHECCU’s telepsychiatry technology for video conferencing.**
21. Create a Regional Newsletter for mental health system gatekeepers to keep them up to date on mental health system changes and aware of educational or other relevant events.

22. Work with the Ministry of Children and Families to develop specific programs and housing alternatives for young people newly diagnosed with a mental illness.

23. Advocate for the region's full share of semi-independent living units and distribute these units throughout the region.

24. Develop a regional strategy to address the housing needs of particularly vulnerable people including those at risk of homelessness.

25. Create, and promote the use of, a formalized complaint and appeal procedure for the North Okanagan Regional Mental Health System.

26. Create a regional culture which is open to complaints and demonstrates its ability to consistently deal effectively and appropriately with complaints.

27. Establish a regional psychogeriatric unit at the Vernon Jubilee Hospital.

28. Develop specialized staff skills and resources to work with patients with substance misuse issues who are experiencing a psychiatric crisis.

29. Prominently display rights of people involuntarily detained on the psychiatric ward.

30. In an ongoing way ensure that the process for delivery of rights information is understood by all relevant service providers (including physicians).

31. Working with consumers and families, develop psychiatric patient rights for voluntary and involuntary patients.

32. Monitor the provision of rights information to people who are involuntarily detained in an ongoing way.

33. Develop processes to gather experiences of people with mental illness who are either less engaged or disengaged from the current mental health system.

34. Explore the possibility of developing a regional capacity for delivering employment supports.

35. Link with generic employment support programs and with new provincial supported competitive employment initiative to strengthen this area regionally.

36. In partnership with local initiatives, work with the Immigrant Services Society, First Nations people and other cultural/ethnic groups and organizations to provide targeted information and education about mental illness and how to access mental health resources.

37. Provide opportunities for service providers to attend cross-cultural training events.

38. The Regional Mental Health Advisory Committee be responsible for the review of recommendations, prioritization and development of a plan for implementation.

39. The Regional Mental Health Advisory Committee be responsible for the development of a process to monitor implementation of priority recommendations over the next 1-2 years and report on progress on an annual basis to the Regional Health Board.

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41. The Consumer Development Project continue to work with the North Okanagan Mental Health System on recommendation implementation.

42. Develop processes to gather experiences of people with mental illness who are either less engaged or disengaged from the current mental health system.
For more information about the North Okanagan Adult Mental Health System Progress Report and/or for copies of summaries from Salmon Arm, Vernon Revelstoke or the Regional Senior’s Progress Report...

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North Okanagan Health Region

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