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Family Connections

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By Justun Miller

This month's edition of the Family Connections Newsletter is focusing on British Columbia's Mental Health act. We will share what the Mental Health act is, what it is for, and how it works. Having an understanding of this act is very valuable for us as caregivers and loved ones of those struggling with mental health diagnosis, and concurrent disorders.



The purpose of the Family Connections Newsletter is to support and enhance family involvement within Vancouver Mental Health and Addiction Services. The newsletter aims to provide information about issues, developments and activities and to create a respectful space for diverse voices and opinions within a culture of recovery and family involvement.



Sometimes providing the appropriate care for your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. For non-emergencies please contact the Access and Assessment Center (AAC).

AAC Contact Information

Hours: 7 days/week; 24 hours/day; 365 days/year

Phone: 604-875- 8289

Address: 711 West 12th Ave

British Columbia's Mental Health Act

By Justun Miller

It is important to remember that most people with a mental illness will not be placed under the Mental Health Act, but if this is to occur, you will need to be familiar with the legislation so that you know your rights, those of your loved ones, and understand what is happening and why.

The Mental Health Act is a Provincial/Territorial piece of legislation created to treat and protect people with severe mental disorders when they are not willing to accept it.

The Mental Health Act became law in 1964 and has been updated many times since then. The Mental Health Act provides authority, criteria, and procedures for involuntary admission and treatment through designated facilities. But it also contains protections to ensure that this authority is used in an appropriate and lawful manner.

Admission to Hospital

When a family member becomes very ill and requires hospitalization, they can be admitted to a designated facility in one of three different ways.

1. Through a Physician's Medical Certificate (The preferred method)
2. Through Police intervention. If a person will not go to Hospital or a Physician's office, or if a physician cannot visit the person, the police may be able to help.
3. Through an order by a judge. If the police cannot help, a judge may be able to assist

1. Medical Certificate

This process is initiated by a Physician completing a Medical Certificate (Form 4). Form 4 provides authority for anyone to take the person to a designated facility, and will be valid for 14 days.

All four of the following criteria must be met if the patient is to be involuntarily admitted:

- i) Is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others;
- ii) Requires psychiatric treatment in or through a designated facility;
- iii) Requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the persons own protection or the protection of others; and
- iv) Is not suitable as a voluntary patient.

Once at the designated facility the family member will have another Form 4 completed within 48 hours of arrival. Completion of the second Form 4 authorizes the facility to involuntarily admit the loved one for up to one month. If the second Form 4 is not completed within 48 hours, the loved one must be discharged or admitted as a voluntary patient. The below listed forms must also be presented/completed:

Form 13: Notification of rights involuntary patient of rights under the Mental Health Act. (Form 14 if under 16 years of age).

Form 16: Notification to Near Relative (Admission of Involuntary Patient or patient under Age 16)

Involuntary admissions can be extended further through the completion of a **Renewal Certificate (Form 6)**. The renewal dates are as follows: 1 Month; 1 Month; 3 months;6 months.

At every renewal it is required that the family member is informed of their rights and asked to sign Consent to Treatment/Form 5. As you can imagine, involuntary patients may not be capable of doing so. In this case the attending physician and facility's director will sign.

2. Police Intervention

Police can intervene when it is not possible for the loved one to be seen by a physician.

Quite often police involvement results from complaints about the loved one by others. “others” can be family members, community members, neighbours, co-workers, even direct observations from the police themselves.

Police involvement is usually reserved for emergency and/or urgent situations in which seeing a physician or going to the hospital are not possible.

If the police determine that the individual is in need of hospitalization they will use Section 28 (1) of the Mental Health Act to apprehend them and take them to a physician for examination, this will more often than not mean taking the loved one to a hospital.

The examining physician will follow the guidelines laid out for the Medical Certificate (Form 4) as identified above and determine if the loved one will be involuntarily admitted.

3. An Order by a Judge

This option is more likely to be used in more remote areas. If it is not possible for a loved one with an apparent mental illness to be examined by a physician or for the police to intervene, then an **Application For Warrant** (Form 9) of the Mental Health Act can be used.

Anyone (Family, neighbours, or health professionals, etc...) who has good reason to believe that a person has a mental disorder and meets the criteria for involuntary admission can apply to a Provincial Court judge, or if no judge is available, a justice of the peace to have the person involuntarily admitted to hospital. Form 9 has instructions attached to support the applicant in filling it out properly.

Once the Form 9 is completed and submitted to the judge or justice of the peace we determine whether or not the conditions are met, and that the usual admission procedures cannot be used without dangerous delay. If they agree, they will issue a warrant under section 28 (4) of the Mental Health Act by completing a Form 10.

The Form 10 authorizes all peace officers to take the person into custody and for a designated facility to admit the person for psychiatric assessment and treatment for up to 48 hours. The same process as described with the Medical Certificate (Form 4) is then followed.

Leave

While your loved one is in the hospital they may be granted a “leave” as they become more stable. A “leave” means that a patient has been authorized to leave the hospital.

Leaves are used when it is believed that it will be beneficial/therapeutic to the individual to leave the facility. Leaves can be used to attend medical treatment at other facilities, day passes, overnight visits, pre-discharge trial periods in the community. A leave can be granted for up to 14 days.

If a leave of greater than 14 days is desired, it is considered to be **Extended Leave**, and a Leave Authorization (Form 20) must be filled out.

What is Extended Leave?

- Extended leave is a client-centered therapeutic intervention
- Is for a period of greater than 14 days
- Leave is granted with the understanding that the individual will follow the conditions identified on the Form 20
- Ensures that the client has the earliest possible opportunity for release from hospital
- Extended leave will need to be renewed by completing a **Form 6**
- After 12 months of extended leave a **Form 8** will be presented. This provides the individual the opportunity to apply for a review panel.

If the conditions of the extended leave are broken, and/or the individual is decompensating and requires hospitalization, then they may be recalled to hospital by using a Director's Warrant (**Form 21**).

In order for a Director's warrant to be issued the Director and/or a physician authorized by the Director must be satisfied from an examination of the patient, personal observation, or collateral information received about the patient that the following criteria are true of the patient:

- Requires treatment in a designated facility
- Requires care, supervision and control in a designated facility to prevent the patient's substantial mental or physical deterioration or for the protection of the patient or the protection of others, and
- Will not voluntarily return to a designated facility

What is a Review Panel?

A review panel is an opportunity for an involuntary patient who wishes to become a voluntary patient or be discharged to challenge their involuntary status. This is done by having their case reviewed by a panel consisting of the following:

- Medical Practitioner
- Lawyer (Generally designated as the chair person)
- Person who is not a medical practitioner or lawyer

A review panel hearing requires the completion of the following forms:

- Form 7 (Application for Review Panel Hearing), and a
- Form 18 (Notification to Near Relative (Request or Order for a Review Panel))

Patients can be represented by an advocate (which may include a friend, family member, or anyone else chosen by the patient to speak on their behalf), or a lawyer. Generally the patient's treating physician and case manager will also attend.

Here is a link to the Guide to the Mental Health Act: <http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf>

A Recent Challenge to the BC Mental Health Act

By Zach Finley

Before her retirement, my mother worked for many years as a lawyer. I didn't argue with her much (I would've lost!) but I did learn from her that laws are made by human beings, who are sometimes right and sometimes wrong, who never have the complete picture, and who often must do their best to balance conflicting interests and different points of view. My mom worked in government, and, in many different ways, she modeled the ability to see problems from multiple perspectives. If environmental legislation was tightened, what would become of high-paying jobs in timber or mining? If the laws were not strict enough, what would become of our forests and oceans?

Lawyer jokes are a dime a dozen, but one thing you can say in lawyers' favour: they can see that every story has more than one side. I think this is a vital insight in society, because the more personal something is for us, the easier it is to see things in "black and white," and the more we lose our ability to acknowledge that even people with whom we disagree may have important truths to tell. At a psychological level we can fall into cognitive distortion, where we engage in "all or nothing" thinking. At an interpersonal and societal level this can affect our relationships, when we get more and more entrenched in "my way or the highway."

The BC Mental Health Act is one example of a law about which people hold very different points of view. When the Act feels unfair, this often has to do with the need to balance the right to self-determination and free choice against the need for treatment, often when individuals' decision-making is impaired by severe mental suffering. As a family member of a person struggling with mental illness, you too may have your unique perspectives on the Mental Health Act, and on the need to balance individual choice with the need to limit harms when someone is suffering.

Many of you may know that this past September, an important challenge to the BC Mental Health Act was filed in BC Superior Court. The Council of Canadians with Disabilities, along with two plaintiffs, argued that aspects of the Mental Health Act violated the charter rights of individuals who were "deemed to consent" to treatment on an involuntary basis. One of the plaintiffs is a 66 year-old woman diagnosed with bipolar disorder; the other is a young man in his 20s, identified only by his initials. As I understand it (and, unlike my mom, I'm no legal expert), both individuals wish to have more choice over the kind of treatment they get, and they feel the Act does not allow for much choice at all if one is certified. You can read more about the case online. There is an article in the Globe and Mail at <http://www.theglobeandmail.com/news/british-columbia/bc-patients-launch-court-challenge-over-forced-psychiatric-treatments/article31846031/>, and editorials for (<http://www.straight.com/news/790696/sarah-leamon-its-time-change-bcs-mental-health-act>) and against (<http://www.straight.com/news/807896/herschel-hardin-bcs-sensible-mental-health-act-not-need-any-challenges>); http://www.huffingtonpost.ca/susan-inman/bc-mental-health-act-autism_b_14137954.html the plaintiffs' challenges.

As a mental health clinician, I believe that there are times when involuntary medical care is necessary to preserve life or prevent serious harm. On the other hand, I also believe that providing as much choice as possible is vitally important in promoting recovery. Is there a way to hold both of these truths at the same time? I think this is the question that the two plaintiffs, along with the Council of Canadians with Disabilities, ask us to think about. I leave it to each of you to arrive at your own conclusions, and you may even become passionate advocates of one side or the other. Without losing one's passion, though, one can remain curious about and open to diverse viewpoints, seeing the many sides of the stories we share.



The Community Engagement Advisory Network (CEAN)

Use your voice to help improve the quality of healthcare at VCH.

What is CEAN?

CEAN is a group of volunteers who support patient and public involvement at Vancouver Coastal Health (VCH). They collaborate with VCH to improve the services we provide and enhance the health of our communities. CEAN has members from all areas of VCH. Visit www.vch.ca/ce for more info.

What do CEAN members do?

- Participate in focus groups/workshops/forums
- Review a document to test its user-friendliness
- Sit on an advisory committee
- Review policies and give feedback
- Be a liaison between VCH and their communities
- Recruit other CEAN members

And more!

Why join CEAN?

Do you believe that the voice of patients and the public needs to be taken into account when VCH makes decisions that will affect healthcare? Do you want to make a difference, and use your knowledge and experience to improve healthcare for you and your loved ones? Then you should become a member.

Who can join CEAN?

We welcome anyone who lives, works or receives services in the VCH geographic area – with the exception of people who are directly employed by VCH.

How do I join CEAN?

Visit www.vch.ca/ce and click on JOIN US, or give us a call: 604-714-3779. And we'll take it from there.



B.C. Schizophrenia Society presents

Strengthening Families Together

Are you living with a family member struggling with mental illness?

YOU ARE NOT ALONE

FAMILIES HELPING FAMILIES

Strengthening Families Together is a ten-session course for families and friends who have a loved one suffering from mental illness. The course provides information, tools and support to help people cope with these challenges they face.

Through the course, participants will learn:

- about different types of mental illnesses
- about medications and treatments for mental illness
- how to cope with and support a loved one who is living with a mental illness

Next **Strengthening Families Together** begins

Thursday March 30, 2017 6:30 pm to 8:30 pm
Vancouver Community College, Broadway Campus
1155 E Broadway, Vancouver, BC V5T 4V5

This is FREE for participants. Class size is limited and registration is required.

For more information and to register:

Andrew Kellett, Regional Educator Vancouver East
B.C. Schizophrenia Society
604-754-7464 | 1-888-888-0029 | vaneast@bcss.org
www.bcss.org



Fall 2016 Update Generously Funded by



Family Support Groups

Mood Disorders Association of BC – Mutual support groups for families of individuals living with a mood disorder. 2nd and 4th Tuesday each month, 7 - 9 p.m., Mount St. Joseph Hospital, 3080 Prince Edward St, Harvest Room A.

Contact Suemay Black @ 604-251-2179

Raven Song Family Support Group– Support group for families who have a loved one living with mental illness. 2nd Wednesday of each month 6:30 – 8:30 p.m. at Raven Song Community Health Centre, 2450 Ontario Street, Vancouver.

Contact Sally @ Tel: (604)270 7841 ext 2126

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. Last Thursday of each month, 6-7:30pm. St Paul's Hospital, 1081 Burrard Street, Room # 451, 4th floor, Burrard Building. Please pre-register by calling 604-682-2344 local 62403

VCH Eating Disorder Program – Family Support Group – for friends and family members of individuals living with an eating disorder. 1st Wednesday of each month, 6 – 7:30 p.m., 3rd Floor, 2750 East Hastings, Vancouver.

Contact Hella @ 604-675-2531 ext 20689.

Parents Forever – Support group for families of adult children living with addiction. Group meets every 2nd Friday at St. Mary's Kerrisdale, 2490 W 37th Ave., Vancouver. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

Pathways Clubhouse Chinese Family Support Group – Education sessions for Chinese families who have a loved one living with mental illness. 2nd Saturday of each month. 1 – 4:00 p.m., Room 345/50, 7000 Minoru Blvd, Richmond.

Contact Bessie.wang@pathwaysclubhouse.com
or 604-276-8834, ext 12.

Family Support Groups

GRASP Support Group – GRASP offers peer-led mutual support groups for families or individuals who have had a loved one die as a result of substance abuse or addiction.

2nd Thursday of each month, 7-9 p.m. at Gilmore Community School 50 South Gilmore Ave, Rm 207. Please email graspvancouverarea@gmail.com to register.

SMART, Family and Friends - Support group for family and friends to learn and implement self care, boundary setting, and compassionate communication tools. Every Tuesday 6:30-8:00PM at Three Bridges Addictions 1290 Hornby Street, Rm 310. Thursday 6:00-7:00PM at Raven Song 2450 Ontario Street, 1st floor. Call Oona @ 604-714-3480.

Family Connections Support Group —Every first Thursday and third Monday of the month in the CIBC Center for Patients and Families at the Jim Pattison Pavilion, Vancouver General Hospital, 899 W. 12th Ave (behind the Information Center) For questions or more information please contact: Isabella.mori@vch.ca, 604 290-3817 or Zachariah.Finley@vch.ca, 604-714-3771

First Nations Talking Circle - Weekly Talking Circle co-ed group for adult family and client's interested in learning more about First Nations Culture, sharing, expressing thoughts, and experiencing traditional ceremonies. Every Wednesday from 10:00 at the Carnegie Community Centre. Third floor 401 Main Street/Hastings, Vancouver. Contact Perry Omeasoo @ 604-306-7474



The *Family Connections* newsletter is available electronically, direct to your email inbox each month. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services supporting families with a loved one with mental illness and/or addiction, sign up at www.spotlightonmentalhealth.com

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