

niagarahealth

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Family Information Handbook

Mental Health and Addictions
Program

May 2022

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Introduction

This Family Information Handbook has been prepared to provide important information to assist and support the care of you and your loved one at Niagara Health. Many of the content areas have been informed by family and patient feedback and questions that come up frequently during mental health and addictions care.

The information contained in this handbook is based on the St. Joseph's Healthcare Hamilton Family Information Handbook. Permission was provided by St. Joseph's Healthcare Hamilton Family Advisory Council to use and adapt the information.

We will continue to update and revise the handbook content as required to better meet the needs of those we are privileged to support and work with.

Thank-you from the Niagara Health Mental Health and Addictions Program Leadership Team

Patient & Family Centred Care

We believe in patient and family centred care. The needs and goals of each person are important and are at the centre of the plan of care. We will work with you and your loved one to help to move towards achieving the best possible recovery outcomes both during inpatient and outpatient care.

We know that family members have special knowledge and expertise when it comes to the care and support of a family member living with a mental illness and/or addiction. With the patient's permission (consent) members of the healthcare team will involve family in the plan of care along with the input from different professionals such as nurses, social work, occupational therapy etc. They will also give you information and help with your needs while you support your family member.

Family members can also share information with the healthcare team at any time. Healthcare providers can listen to your thoughts and concerns without the permission or consent of your loved one. Just a reminder that consent does need to be in place for staff to share personal health information with family and other supports.

Good communication and relationship building with the patient and their family can be important factors in a successful recovery. Here are some helpful hints to promote recovery:

- Be positive and encouraging.
- Learn about the illness, treatment options and services available. This helps you take an active part in your family member's recovery journey.
- Be supportive and understanding even if you may disagree with your family member's goals.
- Share information about your family member's history with the healthcare team.

- Help develop the plan of care when invited by your family member.
- Take an active role in planning your family member's discharge when invited by your family member.
- Look after yourself and stay healthy.
- You may want to access some online resources and supports for yourself – one of the recommended resources for family support is below:

<https://www.familysupportniagara.com/who-we-are/>

It can be hard to support a family member when they are unwell. Remember to:

- Look after your emotional, physical, and spiritual health.
- Keep in contact with friends and family who can support as well as positively distract you.
- Attend family support groups.
- Maintain your routines including exercise, sleep, and/or work (if possible) or take up a volunteer/recreational activity.
- Allow yourself an occasional indulgent pleasure.
- Remain hopeful and expect success.

Mental Health & Addictions Program

General Information

The Mental Health and Addictions Program at Niagara Health has 98 inpatient beds, a large outpatient program, and community based addiction services. We work closely with many community agencies to help our patients with their recovery. To learn more about the Mental Health and Addictions Program, please visit our website at:

<https://www.niagarahealth.on.ca/site/mental-health-addictions>

Psychiatric Emergency Service

Most admissions occur through the Psychiatric Emergency Service. The Psychiatric Emergency Service is

located at the St. Catharines Site but also provides support and care of patients at the Niagara Falls and Welland Sites through the use of videoconferencing.

Depending on the number of patients being seen in the Psychiatric Emergency Service, your family member may be asked to remain in the Emergency Department waiting room after an initial nursing assessment. If anything changes while your family member is waiting, a staff member should be informed.

Prior to a psychiatric assessment being completed, patients are seen by members of the Emergency Department and assessed for the presence of medical issues. This may be done in the Emergency Department or in the Psychiatric Emergency Service. Sometimes a medical concern is present that may require care in the Emergency Department before a psychiatric assessment can be started.

The team in the Psychiatric Emergency Service focuses on completion of a comprehensive mental health and addictions assessment in order to determine whether an admission is needed or if discharge to the community with follow-up support is appropriate. Wherever possible, family or significant others will be contacted to provide information to inform the assessment process.

If there are concerns about safety, a **Form 1 (Application for Psychiatric Assessment)** may be completed. A Form 1 is valid for up to 72 hours if required but may be cancelled prior to the 72 hours based on the assessment that has occurred. Information about the reasons for cancelling a Form 1 will be shared with you if the patient gives consent to do so. More information about Form 1s can be found at:

<https://www.ontario.ca/laws/statute/90m07>

Visiting in the Psychiatric Emergency Service is permitted but is usually for brief periods at the discretion of the care team to ensure the safety of all patients, staff and visitors. The staff can provide information about whether your family member can have a visitor.

Inpatient Care

If admission to an inpatient unit is required, your family member will have a nurse assigned who is responsible for monitoring their mental status, providing medication, health teaching, providing support, and assisting with any other care needs. Nursing staff will work closely with other members of the care team and information will be shared amongst team members as required to ensure safety, and coordination of all aspects of care.

A psychiatrist and/or nurse practitioner will see and assess your family member on a regular basis and will make changes to the plan of care based on these assessments. If you are visiting your family member and observe things that you think may be important for the team to know, please inform one of the staff.

Care Team

Members of the healthcare team are professionals with specialized training. They work together to help patients identify and reach their goals. Some of the team members are:

- Psychiatrists
- Physicians
- Nurses
- Occupational Therapists
- Pharmacists
- Addiction Counsellors
- Recreation Therapists
- Social Workers
- Spiritual Care
- Student Learners

The healthcare team members may be different depending on which area of the Program your family member is in. Building a therapeutic relationship is a process that occurs between the patient and members of the healthcare team regardless of where care is delivered. The therapeutic relationship involves trust, respect and empathy and is the foundation of the work that we do within mental health and addictions.

Medical Care

Medical care and support is provided for patients if they have existing medical issues at the time of admission or if a new concern arises during their stay. The Mental Health and Addictions Program has both Nurse Practitioners and a primary care physician who provide medical care.

If needed, other services within the hospital will be engaged in the care of your family member and this will be coordinated by the inpatient mental health and addictions team.

Teaching Facility

Niagara Health is a teaching hospital. We welcome students from all healthcare programs. This means that your family member may have one or more healthcare professional students involved in their care, under the direction of the healthcare team.

Safety

On admission, the care team will ask the patient about how they cope with stress/struggles. Staff will help the patient develop a plan that promotes family members' participation, safety and recovery. This plan will

also identify safety planning to minimize or prevent the use of seclusion or restraint.

Sometimes despite planning to prevent the use of seclusion or restraint, a crisis may arise where your loved one is at risk of harm to self or others that requires the emergency use of restraint or seclusion. Restraint or seclusion will be used in the safest way possible. The patient will be asked questions about their experience afterwards and the team will review and revise the plan of care with the patient. The team may review and update the plan with family if appropriate.

Our concern for the safety of our patients is embedded in our clinical practices including assessment, treatment, decisions about discharge, and in our policies and procedures used on the inpatient units.

Violence

We expect everyone to treat one another with dignity and respect always. Aggressive behaviour and/or violence are unacceptable at Niagara Health. We are committed to and strive for the prevention of violence in the workplace and will take every reasonable precaution to provide a healthy, safe, secure and violence-free workplace environment for all employees, patients/clients, visitors, members of the professional staff, volunteers, learners, and contractors.

Visiting

Family and visitor guidelines are updated regularly and the most current information is available on the Niagara Health website via the following link:

<https://www.niagarahealth.on.ca/site/visitorinformation>

As part of Niagara Health's commitment to patient and family centered care, we have introduced the Essential Care Partners (ECP) program. An Essential Care Partner is not the same as a visitor. Designated by the patient or their substitute decision maker, ECPs will provide, emotional, cognitive or physical care to their loved ones and will function as another member of the care team. If you are interested in being an ECP, please speak with a member of the care team. More information about the ECP program is available via the link below:

<https://www.niagarahealth.on.ca/site/essential-care-partners>

If you are visiting your family member you can ask for an update of how they are doing while you are in. If there are several family members calling and requesting updates, it can take the care team members away from patient care. We will ask in these situations to have one person identified to receive the updates and then share with other family members.

Please ensure that you check with a member of the treatment team about what items are allowed or restricted before you visit.

We do ask that while visiting, please do not take pictures or use recording devices without consent. Staff will intervene if they observe that this is occurring.

Telephones

In most safe situations, patients can keep their cellphone with them to maintain connection with family and other supports during admission. Staff will charge patient phones overnight as cords are not permitted on the unit and/or in individual inpatient rooms. A cellphone may be removed by staff at their discretion and an explanation will be provided if this occurs.

There is also a phone for general use on the unit. This phone is not accessible overnight.

Groups and Programming

Groups and programming are provided during your family member's stay in hospital. The groups are delivered in person or virtually using iPads to connect individuals who might not be able to attend an in person session.

Groups on the inpatient units are focused on health teaching/education around topics such as coping skills, safety planning, healthy habits, and wellness strategies. Your family member will be encouraged to attend these groups as this information will be important in supporting a safe and successful transition back to the community at time of discharge.

Family Engagement

If your family member has agreed to include you in their treatment then a member of the care team will be in contact with you. Even if your family member does not give permission or consent to speak with you, someone will be in contact to gather information that may be useful to the plan of care. In this case, the care team member(s) can ask questions, listen to information you provide but is not able to legally disclose any information about your family member's care.

Family meetings may be organized throughout the patient's admission.

Common Legal Forms

If your family member was admitted to hospital on a Form 1, he or she may become a voluntary patient after further assessment by a psychiatrist. If the psychiatrist has concerns about your loved one, a **Form 3 (Certificate of Involuntary Admission)** may be completed and will mean that the stay in hospital may be up to two (2) weeks. The patient will receive Rights Advice about the form and may appeal to the Consent and Capacity Board to review their involuntary detention in hospital.

A **Form 4 (Certificate of Renewal)** is used when a doctor determines that the person must remain in the hospital involuntarily for a longer period of time. This certificate can later be renewed so that the person has to stay for another one month (first Form 4), two months (second renewal) or up to three months (third renewal or more). The certificate can be renewed indefinitely. Each time it is renewed, the patient can apply for a review by the Consent and Capacity Board.

A **Form 5 (Change to Voluntary Status)** is used when a doctor determines that the patient does not need to be kept involuntarily anymore. This form can be completed at any time to cancel a Form 3 or a Form 4 before it expires. A patient is automatically considered voluntary once their certificate expires and another one is not completed.

More information about commonly used Mental Health Act forms can be found below:

<https://www.ontario.ca/laws/statute/90m07>

Consent and Capacity Issues

Every person is presumed to be capable unless the psychiatrist using specific criteria, determines that they are not capable to consent to treatment, to manage their own property, or to consent to the collection, use, or disclosure of personal health information.

With the exception of certain emergency situations, any proposed treatment requires informed, capable, voluntary consent. Capable people are entitled to make their own treatment decisions. A person that has been deemed incapable to consent to treatment requires decisions to be made on his or her behalf by a Substitute Decision Maker (the person who is authorized under the Health Care Consent Act to give or refuse treatment consent on behalf of the patient). Every time a health practitioner proposes treatment, the patient must be assessed and a decision made if the patient is capable to give consent for that treatment. A patient may be capable to consent for one form of treatment but be incapable to consent to another.

When a psychiatric inpatient is deemed to be incapable of consenting to treatment for a mental disorder, they are provided with an explanation by the health practitioner, and given a **Form 33 – Notice to Patient**, and a Rights Advisor is notified to explain the form and to provide assistance if the patient wishes to have it reviewed by the Consent and Capacity Board (CCB).

When a patient is deemed to be incapable to manage their own property, they are provided with an explanation by the health practitioner, and given a **Form 33 (Notice to Patient)**, and a Rights Advisor is notified to explain the form and to provide assistance if the patient wishes to have it reviewed by the Consent and Capacity Board (CCB). A **Form 21 (Certificate of Incapacity to Manage One's Property)** is completed along with a **Form 22 (Financial Statement)** and these are sent to the Public Guardian and Trustee (PGT). The PGT will make decisions around management of property and finances in the patient's best interests unless:

- A valid power of attorney is presented
- A new guardian is appointed
- The patient is reassessed and found to be capable
- A finding of incapacity is overturned
- The patient passes away

If you have an existing power of attorney (POA) for your family member's personal care or finances, please ensure that you provide these documents to the unit social worker as soon as possible. For information about POA processes, please see below:

<https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/livingwillqa.pdf>

Consent and Capacity Board

The Consent and Capacity Board (CCB) is an independent body created by the provincial government of Ontario. It conducts hearings under the Mental Health Act, the Health Care Consent Act, the Personal Health Information Protection Act, and the Substitute Decisions Act (among others). Board members are psychiatrists, physicians, registered nurses in the extended class, lawyers, and members of the general public. The Board sits as panels of one, three, or five members. Hearings are recorded in case a transcript is required.

Applications to the Consent and Capacity Board usually happen through a member of the healthcare team or from a Rights Advisor. Once an application is received it is processed and a date and time for the hearing is provided. The hearing usually takes place within a week after the application is received. The hearings are either in person or through videoconferencing and each party may attend the hearing and a family member(s) may be asked to join as a witness. Questions will be asked of each witness by the CCB members.

Following the hearing, the CCB will issue its decision within one day and may also issue written reasons explaining the decision. Any of the parties may appeal the CCB decision to the Superior Court of Justice. Information about the Consent and Capacity Board is available at:

<http://www.ccboard.on.ca/>

Other Mental Health legislation resources:

Ministry of Health and Long-Term Care:

www.health.gov.on.ca

Mental Health Act:

www.ontario.ca/laws/statute/90m07

Health Care Consent Act:

www.ontario.ca/laws/statute/96h02

Substitute Decisions Act:

www.ontario.ca/laws/statute/92s30

Psychiatric Patient Advocate Office:

www.ppao.gov.on.ca

Discharge

Discharge planning begins at the time of admission. The healthcare team will be working with your family member to organize such things as medications, follow-up appointments, referrals for services after discharge, and additional in home support if required for older adult patients to return to their home.

There may be a discharge planning meeting held approximately one week before your loved one goes home. Your loved one will need to consent to having you there. If you are the substitute decision maker and your loved one will not consent to you being there, you may have a meeting at a different time or the plan will be reviewed over the phone.

On the day of discharge, a member of the care team will review the discharge plan with your family member and will ensure that written instructions as well as verbal information are provided. If medication is required, a prescription will be faxed to a community pharmacy of choice. Medications will need to be picked up on the day of discharge. Wherever possible, discharges will happen before 11:00 am.

If the patient remains incapable to manage their property, a **Form 24 (Notice of Continuance of Certificate of Incapacity to Manage One's Property)** will be completed and sent to the Public Guardian and Trustee prior to discharge. If the patient becomes capable to manage their property, a **Form 23 (Notice of Cancellation of Certificate of Incapacity to Manage One's Property)** will be completed and sent to the Public Guardian and Trustee.

Rapid Response Service

All patients discharged from the Psychiatric Emergency Service or from inpatient care, will receive a call within 24 – 48 hours of discharge from the Rapid Response Service. The healthcare team member who contacts your family member will check on:

- How the discharge and transition to community went
- Any issues or concerns about the discharge
- Any questions about follow-up appointments/services
- General assessment of mental status including safety

Staff will provide additional telephone support or coordinate a videoconference appointment as required based on the assessment. If you have any issues and your loved one consents, you can speak with the Rapid Response staff to communicate your concerns.

Outpatient Mental Health Services

Once your loved one is discharged, it may be helpful to consider the many outpatient programs and

services available to support a continued journey of wellness and recovery. Further details about these programs can be found here:

<https://www.niagarahealth.on.ca/site/adultoutpatient>

You can also find the referral form for our outpatient mental health programs here:

<https://www.niagarahealth.on.ca/files/MentalHealthAdultOutpatientReferral.pdf>

In addition, there are many services and support available in the community and you may find these resource also helpful:

<https://www.niagarahealth.on.ca/files/NHwebsiteMentalHealthSupports.pdf>

Addiction Recovery Services

If your loved one has an addiction issue, the healthcare team will work to identify follow-up resources to support care after discharge. Niagara Health offers a number of different addiction services and works closely with community partners to assist patients in meeting treatment goals. Further details about addiction services can be found here:

<https://www.niagarahealth.on.ca/site/addictionrecoveryservices>

Complimenting or Expressing Concern Regarding Care

We welcome you to tell us your compliments or concerns about your health care experience. Your perspectives help us to improve our services. Please connect with the unit Charge Nurse or Manager.

If you would like to submit your compliments or concerns to someone outside of the care team, contact information to provide feedback is below:

Phone: 905-378-4647 extension 44423

E-Mail: PatientRelations@niagarahealth.on.ca