

Mental Health Facilities and De-Institutionalization

Mental health facilities and de-institutionalization were among the issues raised by many participants during the Conversation on Health. Patient care, accessibility of facilities, and out-patient services and community supports were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of mental health facilities and de-institutionalization.

Patient Care

Many British Columbians feel that the closure of mental health facilities resulted in increased pressure on hospitals and municipalities to deliver services to individuals suffering from mental illness. Participants comment that, without support from a facility, mental health patients are more susceptible to homelessness and drug abuse, and that they are more likely to visit the emergency room because they had nowhere else to receive treatment.

The closure of mental health institutions has directly resulted in pressure on emergency rooms as many of these people now on the street and have no supports, many of the people on the streets have mental health issues and should be in long term care facilities.

– Letter, Kelowna

Some believe that a shortage of resources contributes to a reduction in the quality of patient care in facilities. Decreased activity programming and staffing levels were also identified as reasons that patients did not receive timely and necessary treatment. Participants suggest that more staff and better training would ensure that patients receive a higher quality of care in mental health facilities.

Access to Mental Health Facilities

Participants believe that mental health facilities should be geographically spread out over the province to allow rural residents to have greater access to mental health support. The Sunshine Coast, the Upper Fraser Valley, Hazelton, and Kelowna are mentioned as areas in particular need of mental health supports. Many submissions also indicate that Riverview should be re-opened.

Participants suggest that an increase in facilities and services would reduce hospitalizations by providing a place for people who live without support. Many also believe that increasing facilities throughout British Columbia would decrease pressure on the court and policing systems.

Out-Patient Services and Community Supports

Many of those involved in the Conversation suggest that there is a gap in service between a patient being treated in a facility and someone who is living in the community. Numerous participants say that people with mental health concerns are discharged too early from facilities and do not have an appropriate follow-up treatment plan in place.

Some patients in mental health are discharged before they're ready to go and end up back in our hospitals for another stay, which ends up costing the tax payer more. This is due to pressure placed on psychiatrists and nurses to discharge them to make room for new admissions from emergency departments.

– Web Dialogue, Vancouver

Comments received indicate that facilities should make more comprehensive care available. A post-discharge plan for patients to continue with treatment and follow-up outreach services for people who need support to stay in the community are both recommendations related to making mental health services more effective. Developing a system of graduated care for mental health similar to what is available to seniors is also suggested.

Increasing community supports are identified as a way to assist people once they had been discharged from a facility. Many people indicate the need for services like supportive housing, public drop-in centres, peer mentoring, and community care facilities, which would include communal kitchens, medication monitoring from nursing staff, and personal counselling services.

Let's reduce stigma, increase investment in housing, recovery supports in our communities and adopt an integrated approach.

- Regional Forum, Campbell River

Conclusion

Participants in the Conversation believe that there should be more mental health facilities and services available in the province, and that patients should receive more comprehensive care. Some believe mental health patients require more medical interventions, both while staying in facilities and after discharge. Others add that medical services should be combined with community resources to assist patients to live in and be productive members of society. There was general agreement that people with mental health concerns require greater access to integrated, co-ordinated and multi-disciplinary supports.

Mental Health Facilities and De-Institutionalization

This chapter includes the following topics:

- Patient Care**
- Accessibility of Mental Health Facilities**
- Administration of Mental Health Facilities**
- Out-Patient Services and Community Supports**

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: [Addictions](#); [Social Determinants of Health](#); [Patient Safety](#); [Community Care and Access](#).

Patient Care

Comments and Concerns

[Positive Comments about Treatment in Mental Health Facilities](#)

[De-Institutionalization](#)

[Concerns about Treatment in Mental Health Facilities](#)

- **Positive comments about treatment in mental health facilities:**
 - Magnolia House is a good facility for housing mentally ill.
 - The Early Psychosis Intervention Program prevents hospitalization and helps people keep a job.
 - Ravensong Centre, which includes doctors, nurses and addiction counselling, is a good facility.
 - Can the precedent at the Murrayville Manor Boarding Home be extended to the homeless mentally ill in general?
- **Comments on De-Institutionalization:**
 - Closing Riverview was a bad idea it had many good programs for training mentally ill patients.

- Closing facilities has put pressure on emergency rooms since many mental health patients now have no supports.
 - Closing Riverview without replacing the mental health beds has resulted in an increase in drug abuse.
 - The results of closing facilities are homelessness and increased policing costs to monitor people with mental health issues.
 - Closures in mental health download problems to municipalities.
 - Citizens are now wondering why there are so many street people. Why are so many people homeless and addicted and in pain and hungry? Because we not only stopped looking after them, but we closed the facilities, did not build new ones and have removed the laws that allowed us to protect and, hopefully, treat and help them to adjust to living on their own.
 - By shutting down mental hospitals and integrating mentally ill patients back into society we are doing them an injustice. People are living on the streets, doing drugs and so on because they have no where else to go and do not know how to use their resources.
- **Comments on treatment received in mental health facilities:**
 - The Eric Martin Institution is a terrible place and only makes conditions worse.
 - Cuts to activity and staff at psychiatric facilities result in lower quality of care for patients.
 - Medical care services sometimes do not pay attention when a person says they need help.
 - Some patients have been abused by staff at mental health facilities.
 - Putting homeless people in psychiatric facilities is not the answer to homelessness.
 - The reduction in the number of clients for mental health centres has resulted in harassment of existing clients as a result of there being too many staff available.
 - The increase in nurses per patient in general hospitals was three times greater than for patients in mental hospitals.

Ideas and Suggestions

- People on the streets with mental health issues should be in long-term care facilities.
- Facilities reduce resources spent on patients who are repeatedly admitted to hospitals, commit crimes and are not compliant with treatment.
- Restore and try to expand the past mental health services to take the pressure off the police and court systems.
- Continuing care and other health care professionals should be provided with Mental Illness First Aid training.
- Increase staff in mental health facilities and give them appropriate training.
- There should be video surveillance in all areas of psychiatric hospitals and wards. This would assist a patient to back up claims of mistreatment.
- The system needs a thorough oversight organization to prevent abuse in mental health facilities
- Use physical restraints on patients.

Outstanding Questions

- Does your government have a Charter Section 36 commitment to provide healthy sleeping quarters for the homeless mentally ill?

Accessibility of Mental Health Facilities

Comments and Concerns

- British Columbians have mentioned a lack of mental health facilities and services in the following areas:
 - Regions: the Sunshine Coast; the Upper Fraser Valley; Hazelton; and Kelowna; and
 - Facilities: Eric Martin Pavilion; Riverview; Tranquille and Woodlands.
- Getting a psychiatrist on the phone for an emergency case is difficult; it is rare to get a transfer to a psychiatry inpatient unit.
- Cutbacks to day programming are not good.
- The limited services available for people with mental health concerns make the system work like a revolving door.

- Institutional accommodation is not a good idea.
- British Columbia has made good progress in providing regional mental health facilities.

Ideas and Suggestions

- British Columbians mentioned a need for enhanced mental health recovery services in the following areas:
 - Regions: Cities and the surrounding areas on Vancouver Island;
 - Facilities: Riverview; and the mental health facility on Grant Avenue; and,
 - Services: 24 hour emergency community services; group therapy; emotional support counsellors; group homes for young people; alternative therapies; lock-up residential care and supervised group homes for some psychiatric cases; treatment centres for eating disorders and gay, bi-sexual and trans-gendered people; and psychiatric beds.
- There should be different facilities for different kinds of illness.
- Decentralize mental health resources so people do not have to travel to urban centres for help.

Administration of Mental Health Facilities

Comments and Concerns

- The administration of mental health care does not seem to be very organized.
- The current mental health management system provides no assistance to people who support family members with mental health issues.
- Care for the great majority of those with psychiatric illnesses was left entirely to the provincial governments, with none of the federal support for the upgrading of facilities or services provided for other medical conditions. This made investing dollars in the other, non-psychiatric areas of health care much more attractive for provinces since such investments would be matched by the federal government.
- Some patients are discharged too early and end up back in hospitals for another stay.
- Some people are inappropriately admitted to facilities.

- Access to government programs for people with mental health issues is limited, which results in people not getting the necessary supports and ending up in hospital.
- Reducing the number of patients who miss psychiatrist appointments would result in a more efficient use of resources.
- Some patients are released from hospital before suitable housing is in place. These patients then go to a homeless shelter.
- Some facilities do not have the necessary resources to treat patients with mental illness; this represents a risk to other patients.
- Too many family members are employed in the same facilities.
- Addicts in the emergency room are often put at the bottom of the list for treatment.
- Treatment delays can mean that patients are unable to be rehabilitated.
- When patients go to a mental health facility, their records go with them; good communication between facilities is maintained.
- Mental health staff treat each other like family.
- Psychiatric hospitals and psychiatric group-houses cost the provincial government a fortune to operate every year.
- Mental Health services should have health professionals available to proactively identify persons with mental illness and admit them to hospital.

Ideas and Suggestions

- Facilities should ensure successful community treatment options are in place before discharging a patient.
- The money saved from closing Riverview should be transferred to the Northern Health Authority.
- Separate treatment for mental health and addictions.
- Separate the intake for emergency psychiatric patients from general emergency intake.
- Caring for people with mental disorders in separate facilities will increase housing options for everyone.
- Facilities need a triage process to ensure mental health patients receive appropriate care from the appropriate place.
- All mental health services should be available at a one-stop location.

- Public drop-in centres need to be available for people who are in the most need for mental health services.
- The health care system should use community public and private psychotherapists rather than the medical intervention of psychiatrists.
- Ontario used a group therapy method to treat psychiatric patients, which helped the recovery process and decreased the amount of time patients were in the hospitals.
- There should be no wait list for those who need help with their mental well-being or addictions.
- Health care needs a new model of care where a person's level of need is clearly defined and reassessed at regular intervals.
- A system should be implemented to serve the families who provide the daily care for mental health patients.
- There should be more support provided to the families, letting them know what services exist, what is provided and how to access these services.
- The well-being of the individual and the safety of the public must be a prime focus in determining who should stay in a mental health facility.
- The resources should follow people with mental illness and be used to humanely treat them and rehabilitate them.

Outstanding Questions

- How can someone be sent to a mental health facility when an involuntary certificate was signed and no doctor had performed an assessment?

Out-Patient Services and Community Supports

Comments and Concerns

[Out-Patient Services](#) [Community Supports](#)

- **Comments about outpatient services:**
 - There is a lack of on-going planning for patients who require acute care.

- Facilities do not follow up with patients after they have been discharged from a mental health facility.
- There is no local facility that supports and/or houses patients before they transition back to community after acute care.
- The North Shore Centre, an out-patient facility, provides excellent individual and group therapy; however, day time groups need evening sessions so people can both work and attend the sessions.
- **Comments about community supports:**
 - Institutional downsizing was not matched with equal investments in community care, whether in general hospitals, community mental health agencies or clinics, or other supportive services. This situation was disastrous for the mentally ill.
 - British Columbia showed a loss of almost 40 per cent of its rated bed capacity for patients with psychiatric illnesses during the period 1990 to 2002. These changes in institutional care were not accompanied by alternative programs to address the needs of the sufferers, nor the requirements for a whole system.
 - Sending people into the community without adequate supports leads to homelessness.
 - British Columbia lacks supportive housing for people with mental health issues.
 - Without supports, people with mental health issues do not budget wisely and can forget to take their medications.
 - Communities lack the capacity to assist mental health patients.
 - There is only one mental health organization in the province that services Aboriginal communities in British Columbia.
 - Finding the appropriate access point to mental health services is very difficult.
 - De-institutionalization did not work because it was not followed by serious investment in community support systems.
 - Health care needs to differentiate between people who do better on the street and people who need more support.
 - Community health professionals seem unprofessional and inadequately trained.

Ideas and Suggestions

[Outpatient Services](#) [Community Supports](#)

- Ideas about outpatient services:
 - Government ministries should collaborate to provide appropriate supports to people with mental disorders to ensure that they do not go back to the hospital.
 - Each patient should have a follow-up plan for continued treatment before being discharged from a mental health facility.
 - British Columbia needs halfway-houses for mental health patients who have been discharged from hospital.
 - There should be follow-up outreach that helps support those who are struggling to stay in their homes.

- Ideas about community supports:
 - Provide emergency shelters, assistance from private charities and support to find work, and individual homes for homeless people.
 - Provide supportive housing for people with mental illness.
 - Community care facilities for the mentally ill should include:
 - a. Small personal rooms;
 - b. Communal kitchens offering full meal service;
 - c. Medication monitoring by on-site nursing staff; and
 - d. Personal counselling.
 - Provide more long-term residential resources for Aboriginal children with mental illness.
 - There should be transitional levels of care for mental health patients similar to levels of care in place for the elderly (acute care, extended care, assisted living, independent living and supported community living).
 - Peer support and mentoring should be available to people with mental health concerns.
 - Services available to mental health patients should include financial planning and family counselling.
 - Reduce the stigma for those on welfare.

- Provide more in-home support for First Nations families when people return from receiving treatment in facilities.

Outstanding Questions

- With Riverview Hospital closing, what support systems are in place in the communities?
- When will supports be provided in communities to assist people with mental health issues?