

21 Jan 74

GREATER VANCOUVER MENTAL HEALTH PROJECT

PROGRESS REPORT

The Greater Vancouver Mental Health Project was turned over to the Metropolitan Board of Health by the Community Care Services Society on May 1, 1973. At that time a partial Community Care Team, consisting of a half-time psychiatrist and three psychiatric nurses, was operating in the West End from temporary accommodation in St. Andrew's Church. An Executive Director and secretary commenced work on June 1st and moved into offices at 1687 West Broadway. As of January 15, 1974 six Community Care Teams are providing services to Greater Vancouver. Forty-two employees are on full-time staff. It is anticipated that by March 1, 1974 eight teams will be in operation and the Project's staff will have increased to sixty-five.

ADMINISTRATION AND PLANNING

The rapid growth of the Project has made it necessary to develop policies and procedures in both the clinical and administrative areas. An accounting system which reflects the various cost centres of the Project has been established by the auditors Price Waterhouse and Co. Committees and Task Forces have been appointed to identify needs and make recommendations on a variety of priority issues - crisis support services and in-service training. The Project is developing a comprehensive Policy Manual which will incorporate the organization, philosophy and structure as well as clinical and administrative guidelines for the Community Care Teams.

It became obvious in the early stages of the Project that there was a need

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to lay out terms of reference for the local area citizen's committees. As a result, the Metropolitan Board established a sub-committee to examine the composition and role of citizen's committees. Discussions were held by the committee with both citizen's groups and Project staff. The ensuing Report clarified the role of the local area citizen committees and recommended changes to the overall management structure which ensured citizen in-put at all levels.

Decisions with regard to the location of Community Care Teams were reached on the basis of several studies carried out by the Community Care Services Society. Due to the high pathology in Burrard and Strathcona, the first teams were activated in these areas. Further studies are being carried out to determine the sociography of each local area. A data sheet for patients has been designed which will supply the administrative office with base statistics for planning purposes. Objectives and priorities for the research group activities during 1974 are currently being set to direct their activities for the balance of the year.

West End

Referrals to date*	300
Current patient load*	101

The West End Community Care Team commenced caring for psychiatric patients on March 1st. The staff consisted of a stenographer - receptionist, two psychiatric nurses, and a psychiatrist on a sessional basis. Since then the staff has increased to a complement of six Mental Health Workers, an Occupational

* All figures for referrals and patient load are to December 31, 1973.

West End (contd)

Therapist, two sessional psychiatrists, a Senior Mental Health Worker, a part-time stenographer, full-time stenographer and a Team Co-ordinator.

Temporary accommodation was acquired in St. Andrew's Church. After a lengthy search permanent accommodation was located at 1285 Harwood, a former west end residence.

Mount Pleasant

Referrals to date	80
Current patient load	38

This team began to function with a Team Co-ordinator, psychiatrist, one Mental Health Worker and a stenographer. Four additional workers have been added to the team as well as a Senior Mental Health Worker and Occupational Therapist.

Store front accommodation was located at 16 East Broadway. Additional space has been acquired at the same location and is being renovated to provide facilities for occupational therapy.

Strathcona

Referrals to date	60
Current patient load	22

This team began functioning on Nov. 1, 1973 with a Team Co-ordinator, a temporary part-time psychiatrist, a Senior Mental Health Worker, three workers and a stenographer. Since that time a full-time psychiatrist has been added to the team. Further staff will be added as the patient load increases.

Temporary accommodation was provided to the team by Public Health Unit 1 on the corner of Abbott and Cordova. Permanent quarters have been located at 659

Strathcona (contd)

East Hastings. It is expected that renovations will be completed by March 1st, and the team re-located as soon as possible.

Richmond

Referrals to date	23
Current patient load	19

A Team Co-ordinator for this area joined the administrative office staff on September 1, 1973. With the approval of a budget in December, hiring commenced immediately. The team has now added a half-time psychiatrist, and four Mental Health workers. Two psychiatrists who are practising in the community are also giving sessions to the team.

The Richmond Public Health Unit are providing temporary accommodation. Negotiations are under way to lease a home owned by the Richmond Hospital Society. As soon as zoning requirements have been met, the team will start operating from its new quarters.

Kitsilano

This team will be operational by February 1, 1974. Staff have been hired consisting of a Team Co-ordinator, psychiatrist, Senior Mental Health Worker and four workers. The team has already accepted its first patient and is endeavoring to locate suitable accommodation.

West Side

A part-time Team Co-ordinator has been appointed. Staffing activities and a search for accommodation has commenced.

Burnaby

The two Burnaby Community Care teams are currently being staffed. Accommodation has been acquired at 4341 East Hastings, but is not yet occupied; however, patients are already being treated by the members of the team who have been hired. Patient load figures are not available because of the Burnaby Project's method of data collection.

EXECUTIVE DIRECTOR'S COMMENTS

The local area citizen's committees have been extremely helpful in the organization and development of the Community Care Teams. Committees have advised on community needs and suggested approaches which would contribute to the success of a mental health team in their area. Team Co-ordinators have found the assistance of the citizen's committees in selecting staff and finding accommodation invaluable. The continued involvement and support of local citizens is vital to the success of the Project.

Team Co-ordinators and other senior staff members have spent considerable effort in these early days establishing a close working relationship with social agencies working in the area. The maintenance and further development of these relationships is going to be increasingly important. Close co-ordination with the new structure of human resources services in the city is a pre-requisite for the Project's success.

If an integrated system of mental health services is to develop in Greater Vancouver, the Community Care Teams must have a close link with Riverview and

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other hospitals. Continuity of patient care is essential. The Joint Steering Committee which is responsible for ensuring that the work of the teams is co-ordinated with Riverview's Vancouver Service is proving to be useful and productive. Team Co-ordinators are receiving good co-operation from the wards at Crease Unit which relate to their operations. Discharge planning and follow-up are now joint endeavors between the Project and the Crease Unit. Much work remains to be done establishing working relationships with other local hospitals, particularly the Vancouver General.

Although the Community Care Teams have made a commendable start in providing an alternative to hospitalization, further progress will be seriously impeded unless support services are developed in the near future. A short stay hostel and day treatment centre are urgently required. Teams are having to hospitalize patients who could be alternately and more effectively treated if these services were available. Rehabilitative facilities are also essential if the Project is going to have a long term impact on hospitalization rates. A 24-hour staffed Crisis Service is also needed for the Greater Vancouver Area, as is a preventive program for high risk children.

Finally, the development of a clinical information system which will facilitate the assessment and monitoring of the Project and various treatment programs will receive top priority. The Government and people of British Columbia must be assured that the funds allocated to the Project are attaining the mission and objectives assigned to it.

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