



HUMBER RIVER HOSPITAL

Mental Health and Addictions Program



Patient Care Reinvented.



Adult Inpatient Services

Inpatient services are located on the 5th floor within 3 units: 5 East (5E), 5 West (5W) and the Acute Assessment and Treatment Unit (AATU).

58 inpatient beds:

- 44 beds are designed for general psychiatry
- 4 beds for chemical withdrawal management
- 10 beds for acute care

Patient Population

	Adult Inpatient (48 General and 10 AATU beds)
Average Age	39
Most Frequent Diagnosis	Schizophrenia/psychosis, Mood disorders, Substance use disorders
Average Length of Stay	16 days

Mental Health and Addictions Program

The program provides a broad continuum of services to meet the needs of the community we serve.







Our interdisciplinary team includes:

- 72 Nurses
- 8 Psychiatrist (doctor)
- 3 Social Workers
- 2 Pharmacists
- 1 Occupational Therapist
- 2 Recreation Therapists
- 1 Dietitian
- 2 Spiritual Care Providers
- 2 Security Guards

What makes us special

- Fully digital hospital
- Single occupancy rooms
- Excellent recreation groups
- Reinventing Patient Care Council (RPCCC)
- Medically monitored withdrawal services

5E - October 2018 Recreation Therapy Programs

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1 10:00 Relaxation 11:00 Wellness Walk* 1:30 Healthy Living 3:00 Open Gym* 3:30 Spirituality Group – 5E/W 4:00 Volunteer	2 1:00 Happy Chefs* 2:00 Creative Writing	3 9:30 Knitting – 5E/W 11:00 Music Appreciation 1:30 Meditative Art	4 1:30 Gardening 3:00 Open Gym*	5 10:30 Crafty Creations 1:30 Board Games	6 	7
8 THANKSGIVING DAY NO PROGRAMS 	9 1:00 Happy Chefs* 2:00 Creative Writing	10 9:30 Knitting – 5E/W 11:00 Music Appreciation 1:30 Meditative Art 3:00 Open Gym*	11 1:30 Healthy Living 3:00 Open Gym*	12 10:00 New Patient Info 10:30 Pet Therapy 1:30 Board Games 2:15 Open Gym 	13 12:00 Volunteers 	14 12:00 Volunteers
15 10:00 Relaxation 11:00 Wellness Walk* 1:30 Healthy Living 3:00 Open Gym* 3:30 Spirituality Group – 5E/W 4:00 Volunteer	16 1:00 Happy Chefs* 2:00 Creative Writing	17 9:30 Knitting – 5E/W 11:00 Music Appreciation 1:30 Meditative Art 3:00 Open Gym*	18 1:30 Gardening 3:00 Open Gym*	19 10:00 New Patient Info 10:30 Pet Therapy 1:30 Board Games 2:15 Open Gym 	20 12:00 Volunteers 	21 12:00 Volunteers
22 10:00 Relaxation 11:00 Wellness Walk* 1:30 Healthy Living 3:00 Open Gym* 3:30 Spirituality Group – 5E/W 4:00 Volunteer	23 1:00 Happy Chefs* 2:00 Creative Writing	24 9:30 Knitting – 5E/W 11:00 Music Appreciation 1:30 Meditative Art 3:00 Open Gym* 	25 1:30 Seniors Corner* 3:00 Open Gym*	26 10:30 Pet Therapy 1:30 Board Games 	27 12:00 Volunteers 	12:00 Volunteers
29 10:00 Relaxation 11:00 Wellness Walk* 1:30 Healthy Living 3:00 Open Gym* 3:30 Spirituality Group – 5E/W 4:00 Volunteer	30 1:00 Happy Chefs* 2:00 Creative Writing	31 9:30 Knitting – 5E/W 11:00 Music Appreciation 1:30 Pumpkin Art 3:00 Open Gym*	Nov 1 1:30 Gardening 3:00 Open Gym*	Nov 2 10:00 New Patient Info 11:00 Current Events 1:30 Board Games 2:15 Open Gym	<p>What is Recreation Therapy? A treatment that utilizes recreation and other activity-based interventions for patients with mental or physical conditions or injuries to improve or maintain functionality, self-confidence, socialization and a sense of well-being. The purpose of the <u>Recreation Therapy</u> process is to improve or maintain physical, cognitive, social, emotional and spiritual functioning in order to facilitate full participation in life.</p>	

*REFERRAL ONLY and/or *PRIVILEGES REQUIRED / *WEATHER PERMITTING
*CALENDAR SUBJECT TO CHANGE. WHEN NEEDED | Contact Amanda/Jessica

Safety on the unit



Community Partners



Discharge Planning

The interdisciplinary team collaborates in developing a discharge plan.

- Key areas:
 - Community resources (ie. psychiatric follow-up, case management, homecare/personal support, psychotherapy, education, vocational services)
 - Housing
 - Finances



For more information, please contact our centralized intake office:

Tel: (416) 242-1000 ext. 43170

Fax: (416) 242-1024

Mental Health and the Law

Mental Health Act of Ontario

- The *Mental Health Act (MHA)* provides the legal framework for the admission into specially designated psychiatric facilities of persons suffering from a mental disorder. The term “mental disorder” is defined broadly in Ontario’s *MHA* to mean “any disease or disability of the mind”.
- The *MHA* provides psychiatric facilities with the power to lawfully detain persons who have been found upon examination by a physician to meet certain prescribed criteria.

(A Practical Guide To Mental Health and the Law in Ontario, OHA, 2016)

What is the difference between a *voluntary* and an *involuntary* admission?

As a *voluntary* patient:

- The patient agrees to come to the hospital for treatment.
- Patients are free to leave the hospital if they wish, or even to sign out **against medical advice (AMA)**.

As an *involuntary* patient:

- The patient is brought to hospital against their wishes under the Mental Health Act of Ontario.
- They will be informed of involuntary status and will have a visit from a person called a **Rights Advisor**.
- The patient can appeal the involuntary admission to a review board by signing a form from the **Rights Advisor**.
- This review board is called the **Consent and Capacity Board**. It is made up of lawyers, psychiatrists and other people who come to the hospital to hear the case. They have no direct relationship to the hospital.
- The patient can become a voluntary patient after a thorough review by the psychiatrist.

MHA Forms

<i>Forms</i>	Title	Definitions
Form 1	Application by physician for psychiatric Assessment	Form 1 authorizes apprehension and detention for up to 72 hours in a psychiatric facility for purposes of psychiatric assessment.
Form 2	Order for Examination	Form 2 is an order from a Justice of the Peace that authorizes police officers to bring in an individual for psychiatric examination.
Form 3	Certificate of Involvement Admission	Form 3 is completed on involuntary admission to a psychiatric facility and has authority for up to two weeks.
Form 4	Certificate of Renewal	Form 4 renews involuntary admission to a psychiatric facility, if completed prior to expiry of Form 3, and may have authority for one, two or three months, depending on whether it is a first, second or third/ subsequent renewal.

MHA Forms cont'd

<i>Forms</i>	<i>Title</i>	<i>Definitions</i>
Form 30	Notice to Patient	Form 30 (Notice to Patient)
Form 50	Confirmation of Rights Advice	This Form is found in the chart once Rights Advice has come and seen patient
Form 5	Change to informal or Voluntary Status	Form 5 indicates a change from involuntary status to informal or voluntary status
Form 42	Notice to Patient	Notice to Person, this form is given to patient by physician who initiates the Form 1
Form 9	Order for Return	Form 9 is an Order issued by the Officer-in Charge of a psychiatric facility when a person who is subject to detention is absent without leave
Form 33	Notice to Patient	Form 33 constitutes written notice to the patient of a finding of - incapacity with respect to treatment of a mental disorder-incapacity to manage property, or-incapacity with respect to collection use, or disclosure of personal health information

Consent and Capacity Board

- The Consent and Capacity Board (“CCB”) is an independent provincial tribunal that has been established to provide “fair and accessible adjudication of consent and capacity issues, balancing the rights of vulnerable individuals with public safety.”
- The CCB holds hearings under the *Health Care Consent Act (“HCCA”)*, *Mental Health Act (“MHA”)*, *Personal Health Information Protection Act (“PHIPA”)* and *Substitute Decisions Act (“SDA”)*
- The most common types of hearings in which health care providers in mental health may be involved are those relating to capacity to consent to treatment, capacity to manage property and involuntary admission.
- The CCB cannot give legal advice to health care providers, patients or families.
- The CCB staff try to be helpful to those with whom they interact, but the provision of legal advice is beyond the scope of the assistance that they can provide.

Community Treatment Order

- CTOs came into effect in Ontario on December 1, 2000, as part of the amendments to the *MHA* designed to deal with the “revolving door” patient.
- CTOs were introduced to facilitate the supervision of treatment in the community of persons who had experienced **two or more admissions** to a psychiatric facility or for a cumulative period of **30 days** during the prior **three-year period**.
- A CTO expires **six months** after it is made, unless it is renewed or terminated early at the person’s or SDM’s request.

CTO cont'd

- The purpose of CTOs is to get patients out of hospital and into the community where they may be provided with community-based treatment or care and supervision that is less restrictive than being detained in a psychiatric facility.
- The legislation goes on to provide that CTOs are directed at developing a comprehensive community treatment plan (“CTP”).

Mental Health & Justice

We often find a gap in knowledge of the criminal justice system and how it intersects with the mental health system.

This limits our ability to best support our patients within a holistic model of care.

Speaking different languages?



The Access Point
The Toronto Mental Health and Addictions Access Point

Coordinated Access Referral Form

L Legal Involvement	
Are you currently or in the past been involved with the criminal justice system?	
YES	NO
If yes, please state the number of contacts with the justice system in the previous year:	
Please complete the following if you have current legal involvement (check all that apply)	
Pre-Charge	Outcomes
Pre-Charge Diversion	Charges withdrawn
Court Diversion Program	Conditional sentence
Pre-Trial	Stay of proceedings
Awaiting fitness assessment	Restraining order
In community on own recognizance	Awaiting sentence
Awaiting trial (with or without bail)	Peace bond
Unfit to stand trial	NCR
Awaiting criminal responsibility assessment (NCR)	Suspended sentence
Custody Status	Conditional discharge
ORB detained - community access	Other
On probation	No legal problem
ORB conditional discharge	Other criminal/legal problems
Incarcerated	Unknown
On parole	

Common questions

- If our patient has a court date and needs to reschedule who is the most appropriate to contact?
- What programs are our patients eligible for?
- What can we do to support our patients with mental health diversion?
- Who are the key stakeholders and what are their roles?
- How do we work with a patient's surety and/or criminal justice supports to ensure a safe discharge plan?
- What is the most appropriate setting for complex forensic patients?

Thank You!

