



**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**

Provincial Health Services Authority

Burnaby Centre for Mental Health and Addiction

Welcome Handbook for Patients and Families



Family is: “Anyone who is identified by the patient or client as an important support or advocate in their treatment and recovery and who should be included in encounters with health care professionals. This may include immediate and extended family members, friends, informal caregivers, community support workers and others unique to their experience.”

“

I experienced many emotional ups and downs as my son lived with substance use disorder and anxiety. Each time he entered treatment, I had such hope for his recovery. Each time he actively used again was full of emotional letdown, fear and worry again. What I learned is that there are many paths to recovery, including many stays in treatment centres.

It was a roller coaster ride for our family, as we had expectations that were not ours to make. I learned that recovery and wellness is very individual and it can't be rushed by anyone.

Each step of our loved one's journey needs the support we can give at the time, and always free of judgement. That's the most important.

– Family member

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A note from the authors

This handbook was a collaborative effort between family members and health care staff of Burnaby Centre for Mental Health and Addiction. These family members have walked the path, and it matters to all of us that their lived and living experiences are heard and used to transform their loved one's care. Putting the patient at the centre of their own care is an important step toward transforming all aspects of the health care system.

This handbook includes family perspectives and other information about the Burnaby Centre for Mental Health and Addiction. We hope it will be a helpful resource to you. Although it is not possible to reflect the enormous diversity in family and client circumstances, we have made every effort to honour those experiences throughout.

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Welcome!

We are so happy you picked up this handbook. It is our hope that the information you will find in the following pages will be helpful in lighting your way while your loved one is in our care. We welcome and encourage questions to care providers if you need more information. With your partnership and support, we can work together toward a better, healthier future for both you and your loved one.

About BC Mental Health and Substance Use Services

BC Mental Health and Substance Use Services, part of the Provincial Health Services Authority, provides highly specialized treatment for people across British Columbia with severe mental health and substance use issues. The Burnaby Centre for Mental Health and Addiction is one of our services. You can learn about the others on our website.

Who this handbook is for

This handbook is for families, friends, and loved ones of our patients and clients. This handbook was designed to be a companion for you as your loved one navigates treatment at the Burnaby Centre for Mental Health and Addiction. The goal of this resource is to help you become more informed and involved in your loved one's care.

Our commitment to you

We are committed to working with, rather than for, you and your loved one to deliver **client- and family-centred care**. By working alongside one another as partners, we can create a more responsive health care system, leading to the best possible outcomes for all who access our services.



Source: Interior Health

Introduction to Burnaby Centre for Mental Health and Addiction

The Burnaby Centre for Mental Health and Addiction is a 94-bed mixed-gender facility for adults (19+) who are diagnosed with both a severe mental illness and a substance use disorder (we call this a concurrent disorder). We customize every treatment plan to each person.

About the facility

To achieve the goals of specialized treatment, the facility is divided into sections:

Assessment and stabilization units

When clients first arrive, they will stay in assessment and stabilization unit one. This unit is secure, meaning that the client's movement in and out of the unit will be limited to activities that are safe for them in this initial phase of early recovery. From there, they will transition to assessment and stabilization unit two or one of the treatment units.

Goals in assessment and stabilization unit one:

- Begin involvement in therapeutic programs
- Stabilize physical and mental health
- Establish healthy routines
- Establish positive and trusting relationships in safe environment

Treatment units A and B

Clients are able to move in and out of the treatment units freely, with staff oversight and support to ensure they are working towards their treatment goals.

Examples of goals in treatment units

- Participate in a wider range of therapeutic programs
- Develop and practice life skills, such as volunteering, to help with employment readiness

- ✓ Enhance readiness to return to the community
- ✓ Optimize treatment of mental health and substance use challenges

Food and housekeeping

We are committed to providing great service and quality food. We offer a four-week menu cycle that meets the requirements of the Canadian Food Guide. Therapeutic diets (e.g., diabetes) and some food preferences (e.g., portion sizes, vegetarian or vegan) will be accommodated.

In assessment and stabilization unit one, rooms are cleaned every day. In assessment and stabilization unit two, treatment unit A, and treatment unit B, room cleaning is less frequent and the schedule will be shared with clients. All washrooms and shower rooms are cleaned daily.

Visiting Burnaby Centre for Mental Health and Addiction

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Even though we weren't able to visit as often as we would have liked, every visit was a precious chance to learn how better to support our mom. Being able to see what Burnaby Centre for Mental Health and Addiction was like, learning about the groups and other treatments, spending time outside at the picnic tables and meeting some of her new friends there, really helped us in so many ways to better understand what our mom was experiencing.

– Family member

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Preparing for your visit

- Check in with reception when you arrive for your planned visit. Our staff will let your loved one's care team know, and someone will meet you in the lobby.
- There are designated family room(s) for you to visit your loved ones. Visits are not generally permitted in other parts of the facility.

- Inform staff if you wish to bring gifts and other items* to your loved one. To protect the safety and wellness of clients, everything brought onto the facility will be need to be searched.
- Contact your loved one’s care team if you have any questions or concerns about visiting or what to bring.
- Check www.bcmhsus.ca for the most recent information about visiting.

**Gifts that are allowed include (but are not limited to) cigarettes, clothing, books and food. Gifts that are not allowed include (but are not limited to) energy drinks, alcohol and other drugs and weapons.*

Parking

Free parking is available for family members in the staff parking lot. In the event that the staff lot is full, pay parking (by phone, with a credit card) is also available in an adjacent property to the south of Burnaby Centre.



Accessibility information

- The main entrance is wheelchair accessible.
- The elevator that provides access is located to the left of the entrance stairs and will take you to the main reception area. The elevator can also take you to the other floors if needed to visit your loved one.
- The elevator is not equipped with Braille.
- The front door is automatic. Other doors within the facility are not automatic.

- There are two curb cuts located in the sidewalks between the parking lot and front entrance.
- There is one accessible washroom available for visitor use beside the family visiting room in the Assessment and Stabilization Unit. A staff member, or security after hours, can unlock this for you.

Please contact us if you have any questions or concerns, and we will do everything we can to support your visit.

Community passes

If your loved one has a pass to the community, you can spend time with them on outings that can be up to several hours long. You will be asked to become familiar with their safety plan, such as how to manage their triggers. As with unsupervised visits on facility grounds, you are expected to remain with your loved one during off-site visits.

Let staff know if you have any concerns before or during your visit. Planning activities that are supportive of your loved one's recovery requires open conversations between the care team, clients and families.

Other ways to connect with your loved one

- *Phone:* Each unit has a telephone for clients to connect with their family members. Staff will also help with teleconferencing.
- *Tablets:* There are set times clients and patients can sign out a tablet to connect with their families by video. Staff will help them with videoconferencing.
- *Emails:* Clients have scheduled computer time until 10 p.m.
- *Letters and packages:* We encourage you to send gifts if you can. Staff will inspect them before giving them to your loved one. More information on what kinds of gifts are permitted is available on page 6.

What to expect from your loved one's care

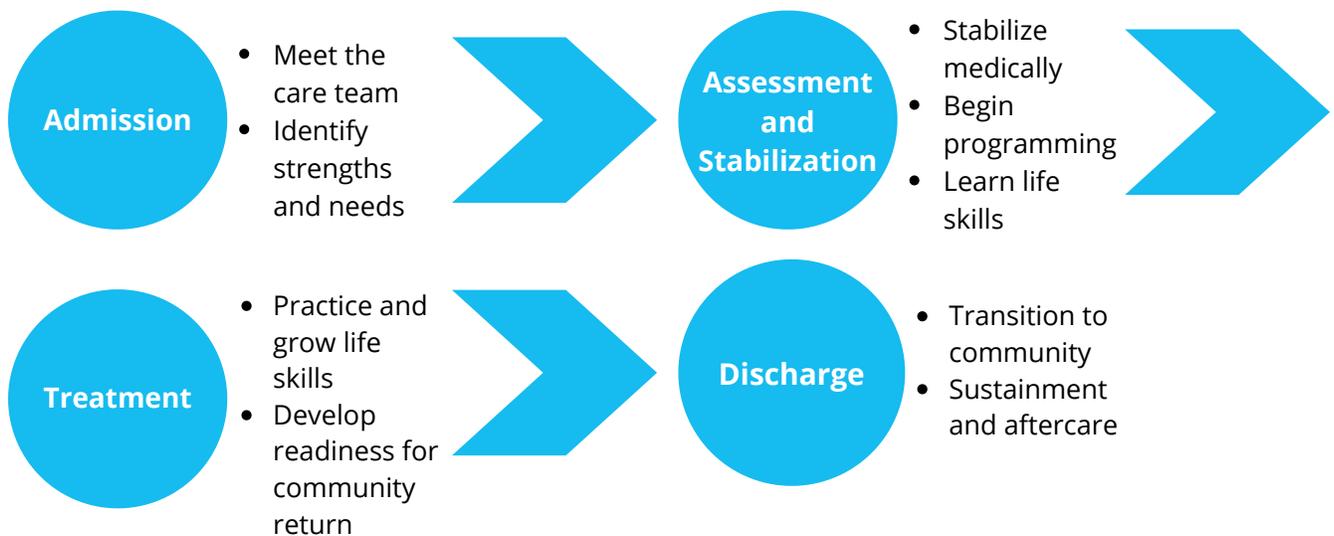
Overview of the client journey

“ Families have years and years of knowledge of their loved ones and that wealth of information about what’s going on with them. Families are part of the team helping people get back on track. – Staff member ”

“ Supporting a vulnerable loved one through a mental health condition, like we continue to do with our son, requires a large degree of collaboration based on trust. That collaboration is between ourselves and our son, but also between us as a family and the health care team supporting him. – Family member ”

Recovery is a personal, non-linear journey where people work to improve their health and wellness, learn to live a self-directed life, and strive to reach their full potential. To help clients achieve their goals, we use the recovery model.

Below illustrates the typical client journey at Burnaby Centre for Mental Health and Addiction:



Support from health care team and families



Time needed at each stage varies from person to person:

- Two to eight weeks in assessment and stabilization unit one, with the remainder of time in assessment and stabilization unit two, treatment unit A and/or treatment unit B
- Anywhere between one to nine months at Burnaby Centre for Mental Health and Addiction (the average stay is four to five months)
- Clients and patients will move between units in any direction depending on their needs at any given time.

When your loved one is admitted



We were able to go in with my daughter for part of the admission process. We'd been waiting for this day for such a long time and felt very anxious. Looking back, I know our confusion would have been somewhat relieved if we'd asked more questions of the intake staff."

– Family member



We welcome you to accompany your loved one when they are admitted to support them through this time. As we are a provincial service located in the Lower Mainland, we understand that this is not possible for all families, and invite you to stay involved in other ways.

When your loved one arrives

- They will be greeted by a nurse and health care worker, and escorted to an intake room.
- They will be asked to provide consent for family involvement. If they give consent and you are one of the client or patient's designated visitors, you may remain during the following stages of admission. Please keep in mind that if your loved one changes their mind at any time, you will be asked to step out of the room.
- The nurse or health care worker will ask your loved one questions about their health, dietary requirements and other important information.

- Staff will check personal items and belongings to ensure that no substances, drug paraphernalia, phones or other electronics, or contraband items (such as items that are, or can be, potential weapons) are brought to the facility. Sharp objects, such as nail clippers and razors, are allowed, but kept in the care team station rather than the client or patient's room.
- Your loved one will be asked to shower. They will be given temporary clothes (like scrubs) and asked to put the clothes they wore to the facility in a bag. This is to allow for all belongings to undergo further care, following our bed bug prevention protocol.
- The nurse will meet them for an initial mental health and substance use assessment and then see a doctor or nurse practitioner for a physical assessment.
- Staff will order all necessary medications for your loved one from our pharmacy. There is no need to bring medications to the facility.
- After these meetings, your loved one will be given a tour of the unit. If you accompany your loved one, you will be given the opportunity to say goodbye at this point and will be escorted back to the main entrance.

You can ask questions during admission

We know that this can be a difficult time and encourage you to talk to the admitting staff about any questions or concerns you may have. During the intake process, be sure to ask questions such as the following:

- ❓ How soon until we are able to visit?
- ❓ Will we receive a phone call from anyone? Who?
- ❓ Who can we reach out to with questions related to my loved one's care? What is their name and phone number?

You will most likely be in contact with a social worker. Your contact person may change over time as treatment progresses.

Your loved one's care team

We provide care using a team-based care model, meaning that many health professionals work in partnership with each other, clients and families to provide direct care to your loved one. Your loved one's care team is specially trained to treat complex, concurrent mental health and substance use disorders. Their training includes cognitive behaviour therapy (CBT), dialectical behaviour therapy (DBT), Indigenous cultural safety and trauma-informed practices (where the care takes into consideration the client's past trauma).

This interdisciplinary team works together with each client and the client's regional health authority care team to create an individualized care plan. We encourage family members and other support people that your loved one identified to provide input into their care plan.

Please call us directly at [604-675-3950](tel:604-675-3950) to be connected with any of the staff members involved in your loved one's care.

Your loved one's treatment

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I've battled substance use and homelessness for a long time. When I arrived at Burnaby Centre, the groups taught me coping strategies to help with my addiction. They're therapeutic and relaxing. I've learned that I have to give 110 per cent to recovery by making long- and short-term goals that are achievable and move me in the direction I want to go in.

– Client

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Abstinence-focused

Burnaby Centre for Mental Health and Addiction is an abstinence-focused program, which means that we expect that the client's ultimate goal is to stop using substances that negatively impact their life. Use of non-prescribed medications, non-medical drugs, tobacco, marijuana and alcohol are not considered compatible with the goal of healthy living. However, overcoming addiction is often a cyclical journey and not a straight line—especially when the client or patient is also recovering from one or more psychiatric illnesses.

We support clients in the event of relapse and adopt harm reduction practices to reduce the negative consequences of substance use. This includes prescribing substitution therapies, such as opioid agonist treatment (e.g. Suboxone and methadone), nicotine replacement therapy (e.g. nicotine patches), and having naloxone available in the event of an overdose.

Our services are designed to reflect a cyclical recovery process, and in some instances, clients and patients may return more than once to continue their recovery process. We will work with clients and patients with varying levels of motivation as much as possible, given that it is normal for motivation to fluctuate throughout recovery.

Group therapy

We offer a wide range of therapeutic group sessions to meet the treatment needs and interests of as many people as possible. Groups occur daily and are guided by several health care staff. The goal of the groups is to establish skills in substance-free living, mental wellness, physical wellness and a meaningful life.

While not mandatory, we encourage clients and patients to attend a variety of different groups throughout the week, including a minimum of three groups per day.

Individual therapy

- *Breaking Free Online*: This is a digital treatment and recovery program that clients and patients complete in their individual time using the computers at the facility. Clients and patients work through the psychological issues driving their use of substances and learn strategies to support long-term recovery.
- Optional *one-to-one counselling*: Most of your loved one's treatment will be provided in a group therapy setting. However, one-to-one counselling is offered on a case-by-case basis when needed. This is discussed and decided at care planning meetings.

Group activities

- *Client Council*: Clients are invited to participate on the Client Council, a group that meets weekly to discuss shared experiences and raise any issues related to communal living.
- *Outings*: Getting out in the community is an important part of treatment. Clients and patients can participate in a variety of activities throughout the year, including swimming, bowling and trips to the city library and recreation centre. There are also monthly adventure outings including kayaking, hiking, rock climbing, snow shoeing, canoeing and disc golf. Outings happen monthly in small groups of six to 12.
- *Gatherings and celebrations*: We host special events during seasonal holidays and invite family members to attend.

Your role as family partners



Even though we felt quite lost at first, over time we developed relationships with my nephew's care team that opened up conversations that were enormously helpful. Being included in his care was unexpected, but it made all the difference and we will be forever grateful.

– Family member



While your loved one is in our care, we recognize that you are also adjusting to major life changes. You may find yourself addressing past conflicts, establishing new routines and beginning your own journey of recovery. During all of these changes, it is important that you prioritize your self-care. Examples of self-care include getting enough sleep, eating enough nutritious food, setting healthy boundaries, physical activity and spirituality.

Families as partners in care

You are an important member of the care team. Your involvement is tremendously valuable to your loved one's recovery. In this section, we will explore some ways you can support your loved one through treatment at Burnaby Centre for Mental Health and Addiction.

We encourage you to do the following:

- Attend interdisciplinary rounds: Regular (usually monthly) meetings between your loved one and their interdisciplinary care team. You can join these meetings in person or by teleconference.
- Request additional meetings with staff if you feel you need more information.
- Come prepared with a list of questions to start the conversation with our care providers.
- Talk to your loved one's care team about support available to you, such as the Burnaby Centre Family Support Group.

Sample questions to ask your loved one's care team

Before meeting with the care team, consider what you want to know about your loved one:

-  Health problems?
 - What are their diagnoses?
 - What are their symptoms?
 - Are their symptoms getting better or worse?

-  Medication?
 - What will this medication do?
 - What are the possible complications?
 - Are there any side effects to this medication?
 - Will this medication interact with medications they are already taking?

-  Treatment?
 - What are the treatment options?
 - What are the benefits of each option?
 - What will this treatment do?
 - Why do they need this treatment?

Supporting your loved one through treatment

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My son described feeling very vulnerable and scared calling us that he couldn't do it. His social anxiety was at its highest, and here he was in a group facility, which required interactions and attendance in groups.

– Family member

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As family partners in treatment and recovery, expect there will be trials and challenges as you explore your role. For example, you may find yourself pushing for change when your loved one isn't ready. This will likely bring up many difficult emotions. It is important to take care of yourself and be clear on where you can provide support, and where you cannot.

Unsafe coping such as substance use has most likely been the only way your loved one has been dealing with the different challenges they have faced.

When they entered treatment, those coping methods were taken away, and they began to learn new ways to feel better. It's normal during this new way of living for your loved one to experience a variety of different challenges. Some of the things that may come up are **shame and guilt, loneliness, fluctuations in commitment, lack of insight, feeling discouraged, anxious or depressed, relationships issues and/or difficulties with sleep**. How these things come up may vary with the person. Please connect with your loved one's treatment team if you suspect that any of these things are happening.

Ways you can provide support

- **Provide the care team with a written history.** You knew your loved one before their illness, which is especially helpful when concurrent disorders are present. Your perspective can support the best possible assessment and diagnosis. This information will be added to their file and read by others involved in their care. Be sure to include background information, such as family history, treatments that worked and didn't work and perspectives from other people in their life.
- **Stay informed and connected.** Learn as much as you can about your loved one's illness. Ask the care team questions. Call, email and visit in person when possible.
- **Send mail and gifts, but talk to the care team before you bring gift items.** Letters and gift items show your care. They can offer advice on whether the gifts, including food and beverages, are helpful or harmful for recovery.
- **Practice acceptance and non-judgment.** Your loved one may fluctuate in their commitment to treatment, or potentially relapse. These are not signs of failure, but rather opportunities for understanding and support.
- **Be patient and manage expectations.** It is important to maintain a sense of hope while setting realistic expectations for your loved one. Refrain from the desire to "rescue" your loved one when they are struggling emotionally. Allow the treatment process to occur without setting your own timeline and priorities. Sometimes simply listening without trying to solve an issue is more helpful.
- **Be mindful of comments that may trigger guilt.** Some comments may seem supportive, but can be discouraging, for example: "You can do it if you try harder," or "You were so happy before and I miss that."
- **Use all the resources available to you when making decisions.** At the Burnaby Centre for Mental Health and Addiction, you may need to make decisions about your loved one's care that will involve many people and moving parts. Make time to meet with everyone involved, seek their input, and gather as much information as you can to make an informed decision.

Communication and access to information



I was glad to know my family are there for me, but it's too much to have them involved right now. Maybe later.

– Client



We strive for open, honest and safe communication for all. This requires a balance between family inclusion and clients' rights, goals and needs. This section will help you understand what communication you can expect from our staff and physicians, what types of information are protected, and why.

What communication to expect

Clients and patients must give us written consent to communicate with family. Our staff will encourage this and explain that providing consent does not mean every detail will be shared.

If your loved one provides consent, a social worker will contact you within the first few days of admission. The role of the social worker is to liaise between the family, the client and other members of the care team. You may occasionally interact with other clinical staff; however, you will primarily communicate with the social worker.

You are entitled to the following information:

- Whether your loved one is still a client at our facility
- Overall progress
- Medication impacts or changes
- Emergencies and safety incidents
- Discharge planning, including how to support them after treatment

What information is protected

We acknowledge that one of the most difficult aspects of supporting a loved one in treatment is hearing the words, "I can't tell you. That's confidential." It can feel like you are being excluded from essential details during critical times. Even if the team cannot share information with you, you may still share information with the team if you have concerns. This can be helpful for the team to know what is worrying you and they will act on this information even if they are not able to share information with you.

We encourage families to reach out to their loved ones to provide certain information.

Even when a client or patient gives consent, we cannot share their personal, protected information. We must follow the laws and policies of the Government of British Columbia.

Examples of a client's personal protected information:

- Reports and clinical notes
- Physical and psychiatric diagnoses
- Medications prescribed
- Certain details in the treatment process
- Personal disclosures, for example, in counselling
- Difficulties experienced during treatment

If a client does not provide consent

If your loved one does not provide consent to share information with you, or withdraws existing consent at a later time, we are obligated to avoid contacting family as per the [BC Freedom of Information and Protection of Privacy Act](#). However, we will continue to revisit this question with clients. We also ask that they consent to minimum contact, which allows us to inform family members that we currently do not have client consent to share information, but will continue to revisit this with them.

If your loved one does not provide consent, remember the following:

- Going into treatment may bring up fears or feelings of shame that can block their desire to share what is happening to them with others, even if it's their family.
- If your loved one has refused to give consent, this may change over time.
- The reasons for why a client has denied consent when family supports exist will be explored by staff in a deeper way.
- If you receive information that appears contrary to what you understand to be true, let your loved one's care team know. These conversations are important.

The care team understands the value of family involvement in treatment and recovery, and when appropriate and possible, encourage clients to consider giving their consent to families.

For more information on BC's privacy legislation, visit the Government of B.C.'s [website](#).

Safety in the facility

We are committed to providing a safe and therapeutic environment for all clients and staff. We are also committed to supporting clients who struggle with complex substance use and associated behaviours. With this population, staff need to work closely with patients and families to support clients with their recovery and also ensure a safe recovery environment for all.

Relapse can occur as part of someone's recovery journey. When relapse occurs, clients work with their care team to adapt their treatment plan with the goal of re-engaging in the program and continuing their recovery at Burnaby Centre for Mental Health and Addiction.

Most clients who relapse stay in the program and adapt their treatment plan. However, behaviour that endangers other clients may result in discharge. This includes

- Selling substances
- A pattern of substance use that indicates working towards abstinence is not the client's goal
- Using on site or sharing with other clients or patients
- Severe violence

When this occurs, clients or patients will be discharged back to their regional health authority and receive follow up from their regional care team to determine next steps. Clients can reapply to this program at a later time when in-patient treatment fits better with their stage of recovery and treatment goals.

Your rights

We are fully committed to treating you and your loved one with the respect, dignity and legal protections you are entitled to.

Your loved one's rights

- Be treated with respect
- Be safe and free from harm

Your rights as a family caregiver

- Be treated with respect
- Ask and receive help

Your loved one's rights

- Access quality services that comply with health standards
- Be fully informed
- Be involved in decision making
- Choose who their family and primary supports are
- Have in person visits from one support person and virtual visits from other identified support persons
- Consent to having their personal information shared and to revoke consent at any time

Your rights as a family caregiver

- Receive appropriate information on your loved one's illness and treatment, with consent
- Receive necessary information to support your loved one, with consent
- Receive comprehensive information that may be useful in the care of your loved one
- Visit your loved one, with consent
- Protect your own health and well-being

Patient Care Quality Office

You also have the right to a consistent, timely, and transparent complaints process in B.C. If you are concerned about the way you or your loved one was treated, we invite you to share your feedback through the Provincial Health Service Authority's Patient Care Quality Office. They can help you resolve your concerns about care.

For more information, call 1-888-875-3256 or email pcqo@phsa.ca.

Understanding the BC Mental Health Act

Every province has a law that governs how someone living with a mental illness should be protected and treated. Under the [BC Mental Health Act](#), the Burnaby Centre for Mental Health and Addiction is recognized as a "Schedule A" designated provincial mental health facility.

If your loved one is involuntarily admitted to Burnaby Centre for Mental Health and Addiction, they have rights under the Mental Health Act, including the right to

- Know the name and location of the facility and ward to which they have been involuntarily admitted
- Know why they have been involuntarily admitted to the facility

- Get advice from a patient advocate lawyer about the admission at any time
- Look at the documents authorizing their involuntary admission to ensure that they have been treated according to the law

For more information, visit our [website](#) or the [Government of B.C. website](#).

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Our son decided he couldn't cope and wanted to leave treatment early. Meeting with his care team to discuss exit plans was so important to us. The emotional whirlwind we are experiencing, and unbearable worry about how he would do, including fears that he might relapse and overdose, were all things we could express. Our input helped shape the plans that were made for our son.

– Family member

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When your loved one leaves treatment

Our program is designed to be six to nine months long. Clients may complete the treatment earlier, be transferred to a different care environment, or choose to leave if the program isn't right for them. Our goal is for every client to be transitioned safely and smoothly, regardless of the reason for discharge.

The province remains in an overdose crisis. While our program is abstinence-focused, we do work with clients on strategies to use substances safely. Clients with history of substance use can be at risk for overdose during passes and after discharge. It is important to discuss plans for important strategies and safety options with your loved one's care team. Your loved one will be offered a Naloxone kit and informed about the Lifeguard App as part of this plan. You can help by obtaining a free naloxone kit and taking a training session.

Discharge planning

Discharge planning involves the client or patient, their family, their interdisciplinary care team, and the home health authority community case manager (or other health care professional serving as liaison). Community case managers work in your regional health authority, typically on a mental health team. In the event that your loved one does not have a community case manager (sometimes the case in rural and remote communities), the health care professional who initially referred them will act as their liaison with us and support them throughout their treatment, discharge and return to community.

When your loved one is ready for discharge, the community case manager/health care liaison is responsible for helping to create a care plan, determining available resources, and arranging services and appointments after they return home.

Together, an aftercare plan is developed that supports the client as they work toward their self-identified goals when discharged. The goal of the plan is to ensure a smooth and well-supported transition back to the community, with no interruption to care. As much as possible, this plan will include services and resources that are available in the home community. The community case manager or other health care professional will be responsible for participating in planning meetings and ensuring the aftercare plan is supported by local services and resources. This plan looks different for every person, but may include the following:

- Transfer of medications to community mental health teams and pharmacies
- Housing plan (e.g. market housing, mental health housing, a staffed facility, residential care or family home)
- Follow-up plan with community psychiatrist and/or general practitioner
- Community mental health nurse, case manager or other health care professional follow up
- Legal and financial supports
- Overdose prevention plan (Naloxone kits are offered if applicable).

After your loved one returns home

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One of the best predictors of outcome for someone with mental health and substance use issues is the level of support after they leave the centre. Having family members who are actively involved and understanding of the treatment and how to provide that kind of support to their loved one after they leave is really important.

– Staff member

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After your loved one leaves, their community case manager (or other health professional serving as liaison) is responsible for arranging their aftercare. While we do not offer direct care after discharge, staff are happy to talk to families, clients and providers about the program and other resources that may be helpful to you.

Here are some suggestions on how to alleviate the challenges of returning home:

- *Virtual health*: Explore alternatives to accessing in-person services, especially for rural and remote communities.
- *Crisis support*: Have a strategy in place for who your loved one can connect with, the number of their mental health team, and the location of the nearest emergency room if they experience a crisis or difficulty.
- *Planned follow-up*: Support your loved one to attend their appointments. If they are not returning to your home, determine a specific timeframe for when they will contact you or someone else they trust or check in with them regularly.
- *Identify key contacts*: Find out who you and your loved one can contact in the event of a crisis, such as the suicide hotline, your loved one's emergency contact, and the community case manager or other health care professional. Examples include making plans with a trusted friend or adding a crisis line into cell phones.
- *Establish "do-able" goals*: Setting goals that are short-term and easy to achieve will provide invaluable encouragement as well as foster a healthy habit of following through with plans.

Discharge planning

- Your best local resource is the community case manager or other health care professional involved in your loved one's recovery and aftercare.
- Our access and discharge coordinators can help direct you to local, provincial and national mental health and substance use resources. Call 604-675-3950 ext. 69948, Monday to Friday, 8 a.m. – 4 p.m.
- You don't have to navigate this journey alone, and may find it helpful to talk to a professional or others with similar lived experiences. Consider seeking support in your community:
 - [Counselling BC](#) is an online tool to help you find professional counsellors and therapists. You can search by location, specialty area (e.g. addiction), languages, and other filters.
- [Here to Help BC](#) has many resources and supports for family members of people experiencing mental health and substance use challenges.

We want to work with you

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Our journey, although unique, shares many aspects of what all families are going through and it's often hard to feel anything but exhausted. For us, finding meaningful ways to give back has brought us surprising healing. Participating in groups that help shape services for anyone who suffers from mental illness and addiction has renewed our spirits and given us hope.

– Family authors

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At BC Mental Health and Substance Use Services, we are committed to incorporating your voice into all aspects of the care we provide, and working to ensure your voice is heard at all levels of the health care system – including decisions about your loved one's care, and policy and strategic planning for the organization.

If you are interested in using your voice to improve our services, here are some ways you can get involved:

- **Partnerships in Care Committee:** A collaborative committee of clients, families and health care providers at Burnaby Centre for Mental Health and Addiction, Heartwood Centre for Women, and Coast Mental Health's Rehabilitation & Recovery working together to improve services. Members attend monthly meetings in-person or by telephone. For more information, contact Ayesha Sackey, clinical services manager and staff co chair of partnerships in care, at family@bcmhs.bc.ca.
- **Our Patient and Family Partner Network:** A provincial community of patients, clients, and families with lived experience of mental health and substance use. Network members work in partnership with staff to improve our services. For more information, contact our patient experience and community engagement team at engage_bcmhsus@phsa.ca.
- **Patient Voices Network (BC Patient Safety and Quality Council):** A provincial community of patients, clients and families with a wide range of health experiences. Network members work in partnership with staff across the health system to improve care in B.C. For more information, visit patientvoicesbc.ca.

Resources

BC 211 Redbook

BC Mental Health and Substance Use Services

BC Ministry of Health Patient and Family Engagement Framework

British Columbia Schizophrenia Society

Canadian Mental Health Association – BC

Canadian Patient Safety Institute

Family Caregivers BC

From Grief to Action Coping Kit

Here to Help BC

Moms Stop the Harm

Pathways Education Course