

Forensic Psychiatric Services Patient and Family Handbook



Fourth Edition - May 2017



**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**

An agency of the Provincial Health Services Authority

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INTRODUCTION

The purpose of this booklet is to help patients and families understand Forensic Psychiatric Services in British Columbia. Each year, hundreds of people with serious mental illness are referred to Forensic Psychiatric Services. This happens when a person charged with an offence:

- is suspected of having a mental illness that might interfere with their ability to understand the legal trial process, or
- When there is evidence that a person might not be criminally responsible for an offence due to a mental disorder.

People with mental illness are at some risk for getting in trouble with the law due to the very nature of their illness. Symptoms of mental illness may cause people to behave in ways that draw attention from the legal system. Alcohol and drug abuse are also common amongst people who suffer from serious mental illness.

Families are doubly impacted when they have a relative with serious mental illness who is arrested for a crime. Not only does the family have to cope with wondering what will happen to their relative, they may also have to deal with the effects of the crime. In many cases, family members are the victims of the criminal act.

We hope this resource will help families understand and support their ill relative through an increased understanding of mental illness and Forensic Psychiatric Services. We welcome comments and feedback from readers. An evaluation sheet is included near the end of the handbook.

In addition to this handbook, patients and families can access resources posted on Family Bulletin Boards at all locations of Forensic Psychiatric Services.

This booklet is intended to provide general information only. The specifics of individual situations will vary, and families are advised to contact their relative's clinical team at the Forensic Psychiatric Hospital or Forensic Regional Clinic for more information on how their relative's situation is being dealt with by Forensics Psychiatric Services.

THE RELATIONSHIP BETWEEN MENTAL ILLNESS AND CRIMINAL BEHAVIOUR

Every year, thousands of people with mental illness are arrested, often because of behaviour stemming from their illness. According to a study conducted in 2015, approximately 60% of the B.C. Corrections population had a mental health and/or substance use diagnosis and many other inmates are likely undiagnosed (2015, Province of BC Ministry of Justice, Mental Health and Substance Use Needs in the Criminal Justice System).

Mental illnesses are characterized by symptoms that make individuals prone to behaviours that can lead to criminal charges. Such symptoms include impaired judgment, lack of impulse control, suspiciousness, disinhibition, paranoia, inability to trust others, delusions, hallucinations, hyperactivity, irritability, inability to concentrate, and impairment in communicating with others.

These symptoms may also lead a person to act violently. Auditory hallucinations such as voices may command them to engage in acts of violence toward others. Paranoid delusions may cause them to attack out of fear. Many people with serious mental illness use alcohol or illegal drugs, which can also lead to trouble with the law. Some support themselves by stealing or

prostitution. Many commit other minor crimes while trying to survive, such as trespassing to sleep in buildings. In some cases, the mental illness results in the person being assessed in the Forensic Psychiatric Hospital or a Forensic Regional Clinic, or sent for treatment.



FORENSIC PATIENTS: TYPES OF LEGAL STATUS

Forensic patients all have been involved with the legal system and are referred to Forensic Psychiatric Services for one of four reasons noted below.

“FORENSIC PATIENTS” refers to individuals who have shown signs of serious psychiatric disturbance and have come in conflict with the law. Offences range from minor nuisance and property offences to serious offences against a person.

“FORENSIC PSYCHIATRY” is a branch of psychiatry devoted to caring for people with a mental illness who have also come into contact with the legal system.

- 1. Assessment:** A person is remanded by the courts for psychiatric assessment to determine Fitness to Stand Trial **or** to assist in determining whether a person should be found Not Criminally Responsible on Account of Mental Disorder.
- 2. Treatment:** Persons found to be Unfit to Stand Trial **or** Not Criminally Responsible.
- 3. Temporary Absences:** Persons remanded to **or** serving time in a provincial correctional facility who have been certified under the Mental Health Act can also be referred to Forensic Psychiatric Hospital for treatment of their mental illness.
- 4. Bail or Probation Orders:** The person is referred to a Forensic Regional Clinic on a court order for bail or probation.

FORENSIC PSYCHIATRIC ASSESSMENTS

Assessment is an important first step to treating a person with a serious mental illness. Assessments are often ordered by the court when there are indications that a mental illness may be a factor in the alleged offence or is interfering with a person's ability to understand the trial process.

Psychiatric assessments are used primarily to prepare court reports. These assessments are provided by the Forensic Psychiatric Services Commission at the Forensic Psychiatric Hospital or at a Forensic Regional Clinic (see page 21 for a listing of clinics). All assessments are completed within a limited time frame set out in the court order.

Many factors are taken into consideration in deciding whether a mental disorder renders a person unfit to stand trial or not criminally responsible. These include the individual's personal and psychiatric history, information from the family, and indications of drug or alcohol abuse.

During an assessment, a Psychiatrist will interview the patient. Information from the family is often crucial to providing a thorough assessment of a person's symptoms and can aid in diagnosing

and in determining how well a person was functioning prior to the time of the alleged offence. Family members' observations and interactions with the person around the time of the alleged offence; information about whether the person was taking any medications, and psychiatric history of the person are invaluable to the assessment.



FITNESS TO STAND TRIAL

A basic idea in our legal system is that a person accused of a crime must be able to understand:

1. The charges against them;
2. The possible consequences of the charges;
3. The roles of the participants in court (e.g., judge, crown counsel etc.); **and**
4. Be able to communicate with their lawyer in order to assist them in preparing the case.

This is referred to as "***fitness to stand trial***".

Mental illness can interfere with a person's ability to think, reason, concentrate and process information. These limitations can make it difficult for a person to understand what is happening during a trial. Severe symptoms such as paranoia can undermine a person's ability to cooperate and communicate with their lawyer and assist in their defence.

Fitness to stand trial is a separate issue from whether a person was mentally ill at the time the offence occurred. The issue of fitness deals with the mental ability of the accused at the time of the court proceedings only. Mental illness is often periodic in nature and symptoms are not always present. A person may

have been disabled by symptoms at the time of the alleged offence but deemed fit to stand trial at the time of the trial. Conversely, symptoms of mental illness may emerge at the time of the trial but were not present at the time of the alleged offence.

If a person is found ***unfit to stand trial***, they may be admitted into Forensic Psychiatric Hospital for treatment or treated at Forensic Regional Clinic until they are well enough to be tried for the charges.

NOT CRIMINALLY RESPONSIBLE ON ACCOUNT OF MENTAL DISORDER (NCRMD)

Mental illness can also alter a person's conception of reality so that they do not realize the criminal nature of their actions. The illness may affect their thought processes, leading a person to believe they have no choice but to commit the crime.

In other words, mental disorders can render a person incapable of appreciating the nature of the act or knowing that what they did was wrong.

In law, this may mean that the person should not be held accountable for their actions because of the mental illness. In these situations, the person may be found *Not Criminally Responsible on Account of Mental Disorder (NCRMD)*.

A finding of NCRMD means the Court is satisfied that the accused:

- Committed a criminal offence; and
- Because of a mental disorder was unable to appreciate the nature or quality of the act or of knowing it was wrong.

When the Court finds an accused is mentally *Unfit to Stand Trial* or *NCRMD*, responsibility for the accused is transferred from the Court to the

jurisdiction of the British Columbia Review Board (see page 8 for more information on the Review Board).

BC REVIEW BOARD

When an accused person has been found *unfit to stand trial* or *Not Criminally Responsible by Reason of Mental Disorder (NCRMD)* by the courts, responsibility for that person is transferred to the jurisdiction (authority) of the British Columbia Review Board.

The BC Review Board is an independent tribunal established under the Criminal Code of Canada. The BC Review Board is comprised of three members: a lawyer, a psychiatrist, and a mental health professional.

The Review Board's mandate is *to protect public safety while also safeguarding the rights and freedoms of mentally disordered persons accused of committing an offence.*

When a person is found *unfit to stand trial*, the Review Board will hold a hearing (within 45 or 90 days) to assess the accused's fitness to stand trial. If the person is found *fit* to stand trial, they are returned to the court and the case proceeds.

If the person is determined to be *unfit* to stand trial, the Review Board will make a disposition (an order) that the person be held in custody or discharged

back into the community with certain restrictions on their freedom.

When a person accused of a crime is found by the courts to be *NCRMD*, the Review Board will hold a hearing (within 45 or 90 days) to make a disposition. The possible dispositions are:

- 1. An absolute discharge** (released with no restrictions)
- 2. A conditional discharge** (released from the Forensic Psychiatric Hospital to the community with conditions)
- 3. Custody in a designated psychiatric hospital, such as the Forensic Psychiatric Hospital.**

In making dispositions, the Review Board takes into consideration:

- The protection of the public (whether the accused presents a risk);
- The accused's mental condition;
- The reintegration of the accused into society; and
- The accused's other needs.

Review Board hearings are usually open to the public except in certain circumstances. Hearings are often held in the community where the accused

lives. If the accused is in custody at the Forensic Psychiatric Hospital, the hearing will be held there. Families should contact the Review Board Registry for the location and date if they would like to attend a particular hearing.

Accused persons have the right to be represented by legal counsel or they can represent themselves at Review Board hearings. The Legal Services Society may provide legal representation to accused persons through the Mental Health Law Program **or** from the private bar. The BC Review Board can also appoint counsel for the accused in the interests of justice. Accused persons also have the right to retain their own lawyer.

An accused person can seek to have an early hearing if their circumstances have changed and to appeal any decisions made by the Review Board. Accused persons who are not granted an absolute discharge are entitled to review hearings at least every 12 months.

For more information about the BC Review Board, please visit their website at <http://www.bcrb.bc.ca>.

BC MENTAL HEALTH ACT

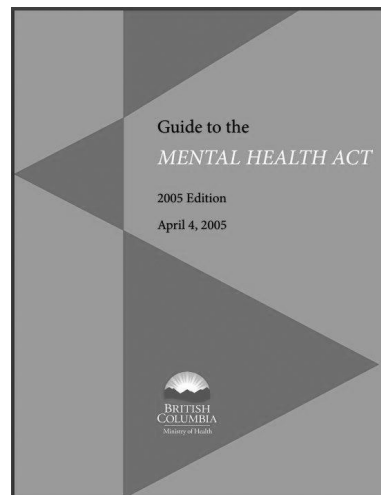
The BC Mental Health Act is BC's legislation to treat and protect people with mental disorders and to protect the public. Patients at the Forensic Psychiatric Hospital may be certified under the BC Mental Health Act if a physician has examined the patient and is of the opinion the patient meets criteria for involuntary admission.

There are safeguards in place within the BC Mental Health Act to protect the rights of patients involuntarily admitted to FPH. This includes rights notification, medical examinations at specified times, second medical opinions on proposed treatment and access to review panel hearings. Patients who apply for a Review Panel Hearing are eligible for legal representation at the hearing.

If a patient is found Not Criminally Responsible on Account of Mental Disorder (NCRMD) and is residing at FPH, treatment can be administered through the consent for treatment provision of the Mental Health Act (section 31).

When a patient is certified under the Mental Health Act, the patient will be asked to select a 'near relative' to be advised of their certification by the clinical team. In addition, when

a patient requests a Review Panel Hearing, the 'near relative' selected by the patient will be advised of the hearing by the team.



For more information about the BC Mental Health Act, visit the link:
<http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf>

LEGAL SERVICES FOR PATIENTS

When a person is remanded to the Forensic Psychiatric Hospital, the assigned social worker at the hospital will assist the person in applying for legal aid.

The BC Review Board also ensures that legal counsel represents individuals who are found Unfit to Stand Trial or Not Criminally Responsible on Account of Mental Disorder.

Patients who have legal matters in Family Court (e.g. child custody or access; child protection matters) are encouraged to speak with their treatment team about their legal matters. The assigned social worker will assist the patient to contact Legal Services.

Families also have the option of finding a lawyer to represent the person for a standard fee. Families should look for a lawyer who has experience with cases involving mental illness. They should also feel comfortable about the lawyer's methods of practice.

Families are encouraged to explore all their options. It is not necessarily the case that a better lawyer costs more money.



WHAT LAWYERS NEED TO KNOW

Whenever possible, lawyers should be knowledgeable about mental illness and the need for treatment and support services.

Patients and families can assist by offering information that may be helpful to the lawyer in preparing their case. This could include information about the person's mental illness, symptoms, and behaviour prior to the offence.

Families are advised to write down their recollection of the person's behaviour prior to the time of the alleged offence. It is important to note any behavioural changes and if the person was taking medication. It is helpful to have a list of medications, support services, counselling etc., that the person had been receiving prior to their arrest. Keep a diary of dates and times and offer to share these notes with the lawyer throughout the court process.

A meeting with the lawyer (if he or she will agree) is useful to help familiarize them with the person's lifestyle and habits.

FAMILY ACCESS TO LEGAL INFORMATION

An accused person owns their information. Therefore, a family's access to information about a person's legal case is primarily at the discretion of the person accused. Although a family may be providing financial assistance in obtaining a lawyer, this does not give the family the right to have access to their relative's file or information about their case.

The person who is being tried for the crime has a right to legal confidentiality regardless of who pays for the lawyer. If they do not want information to be shared, that is their right. While information specific to a person's case may be privileged, families can educate themselves about mental illness, the judicial system and forensic psychiatric services. It is also of value to have a lawyer who is knowledgeable about their client's mental illness, the need for treatment, and the forensic psychiatric system.

FORENSIC PSYCHIATRIC HOSPITAL

The Forensic Psychiatric Hospital (FPH) is the provincial hospital for forensic psychiatric patients in British Columbia. It was originally established in 1974 and rebuilt in its new location in 1997.

A video about the Forensic Psychiatric Hospital is available for families who are unable to visit the hospital because of distance or travel costs. Please contact the Forensic Psychiatric Hospital to arrange to view the video. The video is also available on our website at www.bcmhsus.ca.

The FPH is located at:
**70 Colony Farm Road in Coquitlam,
BC V3C 5X9.**

It can be reached by phone during business hours or after hours at:
604-524-7700.

The hospital is a secure facility for individuals considered Unfit to Stand Trial or for those found by the court to be Not Criminally Responsible on Account of Mental Disorder (NCRMD). It also accommodates individuals transferred temporarily from correctional facilities for assessment or treatment for a mental illness under the Mental Health Act.

The hospital provides the following

services:

- Standardized psychiatric assessments to the courts
- Assessment and treatment of individuals who experience symptoms of mental illness while detained in correctional facilities
- Treatment, rehabilitation and reintegration to the community for persons found to be Unfit to Stand Trial or NCRMD and ordered by the court to the hospital.

The Forensic Psychiatric Hospital delivers services to patients using a Clinical Program Model, which is currently best practice in health care. Services are delivered by health care teams to meet the specific needs of the patients.

Patients are grouped by illness or other needs; this model allows the team to treat patients on units that meet the needs of the patients on that unit. It also allows the team to create a larger and more closely knit multi-professional team that include psychiatrists, family physicians, social workers, nurses, clinical pharmacists, psychologists and rehabilitation staff. Additional team members may include therapeutic leisure services staff, vocational services staff, occupational therapy staff, Forensic Regional Clinic staff, and a pastor.

Clinical Programs at the Forensic Psychiatric Hospital include:

Ashworth 1 – Male remand unit

Ashworth 2 – Specialized assessment and psychiatric intensive care program

Ashworth 3 – Neuropsychiatry program

Ashworth 4 – Severe psychosis/intensive management program

Dogwood East – Women's program

Dogwood West – Geriatric/medically frail program

Elm North – Intensive rehabilitation program

Elm South – Intensive rehabilitation program

Hawthorne House – Pre-discharge program

TREATMENT AND DISCHARGE OF PATIENTS AT THE FORENSIC PSYCHIATRIC HOSPITAL

The treatment teams engage with families from the point of the patient's admission through to discharge. It is an integral part of client and family centred care to ensure patients remain connected to their families and communities. This partnership with families can assist the transfer of pertinent patient information from the family to the treatment team.

Care plans are designed according to the needs of the patient. The clinical staff at the hospital are familiar with all available medications and work with patients to find the appropriate stabilization medication for them.

The goal is to assist patients into a successful reintegration into the community. Programs include medically directed treatment plans, alcohol and drug counselling, occupational therapy, therapeutic leisure services and vocational services. A full-time teacher is available to assist patients with educational opportunities and a Chaplain is on hand to address spiritual needs of the patients as/if required.

Families should contact a social worker at the hospital if they would like more information on the programs available.

The treatment team at Forensic Psychiatric Hospital begins the process of discharging a patient by first determining the person's readiness for release and needs.

As a person with a mental disorder goes through the legal system, their symptoms may prevent them from fully understanding the process.

The staff at the hospital is aware of this fact and part of the treatment is to help patients work through this process to the best of their ability.

Patients are referred to the Forensic Regional Clinic closest to their chosen geographical location. The patient is assigned to a team at the Clinic and the two teams (at FPH and Clinic) work collaboratively with the patient and family to develop a discharge plan.

When the team determines the patient is ready, and when the appropriate disposition from the BC Review Board is in place, the patient may be granted limited community access. The patient is first given permission to go out into the community for a few hours on staff escorted leaves and eventually on unescorted leaves. Following this, the team will develop a "visit leave" plan in which the patient is allowed to leave the hospital on a trial basis for up to

60 days (the duration varies with each patient). Here again, the patient's legal order must allow for this. Family visits may be the focus of these day leaves or visit leaves to help prepare patients for their eventual return to the community.

Social Workers at FPH, with patient approval, contact family members at points of transition, for example, when a patient is transferred between units, goes on an escorted day leave or an unescorted day leave.

Social Workers will discuss with the family or significant other/partner, the change in treatment status and ask if there are any extraordinary family events, and/or observed patient behaviours of concern (if applicable). This will allow the treatment team to evaluate the potential impact of these events/behaviours on known patient risk factors.

The Social Worker will remind family/significant others of the importance of reporting any issues immediately to the treatment team. If the Social Worker is unavailable and it is an emergency, contact the patient's unit directly to speak to the nurse in charge.

The decision to release a patient back into the community is made by

the BC Review Board. Conditions of release from the hospital may include conditions of residence (whether the individual needs supervised housing or not), what level of supervision needs to be in place, and abstinence from alcohol or drugs.

Once the BC Review Board grants a patient a conditional discharge, the patient is discharged to the community under the supervision of their clinical team at their nearest Forensic Regional Clinic.

When the BC Review Board grants a patient an absolute discharge, the patient's care is transferred to the nearest community mental health team or Family Physician, depending on their treatment needs.

THE MATRIX MODEL AT FPH

The Matrix Model is a 16 week standardized evidence-based program for patients with substance use problems. It is facilitated at FPH by the Health and Wellness Department in the form of therapeutic groups, educational groups, and individual sessions. It includes several key components that complement each other and combine to produce an integrated program that is effective in reducing substance use and relapses. Elements of the program include Early Recovery Skills Groups, Relapse Prevention Groups, Education Groups, Individual Sessions, Social Support Groups (aftercare) and 12-Step Meetings.

Patients referred to the Matrix program have a documented history of a substance use problem that has affected their life in some way, and are referred by their FPH clinical team. While in Matrix, patients will be supported by their team and the group facilitators during the process. Guest speakers, including addictions doctors, social workers, and psychiatrists, will deliver presentations for select sessions.

Patients may have different goals while in Matrix, but they are most likely to have a positive experience in the program if they want to make some kind of change in their lives regarding substance use.

Family members can play an important role in helping a loved one with co-occurring mental health and substance use disorders get on the road to recovery. Families can do so by communicating with the clinical team through the hospital unit's social worker. Other ways to be a part of the treatment process include supporting their family member and encouraging them while they are working hard through the program. In the future, family members who have a loved one in the program will also have the opportunity to attend family sessions at FPH to receive support and information.

FORENSIC REGIONAL CLINICS

The Forensic Psychiatric Services Commission ensures clients throughout British Columbia are appropriately supported with consistent high-quality mental health programs. In addition to the services provided at the Forensic Psychiatric Hospital, services are provided on an outpatient basis through regional programs coordinated by six community clinics. They are located in Vancouver, Victoria, Nanaimo, Prince George, Kamloops, and Surrey.

These clinics are responsible for the supervision and monitoring of persons found “Not Criminally Responsible on account of a Mental Disorder” (NCRMD) or those found “Unfit to Stand Trial” who are living in the community and have been granted a **conditional discharge** by the BC Review Board. Responsibilities include monitoring the person’s progress in treatment and ensuring that they are adhering to the conditions set out in the Disposition Order provided by the BC Review Board.

The clinics also conduct psychiatric assessments ordered by the BC Courts (Fitness to Stand Trial, NCRMD) and psychiatric or psychological Pre-Sentence Reports. Community Corrections also refer clients for

assessment and treatment for those subject to bail, conditional sentences, or probation/parole orders. In addition, a provincial program is offered in each area for individuals convicted of a sexual offence.

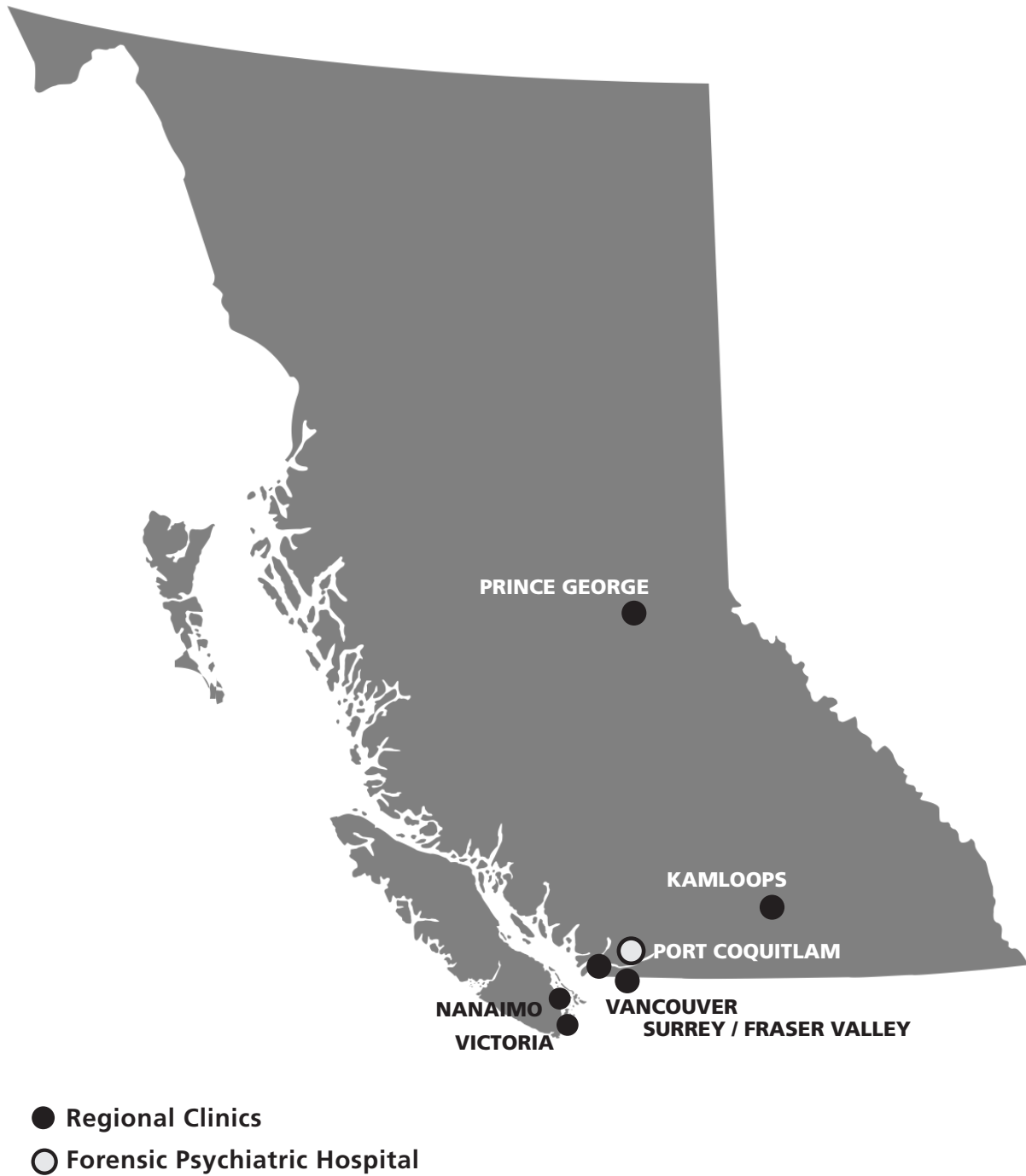
Staff at the Regional Clinics generally includes psychiatrists, psychologists, nurses, social workers, and administrative support staff. Treatment is provided by the multidisciplinary team.

Family members are encouraged to be active members of the client’s support network and work with the client and their team. They are encouraged to communicate any concerns they may have about their relative to their relative’s treatment team to ensure optimal care and safety of the client.

While the provision of standardized services by Forensic Psychiatric Services is offered throughout the province, regional differences exist in terms of available community resources such as medical support, group treatment, housing, and other social supports.

Telehealth services are available in each of the clinics and are used to provide accessibility for assessment and treatment of clients, and in support of family visits for those in outlying areas.

FORENSIC REGIONAL CLINICS - CONTINUED



INTERIOR AND NORTH PROGRAM

Kamloops Clinic

No. 5, 1315 Summit Drive,
Kamloops, BC V2C 5R9
Telephone: (250) 377-2660
Fax: (250) 377-2688

Prince George Clinic

2nd Floor, 1584 7th Avenue
Prince George, BC V2L 3P4
Telephone: (250) 561-8060
Fax: (250) 561-8075

LOWER MAINLAND AND FRASER VALLEY PROGRAM

Surrey/Fraser Valley Clinic

10022 King George Boulevard
Surrey, BC V3T 2W4
Telephone: (604) 529-3300
Fax: (604) 529-3333

Vancouver Clinic

300 - 307 West Broadway,
Vancouver, BC V5Y 1P8
Telephone: (604) 529-3350
Fax: (604) 529-3386

VANCOUVER ISLAND PROGRAM

Nanaimo Clinic

101 - 190 Wallace Street
Nanaimo, BC V9R 5B1
Telephone: (250) 739-5000
Fax: (250) 739-5001

Victoria Clinic

2840 Nanaimo Street
Victoria, BC V8T 4W9
Telephone: (250) 213-4500
Fax: (250) 213-4532

WORKING TOGETHER AS PARTNERS IN CARE: THE ROLE OF FAMILIES

Client and Family Centered Care

Client and family centered care is an approach that guides all aspects of planning, delivery, and evaluating services. The focus is always on creating and nurturing mutually beneficial partnerships among team members and patients/families. It means working collaboratively with patients/families to provide care that is respectful and compassionate, culturally safe and competent, while being responsive to their needs and values, cultural backgrounds, beliefs and preferences. Family members are a valuable member of the patient's team. We encourage you to be involved in your relative's care.

While we want to involve family as much as possible in any care for the patient, we are limited under the Freedom of Information and Protection of Privacy Act to provide information with the patient's consent. In an emergency case, family can be contacted if they are identified as a next of kin.

Broader Definition of Family

It is important to note that the patient/client defines the makeup of their family, and has the right to include or not include family members in their care, and redefine the makeup of their

family over time. The patient/client's identified family or support network/system, partner/significant other(s) or extended family is recognized as a potentially important source of community support for the client.

Family is defined as "Person or persons who are related in any way (biologically, legally, or emotionally), including immediate relatives and other individuals in the client's support network. Family includes a client's extended family, partners, friends, advocates, guardians, and other individuals." (Accreditation Canada Standards: Mental Health Services).

Trauma Informed Practice

In May 2013, the Ministry of Health released guidelines for Trauma Informed Practice. This provides a framework for all health authorities, including Forensic Psychiatric Services in our work with patients and family members.

Rights, Responsibilities, and Obligations to Patients/Clients and Families at Forensic Psychiatric Services

Every patient receiving care from Forensic Psychiatric Services will receive optimum care consistent with a patient and family centered care approach,

WORKING TOGETHER AS PARTNERS IN CARE: THE ROLE OF FAMILIES - CONTINUED

the fundamental human, civil, constitutional and statutory rights of all patients and families, and the values of the Provincial Health Services Authority.

Role in Assessment, Treatment and Discharge Process

Families are encouraged to contact the treatment team regarding the assessment, treatment and discharge of the patient/client.

The treatment team will work with the patient/client when the individual will be residing with the family upon discharge. If the person needs supervision and will not be returning directly to the family home, the family can contact the team regarding housing options.

Family meetings can include in-person meetings or by teleconference or video conference as available. Interpreters are available if English is not the first language.

Family's Role in Safety

One of our priorities is to inform patients and families about the important role they play in their own safety during their care.

Family members play an important role in promoting patient safety and preventing potential adverse events.

- **Infection control** – The best way to prevent the spread of infection in the hospital or clinic is to wash your hands. Hand sanitizer is located throughout the hospital and clinics.
- **Tell us about allergies** - The treatment team should be contacted regarding any known allergies to food or drug products.
- **Prevent falls** – Patients/clients with a mental or physical illness and taking medications can be at higher risk of slips and falls. Please make sure there are no wet or slippery floors in areas near your family member. If you notice a problem in the hospital or clinic, please report it to staff. Please also tell staff if you feel your relative is at increased risk of falling.
- **If you are worried, please advise the treatment team** – You know your relative best and often see signs of issues before symptoms appear.
- **Tell the treatment team if you have any concerns about your family member** in order to ensure optimal care and safety. This may include concerns regarding verbalized fear for safety, despondency, despair,

WORKING TOGETHER AS PARTNERS IN CARE: THE ROLE OF FAMILIES - CONTINUED

and/or a wish or a plan to harm oneself or others.

Family members and patients/clients are also encouraged to contact a treatment team member if another patient/client is behaving in a manner that is cause for concern.

- **Medications** – Family members and patients/clients are encouraged to communicate with the treatment team any questions they have regarding medications or treatment interventions. These can be discussed with families if the patient has given consent. Family members can also help to ensure patients/clients are taking medications as prescribed by ensuring they are taking the right medication at the right dose at the right time and in the right way.

Smoke Free

The Forensic Psychiatric Hospital and all Regional Clinics are smoke free facilities.



Clinical Ethics Consultation

We strive to adhere to high ethical standards in everything we do, guided

by a comprehensive Ethics Framework. If patients and family members are struggling with an ethical dilemma or have a question about ethics, they are encouraged to access the consultation services of the BCMHSUS Ethics Committee. At the Forensic Psychiatric Hospital, contact Tim Fretheim or Martin Zakrzewski at 604 524 7700. At the Regional Forensic Clinics, contact Tony Dugbartey at 250 213 4500 or David Westell at 604 529 3300.

Availability of Interpreters

All patients and families have the right to be provided information in a language they are able to understand. The Provincial Health Services Authority provides interpreter language services to Forensic Psychiatric Services. If you would like an interpreter to be present when you meet with the treatment team, please advise your relative's treatment team in advance of the meeting.



FAMILY ACCESS TO CLINICAL INFORMATION

If the patient consents, the team can work closely with the family throughout their relative's hospitalization at FPH and discharge to a Regional Forensic Clinic. The treatment team is responsible for assuring that patients are suitably integrated back into the community with appropriate support and access to necessary community and mental health resources.

It is important for families to be aware that patients have a right to confidentiality. If the patient does not want information disclosed or their family to be involved in treatment or discharge planning, the treatment team is obliged to respect the patient's right. Forensic Psychiatric Services complies with the *Freedom of Information and Protection of Privacy Act (FOIPPA)* in determining what information can be released to third parties such as family or friends.

The *Freedom of Information and Protection of Privacy Act (FOIPPA)* does allow health care providers employed by a public body such as a hospital or clinic to release information without the consent of the client where disclosure is required for continuity of care or for compelling reasons if someone's health or safety is at risk. Release of information is handled on a

case-by-case basis, in accordance with FPSC policies and the FOIPPA guidelines.

"When disclosing information without consent, the health care provider must be confident that release of information is in the client's best interests, is required for the continuity of care of the client, and only the information that is absolutely necessary is released to the third party."*

This means that if the patient is returning to live with their family or family members who are the patient's basic support, *the treatment team has the discretion to share information for continuity of care.* Families should contact the team if they have any questions regarding what information can be provided to help them support their relative.

* *Guide to the BC Mental Health Act "Freedom of Information and Protection of Privacy Fact Sheet"* British Columbia Ministry of Health, 2005.

QUESTIONS TO ASK THE CLINICAL TEAM

The following questions are provided as a framework for deciding what family members need to know in order to best support their relative. These questions are designed to help you get the information you need concerning the diagnosis and treatment. Not everyone will need answers to all the questions. In addition, you may have other questions you would like to ask.

It is important to remember that the clinical team may be limited by confidentiality if your relative does not want information to be given out. However, there may still be general information that can be shared with you.



- What can you tell me about his/her illness?
- What is known about the cause of this particular illness?
- Can you recommend suitable reading/reference materials about this condition?
- What is the plan for treatment?
- What medication do you recommend? (Ask for name and dosage level)
- What are the benefits of using this medication?
- What risks are associated with the medication? Are there any side effects?
- How soon will we know if the medication is effective? How will we know?
- What symptoms indicate that the medication should be raised, lowered, or changed?
- What happens if the patient/client refuses treatment?
- What can the family do to help?
- Whom can we contact if we are worried about the patient/client's well-being or if she/he has thoughts about harming him/herself or others?
- What should we do if the patient/client becomes sick and needs medical help?
- What information from the family would be most helpful in evaluating how the person is doing?

TIPS FOR FAMILY MEMBERS

These tips were compiled from families and partners in the forensic psychiatric community. We hope these suggestions will help you through this difficult time.

Always write things down.

“It is helpful to document phone calls, visits, and casual conversations pertaining to your relative’s healing process. As names, dates, times and reasons for contact are documented, they can be referred to with accuracy. Getting information on paper, out of your head, frees up your own mind and also allows you to build a network of people who can help you handle the healing process of your relative”.

Ask questions.

Throughout your family member’s process, be sure you understand to your satisfaction what is going on. Try not to get discouraged. If you feel that you are not getting appropriate answers to your questions, request more information and find out who is the best person to approach. Remember, you are the advocate for your family member. Write contact names and resources down so that you do not re-trace steps already taken.

Set up a visitation schedule.

Stay in contact with your family member. Your relative may be quite ill

when they enter the Forensic Psychiatric Hospital or other facility and unable to understand what is happening to them. The support of family and people who care throughout their stay will assure them that they are not alone. Family support can play a crucial role in assisting a person to manage their illness.

Take respite for yourself and your family.

Seek personal help to cope. Often family members struggle with the emotional and physical demands of supporting a family member in Forensic Psychiatric Hospital while ignoring their own needs. Check out whether there are respite services in your area.

Learn about mental illness and how it is treated.

Read! Check out web sites. Do not be influenced by stigma or comments about your family member’s condition. Mental illness is a brain disease. It is treatable through proper medication, support services and understanding. Use the resources listed at the end of this booklet. Information is also available to families through mental health centres and organizations such as the British Columbia Schizophrenia Society and Canadian Mental Health Association. There is help!

SUPPORT FOR FAMILIES

Education, self-help groups, and counselling are just some of the forms of support for families who have a relative with a serious and persistent mental illness.

It is important for family members to learn everything they can about their relative's illness.

Find out what assistance is available in your community or ask a social worker or the clinical team at the Forensic Psychiatric Hospital or Forensic Regional Clinic.

Families are also encouraged to take courses about mental illness. Joining a local support group provides an opportunity to meet other family members who are dealing with mental illness in their family. Sharing and learning from others who have gone through similar situations, is both comforting and empowering.

If you are feeling overwhelmed, consider going to a counsellor who understands the illness. Try to find public or hospital-based programs that can aid you in supporting and advocating for you and your ill relative. Remember, you are not alone!



REPORT CONCERNS OR COMPLAINTS

Every patient/client and family member is entitled to be treated with dignity and respect. Both the Forensic Psychiatric Hospital and each Forensic Regional Clinic have processes in place to address identified concerns in a timely and respectful manner.

Patients/clients and family members are encouraged to initially discuss their concerns or complaints with the patient/client's clinical team.

You can also submit a formal complaint:

- At the Forensic Psychiatric Hospital – complete the Patient and Family Safety and Service Feedback Form
- At the Regional Clinics – complete the Patient/Client Concerns Form
- Contact the Provincial Health Services Authority's Patient Care Quality Office or the Office of the Ombudsperson

PHSA Patient Care Quality Office

Suite 202 – 601 West Broadway

Vancouver, B.C. V4Z 4C2

Phone: 1 888 875 3256

Fax: 604 875 2631

Ombudsperson

Second Floor, 947 Fort St.

PO Box 9039 Stn Prov Govt.

Victoria, B.C. V8W 9A5

Phone: 1 800 567 3247

Fax: 250 387 0198

RESOURCES AND CONTACT INFORMATION

Forensic Psychiatric Services:

www.bcmhsus.ca

Forensic Psychiatric Hospital (FPH)

70 Colony Farm Road, Coquitlam, B.C. V3C 5X9

Telephone: (604) 524-7700

Fax: (604) 524-7905

FPH:

<http://www.bcmhsus.ca/forensic-psychiatric-hospital>

Regional Clinics:

<http://www.bcmhsus.ca/regional-clinics>

Forensic Psychiatry Act:

http://www.bclaws.ca/civix/document/id/consol17/consol17/00_96156_01

LEGAL

BC Review Board

Phone (604) 660-8789 Toll Free: 1-877-305-2277

Website: <http://www.bcrb.bc.ca/>

Information regarding the British Columbia Review Board and their role with respect to patients in the Forensic Psychiatric Hospital and at the six Regional Forensic Psychiatric Clinics.

BC Community Corrections:

<http://www2.gov.bc.ca/gov/content/justice/criminal-justice/corrections>

B.C. Corrections helps keep British Columbians safe by managing adults who are in custody or under community supervision.

List of probation offices:

<http://www2.gov.bc.ca/gov/content/justice/criminal-justice/corrections/probation-offices>

John Howard Society of BC:

<http://www.johnhowardbc.ca/>

A non-profit charitable organization that assists individuals and families who have come into (or are at risk of) conflict with the law, offering prevention and intervention services as well as advocacy and public education.

Legal Services Society:

<http://www.lss.bc.ca/>

Apply for Legal Aid by phone: Call Centre 604-408-2172 (Greater Vancouver)
1-866-577-2525 (call no charge, elsewhere in BC)

Victim Services of BC:

<http://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/if-you-are-a-victim-of-a-crime>

Victim Link BC:

phone 24 hours a day, 7 days a week at 1-800-563-0808

MENTAL HEALTH**Mental Health Digital Hub:**

<http://www2.gov.bc.ca/gov/content/mental-health-support-in-bc>

A directory of mental health and substance use services in BC

CMHA Canadian Mental Health Association:

<http://www.cmha.ca/>

Learn how to take care of your mental health. Get the facts about mental illness. Find help for yourself or others. Learn how CMHA influences public policy and health system planning to promote mental health.

Guide to the BC Mental Health Act:

<http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf>

The “Guide to the Mental Health Act” provides information about British Columbia’s Mental Health Act (the Act). The Mental Health Act has significant implications for those whose lives it touches — those who receive involuntary treatment under the Act, their families, the public and those who use the Act.

RESOURCES AND CONTACT INFORMATION - CONTINUED

BC Schizophrenia Society (BCSS):

<http://www.bcss.org/>

Provincial Office: #1100 – 1200 West 73rd Avenue, Vancouver BC, V6P 6G5

Email: prov@bcss.org

Phone: 604-270-7841 Toll Free: 1.888.888.0029

Fax: 604-270-9861

Information on schizophrenia, programs and support services to help families coping with serious mental illness, including 24/7 online forum for family members. Online support groups are available.

Early Psychosis Intervention Programs of BC:

<http://www.earlypsychosis.ca/pages/about/about-epi>

<http://www.earlypsychosis.ca/pages/resources/downloads>

Resources for clients and families.

Mood Disorders Association of British Columbia:

<http://www.mdabc.net/>

1450 - 605 Robson Street Vancouver, BC V6B 5J3, Canada

E-mail: info@mdabc.net

Phone: 1-604-873-0103 (Option 1 for Psychiatric Clinic and option 2 for the Counselling and Wellness Office)

Fax: 1-604-873-3095

Information and support for people dealing with depression or bipolar disorder.

Anxiety BC:

<https://www.anxietybc.com/>

Resources for people who struggle with anxiety and for parents who have children who struggle with anxiety.

Autism Spectrum Disorder:

Services and supports available to people with ASD and families of those with ASD.

Autism Society of BC:

<https://www.autismbc.ca/>

BC Ministry of Health:

<http://www2.gov.bc.ca/gov/content/health/managing-your-health/healthy-women-children/child-behaviour-development/special-needs/autism-spectrum-disorder>

Autism Support Network:

<https://autismsupportbc.ca/>

Ministry of Health publications:

<http://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/mental-health-and-substance-use-information-and-publications>

A link to hundreds of publications regarding mental health and substance use

Family Toolkit:

<http://www.heretohelp.bc.ca/workbook/family-toolkit>

A tool kit designed to assist families in caring for a family member with a mental illness or substance use disorder by providing information and practical resources.

Fact sheets regarding health and substances:

<http://www.heretohelp.bc.ca/self-help-resources>

HEALTH

BC Ministry of Health:

<http://www2.gov.bc.ca/gov/content/health/managing-your-health>

Health Link of BC:

www.healthlinkbc.ca

HealthLink BC helps you learn about health topics, check your symptoms and find the health services and resources that you need for healthy living. Call 8-1-1 to consult with a nurse, pharmacist or dietician or visit HealthLinkBC.ca for easy access to help you find the health services you need, closest to where you live. Translation services are available in over 130 languages on request.

RESOURCES AND CONTACT INFORMATION - CONTINUED

Find a Physician in BC:

https://www.cpsbc.ca/physician_search

Medication coverage in BC:

<http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover>

FINANCIAL

Disability Alliance of BC:

<http://www.disabilityalliancebc.org/advocacydb.htm>

A place of support, information and one-to-one assistance for people with all disabilities.

Financial Assistance for Psychiatric Medication (Plan G):

<http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/psychiatric-medications-program-plan-g1>

Provincial disability benefits:

<http://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance/on-disability-assistance>

Canada Pension Plan disability benefits:

http://www.esdc.gc.ca/en/reports/pension/cpp_disability_benefits.page

PUBLIC GUARDIAN AND TRUSTEE OF BC:

<http://www.trustee.bc.ca/Pages/default.aspx>

The Public Guardian and Trustee (PGT) is a corporation sole established under the Public Guardian and Trustee Act with a unique statutory role to protect the interests of British Columbians who lack legal capacity to protect their own interests. The mandate of the PGT is to: Protect the legal and financial interests of children under the age of 19 years; protect the legal, financial, personal and health care interests of adults who require assistance in decision-making; and administer the estates of deceased and missing persons

ABORIGINAL ORGANIZATIONS AND SERVICES

<http://www2.gov.bc.ca/gov/content/governments/aboriginal-people/aboriginal-organizations-services>

http://www2.gov.bc.ca/assets/gov/environment/natural-resource-stewardship/consulting-with-first-nations/first-nations/guide_aboriginal_services_organizations.pdf

ALCOHOL AND DRUG USE

Here to Help:

<http://www.heretohelp.bc.ca/>

On line resources re: mental health and substance abuse issues

Al-Anon Family Groups:

<http://www.al-anon.org/>

A resource for friends and families of people who use alcohol.

HOUSING

<http://www.bchousing.org/>

Lower Mainland of BC shelter list:

<http://www.gvss.ca/PDF-2014/Shelters%20list%20160713.pdf>

Victoria, BC housing list:

<http://victoriahomelessness.ca/street-survival-guide/>

CRISIS AND INFORMATION PHONE LINES

Alcohol & Drug Information and Referral Service Lower Mainland:

604-660-9382, BC: 1-800-663-1441 Worried about drug and alcohol use?

Whether it is for yourself or someone you care about, you can call the referral service for information, options and support, and referrals to counselling and treatment services across BC.

RESOURCES AND CONTACT INFORMATION - CONTINUED

Crisis Line Association of BC in Crisis:

Call 1-800-SUICIDE (1-800-784-2433) to speak with crisis line workers anytime of the day or night. Looking for information and support? Call 310-6789 to reach the Mental Health and Information and Support Line, from anywhere in the province. You will receive emotional support, and information on appropriate referral options and a wide range of support relating to mental health concerns.

COMMUNITY LIVING BC:

<http://www.communitylivingbc.ca/>

Community Living BC (CLBC) funds supports and services for eligible adults and their families in British Columbia. Adults with developmental disabilities and those who meet the Personalized Supports Initiative (PSI) criteria are eligible for supports through CLBC.

OMBUDSPERSON OF BC:

<https://bcombudsperson.ca/>

The Ombudsperson has jurisdiction over a wide range of provincial public agencies, including: British Columbia government ministries, including complaints regarding income assistance and the Family Maintenance Enforcement Program, Crown corporations such as ICBC and BC Hydro, Government boards such as WCB and the BC Human Rights Tribunal, Hospitals, health authorities, and health-related agencies such as Medical Services Plan and Pharmacare, Schools and school districts, Universities and colleges, Local governments, Professional associations such as the Law Society. Call toll-free at 1-800-567-3247 to make a complaint.

EVALUATION AND FEEDBACK

Please send your comments and feedback to the Social Worker assigned to you or your relative or mail to the following address:

FPS Chair – Quality Council
Forensic Psychiatric Hospital
70 Colony Farm Road
Coquitlam BC V3C 5X9

1. Was the information provided in this booklet helpful to you?

2. What changes or details would you like to see added?

3. Other comments:

GLOSSARY OF TERMS

Antipsychotics: Medications used to treat schizophrenia and psychosis. There are two types of antipsychotics: “standard” (also called “neuroleptics”) and “atypical”. Standard antipsychotics are medications that have been available for a number of years. There is a tendency with some of these older medications to cause neurological side effects. Atypicals are the newer drugs, which have fewer side effects.

Assessment (Forensic): Medical and psychological examination of a patient in order to determine whether the patient has a mental disorder that renders him or her unfit to stand trial or incapable of appreciating the nature and quality of the act at the time of the offence or of knowing that it was wrong.

Bipolar Disorder: A brain disorder that causes unusual shifts in a person’s mood, energy and ability to function. Moods vary from extreme highs (mania) and extreme lows (depression).

Concurrent Disorders: A term used when a person shows symptoms of both a serious mental illness and substance abuse. Formerly called Dual Diagnosis.

Delusions: False beliefs that have no logical basis. For example, someone may be convinced the police are watching him or her because there are white cars parked outside their house.

Depression (clinical or severe): Persistent feelings of sadness that endure for long periods and interfere with a person’s ability to function effectively throughout the day.

Disorganized thinking: Everyday thoughts become confused or do not join up properly. The individual may have trouble concentrating, making decisions or remembering events.

Disposition order: A disposition is an order made by the BC Review Board as to what should happen to the accused person (e.g., detain in hospital; absolute discharge) and what level of security the person might need.

Episode (mood swing): Dramatic fluctuation in mood that is characteristic of bipolar disorder.

Forensic Patient: An individual who has conflict with the law and is under the care and supervision of Forensic Services.

Hallucination: A mistaken change in perception in the individual's sense of sight, sound, smell, taste or touch. For example, they may hear voices or see things that are not there. Food may taste or smell bad.

Mental Illness/Disorder: A substantial disorder of thought, mood, perception, orientation and memory that grossly impairs judgment, behaviour and capacity.

Mood Disorders: Disorders that affect a person's mood, feelings, concentration, sleep activity, appetite and social behaviour.

Unfit to Stand Trial: Unable on account of mental disorder to conduct a defence at any stage of the proceedings before a verdict is rendered or to instruct counsel to do so, and, in particular, unable on account of mental disorder to (a) understand the nature or object of the proceedings (b) understand the possible consequences of the proceedings, or (c) communicate with counsel. (Section 2, Criminal Code of Canada)

Not Criminally Responsible on account of Mental Disorder: A verdict rendered by the courts when a person is found to have been suffering from a

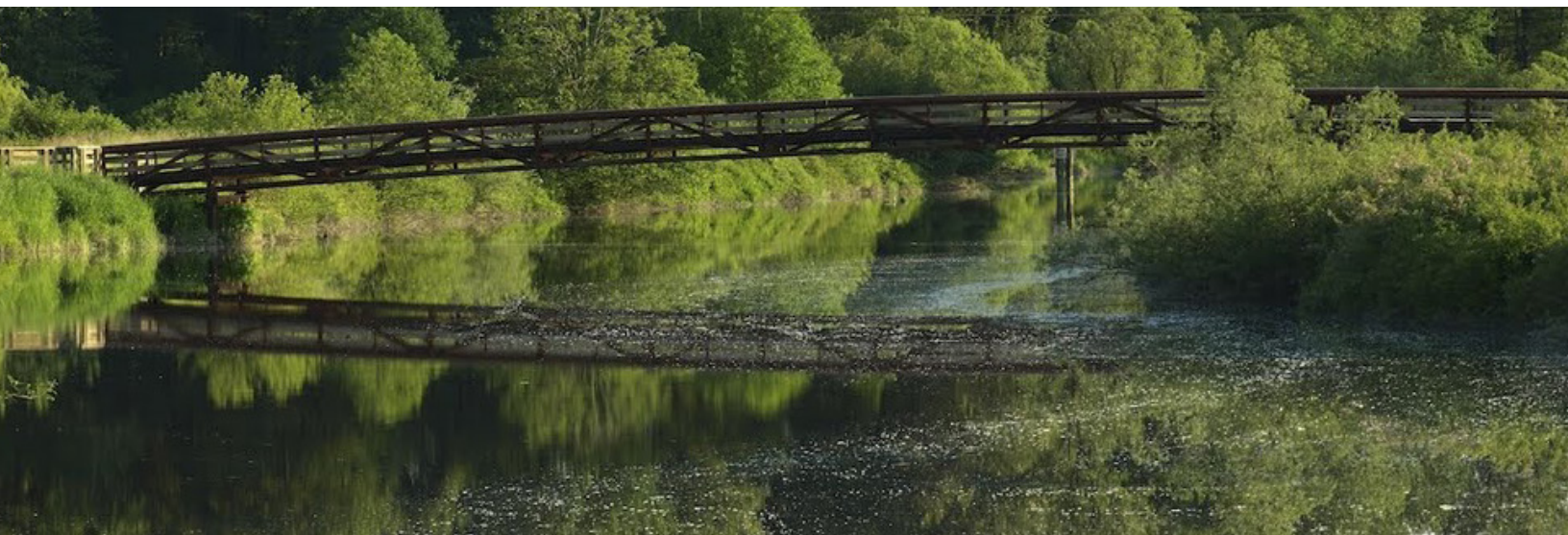
mental illness that resulted in a lack of appreciation of the nature and quality of the offence or in a failure to realize that the act or omission was wrong.

Personality disorders: Disorders that involve patterns of behaviour, mood, social interaction, and impulsiveness that cause distress to the one experiencing them, as well as to other people in their lives.

Psychosis: A medical condition that affects the brain so that there is a loss of contact with reality.

Schizoaffective Disorder: Brain disorder in which there are both psychotic symptoms of schizophrenia and severe mood disturbances (either depression or mania).

Treatment Team: A group of mental health professionals assigned to provide treatment to individuals who are referred by the courts to Forensic Psychiatric Services. The core members include a psychiatrist, social worker, and primary nurse. Program staff (e.g. Drug and alcohol counsellors, vocational rehabilitation workers) is also part of the team.



**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**

An agency of the Provincial Health Services Authority