



**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**
Provincial Health Services Authority

FORENSIC PSYCHIATRIC HOSPITAL

PATIENT AND FAMILY HANDBOOK

FIFTH EDITION - JUNE 2022

“This comprehensive guide to the Forensic Psychiatric Hospital (FPH and the mental health legal system will help you navigate your way through FPH and to eventual discharge). I truly wish this valuable resource was available to me when I was initially admitted to FPH as it would have familiarized me with FPH and helped better guide me through the system.”

- JAE PHILLIPS, PATIENT PARTNER

“I am forever grateful to [the Forensic Psychiatric Hospital]. Although there was tumult and tears along the way, they gave me my son back.”

**- MICHELLE VANNICE,
FAMILY PARTNER**

“Engaging in Forensic Services can be anxiety provoking and stressful for patients and their families and friends who have newly encountered our system. We hope that this handbook helps to answer many of your questions, and if it doesn’t, we will be seeking ways to continually improve the information it contains.

We strongly believe that patient and family engagement, education and advocacy can help you and your family on the journey to recovery. Physicians and staff are always open if you have questions or concerns. We look forward to partnering with you and your loved one in your care.”

- DR. LINDA UYEDA, FPH STAFF

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This resource was written through a collaborative partnership between patients, families, and staff. These patients and families have walked the path. With their guidance, we create here a resource based on what patients and families wish they had known after they or their loved one were first admitted to the Forensic Psychiatric Services. There has been sincere effort to make this resource as accessible as possible. We hope you find it useful.



ACKNOWLEDGEMENTS

BC Mental Health and Substance Use Services acknowledges with gratitude the many voices, perspectives, and experiences that have contributed to the development of this handbook resource.

In particular, BC Mental Health and Substance Use Services would like to thank members of the Patient Advisory Council and Family Advisory Council at the Forensic Psychiatric Hospital for sharing their stories and guiding the creation of the handbook.



Message from Kwikwetlem First Nation (kwikwəłəm)

The Forensic Psychiatric Hospital is located on the traditional, ancestral, and unceded core territory of the Kwikwetlem First Nation (kwikwəłəm).

We hope that you may find strength in your journey here as you embark on a path of healing and recovery. There are many elements of Kwikwetlem culture embedded throughout the facility and patient programming. We wish that you may benefit from these elements of our way of healing, as many of our people have since time immemorial.

INTRODUCTION TO THE LEGAL CONTEXT

The purpose of this booklet is to help develop an understanding of Forensic Psychiatric Services in British Columbia (BC), in particular the Forensic Psychiatric Hospital. Many people with serious mental illness(es) come in contact with Forensic Psychiatric Services each year. This happens when a person charged with an offence that is either 1) thought to have a mental illness that makes it difficult for them to understand the legal trial process, or 2) when there is evidence that a person may not be criminally responsible for a crime due to a mental illness.

We hope that this handbook gives a general overview of the system. Every situation is different, so if there are any unanswered questions, please contact your and/or your loved one's clinical team at the Forensic Psychiatric Hospital or Forensic Regional Clinic. They will be able to give more specific information about your and/or your loved one's situation.

THE RELATIONSHIP BETWEEN MENTAL ILLNESS AND CRIMINAL BEHAVIOUR

Every year, thousands of people with mental illness(es) are arrested due to behaviours stemming from their illness. A study completed in 2015 revealed that as many as 60 per cent of the BC Corrections population had a mental health and/or substance use diagnosis, with many more likely still undiagnosed.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes how mental illnesses have symptoms that may contribute to behaviours that can lead to crime and criminal charges. You may know some of these but some symptoms include:

- > Impaired judgment
- > Lack of impulse control
- > Suspiciousness
- > Disinhibition
- > Paranoia
- > Inability to trust others
- > Delusions
- > Hallucinations
- > Hyperactivity
- > Irritability
- > Inability to concentrate
- > Impairment in communicating with others

For further information regarding symptoms of mental illnesses, please refer to the Resources list towards the end of the handbook.

Families are further impacted when their loved one has been arrested. Families worry about what will happen to their relative and, in many cases, family members are the victims of the criminal actions, and may also have to deal with the effects of the crime. We hope this resource will help families understand and support their ill relatives, with the help of an increased understanding of mental illness and Forensic Psychiatric Services.

TYPES OF LEGAL STATUS

Forensic Psychiatric Services cares for people who need treatment for serious mental illnesses. The clients cared for in our service have experienced encounters with law enforcement. This means they have committed an illegal offence(s).

THERE ARE FOUR POSSIBLE REASONS THAT A PERSON CAN BE REFERRED TO FORENSIC PSYCHIATRIC SERVICES:

1) ASSESSMENT

- > The individual 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 (NCRMD).

2) TREATMENT

- > The individual is found Unfit to Stand Trial or NCRMD. This means they need treatment for their serious mental health issues and will be cared for in the Forensic Psychiatric Hospital and/or the Forensic Regional Clinics.

3) TEMPORARY ABSENCES

- > If the individual is remanded to or is serving time in a provincial correctional facility and they have been certified under the BC Mental Health Act, they can also be sent to the Forensic Psychiatric Hospital for treatment of their mental illness.
- > Typically, these patients are returned to a correctional facility once their treatment is completed. These patients are subject to a specific set of security requirements since they remain in strict custody (e.g., no visitors).

4) BAIL OR PROBATION ORDERS

- > The individual is referred to a Forensic Regional Clinic on a court order for bail or probation.



The Law Courts

WHAT IS A FORENSIC PSYCHIATRIC ASSESSMENT?

Forensic psychiatric assessments are an important first step in getting a person with serious mental illness the help they need. The court sets the time frame for the assessments to be completed. Assessments are ordered by the court when:

1. Mental illness may be a factor in the offence.
2. Mental illness is making it hard for the person to understand the trial.
3. The court needs a prepared report to help understand the person's current condition.

Assessments are done by the Forensic Psychiatric Services Commission at either the Forensic Psychiatric Hospital or Forensic Regional Clinics.

During an assessment, you and/or your loved one will be interviewed by the care team. At the hospital, this person is usually a social worker. At the clinics, they will be a nurse or a social worker. A doctor will also interview you/your loved one. Questions may be asked about the following topics:

- > Personal and psychiatric history
- > Current symptoms
- > Medication history
- > How the person was doing prior to the offence
- > Observations about the person's behaviour and interactions
- > History or signs of substance use
- > Trauma history
- > Strengths, abilities, and coping mechanisms

The social worker at the hospital, or a nurse or social worker at the clinics, will give the information to the doctor and based on all the interviews, they will make a recommendation whether the individual is deemed "Unfit to Stand Trial" or "Not Criminally Responsible."

It is important to be transparent and keep an open line for communication as when assessing for risk, our staff work with loved ones to ensure that families understand where the client was during the situation and the index offence.

WHAT IS “FITNESS TO STAND TRIAL”?

BACKGROUND INFORMATION ON THE IMPACT OF MENTAL ILLNESS AND BEHAVIOUR

Mental illness can interfere with a person’s ability to think, reason, concentrate, and process information. This can make it hard for a person to know what is going on during the trial. Severe symptoms such as paranoia can undermine a person’s ability to cooperate and communicate with their lawyer and assist in their defense.

WHAT IS AN ASSESSMENT OF FITNESS TO STAND TRIAL?

An assessment of “Fitness to Stand Trial” is about the person’s mental state at the time of court proceedings only. It is not connected to their mental state at the time of the offence. The person may have been disabled by their symptoms at the time of the alleged offence but deemed fit to stand trial at the time of the trial. It is also possible for symptoms to appear in court, but to have not been present at the time of the offence.

PEOPLE ARE DEEMED FIT TO STAND TRIAL WHEN THEY:

1. Understand the charges against them.
2. Understand the possible consequence of the charges.
3. Understand the roles of the people in the court such as the judge, crown counsel, etc.
4. Are able to communicate effectively with their lawyer in order to assist them in preparing the case.

If one can demonstrate these abilities, they are considered fit to stand trial. If you/your loved one is deemed unfit to stand trial, then they may be admitted to the Forensic Psychiatric Hospital or to a Forensic Regional Clinic for treatment. They will receive treatment until they are well enough to take part in the court proceedings.

WHAT DOES “NOT CRIMINALLY RESPONSIBLE ON ACCOUNT OF MENTAL DISORDER” (NCRMD) MEAN?

Negative media portrayals, often a mix of fact and fiction, have led to many assumptions and misconceptions and create a negative stigma surrounding when a person is found “Not Criminally Responsible for a Crime on Account of a Mental Disorder” (NCRMD) as defined in the [Criminal Code of Canada](#).

Not Criminally Responsible on Account of Mental Disorder (NCRMD) means that a person committed a criminal offence and because of their mental illness:

- a. The person was unable to understand the nature of the act they committed.
- b. The person was unable to know that the act they committed was wrong.
- c. The person should not be held accountable for their actions due to their mental illness.

Mental illness can alter a person’s view of reality, impairing their ability to realize the criminal nature of their actions. Their thought processes can be affected and lead them to believe they have no choice but to commit the crime. They may not be capable of understanding the nature of the crime or know that what they did was wrong.

People who are deemed NCRMD are provided treatment at the Forensic Psychiatric Hospital for the purpose of treatment and public protection—not punishment, and responsibility for them is transferred to the Jurisdiction of the British Columbia Review Board.

WHAT IS THE BC REVIEW BOARD?

The BC Review Board is the authority that oversees the legal process for people who are Unfit to Stand Trial or who are NCRMD. The BC Review Board is an independent tribunal under the Criminal Code of Canada; it has the same authority as the Supreme Court of British Columbia and has ongoing jurisdictions to hold hearings and to make and review dispositions when an individual is charged with crimes and have been given verdicts of Unfit to Stand Trial or Not Criminally Responsible Due to Mental Disorder (NCRMD) by the court.

The mandate of the BC Review Board is to protect public safety and to protect the rights and freedoms of people with mental illness who have committed a crime. The BC Review Board has three members: the Chair (usually a retired judge or lawyer), a Psychiatrist, and a Mental Health Professional (typically a physician, psychologist, social worker, or criminologist)

Review boards are often open to the public. They are either held in the community of the person being reviewed or at the Forensic Psychiatric Hospital. The hearings are considered to be an official court proceeding; therefore, court decorum, dress, and behaviour must be adhered to by all who are present (for example, no cell phones or hats).

For further information on the date, time, and location of the Review Board hearing, please contact the review board registry.

UNFIT TO STAND TRIAL

If a person is unfit to stand trial, they will have a Review Board hearing within 45 or 90 days with two possible outcomes:

1. They are found fit to stand trial and will be returned to the court and the case proceeds as normal.
2. They are found unfit to stand trial and the BC Review Board will make an order that the person be held in custody (at FPH) or conditionally discharged back to the community with limits on their freedom.

NOT CRIMINALLY RESPONSIBLE

If a person is deemed “Not Criminally Responsible,” they will have a Review Board hearing within 45 or 90 days with three possible disposition outcomes:

1. **Absolute Discharge:** The accused will be released to the community with no conditions and is no longer under the jurisdiction of the BC Review Board.
2. **Conditional Discharge:** The accused remains under the jurisdiction of the BC Review Board but is permitted to reside in the community. Care for the accused is transferred to one of the six outpatient Forensic Regional Clinics in BC to ensure the individual is following the conditions, or else the patients are sent back to the hospital.
3. **Custody Disposition or Custodial Disposition:** The accused remains under the jurisdiction of the BC Review Board and must continue to receive treatment at the Forensic Psychiatric Hospital until the next BC Review Board hearing. The custody orders contain conditions that outline the level of privileges that may be granted to the accused.

THE BC REVIEW BOARD TAKES FOUR MAIN FACTORS INTO CONSIDERATION WHEN MAKING A DEPOSITION DECISION FOR A PERSON:

1. Protection of the public (i.e., what risk does the individual being reviewed pose to the public?)
2. The person’s mental condition
3. Issues surrounding reintegration into society
4. Any additional needs

For more information about the BC Review Board, please visit www.bcmhsus.ca/about/governing-legislation-bodies/the-bc-review-board or www.bcrb.ca/history-of-the-board.

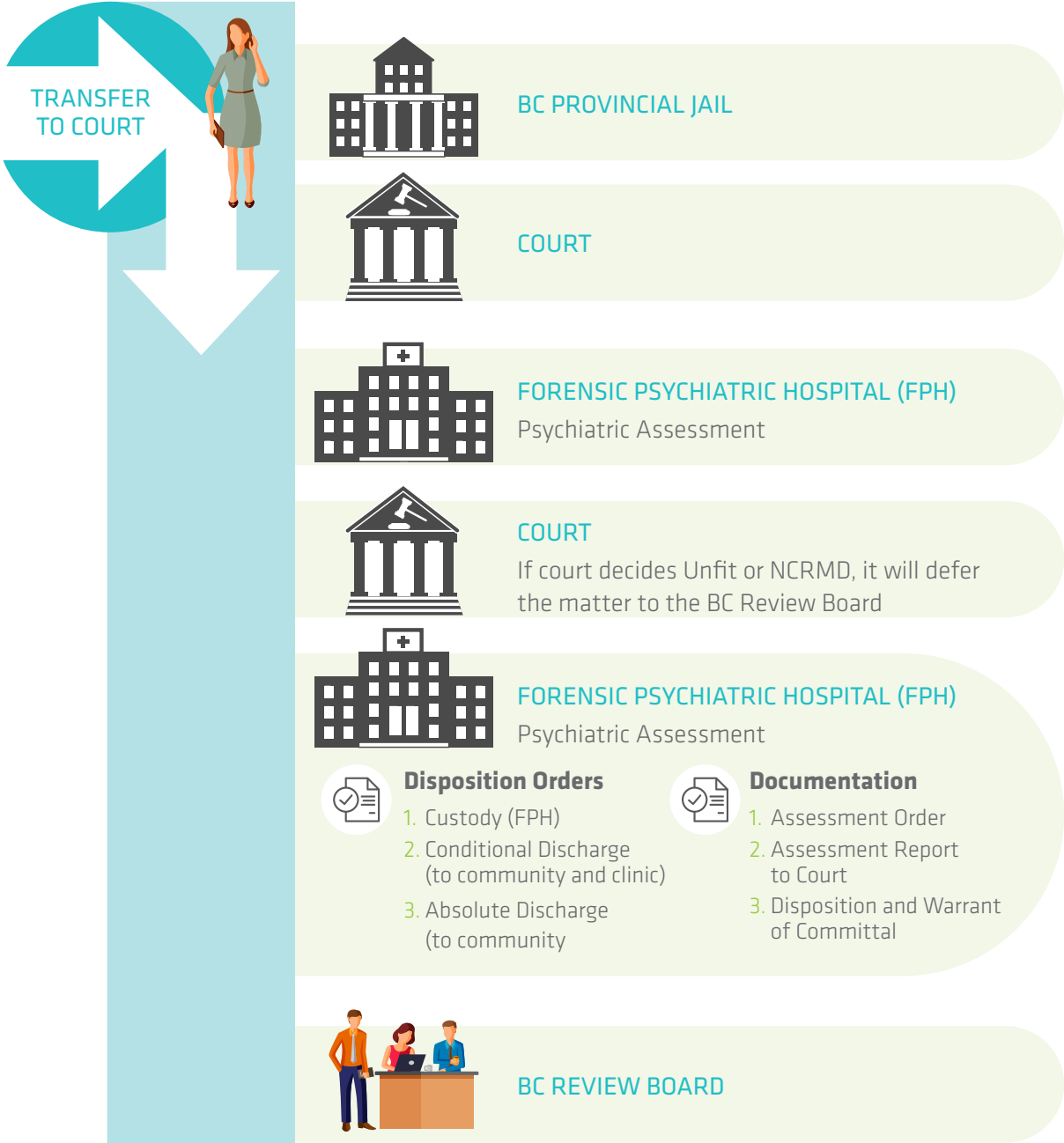
The next few pages showcase different scenarios that a patient may go through from start to finish. For more details, please refer to the [Legal Side of Forensics document](#).

YOU AND YOUR LOVED ONE HAVE THE RIGHT TO THE FOLLOWING:

- > Legal counsel (through Community Legal Assistance Society, court appointed counsel, or privately paid counsel)
- > Self-representation
- > An early hearing if circumstances change
- > A Review Board Hearing every 12 months

SCENARIO 1: REMAND ASSESSMENTS FOR FITNESS OR NCRMD

Amanda is accused of a crime and criminal charges have been laid against her. There are indicators that mental illness may be a factor in Amanda’s alleged criminal offense, or interfering with her ability to understand the nature or objectives of the criminal court proceedings. The court may order a fitness or Not Criminally Responsible by Reason of Mental Disorder (NCRMD) assessment. Therefore, Amanda is transferred to Forensic Psychiatric Hospital (FPH). The psychiatrist will preform an assessment to make a recommendation to the court regarding Amanda’s fitness or NCRMD. If the court decides that Amanda is unfit to stand trial or NCRMD, it will defer the matter to the BC Review Board for a disposition hearing.



SCENARIO 2: TREATMENT TO UNCONDITIONAL DISCHARGE TO REINTEGRATION TO COMMUNITY

Note: While each patient's index offense, diagnosis, and path to rehabilitation is different, this scenario provides one example of the very complex and difficult six-year journey of a patient through various units, facilities, and programs. This is John's story.



JANUARY 2012

John was 20 years old when, in a psychotic state, he killed his mother in the home they shared. He was admitted to FPH for an NCRMD assessment on the A1 unit.



COURT JANUARY 2013

John was found NCRMD on a charge of second degree murder.



BC REVIEW BOARD 2013

At his initial Review Board hearing in March 2013, the review board issued a custody order.



A2 UNIT MARCH 2013–APRIL 2013

John was permitted escorted access to the community and resided on the A2 unit.



A4 & A3 UNIT MAY/JUNE 2013

John was transferred to the A4 unit. However, he had difficulty coping on that unit, so he was transferred to A3 the following month.



JUNE 2013–MARCH 2014

On A3, John began to engage in programs.



MEDIUM SECURITY ELM SOUTH UNIT MARCH 2014–FEB 2015

In March 2014, John was transferred to the medium security Elm South unit. That summer he began going on Staff-Supported Community Outings (SSCOs).



HAWTHORNE AND BC REVIEW BOARD MARCH 2015–LATE 2015

After his March 2015 Review Board hearing, John received another custody order, but this order permitted both escorted and unescorted outings to the community. He was transferred to the lowest security on the Hawthorne unit in late 2015.



BC REVIEW BOARD FEBRUARY 2016

After his next review board hearing in February 2016, John received a "board" custody order, which included **Visit Leave Provisions**.



COAST COTTAGES EARLY 2017

John began overnight visit leaves to the CTC (Coast Cottages) program.



BC REVIEW BOARD



SURREY REGIONAL CLINIC

MARCH 2017–DEC 2017

After his review board hearing in March 2017, John received a conditional discharge and was now being supervised by the Surrey Out-Patient Clinic. He resided at CTC and then at Johnson Manor, a supportive housing complex in Victoria, BC.



JOHNSON MANOR SUPPORTIVE HOUSING



COAST COTTAGES



FPH JANUARY 2018

Unfortunately, in January 2018, John was directed back to FPH due to his drug use. As he remained at FPH for more than 7 days, a restriction of liberties was filed with the Review Board. Consequently, another review board hearing was scheduled.



BC REVIEW BOARD FEBRUARY 2018

Following the February 2018 hearing, John was, again, conditionally discharged back to the community.



SURREY REGIONAL CLINIC



COAST COTTAGES

FEBRUARY 2018–MAY 2018

John remained under the care of the Surrey Regional Clinic and resided at the Coast Cottages.



FPH JUNE 2018

In June 2018, John returned himself to FPH. As he was not ready to be discharged after 7 days, another restriction of liberties was filed with the Review Board.



BC REVIEW BOARD

JULY 2018

A restriction of liberties Review Board hearing was scheduled for the end of July. In the meantime, John was discharged back to the community as his conditional discharge order remained in effect until that Review Board Hearing.

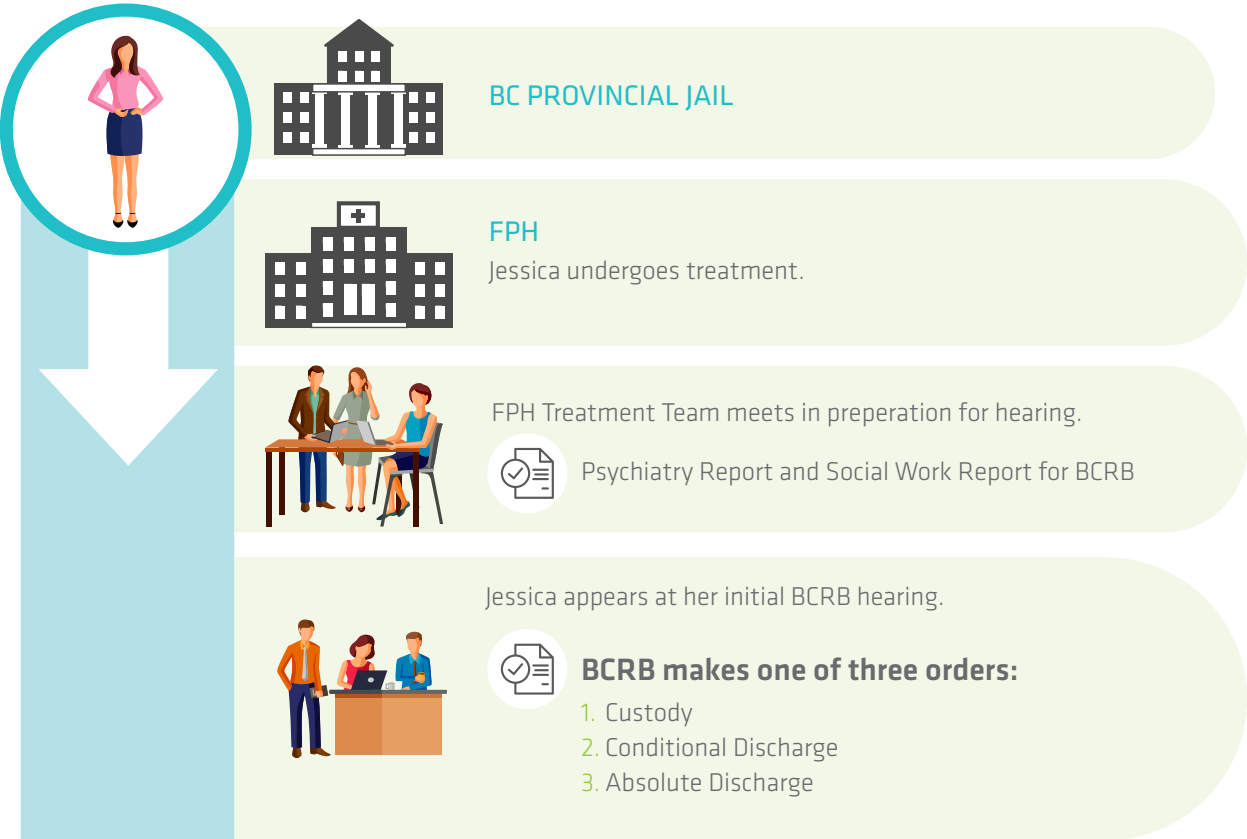


COMMUNITY

SCENARIO 3: TREATMENT

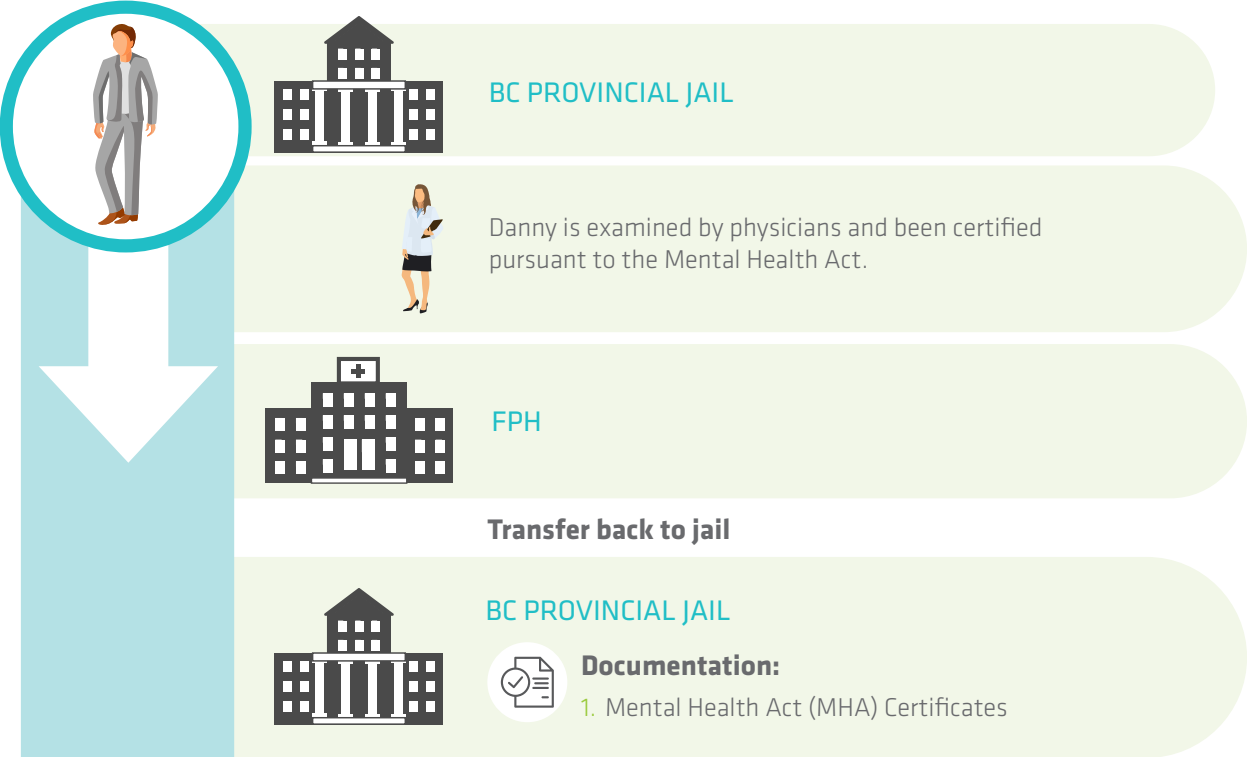
Jessica was found Not Criminally Responsible by reason of Mental Disorder (NCRMD) and disposition has been deferred to the BC Review Board (BCRB). Jessica is transferred from jail to FPH to commence treatment. Her treatment plan is designed to treat Jessica fairly and appropriately, while also protecting the public. During her time at FPH, Jessica receives psychiatric, psychological, and social (life skills) treatment.

Jessica will have to appear before the BCRB for her initial hearing. In preparation for the hearing, Jessica’s treatment team holds a pre-hearing conference to discuss their professional observations and opinions of Jessica. The psychiatrist and social worker prepare reports that are then submitted to the BCRB. Jessica appears before the BCRB and after the hearing, the BCRB makes one of three orders: custody, conditional discharge, or absolute discharge.



SCENARIO 4: TREATMENT ABSENCE

Danny is currently an inmate in jail. He suffers from a mental illness, but cannot be forced to accept treatment in jail. He has been examined by physicians and been certified pursuant to the Mental Health Act. Danny is then referred by the jail to FPH for psychiatric treatment. Once Danny's mental condition has stabilized, he is returned to jail.



WHAT IS THE MENTAL HEALTH ACT OF BC?

Every province has a law that governs how someone living with a mental illness should be protected and treated.

The BC Mental Health Act is BC's legislation to treat and protect people with mental disorders and to protect the public. Patients at FPH 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 the Forensic Psychiatric Hospital. 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 NCRMD and is living at the Forensic Psychiatric Hospital, treatment can be administered through the consent for treatment provision of the Mental Health Act (section 30).

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 selected near relative by the patient will be advised of the hearing by the team.

For more information about the BC Mental Health Act, visit:

www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf

WHAT LEGAL SERVICES ARE AVAILABLE 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. The [Community Legal Assistance Society](#) have lawyers that specialize in Review Board cases.

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, but also one that feels comfortable about the lawyer's methods of practice. It is encouraged that families explore all their options as it is not necessarily the case that a better lawyer costs more money.

WHAT DO 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 any medications. It is helpful to have a list of medications, support services, counselling, etc., that the person had been receiving prior to their arrest. A meeting with the lawyer (if he or she will agree) is useful to help familiarize them with the person's lifestyle and habits.

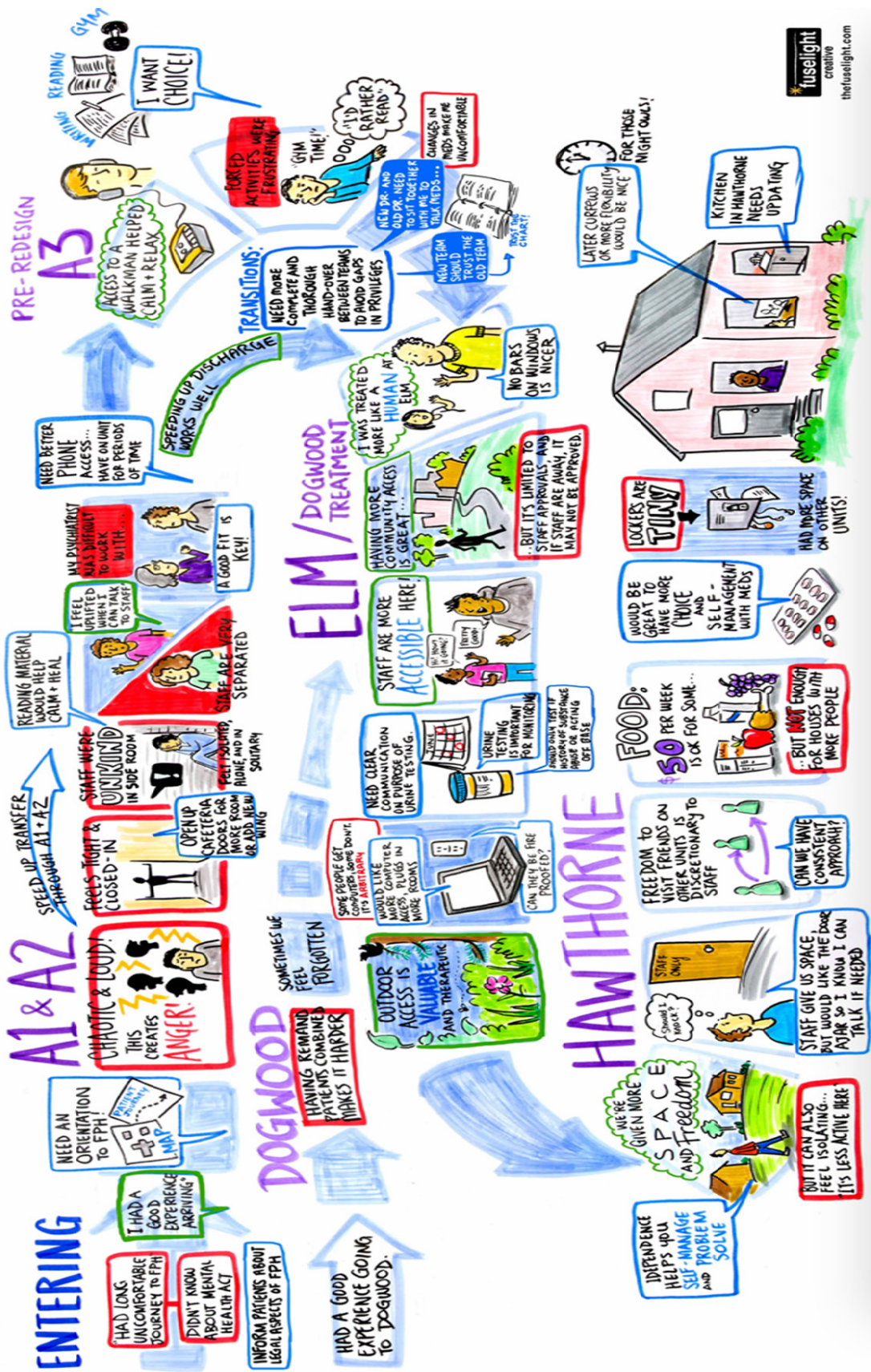
GETTING FAMILY ACCESS TO LEGAL INFORMATION

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.

PATIENT JOURNEY THROUGH FORENSIC PSYCHIATRIC HOSPITAL



This journey map was created through an interactive dialogue with patients to understand their experience of care through the hospital



Originally established in 1974 and rebuilt into its new location in 1997, the Forensic Psychiatric Hospital (FPH) is the provincial hospital for forensic psychiatric patients in British Columbia. This secure, 190-bed hospital is one-of-a-kind in the province.

The hospital is a place 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 the “Clinical Program Model,” aims to deliver high-quality care to meet the specific needs of patients, and is currently the best practice in healthcare.

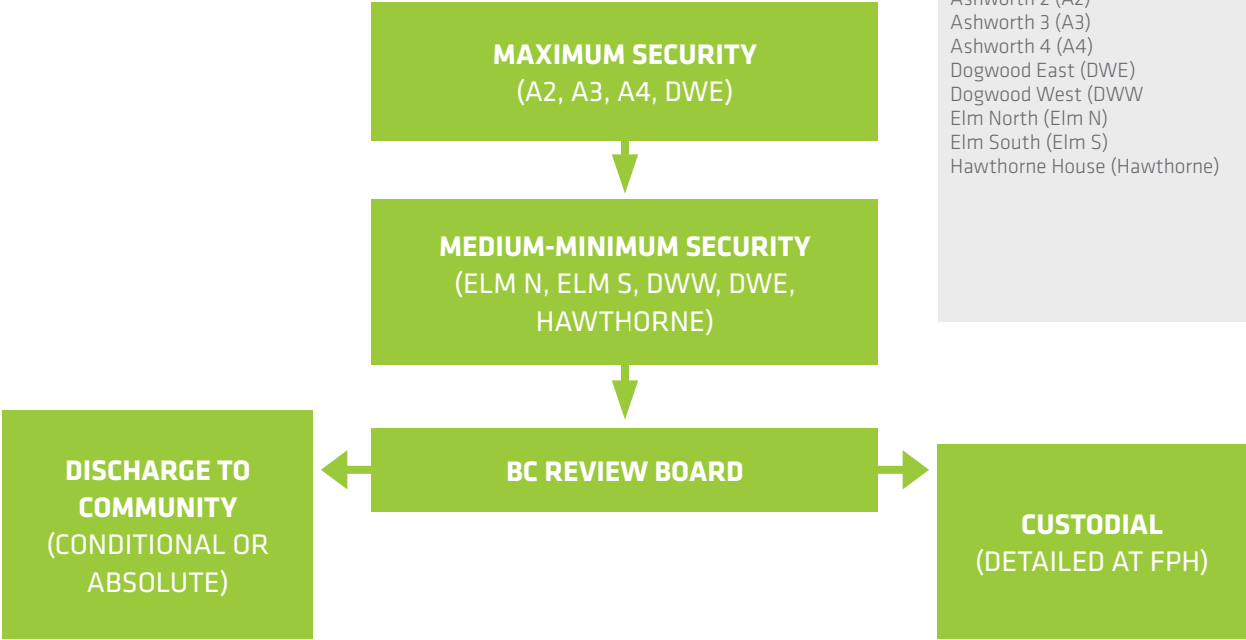
FLOW THROUGH THE FORENSIC PSYCHIATRIC HOSPITAL

This flowchart showcases an individual’s journey through the hospital integrating the model of care emphasizing the flow of patients into, through, and out of the hospital based on the legal mandate and levels of risk and security. It is important to understand that every patient journey is complex and may take various paths. Each patient will have a treatment team to support you and your loved one.

Correctional/Remand:



Review Board:



- Legend:**
- Ashworth 2 (A1)
 - Ashworth 2 (A2)
 - Ashworth 3 (A3)
 - Ashworth 4 (A4)
 - Dogwood East (DWE)
 - Dogwood West (DWW)
 - Elm North (Elm N)
 - Elm South (Elm S)
 - Hawthorne House (Hawthorne)

A patient's flow through the hospital involves the graduation from one level to the next. This is known as privilege levels. The privilege levels range from zero to six, as each level of privilege has additional graduation within it.

- > **Level 0:** Patients are escorted only to off-unit (but remain in hospital) activities that require all patients' participation (ex., gym)
- > **Level 1:** Patients are escorted by Forensic Psychiatric Services trained hospital staff to specific treatment programs within maximum security areas of the hospital
- > **Level 2:** Patients are escorted by Forensic Psychiatric Services trained hospital staff to specific treatment programs or vocational programs within the hospital grounds
- > **Level 3:** Within the hospital unescorted attendance at programs, escorted community outings
- > **Level 4:** Unescorted day leave access to community programs
- > **Level 5:** Unescorted day leave access for leisure purposes
- > **Level 6:** Overnight leaves and visit leaves

A patient's progress and stability may change throughout treatment, and their approved levels of access may also change as they move through their treatment program at the hospital. Treatment teams and patients work together to assess a patient's progress and stability, which informs any decision-making on any levels of access and/or privileges.

Patients are typically 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 includes psychiatrists, family physicians, social workers, nurses, clinical pharmacists, psychologists, and rehabilitation staff. Additional team members include therapeutic leisure services staff, vocational services staff, occupational therapy staff, Forensic Regional Clinic staff, and a Spiritual Health Practitioner.

CLINICAL PROGRAMS AT THE FORENSIC PSYCHIATRIC HOSPITAL INCLUDE:

- > Ashworth 1 (A1) – Male remand unit
- > Ashworth 2 (A2) – Specialized assessment and psychiatric intensive care program
- > Ashworth 3 (A3) – Neuropsychiatry program
- > Ashworth 4 (A4) – Severe psychosis/intensive management program
- > Dogwood East (DWE) – Women’s program
- > Dogwood West (DWW) – Geriatric/medically frail program
- > Elm North (Elm N) – Intensive rehabilitation program
- > Elm South (Elm S) – Intensive rehabilitation program
- > Hawthorne House (Hawthorne) – Pre-discharge program

A video about the Forensic Psychiatric Hospital is available for families who are unable to visit the hospital due to distance or travel costs. The video is available [here](#).

THE FORENSIC PSYCHIATRIC HOSPITAL INFORMATION IS PROVIDED BELOW:

70 Colony Farm Road
Coquitlam, BC
V3C 5X9

Phone Number: **604-524-7700**



TREATMENT AT THE FORENSIC PSYCHIATRIC HOSPITAL

The treatment teams engage with families from the point of the patient’s admission through to discharge. Members of the core treatment team include a social worker, pharmacist, psychiatrist, general practitioner, primary nurse, and rehabilitation staff. Depending on the circumstances, additional allied health professionals are available, which include counsellors, physiotherapists, and more.

At the Forensic Psychiatric Hospital, it is an integral part of client and family-centered care to ensure that 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 in collaboration with each patient according to the patient’s needs.

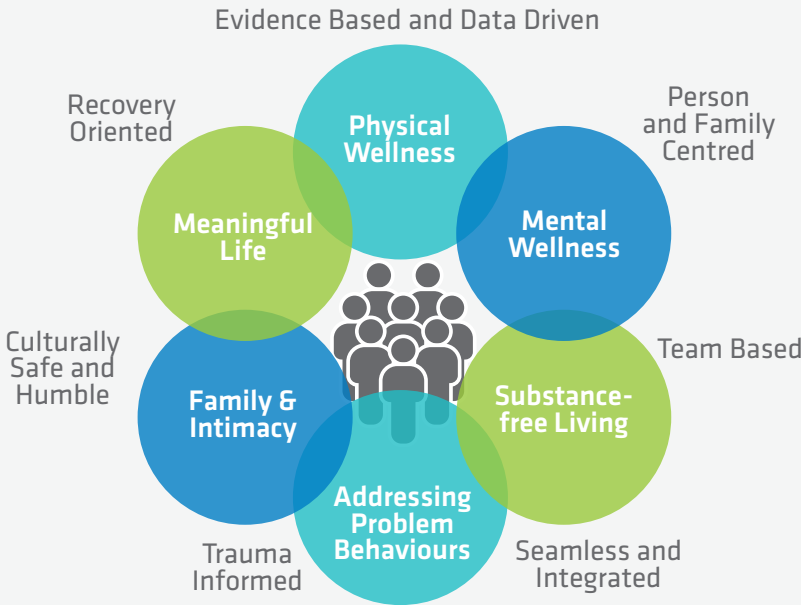
THE MODEL OF CARE

Across all BC Mental Health and Substance Use Services, the model of care is a philosophy that showcases how care will be provided for patients at the Forensic Psychiatric Hospital. This model highlights the uniqueness of the patient population and identifies services that are provided. It clarifies the flow of patients, into, through, and out the hospital, based on legal mandates and levels of risk and security.

AT BC MENTAL HEALTH AND SUBSTANCE USE SERVICES, WE BELIEVE:

- 1. That health is a human right.
- 2. There is no health without mental health.
- 3. Every person is important.
- 4. Recovery is possible and that quality of care makes a difference.

MODEL OF CARE



THE MODEL OF CARE REVOLVES AROUND THE FOLLOWING GUIDING PRINCIPLES:

- > Evidence-Based and Data Driven
- > Person and Family Centered
- > Seamless and Integrated
- > Trauma Informed
- > Culturally Safe and Humble
- > Recovery Oriented

The model of care applies to these guiding principles in six overlapping domains, as well as a list of programs that are run with the principles in mind.

Programs change regularly and we are always offering new programs based on patient suggestions. Below is an example of what the programs were at the time this handbook was written to give you a sense of to expect, but likely they will be different now.

- > Physical wellness
 - > Dietitian group/cooking
 - > The hospital has two Registered Dietitians (RD) who are regulated health professionals in Canada with standardized training and overseen by the College of Dietitians of BC, who ensure the provision of safe, ethical, and competent nutrition services.
 - > The dietitian group and cooking classes are available for educational purposes and practice-skills.
 - > Ash gym/maximum gym and open gym
 - > These sessions provide patients with time at the gym a few times per week and appointments with program staff to build skills and knowledge of physical and leisure activities.
 - > This gives participants an opportunity to work on their fitness goals either individually or as part of a group. The weight room, cardio machines, sports, and games equipment are made available, and the area is supervised by Recreation Therapy staff.
 - > Participants are welcome to organize themselves into groups to play team games (basketball, badminton, volleyball, etc.), or join in with a taught class and weightlifting programs.
- > Mental wellness
 - > Cognitive Behavioural Therapy (CBT) for Depression, Psychosis, and Anxiety
 - > Focuses on changing behaviours and developing personal coping strategies. This program assists with bothersome psychotic symptoms, refractory psychosis, and relapse prevention.
- > Substance-free living
 - > Matrix Relapse Prevention (for further details please see Matrix Model section)

DIY COMFORT KIT



WHAT'S IN A COMFORT KIT?

PHYSICAL GROUNDING

Breathing: Inhale 4, pause 3, exhale 5

Senses: Sight: photos, sparkle jar
Sound: favorite CD
Smell: fragrance, essential oils
Taste: chocolate, gum, tea
Touch: lotion, scarf

MENTAL GROUNDING

Describe an item in detail
Play a categories game
Word finding
Spell your name backwards

Grounding is a set of simple strategies for managing intense emotional distress.

Grounding helps you regain control over overwhelming feelings and stay safe through distraction and reorientation to the present moment.

Grounding can be a useful part of your **Comfort Plan**.



- > Addressing problem behaviours
 - > Comfort Kits
 - > Made up of personal items that help a client feel grounded, such as essential oils, toys, or a blanket. These kits help them recognize and respond to distressing situations.
- > Family and intimacy
 - > Community Reinforcement and Family Engagement
 - > There are many different programs such as Team Sports Sunday that help with reintegrating you/your loved one into the community. There are also many opportunities for patients who require a safe, supportive skillset to begin moving forward in their recovery journey such as First Steps.
- > Meaningful life
 - > Spiritual care
 - > We ensure that all people, regardless of age, gender, sexual orientation, occupation, socio-economic status, ethnic origin, migrant experience, religious or spiritual beliefs, and disability feel respected and safe when they interact with us.

THE MATRIX MODEL

This is a 16-week concurrent, standardized evidence-based program for patients living with substance use problems. This program is a part of the foundational piece of addictions programming used at our Forensic Psychiatric Clinics and the Correctional Services. It is facilitated 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. While in Matrix, patients are supported by their team and the group facilitators during the process. Guest speakers, including addictions doctors, social workers, and psychiatrists deliver presentations for select sessions.

Although patients may have different goals while in the Matrix, the storytelling, deep reflection and talking circle exercises, and the training helps participants develop recovery-oriented knowledge, skills, and attitudes needed to support clients who are dealing with 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 and encouraging their loved ones as they work 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 to receive support and information. For further information regarding families and their role in treatment, please refer to the “Working Together as Partners in Care: The Role of Families” section of the handbook.



TRAUMA-INFORMED PRACTICE

All the care that we deliver at the clinics is informed by the past trauma of patients. In May 2013, the Ministry of Health released guidelines for Trauma-Informed Practice (TIP). This provides a framework for all health authorities, including Forensic Psychiatric Services in our work with patients and family members. TIP is guided by six principles: safety; trust and transparency; peer support; collaboration and mutuality; empowerment; voice and choice and the importance of cultural historical and gender issues.

WHAT FAMILIES SHOULD EXPECT FOR THE FIRST VISIT TO THE HOSPITAL

Families, it is important to know what to expect for the first visit, whether that be the hospital or one of our clinics. Below are some key messages created to help you understand the environment and how to prepare yourselves.

When visiting, please keep in mind, the Forensic Psychiatric Hospital is a secure facility where safety needs to be our number one priority. As such, the family will be asked to comply with a few guidelines in order to visit. First, our staff will request that you show photo identification. Second, our staff will request that you secure your belongings (including cell phone, wallet, keys etc.) in one of our provided lockers. You will not be able to bring them into the hospital with you. Third, one of our Forensic Security Officers will facilitate a security screening of your body with a metal detecting wand. Lastly, if you appear under the influence of substances, your visit will be cancelled. These precautions allow us to maintain our patients' connections with their loved ones while keeping our patients and staff safe.

The staff at the hospital has created the following dos and don'ts list to help you further prepare:

DO:

- > Talk to your loved one's social worker, let them know how much communication you would like about your loved one.
- > Ask your social worker for a family meeting with your loved one's treatment team to gain a better sense of the situation.
- > Mail letters and cards to your loved one
- > Take time to care for yourself and set boundaries with your loved one and their treatment team that support this.

DON'T:

- > Feel obligated to take all calls from your loved one, especially if they are becoming demanding or aggressive.
- > Bring/mail any type of medicine or supplements (either prescribed or over the counter).
- > Bring/mail any food unless permission is provided by the Clinical Service Manager or Patient Care Coordinator in advance.

DISCHARGE FROM THE FORENSIC PSYCHIATRIC HOSPITAL

We want to help patients successfully return to their community. We design our programs with evidence-informed approaches to care that are articulated to ensure that programming is enhanced for all patients.

Programs offered include primary healthcare, psychiatry, psychology, health, and wellness (alcohol and drug counselling, peer support services, spiritual care), vocational and occupational therapy, and therapeutic leisure services. Part-time teachers are available to assist patients with educational opportunities. Families should contact a social worker at the hospital if they would like more information on the programs available.

The treatment team at the Forensic Psychiatric Hospital begin the process of discharging a patient by first determining the person's readiness for release and needs. As a person living with a mental disorder goes through the legal system, their symptoms may prevent them from fully understanding the process. The staff at the hospital are aware of this fact and part of a patient's care plan may be having their team help the patient work through this process to the best of their ability.

Patients are referred to the Forensic Regional Community Clinic closest to their chosen geographical location. The Forensic Regional Community Clinics located throughout British Columbia help ensure that people who have encountered the law and live with significant mental health and substance use issues receive the care, support, and treatment they need. 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 on staff escorted community 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. 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 the Forensic Psychiatric Hospital, with patient approval, contact family members at points of transition: for example, when a patient is transferred between units, when a patient is granted approval for escorted day leaves, and when they are granted unescorted day leaves. 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 reintegrate a patient back into the community is made by the BC Review Board as either a conditional or an absolute discharge. 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 and other drugs. These conditions are established with the patients. 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.



FORENSIC REGIONAL CLINICS

Forensic Psychiatric Services ensures clients throughout British Columbia are appropriately supported with consistent high-quality mental health services. 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 located in Vancouver, Victoria, Nanaimo, Prince George, Kamloops/Kelowna, and Surrey. These community clinics provide services to approximately 2,200 individuals a year.

These clinics are responsible for the supervision and monitoring of person's 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 client's progress in treatment and ensuring they are adhering to the conditions identified in their Disposition Order provided by the BC Review Board.

The Forensic Regional Clinics also conduct psychiatric assessments ordered by the BC Courts (Fitness to Stand Trial, NCRMD) and psychiatric or psychological Pre-Sentence Reports. These pre-sentence reports are ordered to assist the court in obtaining a better understanding of the offender's risk assessment, risk management, and any mental health treatment needs. These reports provide guidance and recommendations to the court to make legal orders that will better support the offender while living in community. Community Corrections also refer clients for assessment and treatment for those subject to bail, conditional sentences, or probation orders. In addition, programming is offered for individuals convicted of a sexual offence.

Forensic Regional Clinics are staffed by registered nurses, registered psychiatric nurses, concurrent disorder counsellors, outreach workers, addiction physicians, psychiatrists, psychologists, social workers, and administrative support staff. In addition, we have nurse prescribers at most clinics available for clients. The clinics also have an extensive addiction program, with addiction physicians, counsellors, and outreach workers available to clients. The Opioid Agonist Therapy program's goal is to decrease the risk for overdose and promote harm reduction in the community. Clients are able to access addiction medication and treatment on an out-patient basis with regular case management and psychiatric care.

Family members are encouraged to take an active part in the client's support network. They are welcome to communicate any concerns they may have regarding their relative's treatment team to ensure optimal care and safety.

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. Virtual health 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.

BELOW ARE THE CONTACT INFORMATION FOR THE SIX REGIONAL CLINICS:

INTERIOR AND NORTH PROGRAM

Kamloops/Kelowna

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

115A, 1845 Gordon Drive
Kelowna BC V1Y 3H4
Telephone: **778-940-2100**
Fax: **778-940-2124**

Prince George

#200, 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

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

Vancouver

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

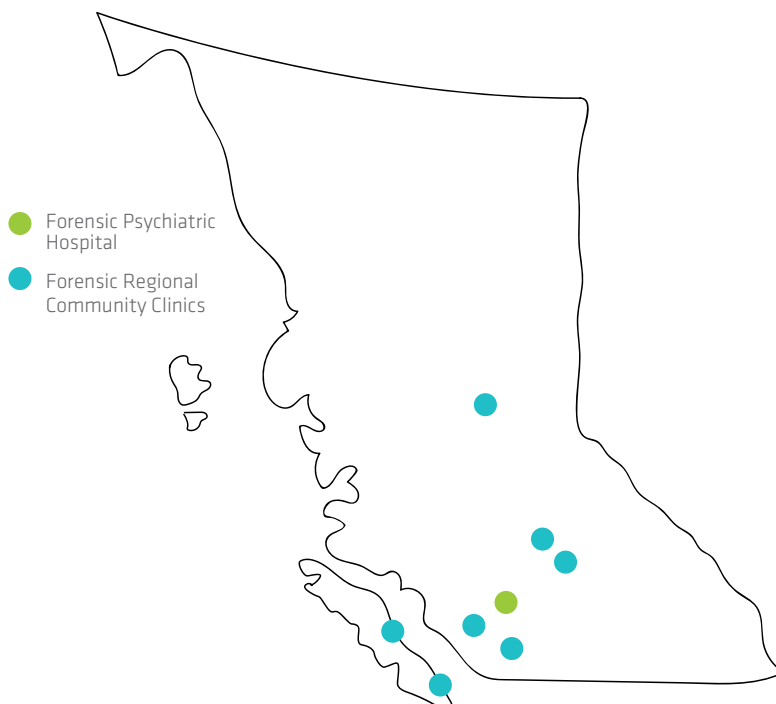
VANCOUVER ISLAND PROGRAM

Nanaimo

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

Victoria

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



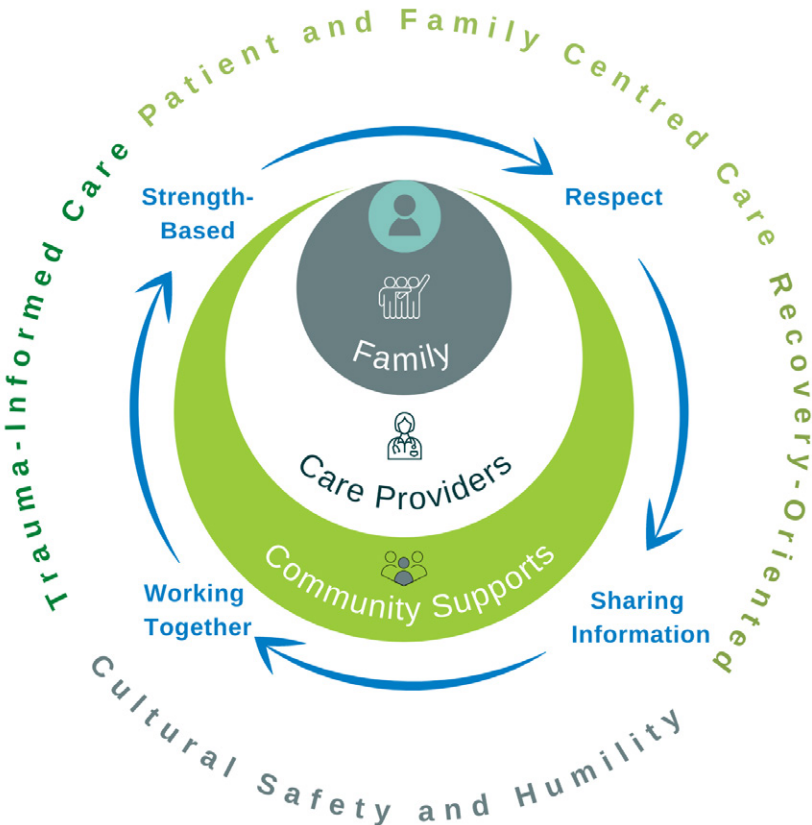
WORKING TOGETHER AS PARTNERS IN CARE

Patients and families are encouraged to take an active part in treatment and care planning, which includes communicating any concerns you may have to your/your loved one’s treatment team to ensure optimal care and safety.

PATIENTS AND FAMILIES AS PART OF THE CIRCLE OF CARE

Patient- and Family-Centred Care is an approach that guides all aspects of planning, delivery, and evaluating services. The focus is on creating and nurturing mutually beneficial partnerships among team members, patients, and families. It means working collaboratively with patients and families to provide care that is respectful and compassionate, appropriate, and competent, while being responsive to your needs and values, cultural backgrounds, beliefs, and preferences.

The “Circle of Care” model is a patient- and family-centered approach to visualizing the healthcare system in a way that supports systemic improvements to care.



Family members are valuable members of a patient’s team and, with patient consent, their participation is encouraged. It is important to note that while we want to involve family as much as possible in all care for the patient, we are limited under the Freedom of Information and Protection of Privacy Act to provide information only with the patient’s consent. In an emergency case, family can be contacted if they are identified as next of kin.

BROADER DEFINITION OF FAMILY

Family is defined as “A 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)

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.

We understand that it can be very difficult for families who have not been identified by the client as part of their support network. At this time, it is important for staff to respect the client’s decisions; however, we continually revisit this with the client and encourage them to consider their families as partners in their recovery.

FAMILY’S 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 living 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 video conference as available.

PATIENT’S AND FAMILY MEMBER’S ROLES IN ENSURING SAFETY

One of our priorities is to inform patients and families about the important role they play in their own safety during their care. You/your loved one play a key 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.
- > **Allergies:** The treatment team should be contacted regarding any known allergies to food or drug products.
- > **Prevent Injuries:** Patients/clients with a mental or physical illness and taking medications can be at higher risk of slips and falls. Please tell staff if you feel you/your relative is at increased risk of falling. Please make sure there are no wet or slippery floors in areas near your family member. If there are any problems in our hospital or clinics, please report it to our staff.
- > **Medications:** Family members and patients/clients are encouraged to ask the treatment team any questions they have regarding medications or treatment interventions. 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.

- > **Concerns:** Tell your treatment team if you have any concerns about safety. This might include concerns regarding verbalized fear for safety, despondency, despair, and/or a wish or a plan to harm oneself or others. Family members and patients/clients are also encouraged to contact the treatment team if another patient/client is behaving in such manners that is a cause for concern. You know your relative best and often see signs of issues before symptoms appear.

ETHICS SERVICE SUPPORT FOR PATIENTS AND FAMILIES

It can be hard making healthcare decisions. You might be asking:

- > What treatment is best for me/my family member?
- > Should a treatment be continued?
- > Can a treatment be refused?
- > What rights do patients and families have?
- > Who should make healthcare decisions?
- > How do I communicate with healthcare providers and family members about care needs?

The Ethics Service can help. They offer confidential support to people making healthcare decisions. They can:

- > Meet with you to discuss options.
- > Provide decision-making tools and frameworks.
- > Help people who disagree have respectful discussions.
- > Support open, inclusive, and fair decision making.

YOU CAN CONTACT THEM DIRECTLY OR ASK YOUR CARE TEAM TO CONTACT AT THE FOLLOWING:

Email: ethics@phsa.ca

Phone: **604-875-2345 ext. 4029**

LANGUAGE INTERPRETATION SERVICES

All patients and families have the right to be provided information in a language they can understand; therefore, interpreters are available if English is not their first language.

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 Forensic Regional Clinic.

The treatment team is responsible for assuring that patients are suitably integrated into society 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. The Forensic Psychiatric Services complies with the [BC Freedom of Information and Protection of Privacy Act \(FOIPPA\)](#) in determining what information can be released to third parties such as family or friends.

FOIPPA does allow healthcare 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 safety concerns. The release of information is handled on a case-by-case basis, in accordance with Forensic Psychiatric Services Commission (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.”¹

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.

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

SOME QUESTIONS TO ASK THE CLINICAL TEAM

The following questions are provided as a framework for deciding what patients and family members need to know to best support their relative. However, there may still be general information that can be shared with you.

SAMPLE QUESTIONS INCLUDE:

HEALTH CONCERNS?

- > What can you tell me about my/their illness?
- > What is known about the cause of this particular illness?
- > Can you recommend suitable reading/reference materials about this condition?

MEDICATION?

- > 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 I/they know if the medication is effective? How will I/they know?
- > What symptoms indicate that the medication should be raised, lowered, or changed?
- > What happens if I/they refuse treatment?

FAMILY MEMBERS?

- > 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?

SUPPORTS FOR FAMILY MEMBERS

There are numerous supports 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 to learn more 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 are comforting and empowering.

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.

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!

We acknowledge how complex and challenging this process can be. Below are some tips that were compiled from families and partners in the forensic psychiatric community. We hope these suggestions will help you through this 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 frees up your own mind and 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 to contact for additional help. 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 informed and connected with your family member. Forensic Psychiatric Hospital offers both in-person, telephone, and virtual visits. The social worker working with your loved one can support you with the visitation process. Your loved one may be quite ill when they enter the Forensic Psychiatric Hospital and/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 the Forensic Psychiatric Hospital while ignoring their own needs. Check out whether there are respite services in your area.

REPORT CONCERNS OR COMPLAINTS

Every patient/client and family member are 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.

If the patient/client and/or family member does not feel that the concerns have been adequately addressed, a call to the Regional Clinic Manager may be warranted.

PROVIDED ARE SOME WAYS THAT YOU CAN SUBMIT A FORMAL COMPLAINT:

1. At the Forensic Psychiatric Hospital – complete the Patient and Family Safety and Service Feedback Form
2. At the Regional Clinics – complete the Patient/Client Concerns Form
3. Contact the Provincial Health Services Authority's Patient Care Quality Office (PCQO) who can help you resolve your concerns about care.
4. If your complaint is not resolved, you can contact the Office of the Ombudsperson who is the highest level of authority of protection available.

PROVINCIAL HEALTH SERVICES AUTHORITY'S PATIENT CARE QUALITY OFFICE

Suite 202 – 601 West Broadway
Vancouver, B.C.
V4Z 4C2

Phone: **1-888-875-3256**

Fax: **604-875-2631**

Email: pcqo@phsa.ca

BC OMBUDSPERSON

Second Floor, 947 Fort St.
PO Box 9039,
Stn Prov Gov't.

Victoria, BC V8W 9A5

Phone: **1-800-567-3247**

Fax: **250-387-0198**

RESOURCES AND CONTACT INFORMATION

FORENSIC PSYCHIATRIC HOSPITAL

70 Colony Farm Road
Coquitlam, B.C
V3C 5X9
Telephone: **604-524-7700**
Fax: **604-524-7905**
Website: www.bcmhsus.ca/forensic-psychiatric-hospital

REGIONAL CLINICS:

www.bcmhsus.ca/regional-clinics

FORENSIC PSYCHIATRY ACT:

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

LEGAL

BC REVIEW BOARD:

Information regarding the British Columbia Review Board and their role with respect to patients in the Forensic Psychiatric Hospital and at the six Forensic Regional Psychiatric Clinics.
Telephone: **604-660-8789**
Toll Free: **1-877-305-2277**
Website: www.bcrb.bc.ca

BC COMMUNITY CORRECTIONS:

Corrections helps keep British Columbians safe by managing adults who are in custody or under community supervision.
Website: www2.gov.bc.ca/gov/content/justice/criminal-justice/corrections

LIST OF PROBATION OFFICES:

www2.gov.bc.ca/gov/content/justice/criminal-justice/corrections/probation-offices

JOHN HOWARD SOCIETY OF BC:

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.
Website: www.johnhowardbc.ca

LEGAL SERVICES SOCIETY:

Apply for Legal Aid by telephone:
Greater Vancouver: **604-408-2172**
Elsewhere in BC, call no charge: **1-866-577-2525**
Website: www.lss.bc.ca

VICTIM SERVICES OF BC:

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

VICTIM LINK BC:

Service is available 24 hours a day, 7 days a week

Telephone: **1-800-563-0808**

MENTAL HEALTH AND MEDICAL INFORMATION

ANXIETY CANADA:

Anxiety Canada promotes awareness of anxiety disorders through information sessions, professional seminars, and workshops. The organization also offers free online tools, resources, and support for adults and young people experiencing anxiety.

Website: www.anxietycanada.com

AUTISM SPECTRUM DISORDER:

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

Autism Society of BC: www.autismbc.ca

Autism Support Network: autismsupportbc.ca

BC MINISTRY OF HEALTH:

www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/support-needs/autism-spectrum-disorder

BC SCHIZOPHRENIA SOCIETY (BCSS):

The BC Schizophrenia Society is dedicated to educating the public about schizophrenia and raising funds for research. The society advocates for better services for people with schizophrenia and other serious and persistent mental illness.

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

Email: prov@bcss.org

Telephone: **604-270-7841**

Toll Free: **1-888-888-0029**

Fax: **604-270-9861**

Website: www.bcss.org

CANADIAN INSTITUTE FOR SUBSTANCE USE RESEARCH:

The Canadian Institute for Substance Use Research (CISUR) is a network of people and groups who study substance use and addiction in support of community-wide efforts to promote health and reduce harm. Its research is used to inform a broad range of projects, reports, publications, and initiatives.

Website: www.uvic.ca/research/centres/cisur/index.php

CANADIAN MENTAL HEALTH ASSOCIATION (CMHA) – BRITISH COLUMBIA DIVISION:

The Canadian Mental Health Association helps maintain and improve mental health for all Canadians through more than 100 local, provincial, and national locations. In BC, mental health, substance use, and addictive behaviour fall within the scope of the organization.

Website: cmha.bc.ca

EARLY PSYCHOSIS INTERVENTION PROGRAMS OF BC:

www.earlypsychosis.ca/pages/about/about-epi

www.earlypsychosis.ca/pages/resources/downloads Resources for clients and families

FAMILY TOOLKIT:

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

Website: www.heretohelp.bc.ca/workbook/family-toolkit

FAMILYSMART® (FORMERLY KNOWN AS INSTITUTE OF FAMILIES):

FamilySmart® provides support, navigation assistance, and information to young people with mental health issues and their families. The organization also encourages family members and professionals to learn with and from each other to enhance the quality of experiences and services for child and youth mental health.

Website: familysmart.ca

FOUNDRY:

Foundrybc.ca is a website that provides young people and their families information on mental health and well-being, substance use, social support and services, navigation assistance, and self-management.

Website: foundrybc.ca

JESSIE'S LEGACY:

Jessie's Legacy is a program of Family Services of the North Shore. It provides eating disorders prevention education, resources, and support for youth, families, educators, and professionals.

Website: jessieslegacy.com

KELTY RESOURCE CENTRE:

The Kelty Mental Health Resource Centre provides mental health and substance use information, resources, and peer support to children, youth, and their families from across BC. They also provide peer support to people of all ages with eating disorders. All their services are free of charge. Contact them by phone, in person, or by email.

Website: keltymentalhealth.ca

MENTAL HEALTH DIGITAL HUB:

A directory of mental health and substance use services in BC.

Website: www2.gov.bc.ca/gov/content/mental-health-support-in-bc

MOOD DISORDERS ASSOCIATION OF BRITISH COLUMBIA:

The Mood Disorders Association of BC provides treatment, support, education, and hope of recovery for people living with a mood disorder. The association builds awareness and understanding in communities throughout the province to reduce the stigma around mood disorders.

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**

Website: www.mdabc.net

MINISTRY OF HEALTH PUBLICATIONS:

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

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

HEALTH-RELATED RESOURCES

BC MINISTRY OF HEALTH:

www2.gov.bc.ca/gov/content/health/managing-your-health

HEALTHLINK OF BC:

HealthLink BC helps you learn about health topics, check symptoms, and find the health services and resources that you need for healthy living. Call 811 to consult with a nurse, pharmacist, or dietitian 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.

Website: www.healthlinkbc.ca

FIND A PHYSICIAN IN BC:

www.cpsbc.ca/physician_search

MEDICATION COVERAGE IN BC:

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

FINANCIAL

DISABILITY ALLIANCE OF BC:

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

disabilityalliancebc.org

FINANCIAL ASSISTANCE FOR PSYCHIATRIC MEDICATION (PLAN G):

www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/psychiatric-medications-plan-plan-g

PROVINCIAL DISABILITY BENEFITS:

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

CANADA PENSION PLAN DISABILITY BENEFITS:

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

PUBLIC GUARDIAN AND TRUSTEE OF BC:

The Public Guardian and Trustee (PGT) is a corporation 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 healthcare interests of adults who require assistance in decision-making; and administer the estates of deceased and missing persons.

Website: www.trustee.bc.ca/Pages/default.aspx

INDIGENOUS ORGANIZATIONS AND SERVICES

There are various supports for Indigenous patients and families within our facilities at BC Mental Health and Substance Use Services. We provide various supports and programming in partnership with the Kwikwetlem First Nation (KFN) along with other elder residents, Indigenous patients, and navigators. There are patient and family partners who openly identify as Indigenous; therefore, there are opportunities to bring in traditional foods.

www2.gov.bc.ca/gov/content/governments/aboriginal-people/aboriginal-organizations-services

BC ABORIGINAL FRIENDSHIP CENTRES:

This is an umbrella organization for the Friendship Centres across BC. BC Friendship Centres support Indigenous Peoples living in urban areas and away from home to achieve their vision of health, wellness, and prosperity. Call to be directed to a local friendship centre in your home community: **1-250-388-5522**.

FIRST NATIONS HEALTH AUTHORITY – RESIDENTIAL SCHOOLS:

This website provides information on the Indian Residential Resolution Health Support Program, which includes mental health and emotional support to eligible former Indian Residential School students and their families. www.fnha.ca/what-we-do/mental-wellness-and-substance-use/residential-schools

KUU-US CRISIS LINE:

The KUU-US Crisis Line Society provides a First Nations and Indigenous specific crisis line available 24 hours a day, 7 days a week. KUU-US Crisis Line can be reached toll-free at **1-800-588-8717**. Alternatively, individuals can call direct into the Youth Line at **250-723-2040** or the Adult Line at **250-723-4050**.

INDIAN RESIDENTIAL SCHOOL CRISIS LINE:

The Indian Residential School Crisis Line is a national service for anyone experiencing pain or distress because of their residential school experience. Call toll-free at **1-866-925-4419**.

THE MÉTIS CRISIS LINE:

The Métis Crisis line is available 24 hours a day, 7 days per week for self-identified Métis people in BC. Call toll-free **1-833-Metis-BC (1-833-638-4722)**.

TSOW-TUN LE LUM SOCIETY:

The Tsoow-Tun Le Lum Society provides confidential services such as counselling, cultural supports, and personal wellness programs. Call toll-free at **1-866-403-3123** or visit www.tsowtunlelum.org

24-HOUR RESIDENTIAL SCHOOL CRISIS LINE:

1-866-925-4419

MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS HEALTH SUPPORT SERVICES:

This is a national program administered in BC by First Nations Health Benefits. The services are available to survivors, family members, and others who have been affected. Call Health Benefits toll-free **1-855-550-5454** for more information.

HOPE FOR WELLNESS HELP LINE:

The Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention by phone or online chat. Call toll-free at **1-855-242-3310** or start a confidential chat with a counsellor at www.hopeforwellness.ca

ALCOHOL AND SUBSTANCE USE

HERE TO HELP:

A joint project of the BC Partners for Mental Health and Addictions, Here to Help provides information and resources in BC to help people manage their mental health and substance use. Through this resource, family members can learn more about these conditions as well as how to support a loved one with mental health or addiction issues.

Website: www.heretohelp.bc.ca

AL-ANON FAMILY GROUPS:

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

Website: www.al-anon.org

HOUSING

The end of the patient's journey through the forensic system for most is to return to community. The Forensic Psychiatric Hospital receives patients from all five BC health regions. The return to community means finding appropriate housing in the patient's returning health region. The journey that started at arriving at our facility continues along a path paved with hope, the home that they will reach is the gateway leading to community and finally arrive at housing that becomes home.

Housing and community resources are a currently dynamically changing resource that can easily shift in and out of service when any level of governance (federal, provincial, health authority, and municipal) mandates impacting resource providers through funding and regulatory schemes. An integrated resource listing is a must for a more coordinated assistance in the recognition of housing opportunities and the development of more.

It would also make it easier to project areas for targeted funding needs after resources are mapped out. This type of mapping will help to highlight actual community needs for mental health supports at all levels. Below is a list of shelter and housing:

BC HOUSING:

BC Housing is a crown corporation that administers a range of subsidized housing options, from emergency shelters to private home ownership. Through BC Housing, you can find housing, learn more about housing in BC, find tenant supports, and learn more about housing initiatives.

Visit www.bchousing.org/ for more information

BC NON-PROFIT HOUSING ASSOCIATION:

The BC Non-Profit Housing Association is an organization of non-profit housing providers and allies that supports members' work to provide quality affordable housing. They offer education events, resources, best practices, and consulting services. Visit www.bcnpha.ca for more information.

For further resources, please visit: www.heretohelp.bc.ca/visions/housing-vol8/housing-resources

CRISIS AND INFORMATION PHONE LINES

ALCOHOL & DRUG INFORMATION AND REFERRAL SERVICE:

You can call the referral service for information, options, and support, and referrals to counselling and treatment services across BC.

Lower Mainland Number: **604-660-9382**

Elsewhere in BC: **1-800-663-1441**

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 as well as information on appropriate referral options and a wide range of support relating to mental health concerns.

COMMUNITY LIVING BC:

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.

Website: www.communitylivingbc.ca

OMBUDSPERSON OF BC:

The Ombudsperson has jurisdiction over a wide range of provincial public agencies, 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.

Website: bcombudsperson.ca

TRANSPORTATION AND PUBLIC TRANSIT

BC TRANSIT:

From small towns to large urban centres, BC Transit connects over 50 million customers in communities across the province every year.

Website for Route Information: www.bctransit.com/choose-transit-system

TRANS LINK:

Schedules and Maps: www.translink.ca/schedules-and-maps.aspx

HANDYDART:

HandyDART is an accessible, door-to-door shared transit service for people with permanent or temporary disabilities that prevent them from using fixed-route transit without assistance from another person.

HandyDART picks you up at your accessible door and drops you off at the accessible door of your destination.

Website: www.bctransit.com/choose-transit-system

Tip: (use the search box or the table at the bottom of the page to find your community, then click on the HandyDART button to see if the service is available in your area)

BC BUS NORTH:

BC Bus North is a long-haul coach service offering connections between Prince Rupert, Prince George, Dawson Creek, Fort St. John, Fort Nelson and Valemount. This service has a fixed-route and schedule.

Website: bcbus.ca/schedules-and-fares

TAXI SERVICES

Taxis can be a convenient, but expensive mode of transportation.

List of Find a list of companies approved to provide taxi services in B.C.:

www.ptboard.bc.ca/operators.htm

FREQUENTLY ASKED QUESTIONS

AM I ALLOWED TO PROVIDE MY LOVED ONE WITH MONEY?

You are welcome to bring your loved one small amounts of cash. While all your loved one's basic needs will be provided for (three meals and three snacks a day, hygiene supplies, fresh underwear, and socks), there are opportunities to spend money on purchasing food items at the canteen, as well as a weekly opportunity for patients to order take-out from local restaurants. Please keep gifts of cash small (between twenty and one hundred dollars) and make sure to inform both your social worker, as well as the nurses on the unit that you are providing this.

WHAT IS THE FOOD LIKE AT THE FORENSIC PSYCHIATRIC HOSPITAL?

Three meals a day plus three snacks, can accommodate some special diet requests for medical, cultural, or spiritual reasons. Food is prepared fresh on-site. Patients have shared the food is not always up to their liking; however, patients have a say in our menu selections as we listen to feedback at field questions and get requests from patients individually, as well as at the Patient Advisory Council (PAC) meetings. We also often do food sampling and survey to see if the potential new foods are enjoyed, as we replace the less popular items.

DO YOU PLAN SPECIAL MEALS AT HOLIDAYS AND CELEBRATIONS?

Yes! We plan special meals at holidays and celebrations, and work with patients to provide culturally appropriate foods when possible.

AM I ALLOWED TO BRING MY LOVED ONE FOOD?

If you are visiting your loved one, you are welcome to bring a small amount (as storage is limited) of packaged non-perishable snacks and un-caffeinated non-perishable drinks for their snack cupboard. Given permission by the Clinical Service Manager and the Patient Care Coordinator, you are also welcomed to bring them packaged perishable food that can be eaten during the visit.

WHAT KIND OF FOOD AM I ALLOWED TO BRING FOR MY LOVED ONE?

Chocolate and cereal are perennial favourites, but sometimes more nutritious foods are requested. Given permission, here are some ideas and tips to get you started if you wish!

- > Unsalted nuts (e.g., pistachio or peanuts in shell, pending team approval of shell). Need to be aware of portion sizes
- > Unsalted sunflower seeds in shell (pending team approval of shell)
- > Simply Protein bar, or other bar under 200 calories and as little sugar as possible. Only about 25g of protein can be absorbed at a time and the rest is wasted.
- > Cereal with under 10 grams sugar and over 5 grams fibre e.g., regular Shreddies, Chex, Cocoa Kashi, Life, Cinnamon Puffins. Make sure you are aware of the portion size.
- > Ocean's tuna pouch or Ocean's tuna & crackers (the product cannot have metal cans)
- > Uncle Ben's Southern Chili or Spicy Mexican Beans in a pouch (can be heated and served in pouch)
- > Sugar-Free Jell-O Cups

HOW MUCH STORAGE DOES MY LOVED ONE HAVE AT THE HOSPITAL?

Your loved one will be quite limited in the number of personal items they can store in the hospital. Our storage allowance is two tote bins in their room (clothes, stuffed animals, soft cover books, journals, and hygiene items) as well as a small locker for their valuables (wallet, identification, legal correspondence).

WHAT CAN I BRING FOR MY LOVED ONE?

Keeping in mind our storage limitations, you are generally welcome to bring your loved one small clothing items such as socks and slippers, stuffed animals, soft cover books, journals, and hygiene items, photos of family (no frames please) packaged non-perishable snacks, and un-caffeinated non-perishable drinks for their snack cupboard. Please confirm with your social worker items you intend to bring.

HOW DO I ARRANGE A VISIT TO THE FORENSIC PSYCHIATRIC HOSPITAL (EITHER BY CAR OR WITHOUT CAR)?

Please note our visiting hours below. You are welcome to visit during any visiting hours' time in alignment with public health guidelines. If you are coming from outside the lower mainland, special visiting hours can be arranged. Our hospital is located at #70 Colony Farm Road, which is accessible by public transit. If you are driving, please note that all parking at our site is free.

WHAT TIME CAN I REACH MY LOVED ONES AT THE HOSPITAL?

We encourage family members and friends to visit their loved one at the hospital:

- > Tuesdays and Thursdays from 7-8:30 p.m.
- > Saturdays, Sundays, and holidays, 2-4 p.m. and 7-8:30 p.m.

Patients in Hawthorne House, our pre-discharge unit, as well as in the [Community Transition Cottages](#) may receive visitors on Saturdays, Sundays and holidays between 11 a.m.-8:30 p.m.

HOW CAN I REACH OUT TO MY LOVED ONES AFTER HOURS?

Please try the patient line first. If you are unable to reach your loved one, you are welcome to call the nurses station and they will pass along a message to your loved one.

Below are the unit nursing station numbers below:

- > **Ashwood 1: 604-524-7932 or 604-524-7933**
- > **Ashwood 2: 604-524-7930 or 604-524-7931**
- > **Ashwood 3: 604-524-7945 or 604-524-7713**
- > **Ashwood 4: 604-524-7788 or 604-524-7961**
- > **Dogwood East: 604-524-7972**
- > **Dogwood West: 604-524-7970**
- > **Elm North: 604-524-7982**
- > **Elm South: 604-524-7980**
- > **Hawthorne: 604-524-7958**

If you have any additional questions that have not been addressed in the handbook, please contact a member of the treatment team and they would be happy to assist.

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.

BIAS:

Disproportionate and unsupported weight in favor of or against an idea or thing.

- > **Discrimination (behavioral bias):** where we treat people who should be treated equally, in a different way.
- > **Prejudice (emotional bias):** A prejudgment or forming an opinion before becoming aware of the relevant facts of a case.
- > **Stereotypes (cognitive bias):** An over-generalized (unfair and untrue) belief about a particular category of people.

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 use. 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.

DIRECT BACK:

A term used to describe an individual who has been living in the community under a BC Review Board conditional discharge, cared for and supervised by, one of our Forensic Clinics. If the clinical team feels the patient's health has worsened, or otherwise needs to be sent back to FPH, and if the patient agrees, the patient will be sent back to FPH. The patient can be discharged back to the community when they have stabilized. If the patient is at FPH for more than 7 days, a "Restriction of Liberties" must be filed with the BC Review Board and a hearing must be held.

DIRECTOR:

The person responsible for all Criminal Code and BC Mental Health Act matters.

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 PSYCHIATRIC SERVICES COMMISSION (FPSC):

The Forensic Psychiatric Services Commission (FPSC) provides regional, court-related forensic psychiatric assessment, treatment, and community case-management services for adults who are experiencing mental health disorders and are in conflict with the law.

FORENSIC PSYCHIATRY:

Forensic Psychiatry is the branch of psychiatry that deals with issues arising between psychiatry and the law, and with the flow of mentally disordered offenders along a continuum of social systems.

FORENSIC PSYCHIATRIC HOSPITAL (FPH):

A secure, 190-bed hospital and the only one of its kind in BC. Patients at FPH have some form of mental disorder and have also come into conflict with the law. They have been sent to FPH by the courts, either for Forensic Psychiatric Assessment or for treatment. All patient charts contain a legal section in which all legal orders and documents are filed.

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.

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.

PROGRAMS & PRIVILEGES COMMITTEE (P&P COMMITTEE):

An FPH Committee that advises and makes recommendations to the Director about the level of privilege and security that will be assigned to a patient. A patient's privileges can only be assigned in accordance with the conditions set out in their BC Review Board Disposition. The privileges are assigned to facilitate the safe reintegration of patients into the community and rehabilitative pathway. P&P decisions are documented through P&P Applications, P&P Decision Forms, and P&P entry on the patient's chart.

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) are also part of the team.

UNFIT TO STAND TRIAL:

Unable on account of mental disorder to conduct a defense at any stage of the proceedings before a verdict is rendered or to instruct counsel to do so, and 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)

ACRONYMS LIST

ACRONYMS (A)

AA	Alcoholics Anonymous
ACCW	Alouette Correctional Centre for Women
AMHSU	Adult Mental Health and Substance Use

ACRONYMS (B)

BCMHSUS	BC Mental Health and Substance Use Services
BCRB	British Columbia Review Board
BIRP	Behaviour Intervention Response Plan
BO	Bail Officer
BPMH	Best Possible Medication History

ACRONYMS (C)

CAP	Client Awareness Precaution
CBT	Cognitive Behaviour Therapy
CD	Concurrent Disorder
CDC	Concurrent Disorder Counselor
CHS	Correctional Health Services
CISD	Critical Incident Stress Defusing/Debriefing
CISM	Critical Incident Stress Management Services
CM	Case Manager
CMHA	Canadian Mental Health Association
COP	Community of Practice
COWS	Clinical Opiate Withdrawal Scale
CTC	Community Transition Care (the Cottage Transition Program)
CTT	Community Transition Team

ACRONYMS (D)

DBT	Dialectical Behavioral Therapy
DSTS	Drug Submission Tracking System

ACRONYMS (F)

FASD	Fetal Alcohol Syndrome Disorder
FMCC	Ford Mountain Correctional Centre
FNHA	First Nations Health Authority
FPH	Forensic Psychiatric Hospital
FPSC	Forensic Psychiatric Services Commission
FRCC	Fraser Regional Correctional Centre

ACRONYMS (H)

HAs	Health Authorities
HCW	Heartwood Centre for Women

ACRONYMS (I)

IM	Intra-muscular
ITP	Integrated Treatment Plan

ACRONYMS (J)

JHS	John Howard Society
JM	Johnson Manor

ACRONYMS (K)

KRCC	Kamloops Regional Correctional Centre
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ACRONYMS (M)

MARs	Medication Administration Records
MOH	Ministry of Health
MMHA	Ministry of Mental Health and Addictions
MRN	Medical Record Number

ACRONYMS (N)

NA	Narcotics Anonymous
NCC	Nanaimo Correctional Centre
NCRMD	Not Criminally Responsible due to Mental Illness
NFA	No Fixed Address
NFPC	North Fraser Pretrial Centre

ACRONYMS (O)

OAT	Opioid Agonist Therapy
OCC	Okanagan Correctional Centre
OD	Opioid Use Disorder

ACRONYMS (P)

PCC	Patient Care Coordinator
PES	Psychiatric Emergency Services (Royal Jubilee Hospital)
PGRCC	Prince George Regional Correctional Centre
PHSA	Provincial Health Services Authority
PO	Probation Officer
POCT	Point of Care Testing
PSLS	Patient Safety Learning System
PSR	Pre-Sentence Report

ACRONYMS (R)

RB	Review Board
RCM	Regional Clinic Manager
RFHS	Red Fish Healing Centre for Mental Health and Addiction
RHA	Regional Health Authority (Vancouver Coastal Health, Island Health, Interior Health, Northern Health, Fraser Health)

RN Registered Nurse
RPN Registered Psychiatric Nurse

ACRONYMS (S)

SAM Suicide Assessment and Management
SHOP Shared Health Organizations Portal (BCMHSUS Policies)
SMART Self-Management and Recovery Training
SPSC Surrey Pretrial Services Centre
SROM Slow-release Oral Morphine
START Short-Term Assessment of Risk and Treatability
SW Social Worker

ACRONYMS (T)

THN Take Home Naloxone

ACRONYMS (U)

UDS Urine Drug Screen
UDT Urine Drug Testing

ACRONYMS (V)

VIRCC Vancouver Island Regional Correctional Centre
VPP Violence Prevention Program

**FORENSIC
PSYCHIATRIC
HOSPITAL**

**70 Colony Farm Road
Coquitlam, BC V3C 5X9**

604-524-7700



**Provincial Health
Services Authority**
Province-wide solutions.
Better health.



**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**

Provincial Health Services Authority