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

**FORENSIC REGIONAL CLINICS**

# CLIENT AND FAMILY HANDBOOK

FIRST EDITION - AUGUST 2022

“My treatment team could not have been more wonderful. [They were] smart, kind, caring. They did not have much to work with, but anything I needed, anything I asked for (that wasn't off-label pharmacology related), I received.”

**- CLIENT**

“I am forever grateful to our province's Forensic Psychiatric System. The journey my son experienced before landing there was full of twists and turns. Once he was connected to a care team, I knew he was relatively safe and he could get help. They gave me my son back.”

**- FAMILY**

“What matters most to me is caring for clients and involving their families in the same way I would want someone to care for my loved one. I am committed to practicing this every day.”

**- STAFF**

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This resource was developed through a collaborative partnership between clients, families, and staff. These clients and families have walked the path. With their guidance, we have created a resource based on what past clients and their families wish they had known before arriving at a Forensic Regional Clinic.



## ACKNOWLEDGMENTS

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



## Land Acknowledgment

The Forensic Regional Clinics service communities around the province on the traditional and ancestral lands of many Indigenous Peoples, including the Lheidli T'enneh (Prince George Regional Clinic), Tk'emlups te Secwepemc (Kamloops Regional Clinic), Nłeʔkepmx Tmíxʷ (Nlaka'pamux), Syilx (Okanagan), Confederated Tribes of the Colville Reservation (Kelowna Clinic), Musqueam, Semiahmoo, Tsawwassen, Katzie, Kwantlen, Kwikwetlem, Qayqayt, and Stó:lō (Surrey Regional Clinic), Musqueam, Squamish, and Tsleil-Waututh (Vancouver Regional Clinic), Snuneymuxw (Nanaimo Regional Clinic), and Songhee, Esquimalt, and WSANEC (Victoria Regional Clinic) First Nations.

# INTRODUCTION TO THE LEGAL CONTEXT

The purpose of this booklet is to help understand Forensic Regional Clinics in British Columbia (BC). Care teams at the Forensic Regional Clinics provide mental health and substance use treatment and assessment to people who are in conflict with the law, whom we call forensic clients.

We provide assessments at the request of the courts. These assessments include:

- > Evaluations of a person's fitness to stand trial
- > Evaluations of criminal responsibility for a crime
- > Expert forensic pre-sentence psychiatric and psychological assessments

We also provide treatment and monitoring for people who are under "conditional discharge." Conditional discharge means that someone who has been found not criminally responsible for a crime or unfit to stand trial due to a mental disorder is well enough to leave the Forensic Psychiatric Hospital. This monitoring includes making sure that people are following their treatment as well as the conditions set by the BC Review Board, which might include living where directed or abstaining from drugs and alcohol.

We hope that this handbook gives a general overview of the forensic psychiatric system. Every situation is different, so if there are any unanswered questions, please contact your and/or your loved one's clinical team. 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% of the BC Community 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 may also have to deal with the effects of the crime. In many cases, family members are the victims of the criminal actions. 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 and the Regional Clinics.

## 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 THREE POSSIBLE REASONS THAT A PERSON CAN BE REFERRED TO OUR SERVICES.

#### 1) ASSESSMENT

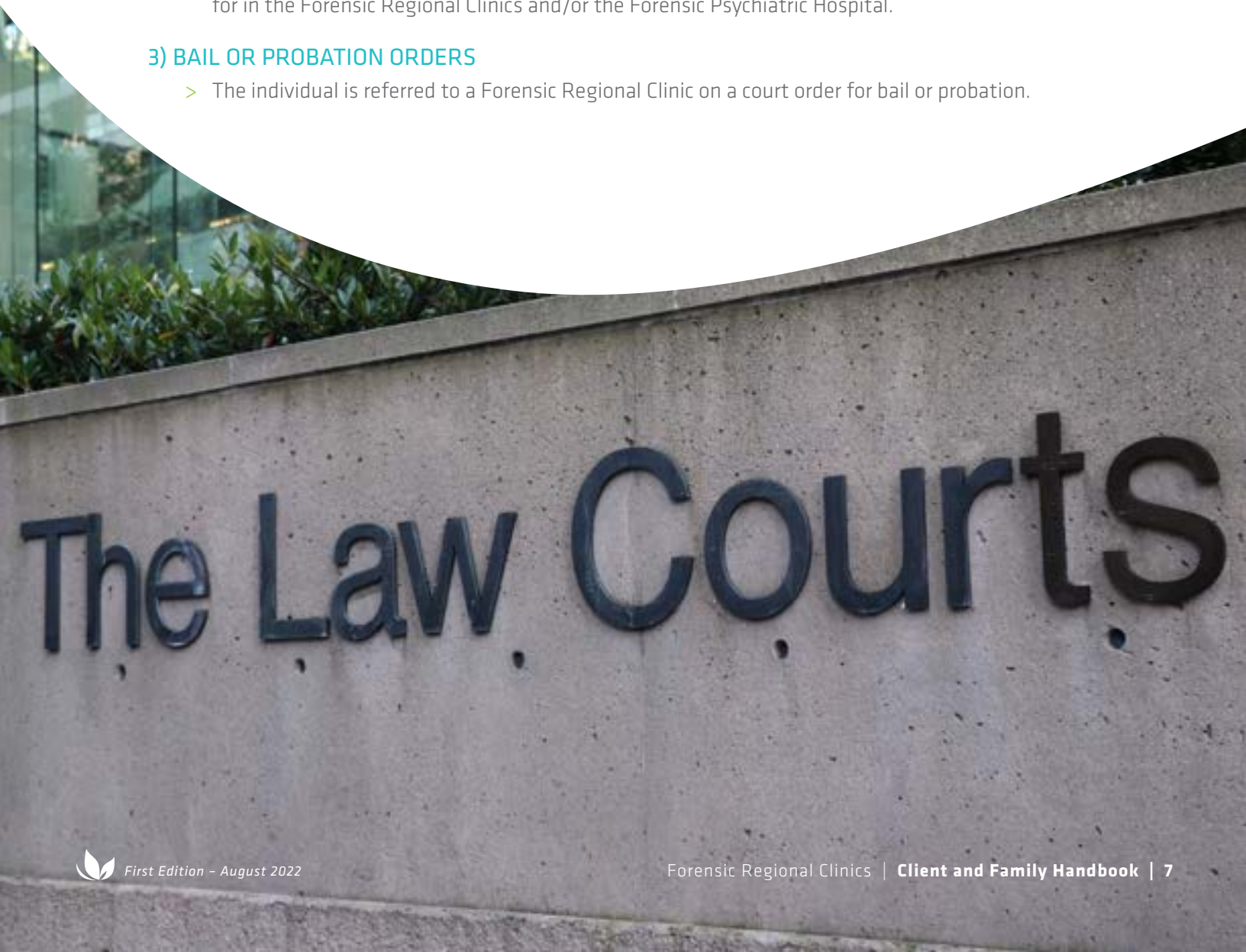
- > The individual is remanded by the courts for psychiatric assessment to determine Fitness to Stand Trial or to assist in determining whether a person should be found Not Criminally Responsible on Account of Mental Disorder.

#### 2) TREATMENT

- > The individual is found Unfit to Stand Trial or Not Criminally Responsible on Account of Mental Disorder. This means they need treatment for their serious mental health issues and will be cared for in the Forensic Regional Clinics and/or the Forensic Psychiatric Hospital.

#### 3) BAIL OR PROBATION ORDERS

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



# FORENSIC PSYCHIATRIC ASSESSMENTS

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 Regional Clinics or the Forensic Psychiatric Hospital.**

A nurse or a social worker will interview you and your family member. A doctor will also interview your family member. 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 nurse or social worker will give the information to the doctor who will, based on all the interviews, make a recommendation as to whether the individual is deemed Unfit to Stand Trial or Not Criminally Responsible.

It is important to be transparent and maintain open communication when individuals are being assessed for risk of violence. Our staff work with family members of individuals who are undergoing assessment to ensure they understand the process and determinations.

Individuals who are referred to the Regional Clinics will be assessed for their level of risk of violence and treatment needs by an Intake Team. Depending on the outcome of the triage assessment, these individuals may be accepted for further assessment and treatment at the Regional Clinic or referred to a more appropriate resource such as a community mental health team or addictions service.



## 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 difficult for a person to fully understand the legal process and what is occurring during a trial. Severe symptoms such as paranoia can undermine a person's ability to cooperate and communicate with their lawyer and assist in their defense.

### WHAT IS AN ASSESSMENT OF FITNESS TO STAND TRIAL?

An assessment of Fitness to Stand Trial determines the individual'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 during court proceedings. 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 your family member is deemed unfit to stand trial they may be admitted to a Forensic Regional Clinic for treatment. They will receive treatment until they are well enough to take part in the court proceedings.

## NOT CRIMINALLY RESPONSIBLE ON ACCOUNT OF MENTAL DISORDER

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

Not Criminally Responsible on Account of Mental Disorder means that a person committed a criminal offence and because of their mental illness one or more of the following statements apply:

- 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 Not Criminally Responsible on Account of Mental Disorder are admitted to the Forensic Psychiatric Hospital for the purpose of treatment and public protection (not punishment) and the responsibility for them is transferred to the jurisdiction of the BC Review Board.

## 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 Not Criminally Responsible on Account of Mental Disorder. 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 has been found Unfit to Stand Trial or Not Criminally Responsible Due to Mental Disorder 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. For clients of the Forensic Regional clinics, they are held in the community of the person being reviewed. 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 found 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 usual.
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 disposition conditions which they must follow.

## 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 seven outpatient Forensic Regional Clinics. The Regional Clinic treatment team will work with the individual to maintain their mental health and manage their risk level. If the individual's mental health deteriorates, requiring in-patient assessment or if their risk level becomes elevated, they may be directed back or breached to the Forensic Psychiatric 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, including day passes and visit leaves to the community.

## THE BC REVIEW BOARD TAKES FOUR MAIN FACTORS INTO CONSIDERATION WHEN MAKING A DISPOSITION 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](http://www.bcmhsus.ca/about/governing-legislation-bodies/the-bc-review-board) or [www.bcrb.ca/history-of-the-board](http://www.bcrb.ca/history-of-the-board).

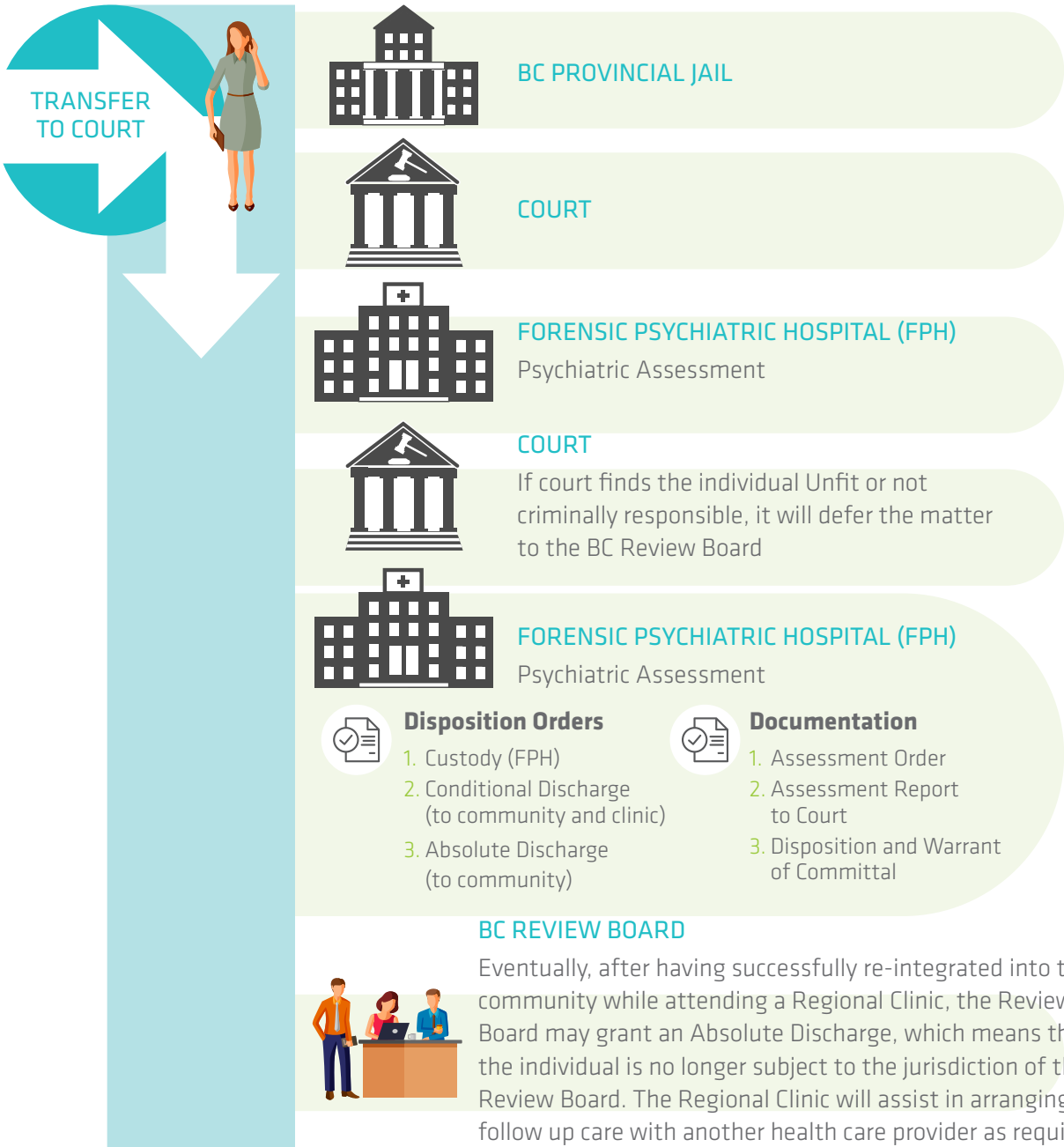
The next few pages showcase different scenarios that an individual may go through from start to finish. For more details, please refer to the [Legal Side of Forensics document](#).

## INDIVIDUALS SUBJECT TO THE REVIEW BOARD OF BC 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 NOT CRIMINALLY RESPONSIBLE

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 offence 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 assessment. Therefore, Amanda is transferred to Forensic Psychiatric Hospital. The psychiatrist will complete an assessment and make a recommendation to the court regarding Amanda’s level of fitness or Not Criminally Responsible on Account of Mental Disorder status. If the court decides that Amanda is unfit to stand trial or not criminally responsible, 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 client's index offence, diagnosis, and path to rehabilitation is different, this scenario provides one example of the very complex and difficult six-year journey of an individual 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 forensic psychiatric hospital for a not criminally responsible assessment on the A1 unit.



## COURT JANUARY 2013

John was found not criminally responsible 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 “broad” 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/ Fraser Valley Regional 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/ Fraser Valley 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.

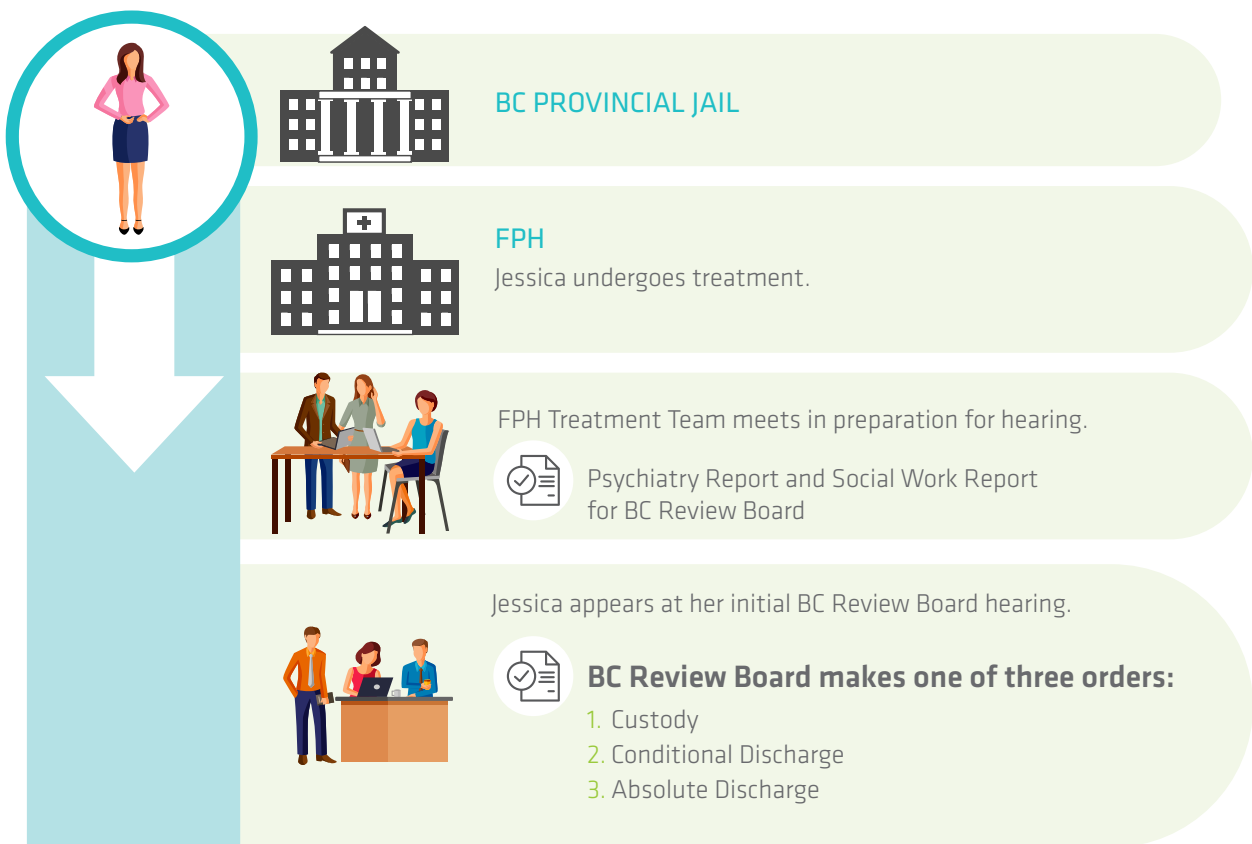


COMMUNITY

## SCENARIO 3: TREATMENT

Jessica was found Not Criminally Responsible by reason of Mental Disorder and disposition has been deferred to the BC Review Board. 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 BC Review Board 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 BC Review Board. Jessica appears before the BC Review Board and after the hearing, the BC Review Board will make one of three orders: custody, conditional discharge, or absolute discharge.



## 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. Clients may be "certified" under the BC Mental Health Act if a physician has examined the client and believes the client meets criteria for involuntary admission. Review Board clients can also be certified. If treatment is required, these clients will be sent to a hospital in their regional health authority.

There are safeguards in place within the BC Mental Health Act to protect the rights of clients 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. Clients who apply for a Review Panel hearing are eligible for legal representation at the hearing.

When a client is certified under the Mental Health Act, the client will be asked to select a near relative to be advised of their certification by the clinical team. In addition, when a client requests a Review Panel hearing, the selected near relative by the client 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](http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf)

## LEGAL SERVICES FOR CLIENTS

There is a BC Review Board ([www.bcrb.ca](http://www.bcrb.ca)) and the BC Mental Health Review Board ([www.bcmhrb.ca](http://www.bcmhrb.ca)). The BC Review Board is for clients from the Forensic Psychiatric Hospital who are found to be Not Criminally Responsible on Account of Mental Disorder or Unfit to Stand Trial. These hearings usually take place at the Forensic Psychiatric Hospital.

Clients who are on bail or probation, and are certified under the Mental Health Act of BC, can request to challenge their certification by applying for a review panel hearing. Hearings usually take place at the Forensic Regional Clinic.

Clients who are certified have access to the [Community Legal Assistance Society](#), if they request a review panel hearing. The Community Legal Assistance Society can connect clients with lawyers that specialize in Review Board cases.

Clients 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 case manager will assist the client 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 with whom they feel comfortable in terms of the lawyer's method 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.

Clients 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 the individual agrees) is useful to help familiarize them with the person's lifestyle and habits.

## FAMILY ACCESS TO LEGAL INFORMATION

An accused person owns their information; therefore, a family's access to information about a person's legal case is primarily at the discretion of the person accused.

Although a family may be providing financial assistance in obtaining a lawyer, this does not give the family the right to have access to their relative's file or information about their case.

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

# INTRODUCTION TO THE 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 seven 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.

The Regional Clinics are responsible for the supervision and monitoring of person's found Not Criminally Responsible on Account of Mental Disorder 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 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 the community. BC Community Corrections also refers clients for assessment and treatment who are 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 FPS Addictions Treatment 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 outpatient basis with regular case management and psychiatric care.

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 IS THE CONTACT INFORMATION FOR THE SIX REGIONAL CLINICS:

### INTERIOR AND NORTH PROGRAM

#### Kamloops

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

#### Prince George

#200, 1584 7th Avenue  
Prince George, BC V2L 3P4  
Telephone: **250-561-8060**  
Fax: **250-561-8075**

#### Kelowna

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

### 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**

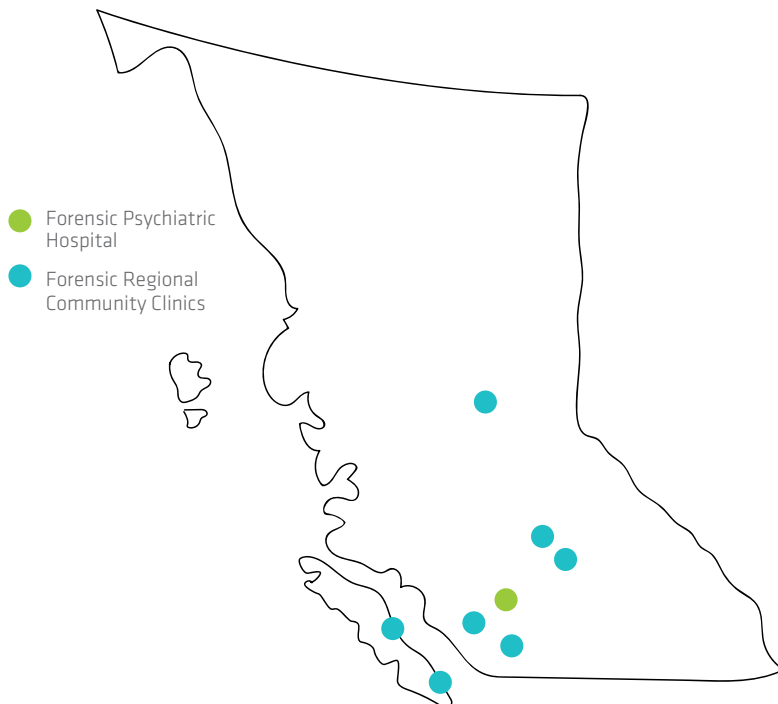
### VANCOUVER ISLAND PROGRAM

#### 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**



# INTAKE TO THE FORENSIC REGIONAL CLINICS

Clients are referred to the Forensic Regional Community Clinic closest to their chosen geographical location. The Clinics located throughout BC help ensure that people who have been in conflict with the law and live with significant mental health and substance use issues receive the care, support, and treatment they need.

## REFERRAL FROM FORENSIC PSYCHIATRIC HOSPITAL

When clients at the hospital are granted a conditional discharge by the BC Review Board, they are discharged to the community under the supervision of their clinical team at their nearest Forensic Regional Clinic. The client at the Forensic Psychiatric Hospital is assigned to a team at the Clinic and the two teams work collaboratively with the client and family to develop a discharge plan.

Social workers at the Forensic Psychiatric Hospital, with client approval, contact family members at points of transition leading up to their transition to the clinic. For example, when a client is granted approval for escorted day leaves and when they are granted unescorted day leaves. Social workers will discuss with the family or partner the change in treatment status and ask if there are any extraordinary family events and/or observed client behaviours of concern (if applicable). This will allow the treatment team to evaluate the potential impact of these events and behaviours on known client risk factors.

## REFERRAL FROM BC COMMUNITY CORRECTIONS

Individuals attending BC Community Corrections who are subject to legal orders with conditions to attend for assessment, counseling and treatment are referred by their Bail or Probation Officer to the nearest Regional Clinic.

Referrals are screened by the intake team at the Regional Clinic to determine the level of risk and need. Intake teams include a psychiatrist, clinic manager, counsellor, nurse, and social worker. The intake team will assess the referral and decide whether available treatment at the clinic is suitable for the client or whether the client should be referred to a different community resource. These decisions are based on the level of risk (including risk for suicide and death by overdose) and acuity of psychiatric and/or substance use issues.

# TREATMENT AT THE FORENSIC REGIONAL CLINICS

The treatment teams engage with families from the point of the client’s intake through to discharge. Members of the core treatment team include a case manager (nurse or social worker) and psychiatrist. Depending on the circumstances, additional allied health professionals are available, which include psychologists, concurrent disorder counsellors, nurse prescribers, addiction specialists, and outreach workers.

It is an integral part of client and family-centred care to ensure that clients lead safe and healthy lives in their home communities. Partnership with families can assist the transfer of pertinent client information from the family to the treatment team. Care plans are designed in collaboration with each client according to the client’s needs.

## THE MODEL OF CARE

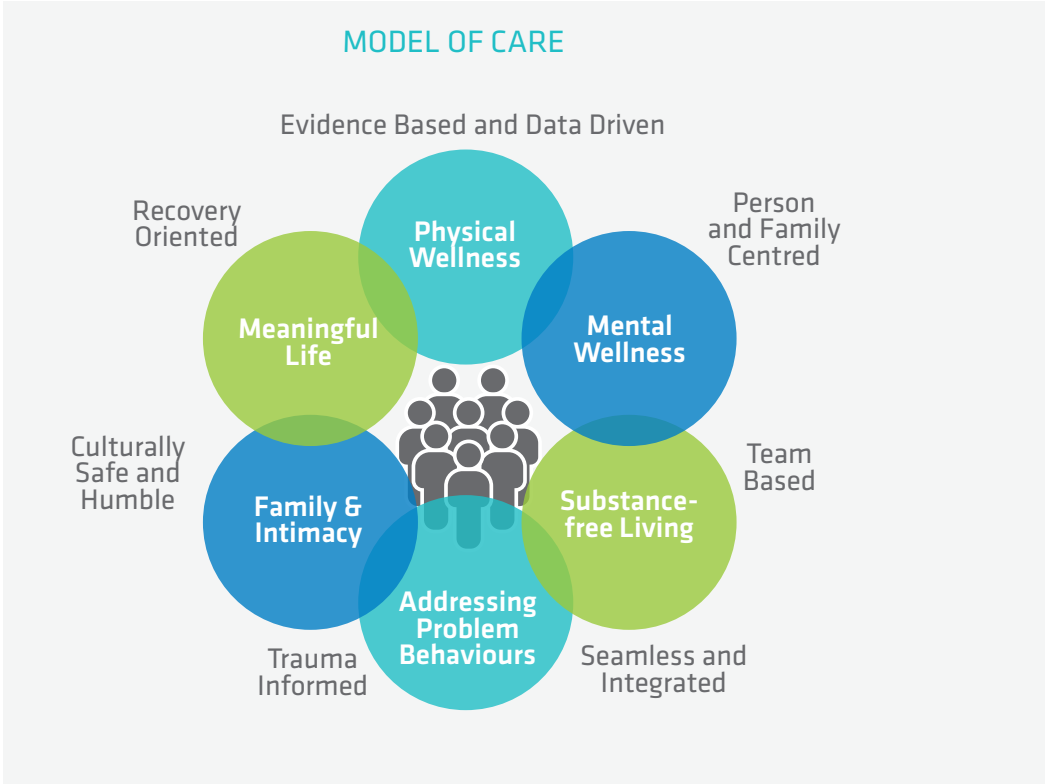
Across all of our services, the Model of Care is a philosophy that showcases how care will be provided for clients at the Forensic Regional Clinics. This model highlights the uniqueness of the client population and identifies services that are provided.

### BC MENTAL HEALTH AND SUBSTANCE USE SERVICES BELIEVES STRONGLY THAT:

1. 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.

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



## TRAUMA-INFORMED CARE

The care that we deliver at the clinics is informed by the past trauma of clients. We follow the BC Ministry of Health's Trauma-informed Practice guidelines – a framework for all health authorities, including Forensic Psychiatric Services.

Trauma-informed care 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.

## DISCHARGE FROM THE FORENSIC REGIONAL CLINICS

The Regional Clinic care team begins the process of discharging a client by first determining the person's readiness for discharge and ongoing treatment needs.

The Regional Clinic treatment team, together with the client, develops a discharge plan which is documented in the client's Integrated Treatment Plan. The treatment team will assist in making any required referrals for follow-up treatment and supporting the client in connecting with other resources.

At the end of the client's journey through the forensic psychiatric system, clients achieve successful reintegration into their home community, hopefully having re-established relationships with friends and families. Successful re-integration may include connections with community resources, employment and improved housing.

# WORKING TOGETHER AS PARTNERS IN CARE: THE ROLE OF FAMILIES

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. Family meetings can include in-person meetings or video conference.

## FAMILIES AS PART OF THE CIRCLE OF CARE

Patient- and Family-Centered 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, clients, and families. It means working collaboratively with clients 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. Family members are valuable members of a client’s team and, with client consent, their participation is encouraged.

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



While we want to involve family as much as possible in any care for the client, we are limited under the Freedom of Information and Protection of Privacy Act to provide information only with the client’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 clients 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 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 client’s identified family or support network, partner/significant other(s), or extended family is recognized as a potentially important source of community support for the client.

## THE RIGHTS, RESPONSIBILITIES, AND OBLIGATIONS TO CLIENTS AND FAMILIES

Every client receiving care from Forensic Regional Clinics will receive optimum care consistent with a patient- and family-centred care approach, the fundamental human, civil, constitutional, and statutory rights of all clients and families, and the [values of the Provincial Health Services Authority](#).

## LANGUAGE INTERPRETATION SERVICES

All clients 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’S ROLE IN ENSURING CLIENT SAFETY

One of our priorities is to inform clients and families about the important role they play in their own safety during their care. Family members play a key role in promoting client safety and preventing potential adverse events.

- > **Infection Control:** The best way to prevent the spread of infection in the clinic is to wash your hands. Hand sanitizer is located throughout the clinics.
- > **Allergies:** The treatment team should be contacted regarding any known allergies to food or drug products.
- > **Prevent Injuries:** 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 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 clinics, please report it to our staff.
- > **Medications:** Family members and clients are encouraged to communicate with the treatment team any questions they have regarding medications or treatment interventions. These can be discussed with families if the client has given consent. Family members can also help to ensure 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 your family member to ensure optimal care and 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 clients are also encouraged to contact the treatment team if another client is behaving in such a way that it is a cause for concern. You know your relative best and often see signs of issues before symptoms appear.

## ETHICS SERVICE SUPPORT FOR CLIENTS AND FAMILIES

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

- > What treatment is best for me and my family member?
- > Should a treatment be continued?
- > Can a treatment be refused?
- > What rights do clients 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](mailto:ethics@phsa.ca)

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

## FAMILY ACCESS TO CLINICAL INFORMATION

If the client consents, the team can work closely with the family throughout their relative's journey through the Forensic Regional Clinics.

The treatment team is responsible for assuring that clients 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 clients have a right to confidentiality. If the client does not want information disclosed or their family to be involved in treatment or discharge planning, the treatment team is obliged to respect the client's right. The Forensic Psychiatric Services complies with the [BC Freedom of Information and Protection of Privacy Act](#) in determining what information can be released to third parties such as family or friends.

The Freedom of Information and Protection of Privacy Act does allow health care providers employed by a public body such as a hospital or clinic to release information without the consent of the client where disclosure is required for continuity of care or safety concerns. The release of information is handled on a case-by-case basis, in accordance with Forensic Psychiatric Services Commission policies and the guidelines in the Act.

“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.”<sup>1</sup>

This means that if the client is returning to live with their family or family members who are the client'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 clients 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)
- > 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 client's well-being or if she/he has thoughts about harming him/herself or others?
- > What should we do if the 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 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 is both 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, significant others, and other loved ones 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.

**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 navigating the Forensic Psychiatric Services system, while ignoring their own needs. Check out whether there are respite services in your area.

# REPORT CONCERNS OR COMPLAINTS

Every client and family member is entitled to be treated with dignity and respect. Each Forensic Regional Clinic has processes in place to address identified concerns in a timely and respectful manner.

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

If the 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. Contact the Provincial Health Services Authority's Patient Care Quality Office (PCQO) who can help you resolve your concerns about care.
2. 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](mailto: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 PSYCHIATRY ACT:

[www.bclaws.ca/civix/document/id/consol17/consol17/00\\_96156\\_01](http://www.bclaws.ca/civix/document/id/consol17/consol17/00_96156_01)

## REGIONAL CLINICS:

[www.bcmhsus.ca/regional-clinics](http://www.bcmhsus.ca/regional-clinics)

## FORENSIC PSYCHIATRIC HOSPITAL

Telephone: **604-524-7700**

Fax: **604-524-7905**

Website: [www.bcmhsus.ca/forensic-psychiatric-hospital](http://www.bcmhsus.ca/forensic-psychiatric-hospital)

## LEGAL

### BC MENTAL HEALTH REVIEW BOARD:

This is an independent tribunal to conduct review panel hearings under the BC Mental Health Act. This is for clients who apply for a Review Panel hearing.

Telephone: **604-660-8789** or toll free (in BC): **1-877-305-2277**

Website: [www.bcrb.bc.ca](http://www.bcrb.bc.ca)

### 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** or toll free (in BC): **1-877-305-2277**

Website: [www.bcrb.bc.ca](http://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](http://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](http://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](http://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](http://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](http://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/if-you-are-a-victim-of-a-crime)

### VICTIM LINK BC:

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](http://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](http://www.autismbc.ca)

Autism Support Network: [autismsupportbc.ca](http://autismsupportbc.ca)

BC Ministry of Health: [www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/support-needs/autism-spectrum-disorder](http://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](mailto:prov@bcss.org)

Telephone: **604-270-7841**

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

Fax: **604-270-9861**

Website: [www.bcss.org](http://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](http://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](http://cmha.bc.ca)

### **EARLY PSYCHOSIS INTERVENTION PROGRAMS OF BC:**

[www.earlypsychosis.ca/pages/about/about-epi](http://www.earlypsychosis.ca/pages/about/about-epi)

### **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](http://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](http://familysmart.ca)

### **FOUNDRYBC.CA:**

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](http://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](http://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](http://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](http://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](mailto: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](http://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](http://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](http://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](http://www.healthlinkbc.ca)

### FIND A PHYSICIAN IN BC:

[www.cpsbc.ca/physician\\_search](http://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](http://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](http://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](http://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](http://www2.gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance/on-disability-assistance)

### CANADA PENSION PLAN DISABILITY BENEFITS:

[www.esdc.gc.ca/en/reports/pension/cpp\\_disability\\_benefits.page](http://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](http://www.trustee.bc.ca/Pages/default.aspx)

## INDIGENOUS ORGANIZATIONS AND SERVICES

There are various supports for Indigenous client 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 client, and navigators. There are client 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](http://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](http://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](http://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](http://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](http://www.heretohelp.bc.ca)

### AL-ANON FAMILY GROUPS:

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

Website: [www.al-anon.org](http://www.al-anon.org)

## HOUSING

For most individuals the journey through the forensic system results in a return to their home community, although at times individuals may decide to continue living in a community to which they have become accustomed during their time in the forensic system. Housing costs and availability make it challenging for individuals and every effort is made by the FPS treatment team to support the individual in their search for housing. 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](http://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](http://www.bcnpha.ca) for more information.

For further resources, please visit: [www.heretohelp.bc.ca/visions/housing-vol8/housing-resources](http://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](http://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](http://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](http://www.bctransit.com/choose-transit-system)

### TRANS LINK:

Schedules and Maps: [www.translink.ca/schedules-and-maps.aspx](http://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](http://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](http://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](http://www.ptboard.bc.ca/operators.htm)

# FREQUENTLY ASKED QUESTIONS

## HOW LONG WILL I BE UNDER THE REVIEW BOARD?

There are three types of dispositions the BC Review Board can grant:

- 1) Absolute
- 2) Conditional
- 3) Custody

If the BC Review Board panel is of the view that the risk presented cannot be managed in the community, the accused may be ordered to be detained in the Forensic Psychiatric Hospital.

With conditional discharges, the Board deems the risk posed to public safety can be managed in the community; therefore, you will be discharged to one of the Forensic Regional Community Clinics with conditions to abide by.

If the Review Board orders an absolute discharge, the Not Criminally Responsible on Account of Mental Disorder accused is released from further involvement with the system for the specific offence that led to the Not Criminally Responsible verdict.

The Review Board must hold a hearing at least once every 12 months to review any previous disposition of conditional discharge or custody. You will remain under the authority of the Review Board until you receive an absolute discharge.

## CAN I TRAVEL OR GO VISIT FAMILY WHILE I AM UNDER THE REVIEW BOARD?

Depending if the location is within BC, outside of BC, or outside of Canada, your treatment team will have to assess your mental state and level of risk, as well as filing a formal request for a hearing with the BC Review Board if travel is outside of BC or Canada.

## DOES MY PROBATION OFFICER GET UPDATES ON MY TREATMENT AT THE CLINICS?

Your Probation Officer and Bail Supervisor will be notified by your treatment team of your appointment attendance and participation with treatment.

## WHAT HAPPENS IF I REFUSE TO PARTICIPATE IN TREATMENT AT THE CLINICS?

Your Probation Officer will be notified by your treatment team if you refuse to participate in treatment. The consequences may depend on the type of community sentence you received. Your Probation Officer can explain to you the penalties you can face if you fail to comply with the conditions of your sentence.

## I DON'T THINK THE MEDICATION I WAS PRESCRIBED IS WORKING AND I AM EXPERIENCING SIDE EFFECTS FROM THEM. WHAT CAN I DO?

If you have any questions or concerns regarding your medications and it is during office hours, please ask to speak to your case manager. If your case manager is away, a duty officer can also help you. After hours, pharmacies or walk-in clinics may be of assistance if you feel it is urgent.

### WHEN IS MY NEXT APPOINTMENT?

Your assigned case manager will be able to let you know the date and time of your next appointment. You can also call your clinic to inquire.

### WHAT IF ENGLISH IS NOT MY PRIMARY LANGUAGE?

Please advise if you require a translator. During your intake assessment, the case manager will ask if English is your primary language. The clinic will do its best to accommodate.

### WHAT SHOULD I EXPECT AT MY FIRST APPOINTMENT?

The first appointment is typically 45 minutes to 1 hour long and in person, although appointments do occur remotely at times. The intake is completed by a case manager, who is a nurse or social worker, and will involve answering questions around your goals, past medications and diagnoses, any addiction concerns, and a social history. Once complete, the clinic team meets to discuss the intake and determines if you could benefit from the clinic services and move to the next stage of the referral process.

**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 (also called neuroleptics): typical and atypical. Typical 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 client in order to determine whether the client has a mental disorder that renders him or her unfit to stand trial or incapable of appreciating the nature and quality of the act at the time of the offence or of knowing that it was wrong.

## **BIPOLAR DISORDER:**

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

## **CONCURRENT DISORDERS:**

A term used when a person shows symptoms of both a serious mental illness and substance 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 client has decompensated, or otherwise needs to be sent back to the Forensic Psychiatric Hospital, and if the client agrees, the client will be sent back to the hospital. The client can be discharged back to the community when they have stabilized. If the client is at the hospital 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 monitoring the person might need.

**EPISODE (MOOD SWING):**

Dramatic fluctuation in mood that is characteristic of bipolar disorder.

**FORENSIC PSYCHIATRIC SERVICES COMMISSION:**

The Forensic Psychiatric Services Commission 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:**

A secure, 190-bed hospital and the only one of its kind in BC. Patients at the Forensic Psychiatric Hospital have some form of mental disorder and have also come into conflict with the law. They have been sent to the hospital 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/CLIENT:**

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.

### **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
ODD	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



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



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