



**CANADIAN MENTAL  
HEALTH ASSOCIATION**  
ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE



A REASON TO HOPE. THE MEANS TO COPE.  
SCHIZOPHRENIA SOCIETY OF SASKATCHEWAN  
SOCIÉTÉ DE SCHIZOPHRÉNIE DE LA SASKATCHEWAN  
UNE SOURCE D'ESPOIR, DE SOUTIEN ET D'ENTRAIDE.

## **Charting a New Course for Mental Health's Most Vulnerable<sup>1</sup>**

Dear Stakeholder:

We are asking for your assistance in the form of writing a letter to your MLA, the Minister of Health, Don McMorris and Premier Brad Wall in support of the following serious mental health matter.

### I The Situation:

The provision of mental health services in the Province of Saskatchewan occurs in three principal environments: community-based locations; acute care (hospital) settings; and the lone tertiary psychiatric rehabilitation facility Saskatchewan Hospital North Battleford (SHNB). Current information and future trends indicate that this continuum of mental health services is under significant strain and is lacking in resources.

The reality is that patient/client needs are not being addressed in the current system due to a lack of physical resources, bottlenecks in the flow of patients/clients from one level of care to the next, or a lack of program resources to support the growing number of individuals with complex needs. These individuals often place significant strain on acute care and community-based environments.

### II The Plan:

The Ministry of Health Community Care Branch (CCB) and Prairie North Regional Health Authority (PNRHA) have partnered to develop a provincial project that addresses the lack of adequate mental health facilities and community resources for persons with severe psychiatric illness and/or persons considered to have high complex needs. These complex cases include persons with cognitive disabilities such as Acquired Brain Injury (ABI), Fetal Alcohol Spectrum Disorder (FASD) and intellectual disabilities, as well as challenging behaviours including aggression, self harm, violence and/or sexually inappropriate behaviours. CCB and PNRHA sought and received input from other Regional Health Authorities and key stakeholders.

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1. Taken from Charting a New Course for Mental Health's Most Vulnerable: A Provincial Approach to Replace Saskatchewan Hospital and Address Complex Needs Care – Ministry of Health Community Care Branch and Prairie North Regional Health Authority

Saskatchewan Hospital North Battleford, as the only tertiary psychiatric rehabilitation facility for the province, was examined both in the context of how it currently provides care within its physical and operational limitations and, more importantly, how it could provide care in a restructured system. This restructured system, however, is predicated on the concept that rehabilitative or complex mental health care would not necessarily be centralized at SHNB, but decentralized to key geographic locations throughout the province. Not only would patients be able to be closer to home and receive the care they need closer to home, but others who might otherwise not be afforded care because they do not wish to go to SHNB or because they are difficult to house, could be provided the care they need.

The underlying premise throughout development of the restructured program is that there are individuals with multiple and challenging support needs that often place significant strain on acute and community-based environments. The result is over-utilization of other less appropriate resources including emergency rooms, general acute care hospital beds, acute mental health beds, addiction treatment centres, emergency shelters, and shelters for the homeless. These resources find themselves bottlenecked due to insufficient beds to support an optimum continuum of care.

### III Saskatchewan Hospital North Battleford

Saskatchewan Hospital North Battleford was once the centre of mental health services in the province. Constructed in 1911, SHNB was developed in an era when the dominant model of psychiatric care was custodial. Much has changed since then, not only at SHNB, but throughout Saskatchewan and more specifically, in the field of mental health services. The shift to a rehabilitative model has meant that stays at a tertiary facility are with the goal of community reintegration. Unfortunately, the physical infrastructure at SHNB has barely changed since its inception and is not well suited to a rehabilitative model.

The statistical reality is that in Saskatchewan, the number of acute care psychiatric beds has been reduced by more than 100 in the past 20 years. This has coincided with reduction in the number of rehabilitation beds at SHNB by more than 45. Unfortunately, the demand for mental health services has not experienced a corresponding decrease. In fact, the number of community-based residential resources for people has not increased, has long waiting lists, and does not have sufficient staffing to support high needs individuals or complex cases. This has created significant bottlenecks throughout the system and is a primary focus of this proposed project.

Saskatchewan Hospital North Battleford has served a long life, but as SHNB approaches its 100<sup>th</sup> anniversary, little doubt remains that the current facility does not meet the physical or operational needs of a modern tertiary psychiatric program based on a recovery model of care. SHNB has never undergone a significant upgrade and is hampered by a dormitory-style layout devoid of single rooms or private bathrooms. Multiple patients live side by side, with little opportunity for privacy. The physical environment does not foster patient recovery. SHNB lacks modern amenities that are present in most tertiary psychiatric facilities in other provinces and is consequently hampered in its ability to provide a standard of care and treatment that other jurisdictions take for granted.

Prairie North Regional Health Authority subsequently revisited the 2008 study in the context of how a new Saskatchewan Hospital North Battleford would fit into the overall mental health continuum of care. The revised conceptual design supports a model that moves from custodial care to a rehabilitative approach reflective of a patient-centered emphasis. This approach is supported by best practice treatment for psychiatric rehabilitation and forensic services. The proposed strategy will provide increased access to psychiatric rehabilitation and forensic programs and decrease the inappropriate utilization of emergency room care, general acute care, acute mental health beds, addictions treatment centres, emergency shelters and shelters for the homeless, and correctional facilities. An end result for patients and clients will be an improved quality of care and ultimately, an improved quality of life.

#### IV Community Residential Options:

Community Residential Options will provide support for complex cases at a community level, as opposed to being centralized at SHNB. This will provide care closer to home for patients/clients and will also serve the population that otherwise might not make use of the tertiary facility. Community Residential Options will be divided into two streams: Intensive Residential Support Beds and Step-Down Beds.

- a) Intensive Residential Support Beds – are living arrangements that would provide duplex or small group home-type residences for clients and would provide 24 hour support to ensure safety for clients and staff.
- b) Step-Down Beds – are living arrangements that provide apartment-style accommodations or small group homes for clients.

In addition to these residential options, the project proposes intensive case management and needs-based daily living supports funding. Intensive case managers would be located in the Regina Qu'Appelle, Saskatoon, Prince Albert Parkland, Prairie North, Five Hills, Sun Country, Kelsey Trail, Heartland, Cypress and Sunrise Health Regions. The case managers would provide enhanced services to residential options, and would take on any other clients who do not have a case manager. The needs-based daily living supports funding will assist clients in these residential options to manage daily activities and will encourage engagement in the clients' recovery plans, improving opportunities for success. An example of this support is a 1:1 worker and mentor. These funds could be accessed by any member of the target population, regardless of participation in the residential program.

#### V Conclusion:

Individuals struggling with long term psychiatric illness and/or high complex needs are amongst the most vulnerable members of our society. Their needs often go unexpressed by virtue of the individuals' limitations. Their voices are among those most difficult to hear. It falls to us all to listen, reflect, and act to address their needs across the entire continuum of mental health care and service by providing appropriate facilities and programs, with appropriate resources and supports that other segments of society have come to expect. The provincial strategy proposed by this report – with replacement of Saskatchewan Hospital North Battleford at its core – puts the needs of these patients/clients first.

VI What You Can Do to Help:

Write to the Minister of Health, the Honourable Don McMorris at:

Room 302, Legislative Building

2405 Legislative Drive

Regina, SK S4S 0B3

and

The Honourable Brad Wall

Premier & President of the Executive Council

Room 226, Legislative Building

2405 Legislative Drive

Regina, SK S4S 0B3

Please emphasize the importance of replacement of Saskatchewan Hospital North Battleford and the Community Residential Options, which together provide the important provincial scope approach for complex needs care in our province.

Include any family or personal mental health situations you may be aware of or may have had to emphasize the importance of these issues and the relative lack of access and program resources.

Please feel free to use the attached sample letter if it will be helpful.

It is very important in this election year to have government put effort and resources into this proposal.

Please send a copy of your letter to the organizations listed below. For more information, please contact:

The Canadian Mental Health Association (Saskatchewan Division) Inc.

2702-12<sup>th</sup> Avenue, Regina, SK S4T 1J2

1-800-461-5483 or 1-306-525-5601

[daven@cmhask.com](mailto:daven@cmhask.com)

or

The Schizophrenia Society of Saskatchewan

2133 Broad Street, Regina, SK S4P 1Y6

1-877-584-2620 or 1-306-584-2520

[ahopfau@sasktel.net](mailto:ahopfau@sasktel.net)