

# **Charting a New Course for Mental Health's Most Vulnerable**

## **A Provincial Approach to Replace Saskatchewan Hospital and Address Complex Needs Care**

### **EXECUTIVE SUMMARY**

#### **1. Introduction**

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 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.

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. The goal of the project was to examine the gaps in the system and create a revised program that addresses the full spectrum of mental health care for these individuals, within a context of providing services in the community setting where practicable.

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.

## 2. Background

While data about need and bottlenecks in the system are clearly quantifiable, real world examples paint a much more compelling picture of the reality of the current state of the mental health care continuum for persons with severe psychiatric illness or persons considered to have high complex needs. The following case examples drawn from recent media reports illustrate the conundrum faced by patients and their families with the current mental health system.

### Case Example 1:

Mr. G is a 29-year-old male with a brain injury from a drug overdose in 2004. His brain injury has resulted in a loss of impulse control. The brain injury has intensified pre-existing problem behaviours associated with theft, drug use, gambling, and verbal and physical outbursts. As reported by his family in the *Leader Post*, “prior to his injury he often gambled and habitually took drugs. These behaviours have escalated since his injury.”<sup>1</sup> In the same article, his uncle reports, “he is often verbally and physically abusive, he makes inappropriate sexual comments and he goes missing for long periods of time.”<sup>2</sup>

As a result of these behaviours, Mr. G has continually compromised rules at available residential options that have been set-up for him (e.g., a group home in Moose Jaw, ABI supported apartment program in Regina, Waterson House – Salvation Army, and Regina Rescue Mission), resulting in his eventual discharge from each program, primarily for making threats against staff and other participants, and negatively influencing other participants.

Mr. G’s behaviours are problematic and have continued to make placement in stable residential settings a challenge. While Mr. G receives services from the South Saskatchewan Acquired Brain Injury Outreach Team and flexible funding from the Cognitive Disability Strategy, he does not receive the level of supervision his family deems necessary to keep himself and the community safe.<sup>3</sup> Without sufficient supervision, Mr. G continues to engage in criminal behaviour (e.g., petty theft from cars and stores) and is perpetually involved in the criminal justice system (e.g., is currently on probation and recently served time at the Regina Correctional Centre). While there is a community support plan in place to provide as

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<sup>1</sup> Cowan, P. (2008, November 24). Family seeks care for son. *The Regina Leader Post*.

<sup>2</sup> Ibid

<sup>3</sup> Cowan, P. (2008, November 25). Officials defend decision. *The Regina Leader Post*.

much support as resources allow, Mr. G's service providers recognize that there are not enough appropriate resources available to meet his level of need appropriately.

Case Example 2:

Ms. J is a 28-year old woman with a diagnosis of mental retardation, epilepsy and impulse control disorder. She has had multiple extended hospitalizations in Regina, North Battleford and more recently Prince Albert. She accumulated inpatient days in excess of 400 days over the last two years. She has assaulted staff on the Inpatient Unit in Prince Albert on numerous occasions, was formally charged with assault and sent to Pine Grove. Following discharge from Prince Albert she assaulted her mother and was hospitalized again. All community placements attempted in Prince Albert (mental health group home, CLD group home and YWCA) to date have failed. She is presently placed at Saskatchewan Hospital North Battleford.

Case Example 3:

Mr. M is a 65 year-old male with a psychotic disorder and intermittent explosive behaviours, with a long history of involvement with the mental health system. In the past 4 years he has had involvement with the Justice system due to very violent behaviour, and due to this has been imprisoned twice. The most recent assault was on an inpatient unit staff, and he spent two years in jail and 8 months in a half way house. There has been no community placement that will accept him due to his history of violence and he is now housed on the adult mental health inpatient unit at Regina General Hospital. The Regina Qu'Appelle Health Region is the case lead and is striving to develop a plan to eventually support him in the community.

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 with mental illness 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.

The number of spaces for individuals with intellectual disabilities has been recently enhanced, but not of sufficient scale to appropriately support the number of individuals with multiple or challenging needs. These individuals are, in essence, the complex cases. Existing community resources are not sufficient to manage the complex needs of these clients. Residential programs do not generally exist for persons with multiple challenges as a result of acquired brain injuries and other cognitive impairments. Previous attempts to manage these complex cases at SHNB or in the community have generally been inadequate and in many cases unsuccessful.

As mentioned earlier, Saskatchewan Hospital North Battleford is a significant part of any revised program for mental health services. Many complex and high needs individuals would benefit from being admitted to SHNB for a period of time. However, even a period of rehabilitation at a rebuilt SHNB would be self-defeating if the individuals cannot successfully return to the community.

Saskatchewan Hospital North Battleford has served a long life, but as SHNB approaches its 100th 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.

The mandate of SHNB is and will continue to be serving residents of Saskatchewan with mental illness whose needs cannot be accommodated in local acute inpatient mental health facilities, long-term care homes, or correctional centres. Prairie North Regional Health Authority manages SHNB but the facility is a provincial resource. As such, all of Saskatchewan's Regional Health Authorities have participated in the preparation of this new provincial vision for mental health services for persons with severe psychiatric illness and/or persons considered to have high complex needs.

SHNB's current capacity is 178 beds. The facility presently operates with 156 beds, 25 of which are for forensic patients. The wait list to enter SHNB is ongoing and insufficient community residential options exist to discharge out of SHNB. These factors are a significant part of the bottleneck within the mental health service continuum, causing a backlog in the province's acute mental health care facilities. In an average year, 25 to 30 patients are admitted to SHNB from Saskatchewan RHAs. If one assumes that patients with an average length of stay in excess of 60 days in an acute mental health environment could benefit from SHNB, there are on average 85-100 patients throughout the province that meet this criteria. Not only would access to SHNB be desirable from a patient care perspective, the \$1,200 per day cost to keep each of the individuals in an acute mental health environment is significant for the Saskatchewan health care system.

### 3. Recommendations

***This review recommends that a comprehensive continuum of mental health care be developed for Saskatchewan for persons with severe psychiatric illness and persons considered to have high complex needs: the heart of the continuum would be replacement of Saskatchewan Hospital with a new facility in North Battleford and establishment of community-based residential facilities in Prairie North and other Regional Health Authorities to accommodate community residential options for the identified clients.***

#### A. 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.

- i. ***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. The staff-to-client ratios would be days and evenings 1:3, and nights 1:5. Additional staff would be one social worker (Bachelor of Social Work - BSW), one recreation therapist (RT) and one addictions worker five days a week.

# Beds	RHA
15 beds	Saskatoon Health Region
15 beds	Regina Qu'Appelle Health Region
5 beds	Prince Albert Parkland Health Region
5 beds	Prairie North Health Region
<b>40 beds TOTAL</b>	

- ii. ***Step-Down Beds*** - are living arrangements that provide apartment-style accommodations or small group homes for clients. Twenty-four (24) hour support is provided with one staff per five patients per shift. This support would be less intensive than that of the Residential Support Beds option described above.

# Beds	RHA
25 beds	Saskatoon Health Region
25 beds	Regina Qu'Appelle Health Region
10 beds	Prince Albert Parkland Health Region
10 beds	Prairie North Health Region
10 beds	Five Hills Health Region
<b>80 beds TOTAL</b>	

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 option.

## **B. Saskatchewan Hospital North Battleford**

Studies at Saskatchewan Hospital North Battleford have been ongoing for the better part of two decades, with the general conclusion that the current infrastructure requires replacement. In its 2004 Facility Audit and Building Program Analysis for Saskatchewan Property Management, Friggstad Downing Henry Architects recommended the following:

- a. The time is past due to re-direct facility changes at SHNB;*
- b. The existing buildings at SHNB need significant re-investment to continue to be of service to the program;*
- c. The main building no longer serves the program well, due to age, but more importantly due to programming changes.*
- d. The cost to renovate and expand the existing building to meet program objectives in the most optimistic scenario will be a minimum of 75-80% of the cost of new construction. If this option is pursued, it can reasonably be predicted that this cost range will increase due to the inability of existing building areas to serve new program objectives;*
- e. The Program requirements for SHNB can be much better served in a new facility which is designed to meet current functional programming objectives;*
- f. There appears to be potential to adaptively re-use the existing building for purposes such as seniors enriched housing;*
- g. There may be potential for more than one facility to collaborate on a central dietary facility. In addition to any adaptive re-use of the existing building, consideration might also be given to potential for re-development of other community needs on site such as Long-Term Care that could join as a complex with a common dietary and service core. Elementary site planning should be developed to test the site potential."*

In 2006, Prairie North Regional Health Authority, Saskatchewan Property Management and Saskatchewan Ministry of Health retained Cannon Design in association with AODBT Architects and Planners to undertake a process redesign study, a functional program and concept design for a new provincial tertiary psychiatric rehabilitation facility. The results of this study were published in 2008.

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.

### Bed Summary - New Saskatchewan Hospital

<b>Acute</b>	<b>Rehabilitation</b>	<b>Forensics</b>	<b>Reintegration</b>
24 - Admissions	12 - Treatment Resistant	12 - Assessment	6 - Acute
16 - Intensive	12 - Complex	30 - Treatment	8 - Forensic
56 - Intermediate	12 - High nursing/respite		
<b>96 Subtotal</b>	<b>36 Subtotal</b>	<b>42 Subtotal</b>	<b>14 Subtotal</b>

**TOTAL SHNB BEDS = 188**

## 4. Summary

<b>TOTAL PROVINCIAL PROJECT BEDS:</b>	New Saskatchewan Hospital	188
	<u>Community Residential Options</u>	<u>120</u>
	<b>TOTAL</b>	<b>308</b>

## 5. Conclusion

Individuals struggling with long term psychiatric illness and/or high complex needs are among 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.

The redevelopment of Saskatchewan's only psychiatric rehabilitation hospital in the context of the entire continuum of mental health care and services for the province as a whole is long overdue. Replacement of Saskatchewan Hospital North Battleford affords the perfect opportunity to improve the quality of care and quality of life for all mental health patients/clients across the provincial spectrum of mental health services. The provincial approach espoused by this proposal addresses gaps in this continuum of care and aims to meet the needs of these vulnerable individuals in safe, appropriate environments.