

DHA Collaboration – Community Partnership – Consumer Empowerment A Unique Combination for Rural Psychosocial Rehabilitation

Community Supports for Adults Programs
GASHA and PCHA

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Introduction

- Charlene Thomas – Senior Director of Mental Health – GASHA and PCHA

G.A.S.H.A. CSA

Community Supports for Adults

Team: Gen Hanlon, Jeniffer Hilling,
Shelley Jamieson, Mary Gillis, Lindsay
MacDonald, Clients/Families and
Community Partners

GASHA Mental Health Services Challenges/Barriers

- **GASHA:** Guysborough Antigonish Strait Health Authority- largest geographical health authority in NS;
- **GASHA:** rural settings consist of 1 Regional Hospital Facility and 4 smaller Community Hospital Facilities;
- **GASHA:** no transportation linkage throughout the wider communities;
- **GASHA Mental Health Services: Team Building-**generalist outpatient services provided through a team of psychiatry, nursing, social work, psychology and OT;

A Unique Creative Combination for Rural Psychosocial Rehabilitation

Collaborative Approach:

- DHAs Joint Meetings/Planning
- Interdisciplinary Team: Nursing/Social work/OT
- Community Partnerships
- Consumer Engagement

The Road to Recovery

Services offered by the CSA Team:

- Case management
- Individual Support
- Group Work
- Depot/medication & monitoring
- Community Partner Support

Hope- Health- Healing- Recovery

Service: Depot Clinic

10 Clients receiving this service at St. Martha's site and/or at home

Initiatives:

- Depot Injection Protocol
- Six month CMHN rotation of depot clinic
- Move service to Community site

Service: Community Partner Support

- 15 clients receiving this service
- This service is offered in care facilities in Guysborough, Canso, Louisdale, Antigonish, New Glasgow and includes consultation and recommendations to individuals who are supporting individuals with mental illness

HopeHealthHealingRecovery

Service: Individual Psychosocial Outreach

- Number of clients receiving this service:
 - Guysborough catchment: 20
 - Strait Area catchment: 36
 - Antigonish catchment: 66
- Services start with completion of client profile indicating factors that led to her/his appropriateness for the CSA program.
- Assessments include a strength assessment and life satisfaction survey.
- Individual programming focuses on her/his PSR goals of living, working, learning, and socialization
- Family or support person, education and consultation is ongoing

HopeHealthHealingRecovery

Hope-Health-Healing-Recovery

Successes & Empowerment:

- Restructured model with same resources- no new resources added (gave permission to staff); separate program identity/cost centre;
- Education & application of psychosocial rehabilitation philosophies & principles (PSR)
Training-two staff completed program – work satisfaction;
- St. Peter's Drop-In: collaborative initiative providing socialization, health education, peer support and structure- primary health/public health/family members;

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Successes & Empowerment:

- Antigonish 'Being Doing Becoming' Clinic (BDB):
Number of clients: 15
- This clinic has met on a weekly basis, at 'Health Connections', downtown Antigonish;
- Routine includes: check in, welcome, weekly review & current events, stretching/tai chi/relaxation; health or community topics discussion, lunch break and community integration activity;

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Successes & Empowerment (cont'd):

Topics Addressed in 'BDB' Clinic

- Healthy heart/walking with pedometers
- Nutrition, meal planning, portioning, healthy eating; dieticians visit
- Social skills, communication
- Pharmacy-medication concerns
- Goal setting (short term & long term), values, cultural beliefs
- Stress management
- Self esteem, coping through positive self topic
- Coping with illness
- What is 'recovery' from a mental illness
- Anxiety reduction, challenging negative thoughts

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Community Integration Activities/Partnerships

- Department of Agriculture presentation on gardening/Community garden
- Meal preparation at the Hawthorne room-local business
- Grocery shopping
- Snow shoeing
- Bowling/Bowling Alley
- Columbus field
- Art show/Pandora's box
- Guest musicians/client partnering and active facilitating on individual talents and skills
- Sherbrooke Village
- Fairmont Ridge hike
- Arisaig Park
- Antigonish Landing
- Ready Set Move-emphasizing physical activity
- Citizenship facilitating with discussion on political platforms around Mental Health
- Transition to community was facilitated through use of natural supports, including local coffee shops, parks, and leisure activities, sharing contact lists

Hope-Health-Healing-Recovery

Successes & Empowerment (cont'd):

- 'Ready Set Move'- (MH/StFXU/Recreation);
- MIAW: 2008 Unveiling of Canada Post Mental Health stamp-(a celebration to feature consumer creative talents & abilities);
- May 2009: 'Walk for Mental Wellness'- (MH/Community Health Board/Town/Recreation)

Future Directions for GASHA's Community Mental Health Supports for Adults Team

Outcomes measures -indicators of program efficiency and effectiveness

- Number of Admissions
- Community integration
- Use of natural resources
- Number of trips to psychiatry
- Use of formal resources
- C.O.P.M; client perception of function
- Life satisfaction survey
- Physical health
- Family/support burn out

Hope-Health-Healing-Recovery

-Journeying from Illness through to Recovery-'BDB'
'Being who You are,

Doing what You can,

for Yourself and your Community,

&

Becoming All You can Be'

Community Supports for Adults Program

Pictou County Health Authority

CMHN's: Ginny Bugden, Terri Cameron, Elizabeth LeLeivre, Shelley Wood

Manager: Maureen Jones

Psychiatrist: Dr. T. Vienneau

Where We Have Been

- 1991 to 2001 separate Open Door Center offering a Drop In Center Model of Care while Mental Health offered a Long Term Care Program with only one Community Mental Health Nurse
- 2001 to 2005 Mental Health Services took over management of the Open Door Center and implemented a Modified Clubhouse Program called New Hope hiring 2 staff while expanding the Long term Care Program to 2 nurses

Why Change – May 2005

- The Good – New Hope and LTC Program had good outcomes in reducing ER and Inpatient days
- The Bad – New Hope was not meeting the needs of young clients and members drifted away once stable – not enough growth related opportunities, some not moving on with goals, some not getting 1:1
- The Ugly – Reality of no new resources to meet client needs – need to revise model versus add new services and resources to address challenges

Steps Along the Way

- Initial consultation with New Hope clients
- Staff meetings to define mission, vision and target population
- Literature review on best practices in PSR
- Detailed gap analysis on the Provincial Core Service Standards for Community Supports for Adults
- Revision of Referral Forms, Assessment Tool and Outcome Measures to fit the target population
- Redesign of the program model to address client priorities, gaps in services, maximize clinician effectiveness and align with best practice standards
- Refining of the model based on ongoing client consultation
- Establishing a new charting system consistent with the chronic nature of Community Supports Program participant needs
- Cross trained former staff of New Hope and Long Term Care to form an integrated Community Supports for Adults Program
- Provided staff with training to deliver new group based services
- Developed and implemented specific group based staff led and consumer led initiatives under the new model of service delivery

Community Supports for Adults Program Model

- Integrated Program under the Manager of Community Initiatives with designated Psychiatric Clinical Lead
- Staff meet weekly to assign new referrals, collaborate and consult on all open cases giving the client the benefit of a team of staff
- All clients of the program are assigned to a Community Mental Health Nurse to act as Case Manager and assist the client to develop an individualized plan of care
- Care plans address priority needs in all the areas of Psycho-social Rehabilitation including social connection, psychological and physical health needs, illness management, community living skills, education, work and leisure
- Each Community Mental Health Nurse is involved in delivering one or more group based initiatives in addition to the 1:1 Case Management role addressing an area of PSR that is open to participation by any of the clients of the program
- Clients are supported in delivering consumer led initiatives consistent with one or more of the areas of PSR and provide these group opportunities to any of their peers in the program
- Volunteer roles have been integrated into the program model as Volunteer Van Drivers or as Friends of New Hope in offering direct support to clients wishing to acquire specific skills in the person's area of interest
- Original day to day activities of the New Hope Clubhouse have been maintained in the areas of clerical, kitchen and maintenance tasks, social connection and leisure opportunities.

Staff Led Initiatives

- Auricular Acupuncture
- Card Connections
- Community Life Challenges
- Nutrition and Wellness

Consumer Led Initiatives

- Dream of Hope Exercise Program
- Summer Rain Meditation Group
- Yoga Group
- Qi-Gong
- Auricular Medicine

Volunteer Roles

- New Hope Volunteer Van Drivers
- Friends of New Hope – cooking, resume writing, computer skills, music, etc
- Guided Imagery Initiative

Consumer Empowerment Spin Offs

- New Hope members, empowered by the experience of revising the program, wished to tackle the issue of stigma reduction/community education:
- Consumers, management and CMHA partnered to produce a 12 month newspaper series entitled Journeys from Mental Illness to Mental Health. Each month highlighted a real life story of recovery, along with info on the diagnosis featured, best practice treatment, and how to access local services. Stories are immortalized on the walls of New Hope.
- Building on the success of Journeys, a panel presentation was developed called Psychosis Up Close and Personal that went to all three high schools for MI Week last year. We presented to over 1000 youth. This year we are invited back for MH Week in the spring.
- New Hope members launched a line of preserves called Preserving Your Mental Health that is set up at our Walk for Mental Wellness and all displays to attract people to our displays. The winner of the door prize donated by our DHA will get a basket of these to take home!
- New Hope members who facilitated/attended “in house” consumer initiatives such as yoga and meditation have spread their wings.
 - Our Dream of Hope Exercise program facilitator teaches exercise at the Y and a nursing home!
 - Our meditation guru now teaches meditation at the Y to both New Hope peers who now attend the Y and to community folks!
 - Our yoga facilitator regularly participates in a community yoga program!
 - Our Qi-gong facilitator had to give up his leadership in this initiative – in favor of leading his class in school!
 - Our New Hope members take the van themselves now and go to exercise at the indoor track!

Lessons Learned

- Seek and you shall receive! Consumers have hidden talents that beg to be released.
- Start us up and watch us go! Success in one area of consumer empowerment builds momentum for ongoing ideas and confidence.
- We ain't all that! Not all skills come with a degree – some can only come from life.