THE COMMUNITY-HOSPITAL HOMELESS HEALTH EDUCATION AND LEARNING SERIES (C-HEAL) PRESENTS:

MENTAL HEALTH CRISIS SERVICE NAVIGATION

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Overview of Presentation

- **Gerstein Crisis Centre** – Elaine Amsterdam (20 minutes)
- **Toronto Seniors HelpLine, COSS, Walk-In Counseling** – Rochelle McAlister (20 minutes)
- **MHESA** – Dr. Arielle Salama (20 minutes)
- **Q & A** (30 minutes)

Gerstein Crisis Centre

Elaine Amsterdam

Gerstein on Charles

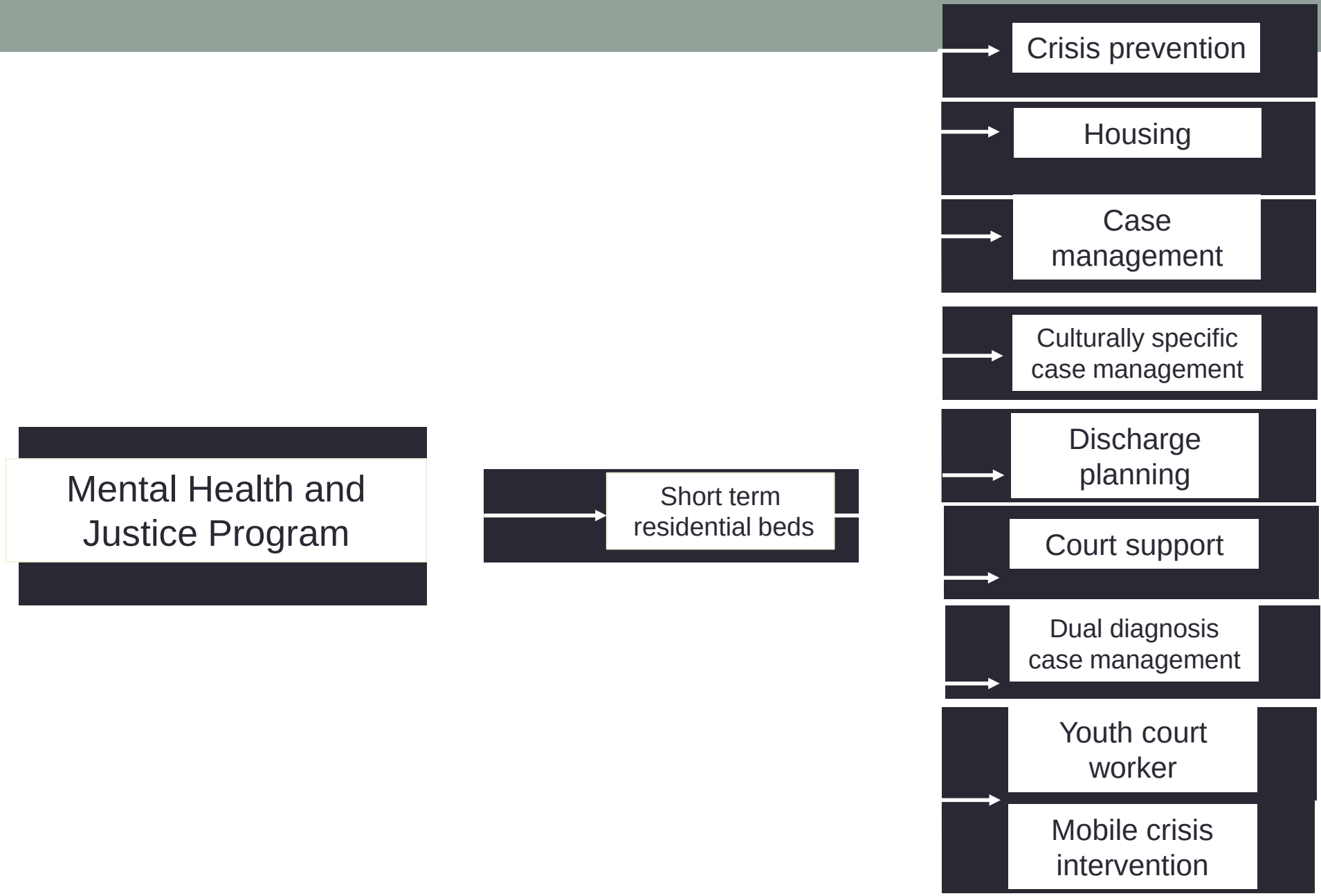
- Open 24/7
- Telephone Crisis Line: 416 929 5200
- Referral Line 416 929 9897
- Admin 416 929 0149
- Mobile Team
- Community-based
- Short-term crisis beds for men and women
- 10 beds 3-5 day stays

Gerstein Catchment Area

Gerstein Crisis Centre

Gerstein on Bloor

- 416 604 – 2337
- Open 24/7
- Mental Health and Justice Beds
- Men and Women – 9 beds up to 30 day stays
- 5 female crisis beds, up to 30 day stays



Gerstein Crisis Centre

Police Access at Bloor

Police Access and Referral Line 24 hours

(416) 248 - 0200

Substance Use Crisis Team

- Responds to crisis calls
- Provides mobile team visits
- Completes 30 day follow-up for individuals dealing with a crisis involving concurrent or serious substance use issues

Griffin Centre & Gerstein Crisis Centre Collaboration for After-Hours Urgent Response (URAH)

- Province - wide program
- For adults 18+ experiencing **urgent** and unmet developmental support needs after hours - police responding and referring (police access only)
- Provides short term or bridging response to Stabilize, De-escalate and Mitigate Risk
- URAH operates from 4:30 pm – 8:30 am, Monday – Friday, Weekends and on statutory holidays.
- Geographical boundaries for MT: across the GTA including Etobicoke and Scarborough (but not Mississauga, Peel or York Region).

griffin centre
EVERYBODY COUNTS

Gerstein Crisis Centre

Emergency Reception Centre (ERC)

- In the event of an Emergency that results in a prolonged displacement of residents from their homes – the City of Toronto and Office of Emergency Management (OEM) will open an ERC

- Gerstein Crisis Centre is the Health Service Response Coordinator - will come in to assess and coordinate a response for specific individuals – those with MH &/or substance use issues, seniors with dementia or others with cognitive or developmental disabilities – whose needs exceed what can be provided in the ERC setting – this is a City-wide response and will include Community Health Centres, Family Health Teams and Primary Care when needed (ICHA)

- Multiple partners including Cota, CMHA, COSS and WoodGreen, Reconnect and Toronto North Support Services

MISSION: To provide a community based, alternative approach to crisis intervention by delivering individualized, non-medical support to people experiencing a mental health crisis.

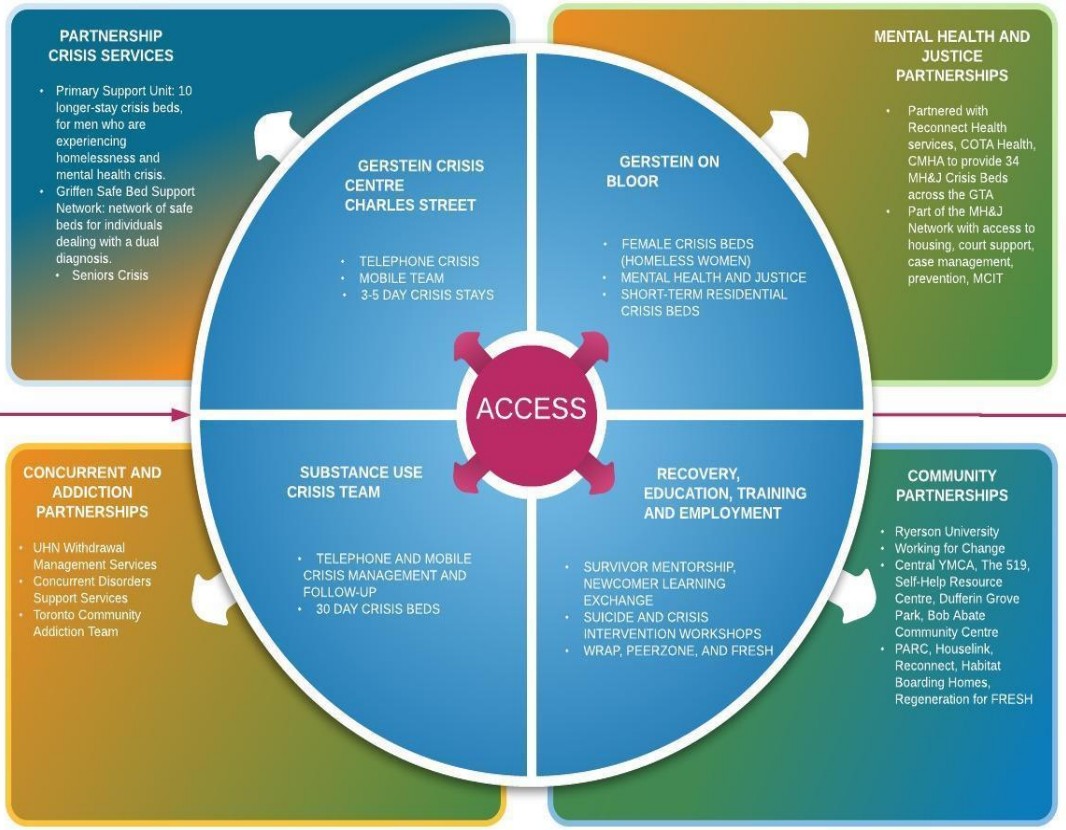
VISION: To be an accessible source of support and recovery for individuals experiencing mental health crisis; to work collaboratively with partners to create improved access to services and to promote wellness, recovery and strong consumer survivor networks.

VALUES: respect, autonomy, dignity, diversity, collaboration, and accountability are at the core of all we do. We value the whole person and acknowledge and respect their needs and wishes for recovery.

GERSTEIN CRISIS CENTRE SERVICES

ACCESS

- SELF / FAMILY / FRIEND
- ER & HOSPITAL
- CASE MANAGEMENT
- OTHER COMMUNITY AGENCIES
- FAMILY DOCTOR OR PSYCHIATRIST
- CRIMINAL JUSTICE SYSTEM
- COUNSELLING AND TREATMENT
- OTHER CRISIS SERVICES AND ACCESS POINTS



REFERRAL

- RECONNECT TO EXISTING SUPPORTS
- ACCESS POINT - HOUSING AND CASE MANAGEMENT
- OTHER COMMUNITY AGENCIES
- RECOVERY-BASED PROGRAMMING
- COUNSELLING
- TREATMENT
- FAMILY DOCTOR OR PSYCHIATRIST
- HOSPITAL
- INCOME SUPPORT
- FAMILY AND FRIENDS

24 hour Crisis Services for individuals 16+ living in the City of Toronto who are living with mental health, concurrent or serious substance use issues. Specialized services developed for sub populations with complex needs include dual diagnosis, concurrent, homelessness, mental health and justice involvement. The Centre recognizes the broad range of issues that impact an individual's mental health seeking to address underlying social determinants and complex and persistent issues.

Mobile Crisis Intervention and Follow-up Team (MCIF)

The City of Toronto and the Toronto Central LHIN requested enhanced 24 hour mobile crisis intervention services for the Downtown Core and Mid-East.

This project is a collaborative approach with the Gerstein Crisis Centre and the Community Partners:

- Sound Times
- St Stephen's TCAT
- St Michael's Hospital ER and Rapid Access Addiction Medicine (RAAM) clinic
- Anishnawbe RAAM project
- Regent Park CHC Outreach\
- Sherbourne Health Centre and Street Health- Health Bus
- The Access Point and MDOT
- Mid-East Virtual Hub

Who does Gerstein serve?

- Adults 16+ in Downtown Toronto who are in crisis related to a Mental Health and Addiction Issue
- Concurrent disorder or problematic substance use my be a core issue
- Individuals may have frequent contact with hospital emergency rooms (ERs), EMS, Police, Shelters and other Community Settings
- Individuals may be facing additional issues like no or unstable housing, poverty, experiences of trauma and physical health issues

Streamlined Access

- Street Outreach services, 24 hour Drop In Centres, Harm Reduction services and SMH ED will have access to the Gerstein Crisis Intervention and Follow-up Team and other partners through a dedicated number

647 361 – 8333

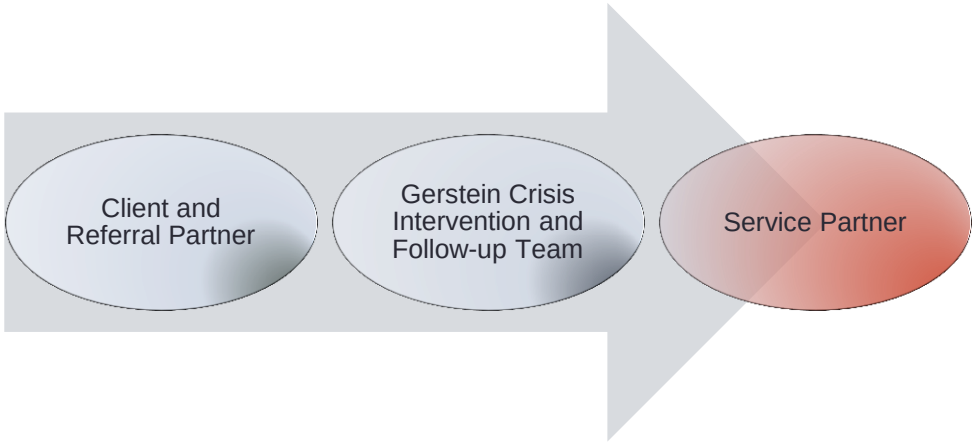
- Individuals in Crisis can still connect directly with Gerstein

416 929 - 5200

Mobile Crisis Intervention & Follow-up (MCIF) Team

- The mobile crisis intervention and follow-up team is integrated into Gerstein Crisis Centre's overall crisis services
- The team will provide immediate crisis response (usually within 40 minutes to 4 hours and crisis follow-up for up to 30 days)
- There are no new beds associated with this project. Emphasis will be placed on crisis intervention and follow-up in the community through referrals to associated health partners.
- The low barrier response team will operate with a "go see what we can do approach"
- Geographically, the response is particular but not exclusive to Mid-East
- Service will focus on Downtown Toronto from Bathurst to Broadview and Bloor to lake

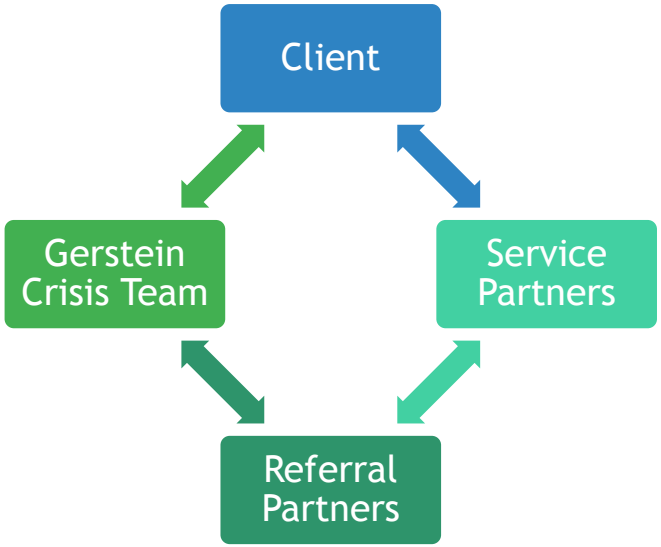
Referral Pathway



Initially client and referral sources access Gerstein. Gerstein provides a response which may include facilitated referrals to other services

New Service Pathway

Clients now have multiple access points to service and service providers have greater opportunity to work together – to collaborate & coordinate.



What is MCIF project hoping for?

- Individuals have access to the supports they need when and where they need them
- Reduce the need to go to Emergency Room for non-emergent reasons
- Greater service collaboration and coordination
- Improved communities of practice – workers feel better connected and supported
- Ongoing gaps are better defined for future service improvements

Toronto Seniors Helpline, COSS, Walk-in Counseling

Service Description, Access Pathways

Rochelle McAlister

Defining Crisis

A crisis occurs when an individual experiences a **change**, which makes them feel uncomfortable, and which makes them feel like they're unable to cope in their usual way.

Crisis Outreach Service for Seniors (COSS)
416-217-2077

- **Age eligibility: 65+ (some exceptions for 55 – 64 with geriatric presentation)**
- Wherever you are in the City of Toronto (postal code starting with M) you can access high-quality crisis services Seniors living in the community (usually not Long Term Care/Retirement Homes, but can consult).
- Frail, isolated, marginalized, low-income, at risk
- Homeless or under housed
- Hard to serve, hard to reach
- At increased risk of using ED and inpatient hospital services
- Consent is not needed to make a referral and to go make a crisis visit
- Consent is needed for COSS to continue to follow-up with the client and visit again
- Referral sources can be anonymous, but the more information the better

One program – 3 local teams

COSS North

COSS West

COSS East

What Crisis Situations Does COSS Respond to? Seniors..

- Not coping well with living independently in the community
- With complicated grief
- Not managing the process of aging
- With challenging behaviours
- Have mental health concerns, substance use concerns or both
- With challenging behaviours related to dementia
- Posing a risk to themselves or others
- Repeated usage of emergency departments for non-medical issues
- Sudden, unplanned, un-coordinated hospital discharge
- Who are being evicted
- With bed bugs, pests, hoarding or unwanted guests in their home
- Experiencing the possibility of elder abuse
- Caregiver burnout

What Does COSS Offer in a Crisis?

- Two person outreach team (crisis workers) between 9 am – 5 pm every day of the year
- In-person contact *within 72 hours*
- Comprehensive care in the community
- Short-term crisis counseling & case management such as initiating community services, i.e. personal support workers, home care, Meals on Wheels, specialized older adult services and day programs
- Supports & strategies around harm reduction, mental health, addictions, responsive behaviours
- Health assessment & care as needed; Nurse Practitioner/Geriatric psychiatrist/Behaviour Consultant/linkages to long term primary care
- Support is typically for 6 – 8 weeks
- Follow up case management support through WoodGreen/LOFT/Reconnect up to a year
- Emergency PSWs for crisis resolution
- Short-term, shared Respite Unit

Toronto Seniors Helpline

- 8 full-time staff (registered professionals) and 3 relief staff
- Operates **365 days/year**
- 9:00am – 8:00pm Monday to Friday and 10:00am-6:00pm weekends and stat holidays
- Covers City of Toronto
- Interpretation services in 100+ languages
- If you don’t get a live answer, we return voicemails by the next day
- Live chat feature on https://torontoseniorshelpline.ca

Toronto Seniors Helpline - one phone number:

- Crisis Services
- Seniors & Caregivers
- Community Supports
- Homecare Supports
- Short-term Supportive Counseling over the phone
- Consultation re: complex clients

Supportive Counseling *over the phone*

If you are grieving / lonely / struggling with caregiving / struggling with your caregiver / If you are worried or anxious

Toronto Seniors Helpline

416-217-2077

torontoseniorshelpline.ca

Walk-in Counseling

At WoodGreen:

- Tuesdays & Wednesdays, 4:30 - 8:30pm

(Registration opens at 4:15pm and closes at 6:45pm*)

815 Danforth Avenue, Suite: 100, **416-572-3575**

At Yonge Street Mission:

- Thursdays, 4:30pm-8:30pm (Registration opens at 4:15pm and closes at 6:45pm*)

270 Gerrard Street East, Elaine Paz, **416-929-9614**

Other helpful phone numbers:

- Emergency Shelter Central Intake: **416-338-4766**
- Streets to Homes Assessment and Referral Centre (129 Peter Street): **416-392-0090**
- Telehealth Ontario: **1-866-797-0000**
- Children's Aid Society of Toronto: **416-924-4640**
- Catholic Children's Aid: **416-395-1500**
- Native Child & Family: **416-969-8510**

Crisis Lines

- Gerstein Centre: **416-929-5200**
- Toronto Seniors Helpline: **416-217-2077**
- Toronto Distress Centre: **416-408-HELP (4357)**
- Scarborough - Mobile Crisis: **416-495-2891**
- Assaulted Women's Helpline: **416-863-0511** or toll-free **1-866-863-0511**
- Toronto Rape Crisis Centre: **416-597-8808**
- First Nations and Inuit Hope for Wellness Help Line: **1-855-242-3310**

https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/awareness-resources-hope-for-wellness.html

- First Nations Hope for Wellness Online Chat: https://www.hopeforwellness.ca/

Other Crisis Lines

- Warm Line (Progress Place): **416-960-9276** (call); **647-557-5882** (text) www.warmline.ca (online chat)
- Warm Line (Krasman Centre): **1-888-777-0979**
- Kids Help Phone – **1-800-668-6868**

Other helpful phone numbers:

- Toronto Withdrawal Management System (24/7, 365 days/year): **1-866-366-9513**
- ConnexOntario Drug/Alcohol Helpline: **1-800-565-8603**
- ConnexOntario Mental Health & Gambling Helpline: **1-866-531-2600**
- COPA Seniors – Community Outreach Program in Addictions - **416-248-2050**
- TC LHIN (homecare) - **416-506-9888**
- Housing Help Centres – **via 211**

MHESA – St Michael's Hospital Psychiatric ER

Service Description, Access Pathway

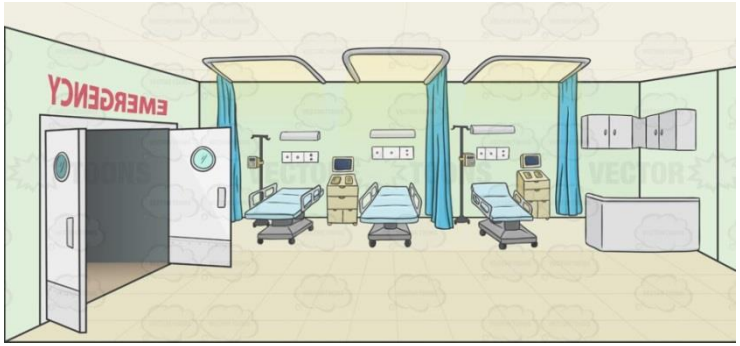
Dr. Arielle Salama MD FRCPC

MHESA – 24/7/365 Psychiatric Emergency Department

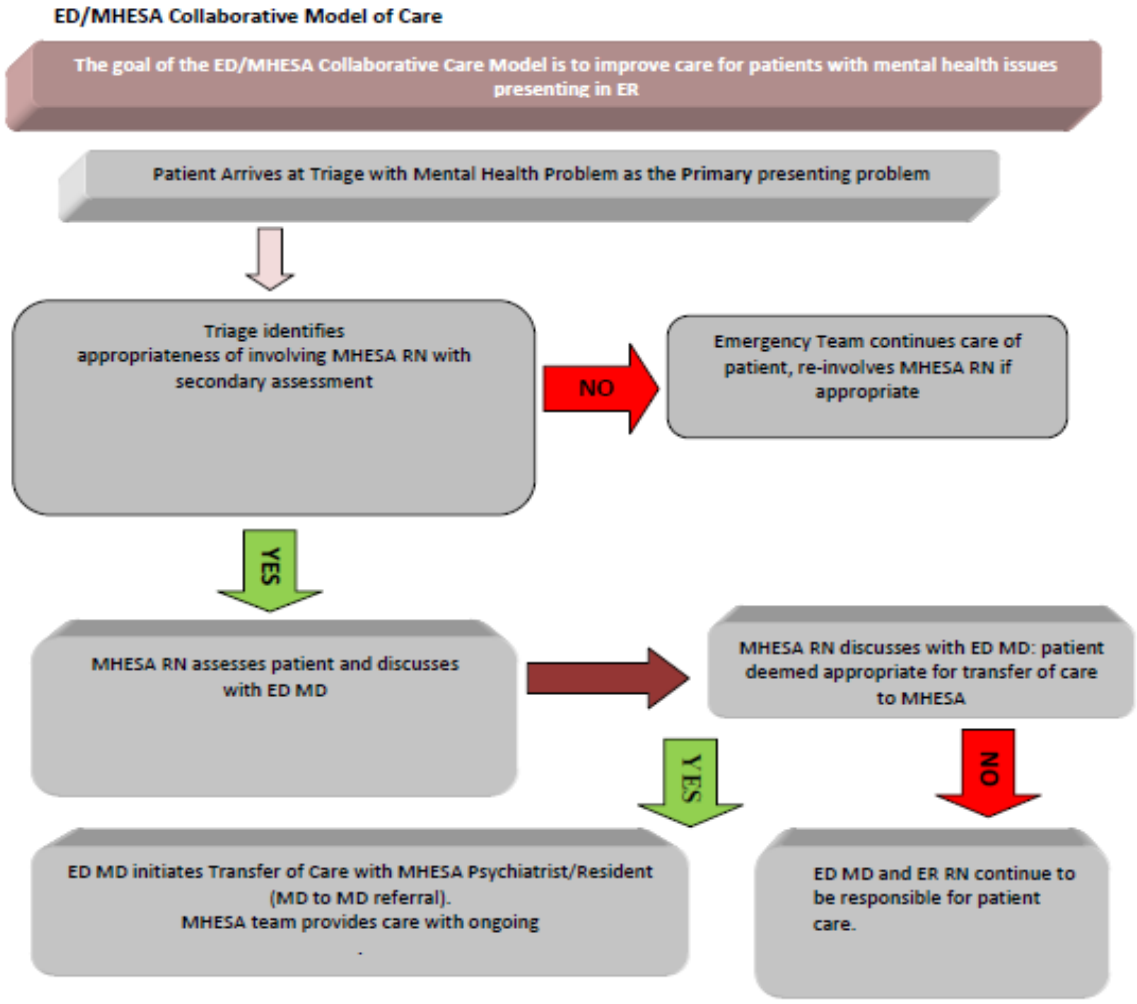
- Located in the St Michael's Hospital Emergency Department – requires ER doctor referral
- Slightly different model from other Toronto EDs or CAMH
- Staffing
  - 4 RNs
  - 1 Psychiatrist (present during daytimes – may be phone only during evenings) who is supervising residents (psychiatry, emergency, etc.) and medical Students
  - Security guard
- Collaboration from other medical departments, addiction, social work

Physical Space

- Under construction – new space 2020 TBD
- Patients may also be in Acute area if require medical monitoring/MHESA is full
- Nursing station
- 2 Patient restrooms (no showers or decontamination)
- 8 patient beds
  - 3 with closed doors
- Reassessment chairs
- Mix of short-stay patients and patients awaiting ward admission



Pathway to MHESA Assessment



How does a patient arrive in MHESA?

May be brought in by:

- Self
- Police (called by self, family, bystander)
- Family/friends
- Outpatient health care provider
- Case worker or other support

Status:

- Voluntarily
- F1
- F2
- F47 (with request for assessment)
- Under police custody

Common MHESA presentations

- Acute psychosis
- Mania
- Depressive symptoms
- Suicidal ideation
- Post suicide attempt (medically stable)
- Substance intoxication/withdrawal
- Bizarre/agitated behavior
- Other crisis
- Psychiatric consequences of medical illness (if stable)

Non-Urgent Requests to MHESA

- May not be triaged to MHESA ER
- May be seen by collaborative care Psych RN
- Examples
  - Request for non-urgent psychiatric diagnosis
  - Assessment of ongoing symptoms
  - Medication change/refill
  - Housing/socioeconomic
  - Capacity assessments
  - Request for counseling or therapy

What happens during a MHESA assessment?

- Ideally – patient interview + collateral sources
  - Previous records
  - Family/friends interview
  - Interview with any care providers who work with patient
- Completion of a consultation note
  - Tentative diagnosis
  - Focused psychiatric history
  - Care and disposition planning
- Assessment of voluntary or involuntary status
- Medical testing as required
- Management of agitation, if required

Possible outcomes for MHESA patients

- Certification -> admission to MHESA or ward (general or higher acuity)
  - May involve waiting days in MHESA
- Voluntary admission to MHESA or ward
  - May involve transfer to another hospital
- Discharge from MHESA
  - Connecting to services in hospital and community
  - Medication prescription
  - Information given re: resources
- Leaving against medical advice

Referral to services

- CATCH (if NFA)
- Urgent Care at St Michael's
  - Short term psychiatric or case management
- Patient's own GP for psychiatric referral/collaborative care
- Other community agencies (campus, youth)
- Addictions – RAC, CDSS
- COSS
- Shelter
- Detox

Other Urgent Services

- Family doctor’s office
- Crisis phone lines
- Gerstein Crisis Centre
- RAAM clinics for addictions
- “What’s Up” clinic for youth
- Family Services
- Sound Times, Reconnect, CMHA, Cota, WoodGreen
- Campus services

Confidentiality

- PHIPA
- “Circle of care”
- Patient’s wishes
- Patient’s capacity
- Entitled to a printed discharge document
- Full consultation/discharge note with be sent to GP/affiliated specialists
  - ER will typically write or dictate a simple note
  - MHESA patients will have a written consultation and plan upon admission and discharge
  - May provide prescription, sick note, etc

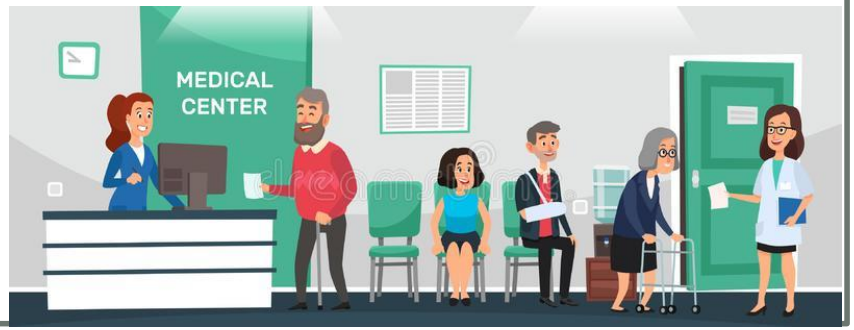
Case Scenario

Client with suicide attempt in program is sent by staff to hospital and is discharged after 1 hour.

How can community staff who sent the client understand why crisis client is released?

Case Scenario

- Did patient register with ER?
- Were they seen by RN, ER physician, or MHESA team?
- Did they have identifying documents and contact information?
- Did they request any forms of communication outside of hospital?



What can agencies do to ensure we understand their requests?

- Send a note describing concerns, specific needs if possible
- Provide contact names and numbers for staff involved
- Send any useful documents if available
- Can call and request to speak with team members
  - Limitations on disclosure of information

QUESTIONS & ANSWERS