

From: Bell, Sarah [mailto:sjbell@cw.bc.ca]
Sent: Monday, May 27, 2013 11:22 AM
To: Marr, Ann HLTH:EX
Cc: XT:Arnold, Leslie HLTH:IN
Subject: RE:

Thanks Ann - I'll just answer each point for you:

1. The intensive day treatment program (with additional overnight care when required) will provide the greatest flexibility to care for children/families. Ledger house does have 5 beds dedicated for children, and operates a Monday-Friday program. (my apologies – that was a typo). I can't speak to the relative number of beds across the country, however, compared nationally, most provinces do not have a dedicated inpatient child psychiatry unit. We will be leading the way in providing trauma informed care, and developmentally sensitive care to children under age 12. We will still be caring for the most complex children, maintaining our 10 bed capacity, and insuring that when children require overnight nursing care it will be provided.
2. We continue to have a dedicated 10 bed child psychiatry unit. We manage our waitlists through our pre-admission program, and respond to the needs of the child, family and community. Our program has capacity for these children, and we have brought our waitlists down significantly over the last few years.
3. We will not know what the response is until we issue the section 54 and begin our discussions with the union.

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There will be discussion with the BCNU regarding the substantive change to nurses' schedules on the child unit. We anticipate that this will be seen to be a favourable change, as some nurses have requested this and recognize the benefits of having consistent care givers working with children and their families.

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4. Parents/siblings and other family members of children from outside the lower mainland are accommodated at local hotels or the Easter Seal house (when available). These arrangements are made through collaboration with our social workers and the community gatekeepers/community social workers and in consultation with the Foundation at BCCH who provide funding for families from outside the lowermainland. This practise will not change. Children from VIHA generally use Ledger.
5. The CAPE unit will accommodate children in an emergency situation as they currently do. If the child requires longer admission during this time we will bring in the required staff. The summer months see less requests for inpatient admissions because families have holidays, and the community schools closed. The predominance of admissions to the child unit are elective and planned. Children who are in crisis will continue to be cared for through our crisis services, and stabilized as required.

Sarah

Sarah Bell
BC Mental Health & Addiction Services
Children's & Women's Mental Health Program

Executive Director
Phone 604 875-2343

Executive Assistant: Linda Sherley linda.sherley@phsa.ca 604 875-2643

From: Bell, Sarah [<mailto:sibell@cw.bc.ca>]
Sent: Tuesday, May 21, 2013 10:36 AM
To: Marr, Ann HLTH:EX
Cc: Coniglio, Connie; XT:Arnold, Leslie HLTH:IN
Subject: Child and Adolescent Mental Health

Hi Ann - We are changing the staffing model to increase the quality and safety of care delivery.
Currently

S. 17 The Youth and Family Counsellor is responsible for maintaining a physically and emotionally safe therapeutic milieu, providing activities and care appropriate to the child and adolescent's stage of development, supportive counseling, and psychosocial assessment, including working with families/caregivers. They

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S. 17 The Youth and Family counselors do have a very important role, working with children and youth, but this role requires redefining, and clear practice boundaries to support safe practice.

Current model of service delivery across the child and adolescent mental health programs:

Comprehensive, tertiary interdisciplinary assessment, diagnosis and treatment.
Direct patient care is shared by nurses and youth and family counselors.
Therapeutic counseling is provided by psychology, psychiatry and social work.

Child Inpatient Unit:

10 bed 24/7 care for children
Most children go home with their families on therapeutic passes over the weekends

Adolescent Inpatient unit:

10 bed 24/7 care for adolescents
Some adolescents go home for therapeutic passes over the weekends.

CAPE Unit

6 bed 24/7 short stay stabilization unit

Eating Disorders Inpatient Unit

14 bed 24/7
Some children and adolescents go home for therapeutic passes over the weekends.

New model of service delivery: Comprehensive, tertiary interdisciplinary assessment, diagnosis and treatment.

Direct care to patients will be provided by primary nurses.

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The Youth and Family Counselors'

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Therapeutic counseling will continue to be provided by psychology, psychiatry and social work.

Child Inpatient Unit:

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The Adolescent, CAPE and Eating Disorders units will benefit from a higher nurse to patient ratio. There will be no other changes to service delivery.

Benefits of the new model:

Improved quality and safety of care delivered.

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Thanks, Sarah

Sarah Bell

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-----Original Message-----

From: Bell, Sarah [mailto:sjbell@cw.bc.ca]
Sent: Friday, May 17, 2013 4:14 PM
To: XT:Arnold, Leslie HLTH:IN; Marr, Ann HLTH:EX
Cc: Coniglio, Connie
Subject: RE: Child Psychiatry Inpatient Unit

Hi Ann - We are changing the staffing model to increase the quality and safety of care delivery. S. 17

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S. 17 The Youth and Family counsellors do have a very important role, working with children and youth, but this role requires redefining, and boundaries to support safe practice.

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S. 17 We are staging this to allow for adequate staffing in the interim. Eventually all of the programs will be in alignment with this important initiative.

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S. 17 I hope that this helps explain why we are committed to making these improvements. Please let me know if you would like further clarification. Sarah

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From: Arnold, Leslie
Sent: Friday, May 17, 2013 3:09 PM
To: Marr, Ann HLTH:EX
Cc: Bell, Sarah; Coniglio, Connie
Subject: Re: Child Psychiatry Inpatient Unit

I will have the team answer this As this is all about improved care issues.

Sent from my iPad

From: Arnold, Leslie [mailto:LArnold@phsa.ca]
Sent: Friday, May 17, 2013 2:48 PM
To: Marr, Ann HLTH:EX
Subject: Fwd: Child Psychiatry Inpatient Unit

So I think there is not much different than what happens now

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We will continue to operate with
some being inpatients ,day patients and including having parents stay with them
if needed.

The families usually come to Vancouver and stay near by as these are very young
children and they take them out on weekend.

Everybody will be accommodated if they need to stay over the weekend too. Hope
you can assist us getting this thru.

Sent from my iPad

Begin forwarded message:

From: "Bell, Sarah" <sjbell@cw.bc.ca<mailto:sjbell@cw.bc.ca>>

Date: 17 May, 2013 12:17:41 PM PDT

To: "Arnold, Leslie" <LArnold@phsa.ca<mailto:LArnold@phsa.ca>>

Subject: Child Psychiatry Inpatient Unit Hi Leslie - the child unit will be
undergoing a modification in the way care is provided to children. At this time
children generally stay over night during the week days and go on therapeutic
passes with their care givers over the weekend.

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Care to children 12 and under will continue as it
has, providing the 24 hour care as required.

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and those children requiring
hospitalization on weekends will be accomodated. This will allow us to realocate
our resources to build a more robust, family centered care model, Sarah

Sarah Bell

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