

CHAPTER 2:

THE GROWTH YEARS (1975-1981)

In 1975 GVMHS acquired the Riverview Outpatient Department, along with its seconded staff, which was renamed the Broadway Community Care Team. This brought the number of care teams to eight, and increased the GVMHS client caseload from 1,534 to 4,515. The initial mandate for the care teams, as stated in the Vancouver Plan, was to provide treatment to the chronically mentally ill adult. Cumming realized that his Plan was not a complete system as it did not address the needs of either seriously mentally ill children or the elderly, at least to begin with. Cumming envisaged that this would come later, and it did.

In the meantime, the teams established themselves and became integrated in their designated catchment areas, with the Central Office allowing a great deal of autonomy. At the Strathcona Team, which had a large Chinese population, many of whom had little or no English language skills, a number of Chinese mental health staff were hired to make certain this

ethnic group had access to the new care team. On many teams the staff, as well as providing direct service to their clients, also became helpful to the community agencies in their catchment areas that provided services to their clients. In 1974, the Strathcona Team was instrumental in helping St. James Social Services and Lookout Emergency Aid Society establish Victory House which resulted in Victory House providing all their 47 rooms exclusively to clients of the Strathcona Team. A worker from the Team was then assigned to provide ongoing service to Victory House. The same service was provided to Lookout, as it was an emergency shelter that often housed many mentally ill individuals. The team coordinator became a board member of Lookout and also a participator in committee meetings with other agencies in the area, such as Cordova House and The Urban Core Workers Association. The Broadway Care Team had two members of their staff, one on the board of the Arbutus Work Incentive Society and the other on the Kettle Friendship Society. All of the Care Teams were heavily engaged in providing information seminars and consultations on mental illness to other community agencies within their catchment areas.

In April of 1975, GVMHS acquired two resources from Riverview which included their seconded staff: Vista and Venture. Vista was used as a halfway house for female Riverview patients, and GVMHS turned it into a 10 bed rehabilitation residence for women clients from the care teams who needed a structured supported home environment following a psychiatric crisis or release from hospital. Venture was a halfway house for male Riverview patients which GVMHS changed to an emergency short term facility for male and female clients

from the care teams with problems which, if not attended to, would easily lead to hospitalization. Venture provided a needed time out, a respite, and clients would receive support from professional staff for short periods of time so that they could re-stabilize and make plans, if necessary, for their next steps. When a client was admitted to Venture, although their health record went with them, the Team's psychiatrist and primary therapist maintained clinical responsibility. In addition, until October of 1979, Venture's residential staff responded to all evening and weekend calls that were diverted automatically from the community care team phone lines directly to Venture. Venture also handled its own crisis line. The 1978 GVMHS Annual Report referred to the transfer of Vista and Venture to the GVMHS as "representing the first major step taken by the administration towards support services being available to all Teams". In 1991 Venture moved to a 20-bed facility and also took on being a stepdown resource for early discharge of many team patients, mostly from VGH.

1978:

1978 was a "pivotal" year for GVMHS, as it acquired two more very important support services:

1. **MENTAL HEALTH EMERGENCY SERVICE (MHES):**
Prior to 1978 GVMHS staff provided an on-call after-hour emergency service at night during the weekdays and also on weekends and holidays. In February of 1978, the GVMHS administration established a joint after-hours emergency service with the Vancouver City Police

Department called the Mental Health Emergency Service (MHES), which initially had a mobile unit, called “Car 87”, staffed by a nurse and a plain-clothed police officer as a partner. The care teams would alert MHES to pending crises among their clients and arrange for them to be seen and assessed during the evening or on the weekend. Psychiatrists from the teams were on call and would come out to do an assessment if it was felt that hospitalization might be required. Venture would handle the after-hours calls for MHES. Once known, MHES would often be contacted for advice and assistance by emergency hostels, long term care facilities, hotel operators, and other community facilities.

2. **MENTAL HEALTH LIASON PROGRAM (MHLP):**

In July of 1978 GVMHS became responsible for the developing a Mental Health Liaison Program which took on the assessment and placement of all psychiatric referrals, as well as program development within the mental health boarding homes acquired from Long Term Care.

THE FINCH REPORT:

1978 was also the year of the Finch Report, which posed the question of whether GVMHS wished “to remain a clinically based service or take on a more integrated rehabilitation focus by developing support services”. The GVMHS administration agreed with the second portion of the question, which was affirmed in the Annual Report of that year, which stated:

Over the years, GVMHS has recognized the need to expand its services in order to maintain the seriously mentally ill person in the community. There must be not only direct treatment services but vocational rehabilitation, social-recreational, and housing services as well.

STUDENT PRACTICUMS:

1978 was the year when GVMHS began accepting student psychiatric nurses and social workers requiring practicum placements as part of their educational programs. It wasn't until 1988 that GVMHS, in conjunction with the UBC Department of Psychiatry, developed a community mental health training program, fully accredited by the College of Physicians and Surgeons, for residents in psychiatry to come to community mental health teams on a six month rotation basis to expose them to a new form of practice that complimented their hospital-based training.

THE FIRST MENTAL HEALTH CONFERENCE:

To celebrate its fifth anniversary, in September of 1978 GVMHS sponsored: "New Perspectives in Community Mental Health". The goal of the conference was not only to highlight some of the community mental health programs across Canada and United States, but also to expand GVMHS's own profile nation-wide.

By the end of 1978, GVMHS now had as support services the Mental Health Emergency Service, The Mental Health

Liaison Program, Vista, and Venture. The 1978 Annual Report prophesied that:

When the financial resources become available to complete the necessary teams and support services, the Greater Vancouver region should have a system of mental health treatment programs unequalled in Canada.

1979:

Mental Patients Association (M.P.A.): In April of 1979, GVMHS assumed the responsibility for the care component of the Mental Patients Association residences, which was added to the jurisdiction of the Mental Health Liaison Program.

S.A.F.E.R.: (Suicide Attempt Follow-up Evaluation and Research).

In November 1979, GVMHS was assigned administrative and clinical responsibility of SAFER, a program focusing on providing treatment for non-psychotic people who have made a suicide attempt. This is another example of GVMHS taking on a service that deviated from Cumming's original mandate which, ironically, was in direct contrast to the American scene. The GVMHS debate at that time was not about how to find and provide service to the forgotten chronic mental patient, but rather how much it should expand its mandate to include other groups that also had mental health problems.

AFTER-HOURS PSYCHIATRIC EMERGENCY SERVICE:

In November 1979 the After-Hours Psychiatric Emergency Service came into effect, which amalgamated Venture's after-hours telephone answering service for the Community Care Teams, the Venture Crisis Line, and Car 87 into one after-hours emergency service operation. Car 87, however, was terminated in 1980 as the result of confusion arising between roles of the police person and the nurse, which had not been clearly defined. A Service Agreement was established that when a site visit arose that had doubt about personal safety the police would provide assistance. It wasn't until 1987, after discussions between GVMHS administration and the Vancouver Police Department that the matter was clarified and Car 87 was reinstated.

1980:

1980 was the year that special projects began appearing within the care teams themselves. One, of these was the project in the Strathcona area called: The Vietnamese Boat People Project.

THE VIETNAMESE BOAT PEOPLE PROJECT:

There were approximately 400 Vietnamese refugees in Chinatown who were referred to as the "Boat People". The Chinese component of the Strathcona Team took on a six month project to provide psychiatric services to the Chinese speaking Vietnamese refugees. Aside from individual treatment, they also gave seminars to help orient the refugees to their new country. These services were not restricted to the Strathcona Team's

catchment area, but were made available to all Chinese speaking Vietnamese refugees living in the Vancouver and Richmond areas.

THE STRATHCONA HOUSING PROJECT:

At that time in the Downtown Eastside there were no long term housing available for team clients. As a result, the Strathcona Team approached B.C. Housing and negotiated an agreement whereby three row houses, handling nine clients, were allocated to the Team: two at the Stamps Housing Project and one at Maclean's. In response, the Team guaranteed they would deal with any crises that might arise and this included the After-Hours Psychiatric Emergency Service as well, to deal with any crises arising after regular team hours.

1981:

This was the year that GVMHS became the first community based organization in Canada to receive the Canadian Council of Hospital Accreditation. GVMHS was beginning to be noticed.



CANADIAN COUNCIL ON HOSPITAL ACCREDITATION
CONSEIL CANADIEN D'AGRÈMENT DES HÔPITAUX

certifies that atteste que

Greater Vancouver Mental Health Service
Vancouver, British Columbia

has been surveyed by representatives of the
CANADIAN COUNCIL ON
HOSPITAL ACCREDITATION
and having met the Standards for quality
of care set by Council, has been awarded
the status of

Accreditation

This status has been achieved
through the combined efforts of the
Governing Body and Management,
Professional and Supporting Staffs
with voluntary assistance from the
residents of the community.

a reçu la visite d'évaluation des représentants du
CONSEIL CANADIEN
D'AGRÈMENT DES HÔPITAUX
et ayant satisfait aux normes de
qualité de soins établies par le Conseil,
s'est mérité le statut

d'agrément

Ce statut a été mérité grâce au
travail de coopération du Conseil
d'administration et de la direction,
du personnel professionnel et du
personnel de soutien, avec l'assistance
bénévole des résidents de la communauté.

October 6, 1981



Ginette Rodger
Chairman - President

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