CHAPTER 4:
GVMHS ARRIVES, AND BEYOND (1986-2000)

By 1986, a little over a decade had passed since GVMHS began, and many changes had occurred by this time. The anti-psychiatry movement had all dissipated, and now the GVMHS client brochures describing its services openly used diagnostic terms such as schizophrenia, psychosis, and bi-polar illness. In a client information booklet published in 1992, after the section covering the major mental illnesses GVMHS treated, there was a following section listing the main medications used for treating "schizophrenia, for symptoms such as hallucinations and delusions". It then listed the medications side effects. It went on to do the same for depression. The Care Teams were now called Mental Health Teams. Also during this last time period, many GVMHS staff were invited to visit other cities in Canada, United States, Taiwan, and Japan to describe the GVMHS community mental health services in Vancouver.

In the years between 1986 and 2000 the clientele were changing as well. The new generation of younger clients did not have histories of long hospitalizations. Periodic short stays were the norm. Many of those serious and persistently mentally ill often had more complex diagnoses which included a variety of personality disorders along with substance abuse, diabetes, and HIV-Aids. Starting in the 1990s, team caseloads became larger, with each therapist carrying anywhere from 45 to 65 clients, along with more paperwork demands.

In 1995 the Broadway Team was split into Broadway North and Broadway South. Five years later they were renamed the North East and the Grandview Woodlands Mental Health Teams.

Between the years 1986 to 2000, GVMHS expanded immensely in all five of the following service areas: Family and Children's, Geriatrics, Housing, Rehabilitation, and Special Projects. The expansion in each of these services will be described chronologically for this time period.

FAMILY AND CHILDREN'S SERVICES: (1986-2000)

In 1986 a Director of Family and Children's Service position was added to the management structure of GVMHS. This was a clear statement that GVMHS was fully committed to expanding its original mandate, to provide assessment, treatment, and consultation services to severely disturbed children and adolescents, and their families. By 1990, GVMHS had a family

and children's component of 22.5 FTE's providing service through the eight mental health teams and it had Blenheim House. Between 1986 and 2000 the Family and Children's Service developed a number of small inter-ministerial specialized programs where funding came from a wide variety of sources. In chronological order, they were:

ADOLESCENT OUTREACH SERVICE (AOS): (1986)

AOS was a small group of family and children's workers who, in 1986, set up a service to work with street-involved youth and young adults, many of whom came from abusive family backgrounds and were HIV+, pregnant, involved in substance abuse, prostitution, criminal activity, and had mental health concerns (psychosis, depression, suicidal behavior, self-mutilation and reactions to a diagnosis of HIV+).

SCHOOL MENTAL HEALTH SERVICES: (1988)

In 1988, a school mental health service was implemented to meet the mental health needs of elementary school-aged children in the Vancouver School Board's special education classes. The children either had severe behavioural disorders or were emotionally fragile. Individual and group treatment were provided to the children and to their families. Consultation and support was also offered to teaching and child care staff on a daily basis. A very similar program was developed in 1993 by the Richmond Mental Health Team in collaboration with the Richmond School Board and Richmond Health Department, to provide short-term mental health intervention and treatment for high-risk elementary school-aged children and their families.

YOUTH RESIDENTIAL CONSULTATION SERVICE (YRCS): (1989)

YRCS was another small inter-ministerial F&C program developed in 1989 to provide services to caregivers of "difficult to care for" children in foster homes.

PROGRAM FOR ABUSE REACTIVE CHILDREN (PARC): (1989)

The PARC program was developed in 1989 to assist children (age 6-12 years), who were displaying problematic sexual behavior and had also been sexually abused.

HAMBER HOUSE: (1990)

Hamber House was a day treatment program that first opened its doors in 1990 and provided mental health services to eight adolescents and in 1994, with additional funding, increased the number to ten.

CHILD AND ADOLESCENT RESPONSE TEAM (CART): (1995)

CART was developed in 1995 to provide a quick-response to urgent mental health related crises involving children and youth in Vancouver.

ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD): (1995)

A.D.H.D. was another inter-ministerial program developed in 1995 to provide services for families that lived in Vancouver who had a child or young adolescent with a primary diagnosis of attention-deficit hyperactivity disorder.

GERIATRIC SERVICES: (1992-2000)

The final expansion of the GVMHS mandate foreseen in Cumming's Vancouver Plan came officially in early 1992, when the Central Office established a Director of Geriatric Services. Some teams already had a small number of specially-trained geriatric staff. Once the Director position was in place, however, all teams acquired geriatric staff. The geriatric mandate was to provide care to seriously mentally ill seniors complicated by other medical conditions along with those seniors suffering from dementia who had significant behavioral problems.

THE BRIGHT SPOT: (1995)

In 1995 a Geriatric Rehabilitation Program called "The Bright Spot" was established to provide occupational therapy services to clients of the West Side, Mt. Pleasant (now called Raven Song), and Kitsilano (now called Kitsilano-Fairview) Teams.

HOUSING SERVICES: (1986-2000)

The Mental Health Liaison Program, which in 1978 formally initiated GVMHS into the business of finding housing for clients, had expanded considerably by 1992 and was renamed the Mental Health Residential Services (MHRS). In 1987 GVMHS, which already had responsibility for the Mental Patients Association, took over the funding and monitoring of nine more non-profit community agencies who were providing extensive housing, rehabilitation and drop-in programs for many GVMHS clients. The agencies

included Arbutus Vocational Rehabilitation Society, Canadian Mental Health Association (Vancouver/Burnaby), Canadian Mental Health Association (Richmond), CHIMO Personal Distress Intervention Service, Coast Foundation Society, Kettle Friendship Society, Lookout Emergency Aid Society, Victory House and Triage Emergency Care Society. The Katherine Sanford Society was added in 1990, followed by the Portland Hotel Society, and the Hampton Hotel in 1991, and, finally, Gallery Gachet in 1994. The GVMHS objective was to have these services become a more closely connected system of care and to help them develop their individual services. The Executive Directors from all these agencies had ongoing monthly meetings with GVMHS administrative staff. In the last Spring Edition in 2000 of Connections, the quarterly GVMHS newsletter, the Executive Director of the Mental Patients Association wrote:

> I have always felt that the support I have received from GVMHS staff has been outstanding. From the agencies' perspective, to have GVMHS staff members become knowledgeable of, and champion our programs and initiatives, has resulted in a vastly improved quality of life for our members.

One consequence of these acquisitions, however, was that any of the community team staff who were members on these non-profit boards had to resign due to conflict of interest concerns.

Aside from the community agencies, Mental Health Residential Services developed a Semi-Independent Living Program, which was also used by the community agencies providing housing, whereby clients on disability pensions who were felt ready to assume independent living, were given a rent supplement in order to obtain an apartment or room on their own. The rent would be paid directly to the landlord. A number of GVMHS clients, through agreements made by GVMHS administration, were assisted in finding accommodation through the B.C. Housing Management Commission. MHRS also had five group homes and two more supported hotels besides the Victory: the Portland and the Hampton Hotels. In addition, it had a few family care homes, which were unlicensed and privately owned, offering a family setting for a maximum of two persons.

By the early nineties, GVMHS had much more housing than in 1978 and a wider variety. Nonetheless, it should be noted that in the 1992 GVMHS Adult Information Services Brochure for clients that listed all these services, immediately afterwards added this caveat, "You should know that long waiting lists exist for most housing". There was never enough money to meet all the housing needs.

REHABILITATION SERVICES: (1986-2000)

As previously mentioned, rehabilitation services were provided by occupational therapists from the very beginning of the community care teams in 1973. Their services included individualized rehabilitative assessments and interventions,

group programs and consultation and liaison with community resources within their respective catchment areas. The Widget Factory has already been mentioned and the following are five additional rehabilitation services initiated between the 1986 to 2000 time period:

THE COTTAGE INDUSTRY: (1987)

In 1987 the Broadway Team's rehabilitation staff developed the Cottage Industry which, like the Widget Factory, was for lower-functioning clients who, with staff assistance, produced high-quality products at the Team or in the client's homes. These items were then sold at various locations throughout the city and clients received remuneration for their work. The Cottage Industry provided a wide variety of products geared to different skill levels which maintained client interest and motivation. Both the Widget Factory and the Cottage Industry helped clients with their self-esteem and provided structure where they could socialize and not be isolated. Products from the Cottage Industry won prizes at the Pacific National Exhibition and it was cited by the Canadian Association of Occupational Therapy as a model of patient-centered service.

GASTOWN VOCATIONAL SERVICE (GVS): (1991)

In 1991 the Gastown Vocational Service (GVS), a specialized inter-ministerial project, was established to offer comprehensive vocational assessment and job readiness skills training to higher functioning GVMHS clients and individuals referred by the provincial Vocational Rehabilitation Services. The "broad goal" of GVS was "to improve the individual's job readiness skills

and support network in order to assist them in becoming and remaining functionally independent in the community, based on their abilities and interests".

ART STUDIOS: (1992)

In 1990, staff from the Broadway and South Teams conducted a Needs Assessment Survey of their clients and found that 50 of the 52 consumers surveyed wanted more art activities beyond the pottery group there was running at a community centre. They lobbied GVMHS Central Office for funding and in 1995 they found a rent free space. They started out calling themselves The Fiddle-Faddle-Fingers Group, but as their activities increased to classes on painting, creative writing, drawing, watercolor, sewing , and collage, they changed their name to the Art Studios.

CLIENT ADVISORY COMMITTEE: (1992)

In 1992 in the Annual GVMHS Report, one of the new Service Goals listed was a commitment to "involve clients in program development and evaluation". This led to the establishment of a Client Advisory Committee which became a source of input on new and existing team programs.

GALLERY GACHET: (1994)

In 1994, with financial support as well as assistance from GVMHS staff, Gallery Gachet, another non-profit organization, opened with the purpose providing support to "consumer/survivor" artists. According to the Gallery staff, their

organization was unique and envied by consumer/survivor artists across Canada. Aside from the art works, Gallery Gachet also hosted monthly poetry and performance events.

PEER SUPPORT WORKERS PROGRAM: (1996)

In addition to the Client Advisory Committee in 1992, peer support began with an assertive outreach rehabilitation service called the East Side Rehabilitation. The aim was to give clients the opportunity to create stepping stones to work by providing peer support for those who had been described as "hard to engage" through the use of conventional approaches. The project proved successful and, with the 1992 service goal commitment calling for more client involvement, it led to the establishment in 1996 of the Peer Support Workers Program. It provided an opportunity for clients, former clients, or people who had experience with the mental health delivery system to become involved in providing services to team clients. Peer Support workers were placed in most of the mental health teams as well as the special projects of ACT, Bridging, Dual Diagnosis, and the Inter-ministerial Project.

SPECIAL PROJECTS: (1986-2000)

Between 1986 and 2000 there were many special projects that came into existence which underscored GVMHS'S expanding mandate to provide service not only to the seriously mentally ill, but to other groups with serious mental health challenges as well.

INTER-MINISTERIAL PROJECT (IMP): (1987)

The Inter-ministerial Project was established in 1987, jointly sponsored by Forensic Psychiatric Services, Vancouver Adult Probation, and GVMHS. IMP targeted the same clients as the Multi-Service Network but provided a hands-on approach by a team consisting of a Coordinator (Mental Health), a Probation Officer (Corrections) and four to five case managers. It was an ACT Team in all but name, but the label had yet to be coined in the psychiatric literature. The typical IMP client was young, treatment resistant, and had a diagnosis of schizophrenia or an affective disorder with concomitant personality traits such as those of the borderline or antisocial type. He/she was likely to have a drug and/or alcohol problem and to be periodically homeless. Many of them were also HIV-positive. All IMP clients were bound by a court order, either bail or probation. It was a shared caseload and the IMP staff's job was to attempt to maintain stability of housing, continuity of medical and psychiatric care, and to provide social and recreational support to these clients.

An evaluation was done on IMP and published in 1995 in the International Journal of Psychiatry
which stated:

> The techniques utilized by the IMP reduce the likelihood of the mentally disordered offender coming into conflict with the law. In addition, in those cases where a participant does come in conflict with the law, the advocacy role of the IMP case workers as well as the reputation of

> the program for managing clients successfully in the community, increases the likelihood that the client will be re-released into the community rather than being incarcerated because of a lack of community support.

In April 1995 at a conference in Toronto on Best Practices in Mental Health Care, IMP won the award for the outstanding case management program.

DUAL DIAGNOSIS PROGRAM (DDP): (1989)

In the late eighties, GVMHS was particularly influenced by the writings by Dr. Burt Pepper, a psychiatrist practicing in New York. He was invited as a guest speaker to one of the GVMHS Mental Health Conferences. Dr. Pepper persuasively argued that many individuals with alcohol and drug problems often suffered from a mental illness as well. As a result, GVMHS approached the Alcohol and Drug Program in 1989 to form a partnership called the Dual Diagnosis Project which focused on people with mental illnesses who also had severe substance abuse problems. This was the first such project of its kind in Canada. The DDP offered individual and group treatment for those clients who had the two diagnoses and also provided assessment, consultation, and educational workshops to both Mental Health and Alcohol and Drug staff.

MULTI-CULTURAL PROJECT: (1990)

Vancouver is ethnically diverse, the mother tongue of nearly 40% of the population is something other than English. In

response to their needs, GVMHS developed a city wide Multi-Cultural Program in 1990. The program supplemented the multi-cultural services already being provided by the teams in some of their catchment areas like the Mandarin/Chinese speaking mental health staff at the Strathcona Team. The Multi-Cultural staff languages included Chinese, Punjabi, Hindi, Spanish, and Vietnamese. They assisted the case manager and team psychiatrists and physicians in assessment and treatment of those clients who spoke these languages. In addition, the Multi-Cultural staff presented a large number of community workshops and translated mental health information pamphlets into all of the above languages.

BRIDGING TEAM: (1993)

In 1993 a Bridging Team was formed whose purpose was to work with hard to house clients being discharged from Riverview to support them in their successful integration back into the community.

WELL-BEING PROGRAM: (1993)

Also known as the Deaf, Hard of Hearing, and Deaf-Blind Well-Being Program, but shortened to the Well-Being Program, was established in May of 1993 to provide mental health services to people with the above disabilities who also had mental health problems. The program produced 3 videotapes in sign language, with captioning and voice over: *"Well Being & You"*, *"Caring for Yourself"*, and *"Working with a Mental Health Interpreter"*.

RIVERVIEW DIRECT: THE STRATHCONA PROJECT: (1994)

By the early '90s, the clients from the Strathcona Team when hospitalized, went to VGH, the hospital assigned to their catchment area. If the hospital stay for some became too long, they would be transferred to Riverview Hospital for further treatment. The communication between VGH and the Team was often poor. One of the physicians at the Team also worked at Riverview, and was able to negotiate an agreement with Riverview that they would set aside twelve beds on his ward for Strathcona clients who the Team felt would require longer stays. So instead of going to VGH first when these clients were hospitalized, they were admitted directly to Riverview.

Dr. Cumming would have approved of this project because it required that staff from the Strathcona Team would attend the ward rounds at Riverview concerning their clients and staff from the Riverview ward would come to the Strathcona Team for clinical discussions on the clients, as well as for an orientation to the community team. This sharing of staff with other mental health facilities was one of the major recommendations made by Cumming in his Vancouver Plan in 1972.

The project was evaluated by a Riverview psychologist and three of the major conclusions from his report were:

1. The direct admissions reduced the overall amount of time the patients stayed in hospital.
2. The direct admissions decreased duplication of treatments when transferring from hospital to hospital.

3. The results of a hospital staff questionnaire clearly indicated the Strathcona Project experience improved communication with the Team.

ASSERTIVE COMMUNITY TEAM (ACT): (1995)

In 1995 an Assertive Community Team was formed, involving GVMHS staff in partnership with the psychiatric sections of VGH, UBC, and St. Paul's Hospitals. It was designed to assist clients who were frequent users of emergency sections of the three hospitals, by providing assertive case management to improve their quality of life and consequently decrease their need to use hospital emergency services. In 2000 the ACT and Bridging Team (serving Riverview patients) were amalgamated and called the ACT/Bridging Team.