

(METROPOLITAN BOARD OF HEALTH OF GREATER VANCOUVER)

GREATER VANCOUVER METROPOLITAN MENTAL HEALTH ADVISORY AND PLANNING COMMITTEE

A meeting of the Greater Vancouver Mental Health Advisory & Planning Committee was held at 8.30 a.m. May 29th 1973, in Committee Room #3, East Wing, Vancouver City Hall.

PRESENT: Dr. G.H. Bonham Chairman
Mr. H. Coleman Burnaby Health Department
Staff-Inspector Brown Vancouver City Police
Dr. J. Cumming B.C. Mental Health Service
Dr. F.W. Hanley Sect. of Psychiatry, B.C.M.A.
Dr. W. Holt Burnaby Mental Health Centre
Dr. C. Key Vancouver General Hospital
Dr. J.C. Johnston Riverview Hospital
Mr. E. McRae Alcoholism Foundation
Dr. R.J. McQueen Vancouver Mental Health Service
Dr. S. Stephenson Sect. of Child Psychiatry, UBC.
Dr. D.E.Q. van Tilburg St. Paul's Hospital
Dr. M. Miller Health Sciences Centre, UBC.
Dr. A. Yarrow St. Vincent's Hospital

Mr. R. Goodacre Acting Executive Director
Mental Health Project
Dr. J.D. Kyle Executive Director, Mental Health Project
(Effective June 1st)

GUEST: Dr. H. Klonoff UBC Dept. of Psychiatry

1. Introduction of new Members

The Chairman welcomed Dr. Klonoff, guest of the Committee, and also welcomed Dr. J.D. Kyle, the newly-appointed Executive Director, Staff-Inspector Brown of the Vancouver City Police, and Dr. van Tilburg of St. Paul's Hospital, all new members of the Advisory & Planning Committee.

2. Minutes of Meeting of May 1st 1973

MOVED by Dr. Johnston
SECONDED by Dr. Key

That the Minutes of the meeting of May 1st 1973 be adopted as circulated.

- CARRIED.

3. Report on Vancouver City Gaol - Staff-Inspector Brown

Staff-Inspector Brown reported that there are two problems, that of the alcoholic and that of the mental patient.

The Police have to deal with 150/200 people who have damaged brain syndrome because of excessive use of alcohol, but have no place to put them. Riverview are concerned but lack the facilities to help. These people have a very disruptive influence on any program in any Government unit. There is a real need for community facilities for these people.

In the second category - someone may be arrested for something pertinent to their condition. The policeman on the street may send him to VGH, but they do not have any separate facilities for these people and they can walk out again, sometimes before the policeman has finished writing his report. VGH are now

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In the second category - someone may be arrested for something pertinent to their condition. The policeman on the street may send him to VGH, but they do not have any separate facilities for these people and they can walk out again, sometimes before the policeman has finished writing his report. VGH are now trying to tighten up on this. Minor cases only are treated in this way.

About 500 persons a year in the City Gaol are referred to Dr. Croft, who is a very competent G.P. (He works 4 hours per day at the Gaol and is on call for 24 hours a day.) Dr. Croft makes an assessment, so that the person may be brought before the Court. Psychiatric back-up in the Gaol would be desirable. 87 cases in the last year were referred to Dr. Whitman at Oakalla. These were people charged with more serious crimes. He makes report to City Prosecutor on the person's competence to stand trial - whether legally sane.

Staff-Inspector Brown was dissatisfied with the present arrangement because it means that a person may be at Oakalla as much as three weeks before he has any treatment. However because of past experience the Police are unwilling to release such people into the community unless someone can take over responsibility for their welfare and for the protection of the public. The Gaol is not geared to handling mental patients - they have registered nurses on hand but would like to have a psychiatrist on call, that Dr. Croft could call on at short notice. Riverview do not take them as rapidly as they might.

Dr. Johnston reported that Riverview are very short of staff in two major areas: psychiatrists and nurses; other groups were also short. This is the reason that they cannot take people who are already being taken care of in other institutions. The situation is desperate. Representatives of the Section of Psychiatry met recently with the Minister of Health, who was informed fully of the position and given some possible solutions to which he responded very positively. Riverview is working as well as it can with the Civil Service Commission, who also have similar difficulties.

Discussion followed on relationship between Dr. Croft, Dr. Whitman, the Forensic service of the University and related matters, the following points being noted:

Dr. Whitman is paid by the Province. The City has not been willing in the past to pay for a separate psychiatrist for the Gaol - it was hard enough to obtain the nurses.

No fees are recoverable from the B.C. Medical Plan for services at the Gaol, as anything that is not patient initiated is not shareable with the Federal Government. Last year 22,000 medications were given by the Police nurses under the direction of Dr. Croft.

Dr. Whitman acts as an arm of the Court only when an examination is requested by the Court - he may also make examinations at suggestion of a policeman, for example.

The Police have only 4 mental cells, and have an average of $1\frac{1}{2}$ persons a day to handle. They would like to be able to get them out as quickly as possible.

Dr. Holt raised the question of what happens to people after they have been assessed. At present there is one forensic unit at Riverside. The Minister of Health at a recent meeting had enquired what the future role of Riverview involved. Dr. Holt suggested that one or more units for treatment of forensic psychiatric cases might be included. There could possibly be another unit for people who are not convicted. There are people who are arrested but who should not be locked up. Dr. Johnston said this had been discussed some time ago and the suggestion was that such people should be in a remand unit. Staff-Inspector Brown pointed out that Oakalla is a remand unit, and some people who are ill don't get treatment for three weeks. The Prosecutor wishes to maintain responsibility for people who are charged - either they must be brought before the court or discharged. Dr. Holt emphasised the need for special facilities for those charged - hostels etc. Many could be handled in the community. At present many people are discharged before they are ready and get lost between authorities. Any system set up without adequate back-up facilities will be ineffective.

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Dr. Bonham suggested that recommendations be proposed and the matter looked at further.

4. Involvement of other Professional Organizations with Advisory & Planning Committee

The Chairman reported that representations had been received from various professional organizations who wish to be associated with the planning of the Mental Health Project and who are not presently represented on the Advisory & Planning Committee. This Committee was composed primarily of representatives of service agencies; citizen involvement was provided at the Coordinating Committee level and final responsibility rested with the Metropolitan Board of Health as political body. There is no mechanism for representation of the professional bodies except by expanding the Advisory & Planning Committee to about 40 people. Dr. McQueen reported that the Occupational Therapists had presented a brief, and Dr. Cumming reported that many briefs had been sent via Dr. Foulkes.

Dr. Hanley suggested a 2-level organization. Four or five councils could be established, each of which would appoint one or two representatives to this Committee.

Dr. Cumming suggested splitting the Advisory & Planning Committee into two parts: agency, and professional.

Discussion followed on best method of obtaining representation of the professional bodies, the point being made that in the event of any division of the Committee, joint meetings would have to be held periodically. It was generally agreed that mutual discussion between the professions was preferable to the independent submission of briefs, with the resultant tendency towards lobbying. It was finally agreed to invite representation from five professional groups on the Advisory & Planning Committee.

MOVED by Dr. Holt

That the following organizations be invited to nominate representatives to the Advisory & Planning Committee:

The Registered Nurses Association
The Occupational Therapists Association
The Psychiatric Nurses Association
The B.C. Association of Social Workers
The B.C. Psychologists' Association

SECONDED and CARRIED.

5. Meeting of the Greater Vancouver Regional Hospital District Advisory Board

The Chairman reported that Mr. Grierson was unable to be present to report on the meeting of the Regional Board, but that several other members of the Committee had been present at the meeting.

The meeting was attended by representatives of the GVRHD, members of the Psychiatric Facilities Planning Committee including the Chairman, representatives of the University and the Mental Health Branch. A summary of what is going on was passed out. They reviewed the studies for the provision of in-patient beds. The plans are good but many will not come to fruition for five years, and there is need to do something faster than that. Alternatives such as pre-fabricated buildings, conversion of existing under-utilized space, etc. were discussed.

Another major item discussed at the meeting was whether the Regional Hospital District could compel hospitals to put in units. They cannot tell the hospitals how to proceed - they work on the basis that hospitals make request to them. At a subsequent meeting with the Minister it was suggested that he appoint a sort of ombudsman to put in the facilities but this met with no response.

The meeting agreed that there is a real problem and the Regional Hospital District will do everything in its power, both immediately and through the 2/5 year program. The recommendations of the Psychiatric Committee of two years ago are still relevant and will be proceeded with.

Dr. Cumming feared that a similar meeting might take place in two years time. Dr. Bonham felt that the lack of staff at the Regional District hampered them. The initiative had to come from the local area, as for example in Richmond where there had been pressure on the Regional District.

Dr. Cumming said beds must be planned in relation to other services. The Advisory & Planning Committee had been planning services without beds. The

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Dr. van Tilburg said the Nurses' Residence at St. Paul's is empty and they cannot get any funds from Victoria whatever. Dr. Holt said the Fire Marshall was holding it up, but Dr. Key said the Hospital had to deal with the Fire Marshall. Dr. Cumming said that he and Mr. Goodacre had been urging action on St. Paul's but have been ineffective. As things are not moving on an informal basis, perhaps it is time for the Committee to go to the Minister. Dr. van Tilburg said there is a plan for the total building, over 200 rooms. Plans have been in Victoria for two years now. Plans include 24-bed psychiatric unit.

Dr. Holt proposed, and it was agreed, that Dr. Van Tilburg bring the plans to the next meeting of the Advisory & Planning Committee. The Committee could then make representations to the Minister.

6. Appointment of Representatives of Ministry of Education and Ministry of Human Resources to the Advisory and Planning Committee

The Chairman reported that this recommendation arose out of the meeting held between the Coordinating Committee and the Committee for Children. The A. & P. Committee can act as a group to which they can talk about government funding a variety of programs for facilities for disturbed children etc.

In response to a question regarding the present position of the Committee for Children, Mr. Goodacre reported that he had heard "that staffing will not take place".

MOVED by Dr. Holt:

That the Metropolitan Board of Health be requested to invite the Minister of Education and the Minister of Human Resources to appoint representatives to the Advisory & Planning Committee.

SECONDED and CARRIED.

7. Participation of the University in the Mental Health Project

Dr. Miller outlined the University's position. In the past the University has played an essential role but has tended to lag behind social events of the times. The development of sensible resources for health care in B.C. is one of most important things going on and it would be nice if the University could play a role in the development. The Dept. of Psychiatry has a committee exploring what part the University should play. He had suggestions for two areas in which the University might take a leadership role. One was in the North Area. There is University involvement in the Crease clinic in West 3, and West 3 is designated now as having some contact with the North Area. The other specific interest of the University would be in the west side area, which is contiguous to the Health Sciences Centre. He saw this as an inter-faculty program with involvement at the student level of psychiatrists, social workers, nurses etc. He had come to the meeting hoping for encouragement.

Dr. Holt said he was glad that the University was prepared to become involved with an area such as the North area, and Dr. Bonham was interested in the proposal to involve nurses etc. in the program, which he considered ideal.

Dr. Cumming understood that the proposal was for the University to develop and run, perhaps under contract, services for the West Area, taking responsibility for planning, organising, etc. But in the North Area, what they had thought of was a close partnership with the Metropolitan Board of Health, working towards the integration of services with VGH, Crease etc.

Dr. Bonham pointed out that the North Area was developing so rapidly that they would be dealing with an established entity. Other areas offer more scope for planning.

Replying to a question from Dr. van Tilburg as to the purpose, from the University point of view, Dr. Miller said he hoped to provide training in the attitude "that I would like to play a significant part in the health role".

Dr. McQueen asked for Dr. Miller's position regarding timing. Dr. Miller said they are aiming to recruit a young psychiatrist to replace Dr. Duffy in West 3. He hopes to work part time at Riverview and part time elsewhere. They have also recruited a young psychiatrist, graduated from the Harvard School of Health who will possibly work at Riverview and at VGH. Also other prospective people

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Dr. McQueen proposed a motion of support, with the proviso that Dr. Miller come back with specific proposal within three months.

Dr. Bonham outlined the progress being made for the North area building, which is to be occupied in July, and for which staff are now being hired. This will include Health Unit 1, Welfare unit, Rehabilitation, Probation service, Police, Canada Manpower, Police, Dental, Seniors and possibly other services. The Health Branch will have a coordinator and City Council has agreed to accommodate a Mental Health Unit in that facility. Dr. Holt said that unless something is agreed today, the University would miss the boat. Dr. Key could see nothing wrong with the University becoming involved immediately.

MOVED by Dr. Holt

THAT the Committee accept in principle University involvement in administrative process now occurring in the North Area, and look for more specific proposals in three months' time.

North = Strathcona / Burnside / Woodlands / Hastings

SECONDED and CARRIED.

8. Summary of Past Activity

Dr. Key suggested that new members might find it helpful to have a summary of what has gone on in the past. Dr. Kyle agreed this would be very helpful.

9. Thanks from Staff-Inspector Brown

Staff-Inspector Brown said the Police Department was very appreciative of being invited to serve on the Committee. The Police Department has quite a lot of statistical material that may perhaps be useful, which they would be glad to make available. If there is anything they can do to help, members should contact him personally.

10. Next Meeting

The next meeting of the Advisory and Planning Committee will be held on Tuesday June 26th 1973 at 8.30 a.m.