

# Family Crisis Support Project

## A Collaborative Approach to Serving Families in Grey Bruce

Making Gains Conference  
November 3, 2009

# The Grey-Bruce District

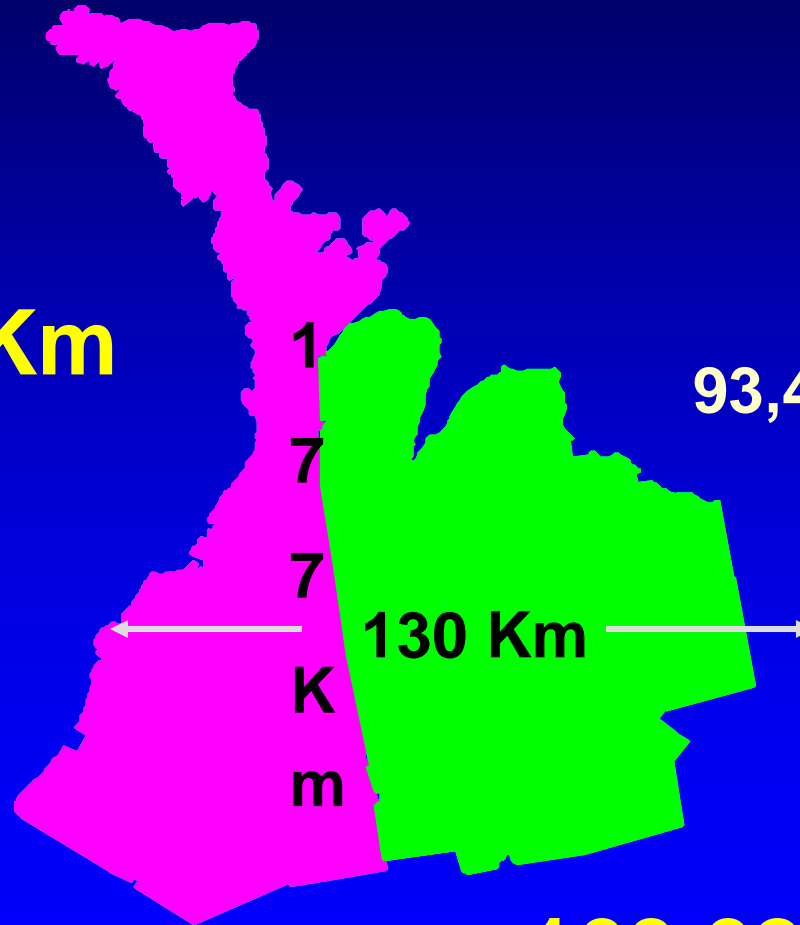
**8,664 Sq. Km**

**67,156 Bruce**

**93,468 Grey**

**130 Km**

**160,624 Pop.**



# Features of Grey-Bruce District

## Population Characteristics

- ✓ Small dispersed population
- ✓ Seniors = 18% of pop, to increase to 20% by 2015
- ✓ Mental Health and Addiction Issues, Poverty
- ✓ Heart Disease, Diabetes

## Accessibility Issues

- ✓ Geography, weather, lack of public transit, complex system

## Shortage of Physicians

- ✓ All municipal areas medically underserved

## Lack of access to specialists

- ✓ One of Ontario's lowest medical specialist ratios
- ✓ Limited psychiatry resources
- ✓ Limited access to out-of-area specialists

# Grey Bruce Mental Health System: A Quick Overview

## **3 providers of adult mental health services**

- ✓ *Canadian Mental Health Assoc., Grey Bruce*
- ✓ *Grey Bruce Community Health Corporation*
- ✓ *Grey Bruce Health Services (Sched. One Hospital)*

## **Mental Health Grey Bruce**

- ✓ *Legal registered partnership of above providers*
- ✓ *Established in 1999 to support service integration*
- ✓ *Partners operate 5 multi-agency teams*
- ✓ *Model has laid the groundwork for joint ventures, including the Family Crisis Support Project*

# FAMILY CRISIS SUPPORT PROJECT

## What is it:

- Service for those who accompany a loved one with a psychiatric crisis to the Emergency Department
- Worker connects with family members while they are in the ED and provides onsite services
- Services: information, peer support, advocacy and assistance with system navigation.
- Worker provides time-limited follow-up and connects family members to ongoing supports.

# FAMILY CRISIS SUPPORT PROJECT

## What is it:

- Joint venture between hospital and community agency. Service launched in February, 2006.
- Hospital purchases services from agency's Family Support Initiative (FSI), which second a worker to the hospital.
- Worker operates as adjunct to hospital crisis team, which is her key referral source.
- Worker liaises with & refers clients to colleague at FSI: they cover-off for each other, coordinate services to mutual clients and co-lead groups.

# Family Crisis Support Project

## The Sponsors:

### Grey Bruce Community Health Corporation

- *Founding partner in Mental Health Grey Bruce:*
  - ✓ *Hosts 2 of the partnership's mental health teams*
  - ✓ *Deploys housing workers to 5 of the Teams*
- *Operates 2 addiction programs and 8 mental health programs, including the Family Support Initiative*

### Grey Bruce Health Services

- *Operates 5 hospital sites, including Schedule 1 Hospital*
- *Hosts 2 mental health teams*
- *Deploys intensive case managers to 4 teams*
- *31 In-pt. psych. beds, 2 addiction programs and 8 mental health programs, including a Crisis Team*

# Family Crisis Support Project

## What Prompted Project Development?

- Expressed dissatisfaction of family members with their access to information and support
- Opportunity to enhance crisis service
- Opportunity to partner with strong family support project
- History of successful collaboration between project sponsors
- Longstanding commitment to integration, innovation and holistic approach

# Family Crisis Support Project

## Why is This Service Needed?

*Families experienced profound burdens as a result of their interactions with the mental health system, particularly in negotiating crisis situations; acting as patient advocates and case managers; obtaining adequate community resources, continuity of care and information; dealing with legal barriers and communicating with mental health professionals.*

### Reference:

Francell GC, Conn VS, Gray DP. Families' perceptions of burden of care for chronically mentally ill relatives. *Hospital and Community Psychiatry*. 39: 1296-1300, 1998.

# Family Crisis Support Project

## Why is This Service Needed?

*Family members typically report that they lack information about mental illness, are ignored by mental health professionals, feel left out and uninvolved in the treatment process of their family member, are dissatisfied with the frequency of contact and quality of communication with professionals, and generally feel frustrated and powerless.*

Reference: Grella CE, Grusky O. Families of the seriously mentally ill and their satisfaction with services. *Hospital and Community Psychiatry*. 40: 831-835, 1989.

# Family Crisis Support Project

## Why is This Service Needed?

*The survey confirmed previous observations of lengthy delays between identification of mental illness and referral to family support organizations and a low rate of referral by psychiatrists..... Because psychiatrists and other mental health professionals play a pivotal role in encouraging involvement in family support organizations, such referrals need to be made a part of their routine practice. Innovative methods of raising awareness among professionals and recruiting more families to join family support organizations may be necessary.*

Reference:

Looper K, Fielding A, Latimer E, Amir E. Improving access to family support organizations: a member survey of the AMI-Quebec Alliance for the Mentally Ill. *Psychiatric Services* 49: 1491-1492, 1998

# Family Crisis Support Project

## Goals and Objectives

- To increase family understanding of the mental health system and emergency department
- To assist families to navigate MH system
- To provide information about mental illness
- To provide information about Mental Health Act and the sharing of Personal Health Information
- To improve family coping skills
- To increase MH provider understanding of /sensitivity to family needs and issues

# Family Crisis Support Project Goals

## Education for Families

**Provide education for family members after the initial crisis has been addressed**

- ✓ *Family Coping Skills*
- ✓ *Effective Communication*
- ✓ *Problem Solving*
- ✓ *How to communicate effectively with mental health professionals and advocate for your relative*

# Family Crisis Support Project Goals

## Support for Families

- To assess where the family is emotionally.
- To focus on what the family wants and needs.
- To acknowledge and validate their concerns and their right to give as little or much information as they choose.
- To provide realistic hope and reassurance.

# Project Service Delivery

<b>Service Activity</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10 YTD</b>
<b>Referrals received</b>	<b>146</b>	<b>239</b>	<b>147</b>	<b>251</b>
<b>Family members seen</b>	<b>289</b>	<b>393</b>	<b>239</b>	<b>217</b>
<b>Face to face contacts</b>	<b>441</b>	<b>320</b>	<b>267</b>	<b>553</b>
<b>Tel./email contacts</b>	<b>896</b>	<b>560</b>	<b>382</b>	<b>736</b>
<b>Support Grp. sessions</b>	<b>8</b>	<b>10</b>	<b>5</b>	<b>0</b>
<b>Educ. presentations</b>	<b>20</b>	<b>2</b>	<b>5</b>	<b>3</b>

# Impact of Family Crisis Support

## BEFORE

### *No family crisis support*

- Adversarial relationships
- Misunderstandings
- Families not partners in care
- Family health compromised
- Recurring crises, ER visits
- Families “falling through the cracks”

## NOW

### *Onsite crisis support*

- Fewer complaints, conflicts
- Families better informed
- Family input sought, valued
- Family needs addressed
- Families better able to cope
- Families connected to supports

# Feedback about the Service

## From Families

*“ We felt so alone and confused until someone came to the overcrowded ER and took us to a quiet place. My wife wept at the caring and concern that was demonstrated toward us.”*

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*“ I cried when I discovered there was someone at the hospital just for me. She understood. She really understood how I felt.”*

# Feedback about the Service

## From Families

*“ I was angry and afraid when I came to the ER with my wife. No one told us what was going on. Judy was a lifesaver for my son and I. She explained about the assessment process and assured us our emotions were appropriate. She stayed with us allowing us to share our story. . . Thanks to the hospital for having Judy there in our darkest hour.”*

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*“ Family Crisis Support was like a life raft to our drowning family.”*

# Feedback about the Service

## From Colleagues

*“The Family Crisis Worker is a valuable addition to the Crisis Team. Families are now able to get the support and help they need at the time the crisis occurs. Hopefully family members now feel included in the process of getting their loved one the treatment needed.” (Nancy, Crisis Team)*

# Feedback about the Service

## From Colleagues

*“ The Family Crisis worker has added a greater clinical dimension to our Service. The early engagement of the families by the FCW enhances active participation in the care and treatment of their loved one.*

*PS: No Crisis Team should be without a Family Crisis Worker component.” (Connie, Team Leader)*

# Benefits of the Service

- ✓ *The family, often overlooked, receives much-needed support and education about mental health issues,*
- ✓ *Better understanding of family dynamics = better decisions*
- ✓ *Patient has better chance of fitting back into family system and remaining out of hospital,*
- ✓ *Family, with better knowledge of how the system works, is better able to obtain timely help for patient in future,*
- ✓ *Better communication between the mental health system & the family, reducing frustration & potential for conflict.*

***Having experienced the benefits of a Family Crisis Support Worker, I would not now want to do without.***

Psychiatrist to Crisis Team

# Project Challenges

1. Securing suitable interview space in the ER.
2. Achieving credibility and smooth working relationship with crisis team.
3. Developing a standard resource package for family members.
4. Facilitating a seamless transition for clients from the hospital-based Family Crisis Worker to the community-based Family Support Worker.
5. Maintaining service accessibility with only 1 FTE.
6. Maintaining a focus on support vs. treatment.

# Key Lessons Learned

1. Service should be delivered as a joint venture between hospital and community to ensure integration with and smooth transition to community services.
2. Peer support is an essential component of the service: worker must have experience as a family member.
3. Ensure sufficient staffing and cover-off from the outset.
4. Solicit stakeholder input and feedback from the start and build in an evaluation component.
5. Formalize project description and service parameters to prevent mandate drift / unrealistic expectations.

**Remember that change takes time!**

# Planning for the Future

1. Refine the model
2. Evaluate the service and disseminate the findings
3. Capitalize on opportunities to enhance services and maximize resources

# Family Crisis Support Project

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# Family Crisis Support Project

**Any Questions?**