



Community Consultation Introduction

Thank you for participating in this Community Consultation for the Centre for Suicide Prevention's Respite Centre Pilot Project. Your participation adds valuable information about your community that will help inform the selection of the pilot location. Currently there are four potential locations, Fort McMurray, Grande Prairie, Red Deer and Medicine Hat. At this point, funding is available for one pilot site.

Anyone is welcome to participate in the community consultation. Our goal is to hear from a diverse group of people including those who have experience in and with the mental health system, those who work in community agencies, who are engaged in the local municipality, who own and operate local businesses, and who live and work in the community. Many participants will fit into more than one category and will therefore be able to provide perspective from multiple lenses. Below is a more detailed list of who may be participating in the Community Consultation.

- Representatives from the mental health system: doctors, nurses, social workers, psychologists, counsellors, crisis team members, detox center and addictions staff, outreach workers
- People who have experienced mental health and/or suicide crisis personally
- People who have lost a loved one to suicide, or support a loved one who experiences ongoing mental health and/or suicide crisis
- Elected officials: local, provincial and federal
- City employees
- Business community
- Individuals and families living in the community

To help you fill out the survey, please refer to the Respite Centre backgrounder below.

Questions? Please contact our Project Coordinator, Hannah Ratz at hannah@suicideinfo.ca or 403-254-3900 ext. 236. We look forward to seeing you!



Respite Centre Backgrounder

What is a respite centre?

Respite centers are a promising alternative to hospital settings for people struggling with mental health, offering a short-term stay for people in mental health crisis. Hospital and emergency services are often over-burdened and struggle to meet the ever-increasing demands of people in need of mental health care. Individuals in mental health crisis also report feeling stigmatized and dehumanized in emergency room, hospital, or psychiatric settings. For these reasons, viable alternatives such as respite centres are critical in effectively responding to mental health crises. Respite centres offers a more empowering, recovery-based approach to a personal crisis situation. Such care is mostly non-medical, time-limited, and peer-led, with the lived experiences of people with similar histories helping to inform recovery. Day programming is also part of respite, and clients can access the programming during, after or even without an overnight stay.

The client journey

There are many paths to accessing a respite centre. One common pathway is for an individual in crisis to call their local crisis line. The crisis line may then dispatch a mobile response team (MRT) staffed by mental health professionals to meet the client in the community. The MRT will provide crisis intervention for the individual and can refer them to the respite centre if appropriate. Individuals could also be referred to the centre by a community organization, a hospital or health centre, a detox centre, or could self-refer. They may also be brought to the respite centre by first responders.

Once at the respite centre, the individual will go through intake assessments to ensure that the respite centre is the most appropriate place for them to be. They may be referred out to a hospital inpatient program or to a detox facility if they need a higher level of care than the respite centre can provide. Once admitted to the respite centre, they will stay for an average of 3-5 days. During their stay, they will have access to various programs aimed at supporting recovery. The individual will also begin discharge planning with respite centre staff to ensure that they are connected to community resources such as case management, inpatient mental health or addictions treatment, or housing

supports post-discharge. The goal is to provide individuals with wrap-around support services once they leave respite care.

Respite centre in the community

Respite centres rely on strong partnerships with community organizations. Reciprocal relationships must be established with hospitals and detox centres, first responders and crisis lines. Other key relationships include community mental health, case management, housing, and other social organizations to meet the various needs of the individuals being served. The respite cannot function in isolation; well-established partnerships throughout the community is essential.

Centre for Suicide Prevention's Respite Centre Project

Alberta Health has tasked Centre for Suicide Prevention with developing a model for respite centres in Alberta and piloting the model for 6 months in a single location. The project is guided by an Advisory Group of nearly 20 members, from various backgrounds and from throughout the province. Advisory Group members include people who have experienced mental health and suicide crisis, people who have lost loved ones to suicide, first responders, mental health professionals, advocates, policy makers and secondary researchers.

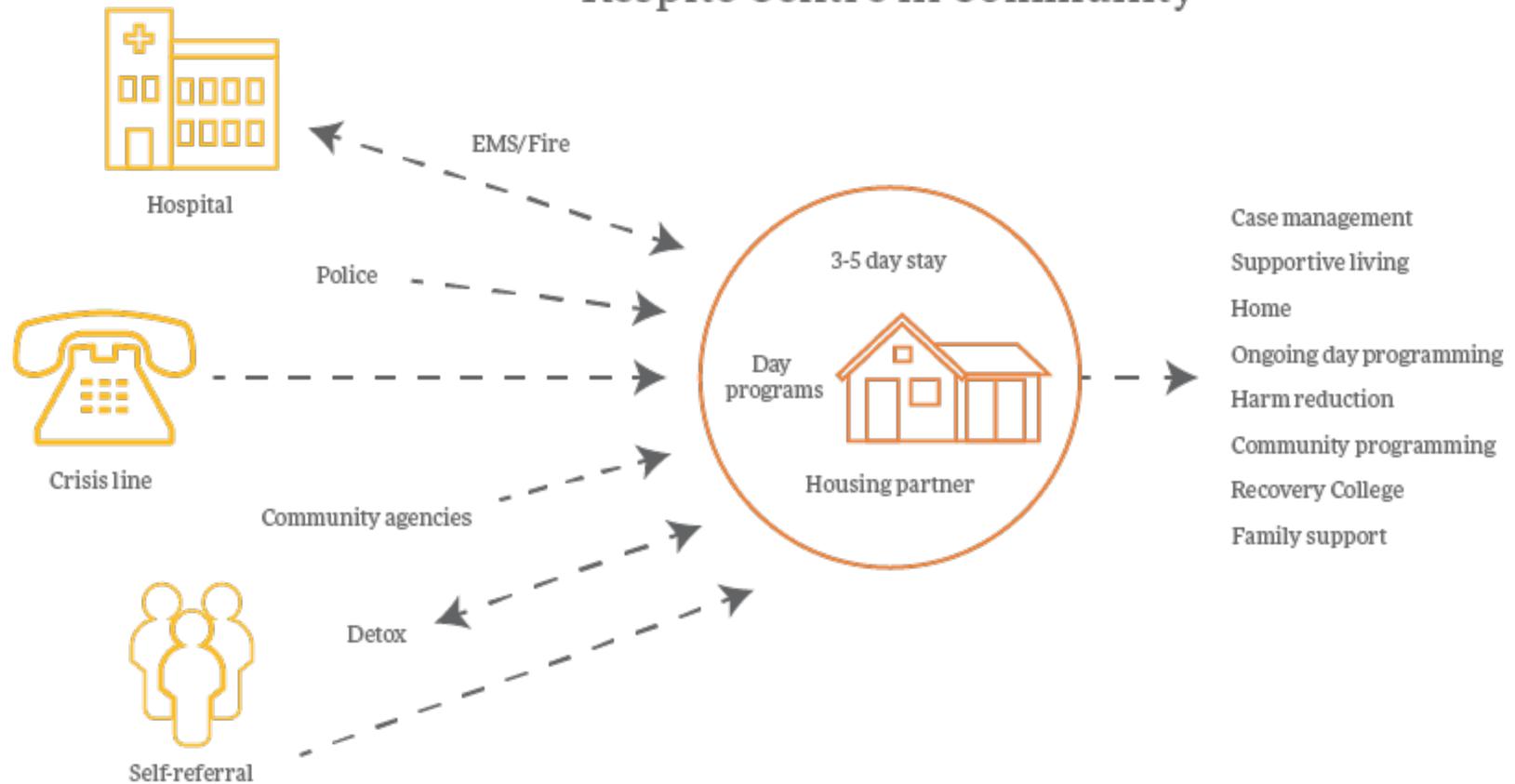
Because the pilot duration is limited to 6 months, key partner services need to pre-exist in the community, including: a housing partner (to host the 6-bed respite centre), inpatient psychiatric care, a crisis line (or some other form of 24/7 telephone access), a mobile response team (this can be a first responder team or a mental health team or a mix of both), detox services, case managers, and active, collaborative relationships among service providing agencies.

The Respite Centre project will fund, design, manage and operate the pilot site.

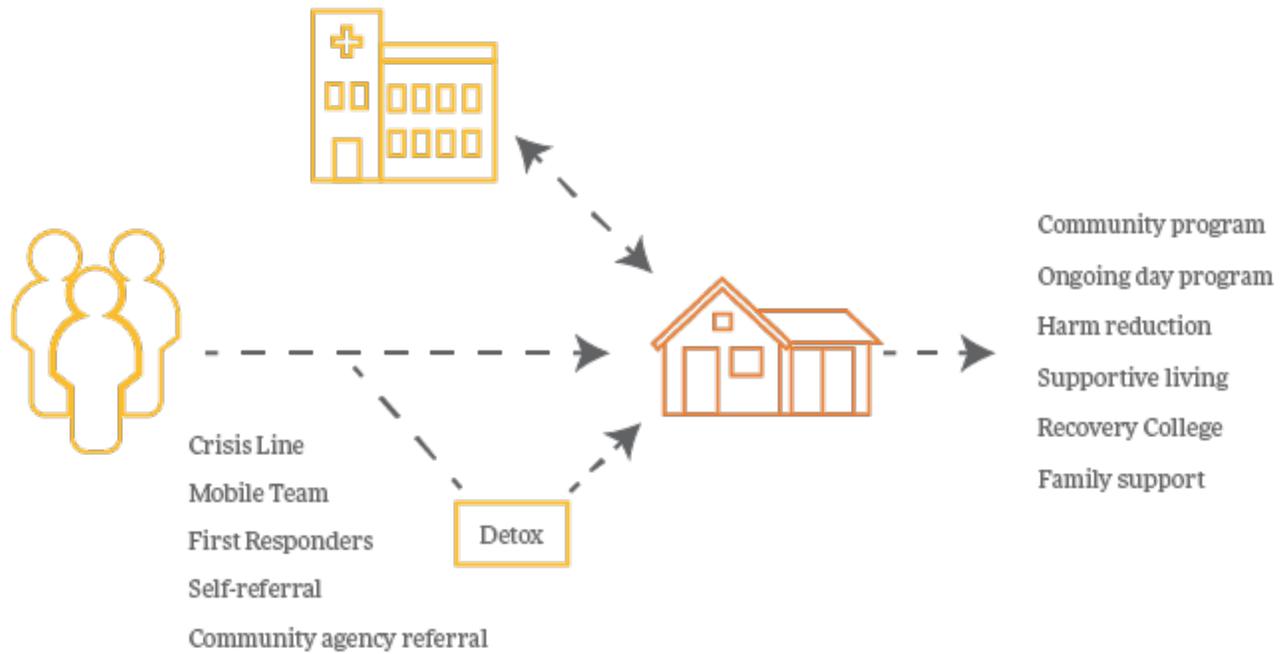
The pilot site community's key partner agencies (the ones listed above) will collaborate with and contribute to the Respite Centre.



Respite Centre in Community



Client Journey





Community Consultation Questions

1. How could the respite centre benefit your community? What challenges exist?
2. What gaps could the respite centre bridge? What gaps may continue to exist?
3. Who in your community will benefit from the respite centre? Who may resist it? Why?
4. The respite centre model relies on community collaboration. How do this community's current services and agencies work together?
 - a. How may these relationships be affected by the addition of a respite centre?
 - b. Do your agencies currently have channels for sharing client info? How is this accomplished?
 - c. Are the agencies in your community operating at or near capacity? Do they have clients on waitlists?
5. What else do we need to know about your community? Who else in your community needs to be consulted and why?

