



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

In preparation for the Community Consultation we have prepared this Respite Centre Backgrounder, including the discussion questions. Please review the information below in advance. We hope to make the time we have with you as productive and informative as possible; your preparation will help facilitate that.

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.

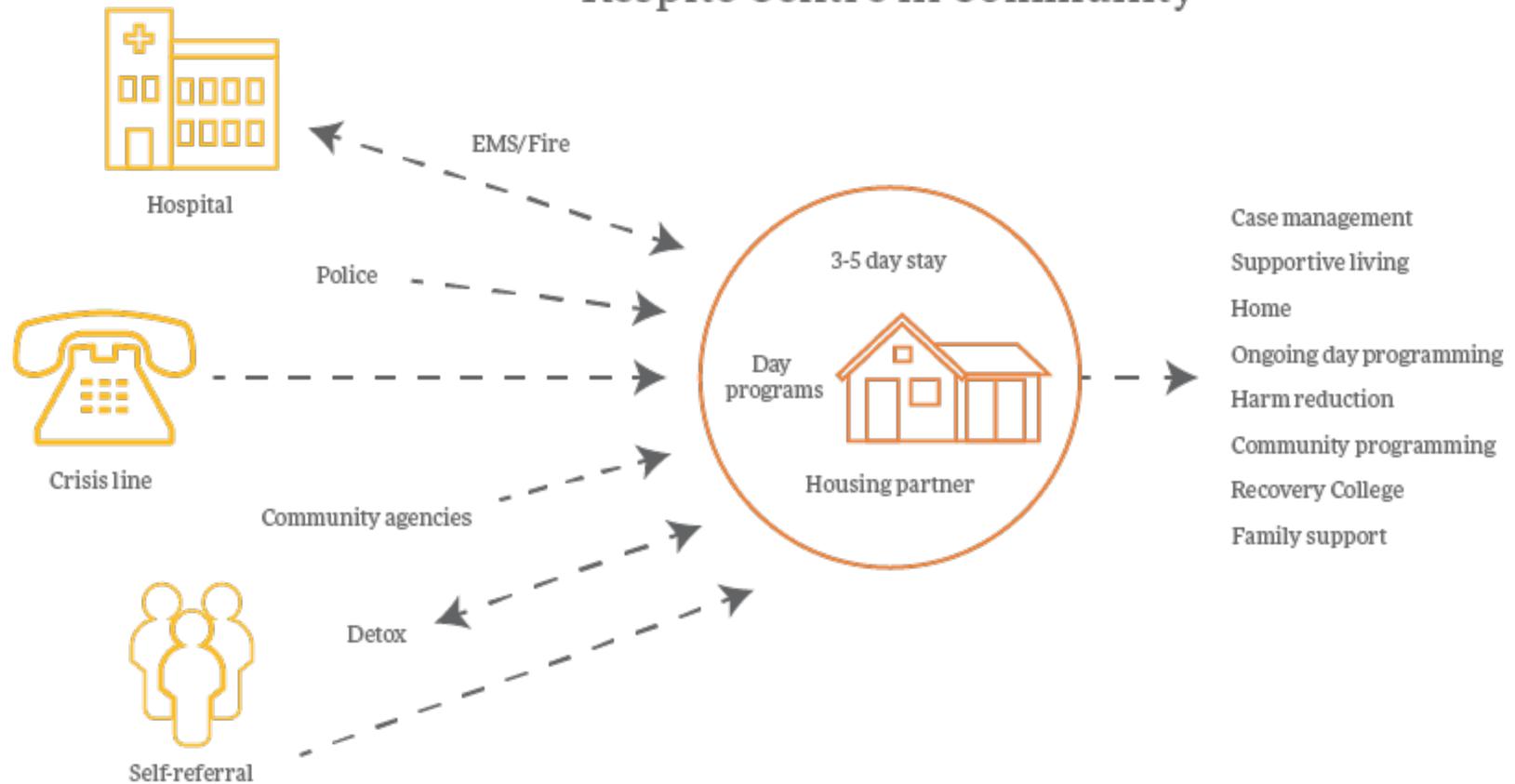
Because the pilot duration is limited to 6 months, key partner services need to pre-exist in the community, including: a housing partner (to host the 6-bed respite centre), inpatient psychiatric care, a crisis line (or some other form of 24/7 telephone access), a mobile response team (this can be a first 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.

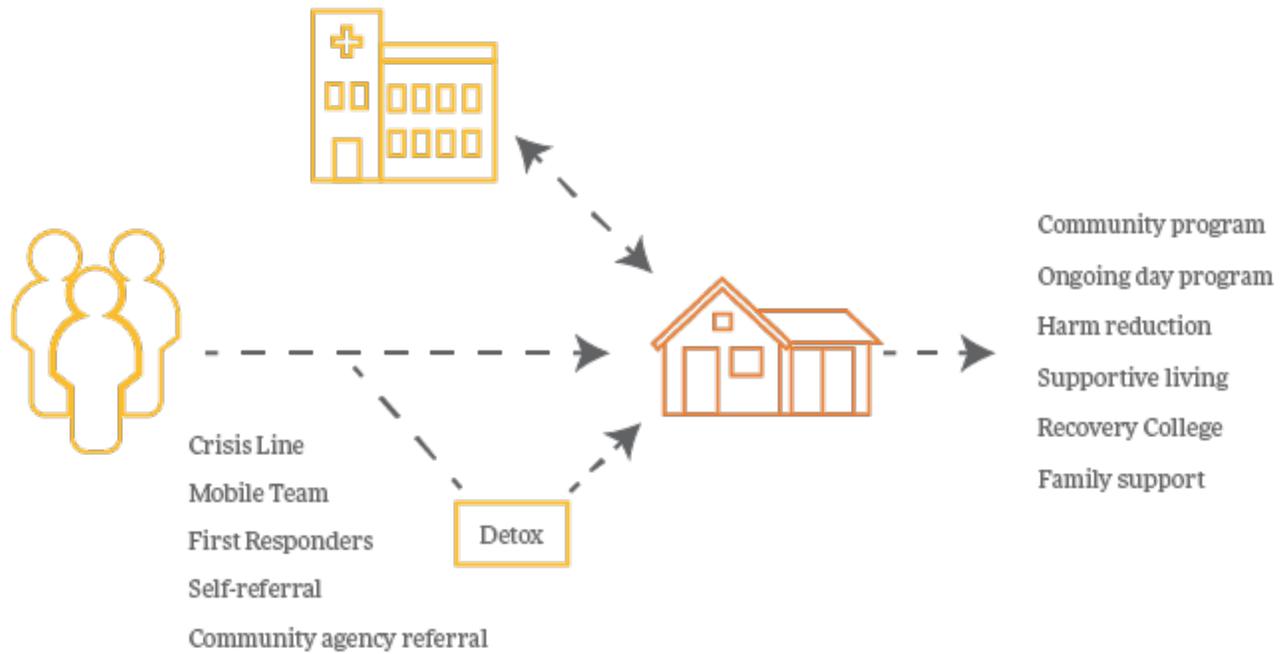
The pilot site community's key partner agencies (the ones listed above) will collaborate with and contribute to the Respite Centre.



Respite Centre in Community



Client Journey



Community Backgrounder

Grande Prairie

Grande Prairie is situated in Peace River Country, northwest of Edmonton. As of the 2016 census Grande Prairie has a population of 63,166 served by the Queen Elizabeth II (QEII) Hospital, plus various AHS and non-AHS affiliated mental health and addictions facilities and organizations. The Grande Prairie Primary Care Network operates here. Integrated Coordinated Access is a network of staff members from the numerous organizations operating in Grand Prairie. Their role is to assist clients in accessing the services they need for their specific situation, and to provide a warm transfer between services.

Crisis services, both in-house and outreach, are provided by PACT, the mobile outreach team, Integrated Crisis and Access Team at the Aberdeen Centre, CMHA and the Psychiatric Nurse Team and Crisis Response Team in the emergency department of the QEII. These organizations also offer a number of education and prevention services. Various crisis lines serve Grand Prairie through the different organizations offering services; some crisis lines listed below are 24/7.

For residents experiencing substance use disorder, Grande Prairie offers many avenues for help – both in-patient and day programming, at various facilities. There are detox beds, residential treatment programs, transitional beds for those waiting to transition from detox to treatment facilities, and safe consumption services. Mental health services can be accessed through the QEII hospital for acute illness, or through one of the many facilities offering walk-in counselling, day programming and other short- and longer-term treatment programs. Services specifically geared towards Indigenous community members and youth are available.

Housing services are accessed through Housing First. This organizations assesses and then directs clients to the appropriate housing services provided through CMHA, Northreach, Centre Point, the Friendship Centre (Indigenous-specific) or Sunrise (youth-specific). Housing is also available through Odyssey House, the women’s shelter in Grand Prairie, for women and the elderly. Affordable housing, transitional housing and emergency housing/re-housing are all available through various organizations.



Community Summary

Grande Prairie	
Housing agency (supportive housing or other housing services)	Assessment - Housing First CMHA, Northreach Centre Point, Odyssey, others Specific options for Indigenous, youth, women, elderly
Police and crisis team	PACT in place
Mobile response team (MH Professionals only)	Mobile outreach team Mobile addictions outreach team
Hospital psychiatric inpatient facilities	Acute inpatient psychiatry at Queen Elizabeth II Hospital
Detox	Northern Addictions Centre 21 day residential treatment included detox
Crisis line	<ul style="list-style-type: none"> • Odyssey house • Sunrise house (youth) • 911 and request PACT • Alberta Mental Health Support Line • Health Link 811 • AHS Addictions Helpline • ICAT from 9-4 daily • Mobile outreach (7 days/week) • Friendship Centre
Case management partner	Integrated Coordinated Access
Wrap-around services	Community programs, including day programs Supportive living Harm reduction and overdose prevention CMHA Recovery College





Community Consultation Agenda

1. TELL US ABOUT YOUR COMMUNITY

Group Discussion

When people are in suicide or mental health crisis in your community, how are they supported? What programs and services exist?

What elements are working well?

What are some of the gaps?

2. PRESENTATION OF THE RESPITE CENTRE MODEL

3. IMAGINING THE RESPITE CENTRE IN YOUR COMMUNITY

Group Discussion

What would a successful Respite Centre look like in your community?

What resources exist in your community that could support a Respite Centre pilot?

What barriers could get in the way of a successful pilot?

Have organizations worked together in the past on addressing certain issues within the community?

What lessons have you or your organization learned from working within your community that could help inform the pilot?