

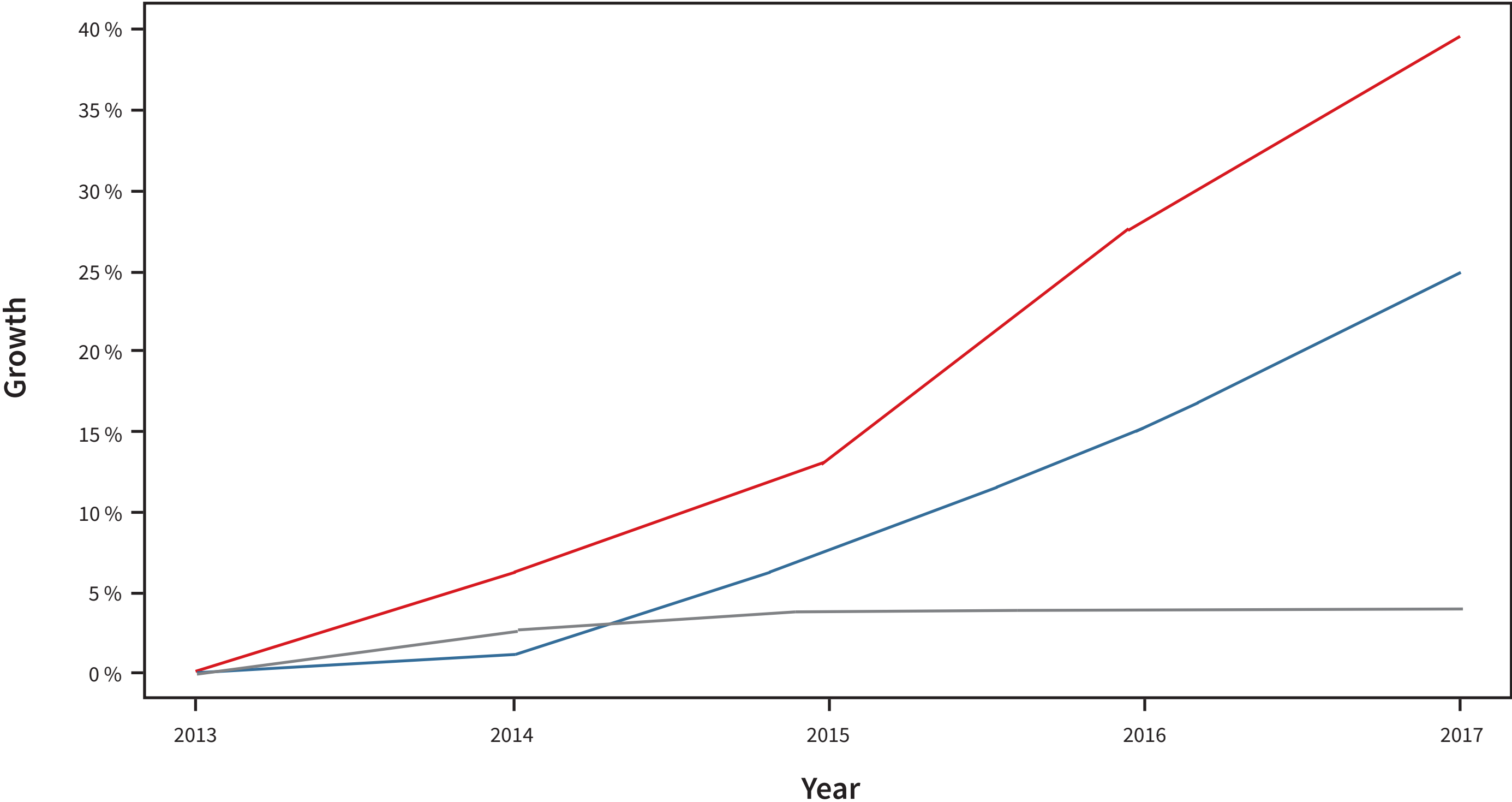
**CROSS-BORDER RECOGNITION: MAINTAINING
DIGNITY AND ENGAGEMENT THROUGH THE DESIGN
OF THE PSYCHIATRIC EMERGENCY DEPARTMENT**

- **DEMAND AND THE NEW STATUS QUO**
- **THE RESPONSE**
 - * **CAMH : A STANDALONE 24HR PSYCHIATRIC ED**
 - * **ONTARIO SHORES AND THE EMPATH MODEL**
 - * **IMPLICATIONS OF A REGIONAL SOLUTION**
- **CARE IN COMMUNITY**

DEMAND AND THE NEW STATUS QUO



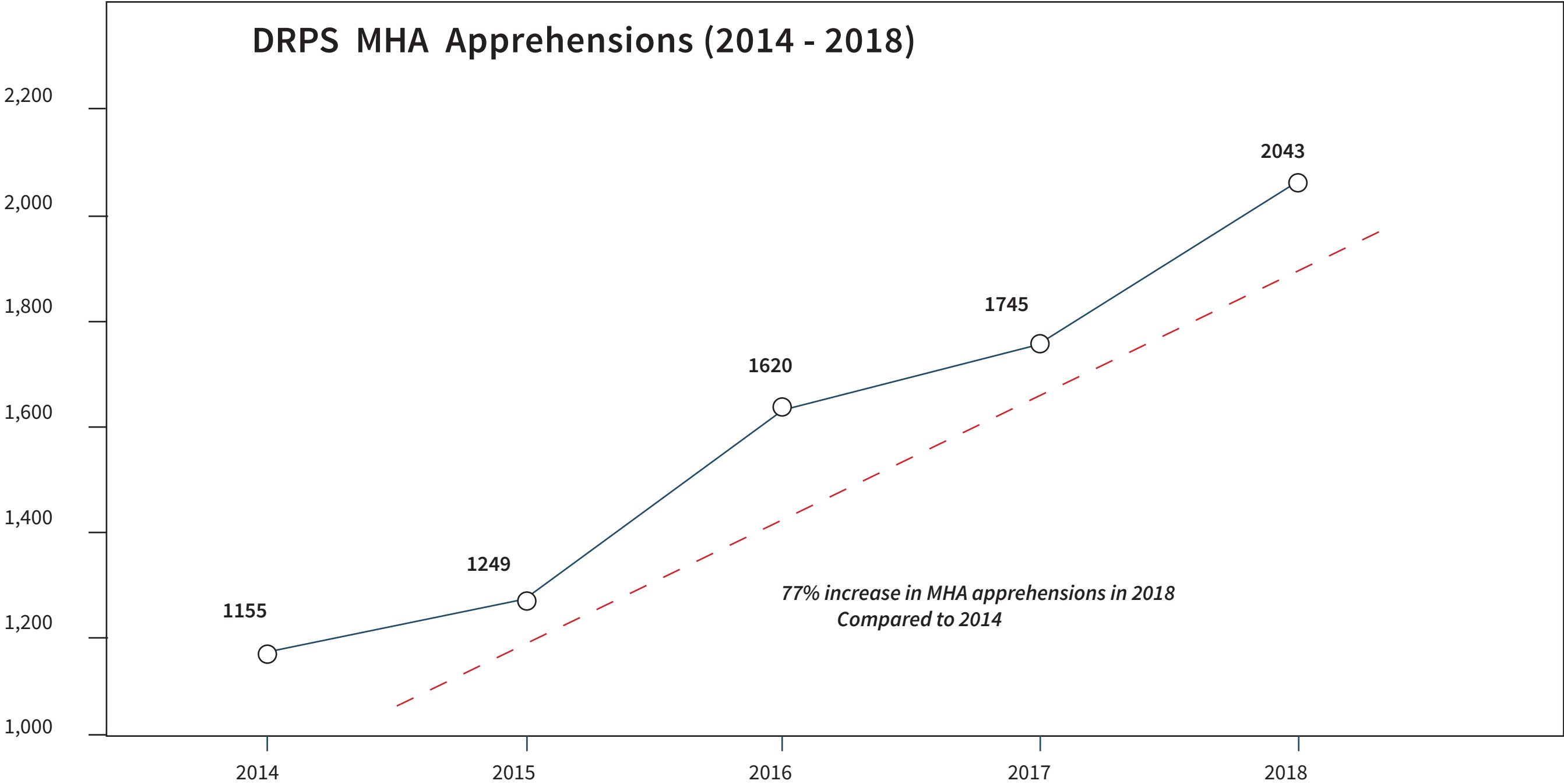
TRENDS IN ED VISITS



● Mental Health ● Substance Misuse ● All Other

Data provided by Preyra Solutions Group

POLICE APPREHENSIONS AND MENTAL HEALTH ADULTS



Data provided by Durham Regional Police Services

THE INCREASE IN INVOLUNTARY ADMISSIONS IN ONTARIO

2009: 70.7%

2013: 77.1%

1983: 19.3%

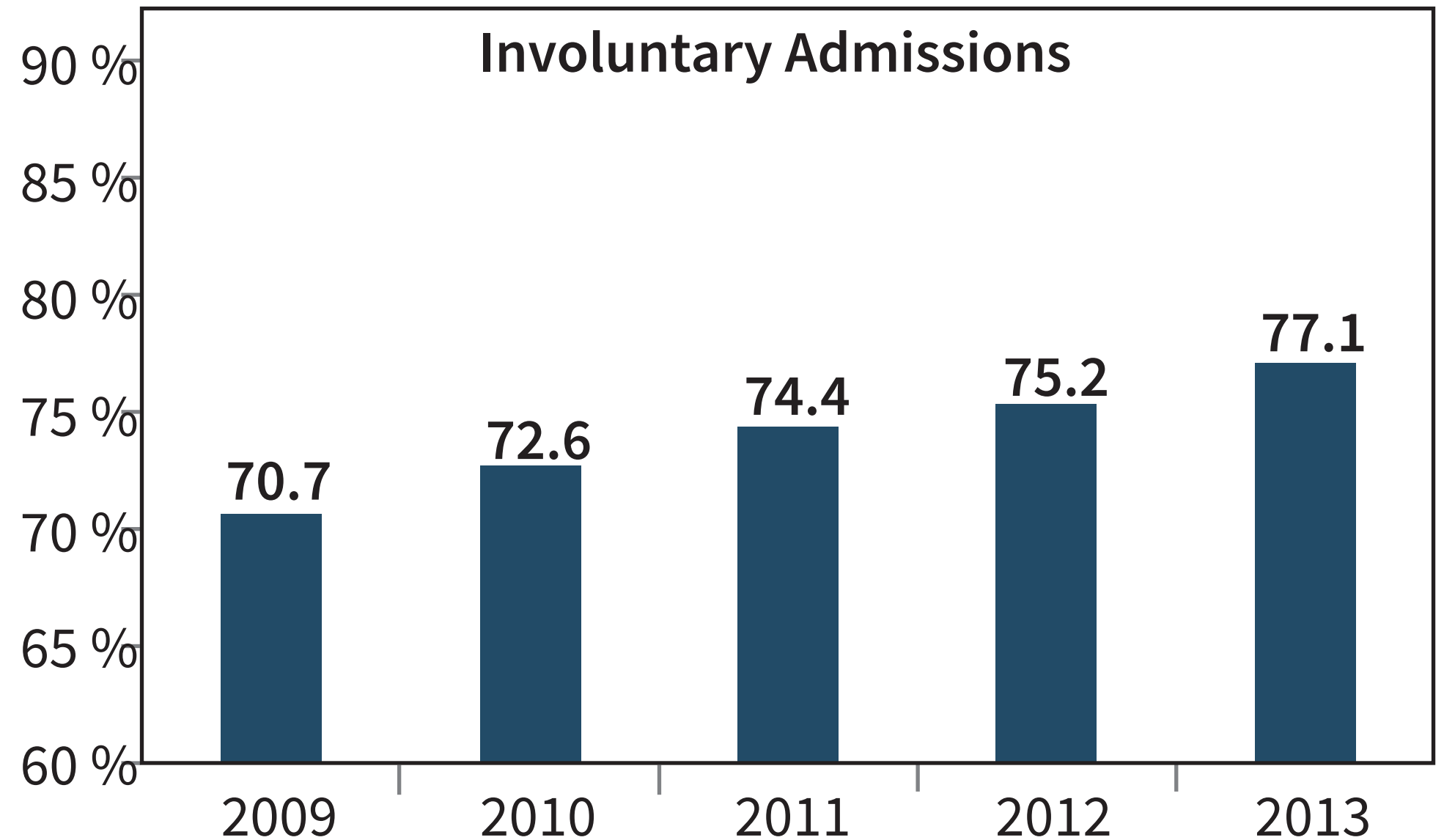
Late 70's: 11%-12%

33.6% those released within 72hrs.

9.5% Did not have a private address

28.5% Had a Mental Health related ED visit in the past year.

28.8% had police contact in the past week.



From: Prevalence and predictors of involuntary psychiatric hospital admissions in Ontario, Canada: a population-based linked administrative database study : Lebenbaum et. al. 2018

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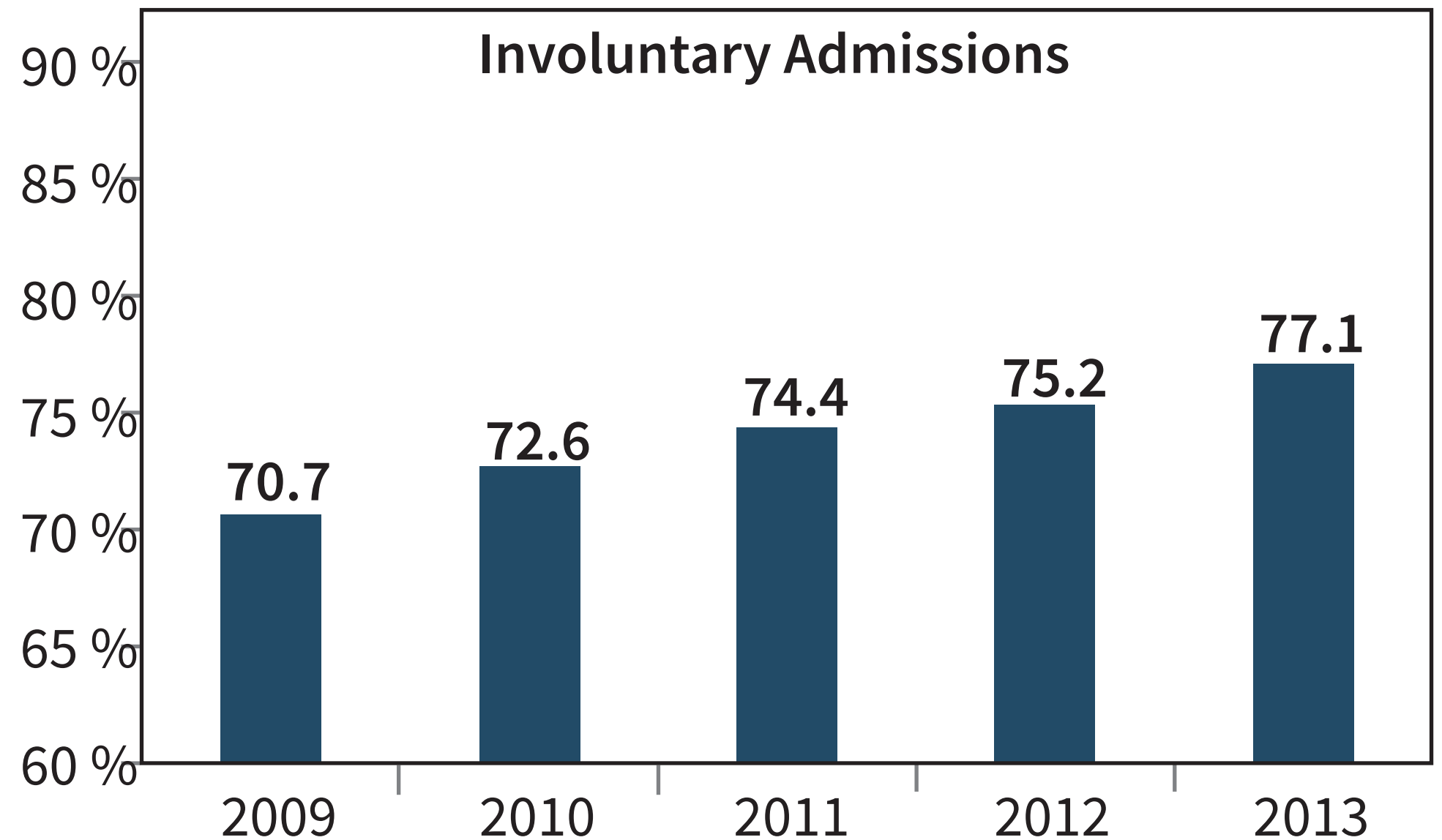
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From 1997 to 2013, there was a 17-fold increase in the number of police Mental Health Act apprehensions in Toronto, Ontario's largest urban centre, from 520 to 8441



From: Prevalence and predictors of involuntary psychiatric hospital admissions in Ontario, Canada: a population-based linked administrative database study: Lebenbaum et. al. 2018

HOW ARE MARGINALIZED GROUPS TREATED IN THE MENTAL HEALTH SYSTEM?

From “Ethnic Variations in Compulsory Detention under the Mental Health Act: A Systematic Review and Meta Analysis of International Data”

*The Lancet*_April 2019

- *Black Caribbean and African patients were significantly more likely to be compulsorily admitted to hospital compared with those in white ethnic groups.*
- *Migrant groups were significantly more likely to be compulsorily admitted to hospital compared with native groups.*
- *...explanations for the increased risk of detainment in BAME populations included increased prevalence of psychosis, increased perceived risk of violence, increased police contact, absence of or mistrust of general practitioners, and ethnic disadvantages.*

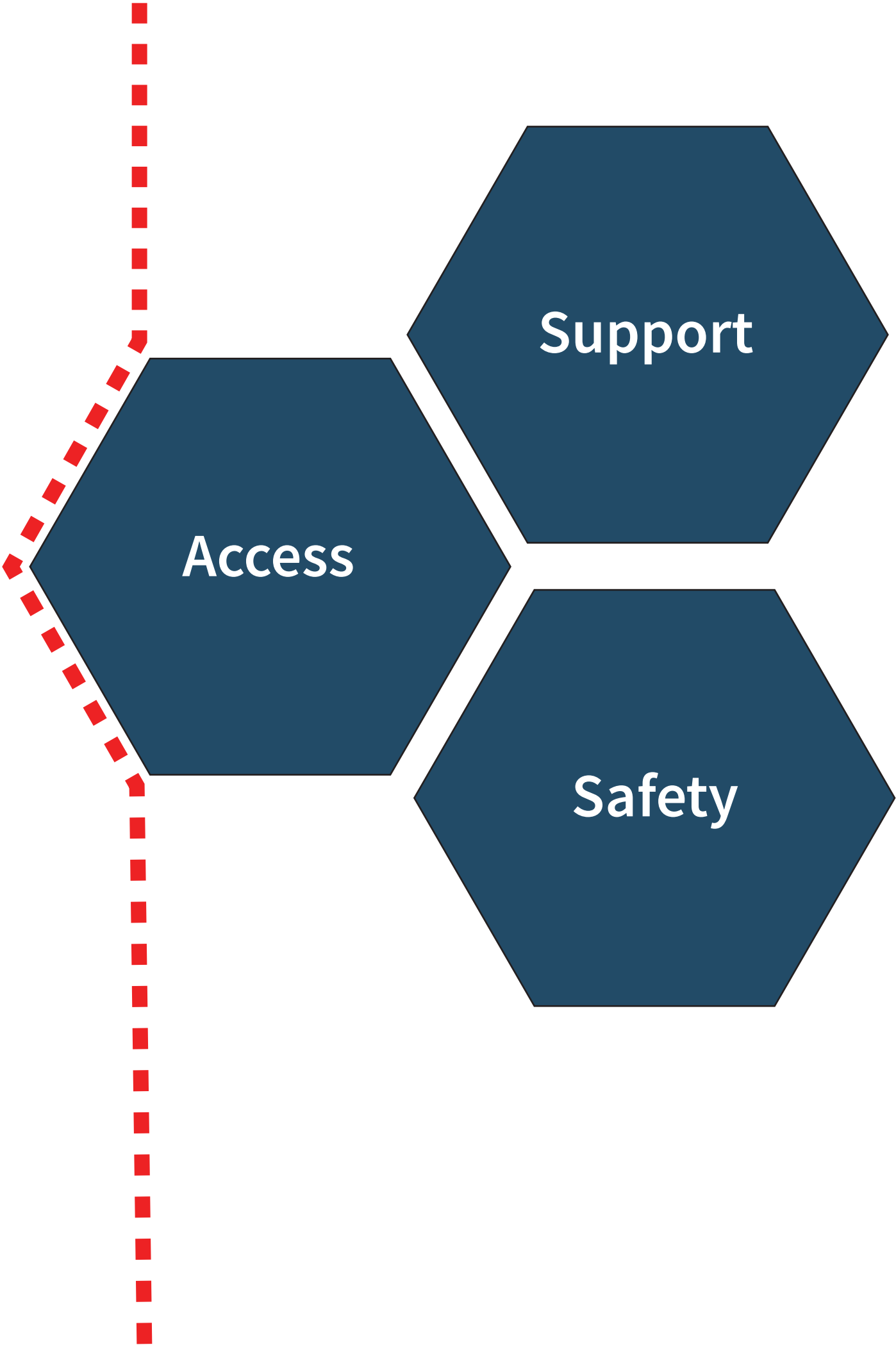
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- *...explanations for the increased risk of detainment in BAME populations included increased prevalence of psychosis, increased perceived risk of violence, increased police contact, absence of or mistrust of general practitioners, and ethnic disadvantages.*
- **We would add, to that, geographic isolation and the lack of engagement that brings.**

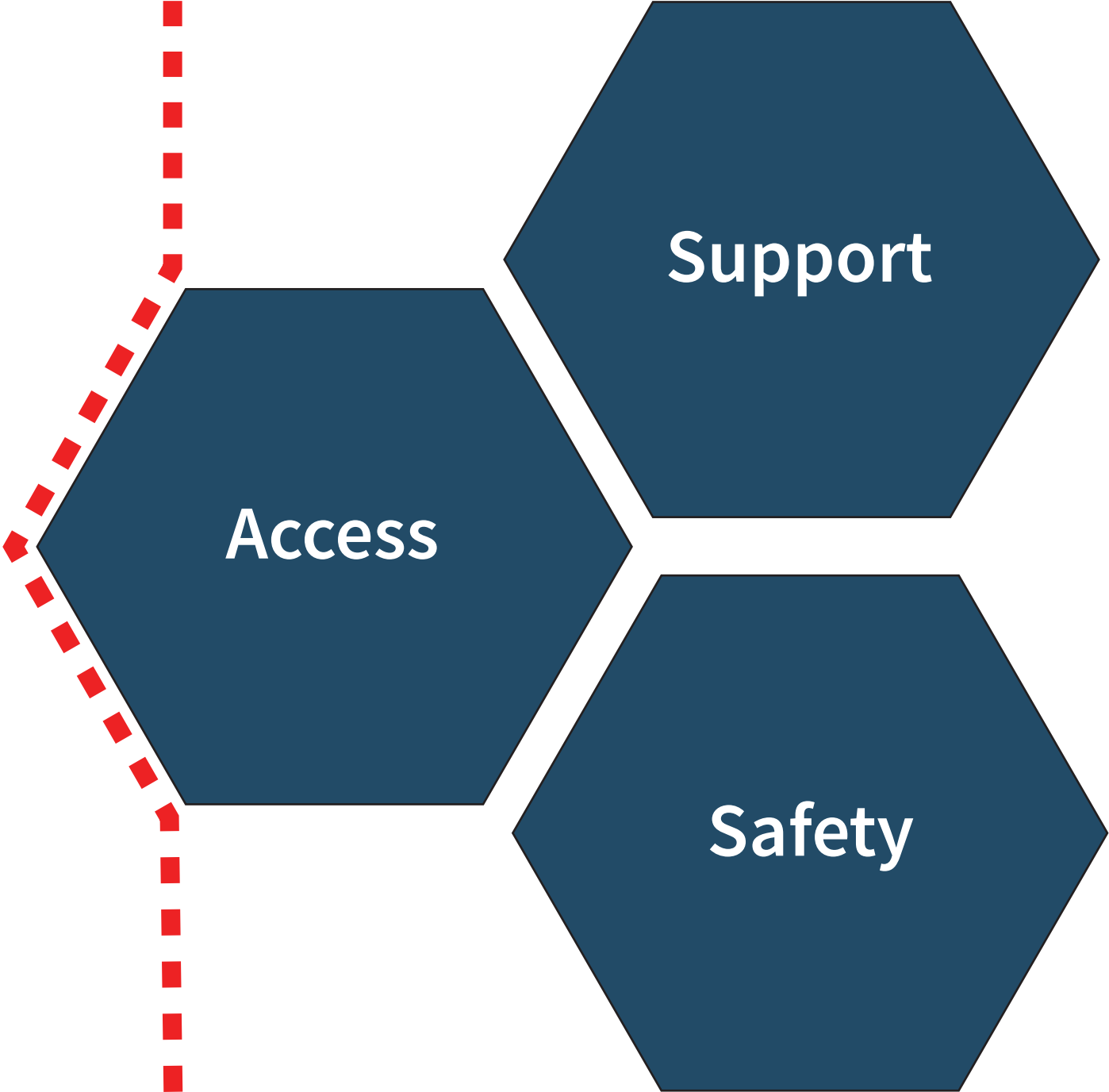
BORDERS



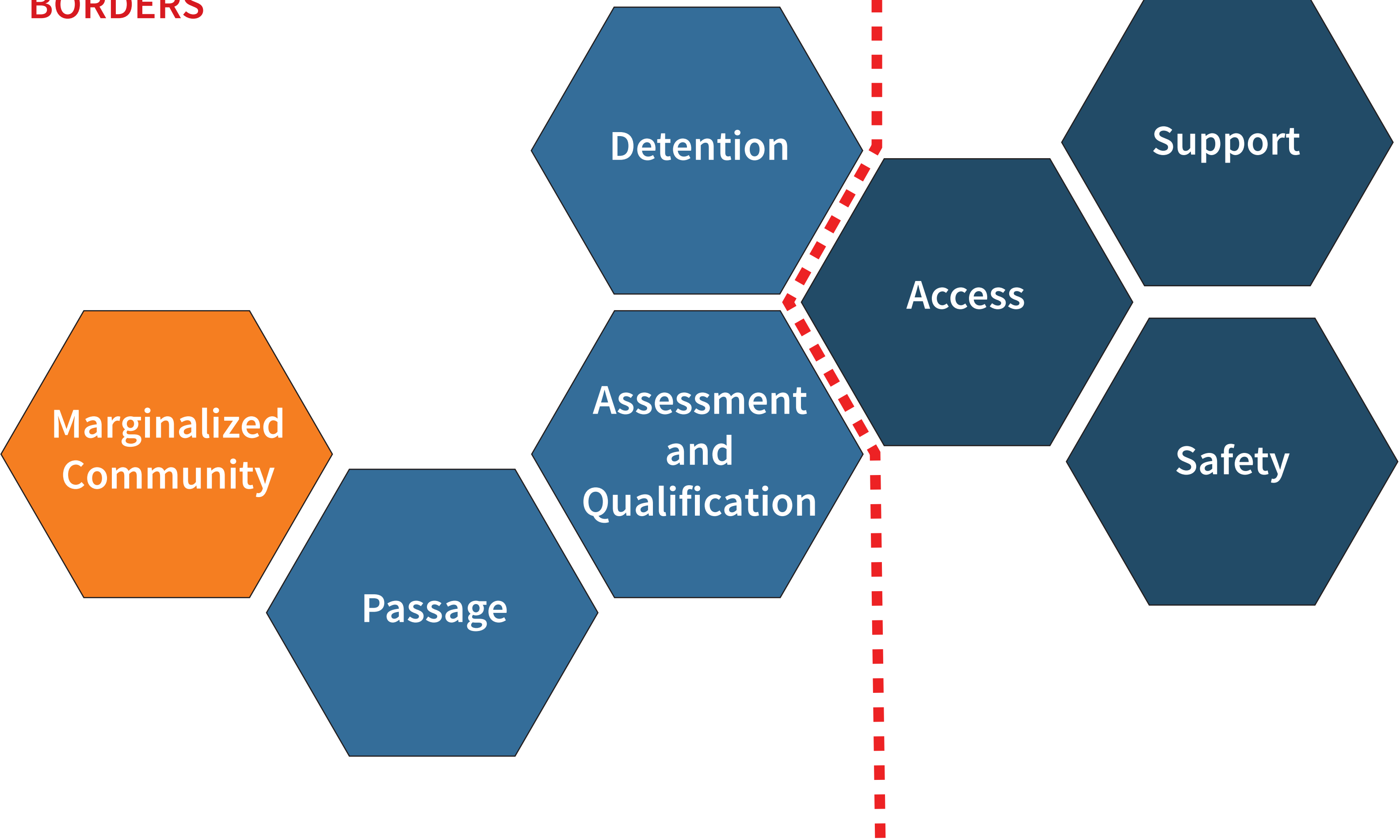
BORDERS



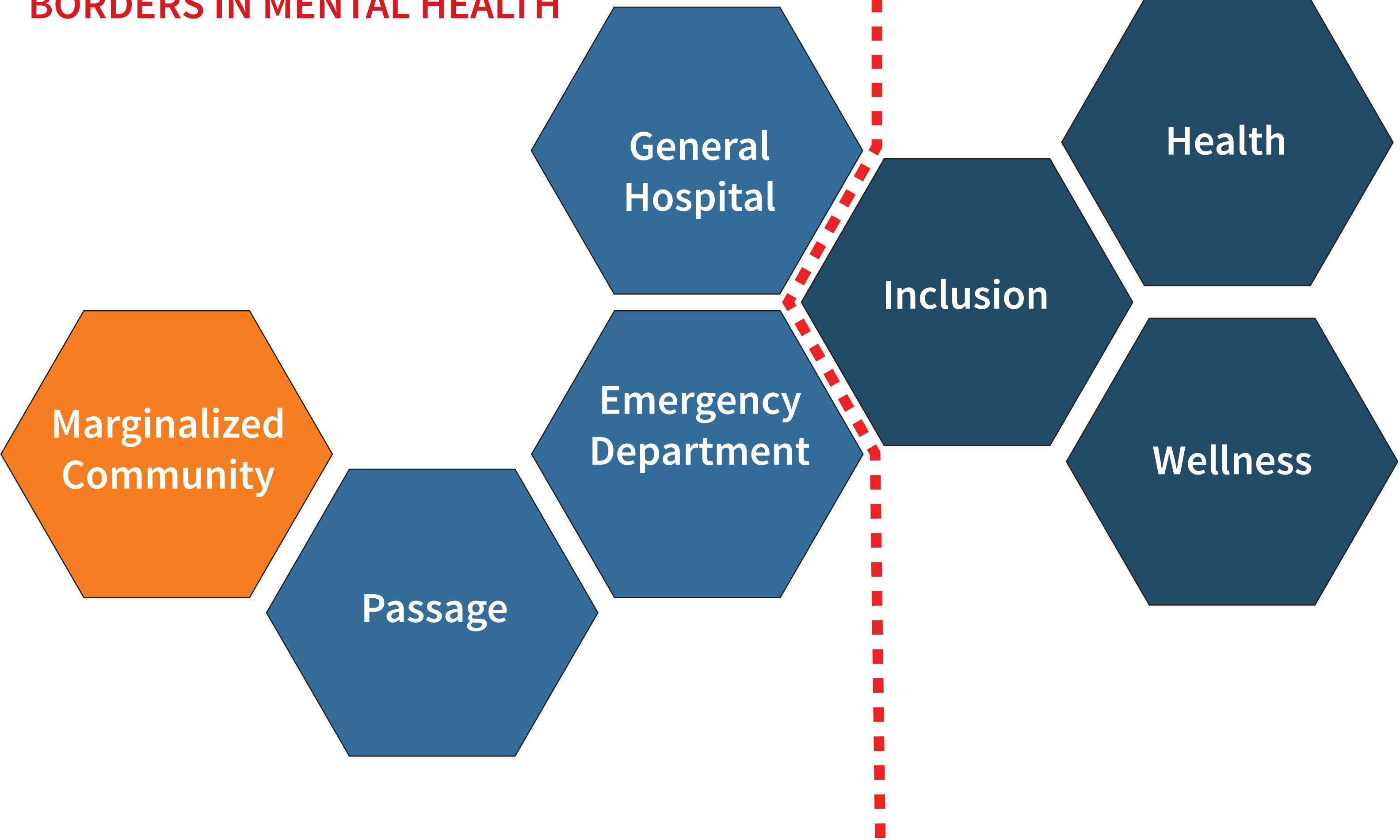
- Limited Access
- History of Trauma
- Low capital and low participation



BORDERS



BORDERS IN MENTAL HEALTH



**90% OF INVOLUNTARY ADMISSIONS CAME THROUGH
A GENERAL HOSPITAL**

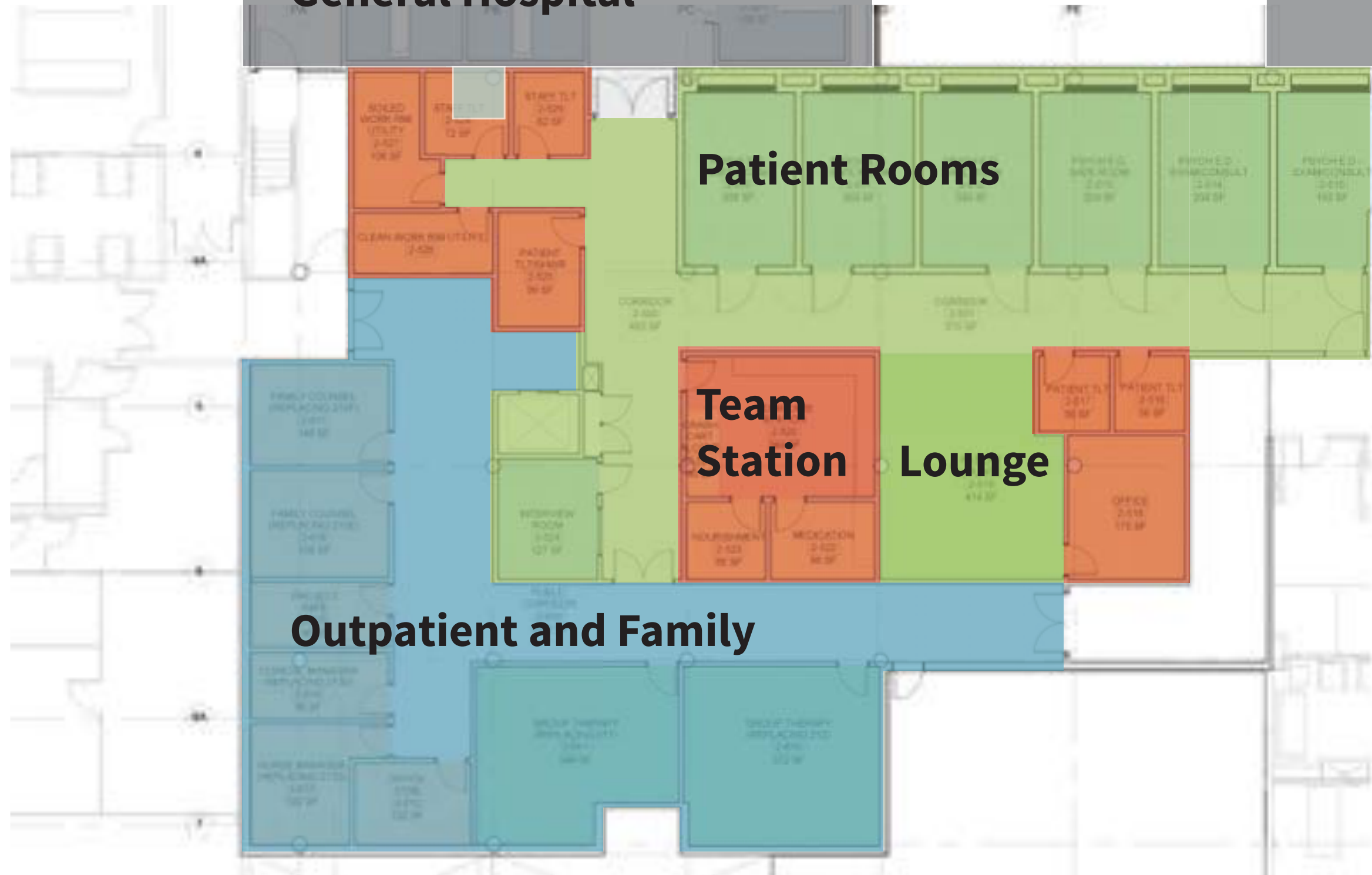


Toronto Star file photo



Montreal General Hospital

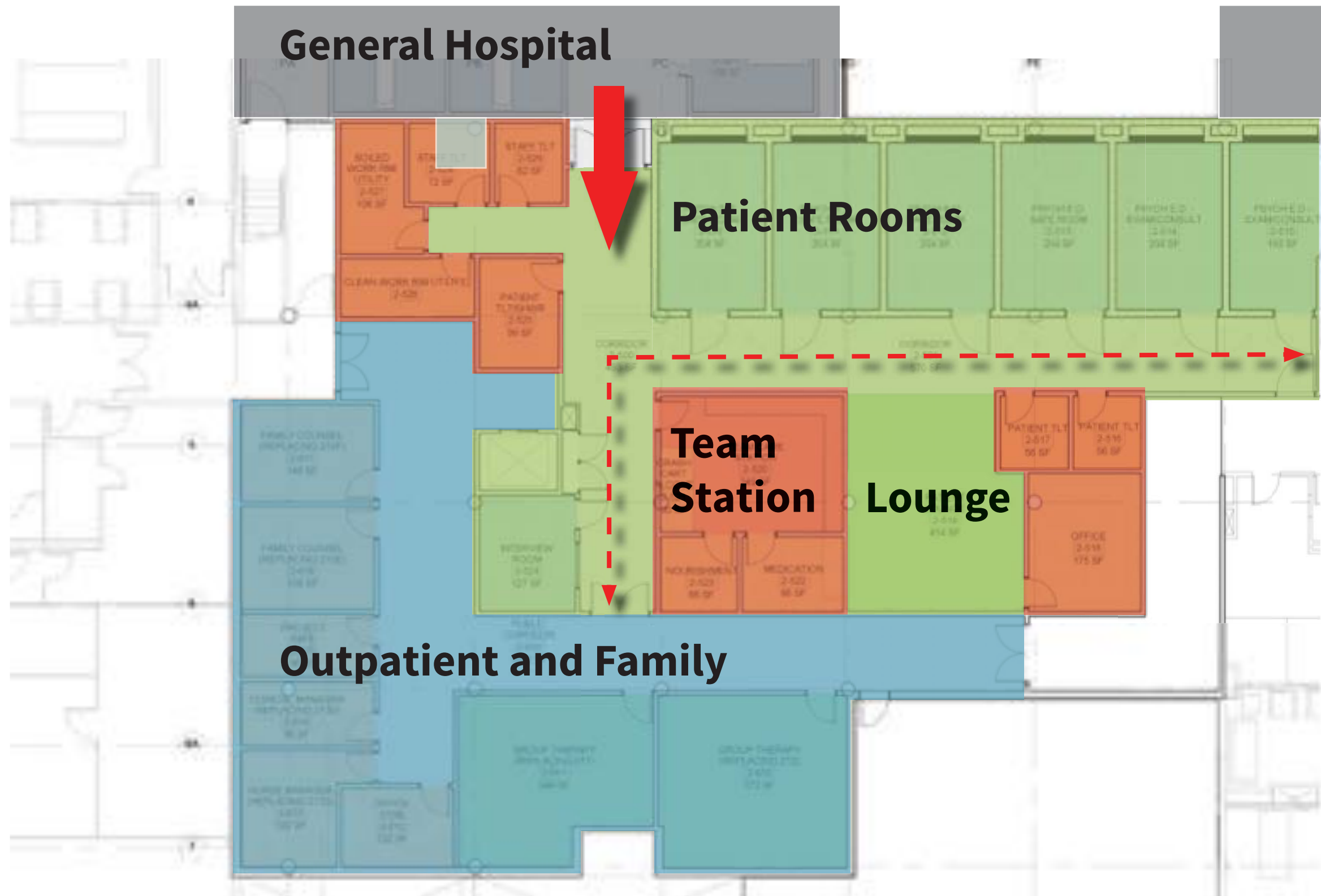
General Hospital

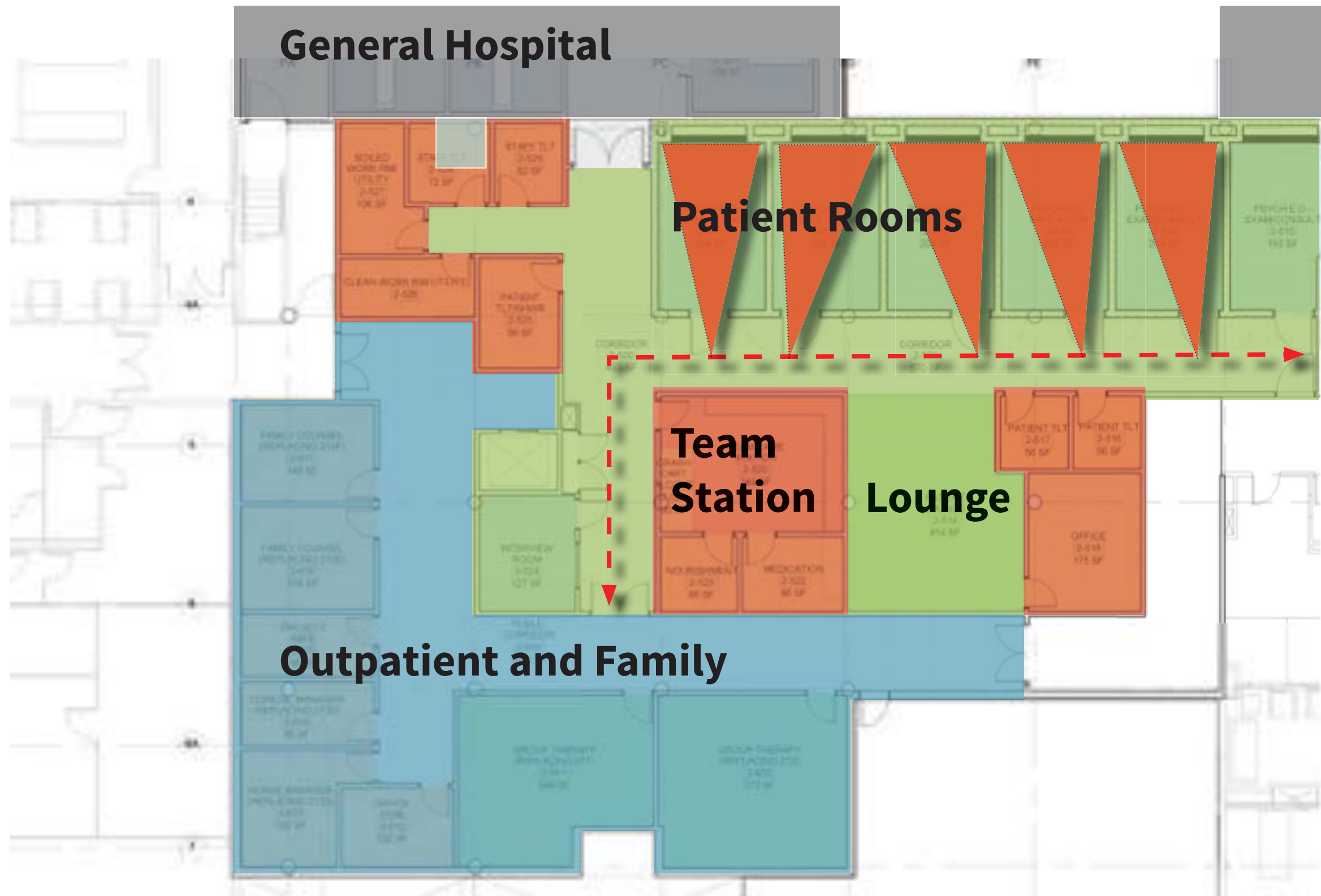


Patient Rooms

Team Station Lounge

Outpatient and Family





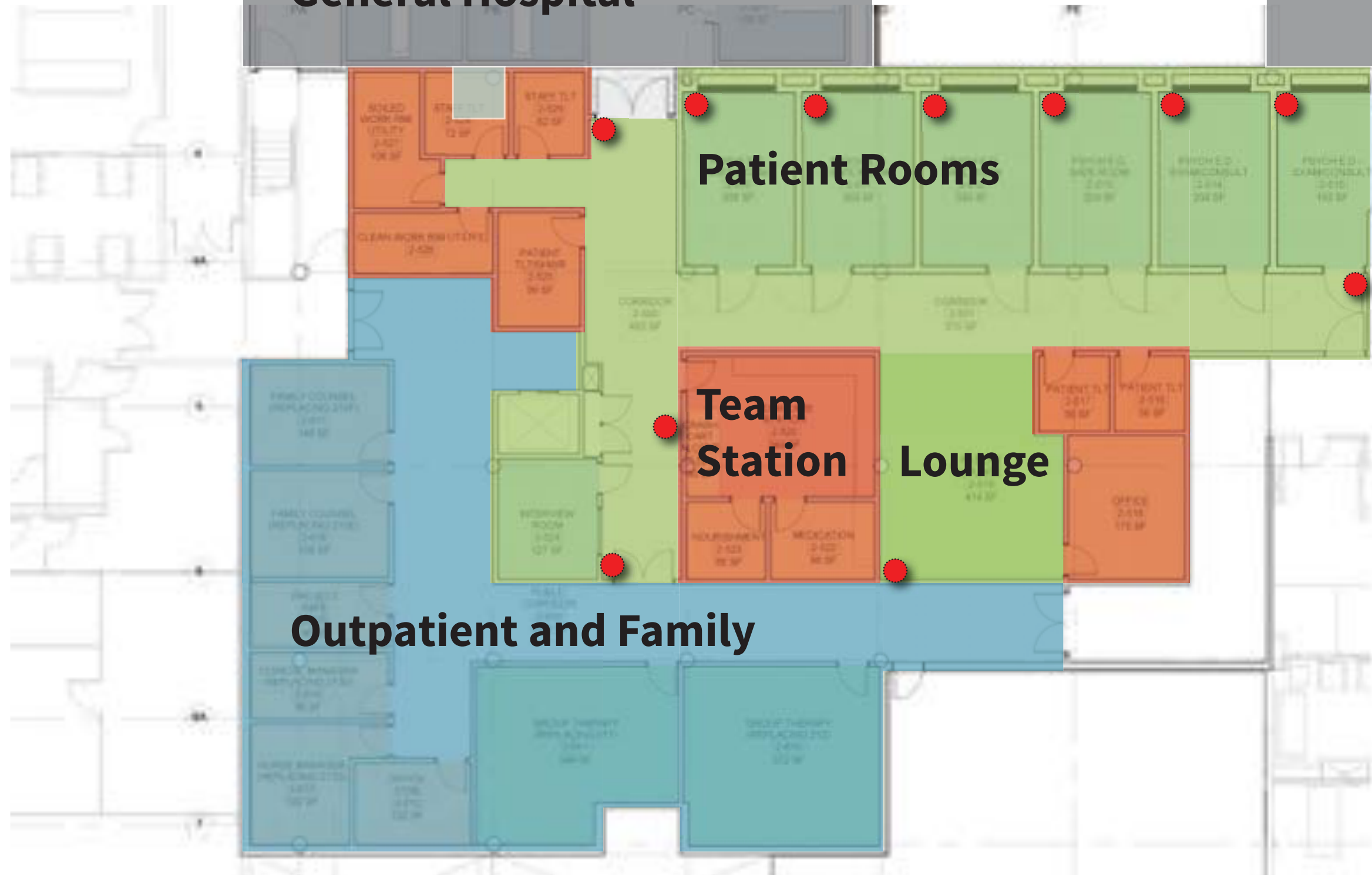
General Hospital

Patient Rooms

Team Station Lounge

Outpatient and Family

General Hospital



Patient Rooms

Team Station Lounge

Outpatient and Family



Mental Health and Assessment Unit at The Royal University Hospital, Saskatoon.



Montreal General Hospital

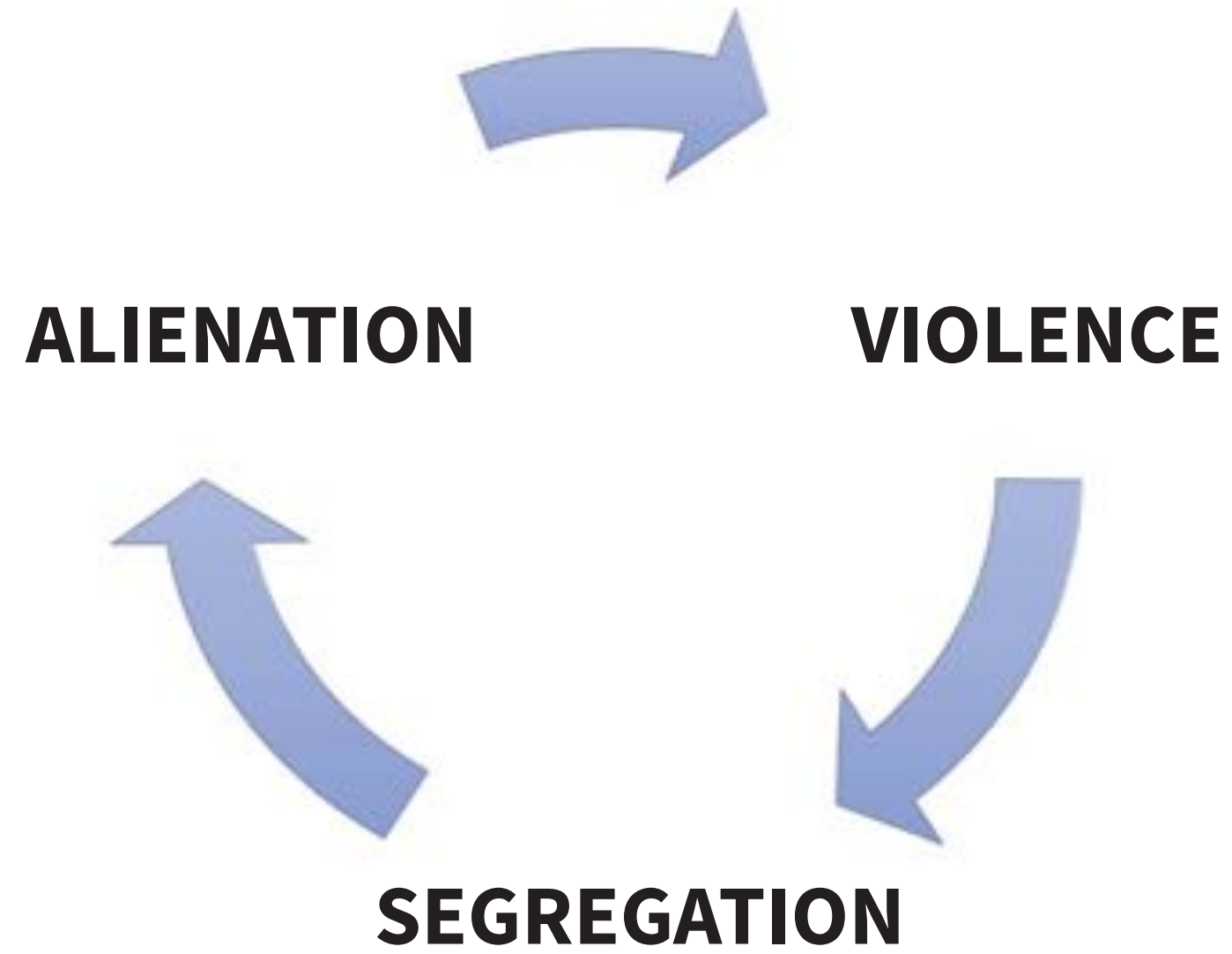


St. Joseph's Hospital, Toronto

CYCLE OF LIABILITY



CYCLE OF LIABILITY



THE RESPONSE

CAMH: A 24HR STANDALONE PSYCHIATRIC ED



camh

7AM
4PM

CAMH_Existing College Street site



CAMH_Existing College Street site

ONTARIO'S ONLY 24HR STANDALONE PSYCHIATRIC ED

Projected Visits for 2019: 9,352

CTAS 1: 88

CTAS 2: 966

CTAS 3: 6,006

CTAS 4: 2,114

CTAS 5: 177

Overall Admission Rate: 38%

(CTAS) Canadian Triage Acuity Scale

CAMH PHASE 1C

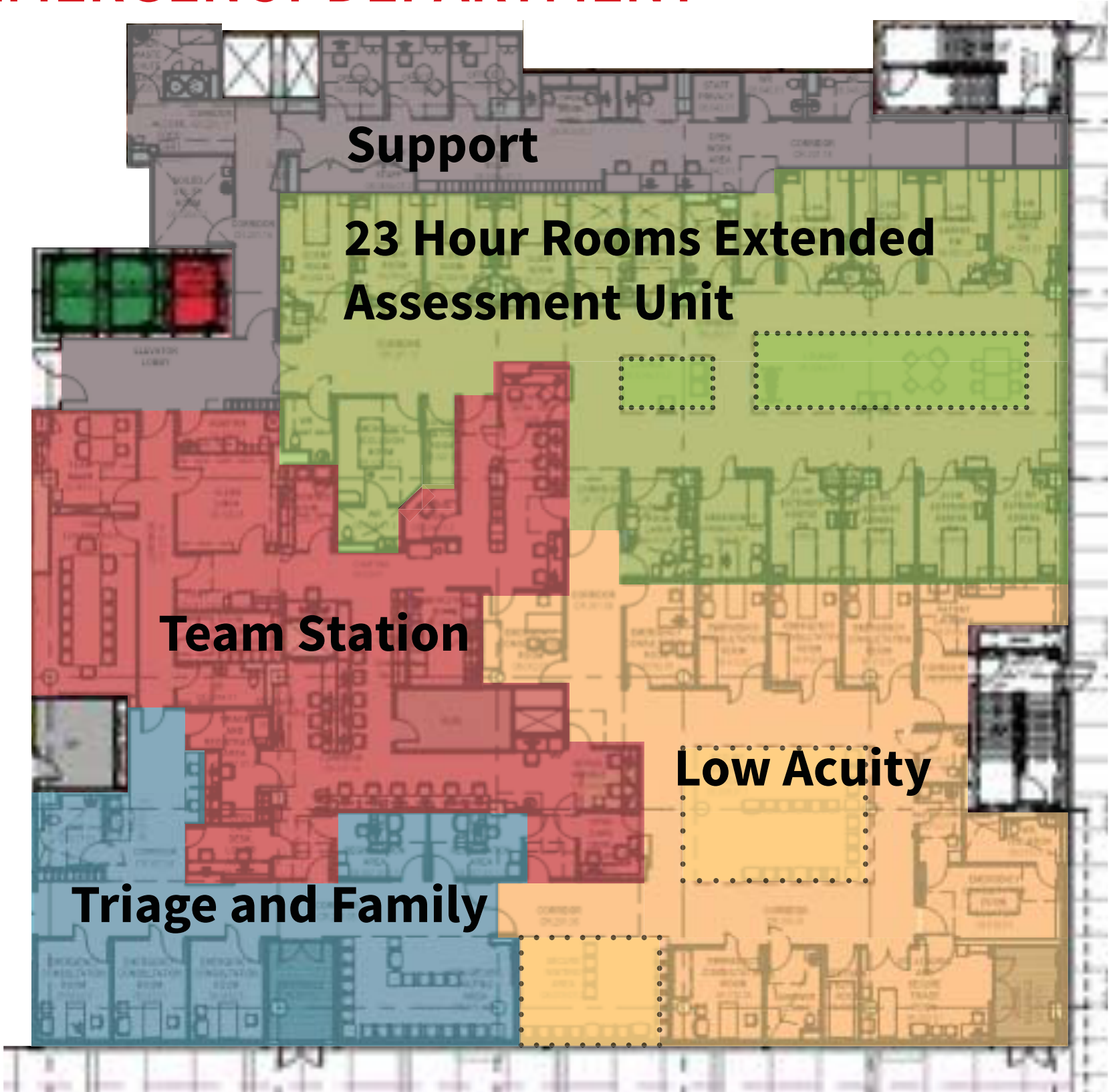


*Architect of Record: Stantec Architects
Compliance Architects: MSA/KPMB*

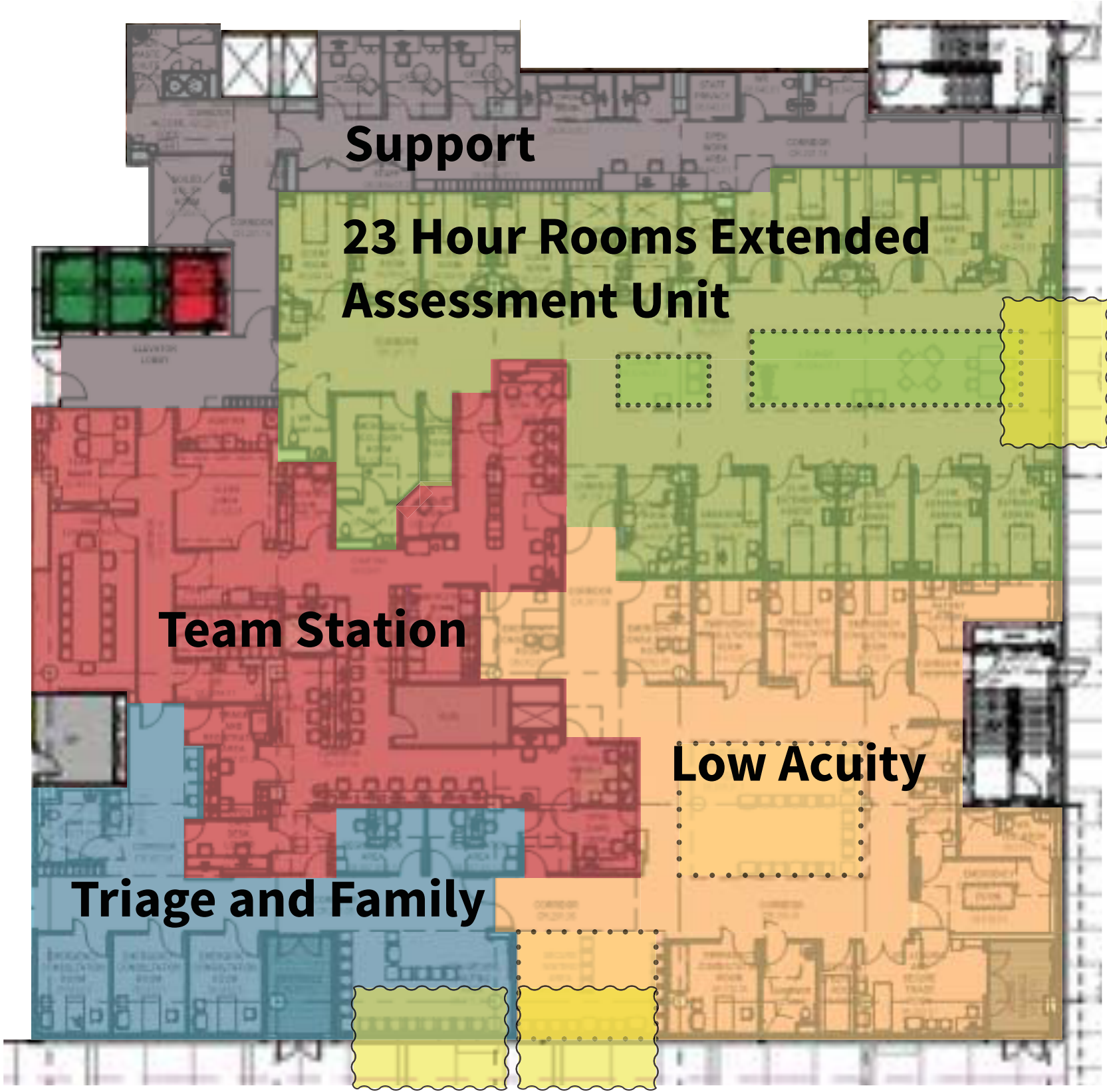
CAMH PHASE 1C



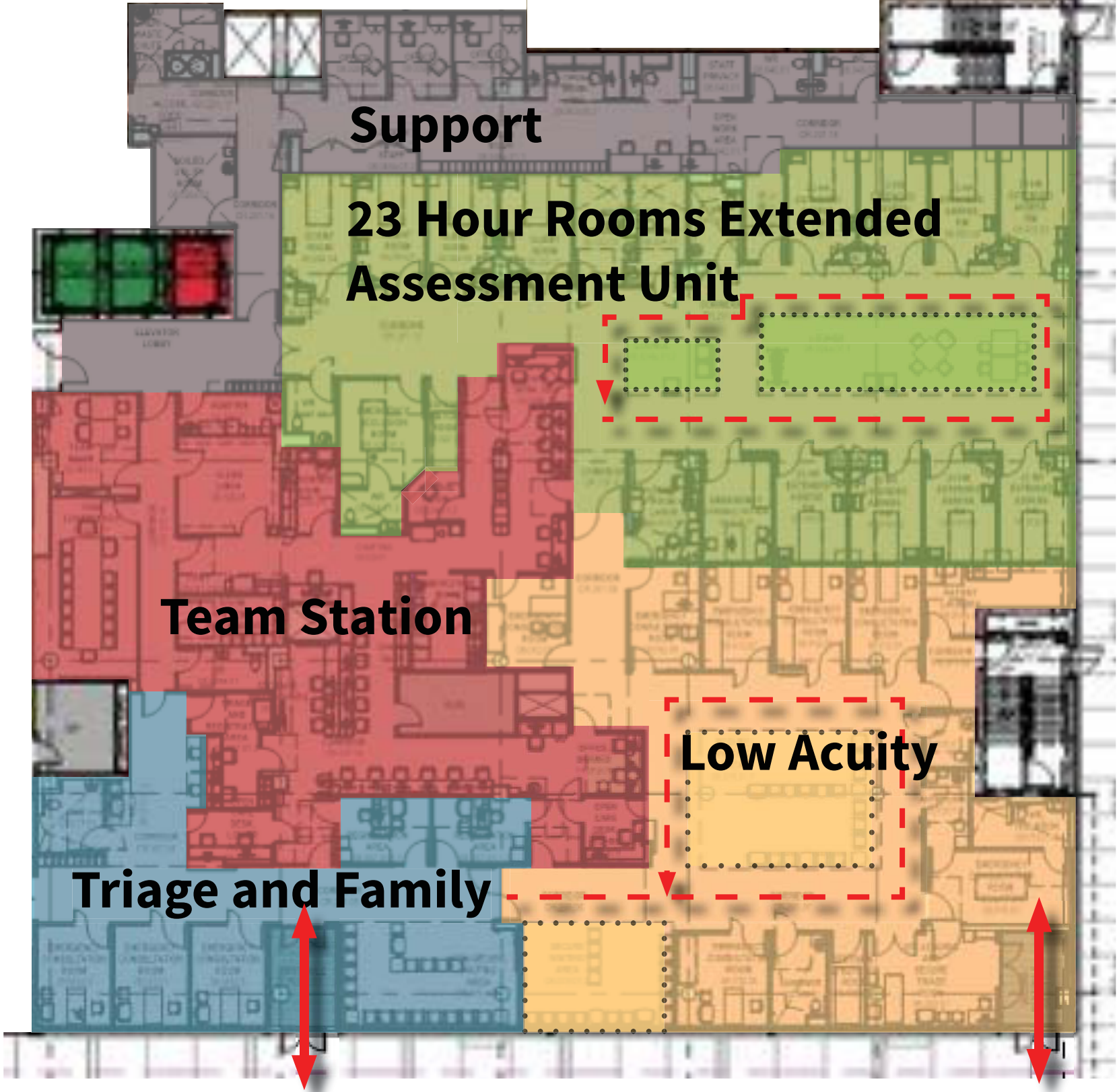
CAMH PHASE 1C EMERGENCY DEPARTMENT



CAMH PHASE 1C EMERGENCY DEPARTMENT



CAMH PHASE 1C EMERGENCY DEPARTMENT



THE RESPONSE

ONTARIO SHORES AND THE EMPATH MODEL



Ontario Shores_Whitby Ontario

THE EMPATH UNIT BY DR. SCOTT ZELLER

Emergency
Psychiatric
Assessment
Treatment
Healing

THE EMPATH UNIT BY DR. SCOTT ZELLER

Emergency
Psychiatric
Assessment
Treatment
Healing

- 23 hour max. stay
- Boarding is reduced by 80%
- In one example, recidivism has been reduced by 50%

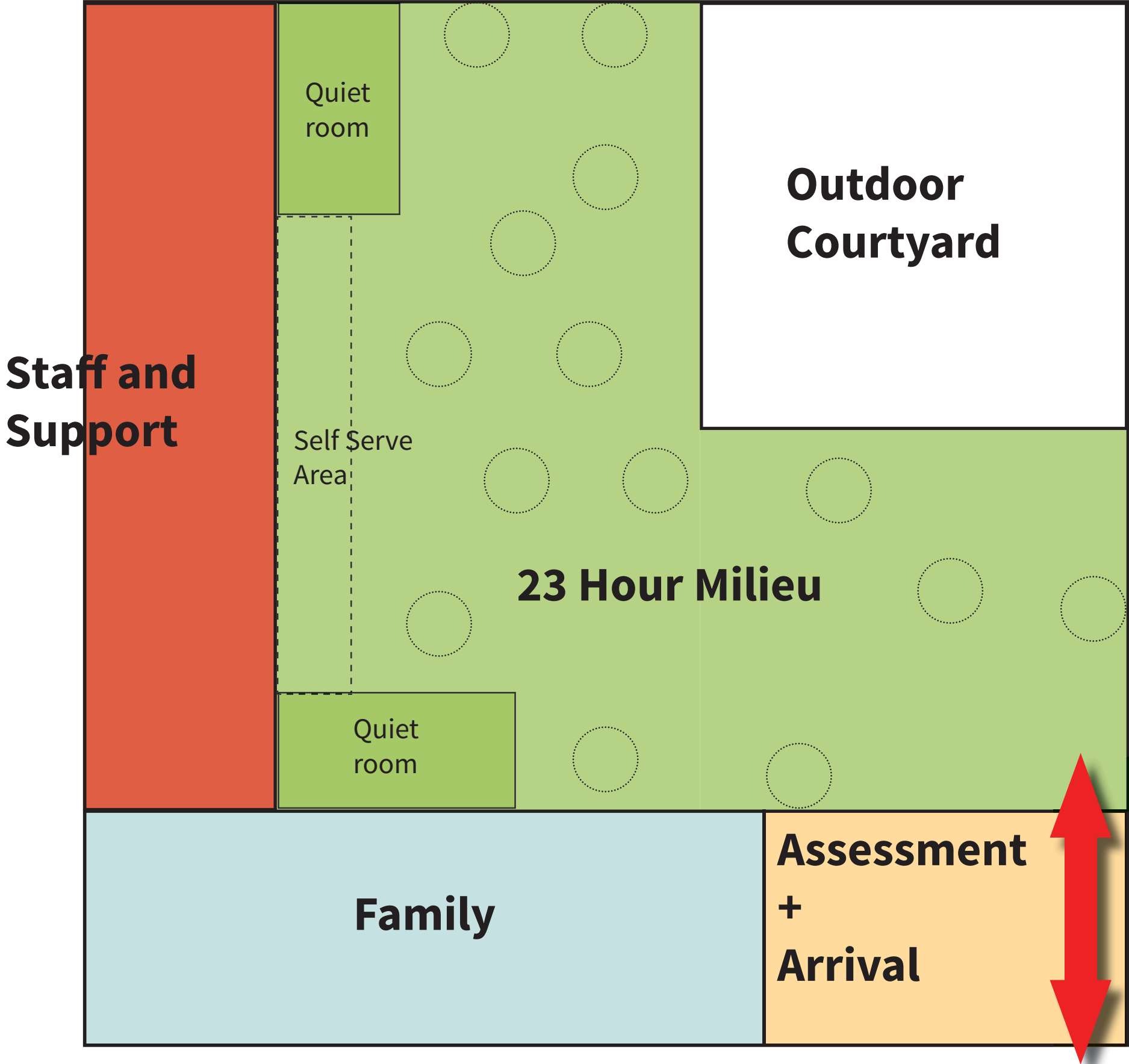
UNITY CENTER FOR BEHAVIORAL HEALTH



UNITY CENTER FOR BEHAVIORAL HEALTH



EMPATH UNIT STUDY



IMPLICATIONS OF A REGIONAL SOLUTION

STANDALONE

Psychiatric
Emergency
Service

Inpatient
Mental Health
Facility

General
Hospital

Inclusion

Marginalized
Community

Passage

Emergency
Department

Health

Wellness

Passage



COMORBIDITIES

From “**Psychiatric Readmissions and Their Association with Physical Comorbidity: A Systematic Literature Review,**”

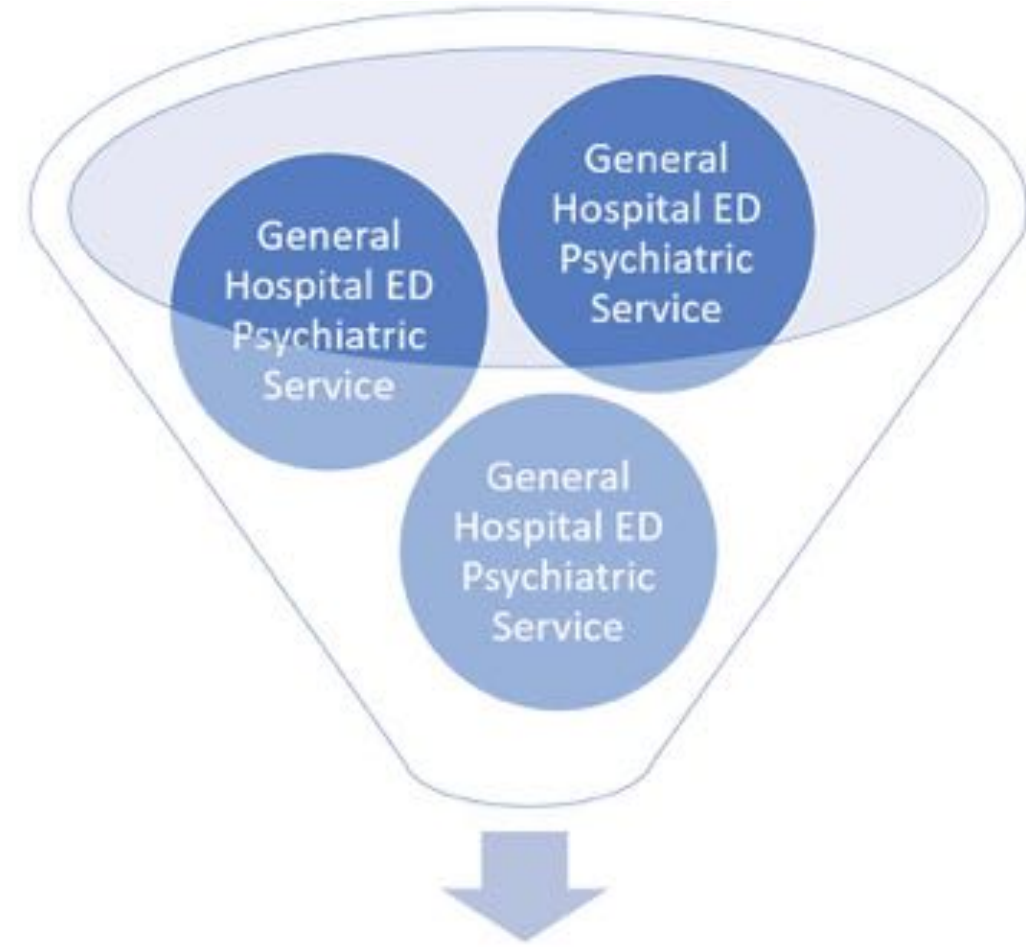
BMC Psychiatry 17, no. 1 (2017):

- *Comorbidity between mental and physical disorder conditions is the rule rather than the exception. It is estimated that 25% of adult population have mental health condition and 68% of them suffer from comorbid medical condition.*
- This aligns with recent data used in the Ontario Shores project. For the target population diagnosis, 65% experienced a Comorbid diagnosis.

THE REGIONAL SHIFT



Regional General Hospital



Centralized Standalone PES

THE REGIONAL SHIFT



Regional General Hospital



Centralized Standalone PES

Happens for a number of reasons...

- A right wing government cuts service
- A left wing government consolidates service for standardization and equity
- All politicians like standing in front of big buildings

THE HOMELESS COMMUNITY IN TORONTO: APRIL 26_2018

Toronto Total: 8,715

Refugees and Asylum Claimants: 2,618

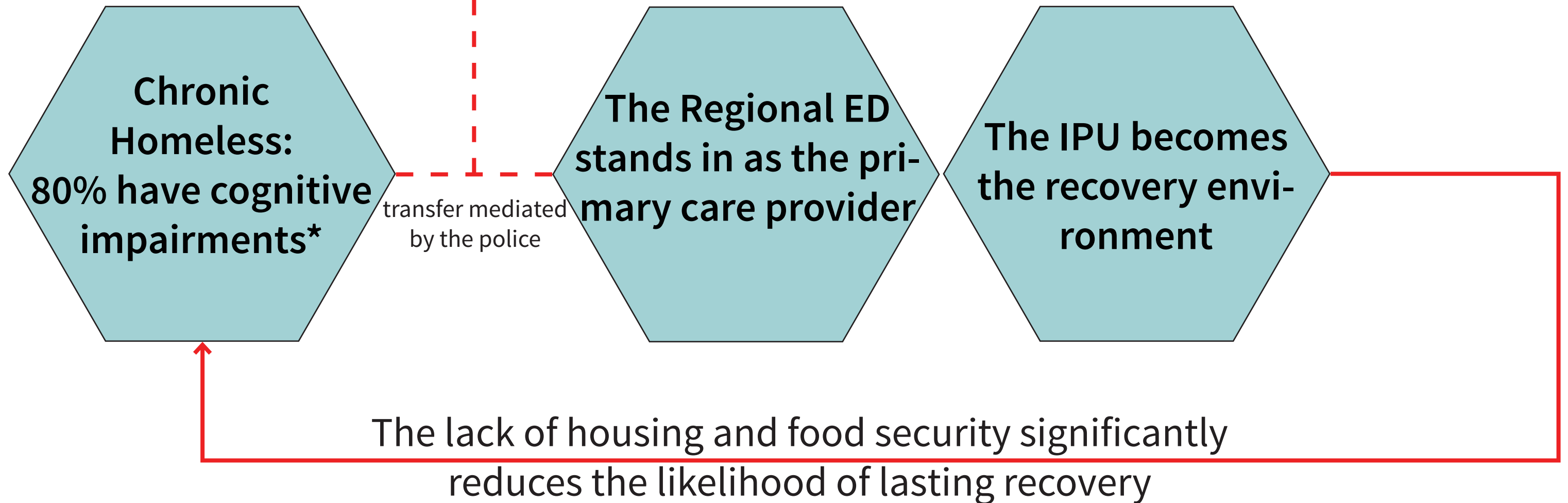
Homeless for more than 1 year: 3,137

Been to the ED: 37%

Been Hospitalized: 27%

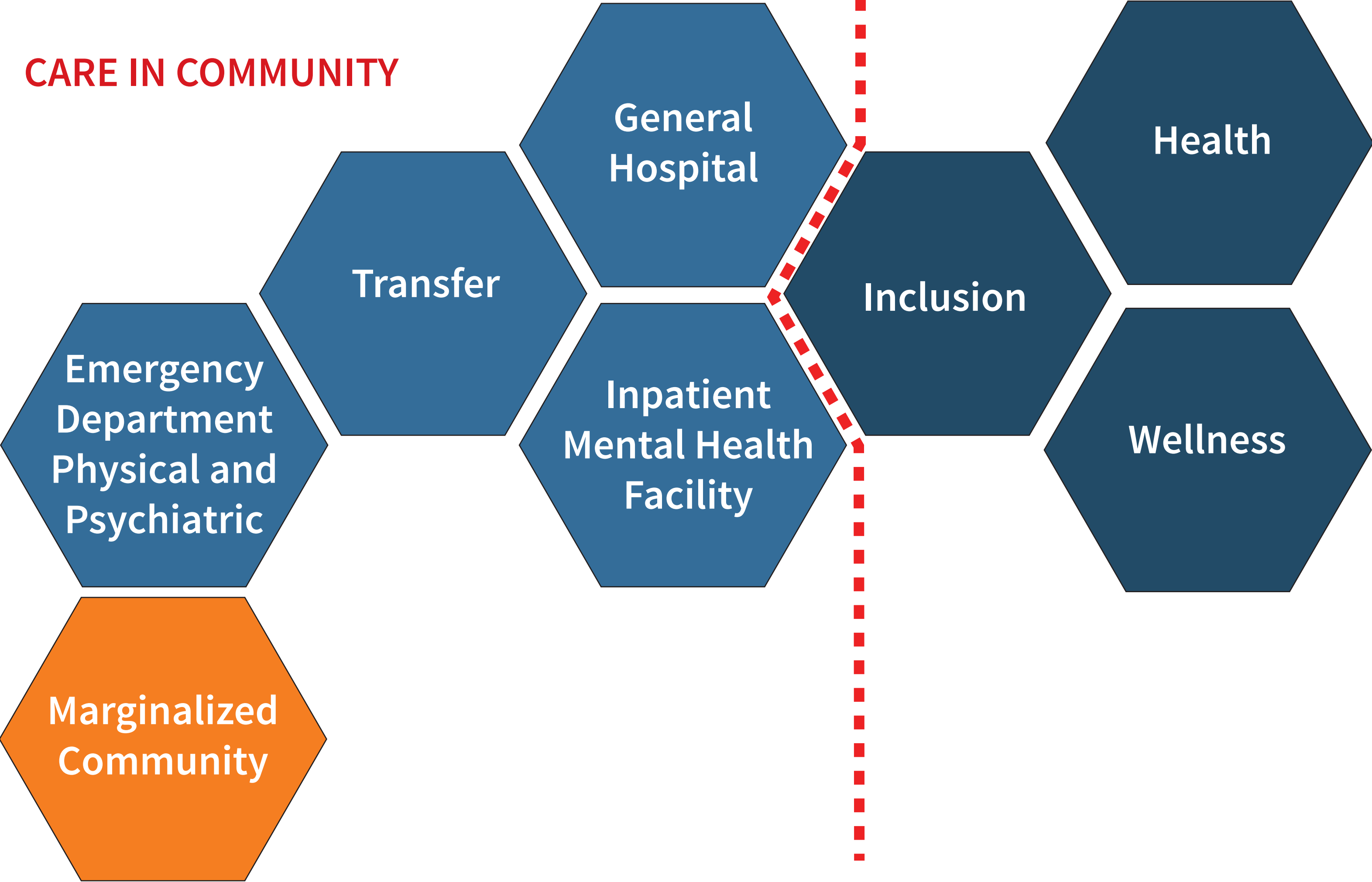
Interacted with Police: 24%

THE CHRONIC HOMELESS COMMUNITY



CARE IN COMMUNITY

CARE IN COMMUNITY



Emergency
Department
Physical and
Psychiatric

Transfer

General
Hospital

Inpatient
Mental Health
Facility

Inclusion

Health

Wellness

Marginalized
Community

SEATON HOUSE EMERGENCY SHELTER



Capacity: 674

Winter Occupancy: approx. 900

Toronto Total on April 26th 2018: 8,715

Harm Reduction, Managed Alcohol and
Infirmary Programs

GEORGE STREET REVITALIZATION PROJECT



GEORGE STREET REVITALIZATION PROJECT



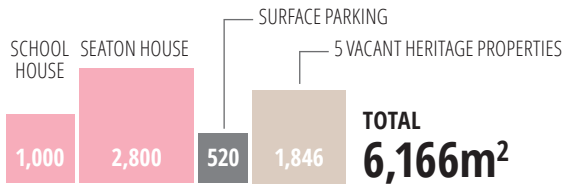
GEORGE STREET REVITALIZATION PROJECT



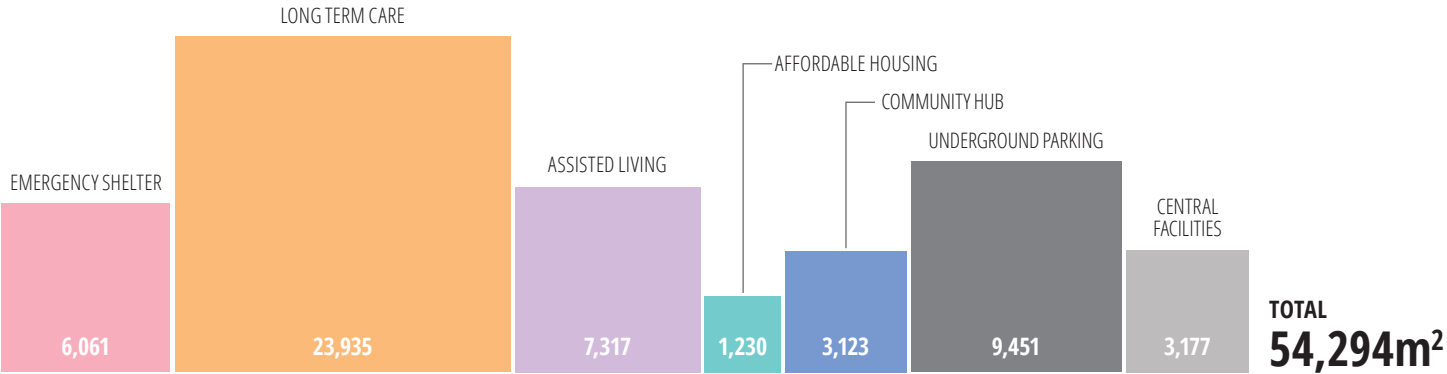
GEORGE STREET REVITALIZATION PROJECT



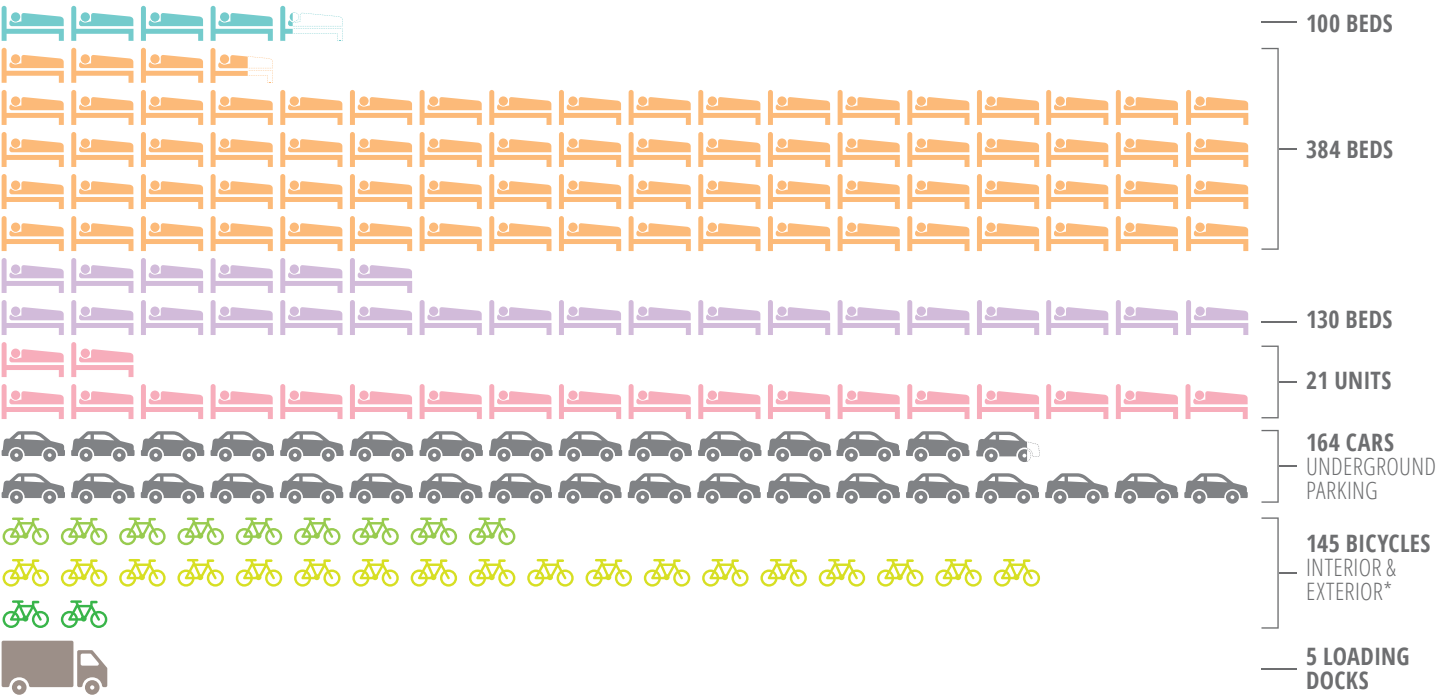
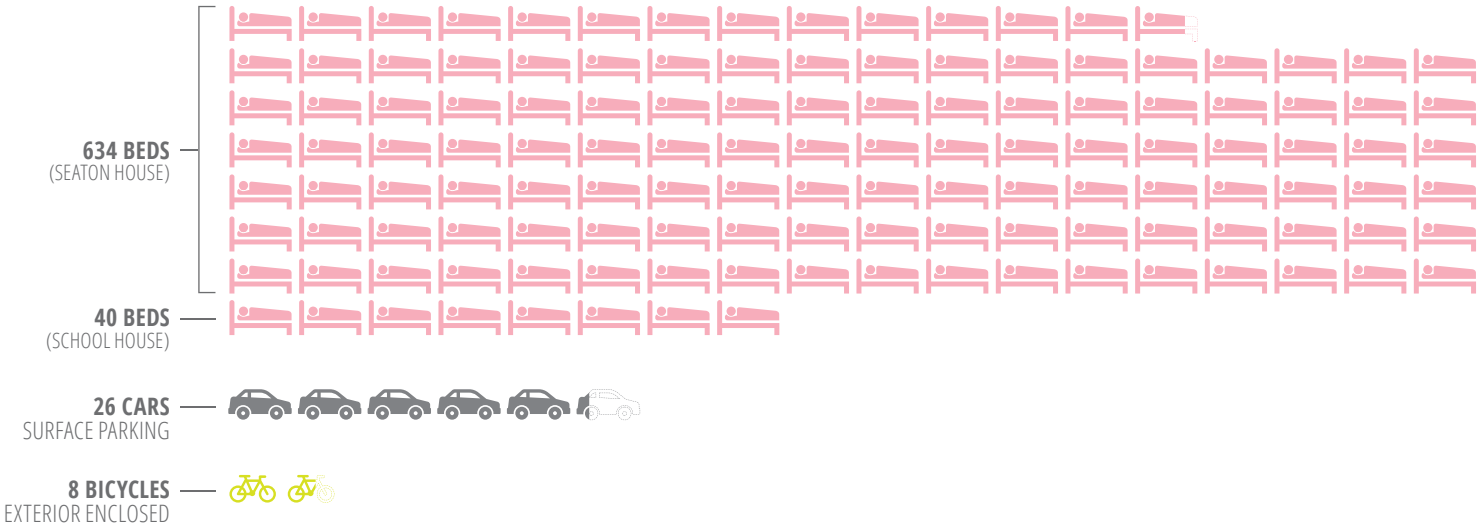
SITE AREA (m²)



PROGRAM SPACE (m²): EXISTING



PROGRAM SPACE (m²): PROPOSED



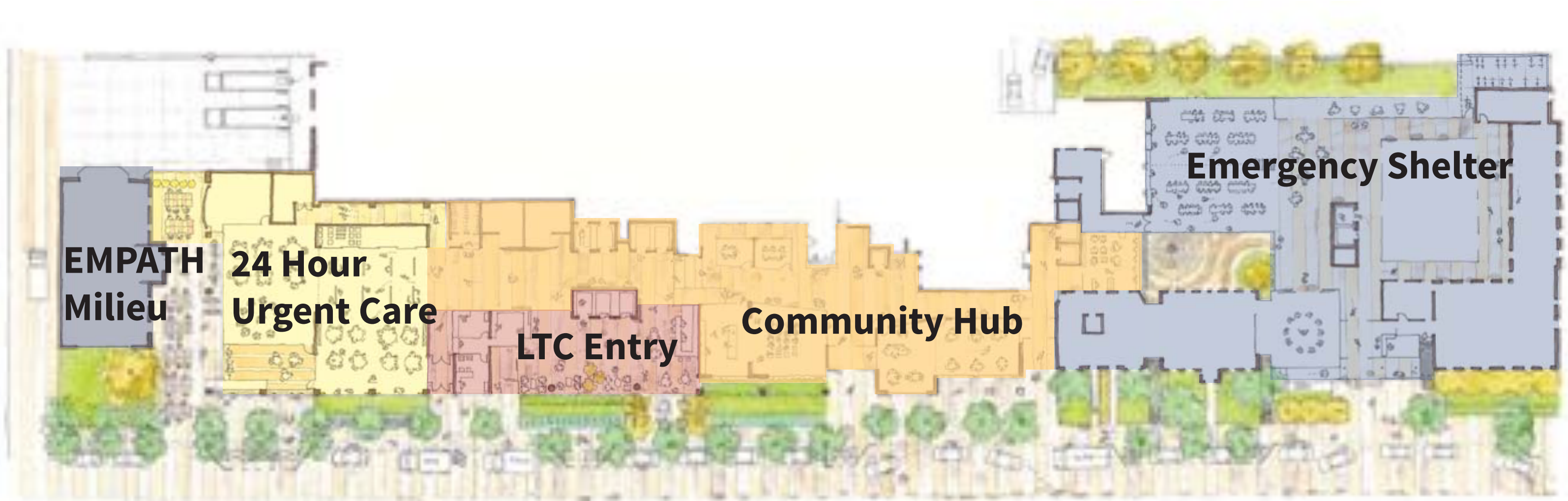
*BREAKDOWN OF BICYCLE PARKING SPACE: 45 INTERIOR + 90 EXTERIOR + 10 SECURE

LEGACY ER ALLEN, TEXAS

8432 FT²

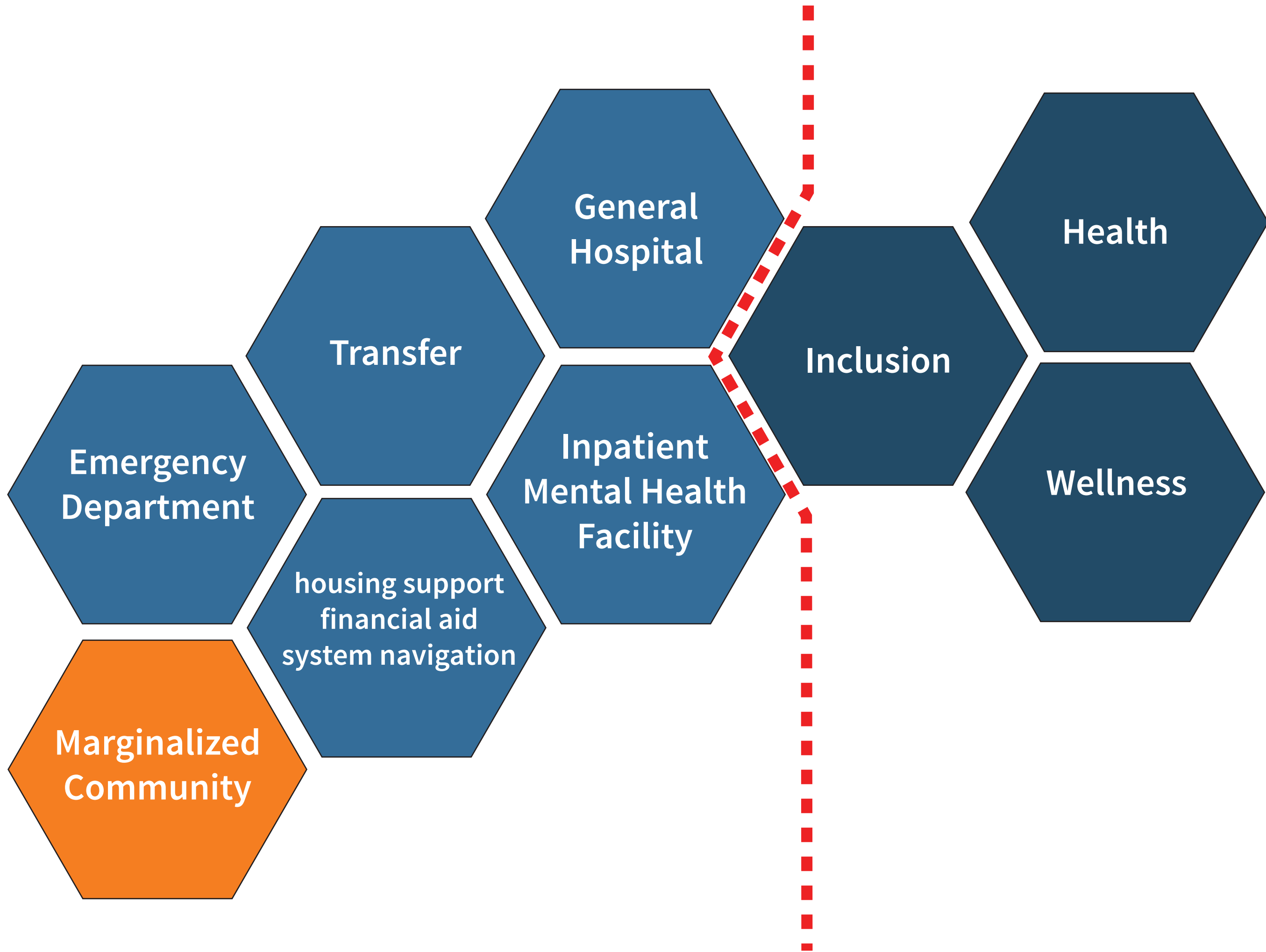


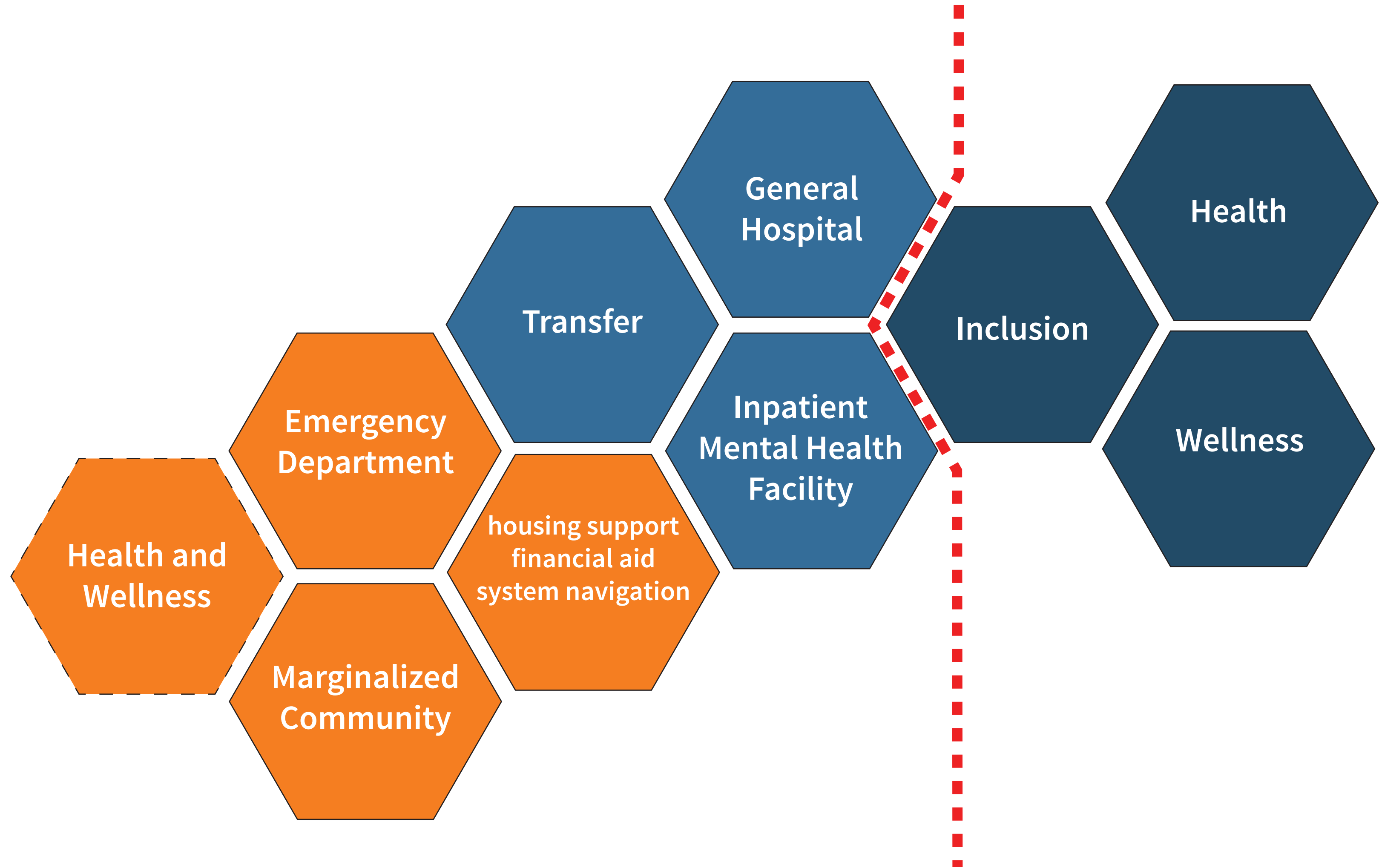
GEORGE STREET REVITALIZATION PROJECT



Infrastructure Benefits

- 100% Emergency Power Backup
- Exceptional IPAC measures on the HVAC including zoned HVAC





We would have much to gain from respecting the resilience and age-old teachings of those who have suffered the most from trauma, dislocation, addiction: the Aboriginal people among us. Their values always emphasized communality rather than heedless individualism, restoration of the wrong doer to the community rather than retribution, inclusion rather than separation and, most importantly, a view of human beings that balances our physical with our mental emotional and spiritual needs.

Gabor Maté, In the Realm of Hungry Ghosts: Close Encounters with Addiction. Toronto: Vintage Canada, 2018: xxvii-xxviii.