

## Emergency, Urgent and “Acute” (Inpatient) Mental Health and Substance Use Services

Vancouver General Hospital and UBC Hospital offer a range of specialized services for adults 17 and older experiencing crisis with mental illness and addiction

### **Urgent Mental Health & Substance Use Assessment and Treatment**

Access & Assessment Center (AAC)

803 West 12th

Telephone: 604-675-3700

Open 24 / 7 (Walk-ins welcome)

AAC is the entry point for people and their families with a wide range of mental health and substance use concerns, from mild depression / anxiety to acute psychosis.

### **Short-term Home-based Treatment**

Available through the AAC where indicated

### **Emergency and Inpatient Adult Assessment and Treatment (short hospital stays)**

Access through the AAC or VGH Emergency.

Address: 803 W. 12 (Joseph & Rosalie Segal & Family Health Center).

- Psychiatric Assessment Unit— for assessment and stabilization. Locked unit. Average stay under 5 days
- Three Inpatient units. Average stay app. 10 days. Telephone: 604-875-4111
- UBC Mood Disorders at 2255 Wesbrook Mall; one unit. Average stay app. 25 days. Telephone: 604-822-7512

### **Detox**

Available through

604-660-9382 or 1-800-663-1441

## RESOURCES AND SUPPORT

For further information or concerns, families are invited to contact the Family Support and Involvement Coordinator, Isabella Mori, at 604 290-3817 or [isabella.mori@vch.ca](mailto:isabella.mori@vch.ca). Family Support groups are held at VGH on the 1<sup>st</sup> Thursday and 3<sup>rd</sup> Monday of every month. More information on family involvement and support, including the Family Involvement Policy and Family Connections Newsletters, can be found at [www.spotlightonmentalhealth.com/family-involvement/](http://www.spotlightonmentalhealth.com/family-involvement/)

For more online information on mental health issues, please visit [heretohelp.bc.ca](http://heretohelp.bc.ca) and [health.gov.bc.ca](http://health.gov.bc.ca), the latter especially relating to the Mental Health Act.

For other general mental health and substance use related inquiries, please contact:

Alcohol and Drug Information and Referral Service  
Tel. 604-660-9382 or 1-800-663-1441

Your Local Crisis Line

Tel. 1-888-353-2273 Access 24hrs/day without wait or busy signal

HealthLink BC

Tel. 811; Website: [www.healthlinkbc.ca](http://www.healthlinkbc.ca)

Mental Health Information Line Tel. 1-800-661-2121

CIBC Center for Patients and Families, Jim Pattison Building, Vancouver General Hospital; Tel. 604-875-5887

VCH Patient Care Quality Office

Tel. 1-877-993-9199

Email: [pcqo@vch.ca](mailto:pcqo@vch.ca)

## Family Connections

### Acute, Emergency & Urgent Mental Health & Substance Use Services



### Information for Families

# Navigating “Acute” and “Urgent” Services

## Referral...

### Overview:

“Acute” services Patients usually arrive because of a referral from a health care provider (e.g. family doctor, psychiatrist, specialist, counsellor, case manager at a Mental Health Team); as well as self referral, family concerns or police involvement.

After assessment, often the Access and Assessment Center (AAC) or Emergency Department determine that a person can be treated outside the hospital and will refer the person to appropriate services.

In about 35% of the cases, the AAC, Emergency Department or Mental Health Team recommend hospitalization because it is likely that hospitalization will improve the person’s health.

### How you can be involved:

- Contact the AAC (formerly Mental Health Emergency) if you feel your loved one may need help
- Offer background information (“collateral”) about the person—e.g. disturbing behaviour or changes in behaviour, change in medication/drug use

### Questions? Talk to

- Your loved one’s existing GP or psychiatrist
- AAC – 604-675-3700
- Case Manager (if the person is part of a Mental Health Team)
- Physician, Psychiatrist or Psychiatric Triage Nurse if person is at Emergency
- Detox: (604) 658-1280

## Inpatient Treatment...

### Overview:

See overleaf for the various locations where your loved one may be treated.

Treatment usually involves medication and can also involve group therapy, programming (e.g. Yoga, Art & Crafts) and talk therapy (e.g. Cognitive Behavioural Therapy (CBT).)

Medication is prescribed by the doctor and administered by nurses. Programming, group therapy and talk therapy are offered by many different people, including Occupational Therapists and Psychologists.

VCH health care providers strive hard to provide a therapeutic environment and therapeutic interactions. Sometimes patients need to be restrained for safety but it is a last resort and should be of the shortest duration possible.

### How you can be involved:

- Ask your loved one how they want you to be involved
- Ask to be involved in treatment and discharge planning, in accordance with the Family Policy
- Offer background information (“collateral”) about the person
- Ask how the various disciplines (e.g. Occupational Therapist) can help your loved one
- Please follow the visitors policy

### Questions?

- Ask whether the unit where your loved one is staying has a brochure. Generally, you can talk to:
- Your loved one’s unit/inpatient ward: Nurse, Psychiatrist, Care Management Lead, Head Nurse, or Social Worker (604-875-4111)
  - Your loved one’s Case Manager (if the person is part of a Mental Health Team)
  - Your loved one’s existing GP or psychiatrist

## Transition...

### Overview:

Often your loved one will transition to “Community” or to another unit.

### Community

- If your loved one does not go back home, they might go to a transition unit such as Venture (a short term group home) or to one of various forms of supported housing
- Whether or not your loved one returns home, it is best if he or she receives a referral to continuing help, such as a Mental Health Team, Outpatient Psychiatry, family doctor/psychiatrist and/or community resource such as Canadian Mental Health Association.

### Continuing Inpatient or “Tertiary” (Long Stay)

- Your loved one may be transferred to another unit
- Your loved one may be transferred/recommended for a longer (“Tertiary”) stay lasting two months and longer

### How you can be involved:

- Ask to be involved in discharge and transition planning. You do not need to receive your loved one back home if you are convinced this is detrimental to your or your loved one’s health
- If your loved one leaves hospital, ask to see their “When I Leave Hospital” form
- Ask about ongoing treatment plans and referrals

### Questions?

- See “Questions?” under “treatment”
- Mental Health & Addiction Supported Housing Services 604.675.3898