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

Growth

Year

2013 2014 2015 2016 2017

Data provided by Preyra Solutions Group
POLICE APPREHENSIONS AND MENTAL HEALTH ADULTS

DRPS MHA Apprehensions (2014 - 2018)

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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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 detention 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.
Marginalized Community

Support

Access

Safety

BORDERS
Marginalized Community

BORDERS

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

Access

Support

Safety
BORDERS IN MENTAL HEALTH

- Marginalized Community
- Passage
- Emergency Department
- General Hospital
- Inclusion
- Health
- Wellness
90% OF INVOLUNTARY ADMISSIONS CAME THROUGH A GENERAL HOSPITAL
General Hospital

Team Station

Outpatient and Family

Patient Rooms

Lounge

Base plan from: The New Psych ED_CannonDesign 2014
Mental Health and Assessment Unit at The Royal University Hospital, Saskatoon.
Montreal General Hospital
St. Joseph's Hospital, Toronto
CYCLE OF LIABILITY

ESCALATION  INCIDENT  THREAT MITIGATION
CYCLE OF LIABILITY

ALIENATION → VIOLENCE → SEGREGATION
THE RESPONSE
CAMH: A 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

Support
23 Hour Rooms Extended Assessment Unit
Team Station
Triage and Family
Low Acuity

Architect of Record: Stantec Architects
Compliance Architects: MSA/KPMB
CAMH PHASE 1C EMERGENCY DEPARTMENT

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THE RESPONSE
ONTARIO SHORES AND THE EMPATH MODEL
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

PKA Architects
UNITY CENTER FOR BEHAVIORAL HEALTH

PKA Architects
Outdoor Courtyard

23 Hour Milieu

Quiet room

Self Serve Area

Quiet room

Family

Assessment + Arrival

Staff and Support
IMPLICATIONS OF A REGIONAL SOLUTION
Marginalized Community

Psychiatric Emergency Service

Impatient Mental Health Facility

General Hospital

Emergency Department

Passage

Passage

Health

Inclusion

Wellness

STANDALONE
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

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%

From: Toronto Street Needs Assessment 2018
THE CHRONIC HOMELESS COMMUNITY

Chronic Homeless: 80% have cognitive impairments

The Regional ED stands in as the primary care provider

The IPU becomes the recovery environment

The lack of housing and food security significantly reduces the likelihood of lasting recovery

From: Ending Homelessness in Ontario: Addressing the Mental Health and Functional Needs of the Most Vulnerable Amongst Us
Dr. Sylvain Roy, January 2018
CARE IN COMMUNITY
Marginalized Community

Emergency Department
Physical and Psychiatric

Transfer

Inpatient Mental Health Facility

General Hospital

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

SITE AREA (m²)

PROGRAM SPACE (m²): EXISTING
- SEATON HOUSE
  - 1,000
  - 2,800
  - 520
  - TOTAL 6,166m²
- SCHOOL HOUSE
  - 2,000
- UNDERGROUND PARKING
  - 1,846

PROGRAM SPACE (m²): PROPOSED
- EMERGENCY SHELTER
  - 6,061
- LONG TERM CARE
  - 23,935
- ASSISTED LIVING
  - 7,317
- UNDERGROUND PARKING
  - 1,230
- SURFACE PARKING
  - 3,123
- AFFORDABLE HOUSING
  - 3,177
- 8 BICYCLES EXTERIOR ENCLOSED

PROGRAM SPACE (m²)
- 54,294m²
- 100 BEDS
- 384 BEDS
- 130 BEDS
- 21 UNITS
- 164 CARS UNDERGROUND PARKING
- 145 BICYCLES INTERIOR & EXTERIOR
- 5 LOADING DOCKS

*BREAKDOWN OF BICYCLE PARKING SPACE: 45 INTERIOR + 90 EXTERIOR + 10 SECURE
LEGACY ER ALLEN, TEXAS
8432 FT2
Infrastructure Benefits
• 100% Emergency Power Backup
• Exceptional IPAC measures on the HVAC including zoned HVAC
Marginalized Community

Emergency Department

Transfer

Inpatient Mental Health Facility

General Hospital

Inclusion

Wellness

housing support
financial aid
system navigation

Health
Health and Wellness

Marginalized Community

Transfer

Inpatient Mental Health Facility

General Hospital

Emergency Department

Housing support financial aid system navigation

Inclusion

Health

Wellness
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.