HEARING THE PATIENT VOICE:

Improving health care for people with complex mental health disorders in Saskatoon

A REPORT BY:

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TECHNICAL APPENDIX

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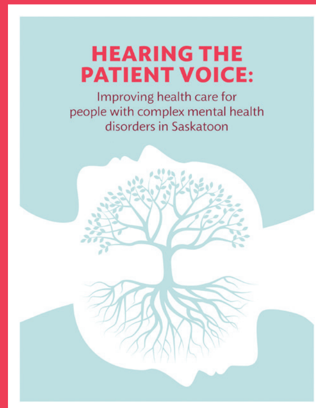

This document provides technical supporting information for the report "**Hearing the patient voice: Improving health care for people with complex mental health disorders in Saskatoon**".

This technical appendix provides the following:

- Raw data gathered from individual consultations and the advisory group meeting
- Methodological details of the administrative data analysis
- An inventory of programs for people with psychotic disorders in Saskatoon

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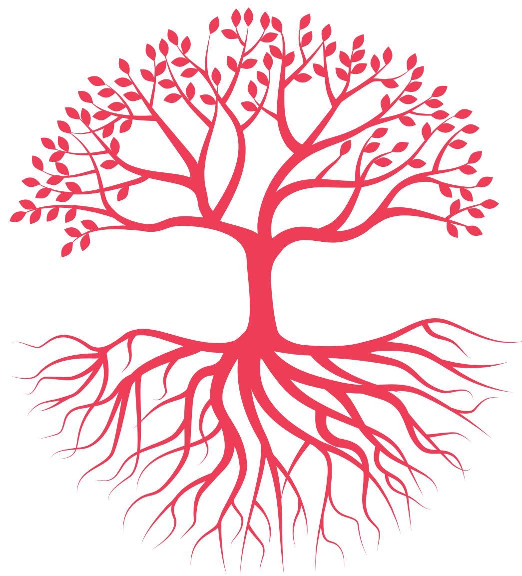

APPENDIX A

GAPS AND BARRIERS IN, AND IMPROVEMENT RECOMMENDATIONS FOR, SERVICES FOR PEOPLE LIVING WITH PSYCHOTIC DISORDERS

TABLE 1: Gaps and Barriers in Saskatoon Health Region's Mental Health & Addiction Service Context (Raw Data Generated from the Advisory Group)

BARRIERS TO PATIENTS	
Financial support	• Cost of services for individuals on social assistance is too high. • Need increased resources, including financial support, for clients to access programming (including counselling) that is not free.
Housing	• Some barriers with Mental Health Approved Homes. • The home operator has choice about who is in their home, which can result in individuals not being able to find a home. • Gap in housing continuum for people with history of aggression.
Access counselling services	• Not enough one-on-one counselling services that are financially accessible. • Some free counselling through MHAS with referral from GP. • Catholic Family Services has a sliding pay scale and a partnership with the Saskatoon Food Bank and Learning Centre to provide counselling services.
Meeting patients where they are at	• Services are not available at the level that the population needs. • Need targeted and specialized care for difficult and hard-to-reach patients. • Care is not patient-centred, in that patients are not involved as active participants in their care. • Patients do not always experience respectful interactions with service and health care providers. • Regardless of presenting problem in ER, if patient has mental health diagnosis that becomes primary diagnosis entered in the system.
Transitions from acute care to community	• Upon discharge from acute care patients are unaware of the services and help that exists. • Lack of follow-up with discharged patients. • Patients require someone reaching out to them. The expectation of them to reach out for help is not realistic for all individuals.
Wait times	• Lengthy wait times for referrals for certain services.
Lack of consideration of patient's family	• No understanding of costs that family members cover. • No respite for families. • No recognition of family members as experts.

SERVICE PROVIDER/ORGANIZATIONAL & HEALTH REGION	
Housing	• Operators of Mental Health Approved Homes have refused to drive patients to appointments (even though it is part of contract) resulting in a decline in compliance and attendance at appointments and programming.
Caseload	• Workload for case management workers, and other staff, is too high. • No time to spend with patients, resulting in a decrease in quality of care provided. • No time to coordinate care or address social needs such as housing. • Example: In the past six years, referrals to the Early Psychosis Intervention Program have increased by almost 70%. This increased volume, without proportionate increase in staff, lessens the ability of the program to provide quality care to patients. • Lack of relief-line workers to cover full-time staff's workload during holiday and sick time, resulting in needs of patients not being met. • Not enough resources (time, money, staff) to get done what is necessary to meet needs. • Peer-support workers have an important role to play but they are not trained in crisis management and, therefore, do not replace case management workers.
Capacity	• Inconsistent service delivery (experienced by patients) results from reduced budgets and overworked staff. • Bed capacity at Dubé Centre. • Gap in subacute capacity (intermediate care). Need a safe place to recover providing psychological, emotional and physical safety. • Cuts to programs and funding to programs that better assist individuals with severe mental health concerns (i.e. Saskatchewan Assured Income for Disability (SAID), the Lighthouse, staffing in Regina Psychiatry department). • Gap in managed alcohol programming. • No budget support for implementation of mental health plan. • Upstream support services are not operating with sufficient resources.
Wait Times	• Wait times on referrals. • Need to fix the ER wait times for everybody. • ER is the entry point for all mental health concerns. • Dealing with mental health crises in an emergency department that is geared towards treating physical health crises is not ideal. Mental health patients do not see appropriate services in a timely manner and inappropriate emergency resources (i.e., emergency physicians) are utilized and directed away from other non-mental health patients.

Training	• Nurses rotating through Dubé Centre may not have the most specialized training in mental health, although all are required to meet a minimum level. When hiring for a position, the person hired may not be the best suited (in terms of specialized mental health training) because the Dubé Centre must hire based on collective bargaining agreements. • Shift rotations can impact a nurse's ability to maintain the relational aspects of care with patients that are required in a mental health setting. This then impacts the level of care needed for patients as well as the intricate detailed knowledge to facilitate an effective community transition. Building these relationships and knowledge is particularly important in psychiatric nursing since the care of the individuals spans more dimensions than just the physical – specifically, social, emotional, and spiritual. • Care is not patient-centred, in that patients may not be as actively involved in their own care decisions. • Health region needs to educate and better train staff to respectfully and appropriately care for patients with a mental health diagnosis. • A patient/family advisor stated they felt the overarching values and beliefs of the health care system and average health care worker is not consistent with the needs of mental health patients. • Require improved professional and ethics training. • Require sensitivity training regarding MHA problems. • Mental health patients presenting with co-morbidities are not appropriately cared for. • All staff in SHR, regardless of what hospital or ward in which they work, should have mental health training.
Theories of care and practice	• Clash of worldviews between westernized medical system and Indigenous cultural practices. • Recovery Services is moving towards a recovery model rather than a medical model and there is conflict with health care professionals who are still working within a medical model. • Example: Continual renewal of contracts with psychiatrists who do not adhere to a recovery philosophy/worldview. • Care is not patient-centred, in that patients may not be as actively involved in their own care decisions.
Inter-Agency Communication	• Communication between acute care system and community system is failing. • Lack of discharge plans with clear communication from acute system to community where clients are being referred.
Health Region and Community Partnerships	• Lack of working partnerships between school, justice, community, and health region. • Health region does not have the "backs" of community organizations. • Health region has to trust and believe in community and share responsibilities where appropriate. • Need to improve quality of services. • Lack of recognition of what is already happening, resulting in duplication of services.

GOVERNMENT	
Policies	• Changes to the Mental Health Act has increased the community treatment orders (CTO) that recovery services receives, thereby increasing intake numbers with no changes to staff numbers. • CTOs are not always based on need but sometimes on available patient beds in acute care.
Funding system	• Social assistance removes financial support as people begin earning a small amount of money. This directly affects peer-support worker's ability to do part-time work for fear of losing funding. • Problem is that the point at which funding is cut is too little for people to survive on. • Saskatchewan Assured Income for Disability (SAID) funding cuts. • Need increased resources, including financial support, for clients to access programming (including counselling) that is not free.
Resources	• There are not enough resources (time, money, staff) to get done what is necessary to meet needs of the population. • Increasing needs, increasing complexity with decreasing funding = a big mess.

OTHER	
Education	• Mental health education for the broader population. • What a diagnosis means, what are symptoms, stigma. • Perceptions of some programs deter others from attendance. • Discrimination against those living with mental health or addiction issues.
Prevention	• We need early intervention and prevention, but we have services driven by reactions to crisis. • Referrals to Early Psychosis Intervention Plan (EPIP) from acute system. This program was meant to be preventative but runs as reactionary.
Support along the continuum	• Relapse prevention. • Peer-support workers are not trained in crisis-management and there is a need for patients to have a case management worker who crises and other issues can be directed towards. • Transitions - anytime you move from one setting to another it will be tough. Think about students moving from home to a university, or from university to a new job. Transitions are tough for people in all walks of life – but if you have the addition of a mental health illness or addiction it is harder, and if you lack a sufficient and appropriate support system people can fail. • Gap in "undiagnosed" population – the cost of these people to community and community-based organizations.

TABLE 2: Improvement Suggestions (Raw Data Generated from Advisory Group)

THEMES	IMPROVEMENT IDEAS
Emergency Department Optimization	• ED fast track for patients who have been cleared medically and then go to specialized mental health services to deal with mental health issues. • "3rd door option" and/or emergency wing specific for ER patients who present with mental health problem, with appropriately trained staff. • Mental health nurse practitioner in emergency for ER observation and next day follow up. Only see psychiatrist if admission required. • Open City Hospital as a short term stabilization unit and ED for mental health. • Create a psychiatric emergency team (similar to Red Deer program). • Needs to be acknowledged that physical health issues and mental health issues are different and require different assessments, skills, and training. Either need to build capacity across all ED staff or find dedicated resources to deliver this specialized care. • Provide direct access to Dubé Centre services when needed to avoid ED when someone needs a safe place to go (i.e. intercom system). • ED needs to have psychiatric personnel to help in triage/assessment process. • Move services out of Emergency Department and into community for lower costs and less stigma. • Evaluate how we are using ED resources and the effectiveness of the psychiatric liaison nurse. • Mental health and addiction patients who present in emergency should be automatically taken to a specific emergency section, where they will receive treatment in a timely manner by trained professionals who are not being diverted from other emergency situations.
Acute Care/Inpatient Services	• There is no adolescent mental health inpatient unit in new children's hospital. Should this be reviewed to determine the need for such a unit in that facility? The Dubé Centre has an inpatient adolescent unit and may be the more appropriate place to provide specialized mental health services. • Promote awareness and understanding that Dubé Centre is a stabilization unit and not a treatment centre so that people understand what services are available and those that are not. • Team approach while in acute unit that involves coordination of care and resources before discharge. • Need a sub-acute care facility with staff available 24/7 to help stabilize clients. • Restructure the Dubé Centre so one floor is an acute care setting and the other is either a transitional care unit or day hospital. • Create a discharge protocol that includes a communication plan for community services and psychiatrists.

Care Transitions	• Better intermediate care between acute care and lower-cost housing/support options. • Supported transitions for difficult clients. Sometimes mandated and sometimes restrictive. • Transitional living – step down/step up with access to general practitioners, nurse practitioners, and/or registered practical nurses. • Improve medication management across the continuum of care. • Establish a referral protocol so if a patient is fired from a psychiatrist service, there is no lapse in care.
Enhanced Community Care Options	• Westside Community Clinic to become a patient medical home for patients within the core neighbourhoods. • Lighthouse to become a satellite node of the Westside Community Clinic medical home (similar to Cool-AID in Victoria BC: https://coolaid.org/about-us/). • Nurse practitioners and psychiatrists working together under shared care model particularly in addressing gaps in care for medication management. • Psychiatrists to do community rounds with community mental health workers on a regular basis (as implemented in Toronto). • More psychiatric services provided in the community. • Implement Managed Alcohol Program (MAP) in Saskatoon (http://www.uvic.ca/research/centres/carbc/projects/map/index.php). • The psychiatrists contracted by Saskatoon Health Region are excellent – need to be utilized more. • Need to begin building partnership and linkages with Open Door Society with influx of refugees. (EDITOR'S NOTE: Tracy Muggli, Director of SHR's MHAS, confirms that MHAS has a relationship with the Open Door Society and that a counselling clinic is situated at the Global Gathering Place.) • Robust medical home in Westside Community Clinic with general practitioners, nurse practitioners, registered nurses, physical therapists, occupational therapists, psychiatry services, and shared care with primary care, cultural support, outreach psychology/therapy, expanded hours, house calls, on call, lab, immunizations, specialists (pediatrics, obstetrics and gynecology, infectious diseases), social work, social services, etc. • More human resources brought to Mental Health and Addictions, Salvation Army and Journey Home. • Establish Assertive Community Treatment (ACT) Teams with a psychiatrist available to go meet a person in the community. • More psychiatrists delivering care in the community.

Service Integration/ Seamless Care Delivery

- Bring social services, crisis intervention, mental health workers, physicians, etc. together to look at co-designed realignment of services. (EDITOR'S NOTE: A Lead from the First Nations and Métis Health Service states that FNMHS needs to be included during this process so that the two world-view ways of knowing are incorporated.) Need a coordinated approach to delivering services across the continuum of care – mapping? A 3P event? (EDITOR'S NOTE: 3P is a quality improvement method used to design, or improve an existing design, of a product and how it is produced. The goal is to minimize waste.)
- 24/7 single access point for all care needs outside of life-threatening emergencies – where to go, who to see, crisis intervention, etc. Enhancement of current mental health intake offerings beyond health region services.
- True partnerships between community-based organizations (CBOs) and SHR, including regular meetings and strategic planning to meet patient needs.
- SHR needs to amalgamate all services in one central location downtown (maybe old police station?). Canadian Mental Health Association should buy the building and lease it to SHR as a partnership – save costs on multiple leases, close to bus and Sturdy Stone Centre building and other downtown support services. There are currently 13 different locations for MHAS in SHR (EDITOR'S NOTE: A Lead from the First Nations and Métis Health Service states that prior to this, an assessment should be done on who accesses the care the most in these areas. If there are a majority of First Nations and Métis people, for example, we would need to find out why they do not access services elsewhere or why the need to stay closer to home.)
- Consider "Schools Plus" model for care delivery (http://ineducation.ca/ineducation/article/view/26/335).
- Engage community sector in funding planning, services delivery planning (for Ministry, city and health region).
- An addictions treatment continuum. (EDITOR'S NOTE: Tracy Muggli, Director of SHR's MHAS, reports that services are available in a variety of settings spanning the addictions treatment continuum, from detox centres to residential treatment to outpatient services.) Residential treatment refers to services provided by the Calder Centre, (a 28-day program with a flexible length of stay depending on individual need), McLeod House (a transitional supportive residential treatment centre in an apartment run by Central Urban Metis Federation, Inc (CUMFI)), and the Métis Addiction Council of Saskatchewan, Inc (MACSI).
- The province is developing and implementing an integrated mental health and addictions information system called LOCUS. March 2017 it will be opened in 3 health regions.
- There will be a huge capacity to see the gaps when LOCUS moves forward.
- Discharge plans with clear communication from acute system into community.
- Health region should deal with medical and acute care; community-based organizations should deal with social, housing, and other issues. CBOs can provide effective programming for much less than health region and thereby increase capacity of services.
- Need to generate mutual trust and respect between community and health region.

Education/Training/ Awareness Raising/ Support Groups

- ED staff trained to deal with mental health diagnoses.
- Needs to be acknowledged that physical health issues and mental health issues are different and require different assessments, skills training. Either need to build capacity across all ED staff or find dedicated resources to deliver this specialized care.
- Early education and raising of awareness for teachers, school administrators, counsellors and students.
- Professional development for health care staff including mental health training.
- Mental health awareness campaigns to reduce stigma and increase awareness about early symptoms.
- More understanding and learnings about the impact of intergenerational trauma primarily through residential school experiences that contribute to mental health and addiction issues in our Aboriginal communities.
- More peer support programming – effective, low cost.
- More cultural awareness training for Indigenous and immigrant communities.
- Reduce the stigma surrounding mental illness using the Break the Barrier program. This program is being developed by a broad cross-section of people from most local organizations in Saskatoon dealing with mental health. The overall objective is to reduce the stigma around mental illness and addictions. In addition to the activities of most of the groups towards this end, Break the Barrier is working to educate about MHA disorders through the mass media that most young people use (http://www.breakthebarrier.ca/).
- A patient/family advisor added the following: "To break the barrier of mental illness we must do our best to educate each other about uncommon experiences, to provide a social environment within the general public, [and] for the road of recovery to [lead to] a place of recovery internally."
- Peer support - the formal system can't compete with someone who has been through what the patient has.

Other

- Province to implement the Mental Health and Addiction Action Plan they endorsed in 2014.
- Use medicine wheel as a model for care with a holistic approach – physical, spiritual, mental, emotional care and support required.
- Work with individuals to assist them to develop achievable meaningful lifestyles and provide support, facilitate relationship building for the affected individuals.
- Need a specific strategy for crystal meth and drug-induced psychosis.
- Funding model for community-based organizations needs re-evaluation and possible adjustment.
- Do not renew contracts with psychiatrists who do not adhere to recovery model.
- Adopt informed mental health prevention goals and programs that correspond to that understanding.

APPENDIX B:
METHODS FOR ADMINISTRATIVE DATA ANALYSIS

The overarching vision for this research was to have three complementary pieces, each of which would gather information from a different source and use it to create a more holistic picture of the reality of mental health and addiction care in Saskatchewan. The first piece was to analyze administrative records from health services to determine what kinds of care the most frequent users were seeking. The second piece was to create an inventory of mental health and addiction services to understand what services are available. The third piece was to engage with patients, families and front-line mental health workers to understand their experience of living with and treating mental health and addiction issues, and why or why not some services are used. Here we describe in detail the methods used to analyze administrative health data.

STUDY DESIGN

We conducted a retrospective population-based cohort study using administrative data.

The baseline year that we report on is fiscal year 2009/10 (i.e., April 1, 2009 to March 31, 2010). We used a look-back period of 2 years (i.e., April 1, 2007 to March 31, 2009). MHA issues identified prior to April 1, 2009 were defined as prevalent, and those diagnosed for the first time between April 1, 2009 and March 31, 2010 were defined as incident. To be included in the cohort, a person had to have an MHA diagnosis associated with a physician visit or hospitalization prior to March 31, 2010, have that diagnosis occur at age 18 or older, and not have dementia in any diagnostic field of the hospitalization database (ICD-10-CA codes F00-F04) or the physician services databases (ICD-9 code 290). We also used ICD-9 code 298, defined as "other non-organic psychosis," to indicated dementia when associated with a physician visit by a person aged 65+. The rationale for this deviation is described below in the Variables of Interest/Exposure section. We excluded people with dementia because it has a different etiology and requires different treatment strategies than other MHA issues. Cohort members had to be alive on April 1, 2009 with uninterrupted health insurance from April 1, 2007 until loss of insurance, death, or March 31, 2010, whichever occurred first. The methods used to create the cohorts, as well as identify health services use and estimate costs, were identical between provinces unless otherwise specified.

DATA SOURCES

In Saskatchewan, data are collected on health services utilization in electronic databases that can be anonymously linked via a unique personal health insurance number. (Saskatchewan Ministry of Health, 2009) We briefly describe each database used in this research below.

Data on acute hospitalisations are captured in the Canadian Institute of Health Information's (CIHI) *Discharge Abstract Database* (DAD). Up to 25 diagnoses are recorded using the Canadian version of International Classification of Disease version 10 (ICD-10-CA).

Physician services are captured in the *Medical Services Billing* (MSB) database. The database contains data on all services and procedures provided by fee-for-service generalist and specialist physicians. The remaining physicians, primarily those who are salaried, are paid through an alternative payment plan and are required to submit billing claims for administrative purposes, a practice known as shadow-billing. In fiscal year 2015/16, 70% of Saskatchewan physicians received a fee-for-service payment while 40% received an alternative payment. (Canadian Institute for Health Information, Physicians in Canada, 2016: Summary Report, 2017)

Diagnoses in the physician services databases are recorded using the International Classification of Disease version 9 (ICD-9).

Drug data for individuals of all ages dispensed drugs listed in the provincial formulary and who are covered by provincial health insurance is available from 1996 onward. These data are contained in the *Adjudicated Drug Claims Database*. (Government of Saskatchewan, 2018). Data on drugs that are not in the formulary, such as vitamin supplements and other over-the-counter medicaments, but are dispensed to individuals with provincial health insurance are captured in the *Non-adjudicated Drug Claims Database*. This database also contains information on all drugs, whether listed in the Saskatchewan formulary or not, dispensed to individuals whose drugs are paid by the Federal Government (i.e., Registered Indians, veterans, members of the Royal Canadian Mounted Police, and inmates of federal penitentiaries). These data are available from 2008 onward.

Data on long-term care services– specifically clinical, administrative, and resource use data - are contained in CIHI's *Continuing Care Reporting System.* Demographic and clinical details on the residents of long-term care facilities are captured using the Resident Assessment Instrument – Minimum Data Set (RAI-MDS 2.0)©. (Canadian Institute for Health Information, Continuing Care Metadata, 2018)

The *Person Health Registration System* contains demographic characteristics and the location of residence of insured persons. Dates of birth and death are contained in the *Vital Statistics* database.

VARIABLES OF INTEREST

Exposure: The main exposure is having an MHA issue, defined as having at least one MHA-related diagnosis (ICD-9 codes 291-319; ICD-10-CA codes F05-F99; DSM-IV codes 291-293, 295-995, V15-V71) in any field of the physician services or hospitalization databases. The earliest occurrence of an MHA diagnosis in any database was assigned as the index date of diagnosis. MHA diagnoses were grouped into three categories based on ICD codes: psychotic disorders (ICD-9 codes 295-297; ICD-10-CA codes F20 (excluding F20.4), F22-F29, F53.1), substance-related disorders (ICD-9 codes 291, 292, 303-305; ICD-10-CA codes F10-F19, F55), and all other MHA disorders (all other MHA ICD-9 and ICD-10-CA) codes. (MHASEF Research Team, 2018) The Mental Health and Addictions System Performance in Ontario Research Team (2018) used ICD-10-CA codes and hospitalizations captured in the Ontario Mental Health Reporting System (OMHRS) to identify people with MHA problems. We translated ICD-10-CA codes to their equivalent ICD-8/9 codes using CIHI conversion tables, available to CIHI Core Plan members or for purchase. (Canadian Institute for Health Information, 2009) Of note, in 2017 it was discovered that in Saskatchewan the MHA ICD-9 code 298 (other non-organic psychoses) has been used by physicians to indicate dementia since the 1980s. The source of this alternative coding scheme begins in paper and electronic lists of ICD-9 codes and their associated diagnosis, and then propagates into electronic medical software provided by multiple different vendors. After intensive investigation of the use of the 298 code in Saskatchewan, we reassigned the meaning of the code as follows:

- among people aged <45, the code indicates 'other non-organic psychosis,'
- among people aged 45 to <65, it is not possible to know which diagnosis is intended and so these physician visits were ignored,
- among people aged 65+, the code indicates 'dementia.'

Outcome: The main outcome is total health care costs from April 1, 2009 to March 31, 2010, inclusive (i.e., FY 2009/10). Costs for each individual were calculated using methods outlined by Wodchis et al. (2013). (Wodchis, Bushmeneva, Nikitovic, & McKillop, 2013) Fee-for-service physician visits and prescription drug costs were

calculated using the fee paid for the service. Costs for hospitalizations multiple resource intensity weight by the applicable cost amount based on provincial spending. (Canadian Institute for Health Information, DAD Resource Intensity Weights and Expected Length of Stay for CMG+, 2013) Costs for long-term care were measured as a fixed per diem based on prevailing government payment rates. Costs were further defined as annual weighted cost based on the number of days the individual was alive per study year.

Once total costs were calculated for each individual, cohort members were categorized as low cost (<50th percentile), moderate cost (50-90th percentile) or 'high-cost' (>=90th percentile) using population proportional thresholds, in line with previous work. Furthermore, high cost individuals were subdivided into super-high cost (95th to <99th percentile) and ultra-high cost (99th percentile and higher) for sensitivity analyses. (Wodchis, Austin, & Henry, 2016) Individuals who died in FY 2009/10 were categorized separately.

PATIENT DESCRIPTIVES

Sociodemographic variables used to describe the cohorts were age, sex, rurality, geographic area of residence, neighborhood income quintile, material and social deprivation, comorbid conditions, and health services utilization. All variables were calculated for April 1, 2009 except for health services utilization, which are reported for fiscal year 2009/10.

Age and sex were identified from the population registries in each province. A resident was categorized as living in an urban area if his/her postal code was in a Census Metropolitan Area or Census Agglomeration with a population of 10,000 or more. (Statistics Canada, Rural and Small Town Canada Analysis Bulletin, 2001) A resident's postal code was used to identify the location of their residence within the Local Health Integration Network (LHIN) in Ontario and the Regional Health Authority (RHA) in Saskatchewan. It was also used to determine income quintile. Each resident's postal code was linked to a dissemination area, the smallest geographic unit used in Census data. (Statistics Canada, Dissemination Area (DA), 2015) Residents were identified as belonging to an income quintile based upon the *Income Per Person Equivalent* which takes the size of a household into consideration. Income quintiles were calculated so that the entire population of each province was divided into five equal groups. Some residents could not be assigned to a quintile because income measures are suppressed for dissemination areas with a small population.

The Elixhauser Comorbidity Index is composed of 31 variables identifying the presence of absence of a disease. (Elixhauser, Steiner, Harris, & Coffey, 1998) The index was originally created using ICD-9 codes but has since been verified using ICD-10-CA codes. (Quan, et al., 2005) The Elixhauser was calculated for April 1, 2009 using physician and hospital data from 01APR2007 to 31MAR2009. Diagnoses that developed after hospital admission and which represent complications of the hospitalization were excluded. The 31 variables were regrouped in 12 categories based on clinical similarity.

Health services utilization, specifically hospitalizations and physician visits that occurred during fiscal year 2009/10, were identified. The number of MHA and non-MHA acute hospitalizations and average length of stay were calculated. Hospitalizations in the DAD where identified as MHA-related if they had an MHA diagnosis in any of the first three diagnostic fields. Non-MHA related were all other hospitalizations. Physician visits were subdivided into general and specialist physicians for MHA and non-MHA related visits. Generalist visits were determined to be MHA-related if they were associated with ICD-9 codes 291-297 and 299-319. Visits to a specialist were determined to be MHA-related if they were to a psychiatrist. Multiple billings for the same person on the same day by the same physician were counted as one visit. If any diagnosis among these multiple billings was for an MHA diagnosis, the visit was classified as MHA-related.

STATISTICAL ANALYSES

Descriptives were calculated for each variable and reported for each strata of cost. For continuous variables, the mean and standard deviation, along with median and interquartile range, were calculated.

LIMITATIONS

Limitations of this research include secondary analysis of administrative database, lack of data on all health services, and potential missing data on physician visits. First, the administrative databases were created for a purpose other than to answer our research question and so we were limited to using pre-existing variables. Second, we have information on services provided to individuals that occur in hospitals, emergency departments, physician offices, and long-term care facilities, as well as medications dispensed by a pharmacy. However, we have no information on the use of support services that occur outside of these institutions (e.g., community programs, individual or group counselling by non-physicians, and medications provided through community sites). Third, most of the databases we accessed completely capture information on all services, but the Medical Services Billing (MSB) database that records physician services may be incomplete. Fee-for-service physicians are required to submit a billing claim for the services they provide to receive reimbursement from the SK government. Salaried physicians, whose income is not dependent on submitting claims, are required to do the same for information purposes, a practice known as shadow-billing. Despite being required to shadow-bill, it is generally accepted that not all salaried physicians do, although the number cannot be quantified. It is estimated that among Saskatchewan physicians, approximately 70% are fee-for-service and 40 are salaried (Canadian Institute for Health Information, Physicians in Canada, 2016: Summary Report, 2017).

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APPENDIX C

LIST OF PROGRAMS IN SASKATOON HEALTH REGION PROVIDING SERVICES TO INDIVIDUALS WITH PSYCHOTIC DISORDERS

The following is a list of organizations and the services they provide to individuals with psychotic disorders and their family members:

- Canadian Mental Health Association, Saskatoon Branch
- Catholic Family Services
- CLASSIC Inc. – Community Legal Assistance Services for Saskatoon Inner City Inc.
- Community Adult Recovery Services
    - Early Psychosis Intervention Program
    - McKerracher Centre Day Programs
    - Residential Services
- Crocus Co-operative
- Emergency Room Departments
- First Nations and Métis Health Service
- Irene and Leslie Dubé Centre for Mental Health
- Journey Home
- MD Ambulance
- Salvation Army Community Services
- Saskatoon Crisis Intervention Service
- Saskatoon Food Bank and Learning Centre
- Saskatoon Housing Coalition
- Saskatoon Police Service
- Schizophrenia Society of Saskatchewan Partnership Program
- SWITCH – Student Wellness Initiative Toward Community Health
- The Lighthouse Supported Living Inc.

CANADIAN MENTAL HEALTH ASSOCIATION, SASKATOON BRANCH

1301 Avenue P North
Saskatoon, SK S7L 2W9
Phone: 306-384-9333
Email: info@cmhasaskatoon.ca
Webpage: www.saskatoon.cmha.ca

The Canadian Mental Health Association (CMHA) Saskatoon Branch works to support people with mental health illnesses to be active members in the community, including the achievement of work and school goals. Support is provided through programs and services, including mental health first aid training, public awareness campaigns, advocacy, vocational and life skills counselling, and social and recreational programming.

The CMHA provides mental health first aid training in a 12-hour course. Mental health first aid, just as physical first aid, is training that assists a bystander in giving immediate and appropriate care to someone experiencing a mental health issue until the crisis is resolved or professional help is found.

Social and recreational programming is delivered by volunteers through weekly scheduled activities and special events. These programs provide opportunities for individuals with a mental health illness to engage in leisure activities and develop social relationships.

The Saskatoon branch has four hired counsellors who provide vocational and life skill counselling, as well as overall support. Obtaining and maintaining meaningful employment, volunteer experience, or completing educational goals to improve employment potential is the goal of vocational counselling provided by the CMHA. In addition to vocational-specific counselling, such as resume and cover letter development and interview preparation, counsellors assist individuals with maintenance of day-to-day life, including budgeting and time management skills and monitoring mental health symptoms.

Individuals can self-refer to the CMHA. The CMHA does not discharge individuals from their service, providing people the option to have access to a counsellor when needed.

CATHOLIC FAMILY SERVICES OF SASKATOON

200-506 25th Street East
Saskatoon, SK S7K 4A7
Phone: 306-244-7773
Fax: 306-244-8537
Email: staff@cfssaskatoon.sk.ca
Webpage: www.cfssaskatoon.sk.ca

Catholic Family Services (CFS) aims to support people through counselling, education, and community programming. Counselling is available for individuals, couples, and families who are experiencing difficulties to help individuals work towards solutions and alternatives to current situations.

CFS provides a free counselling service in partnership with the Saskatoon Food Bank and Learning Centre for low-income residents of Saskatoon. This service is available at the food bank Monday through Friday by appointment or drop-in.

CFS runs a wide range of community education programs for parents, teenagers, children, and young adults. As well, the E.D. Feehan Childcare Centre is operated by CFS and has space for members of the community, as well as 22 dedicated spaces for teen parents.

CLASSIC INC. – Community Legal Assistance Services for Saskatoon Inner City Inc.

123 20th Street West
Saskatoon, SK S7M 0W6
Phone: 306-657-6100
Fax: 306-384-0520
Email: info@classiclaw.ca
Webpage: www.classiclaw.ca

CLASSIC provides free, professional and confidential legal services for low-income residents of Saskatoon or those who cannot afford legal advice and representation. CLASSIC is guided by the needs of the people it serves while working toward social justice for marginalized and low-income populations, with a specific commitment to Indigenous populations. CLASSIC is student-run, with supervision of practicing lawyers, and has operated in Saskatoon since 2007. The structure of CLASSIC provides students with hands-on experience of the cultural and social realities of legal structures.

There are three programs available through CLASSIC: a walk-in advocacy clinic, a legal advice clinic, and a systemic initiatives program. The walk-in clinic provides basic legal and advocacy services with issues such as social assistance, tenancy, labour standards, and human rights. The legal advice clinic provides individuals with legal issues in criminal, family, civil, or employment law, and for those who cannot afford legal representation, a 30-minute appointment with a practicing lawyer. The systemic initiatives program is a partnership program that works with community organizations to address issues of systemic inequities which, in turn, create legal issues in the community of Saskatoon.

CLASSIC works closely with other community organizations, both providing and receiving referrals, to ensure that both legal and non-legal issues of clients are appropriately addressed.

COMMUNITY ADULT RECOVERY SERVICES

Mental Health & Addiction Services, Saskatoon Health Region
314 Duchess Street
Saskatoon, SK S7K 0R1
Phone: 306-655-0440
Centralized Intake Phone: 306-655-7777
Fax: 306-655-4115
Webpage: www.saskatoonhealthregion.ca/locations_services/Services/mhas/Pages/RehabilitationServices.aspx

Community Adult Recovery Services is part of the Saskatoon Health Region's Mental Health and Addiction Services. Individuals served must:

- be 18 years of age or older,
- be diagnosed with a mental health illness by a psychiatrist,
- be currently under the care of a psychiatrist,
- have experienced a loss of social functioning for at least 18 months due to a mental health illness, and
- be at risk of chronic disability or be acutely ill or traumatized.

The professional team at Community Adult Recovery Services includes:

- Community mental health nurses
- Psychologists
- Occupational therapists
- Recreation therapists
- Social workers
- Rehabilitation workers

- Health educators
- Psychiatrists
- Support staff

Individuals with persistent and severe mental health illnesses are provided with case management and home care by a community mental health community nurse. Case management focuses on planning for recovery, planning for housing, management of medications, crisis management, and coordination of support services.

There are 20 full-time community mental health nurses within Adult Recovery Services with an average client case load of 42 patients. Community Adult Recovery Services also offers the following services:

- Residential services assist individuals with finding housing that is safe, appropriate for their needs, and sustainable.
- The Early Psychosis Intervention Program (EPIP) provides support for those with early symptoms of psychosis.
- McKerracher day programming offers several social, recreational, and educational groups and activities in order to improve skills and quality of life.

COMMUNITY ADULT RECOVERY SERVICES: EARLY PSYCHOSIS INTERVENTION PROGRAM

Community Recovery Adult Services
Mental Health & Addiction Services, Saskatoon Health Region
314 Duchess Street
Saskatoon, SK S7K 0R1
Phone: 306-655-0440
Centralized Intake Phone: 306-655-7777
Fax: 306-655-4115
Webpage: https://www.saskatoonhealthregion.ca/locations_services/Services/mhas/Documents/Pamphlets/EPIP%20-%20Pamphlet.MHAS%20March%202019.pdf

The Early Psychosis Intervention Program (EPIP) is housed under Community Adult Recovery Services, Mental Health and Addiction Services, Saskatoon Health Region.

Individuals accessing the EPIP must:

- be between 16 and 35 years of age,
- have symptoms of a primary psychotic illness,
- have been treated with anti-psychotic medication for less than three months, and
- be considered high-risk patients who are experiencing declining function.

Individuals are provided with case management, addiction counselling, occupational therapy, group programming, education, and cognitive and psychological assessments. Individuals can be a part of EPIP for a maximum of three years.

COMMUNITY ADULT RECOVERY SERVICES: MCKERRACHER CENTRE DAY PROGRAMS

Mental Health & Addiction Services, Saskatoon Health Region
McKerracher Centre
2302 Arlington Avenue
Saskatoon, SK S7J 3L3
Phone: 306-655-4590
Centralized Intake Phone: 306-655-7777
Fax: 306-655-4115
Webpage: www.saskatoonhealthregion.ca/locations_services/Services/mhas/Documents/Pamphlets/McKerracher%20Centre.pdf

The McKerracher Centre is part of Community Adult Recovery Services within Saskatoon Health Region's Mental Health and Addiction Services.

Day programming at the McKerracher Centre provides education and support for individuals with mental health and/or addiction issues that are impacting their quality of life. Day programming is run in a semester style, with four semesters making up a one year-period. This allows programming to shift and adapt based on the needs of individuals who are accessing it. All programming is offered in a group setting. Individuals interested in day programming can be referred by a health care provider or they may self-refer.

Community Connections is a new service run by the McKerracher Centre and offered through inpatient units that is focused on supporting individuals' transition from acute care to the community. The goal is to have patients better prepared upon discharge and to connect them to available support services in the community as required.

A peer-support program is a new service run through the McKerracher Centre and is still under development. This program aims to have support provided by individuals who have lived experience of a mental health and/or addiction issue. There are currently 10 peer-support workers in the program. This program is goal-oriented, with peer-support workers helping patients achieve goals such as accessing programs, learning the bus system, and increased social connections.

COMMUNITY ADULT RECOVERY SERVICES: RESIDENTIAL SERVICES

Mental Health and Addiction Services Saskatoon Health Region
McKerracher Centre
2302 Arlington Avenue
Saskatoon, SK S7J 3L3
Phone: 306-655-4590
Centralized Intake line: Phone: 306-655-7777
Fax: 306-655-4115
Webpage: www.saskatoonhealthregion.ca/locations_services/Services/mhas/Documents/Pamphlets/McKerracher%20Centre.pdf

Residential Services is housed under Community Adult Recovery Services, Mental Health and Addiction Services, Saskatoon Health Region.

Residential Services facilitates the Ministry of Health's Mental Health Approved Home Program within Saskatoon Health Region.

Individuals interested in residence within one of the Mental Health Approved Homes must be 18 years of age or older, have a mental health illness, have a current psychiatrist and case manager, and have appropriate funding in place (i.e., Saskatchewan Assured Income for Disability or personal finances). A referral from a health care provider is required.

CROCUS CO-OPERATIVE

135 Avenue B South
Saskatoon, SK S7M 1M2
Phone: 306-655-4970
Fax: 306-655-4966
Email: robin.crocus@gmail.com
Webpage: www.crocuscooperative.org

Crocus Co-op is a non-profit, community-based, member-guided co-operative that works to rehabilitate, support, and empower individuals living with a mental health illness. Crocus Co-op has been in existence since 1983 and was founded by users of mental health services in the community. The co-op was founded as a safe and respectful space where members can come to work and learn.

Individuals pay a one-time one-dollar fee that provides them with a lifetime membership to the co-op. To become a member, individuals must be 18 years of age or older and proof of a mental health diagnosis is required.

The co-op offers social and recreational programming, a work program, and a lunch program. A space for social and recreational opportunities exists at the co-op, with activities and events planned both at Crocus and in the community each week. Crocus Co-op offers employment opportunities for members, including yard maintenance, snow clearing, residential moving and hauling, and occasional office support, such as packaging large mailouts. Lunch and supper are provided each day at the co-op for a small cost.

Crocus Co-op is funded by the Saskatoon Health Region and the United Way of Saskatoon.

EMERGENCY ROOM DEPARTMENTS

Emergency Departments (ED) provide the best care for individuals experiencing an emergency situation. There are three EDs in Saskatoon Health Region.

Royal University Hospital (open 24 hours)

103 Hospital Drive
Saskatoon, SK S7N 0W8
Phone: 306-655-1362

Saskatoon City Hospital (0900-2030)

701 Queen Street
Saskatoon SK S7K 0M7
Phone: 306-655-8230

St. Paul's Hospital (open 24 hours)

1702 20th Street West
Saskatoon, SK S7M 0Z9
Phone: 306-655-5113

Webpage: www.saskatoonhealthregion.ca/patients/Pages/Emergency-Care.aspx

If a patient presents at the RUH Emergency Department with a mental health issue, the physician and/or nurse can request the services of a psychiatric liaison nurse from noon to midnight. Psychiatric liaison nurses are able to assist with discharge planning, safety planning, referrals, and outpatient treatment plans. These nurses can also support individuals with a mental health and/or addiction issue who are in crisis by advocating for them and connecting them with community resources such as community mental health nurses, mental health approved home operators, and centralized intake services.

All individuals who present to the Emergency Department go through the same registration process. If a patient presents with a mental health issue they must see an emergency physician for medical clearance

before a psychiatric nurse or psychiatrist. If a patient presents with psychosis to the Emergency Department at RUH or St. Paul's, isolation rooms are available to keep the patient safe until they are able to see a physician (two rooms and one room, respectively). If either City Hospital or St. Paul's are unable to safely discharge a patient presenting with mental health issues, the patient is transferred to RUH for assessment by a psychiatrist. During the day St. Paul's Emergency Department has a consult liaison psychiatrist on staff to provide inpatient assessments; however, after hours RUH is the only hospital with a psychiatrist on staff.

Patients who present to the Emergency Department involuntarily (i.e., community treatment order) or who are being held under the Mental Health Act, have security remain with them until they are admitted to inpatient treatment or deemed to be voluntary by a psychiatrist. These patients go directly to a psychiatrist without being cleared by an emergency physician, unless the patient was arrested under the Mental Health Act (section 20) by a police officer.

FIRST NATIONS AND MÉTIS HEALTH SERVICE

Royal University Hospital (RUH)

5406-103 Hospital Drive
Saskatoon, SK S7N 0W8
Phone: 306-655-0166

St. Paul's Hospital (SPH)

B1.37 - 1702 20th Street West
Saskatoon, SK S7M 0Z9
Phone: 306-655-0518

Webpage: https://www.saskatoonhealthregion.ca/locations_services/Services/fnmh/service

First Nations and Métis Health Service (FNMHS) aims to better serve First Nations and Métis people who are in the care of the Saskatchewan Health Authority in Saskatoon in RUH and SPH. This is achieved by providing an integrated and culturally respectful approach to the care, treatment and health-related services accessed by First Nations and Métis people.

Services provided by FNMHS assist First Nations and Métis people in navigating the health care system. These services include:

- coordination of health supports, transportation, and meals from admittance through to discharge,
- connections to traditional cultural supports such as elders and ceremonies,
- liaison and facilitation work to help patients and families better understand their condition and the associated medical procedures,
- interpretation and translation in Cree, Saulteaux, and Dené to assist patients in participating in the decision-making process related to their health, and
- advocacy through promotion of cultural competency in the Saskatchewan Health Authority in Saskatoon at RUH and SPH.

Aboriginal Health Strategy 2010 – 2015: www.saskatoonhealthregion.ca/locations_services/Services/fnmh/service/Documents/About- Us%20FNMHS/Aboriginal-Health-Stragety-full.pdf

IRENE AND LESLIE DUBÉ CENTRE FOR MENTAL HEALTH

Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Adult Unit Main Phone: 306-655-0703
Child & Adolescent Unit Main Phone: 306-655-0702
Webpage: www.saskatoonhealthregion.ca/locations_services/Services/mhas/Pages/AcuteServices-DubeCentre.aspx

The Dubé Centre is an inpatient unit at Royal University Hospital that offers mental health services to children, adolescents, and adults who are experiencing major mental health challenges. Treatment programs and services focus on a range of areas and include:

- Skills for daily living
- Physical and psychosocial assessments
- Coping skills
- Crisis intervention and counselling
- Family support
- Goal planning
- Group programming
- Liaison with community resources
- Administration, monitoring, and education of medications
- One-on-one counselling
- Education
- Transition and discharge planning

Individuals must be referred to the Dubé Centre by a psychiatrist. Health care professionals that can be accessed by individuals who are admitted to the Dubé Centre include:

- Addiction counsellors
- Dietitian
- Occupational therapist
- Pharmacist
- Psychiatrist
- Psychologist
- Recreation therapist
- Registered psychiatric nurses
- Social workers
- Special care aides
- Spiritual care workers
- Youth care workers

JOURNEY HOME

Housing First Program
Saskatoon Crisis Intervention Service, Inc.
103-506 25th Street East
Saskatoon, SK S7K 4A7
Phone: 306-664-4525
Fax: 306-664-1974
E-mail: info@saskatooncrisis.ca
Journey Home Webpage: www.unitedwaysaskatoon.ca/me/uploads/2015/06/Journey-Home_Year-1-Housing-First-Report.pdf
Housing First Webpage: www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first

Journey Home is a Housing First initiative that was started in Saskatoon in 2014. Journey Home was introduced by United Way and is run by Saskatoon Crisis Intervention Service.

This is a voluntary program that engages with the chronically homeless population that struggles with complex challenges related to addictions and mental health. The Housing First approach believes that individuals should have the opportunity to move directly from homelessness into housing with no readiness conditions. Once in a home, individuals are supported to work towards stabilization and a return to optimal functioning, connection, and support.

The program utilizes an intensive case management service model and, to this end, has three front-line Housing First workers and one team leader. The optimal caseload size is 15 participants to one Housing First worker. The Housing First model provides standardized tools for assessment and caseload management.

Other services such as the centralized intake, housing locator, and rapid re-housing are provided by other agencies. These partners include the Indian and Métis Friendship Centre and the Lighthouse. Support for the housing service continuum is provided by the Saskatoon Housing Initiatives Partnership (SHIP) Homelessness Partnering Strategy (HPS) and the Community Advisory Board of Saskatoon Homelessness. The YWCA also serves women and children utilizing a Housing First informed approach.

MD AMBULANCE

430 Melville Street
Saskatoon, SK S7J 4M2
Phone: 306-975-8808
Fax: 306-664-2112
Webpage: www.mdambulance.com

MD Ambulance provides emergency medical services to Saskatoon and area, and is involved in various community-based projects. The community projects described below are highly relevant for the population living with mental health and addiction issues in Saskatoon.

MD Ambulance, in partnership with Saskatoon Health Region and the Saskatchewan Ministry of Health, runs a mobile health bus that facilitates a nurse practitioner and paramedics working together in the community. The health bus aims to bring basic health care to people and allows people to drop in without an appointment to seek medical advice or help. The health bus services include blood pressure checks, blood glucose level checks, chronic disease management, health education, wound care, stiches and stiches removal, flu shots, sexually transmitted infection (STI) testing, free condoms, birth control, and referrals to addictions support, social work, and mental health services.

MD Ambulance has partnered with the Saskatoon Police Service to provide medical checks on individuals in police custody at the detention centre. MD Ambulance has also partnered with the Lighthouse to reduce the number of inappropriate visits to the Emergency Department by providing medical and mental health and addiction services onsite.

SALVATION ARMY COMMUNITY SERVICES

339 Avenue C South
Saskatoon, SK S7M 1N5
Phone: 306-242-6833
Fax: 306-665-0708
After Hours Emergency Line: 306-242-6833
Webpage: www.salvationarmysaskatoon.org

Saskatoon Salvation Army Community Services has been in its present location since 1925. The Salvation Army provides temporary and transitional housing for men experiencing homelessness, as well as long-term housing, meal services, programming, and emergency assistance for women and families in crisis.

Mumford House is a 36-bed shelter that serves women experiencing homeless and their children. Bedding, toiletries, toys, and meals are provided to residents of the shelter. A change of clothing or pajamas will be provided if needed. The maximum length of stay in the shelter is 30 days.

The men's shelter at the Salvation Army has 35 beds separated into three dorms. Showers and free laundry services, as well as a locker for personal belongings, are provided to all residents of the shelter. There is one room available for a young male, 16 to 17 years of age, who needs a safe place to sleep.

The Salvation Army has one emergency mental health room that is reserved for men in the community who are experiencing mental health issues. Residents of this room are referred by Saskatoon Health Region or Mobile Crisis.

There are 12 transitional housing rooms that can be rented by males for up to six months. The goal of these rooms is to provide a safe and affordable place to live while an individual is looking for permanent housing. There are also five rooms that can be rented on a long-term basis for clients who require extra assistance.

New Frontiers Halfway House is a community-based, residential service for male offenders who are serving a portion of their sentence under supervision in the community. Counselling and a variety of programming is available at the residence.

Meal service is provided at a minimal cost to residents of the men's shelter, as well as the broader Saskatoon community. Three meals a day are served Monday through Friday, with brunch and supper served on the weekends. Breakfast costs $3.50, lunch $4.50, supper $5 and weekend brunch is $4.50. Residents of the men's shelter can purchase a bagged lunch for $3.

SASKATOON CRISIS INTERVENTION SERVICE INC.

103 - 506 25th Street East
Saskatoon, SK S7K 4A7
Phone: 306-664-4525
Fax: 306-664-1974
Email: info@saskatooncrisis.ca
24 Hour Crisis Line: 306-933-6200
Webpage: www.saskatooncrisis.ca

Saskatoon Crisis Intervention Service in a non-profit, community-based organization that opened in 1980. The organization provides crisis response services to anyone living in Saskatoon who is experiencing emotional, psychological, and/or social distress and requires immediate emergency help. Services provided include crisis counselling and conflict management, which may be delivered in person or over the phone. Services are available 24 hours a day and 365 days a year. All services are provided free of charge.

Crisis Management Service provides specialized crisis management for individuals who are often characterized as hard to serve. These individuals often live lifestyles that are high-risk, have non-compliance issues, have difficulty managing the problems associated with a mental illness and day-to-day life, and are often experiencing a crisis. A crisis may involve suicidal thoughts or feelings, child abuse or neglect, family problems, mental health crisis intervention and illness relapse, drug or alcohol use or abuse, or personal distress.

Individuals can self-refer to Crisis Management Services or be referred by a family member, health care provider, social worker, or legal professional. Coordination of services, case management, advocacy, education and training, and assistance with meeting basic needs (food, clothing, and shelter) are some of the services provided by the case manager.

By definition, a crisis is short-term and, therefore, crisis workers partner with other services and refer clients to them for longer-term assistance. Such agencies include:

- Saskatoon Police Service
- Ministry of Social Services
- Salvation Army Men's Hostel and Family Services
- Hospital Emergency Departments
- YWCA
- Interval House
- Crisis Nursery
- Lighthouse
- Saskatoon Tribal Council
- Central Urban Mètis Federation Incorporated (CUMFI)
- EGADZ (a non-profit community-based organization that provides programs and services to children, youth and their families to help them make healthy choices that improves their quality of life).

The recent creation of the Police and Crisis Team (PACT), in which a mental health professional is paired with a police office when responding to incidents in the community, has created a partnership response that can better help address the individual's needs, including directing individuals to appropriate services and care.

SASKATOON FOOD BANK AND LEARNING CENTRE

202 Avenue C South
Saskatoon, SK S7M 1N2
Phone: 306-664-6565
Fax: 306-664-6563
Email: office@saskatoonfoodbank.org
Webpage: www.saskatoonfoodbank.org

The Saskatoon Food Bank and Learning Centre serves low-income individuals and families who reside in and around Saskatoon. The food bank offers emergency food baskets, urban agriculture opportunities, a community kitchen, a clothing depot, counselling services, and programming. Emergency food baskets are intended to provide two to three days of food for Saskatoon residents who are in need. Food baskets can be accessed once every 14 days. Families with children and women who are pregnant or nursing receive milk in the food baskets. Infant formula, baby food jars, and infant cereals are also available.

The food bank's garden patch in Saskatoon is an urban agriculture, community-based initiative that produces more than 20,000 pounds of fresh produce each summer for distribution to people accessing the food bank's programs and services. The garden patch offers volunteer and training opportunities for those who are interested in learning more about urban agriculture.

The food bank's clothing depot provides clothing and personal hygiene items for a low cost ($2 per large bag of clothes and three personal hygiene items).

Programming offered by the food bank in Saskatoon includes opportunities for learning and skill development to help address the root causes of poverty. Programs include a volunteer income tax program for low-income individuals and families, a literacy program to help individuals who aren't employed upgrade their education, and a workplace experience program to help individuals who aren't employed gain hands-on training and experience. Programming is also available through the food bank community kitchen, with a focus on the preparation of nutritious and affordable food and on diabetes prevention.

Counselling services are provided free of charge to low-income individuals through a partnership with Catholic Family Services.

SASKATOON HOUSING COALITION

319 Camponi Place
Saskatoon, SK S7M 1E9
Phone: 306-655-4979
Email: info@saskatoonhousingcoalition.ca
Webpage: www.saskatoonhousingcoalition.ca/index.php

The Saskatoon Housing Coalition has been existence since 1983, providing residential services for individuals with chronic mental illness who are living in Saskatoon. Services include a group home, supportive apartments, a transitional program, and community outreach services. Individuals accessing services often have limited monthly incomes, face stigma and limited community acceptance, and experience health and social issues in addition to the symptoms of their illness.

The Saskatoon Housing Coalition aims to meet the needs of this population by:

- Providing accessible and affordable housing
- Providing enhanced community integration opportunities
- Help develop life skills necessary for independent living
- Increasing public awareness of mental health illness

The group home run by the Saskatoon Housing Coalition has space for up to five residents and is a co-ed home. Support, therapy, and counselling services are available 24 hours a day in the group home, and daily activities and structured programming assist residents with life skills.

The supportive apartment program has five buildings intended for long-term housing, with both furnished and unfurnished suites. A community mental health worker meets regularly with residents of the apartments to provide educational and recreational opportunities, advocate for services, and assist with life skill development. Residents are encouraged to manage their individual meal planning and preparation, cleaning, medication management, and budgeting.

The transitional program exists as a collaborative partnership with the Saskatoon Health Region Mental Health and Addiction Services. Community outreach services are provided by community mental health workers for up to six weeks after hospital discharge to assist with a successful transition into the community and prevent re-admittance to hospital. Patients are provided with guidance and support as they establish relationships with the appropriate community services to meet their needs. The transitional program has one apartment building for use by residents for up to a two-year period.

A weekly drop-in self-help program addressing the issue of hoarding is also run by the Saskatoon Housing Coalition.

SASKATOON POLICE SERVICE

76 24th Street East
Saskatoon, SK S7K 3P9 Phone: 306-975-8300
Email: PoliceService@Saskatoon.ca
Webpage: www.saskatoonpolice.ca

The Saskatoon Police Service (SPS) offers a variety of services to the community of Saskatoon through a number of different units. The Police and Crisis Team (PACT) is the primary service described below; however, there are many interactions that occur between mental health and addictions patients and the SPS.

PACT was developed in 2014 as a partnership with Saskatoon Crisis Intervention Service to provide real-time responses for people experiencing a mental health crisis. PACT pairs a police officer with a mental health professional to help address the individual's needs, including directing individuals to appropriate services and care.

The SPS has also incorporated mental health first aid into the training of new recruits. Mental health first aid, just as physical first aid, is training that assists a bystander in giving immediate and appropriate care to someone experiencing a mental health issue until the crisis is resolved or professional help is found.

2014 Annual Report: http://saskatoonpolice.ca/pdf/annual_reports/2014_Annual_Report.pdf

SCHIZOPHRENIA SOCIETY OF SASKATCHEWAN PARTNERSHIP PROGRAM

Room 220 - 230 Avenue R South
Saskatoon, SK S7M 2Z1
Phone: 306-374-2224
Email: Curtis@schizophrenia.sk.ca
Webpage: www.schizophrenia.sk.ca/partnership-program

The Partnership Program, developed by the Schizophrenia Society, is a public awareness program that aims to educate people about schizophrenia and related psychosis and to reduce stigma and misconceptions associated with mental health disorders. The awareness program also informs the public about how to find treatment and other services.

The primary way in which the awareness program functions is through one- to two-hour presentations. Presentations include a panel of presenters, including an individual with schizophrenia or a related mental health illness, a family member of a person with a mental health illness, and a mental health professional. Presentations focus on a story of recovery, the impact of a mental health illness on family members, and the facts of mental health and illness. Presentations are provided by the Partnership Program to the public and Catholic school systems, police officers, RCMP, justice and corrections, health care providers, post-secondary institutions, rehabilitation centres, immigration centres, drug and alcohol detox centres, community service agencies, and many other organizations.

The Partnership Project provides referrals to appropriate mental health and addiction services and supports in the community depending on a person's needs.

SWITCH – Student Wellness Initiative Toward Community Health

1528 20th Street West
Saskatoon, SK S7M 0Z6
Phone: 306-956-2518
Fax: 306-934-2506
Email: info@switchclinic.ca
Webpage: www.switchclinic.ca

Since October 2005, SWITCH has been operating a student-run, interdisciplinary health clinic. SWITCH aims to improve equal access to health care, nutrition, and education for residents of Saskatoon, while providing skill development and training for future health care professionals.

SWITCH operates three times a week at the Westside Community Clinic in Saskatoon: Monday and Wednesday evenings from 5:30 p.m. to 8 p.m. and Saturdays from 12:30 p.m. to 3 p.m. SWITCH has professional mentors from a variety of health fields and student volunteers from an array of educational backgrounds available during each shift. A cultural support worker, physician, nutrition supervisor, and receptionist are also available during each SWITCH shift.

SWITCH provides both clinical services and outreach programming including:

- Physician services, including pediatrics and gynecology
- Social work services, including counselling and advocacy
- Pharmacy, including a Medication Assessment Centre (MAC)
- Chiropractic and acupuncture
- Naturopathic medicine
- Reiki, iridology, reflexology, and herbology
- Speech language pathology
- Nursing services

- Physiotherapy
- Occupational therapy
- Dietitian and nutrition services, including nutritional advice, fresh vegetables and fruits, and at-cost snack and meal bags
- Traditional elder and healer access
- Community addictions and mental health outreach
- Needle exchange
- Referrals and resources
- A safe space
- A homework help centre
- Telephone access
- Educational programming

SWITCH partners with the University of Saskatchewan, Saskatoon Health Region's Primary Health Care, and the Saskatoon Community Clinic, and is funded by a large number of organizations, institutions, companies, and granting agencies.

THE LIGHTHOUSE SUPPORTED LIVING INC.

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The Lighthouse provides emergency shelter, affordable housing, and supported living to residents of Saskatoon. In addition to providing housing, the Lighthouse offers free suppers on Mondays and Fridays to members of the broader Saskatoon community who are in need.

The Lighthouse has 61 emergency shelter spaces in three dorms, serving men and women aged 16 years of age and older. While an individual is at the shelter, he or she is provided with full meal service, hygiene products, showers, a lounge space, internet, telephone, and access to laundry and in-house supports. Casework support and housing services are available to individuals in the shelters.

The Lighthouse also operates a 38-bed stabilization/low-barrier shelter for both men and women who do not require medical intervention but need a safe place to stay while under the influence of drugs and/or alcohol. Casework support and addictions counselling is available to assist these clients.

The Dubé Supported Living tower has 68 suites for individuals who require some assistance to live independently. Individuals in these suites have full meal service, access to their lounge area and laundromat, and access to all group programming and support services at the Lighthouse, including case workers. One of the floors in the Dubé Supported Living Tower, consisting of 17 suites, is designated for clients of Saskatoon Health Region Mental Health and Addiction Services with complex needs. Staff support is available for the complex needs unit 24 hours a day and seven days a week. Case managers attached to this unit work intensively with clients, and with the clients' community support workers, to develop individual service plans to support clients towards recovery, provide illness management, and increase levels of independence.

The Lighthouse also operates an independent living, affordable housing facility. It consists of a 58-suite apartment tower that is available to renters with limited income.

The Lighthouse operates a mobile outreach service. Two staff operating in the community and out of the mobile van engage with homeless individuals to ensure they have a safe place to stay, including accessing

Lighthouse shelters. In addition, the mobile outreach service is utilized during the day to support Lighthouse clients who need to access medical services, get to mental health appointments, and access social or community programs.

A recent partnership with Saskatoon Health Region has brought a number of additional supports to clients and residents of the Lighthouse. To support the improved health care of clients, and to encourage better utilization of medical, psychiatric, and recovery services, a nurse practitioner, a registered psychiatric nurse, an addiction counsellor, and a special care aide have been added to the staff at the Lighthouse facility. These interdisciplinary professionals, together with Lighthouse case managers, make up the Lighthouse care team, which works to help clients and residents move toward improved health and well-being. Numerous other community wellness programs also come to the Lighthouse to assist with patient education, risk assessments, health screening, immunizations, and out-patient care.