

Community Crisis Beds Consultation Guide

OCTOBER / NOVEMBER 2019



Introduction

In June 2017, the Provincial Government released **Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador** to guide the transition of the provincial mental health and addictions system to one that is person centred, trauma informed and recovery oriented. This system transformation will ensure a robust offering of community-based mental health and addictions programs and services across the four regional health authorities is available for people closer to home, when and where needed.

The establishment of community crisis beds throughout the province is one component of this system transformation, and will be guided by the following values:

Respectful	Service delivery must be sensitive, compassionate and free from stigma and discrimination.
Person-centred	Priority in the development and delivery of services and treatment must be given to meeting the person's needs. People must be encouraged and allowed to be partners in planning their own care.
Accessible	Appropriate services must be available when needed and as close to home as possible.
Recovery-focused	Programs and services must instill hope and empower people to seek mental health and well-being.
Collaborative	Government, community agencies, health care providers and individuals and families share responsibility for improving service delivery.
Effective and Efficient	Service delivery must be evidence-based and sustainable. Services must be regularly monitored and evaluated to ensure the best possible health outcomes with the best use of resources.
Responsive	Appropriate screening and assessment must be accessible at the first sign of a mental health or addictions issue.
Inclusive	Services must accommodate the needs of all people.

Background

Community crisis beds offer a voluntary, community-based option for people in crisis, over the age of 16 years, who do not require inpatient hospitalization, but could benefit from access to temporary placement in a supportive, homelike environment. Community crisis beds are not intended to provide emergency shelter.

A mental health crisis is an emergency that poses a direct and immediate threat to an individual's physical or emotional well-being. This type of crisis can occur for anyone at any time, regardless if the person has been diagnosed with a mental illness.

Community crisis beds are evidence-based and exist in many provinces and countries. They are very effective in helping people during a mental health crisis. While there are a number of variations in terms of intake and referral processes, admission criteria, length of stay, staffing models and services provided, these beds are usually operated by community-based organizations and located in houses, with three to five bedrooms, and a space for people to seek support even if an overnight stay is not required, in residential neighbourhoods.

Purpose

In 2018, the Department of Health and Community Services contracted a local research company to complete a needs assessment of community-based crisis stabilization services throughout the province, with a focus on how best to establish community crisis beds in each region.

To build on the findings of the needs assessment, the Department of Health and Community Services, in collaboration with the four regional health authorities, is seeking additional input from individuals and families with lived experience, community partners and advocates to further inform the establishment of community crisis beds throughout the province.

This document provides five main questions to help guide your input. If you would like to provide feedback using an alternate format, please submit your feedback by email to cathy.king@centralhealth.nl.ca, by November 29, 2019.

3. Please comment on how community crisis beds should operate within your community.

a. What should people do to access community crisis beds (e.g. see a family doctor or other health professional? Walk-in? Other?)

b. Who should staff the community crisis beds? What qualifications are needed?

c. What services should be provided?

d. What should be the length of stay?

e. Would you like to provide any other comments?

4. What do you think are **solutions** to the following challenges that may arise when establishing community crisis beds?

a. **Addressing the needs of specific populations (e.g. Indigenous people; seniors; women; people in the sex trade; people with addiction; LGBTQ2S; deaf community; immigrant, refugee, ethno-cultural and racialized groups)**
