

ITEM 1
MANAGER'S REPORT NO. 41
COUNCIL MEETING 88/06/13

RE: PSYCHIATRIC HEALTH CARE IN BURNABY

MUNICIPAL MANAGER'S RECOMMENDATION:

1. THAT the recommendations of the Medical Health Officer be adopted.

* * * * *

TO: MUNICIPAL MANAGER 1988 JUNE 07
FROM: MEDICAL HEALTH OFFICER
SUBJECT: PSYCHIATRIC HEALTH CARE IN BURNABY

RECOMMENDATIONS

1. THAT a copy of this report be forwarded to the Honourable Peter Dueck, Minister of Health, and that Council request the Minister to provide a response addressing the recognized gaps in Provincial Psychiatric Health Care services for this Municipality as outlined in the summary of this report.
2. THAT copies of this report be forwarded to Burnaby School Board and Burnaby Inter-Agency Council for information.

REPORT

BACKGROUND:

At the regular Council Meeting of 1988 March 21, it was requested "THAT staff prepare a report on the situation in Burnaby in terms of the delivery of Psychiatric Health Care Services and further, that Staff consider the participation of Dr. Holt including the option to extend an invitation to Dr. Holt to speak directly with Council."

I ROLE OF THE BURNABY MENTAL HEALTH CENTRE

The main provider of Psychiatric Health Care Services in Burnaby is the Burnaby Mental Health Centre. A full description of these services has been provided by Dr. W. Holt, Medical Director, and has been included with this report as Attachment IV. The main points to note are:

1. Services provided in Burnaby

The Burnaby Psychiatric Services provide an integrated comprehensive decentralized psychiatric care system, providing assessment and treatment in out-patient daycare, in-patient and residential facilities.

a) Out-patient:

- (i) Three adult out-patient multi-disciplinary Psychiatric teams in 3 separate offices in North, Central and South Burnaby.
- (ii) A similar multi-disciplinary team but also including a speech therapist and child care counsellors for emotionally troubled children and adolescents.

b) Day Programs:

- (i) Two adult day programs.

- c) In-patient - 25 bed acute In-patient Unit at Willingdon and Canada Way.
- d) Residential Program: 80 residential places in 8 different facilities.
- e) Special Geriatric Program - much of their work is done in conjunction with the Long Term Care Program.
- f) Psychiatric consultation service to Burnaby Hospital.

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2. A review of the situation in the Lower Mainland

Problems caused by a failure to develop new acute in-patient psychiatric beds are discussed. This has resulted in patients piling up in emergency beds, or being diverted from one hospital to another. Dr. Holt is of the opinion that an additional 25 bed unit in Burnaby would give adequate acute in-patient beds for the district for the next 10 years.

3. Current status of planning for new resources

Dr. Holt is optimistic that the recent appointment of a new Deputy Minister of Health has improved the planning in the Ministry to add new resources for psychiatric care. The work which started with the Mental Health Consultation process, some years ago, and produced the Mental Health Centre Report last October, had been recently restricted to addressing only the re-distribution of the resources of Riverview Hospital. These restrictions have been removed, and planning is underway to add needed community resources.

II ROLE OF THE BURNABY HOSPITAL

Patients who are acutely ill are brought to the Emergency Department of the Burnaby Hospital where they are initially assessed by an Emergency Physician and, if necessary, a psychiatrist from the Burnaby Mental Health Centre. The hospital is neither funded nor set up to provide acute psychiatric care.

In discussion with Dr. Chapin Key, Vice President, Medical Services, some difficulties are identified by the hospital:-

1. Other than the emergency area, which is designed for a different purpose, there is no suitable setting to provide assistance to an acutely disturbed and ill patient who needs psychiatric care, nor are there always staff available with specialised psychiatric training. This has the potential for causing difficulties both for the patient and the hospital, during the time taken for an assessment of the patient to be done, and a proper resource found.
2. The hospital also services people from areas other than Burnaby, particularly from its immediate vicinity West of Boundary Road. The Burnaby Mental Health Centre serves only Burnaby residents. Trying to find psychiatric resources for patients from other than Burnaby can be most frustrating, and can lead to misunderstandings and misconceptions about the role of the Burnaby Hospital.

III PSYCHIATRIC CARE FOR CHILDREN AND TEENAGERS

It has long been a concern of Health Department staff that there are insufficient psychiatric services for emotionally disturbed children and teenagers and their families. In particular, for very disturbed children, there is a real problem in the availability of residential facilities and adequate funding to provide the care required. These children are not great in number, but are usually well known to every agency, and have strained all resources.

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This is a very complicated issue, involving School Boards, Ministry of Health, Mental Health Services, Ministry of Social Services and Housing, Police and Probation. The issue is somewhat peripheral to the discussion of the downsizing of Riverview and is therefore not discussed here. Nevertheless, it should be very much a concern to anyone involved in planning psychiatric service in the community.

SUMMARY

From the patient's point of view, the concern must surely be the ability to access the right help with the least difficulty based on need and not by place of residence. People move freely around the Lower Mainland to access Health Care Services, and lack of service in any one area affects all the others, especially when services are already overburdened. Services in Burnaby therefore have to be considered in the light of the situation in the Lower Mainland, which has caused concern, particularly in Vancouver. A description of Burnaby Psychiatric Services provided by the Burnaby Mental Health Centre has been given by Dr. Holt. There is some optimism that steps are being taken by the Ministry of Health to answer concerns previously expressed that the downsizing of Riverview Hospital be delayed until such time as already recognized gaps in service in the community are addressed. The particular gaps in service seen in Burnaby are:

- a) a lack of acute in-patient beds, not only in Burnaby but throughout the region.
- b) a need to address the problems faced by patients and their families, and the hospital, when entry to psychiatric care occurs in an acute crisis situation.
- c) a need to address the problems caused by a lack of psychiatric services for children and adolescents.

S L Hemming

S. L. Hemming, M.B., D.P.H., F.R.C.P (C)
MEDICAL HEALTH OFFICER

SLH:mk

cc: Director, Administrative & Community Services
Dr. Chapin Key, Burnaby Hospital
Dr. Holt, Burnaby Mental Health

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Background information package for Council on Report on Psychiatric Services.

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REVIEW:

1. October 1987. Ministry of Health circulated the Mental Health Consultation Report, a Draft Plan to replace Riverview Hospital.
2. January, 1988. At a regular Council meeting, questions were asked concerning this.
3. February 15, 1988. Report to Council from Medical Health Officer with information packet. Subsequently, copy sent to Ministry of Health and Ministry of Social Services and Housing. **Attachment I**
4. Ministry of Health reply from Executive Director, Mental Health Services, Brian Copley. **Attachment II**
5. March 09, 1988. Letter from Jerry Triggs, Chairman, Burnaby Inter Agency Council. **Attachment III**
6. March 21, 1988. Council requested that staff provide information on psychiatric services.
7. April 28, 1988. Information received from Dr. Holt. **Attachment IV**

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RE: REPLACEMENT OF RIVERVIEW HOSPITAL

MUNICIPAL MANAGER'S RECOMMENDATION:

1. THAT the recommendation of the Medical Health Officer be adopted.

* * * * *

TO: MUNICIPAL MANAGER 1988 FEBRUARY 11

FROM: MEDICAL HEALTH OFFICER

SUBJECT: REPLACEMENT OF RIVERVIEW HOSPITAL

RECOMMENDATIONS

1. THAT this report be received for the information of Council, and that a copy be sent to the Ministry of Social Services and Housing, and the Ministry of Health.

REPORT

INTRODUCTION

(Note: In response to a question from Council on February 8, 1988, a separate report is being prepared on Group Homes and related subjects).

In October of 1987 the Ministry of Health circulated the Mental Health Consultation Report, a Draft Plan to replace Riverview Hospital. The intent of the plan is to reduce substantially the number of residents over the next five years. Phase One is to reduce the current population of 1200 to 500 in three years and Phase Two would be to close the current facilities within the following two years.

CLARIFICATION OF TERMS

A clear distinction should be made between those people who are Mentally Ill and those who are Mentally Handicapped.

Mentally Handicapped usually applies to an individual with subnormal intellectual ability present from birth or early infancy, manifested by abnormal development and associated with difficulties in learning, development and social adaptations.

Mentally Ill is a general term to describe an individual with significant behavioral or psychiatric disorders.

Services for the Mentally Ill have been provided through a variety of Community Agencies, Acute Hospitals and the Provincial Institution at Riverview. Woodlands and Glendale are the large Provincial Facilities providing institutional services for the Mentally Handicapped. There are also a number of Community Agencies involved with the Mentally Handicapped.

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REPLACEMENT OF RIVERVIEW HOSPITAL

The Report states that treatment and care of seriously Mentally Ill people can be best provided in the community and managed in the same way as care for other diseases. Some of the major components include:

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Phase One (3 years)

- development of community residential, day program and case management/outpatient treatment resources around the Province.
- development of additional acute care beds in general hospitals, and the pilot testing of small and medium sized long term units.

Phase Two (2 years)

- development of the remaining medium sized long term inpatient units around the Province.

At the end of October, Mr. Brian Copley, Executive Director, Mental Health Services, Ministry of Health, discussed the Mental Health Consultation Report with the Metropolitan Board of Health. The Board had some concerns and these were expressed to the Minister of Health, both by letter and by a brief presented to the Minister when he met with members of the Associated Boards of Health on December 10, 1987. Those concerns are still outstanding.

Further to the above, the Greater Vancouver Regional Hospital District has asked the Regional Administrative Advisory Committee (RAAC) to report on what would be the impact on individual municipalities if Riverview Hospital is closed as proposed. At its meeting on 1988 February 10, RAAC agreed to act on this request, and assessments will be carried out by each municipality for compilation by the GVRD. Upon completing an assessment impact report for Burnaby, staff will submit it to Council for consideration, and will then forward the results of Council's deliberations to Mr. M. O'Connor, Regional Manager, GVRD.

It is anticipated that all communities will have completed their assessments within the next two or three months and that the GVRD Hospital Board will be in a position to review the results of these assessments shortly thereafter.

CURRENT STATUS

An interim Board has been appointed to plan the transition of Riverview from a Provincial Institution to a specialized hospital under a non-profit Board of Directors. The effect on Burnaby is unknown at present. Presently there are about 38 Burnaby residents at Riverview. Burnaby has a well managed and co-ordinated Mental Health Service with 25 psychiatric beds for acute care and 80 for residential living. The Burnaby Mental Health Centre also has 3 Community Teams which provide Mental Health Services to adults, and 1 Children's Team. For some years there have been limited numbers of Burnaby residents going to Riverview because of the availability of local services. Dr. Holt, Medical Director of Burnaby Psychiatric Services, has requested that in the re-allocation of resources from Riverview, additional acute psychiatric beds, and an extra Community Team in the Lougheed area be provided in Burnaby.

Burnaby has 5 licensed Mental Health Boarding Homes providing occupancy for 64 residents and 3 unlicensed facilities (independent living) providing for 15. We are not aware of any new facilities being developed here to accommodate the former patients of Riverview Hospital.

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MENTALLY HANDICAPPED

Integrating of Mentally Handicapped children into our local schools started around 1972. In August, 1987 the Regional Manager, Ministry of Social Services and Housing wrote to the Mayor and Council with information regarding the phasing down of Woodlands in New Westminster. On 1987 December 14, Health Department staff and the Social Planner met with representatives of the Ministry of Social Services and Housing and Woodlands.

We were advised that current plans are to close Woodlands by 1991. Phased closure is subject to Provincial Treasury Board approval each year. We are told that initial support services from the Ministry of Social Services and Housing will be available and provided to the new group homes (i.e. registered psychiatric nurses, psychiatric social workers, etc.) to help clients and staff through the adjustment period.

The Ministry of Social Services and Housing has also made a professional support group available for special problems which may arise when relocating these persons from Woodlands. We are currently processing 4 new group homes (total 18 residents) for licensing. For Mentally Handicapped adults there are 15 licensed facilities with 76 residents and 1 unlicensed facility (independent living) with 3 residents. For children there are 2 licensed facilities with 10 residents. For residential care (group homes) there are 12 licensed facilities with 73 residents.

QUESTIONS ASKED BY COUNCIL ON JANUARY 18, 1988

- Question 1** Are there other governmental facilities being built or presently available for persons discharged from institutions such as Riverview?
- Answer 1** There is no information at this time on new facilities planned for the Mentally Ill in Burnaby but there are some being processed for licensing for the Mentally Handicapped as previously described.
- Question 2** What specialized care and treatment will be provided for persons while they are adjusting to living in society, after having lived in institutions?
- Answer 2** Treatment will continue to be provided, as now, mainly by the Burnaby Mental Health Centre, and it is hoped service will be increased as previously stated. There is no assurance at this time, although these matters are being discussed currently with the Minister of Health.
- Question 3** Has the Provincial Government contacted the municipalities with regard to changes in policy pertaining to mentally ill or mentally handicapped persons and described alternate facilities and new methods of care for such individuals?
- Answer 3** The Provincial Government has not contacted this Municipality directly concerning the mentally ill although staff have had the Mental Health Report available to them and the matter has been discussed at the Metropolitan Board of Health. With regards to the mentally handicapped, there have been some discussions with Ministry of Social Services and Housing as outlined above.
- Question 4** Have municipalities received assurances from the Ministry of Health that adequate backup support and funding will be available to support the community services which will be required.

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Answer 4 As there have been no direct discussions with the Municipalities or the Regional District at this time, there are no assurances that adequate back up, support and funding will be available to support the community services which will be required. It is hoped that this will be forthcoming in the next few months.

CONCLUSION

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The Health Department fully supports the philosophical approach of the Mental Health Consultation Report that services be provided in the community wherever possible rather than in large centralized institutions. The integration of the Mentally Handicapped has been working well in our community for some years. Nevertheless some practical concerns and questions arise.

- 1) Can these special needs be accommodated throughout the district or will zoning, cost, availability of property tend to concentrate them in one area?
- 2) What sorts of residential facilities are most appropriate, and should they be licensed or not?
- 3) Is there sufficient funding to provide not only residential facilities, but therapeutic, recreational and work programs in the community?
- 4) There are many groups who are simultaneously trying to provide normal experiences in the community for people who need help, i.e. the frail elderly, the disturbed elderly, Mentally Handicapped adults and children, Mentally ill adults and children. If all these facilities are required to be run by non-profit societies, is there only a finite number of people in the community willing to serve on these boards, and is the number adequate?
- 5) Burnaby residents are free to seek Health Services in other districts. Therefore, in addition to any effect experienced in our community from the phasing out of Riverview and Woodlands, people from Burnaby will contribute to the demand for increased acute psychiatric hospital beds and supportive community services in other areas of the Region.

These concerns must be addressed by the Provincial Government before they begin phasing out Riverview, Woodlands and other facilities. The Metropolitan Board of Health will continue to press the Government on these issues. Burnaby community planning must also remain sensitive to the issues noted above.

This is for the information of Council.



S. L. Hemming, M.B., D.P.H., F.R.C.P. (C)
MEDICAL HEALTH OFFICER

SLH:mk

cc: Director, Administrative & Community Services
Director Planning & Building Inspection



Province of
British Columbia

Ministry of
Health

ATTACHMENT II

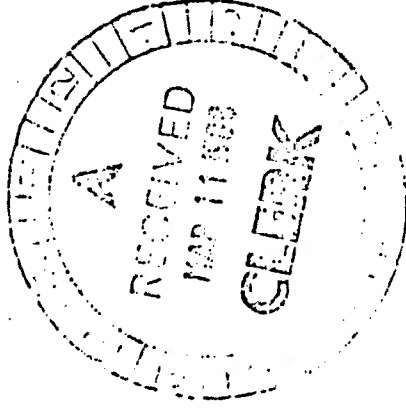
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File: *UNRISING
OF Riverview*

Mental Health Services
1515 Blanshard Street
Victoria
British Columbia
V8W 3C8
Telephone: (604) 387-3166

March 9, 1988

Our file: 400-02/CRRSP



Mrs. D. R. Comis
Deputy Municipal Clerk
The Corporation of the District of Burnaby
4949 Canada Way
Burnaby, British Columbia
V5G 1M2

Dear Mrs. Comis:

Thank you for providing me with a copy of the Burnaby Medical Health Officer's report about the Replacement of Riverview Hospital. I was pleased to read that the Burnaby Health Department fully supports the philosophical approach of the Mental Health Consultation Report.

Based on responses to the Report, a final Riverview replacement plan is being prepared for consideration by the Minister and Cabinet. The draft plan outlined in the Report identified adequate funding for prior development of all necessary replacement services for the patients resident at Riverview Hospital, including an expansion of acute care services through local hospitals to handle psychiatric emergencies.

I appreciate the concerns raised by Dr. Hemming in the conclusion to his report, and anticipate that these will be addressed through continuing consultation and local and regional planning should a plan receive approval by Cabinet.

Yours sincerely,

Brian D. Copley
Executive Director
Mental Health Services

: - COPY - COUNCIL
- DIR. ADMIN. & COMM. SERV.
- MEDICAL HEALTH OFFICER

c.c. Dr. W. Holt, Medical Director, Burnaby Psychiatric Services

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1988 MAR 16
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DEPARTMENT



Province of
British Columbia

Ministry of
Health

ATTACHMENT IV

Mental Health Centre
3405 Willingdon Avenue
Burnaby
British Columbia
V5G 3H4
Phone: (604) 660-5699

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BURNABY PSYCHIATRIC SERVICES

Burnaby Psychiatric Services is British Columbia's only integrated, comprehensive, decentralized psychiatric care system. It provides assessment and treatment in outpatient, day-care, inpatient, and residential facilities for individuals and families resident in Burnaby. This integrated regionalized psychiatric care system has major advantages in continuity of patient care (same staff continue to work with patient whether in outpatient, day, or inpatient treatment) and allocation of resources to produce a balanced program. This contrasts with the often fragmented care provided in jurisdictions where inpatient services are part of the general hospital and outpatient care is provided by a variety of other authorities. The "Burnaby System" is one that has been advocated in the professional literature for many years but rarely realized. It results in more efficient utilization of scarce and expensive resources as well as better quality care for patients. To describe the services in more detail I will begin with the Outpatient Department.

There are three adult outpatient psychiatric teams consisting of psychiatrists, psychologists, nurses and social workers, as well as clerical support staff, located in three separate offices in North, Central and South Burnaby in order to provide increased accessibility to services for local residents. These teams offer outpatient assessment and treatment, including medication, individual and group counselling, and educational programs for adults suffering from significant emotional disorders. Although more than half our patients are referred by their physicians, referrals can also be accepted from agency workers, family members, friends and patients themselves. All outpatient services are provided at no cost to the patient.

A similar multi-disciplinary team, but also including a speech therapist and child care counsellors, is available to deal with emotionally troubled children and adolescents.

For patients who require somewhat more intensive treatment than outpatient appointments alone can provide, Burnaby Psychiatric Services offers two adult day treatment programs. Adult Day Program #1 provides a full-time, five days a week program for patients who need intensive group interaction and feedback to help them correct maladaptive behaviours, while Adult Day Program #2 provides a part-time program which patients may attend one to five half days a week to assist them in long term social rehabilitation. Staff from the second Adult Day Program also run a once weekly drop-in social club on Monday evenings and the two Day Programs jointly staff courses on Stress Management, Assertiveness Training, Living with Schizophrenia, and other similar subjects which operate like night school courses.

The Children's Day Treatment Program also operates two day programs for pre-school and kindergarten aged children who have major behavioural problems.

Patients who require intensive inpatient care for serious psychiatric disorders are treated in our 25 bed acute Inpatient Unit. More than

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two-thirds of the patients are admitted voluntarily but some require committal for their safety. The average length of stay is less than one month, and between three and four hundred patients are admitted per year.

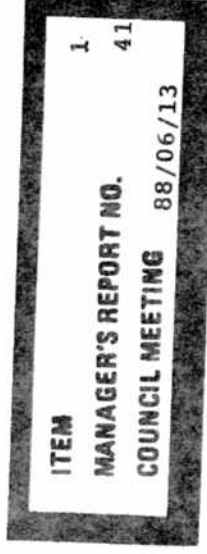
Our Residential Program has eighty residential places in eight different facilities in the community ranging from 15 to 20 bed facilities which can provide 24-hour a day supervision of patients to five person group living homes which provide a minimum level of support for patients who are improving their self-management skills and progressing toward independent living.

A 24 hour a day, seven day a week psychiatric consultation service to Burnaby Hospital and to Burnaby Psychiatric Services Inpatient Unit is provided by our psychiatric staff. Although known patients of our service who require inpatient treatment will be admitted directly, patients found acting bizarrely in the community are taken to Burnaby Hospital first for a thorough medical assessment since a wide variety of serious medical conditions, such as head injuries, diabetic acidosis, etc., can lead to bizarre behaviour.

A special Geriatric Psychiatric Program is provided by a part-time geriatric psychiatrist and a full-time geriatric social worker. Much of their work is done in conjunction with the Long Term Care service assisting in the assessment and management of patients who are often already in long term care facilities.

Although Burnaby Psychiatric Services is a well developed, mature psychiatric service with a number of skilled and dedicated professional staff, demands for service are incessant and caseloads have continued to expand. We have been proposing since 1980 that a new adult outpatient team be set up in the Lougheed Mall area to deal with the eastern half of the area north of the freeway but thus far it has not been possible to obtain the dollars and positions to offer this service. The result is that waiting lists exist for service from time to time and cases have to be prioritized and at times only the most serious will be dealt with while others will be referred to other sources of help such as family physicians.

During the past four years the entire Lower Mainland area has become critically short of acute inpatient psychiatric beds. Part of this has been as a result of loss of some bed availability at Riverview, but the major problem has been a failure to develop new psychiatric beds in areas surrounding Vancouver as their populations and need for service have increased. The most critical area of shortage currently is Surrey which at any given time occupies 25 to 30 acute psychiatric beds in Vancouver hospitals. The lack of acute psychiatric beds results in patients piling up in emergency wards because they are too sick to be discharged and there are no beds available. Vancouver General Hospital Emergency, which has been designated as the principal psychiatric triage facility for the Lower Mainland, has been on diversion more than 50% of the time during the past year or more and this may result in patients being transported from emergency ward to emergency ward in ambulances or taxis and patients from Point Grey may fetch up in Burnaby or New Westminster for admission. Our 25 inpatient psychiatric beds have been recognized to be an inadequate number for the past four years and we have progressed to the preparation of architectural drawings to create an additional 25 bed unit by renovation within our existing building. This unit could probably be up and running within six months of approval of funding and would give us adequate acute inpatient beds for Burnaby for the next ten years.



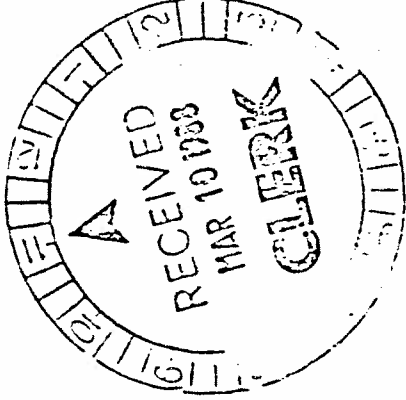
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Several years ago the Mental Health Executive Director and staff began the "Mental Health Consultation Process" designed to arrive at a consensus about the directions for psychiatric care in the province and needed resources and facilities. The process has been a model of community involvement and consultation but has suffered various delays due to changes in senior ministry and government officials. At one point staff were prohibited from pointing out current deficiencies in the mental health care system and told only to address themselves to the redistribution of the resources of Riverview Hospital. Thankfully, with the appointment of a new deputy minister, this restriction has been removed and planning to add needed resources is getting underway in the Ministry. I am hopeful that we will in fact be able to achieve substantial resource gains for Burnaby during the next six to eighteen months and would be grateful for your support of the developments previously outlined.

Wm. C. Holt, B.A., M.D., F.R.C.P.C.
Medical Director
Burnaby Psychiatric Services

WmCH:dls

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United Way
of the Lower Mainland

1625 West 8th Avenue
Vancouver, B.C. V6J 1T9
Telephone (604) 731-7781

Burnaby Division
250 Willingdon Avenue
Burnaby, B.C. V5C 5E9
Telephone (604) 291-2895

March 9, 1988

His Worship Mayor Bill Copeland
and Council Members
Corporation of Burnaby
4949 Canada Way
Burnaby, B.C.
V5C 5E9

Dear Mayor Copeland and Council Members,

The Inter-Agency Council, composed of senior administrators of voluntary and statutory agencies in Burnaby, at its meeting in February, expressed concern over the current crisis situation due to the lack of acute care psychiatric beds available in the Lower Mainland hospitals. We learned that it is all too frequent for patients to be diverted from one hospital to another in an attempt to get the appropriate care required. Also, the triage facility at Vancouver General can serve only 50% of those referred to it.

We urge you, as Members of Council, to press forward toward improving services/beds for acute care psychiatric cases in the Lower Mainland as soon as possible.

Any future addition of former Riverview clients due to downsizing would only aggravate this current crisis situation.

Yours truly,

Jerry Triggs

Jerry Triggs, Chairman
Burnaby Inter-Agency Council

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BURNABY HEALTH
DEPARTMENT

