



Cliff 1123467

March 28, 2019

Ms. Lisa Lapointe
Chief Coroner
Ministry of Public Safety and Solicitor General
PO Box 9259 Stn Prov Govt
Victoria BC V8W 9J4

RECEIVED
MAR 29 2019
CHIEF CORONER

Dear Ms. Lapointe:

Thank you for your letter of April 30, 2018, regarding the Coroner's Inquest into the deaths of Brian David Geisheimer, Sebastien Pavit Abdi and Sarah Louise Charles. The Ministry of Health (MoH) has carefully reviewed the recommendations and has outlined its response below.

Jury Recommendation #10 to Minister of Health and Fraser Health Authority (FHA):

Consider expanding the mandate of Critical Incident Stress Debriefing (CISD) to support families and community care providers following a death by suicide.

MoH Response:

CISD is usually a one time or short term intervention performed after a traumatic event and research with respect to its effectiveness is inconclusive. Evidence suggests that debriefing has the most impact when it is part of a comprehensive approach that includes education, grief and loss counselling and post crisis support.^{i,ii,iii,iv,v,vi,vii} The MoH via the Health Authorities offers postvention support services to families and community caregivers following a death by suicide based on the BC Suicide Prevention and Intervention and Postvention Initiative (SPIP) Framework.^{vii} Postvention includes:

- Educational workshops, support groups, group therapy and survivor groups for those bereaved by a suicide-related death
- Postvention response protocols involving referral practices, community response teams, critical incident management and treatment.

The SPIP framework encourages cooperation between a variety of social ministries, education institutions, community groups and health care organizations.

Jury Recommendation #17 to the Minister of Health:

Consider revising the Guide to the Mental Health Act, 2005 Edition, in order to provide contemporary guidance to practitioners regarding the application of the Mental Health Act.

MoH Response:

MoH supports the recommendation and in partnership with the Ministry of Mental Health and Addictions (MMHA) will revise the Guide to the Mental Health Act by March 31, 2020.

Jury Recommendation # 18 to the Minister of Health:

Consider resourcing emergency departments and psychiatric programs with the addition of addiction counsellors, therapists, and additional social workers.

MoH Response:

Health Authorities have integrated psychiatric nursing within the Emergency Department (ED) in a number of hospitals. For example, Fraser Health Authority (FHA) has established Psychiatric Liaison Nurses (PLN) within most of the hospital EDs. Hours vary from 24/7 in FHA's regional hospitals, to 8 – 16 hours a day in its community hospitals. FHA's Surrey Memorial Hospital, which serves a major urban area with high Mental Health and Substance Use (MHSU) care needs, has Substance Use Liaison workers within the ED as well. The Vancouver Island Health Authority's (VIHA) MHSU program operates specialized Psychiatric Emergency Services in two of its three tertiary level hospitals, and in rural hospitals such as VIHA's Cowichan District Hospital and Campbell River Hospital. Within these hospitals, MHSU professionals work directly in EDs to ensure appropriate assessment, treatment and referrals to community services. Northern Health Authority and Interior Health Authority provide Psychiatric Liaison Nurses, addictions consultants and connections workers in EDs in smaller communities where needs have been identified, and there is a critical mass to justify their presence.

Jury recommendation #19 to the Minister of Health:

Consider developing and implementing a case management communication system so that all involved inpatient and community care providers have access to the same information regarding the client's background (including family/emergency contacts) and plans for care and can engage in more assertive, collaborative ways to meet the needs of their clients. Care providers are to make use of the patient file information release consent form.

MoH Response:

The MoH supports the recommendation for improved communications and is actively working with its health sector partners to improve information sharing through a digital health strategy. As referenced in previous correspondence regarding the Coroner's Inquest into the death of DU, Phuong Na (Tony), the digital health system we are establishing will be used by physicians, nurses, clinicians and administrative staff to facilitate effective patient care. It will provide access to available and relevant health information at the point of care, enable informed discussions and decision making when and where care is being delivered, and support the continuity of care. The digital health strategy is still in early development and the MoH commits to prioritizing its completion to improve the overall quality of MHSU care in the Province.

Jury Recommendation #20 to the Minister of Health and Minister of Children and Family Development:

Consider increasing funding to provide evidence-based therapy methods to clients in both inpatient and community settings with a focus on treating emotion dysregulation and suicidal behavior.

MoH Response:

The MoH via the Health Authorities provides evidence-based interventions that address emotional dysregulation and suicidal behaviour. In 2015, the MoH provided \$3 million to the BC Division of the Canadian Mental Health Association (CMHA) to coordinate delivery of evidence-based Gatekeeper Training in communities across the province. Gatekeeper training aims to equip key individuals with skills to assess people at risk, and make appropriate referrals.^{viii} Regional coordinators for the project are based in five communities: Nanaimo, New Westminster, Salmon Arm, Prince George and Cranbrook.

MoH also works closely with Health Authorities to provide counselling for emotional dysregulation and suicidal behaviour. In April 2015, the MoH, the First Nations Health Authority (FNHA) and Health Canada's First Nations and Inuit Health Branch released *Hope, Help and Healing*, a suicide prevention toolkit for First Nations.^{ix} Regional Health Authorities have also implemented best practice organizational standards for suicide risk management in clinical settings from the Provincial Health Services Authority's *Suicide Clinical Framework* (2011).^x

The Centre for Applied Research in Mental Health and Addiction (CARMHA) at the Simon Fraser University has developed the following resources related to suicide for use in the Health Authorities: *Coping with Suicidal Thoughts: A Resource for Patients*,^{xi} *Working with the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services*,^{xii} *Working with the Suicidal Patient: A Guide for Health Care Professionals*,^{xiii} and *Hope and Healing: A Practical Guide for Survivors of Suicide*.^{xiv}

Overall responsibility for Child and Youth Mental Health services – including suicide prevention and intervention – resides with the Ministry of Children and Family Development (MCFD). The Ministry of Education’s (MoE) strengthened social emotional learning framework has also increased the education of students on self-regulation, and overall coping strategies that build resilience and knowledge on responses to suicidality and other prevalent conditions, such as anxiety and depression.

Jury Recommendation #21 to the Minister of Health and Minister of Children and Family Development:

Consider increasing resources to community mental health teams to reduce general waitlists, and to be able to respond to urgent referrals within a brief period of time and make contact with the patient before discharge from hospital.

MoH Response:

MoH is working closely with Health Authorities to develop Primary Care Networks (PCN) and Specialized Community Service Programs (SCSP). The development of PCNs is a provincial initiative to make health care services accessible to more British Columbians. PCNs will be integrated service hubs that will bridge the gap between primary care and specialized MHSU services, and improve access to assessment and treatment for MHSU in the community.

As Primary Care providers are currently not well connected to specialized MHSU services, PCNs will be networked with a smaller number of MHSU SCSPs that will provide specialized services. The systemic improvements brought about by the PCN/SCSP model will result in more after hours care and improved triaging abilities so that clients with MHSU problems will receive care in a more timely and more consistent manner. Implementation of the new model will take place over the next three years with the goal of connecting every resident of BC with a primary care provider.

Jury Recommendation #22 to the Minister of Health and Minister of Children and Family Development:

Consider adopting trauma-informed care principles as established by the BC Provincial Mental Health and Substance Use Planning Council. Specifically, consider how the principles of trauma awareness; an emphasis on safety and trustworthiness; the opportunity for choice, collaboration and connection; and strengths-based skill building apply to assessing, diagnosing and treating mental health conditions, substance use and suicide risk, as well as to the involvement of family members and community support in the care planning process.

MoH Response:

In 2013, MoH developed the *Trauma Informed Practice Guide (TIP)*^{xv} which was endorsed by the BC Provincial Mental Health and Substance Use Working Group and provides strategies to guide the implementation of trauma informed principles. MoH has directed Health Authorities to develop and implement a more trauma-informed approach across the continuum of MHSU services.

Jury Recommendation #23 to the Minister of Health and FNHA:

Consider increasing funding to create additional licensed recovery houses and local detoxification programs across the Province of British Columbia to support clients seeking recovery from problematic substance use.

MoH Response:

In 2014, MoH applied a needs-based planning approach to support the implementation of 500 substance use spaces. That work was completed in March 2017 with supportive recovery beds equating to 46 percent of the beds implemented^{xvi}. MoH is also working with MMHA to develop a comprehensive strategy to improve MHSU care that will focus on prevention, early intervention, treatment and ongoing recovery. As part of the strategy development, parties are investigating the availability of treatment beds to determine if more are required. To maximize access and prevent barriers to existing substance use beds, the MoH is currently reviewing the practice of charging user fees for licensed residential supportive recovery services and plans to develop policy options in early 2019.

Jury Recommendation #24 to the Minister of Health and FNHA:

Consider mandating the implementation of systematic and evidence-based suicide safer care initiatives across health care settings and health authorities in order to address the following: developing and evaluating leadership, policies and practices as they relate to safer suicide care; regulating the training of multidisciplinary care providers; improving the identification and treatment of suicide risk, engaging clients through the health care system, strengthening the process of planning for transitions and maintain continuity of care between care providers and conducting audits relevant to improving the standard of care.

MoH Response:


MoH supports the recommendation to provide evidence-based suicide safer care initiatives and is working with Health Authorities on the following initiatives:

- Implementing recommendations of The Suicide Prevention, Intervention and Postvention Initiative from BC's *Strengthening the Safety Net* (2009) which provides guidance for Health Authorities to coordinate programming.^{xvii}
- Implementing best practice organizational standards for suicide risk management in clinical settings, from the Provincial Health Services Authority's *Suicide Clinical Framework* (2011).^{xviii}

Aboriginal communities are disproportionately impacted by suicide, so the FNHA supports a number of other programs. FNHA has crisis response teams available to communities that can respond to emergency calls within 24 hours. Additional support is also provided through trainings including the National Native Alcohol and Drug Abuse Program (NNADAP) training which assists in the set up and operation of substance use treatment programs; SafeTALK, a half-day alertness training that prepares participants to become suicide-alert helpers and Culturally Adapted Psychological First Aid training.

With specific interventions from FNHA and application of the recommendations in the above mentioned resources, the Province is making systematic and evidence-based improvements in its capacity to provide suicide safer care initiatives across health care settings and Health Authorities.

Sincerely,



Teri Collins
ADM, Specialized Services Division Ministry of Health
pc: Ms. Donita Kuzma, Presiding Coroner

-
- ⁱ Aucott, Clare, and Anita Soni. "Reflections on the Use of Critical Incident Stress Debriefing in Schools." *Educational Psychology in Practice* 32, no. 1 (January 2, 2016): 85–99.
- ⁱⁱ Sattler, D., B. Boyd, and J. Kirsch. Trauma-exposed Firefighters: Relationships among Posttraumatic Growth, Posttraumatic Stress, Resource Availability, Coping and Critical Incident Stress Debriefing Experience." *Stress and Health* 30 (2014): 356–65.
- ⁱⁱⁱ Pender, Debra A., and Cindy Anderton. "Exploring the Process: A Narrative Analysis of Group Facilitators' Reports on Critical Incident Stress Debriefing." *The Journal for Specialists in Group Work* 41, no. 1 (January 2, 2016): 19–43.
- ^{iv} Tuckey, Michelle R., and Jill E. Scott. "Group Critical Incident Stress Debriefing with Emergency Services Personnel: A Randomized Controlled Trial." *Anxiety, Stress, & Coping* 27, no. 1 (January 2, 2014): 38–54.
- ^v Rose, S.C., R. Churchill, and S. Wessely. "Psychological Debriefing for Preventing Post Traumatic Stress Disorder (PTSD)." *Cochrane Database of Systematic Reviews*, no. 2 (2002).
- ^{vi} Joshi, P., Danstrom-Albach, D., Ross I., Hummel, C. (2009). *Strengthening the Safety Net: A Report on the Suicide Prevention, Intervention and Postvention Initiative for BC*. September, 2009.
- ^{vii} Public Health Agency of Canada (2016). *Progress Report on the Federal Framework for Suicide Prevention*.
- ^{viii} Joshi, P., Danstrom-Albach, D., Ross I., Hummel, C. (2009). *Strengthening the Safety Net: A Report on the Suicide Prevention, Intervention and Postvention Initiative for BC*. September, 2009.
- ^{ix} First Nations Health Authority. (2015). *Hope Health and Healing A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide*.
- ^x BC Mental Health and Addiction Services. (2011). *Provincial Suicide Clinical Framework*.
- ^{xi} Samra J. & Bilsker D. (2007). *Coping with Suicidal Thoughts*.
- ^{xii} Monk L. , & Samra J. (ND). *Working With the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services*.
- ^{xiii} Bilsker D. & Samra J. (2007). *Working With a Client Who is Suicidal*.
- ^{xiv} Samra J. (N.D.) *Hope and Healing: A Practical Guide for Survivors of Suicide*.
- ^{xv} Arthur, E. (2013). *Trauma Informed Practice Guide*.
- ^{xvi} Ministry of Health (2017). *Substance Use Spaces Summary*. PAS 2017.0094. File: 500 Substance Use Spaces-Summary Tables 2017-03-31.xlsm
- ^{xvii} Joshi, P., Danstrom-Albach, D., Ross I., Hummel, C. (2009). *Strengthening the Safety Net: A Report on the Suicide Prevention, Intervention and Postvention Initiative for BC*.
- ^{xviii} BC Mental Health and Addiction Services. (2011). *Provincial Suicide Clinical Framework*.