



Person & Family Centred Care

VCH-Richmond Mental Health
& Substance Use

Partner Advisor
Orientation Handbook
2017

Table of Contents

Purpose of the Handbook	3
Person & Family Centred Care (PFCC)	3
Richmond Mental Health and Substance Use Programs and Services	4
Becoming a Partner Advisor	4
Orientation for Partner Advisors	5
Tips for how to be an effective Partner Advisor	6
Definition of a Partner Advisor	7
Partner Advisor Roles	7
Partner Advisors in Team Meetings/Committees	9
Sharing Your Story: Tips for Partner Advisors	9
Partner Advisors and Interview Panels	11
Person & Family Centred Care Materials	11
VCH Family Involvement Policy	11
CEAN Information and Resources	11
Other Resources	11
Common Acronyms	12

Purpose of the Handbook

This Partner/Advisor handbook provides information to members of the Vancouver Coastal Health (VCH) Community Engagement Advisory Network (CEAN) who are interested in participating in partnership activities specific to Richmond Mental Health and Substance Use Services and their Person and Family Centred Care initiative. The handbook includes information about the various programs and services, the role of a partner, the opportunities available to partner, and some tips and tools for preparing to partner.

Person & Family Centred Care (PFCC)

Person and Family Centred Care is partnerships based on **Respect and Dignity, Information Sharing, Participation, and Collaboration**. Person and Family Centred Care is working “with” individuals and families.

Four Core Concepts for Person & Family Centred Care provide the foundation for the Richmond Mental Health & Substance Use services and programs:

- **Dignity & Respect** through incorporating the person and their families’ values, beliefs, and cultural norms into care planning and care delivery;
- **Information Sharing** and communicating that which is complete and unbiased in a timely manner to facilitate effective participation in care and decision-making;
- **Participation** in care and informed decision-making at the level at which they feel comfortable and that they are doing this of their own choice;
- **Collaboration** with the person and families at all levels of care-policy & program development, implementation, and evaluation; health care facility design; professional education; staff hiring, and delivery of care.



The PFCC logo is described as an abstract flower depicting the person (in green) surrounded by – and equal to – the family and support team (in blue). They are linked together within the person’s circle (in green). Growth, teamwork and collaboration describe a healthy approach to recovery in a mutually beneficial environment of protection, safety and the person knowing they are being cared for. The circle of care wraps around the resources of the team, the person, and their family to support them on their road to recovery. This self-contained circular logo reminds individual’s they are not alone in their recovery and echoes the Person and Family Centred Care of the Richmond Mental Health and Substance Use Services vision and mission.

Richmond Mental Health and Substance Use Programs and Services

1. **Mental Health Inpatient Unit (IPU):** 18 beds mostly for adults 19 years and older; 19 day average length of stay
2. **Psychiatric Emergency Unit (PEU):** 4 beds; urgent crisis stabilization
3. **Acute Home Based Treatment (AHBT):** two streams: mental illness care in the home for similar needs to hospital care; and home withdrawal management
4. **Mental Health Emergency Services (MHES):** mobile crisis response (may be with RCMP)
5. **Psychiatric Nurse Clinician (PNC):** mental health assessment in the emergency department
6. **Drug and Alcohol Response Team (DART):** sees clients in any care area at Richmond Hospital and at Transitions for assessment and referral for treatment of drug and alcohol problems as well as smoking cessation support
7. **Central Intake (CI):** initial assessment for community mental health programs: Adult Mental Health; Outpatient Services (Consult Clinic and Richmond Short Term Assessment & Treatment)
8. **Richmond Bridge House (BH):** 10 bed short stay community facility for persons with mental health stabilization needs for 24-hour care and support
9. **Adult Mental Health (AMHT):** case management; rehabilitation; consult clinic for adults with ongoing mental health support needs
10. **Older Adult (OA):** program for older adults with bio-psycho-social symptoms of dementia and complex medical conditions. Home visits, care planning; groups; and treatment
11. **Eating Disorder (ED):** clinic consultation, assessment, and counseling for children, youth, and adults
12. **Transitions:** individual and group counseling for persons with substance use and mental health issues;
13. **Anne Vogel Clinic (AVC):** Inter-professional Opioid Replacement Therapy and Harm Reduction Program
14. **Early Childhood:** birth to 5 years; consultation, assessment, and therapy
15. **Richmond School Program (RSP):** school program for Kindergarten to Grade 7 Students with School District 38, individual, family, and classroom intervention , both in the community school and the program classrooms
16. **Child & Adolescent Program (CAP)** 5-18 years; consultation, assessment, and intervention: Team Response to Adolescents and Children in Crisis (TRACC)

Becoming a Partner Advisor

To become a Partner Advisor with Richmond Mental Health and Substance Use, VCH's Community Engagement Team will assist you. The Community Engagement team support's VCH's Community Engagement Advisory Network (CEAN), a network of public advisors who work with VCH to bring the patient voice to planning and service delivery. Visit <http://cean.vch.ca> and click on [Join Us](#) to fill out an application on line. You will have a phone

interview and receive an orientation. Then you are ready to get active with the Richmond Mental Health and Substance Use Person and Family Centred Care!

Once you have completed the application process with CEAN, either the Implementation Lead for PFCC, or a Manager from Richmond Mental Health and Substance Use Services will contact you. They will arrange to meet with you and provide orientation to the initiative and the opportunities available for partnering and advising for more person and family centred services at Richmond Mental Health and Substance Use services.

A Partner Advisor Network meeting is held monthly to provide a venue for support, information sharing, and discussion of upcoming opportunities for partner advisors. You will receive an electronic invitation to this meeting and your email will be added to the Partner Advisor Network distribution list so you can receive information, notifications, and other communications. *Please note that this 'list' is not shared and emails are sent as blind copies to ensure your contact information remains confidential.

Orientation for Partner Advisors

When partner advisors join a council or committee, they should receive a thorough orientation — not only to the work of the council or committee, but also to the “culture” of the organization and the “dos” and “don’ts” of their new role. Orientation should include:

- Introductions and the sharing of personal and family stories
- The vision and goals of the PFCC initiative
- Who’s who in the Richmond Mental Health and Substance Use services (the organization) and the PFCC initiative
- The role of the council or committee, how it fits within the organization’s structure, and how it can assist the organization in achieving its vision and goals
- The roles and responsibilities of members on the council or committee
- Meeting attendance expectations of members
- How the meeting is conducted: Robert’s Rules of Order (if they are used), committee reports, reaching consensus, and approval of minutes or meeting notes
- How to prepare for a meeting: what to wear, what to do ahead of time, what to bring
- Reimbursement procedures
- Speaking their language — (see acronyms on page 11)
- How to be an effective council or committee member
- How to present issues effectively
- How to be most effective in collaborating with staff and other council or committee members
- Communicating effectively — techniques for getting your message across:
 - Telling your story so people listen. (see Sharing Your Story Tips on page 9)
 - How to ask tough questions
 - What to do when you don’t agree
 - Listening to and learning from other’s viewpoints
 - Thinking beyond your own experiences

Tips for how to be an effective Partner Advisor

A beginning list

Believe that your investment in your own health experiences or your family members' will help you in making a difference for others.

- Develop good communication skills
- Listen with empathy
- Be honest
- Be available
- Ask questions
- Be open-minded
- Avoid assumptions. Don't judge someone based on appearance
- Learn to be comfortable with staff and other patients and families
- Educate other patients and families
- Be willing to partner with other patients and family members
- Learn negotiating skills. Be a team player
- Think about the points you want to make
- Adapt to different situations
- Take responsibility for learning
- Give input based on your own experience but be able to step out of your individual perspective
- Do not deal with personal issues in advisory activities
- Tell your own story or be clear if it is someone else's experience
- When talking about an experience that did not go well, don't just complain – offer suggestions on how it could have been made better
- Think carefully about the words you use. Anger is not productive. If you want to tell a story that brings up strong emotions, ask a peer to help develop your story
- When speaking to a group, thank them for asking for your input
- Support staff
- Be willing to partner with staff
- Honour commitments—when you say you are going to do something—follow through
- Take risks
- Have faith. Expect the best
- Stick to it
- Ask for help or support from other advisors when you need it. Do the same for others
- If you find that you are having difficulty balancing your personal and family life with advisory activities, take a break or give up some responsibilities

Definition of a Partner Advisor

Any role that enables Partner Advisors to have direct input and influence on the policies, programs, and practices that affect the care and services that individuals and families receive.

Advisory roles can be:

- Formal/Informal
- Spontaneous/Planned
- Short-term/Long-term
- Volunteer
- Collaboration with Partner Advisors at all Levels of Richmond Mental Health and Substance Use Services:
 - In the care of an individual patient
 - In program planning and evaluation
 - At the policy level

Partner Advisor Roles

We believe that working with you to improve care will better meet the needs of all people receiving service and their families. We invite you to consider becoming a *Person and Family Centred Care Partner Advisor*. Sharing your ideas, experience, and opinions helps us think about ways to improve the care experience. There are many different ways or “roles” that benefit by the insights of people like you. All of them provide you with a chance to work with us to improve care for everyone.

Partner role descriptions:

Role	Purpose	Notes
Person and Family Centred Care Steering Committee member	A group of partner advisor, family advisory committee members, leaders, and staff who meet monthly to provide input to the PFCC initiative roadmap	Meets monthly and requires a time commitment of 3-4 hours per month for a year or more.
Participant in team meetings focusing on person and family centred care	To identify ways to improve care for specific teams and programs. To share your story or care experience to raise awareness.	These teams meet for a short time to address and improve a specific program area (transition planning, family involvement , etc.), or
Patient and Family information working group member	To help develop or evaluate informational materials so they are useful and written in ways that are easy to understand. e.g. Family Information brochure; Bridge House Guidelines; Adult Mental Health Orientation	This could include brainstorming before development of educational materials, creating materials, or evaluating existing information to make suggestions for improvement

Task or Focus Group member for a Special Initiative	To add the voice of the patient and family to a project or initiative e.g. Alderbridge site renovation planning	Examples include facility remodel/design, developing patient portals, improving signage and way finding,
Training partner in orienting new staff or clinicians or as part of an in-service	To share your story or care experience to raise awareness of the impact each staff and clinician has on the patient experience	This might be an ongoing role or a one time only experience
Member of Quality Council	Join an ongoing group of staff, leaders, and clinicians who monitor issues of quality and safety	This group approves standards of practice and monitors the ongoing outcomes of practice.
Interview panel member	To participate in the panel interviewing of candidates for vacant positions on various teams (employees and psychiatrists)	Interviews require availability to all interviews for the specific vacancy. (approx. 1.5 hours per interview)
Review of documents and work processes	To review documents and provide comment, feedback, and suggestions that reflect PFCC	Review electronic documents via e-mail or as part of a task committee from a patient or family perspective
Peer mentor or co-leader of an educational program	To support family members in supporting their family member/friend in care	Co-facilitates a family support group twice monthly with clinical staff.
Experience of Care Satisfaction Team	Participate in creating or revising a patient/family satisfaction survey and developing strategies to respond to concerns and problems reported	Maybe an ongoing group or limited duration assignment

Responsibilities of Partner Advisors

- Each member is responsible to actively participate both in and out of meetings to achieve the purpose stated by the specific role described
- Share personal experiences, stories, observations and opinions as a patient or family member. Additionally, reach out broadly and listen to other patients, families, staff and community members as opportunities arise
- Be committed to improving care for all patients and family members
- Respect the collaborative process and the forum to discuss issues, be willing to listen to and consider differing viewpoints, share ideas for improvement and encourage other network members to do the same
- Share both positive and negative experiences in a constructive way
- Work effectively with other *Improvement Partners* as well as the organization's staff, leaders and clinicians
- Act as change agents to support the achievement and maintenance of quality goals including the patient and family experience until they become the standard across the services

- Review materials provided prior to the meeting, so that each person is prepared to actively ask questions, contribute ideas and provide input during the meeting
- Maintain confidentiality of meeting content

Partner Advisors in Team Meetings/Committees

- Be a full member of the team: your perspective and experience are important – share them
- Advise us if we are using language or acronyms that you don't know. Each organization has abbreviations that can be confusing. Often, we don't know we are using "shorthand"
- Ask questions and encourage us to think about the situation from the patient/ family perspective
- If you are confused or things are moving too quickly, please let us know. In group meetings, we rely on all team members to speak up
- Use your experience as a reality check as we discuss new ways of doing work
- Think broadly about others in the community and different perspectives...how might the conversation/decisions impact them?
- Call ahead if you will be unable to attend a meeting
- Share with the facilitator and Program Manager what support or resources you will need to be an effective member of the team

Adapted from the Institute of Patient and Family Centered Care Essential Allies: Patient Advisors in Team Meetings

Sharing Your Story: Tips for Partner Advisors

Patient and family leaders are often asked to share their stories—these personal stories serve as powerful tools for bringing about constructive change in the health care system. The following tips will help those asked to share their story.

The way you present your story can have a long-term effect on the way people view you and others in

similar circumstances. Consider the following questions prior to agreeing to share your story:

- What am I willing to share?
- What do I feel is too private to share?
- What does my family not want me to talk about?
- What will my story teach those who are listening?
- Have I had negative experiences that are still bothering me and will be difficult to share in a constructive manner?

Plan ahead for what you will share and how you will share it. Your story is a precious resource, use it thoughtfully and wisely.

Gather information, prior to sharing, about what is expected of you and what you can expect.

Asking some of the following questions may help you to decide whether or not to share your story:

- When do you want me to speak? What time? For how long?
- Where do you want me to speak? What site or team?
- Who is the audience? How many people will be there?
- What is the theme or topic?
- What part of my story do you want to hear?
- Is there a message you want me to leave the audience with?
- Is there reimbursement for child-care and transportation?
- Do you need an answer today?

After you accept an invitation to speak, remember to think carefully about the message you want your audience to remember. Try to focus on two or three main points and organize your thoughts.

Speak from your heart—be authentic, respectful, and constructive. Remember the following tips when you tell your story:

- Know who your audience is and prepare with them in mind
- Practice ahead of time
- Use only two or three main points in your story
- Use your story to illustrate specific principles of person and family centred care
- Use your own style
- Use people-first language
- Look at your audience
- If you are speaking as a family member and if you are comfortable doing so, share pictures of your child or family member
- If you don't know the answer to a question, say so
- Let the audience know your boundaries
- Be honest
- Try to avoid putting people on the defensive
- Remember that your negative experiences can be turned into constructive learning opportunities.
- Anger used ineffectively may not be the most powerful use of your story.
- It may be helpful to put highlights of your story on note cards as a reference during the presentation—but avoid reading from them.
- Expect that some people who hear your story might be deeply moved. Also remember that you might feel emotional when you tell your story.
- Consider taking a friend, family member, or supporter with you. They can help with any problems that arise and sit up front so you can focus on a friendly face.

Partner Advisors and Interview Panels

Steps to successful interviewing:

- Ask to be on the list for participating on Interview Panels
- A request to participate in a series (all candidates short listed for a specific job to a maximum of four) of panels will be sent to you via email
- Respond with your availability for the series of interviews
- If you are available, you will receive copies of the job description; candidate resumes; and time/place of each interview (please review these in preparation)
- On arrival for the interview, the panel will be provided the questions and potential responses (candidates will be given the questions and provided time to review in advance of sitting with the panel)
- The panel will collectively agree on the format for asking questions and prompting the candidate with clarifications etc
- Please take notes or observe each response in preparation for the post interview discussion with panel. Your input is valuable and will be considered along with all panel members.

* Please note that job selection is a human resource function and guided by collective agreements, therefore you will not have an 'official' vote.

Person & Family Centred Care Materials

The Community Engagement Advisory Network hosts a [CEAN PFCC page](#) where the materials developed by the Person and Family Centred Care initiative can be found. The Newsletters include information and updates on the activity and achievements of PFCC since 2014. Also available are the Richmond Mental Health and Substance Use *Standards of Person and Family Centred Care*, and *Relationship and Service Standards*.

VCH Family Involvement Policy

[VCH Family Involvement Policy](#)

CEAN Information and Resources

[PFCC Invitation](#)

Other Resources

Family Caregiver Guidelines Mental Health Commission of Canada [Family Caregivers Guide](#)
Working Together Towards Recovery [Working Together Towards Recovery](#)
Better Together

Common Acronyms

AH	Acute Home Based Treatment
AMHT	Adult Mental Health Team
AVC	Anne Vogel Clinic
BH	Bridge House or Richmond Bridge House (RBH)
CAP	Child and Adolescent Program
CEAN	Community Engagement Advisory Network
CI	Central Intake
DART	Drug and Alcohol Response Team
ECMH	Early Childhood Mental Health
ED	Eating Disorders Program
ER	Emergency Room
IPFCC	Institute of Patient and Family Centered Care
IPU	Inpatient Unit or MHIPU
MHA	Mental Health Act
MHSU	Mental Health and Substance Use
MHES	Mental Health Emergency Services
MHIPU	Mental Health Inpatient Unit or Inpatient Unit (IPU)
OA	Older Adult
OT	Occupational Therapy(ist)
PEU	Psychiatric Emergency Unit
PFCC	Person and Family Centred Care
PNC	Psychiatric Nurse Clinician
RCFC	Richmond Consumer and Friends Society
RMHSU	Richmond Mental Health and Substance Use Services
RSP	Richmond School Program
RSTAT	Richmond Short Term Assessment and Treatment
SW	Social Work(er)
TIP	Trauma Informed Practice

Adapted from [Essential Allies—Patient, Resident, and Family Advisors: A Guide for Staff Liaisons](#)
 Or reprinted with permission from the Institute for Patient- and Family-Centered Care: www.ipfcc.org.