

# Family Involvement with Mental Health & Addiction Services

## 1. Introduction

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### *Description*

Family involvement is a vital component of the framework of Recovery, which guides Client care in Vancouver Coastal Health (VCH/PHC) Mental Health & Addiction services and programs. Consumers, service providers and families benefit greatly when Family Members are involved as full partners in the care and support of people with mental health and addiction problems. For the purpose of this policy, the term “Family” is meant to capture a full range of relationships of importance to the Clients we serve, including significant others who support and/or care for the Client on a regular basis.

The purpose of this policy is:

- To achieve better outcomes for Clients through collaboration among Clients, Family Members and Care Providers;
- To guide Care Providers to support, educate and involve Family Members; and
- To implement all of the above in a culturally sensitive and linguistically appropriate way.

### *Scope*

This policy applies to all VCH/PHC Mental Health & Addiction services, programs and units.

At the practice level, this policy applies to all clinical Staff involved in providing clinical care to Clients in Mental Health & Addiction services, including but not limited to: nurses (RN/RPN/LPN/NPs), physicians, social workers and all allied health care professionals.

This policy does not apply to underage (<19 years) Children and Youth whose parents have mental health and addiction problems. If a Child or Youth needs additional support in understanding and coping with parental mental health and /or addiction(s), efforts should be made to support this Child in linking them to suitable resources in their community.

## 2. Policy

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### **2.1. Collaboration among Clients, Families and Providers**

Mental Health & Addiction Staff recognize and acknowledge the importance of collaboration among Clients, families and Healthcare Providers in policy and program

development, professional orientation and education, as well as in the development of a Client treatment/recovery plan, and delivery of care.

Partnership has at least three critical components: communication, respect and collaboration:

- Providers are encouraged and allowed to share as much information as possible recognizing the guidelines of BC's privacy legislation<sup>1</sup>.
- Respect requires that service providers recognize and value the unique contributions that Family Members can and do make. The family's strengths, expertise and contributions must be acknowledged.
- Collaboration demands an organizational culture that assumes that Family Members will be involved, policies and practices will be conducive to their participation in all phases of the treatment, community rehabilitation and recovery process, wherever possible.

## **2.2. Family as part of Care Team**

Where appropriate, Care Providers will treat Family Members as a part of the care team in Mental Health & Addiction services provided to a Client.

Care Providers will inform and educate Family Members about resources available through Mental Health and Addiction services.

Care Providers will encourage Clients to see the benefits of including Family Members in their care.

Care Providers will actively encourage and support Family Members to collaborate with Clients and Care Providers in all stages of care including assessment, treatment and discharge decisions, and decisions that may be determinants of health (e.g. housing, income, employment supports, etc.).

Care Providers will be receptive to and consider all Collateral Information that may be relevant to the Client's care, including information offered by Family Members. Whenever possible, Care Providers will encourage Family Members to share this Collateral Information and other concerns directly with both the Client and the Care Provider.

In some cases, Family Members may wish to share information with the Care Provider in confidence. For example, the Family Member may be concerned of harming or compromising a family relationship. In these cases, the Care Provider will document and consider this information from the Family Member, but will keep the information confidential from the Client.

## **2.3. Protection of Privacy**

VCH/PHC comply with FIPPA in collecting, using and disclosing Client personal information. Care Providers must have up to date and complete knowledge about consent

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issues and protocols for releasing information, and apply that knowledge consistently and across departments.

Alongside the importance of collaboration as outlined in 2.1, VCH/PHC recognize the Client's right to privacy. When engaging Family Members, Care Providers will take into account both the values and beliefs of the family and the respect and dignity of the Client.

For commonly asked questions about privacy, disclosure, and consent, refer to Questions and Answers about Privacy: Family Involvement with Mental Health and Addiction Services, in [Tools, Forms and Guidelines](#).

## **2.4. Responsibilities**

### **2.4.1. Care Provider**

The Care Provider will discuss with the Client, early in treatment and ongoing, the value and role of Family Members' involvement in planning and treatment. For example the Care Provider will:

- a) Working with the Client, identify and document Family Members to be involved, the nature of information to be shared with Family Members, and to what extent Family Members will participate in the care team.
- b) Discuss confidentiality and information sharing with the Client and Family Members, including the ability to share necessary information with Family Members who are providing care, within the context of "consistent purpose", for continuity of care and to address safety concerns.
- c) Assess the Client's ability to provide informed consent for Family Member involvement and, where appropriate, obtain and document consent.
- d) Engage Family Members in developing and implementing a recovery plan, including collaboration on key care issues (e.g. crisis plan, transition care, and housing);
- e) Where the Client consents or where it is not possible to collect information directly from the Client, the Care Provider will receive from Family Members information necessary to provide care;
- f) Provide adequate support, information, education and guidance to Family Members so they may effectively support the Client in their recovery, including education and guidance on the following:
  - Why information is being shared and the responsibility to protect the privacy of the Client's information; and
  - Available support services and family counseling opportunities.

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- Education on the illness itself including any medications and other effective treatment interventions.

g) Communicate with Family Members in the language of their choice whenever possible.

#### 2.4.2. Team Program/Unit Manager, Coordinator, Clinical Supervisor, Senior Mental Health Worker

Reviews with Client and Family Members expectations around a Family Member's ongoing involvement and support. For example the team director, program/unit manager, coordinator, clinical supervisor, or senior mental health worker will:

- a) Promote Family Member involvement.
- b) Ensure a welcoming environment for Family Members in the Mental Health & Addiction teams/units including engaging families from culturally and linguistically diverse backgrounds;
- c) Provide consultation and supervision to Care Providers in effective collaboration with Family Members.
- d) Seek Family Member input and representation in the planning and evaluation of services;
- e) Mediate and resolve differences between Clients, Family Members and Care Providers, and if necessary, attempt to reconnect or reconcile a Client with Family Members;
- f) Consult with the Coordinator of Family Support and Involvement when necessary;

#### 2.5. **Compliance**

Site managers will monitor the use of this policy.

Managers, staff and physicians can consult with the privacy office and/or risk management where there is uncertainty or further direction required.

The number of family members involved in program / service committees, client case conferences and other treatment activities is expected to increase as the Family Involvement policy becomes embedded in practice.

### 3. References

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#### *Tools, Forms and Guidelines*

[Questions and Answers about Privacy: Family Involvement with Mental Health and Addiction Services](#)

#### *Related Policies*

- VCH Community Health Records Procedure Manual Procedure #5.2 Continuity of Care
- PHC ICS5050 – infection control policy for Visitors

#### *Keywords*

Family member, family involvement, consent, mental health, addiction, information sharing, privacy, collateral information

#### *Definitions*

“**Care Provider**” or “**Healthcare Provider**” means Staff in all VCH Mental Health & Addiction services, programs and units, or “family members”, who provide clinical care to Clients.

“**Child**”, “**Children**” and “**Youth**” refers to dependent children under the age of 19 years

“**Client**” means any person receiving care, accessing services, or participating in a program that is owned, operated or funded by VCH.

“**Collateral Information**” refers to secondary but important information required or made available for the full meaning, or proper use of, primary information.

“**Family**” or “**Family Member**” means a person who has been identified by the Client, the Client’s representative or the Client’s Care Provider as being in a relationship of importance to the Client and who provides support or care for the Client on a regular basis.

“**FIPPA**” means the BC Freedom of Information and Protection of Privacy Act.

“**Staff**” means all officers, directors, employees, contractors, physicians, health care professionals, students, volunteers and other service providers engaged by VCH.

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**Questions**

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<sup>i</sup> BC Ministry of Health. Guideline to the Mental Health Act. Appendix 13. 2005.