



The Mental Health Approved Home Program

Mental Health & Addiction Services

Saskatoon Health Region

The History of Approved Homes

Saskatchewan became a province in 1905 and for the first 10 years seriously mentally disordered or mentally deficient persons were sent to the Manitoba Hospital in Brandon. One of the first major projects of the new provincial government was to build a mental hospital. In 1914 Saskatchewan Hospital North Battleford received a trainload of 346 returning Saskatchewan patients from Brandon. In 1921 a second large mental hospital was opened at Weyburn. For 50 years these institutions were the main centers for the treatment and control of mental illness and mental retardation. Chronic overcrowding was relieved temporarily by building expansions but by 1950 there were over 4000 overcrowded residents housed in these two large facilities. Unfortunately, conditions for patient and staff were often oppressive and dehumanizing. Trained doctors and nurses were few in number, treatments were crude and ineffective.

The discovery of psychotropic drugs and the growing spirits of social reform after World War II began to have an influence on the mental health field. By the early 1960's emphasis shifted from institutional care to rehabilitation and community psychiatry. New professions such as psychiatric nursing, social work and psychology began to have an impact. The futuristic 1961 Mental Health Act created the regional system of service delivery, rejecting the use of large mental hospitals as the focus for psychiatric treatment. Many services were extended to people in need in their own communities. Within 10 years huge patient reductions were achieved at Saskatchewan Hospital North Battleford and the Weyburn Mental Hospital was closed as a psychiatric facility in 1971. The 8 regional centers and clinics we now have in place became the heart of mental health services and in 1995 the "District Plan" came into being.

Over the past 35 years Saskatchewan has received high praise and international recognition for its revolutionary community based mental health program. Considerable credit for this positive change was due to the Approved Home Program, which was formally established in 1966. Since then thousands of psychiatric hospital patients and mentally challenged persons have returned to the community via the approved home route. The Approved Home Program today and in the future remains the backbone of our residential program in the mental health field. There are approximately 200 homes province wide approved under the terms of the Mental Health Services Act. Over 500 residents are in supervised accommodation.

The goal of the Approved Home Program is to provide a positive and nurturing environment for persons who need it. Homes and operators are selected with this purpose in mind. The house must be the principle residence of the operator, meet health and fire requirements, as well as offer adequate space and the freedom to use the home's amenities. The operator must be of suitable character, reliable and responsible, willing and able to help the guest in the home with emotional support, supervision when it's needed, legal trusteeship and advocacy. Good food, medication management, self-care help, skill teaching and encouragement are all important aspects of an approved home.

For many residents their approved home residence has become their home, the operator and family, their family. Visitors from other countries have been impressed with the size, strength and benefits of the Approved Home Program – a program in which we can all take great pride.

Why Are Approved Homes Necessary?

Persons with a mental disorder or illness frequently have difficulty in finding and maintaining their own accommodations. This is true even though most adults want to live independent of their families and service agencies. The difficulties they face are many:

- lack of money
- lack of experience
- lack of organizing skills
- lack of self care capacities
- lack of support from other persons

As a result, approximately 50 percent of adult persons with severe and persistent mental disorders are forced to live at home with parents, brothers, sisters, or spouses. The tension and pressures often make life difficult for everyone involved. Many others require sheltered and supported living arrangements, like private care and group homes.

Mental illnesses, such as schizophrenia, bipolar disorder, depression, anxiety and panic disorders, may have a disastrous impact on the individual's life skills making independent living difficult. Medications (injections and/or pills) are often helpful in controlling the symptoms of these illnesses. For these medications to work best, good nutrition and regular meals are necessary. Approved Homes provide an effective halfway stage between hospital care and a self reliant life. The Approved Home Operator is part of the rehabilitation team, working in co-operation with psychiatrists, community mental health nurses, social workers and other service providers. Keeping each resident's team pulling together can be difficult. The Home Operator is frequently the main communication link between team members.

The largest groups of persons in Approved Homes have serious mental illnesses that have remained active for at least 2 years and often many years. The illness causes moderate to severe functional disabilities:

- low stress tolerance
- lack of concentration
- confusion
- overwhelming emotions
- poor judgment
- learning problems

These difficulties are frequently compounded by the side effects of powerful drugs, which may cause:

- deadened feelings
- lack of motivation

- stiffness
- restlessness
- drooling
- tremors
- slow reaction time.

As if these problems are not overwhelming enough, persons with long term and severe psychiatric problems must also cope with the effects of family rejection, poverty, stigmatization, loss of independence and most of all, the loss of self-confidence and hope. As a result, the rehabilitation of the long term mentally ill is much more difficult to achieve than for any other disability group.

Who Approves “ Personal Care Homes?”

In Saskatchewan there are several kinds of “personal care home” – that is privately owned or rented homes which offer care and supervision to a wide range of disabled adults. The most common disabilities are: old age; physical challenges; mental retardation (mentally challenged) and mental illness; substance abuse; brain injury; and social handicaps. There are 3 main types of homes for adults that provide accommodation, supervision and care. Each is licensed and regulated by different provincial legislation.

<u>Legislation</u>	<u>Authority</u>	<u>Service</u>	<u>Agency</u>
Mental Health Services Act (1985)	Ministry of Health	Approved Homes	Saskatoon Health Region, Mental Health & Addiction Services
Residential Services Act (1985)	Ministry of Social Services	Approved Private Service Homes	Community Living Division
Personal Care Homes Act (1991)	Ministry of Health	Private Care Homes (Licensed)	District Support Services

The Ministry of Health issues a “Certificate of Approval” to each operator. This approval is renewed each year following an annual inspection of the home.

The Mental Health Services Act refers to the Approved Home owner as the “Operator.” Other common terms used to describe the Approved Home Operator are: home manager, proprietor, and landlady. Persons living in Approved Homes are referred to as “residents”.

What Are The Requirements Of An Approved Home?

There are two major considerations in selecting and approving a home.

- operator suitability
- home suitability

Among the many factors taken into account to determine operators suitability are physical and mental health, relevant experiences, personality, reliability, age, family circumstances, competency expectations, sense of humour and a Criminal Record check will be required for all adults in the home. The Mental Health Services Act defines the physical requirements of the house.

- It must be the principle residence of the Operator; meet fire, health and municipal standards; provide reasonable privacy, sleeping space and recreation space; and be equipped with adequate furnishing and accessories for each resident.
- It is limited to no more than 5 residents at one time.
- It must be open to visit and inspections by government officials and staff.

The Operator must also provide the basic needs of each resident including food, shelter, safety, social relationships and privacy.

The operator must keep the Residential Coordinator informed of any circumstances, which may cause the Operator to be unable to provide adequately for the lodging, board and care of residents. Each Approved Home Operator must hold a valid "Certificate of Approval" issued by the Minister of Health and renewed each year by his designate (Regional or District Director). This Certificate of Approval means the Approved Home Operator has entered into an agreement with the Minister to meet the above conditions in return for payment.

Who Manages The Approved Home Program?

In the Saskatoon region, the Approved Home Program is managed by staff at the Saskatoon Mental Health & Addiction Services (655-4590). The Residential Manager on behalf of the Ministry of Health selects, approves, supervises and decertifies homes, and works with other mental health and agency staff to match persons with appropriate homes. Special training for Approved Home Operators is also provided on the types of mental illness, medication management, behavior control, substance abuse, geriatric psychiatry, record keeping, etc. Most of the residents in approved homes are funded through the Saskatchewan Assistance Plan, although some pay their own way. The rate of pay operators receive is set by the Department of Social Services, through the daily living scale assessment.

How Do Residents Come To Approved Homes?

Each Approved Home Operator is free to choose the residents for their home, subject to the approval of the Residential Coordinator or other Mental Health & Addiction Services staff who may be involved.

Once the Operator and house have been "certified" referrals will be made based upon the operators' preferences such as:

- age
- men
- women
- smokers/non-smokers
- degree of disability, etc.

The Operator also decides how many residents will be accommodated to a maximum of five, whether smoking is allowed and how controlled, and what house rules and routines are required. Residents who do not fit in can be asked to leave. If a resident wishes to move, a policy of "30 day notice" for moving out is used. An Operator may leave the home unsupervised to visit, shop, attend meetings, etc., depending upon the supervision requirements of the residents in the home. Operators arrange coverage by responsible adults when they are absent.

In Saskatoon most referrals are directed to the Residential Coordinator at Saskatoon Mental & Addiction Health Services. The Coordinator checks the vacancy list to see which homes have openings, then decides which Approved Homes would be most suitable for a given individual. This matching of residents and Operator is a complicated but necessary process.

Prospective residents often express their own preferences for:

- private bedrooms
- certain areas of the city
- number of residents in the home
- smoking privileges
- restrictions and house rules
- pets
- children, etc.

Persons seeking an approved home to live in are usually provided with the names and phone numbers of 2 or 4 Operators. The home seekers then call and make arrangements for a visit. They may be accompanied by mental health staff, family members, or a friend. It is then up to the seeker and the selected Operator to come to a mutual agreement or "contract" before moving into the home.

Operators may from time to time receive requests for placement directly from community mental health nurses, psychiatrists, social workers, family members or other agency staff. One resident may bring another person to the home when openings occur. It is mandatory to check with the Residential Coordinator or designate before making a final decision to accept new residents into your home. It is essential to inform the Residential Coordinator about vacancies in your home.

What Does An Approved Home Operator Need To Know?

Becoming an Approved Home Operator is the beginning of an intense learning experience. Much of this learning will be "on-the-job" training. Most Operators have raised families or are currently raising children. This kind of experience is an excellent beginning. All Approved Home Operators are experienced "home managers" and "home makers." The challenge of "family making" with a group of strangers with a variety of disabilities, is not a decision to take lightly. However, most Operators who are seriously interested in people and in helping others will succeed.

In the mental health field, having had mental illness or having lived in a family with a disabled person, is an advantage. Life experiences like divorce, family deaths, physical disabilities, problem children, and alcohol abuse, can be an asset. Many residents have faced these problems in their own life and been rejected and misunderstood because

of them. Above all else an Approved Home Operator needs a sense of humor, to be understanding and patient, quick to make judgments but not to be judgmental.

Good sources of information for new operators are:

- other Approved Home Operators
- Saskatoon Approved Private Care Home Association meetings
- seminars, workshops and conferences
- books, videos and some movies

The Residential Services office has educational reading material. In addition, they can put you in touch with other good sources of information on mental illness.

Please contact the Residential Services Coordinator at 655-4590, if you would like further information.