



Supporting Family Partners

Answering your questions about supporting your loved one at CAMH

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Supporting Families – Frequently Asked Questions

I am planning to go with my family member to the CAMH Gerald Sheff and Shanitha Kachan Emergency Department. What do I need to know before arriving?

The following information is intended to support family members in navigating a visit to the CAMH Emergency Department. These Frequently Asked Questions summarize common questions from family members like you.

What makes the CAMH's Gerald Sheff and Shanitha Kachan Emergency Department (ED) different from a General Hospital Emergency Department?

CAMH's ED is Ontario's only 24/7 psychiatric emergency department. This means that the CAMH ED exclusively supports patients arriving with psychiatric and substance use emergencies that do not require the support of a general hospital emergency department. The types of treatment and services offered at the CAMH emergency department include emergency assessments, extended observation, treatment, and referrals.

My family member is choosing not to seek help, what can I do as a family member?

People experiencing mental health or addiction concerns do not always choose to seek treatment. They may not believe there is a problem. They may feel that they can address the issue on their own, without treatment. They may have fears about the mental health system or concerns about the stigma of a mental health or addiction diagnosis. This is a difficult situation for family members who are witnessing the situation and feel that their family member needs support. As a family you can learn about mental illness and addiction, talk to your family member and encourage them to seek support, get support for yourself, and get to know the Mental Health Act and Crisis Resources. Learn more about these options [here](#).

What does a typical visit to the Emergency Department (ED) look like?

Generally, there are four steps in a visit to the CAMH ED: triage/registration, assessment, disposition and next steps:

- 1. Triage and Registration:** The patient will meet with the triage nurse and a program assistant. A safety check for unsafe items is conducted and the patient will be asked to provide any unsafe items to the team. These items will be stored in the secure storage room or may be taken away with a family member. A decision, based on acuity, will be made for them to move to one of three waiting rooms: the Bridging Clinic for concerns that do not require the most immediate attention, the secure waiting room (this waiting room is locked), or the non-secure waiting room.
- 2. Assessment:** The patient will meet with a Nurse or Social Worker and a Physician for an assessment. At this point, a family member or family doctor may be asked for information to help support an admission decision, which is typically referred to as "collateral" information.
- 3. Disposition (Care Plan):** The ED team who met with the patient will discuss the care plan and next steps with the patient and family (with consent).
- 4. Next Steps:** After the disposition is delivered, the patient will either be admitted to an inpatient unit at CAMH or discharged with follow-up supports at CAMH or in the community.

Although the assessment and treatment decisions will be unique to each patient, the general process through the ED will be similar for everyone.

What can I bring with us to the Emergency Department?

You may choose to bring items that support your family member to stay relaxed while they wait (i.e., books, music, word puzzles, or a cellphone). There are a few items that we ask patients and families to leave outside of the ED (e.g. in the secure storage room or at home) these include but are not limited to:

- Some types/styles of clothing (for example, items with drawstrings, belts, shoelaces, scarves, necklaces, etc.)
- Cans, glass bottles, and open drinks (we have snacks and drinks at the nursing station – please let us know if you are hungry or thirsty!)
- Sharps (for example, scissors, razors, nail clippers)
- Alcohol and products containing alcohol
- Cannabis, tobacco and tobacco-related products
- Lighters and matches
- Personal medications (please provide to Triage or Assigned Nurse)
- Unknown or unauthorized substances

The staff in the ED are here to help. You can speak with any member of the team if you have questions. If the decision is made to admit your family member to one of our inpatient units, you are encouraged to drop off items they need for a comfortable stay once they are admitted to an inpatient unit (see FAQs related to an inpatient stay).

Once we arrive to the emergency department and are waiting to be assessed can I, as a family member, leave and come back? (For example, to pick-up food or drinks)

While waiting for triage and registration, patients and families are able to come in and out of the ED. After triage, and when waiting for the assessment, patients (and families if they have chosen to accompany them) are asked to stay in the waiting area until the assessment is complete. We do have snacks in the nursing station and any member of the team would be happy to support you to ensure a comfortable visit. Please let us know if you are hungry or thirsty.

How can I be involved in my family member's assessment?

At CAMH, we recognize the importance of your involvement. You can expect that the health care team will first check-in with the patient to ensure there is consent for the family to be involved.

There are two special circumstances where families may be asked for supporting information (also referred to as “collateral”) or may receive some information without first receiving consent from the patient. Those circumstances are:

1. When someone is brought to the Emergency Department on a Form 1 or placed on a Form 1 and more information is needed in order to make an admission decision.

2. When a Substitute Decision Maker (SDM) needs to be established.

For more information on the Form 1 and SDMs please see [this brochure](#) on privacy and consent.

If I bring my family member to the Emergency Department will they be admitted to CAMH?

Arriving to the CAMH ED does not guarantee an admission to one of our inpatient units. However, it does ensure that your family member will receive a psychiatric assessment which will determine the appropriate follow-up and next steps for your family member. For example, they may be best supported by the [Bridging Service](#), or another outpatient or community supports. The decision to admit a patient is also based on their safety and the safety of those around them. If your family member is not admitted, please know that you may always return to the CAMH ED if the condition worsens and/or there is a safety concern. See below for more information on involuntary treatment under the Mental Health Act and Forms.

What is the Mental Health Act and how will it impact us in the Emergency Department?

The Mental Health Act sets out the rules for admitting patients to psychiatric facilities and for issuing and renewing community treatment orders (CTOs). The two most common Forms that may impact you and your family member in the ED are a Form 1 and a Form 2. A Form 1 is an application for psychiatric assessment, signed by a doctor. It provides authority for the person to be taken to a psychiatric facility and held for up to 72 hours in order to conduct the assessment. A Form 2 is signed by a Justice of the Peace. It allows the police to bring a person to a hospital for assessment. Even when people are placed on a form it does not guarantee that they will be admitted to hospital, it only guarantees that they will receive an assessment. It also does not guarantee that the person will be held in the ED for a full 72 hours and it is possible that they will be discharged sooner based on the assessment and treatment decision. For more information please review the “When families have questions about patient privacy and consent” [here](#).

If my family member goes to the Emergency Department and is not admitted for an inpatient stay, what next steps can we take?

If your family member is discharged from the ED and not admitted for an inpatient stay, a health care professional will share the appropriate next steps. For example, they may be referred to an outpatient program at CAMH or in the community, they may be given recommendations for finding a therapist that is specialized to their specific needs, or they may be referred to the Bridging Service. Your family member can always return to the CAMH ED, even during non-crisis times, as a preventative measure if they feel professional support is needed to keep them safe. If you are also looking for support as a family member please contact the [Family Resource Centre](#) (FRC) at CAMH. The FRC helps families find and connect with supports at CAMH or in the community, and helps with system navigation.

I'm worried about my family member experiencing a crisis and being unable to make it to an Emergency Department. What can I do to keep myself and my family member safe?

If there is an immediate safety concern, please call 911. When calling 911 you can mention that you are calling for help with a mental health crisis, some regions may have mobile crisis

intervention teams (MCITs) to support under these circumstances. You may also call the Canada Suicide Prevention Service at 1-833-456-4566. This phone line is offered through Crisis Services Canada (CSC) which is a national network of existing distress, crisis, and suicide prevention line services. Learn more [here](#). For additional information and supports during a crisis see the Access CAMH Community Resource Sheet on “Crisis Services” [here](#).

What is a “Safety Plan” and how can we create one?

Safety plans help to establish goals around safety, address fears, and identify coping mechanisms. It is most effective to collaborate on a safety plan when your loved one is not in crisis. Try [Hope by CAMH](#), a free smartphone app that provides suicide prevention information, tools and crisis resources to support and guide individuals when they are experiencing thoughts of suicide. One of the key features of this app is the ability for individuals to create a personalized suicide safety plan, which can be done in consultation with their healthcare professional, loved one, or someone who they have a trusting relationship with. The app also makes it easy for your loved one to email their safety plan to their healthcare team, family member or friend. It is available on [Android](#) and [iOS](#).

I will be arriving / arrived to the Emergency Department in the evening or on a weekend. Where can I find more family support or information during these times?

We welcome families to connect with the care team in the CAMH ED if they have any questions about the process or supporting their loved one. If you are looking for information, navigation, and referral information for families, the Ontario Caregiver Organization offers a 24/7 caregiver helpline at 1-833-416-2273, click [here](#) for more information. You may also email or leave a voicemail with the CAMH [Family Resource Centre](#) and someone will reach out within 48 business hours. You can also connect with [Access CAMH](#) for more information about programs and services including registration.

General Family Member FAQ's

The following information is intended to support family members as they navigate their journey with CAMH. The General FAQ's apply to a broad range of experiences that families may encounter and were developed in partnership with the CAMH Family Advisory Committee.

Who is considered family at CAMH?

At CAMH our definition of family is as broad as the range of people—relatives, partners, friends, co-workers and others— who come forward in times of need.

What is the role of families in the care and recovery of patients at CAMH?

We know that families often provide the bulk of care to patients by supporting a patient waiting to access services, helping patients navigate the system, accompanying patients to appointments, and caring for the patient upon discharge. At CAMH, we practice patient- and family-centered care (PFCC) which encourages and supports patients and their families to participate in care and decision-making, however they choose. CAMH staff encourage patients to consider who would be supportive in their care, including family members, and have ongoing conversations with patients about providing consent for family participation.

Where can I find support for myself as a family member?

Families are an important part of recovery and they may also need care and support. These supports can include support groups, individual counselling, psychoeducational groups, and peer-to-peer or social support. As a first step, we encourage you to connect with [Access CAMH](#). The CAMH [Family Resource Centre](#), an informational and navigational resource, can help you find and connect with supports.

Are there any tools to help me find my way around the CAMH campus?

There are a few ways to navigate the CAMH campus. You can call CAMH's [Main Switchboard](#) to ask for the location of the unit/program. Once onsite, you can ask a Community Ambassador (they are dressed in purple CAMH attire) who are located across the [Queen Street site](#). You can download the [CAMH App](#) for patients and families, which is an easy-to-use app to assist with wayfinding and navigation.

My family member and I speak English as a second language. Do you have interpretation services at CAMH?

Yes. All CAMH patients have access to trained professional interpreters during their care at CAMH. Interpreters can facilitate communication between service providers and patients in their preferred language and can support communication for patients who are deaf. Connect with a member of the care team to arrange support. Learn more about accessibility services at CAMH [here](#). As a family member you may also be interested in finding information in languages other than English. Click [here](#) to read translated CAMH materials and, additionally, follow the link to the [Multicultural Mental Health Resource Centre](#) for more resources that support culturally-safe mental health care.

I would like to know more about the clinic or service my family member is part of. Where can I find more information?

You can find information about all CAMH programs and services [here](#). You can also call Access CAMH at (416) 535-8501, press 2, to inquire about programs and services. The Access CAMH line is staffed from Monday to Friday between 8:30am to 4:30pm.

What is a treatment plan?

At CAMH, a treatment plan is developed to address the patient's unique social, physical, emotional, cultural, spiritual, and psychological needs. CAMH health care providers will develop treatment plans with the patient, and include family members when patient consent is provided. They will work with the patient to identify treatment goals and to achieve the best results possible in their recovery. Regular reassessments are completed and treatment plans are updated regularly. Read more about care planning [here](#).

What are the different roles on a “care team”?

Patients at CAMH, whether they're an inpatient or outpatient, meet many people during their care. Depending on treatment needs, your family member's care team may include some or all of these health care providers: Psychiatrist, Nurse, Psychologist, Social Worker, Recreation Therapist, Occupational Therapist, Spiritual and Religious Caregiver, Peer Support Workers, Pharmacists, Dieticians, Personal Support Workers, and Program Assistants. You can read more about each of these roles in [Volume 2, Issue 2 of the Family Voice Newsletter](#).

If I have a complaint, compliment, or feedback regarding my experience at CAMH, who can I contact?

All programs have a unit manager and a team lead who are committed to supporting you in navigating any issues or concerns during treatment. Alternatively, the CAMH Client Relations Office is committed to responding to feedback received from clients, their family members, individuals wishing to receive CAMH services, and members of the community. Feedback may be given to the Client Relations Office by telephone, email, letter, and, with advance notification, in-person.

Click [here](#) for more information.

Telephone: 416-535-8501 ext. 32028

Email: client.relations@camh.ca

What does consent, confidentiality, and capacity mean in the context of care at CAMH and how does this impact me as a family member?

Every patient has the right to privacy, consent, and confidentiality. In Ontario, the Personal Health Information Protection Act (PHIPA) and the Health Care Consent Act (HCCA) outline the requirements for privacy and consent. To read more about “When families have questions about patient privacy and consent” click [here](#). This may give you helpful tips when speaking to your loved one about providing consent.

My family member did not consent for me to be involved in their care, what am I able to share with the care team and how can I talk to my family member about giving consent?

You can share information with the care team without consent if there is a significant safety concern that involves risk of serious bodily harm to the patient, family or public. If your family member is in crisis and the care team feels that an emergency assessment is required, they may also ask you for information without getting consent from your family member. Once the care team has made an admission decision, they will stop sharing information with you or collecting it from you until your family member has given them verbal or written consent. It may be helpful to have a conversation with your family member about what kind of information it would be helpful for you to know, and why. If your family member understands the request for information and why that information would be helpful for you, they may reconsider their decision not to share information. Remember, consent is not an “all-or-nothing” situation. Your family member can give the health care team consent to share specific information; for example, they can consent to tell you what medication they are taking, but not what they discuss in therapy.

For more information on privacy and consent click [here](#).

What is considered Personal Health Information (PHI)?

Personal health information or PHI is identifying information about an individual, in verbal or written form, if the information:

- Relates to the physical or mental health of the individual, including the individual’s medical history and the individual’s family medical history;
- Relates to the provision of health care to the individual, including the identification of a person as a provider of health care to the individual;
- Relates to the payment or eligibility for health care;
- Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
- Is the individual’s health care number; or
- Identifies an individual’s substitute decision-maker.

My family member was placed on a Community Treatment Order (CTO). What does this mean?

A CTO is an order issued by a physician which allows the patient to receive care and treatment in the community rather than being involuntarily admitted to a mental health hospital (**CMHA, CTO Case Management Services**). CTO’s are for those who have repeat admissions to a mental health hospital, such as CAMH, and do not voluntarily engage in follow-up supports. At CAMH we have Community Treatment Order Coordinators who provide assistance to physicians and inpatient and outpatient hospital teams to help with the process of community treatment orders. For more information click [here](#).

What is a Substitute Decision Maker?

A Substitute Decision Maker (SDM) is a person who can legally make health care decisions on a patient's behalf if they are unable to understand or appreciate the information needed to make decisions about their care. Healthcare decisions can include decisions about treatment, admission, and medication. Once the health care team identifies an appropriate SDM, they will share only basic information with them to decide if they are available and willing to be an SDM. If you are appointed the SDM, the care team will share as much information as they feel is necessary, and is legally appropriate, for you to make informed treatment decisions for your family member. Learn more about Substitute Decision Makers [here](#).

Where can I learn more about the medications my family member is taking?

Medication conversations and decisions are unique to each patient. If your family member has provided consent for you to be involved in their care, including discussions on medication, you can engage in conversation with the prescribing doctor or psychiatrist. Often patients and families are unsure of what to ask. “[The 5 Medication Questions to Ask](#)” (from the Institute for Safe Medication Practices Canada) can be a helpful place to start.

In the event that your family member has not consented to sharing personal health information with you, it is important to know that families can still ask general questions about medication. While a pharmacist, family doctor, or care team will not be able to provide you with specific answers to questions about your family member's medication, they can share general information on medication, common side effects, and answer questions that do not include personal health information. For example, without consent, the healthcare team could answer the question, “what are common side effects of Prozac?” but it would not be appropriate for them to answer the question, “what are the side effects my family member is experiencing?” The first question ensures that healthcare providers are not sharing personal health information while the second question would require the disclosure of personal health information. See the links below for more information on medications:

- [Anti-anxiety medications](#)
- [Antidepressant medications](#)
- [Antipsychotic medications](#)
- [Mood Stabilizing medication](#)

My family member prefers not to take medication. What other treatment options are offered at CAMH?

At CAMH, medication is one of many treatment options offered to patients. Medications can be an important part of a patient's treatment plan and a starting point in helping patients to become more amenable to other interventions, such as group treatment. Each patient is unique, and what works best will be specific to the individual, their diagnosis, and their treatment goals. Some common examples of treatments offered at CAMH, include: [Cognitive Behavioral Therapy \(CBT\)](#), [Family Therapy](#), [Electroconvulsive Therapy \(ECT\)](#), [Dialectical Behavioral Therapy \(DBT\)](#), to name a few. CAMH will always endeavor to meet the individual needs of the patient and through discussions with the care provider, an individualized treatment plan will be developed in order to meet those needs.

While my family member is on medication what else can we do to support living a healthy lifestyle?

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease”. With this definition in mind, anyone, no matter the diagnosis, can live a healthy life and find ways to improve their individual well-being. As a first step, regular check-ups with a family doctor will help to identify and support your family member’s individual needs. Wellness and living a healthy lifestyle can be impacted by multiple factors and is impacted by self-care strategies. Self-care can include many things such as, healthy sleep and eating habits, physical fitness, and social and recreation/leisure/connection. Read more about [self-care strategies](#) and [practices](#) or read more about family experience and self-care in the [Family Voice Newsletter](#).

My family member decided to stop taking their medication. What are some things I should know?

Making decisions about treatment can be hard, especially in the case of medication and its side effects. Encourage your family member to have a conversation with their doctor, nurse, or pharmacist. With the healthcare provider your family member can discuss the benefits and risks of stopping their medication and ensure that they are choosing the safest option. If you are experiencing challenges with the decision to stop medication, a “decision aid” may help you work through this together. The [Ottawa Hospital Personal Decision Guide](#) could be a helpful place to start. Communicate with your family member with empathy and genuine curiosity to understand the reasons why they are choosing to stop the medication. There are many reasons why a person may want to stop medication, for example feeling like they can cope with the symptoms themselves, experiencing side effects, or feeling overwhelmed with accessing and managing their treatment. If your family member is not willing to discuss their medication or the reasons for stopping, and you know the name of the medication they are taking, you can contact your doctor or pharmacist to find out any general concerns and symptoms to watch for. If your family member stops taking medication and is experiencing a worsening of symptoms or a crisis, call 911 or take them to the nearest emergency room for support.

What is medication reconciliation?

Medication reconciliation is a formal process in which health care providers partner with patients, families and other care providers to ensure accurate and complete transfer of medication information across transitions of care. Medication reconciliation is a patient safety initiative that requires a systematic and comprehensive review of all the medications a patient is taking, including prescription, non-prescription, vitamins, minerals, and natural health products. This process ensures medications being added, changed or discontinued are carefully evaluated and enables health care providers to make safe and appropriate prescribing decisions with the patient.

I have heard that treatment for mental illness and addiction is not “linear” and there are ups and downs. What does this mean and what should I be looking out for as a family member?

Yes. The recovery journey for people with a mental illness and/or addiction does not always follow a straight line and is unique to each patient. Often, with treatment for mental

illness and addictions a patients' recovery is a journey and may include mental health crises and relapse. As a family member it may be helpful to understand the stages of change, which describe five stages that people may go through when changing their behaviour.

How can I support my family member in coordinating care with their family doctor?

Coordinating care between CAMH and your family members' family doctor, and/or nurse practitioner is addressed when there is a care transition or at time of discharge. A discharge plan supports patients' transition from hospital to home. At CAMH we use **Patient Oriented Discharge Summaries (PODs)** that provides key information that patients need for a successful discharge. PODs can be shared with family doctors, family members, or anyone supporting the patient in follow-up care. If your family member does not have a family doctor, refer to the Access CAMH Resource Sheet on "**How to Find a Family Doctor or Nurse Practitioner**" for more information.

I would like to be more involved at CAMH, what can I do to get started?

At CAMH, we have a Patient and Family Partners Program, Family Advisory Committee in corporate and clinical services, and a Family Advisory Committee in research. Each of these groups offer ways for families to be involved in improving programs, care delivery, education, experience, and research. You can learn more about the Family Advisory Committee (FAC) from past issues of the **Family Voice Newsletter** or email family.engagement@camh.ca if you have questions about the FAC. If you are interested in the Patient and Family Partners Program you can email pfpp@camh.ca to learn more.

My family member was admitted to an inpatient unit. What can I expect?

The following information is intended to support family members who have a loved one receiving care on an inpatient unit. These FAQ's outline common questions family members have about inpatient stays and information to support you in planning your time at CAMH.

What items should I leave at home or outside the inpatient unit?

To ensure we are working together for safety, there are a few items we ask patients and families to leave outside of the inpatient units (e.g. in the secure storage room, lockers, or at home). These items include, but are not limited to:

- Some types/styles of clothing (for example, items with drawstrings, belts, shoelaces, scarves, necklaces, etc.)
- Chargers and headphones (i.e. items with a cord) for personal electronic devices. While your family member is an inpatient unit we will offer to charge their cellphones from the nursing station
- Cans, glass bottles, and open drinks (we have snacks and drinks at the nursing station – please let us know if you are hungry or thirsty!)
- Sharps (for example, scissors, razors, nail clippers)
- Alcohol and products containing alcohol
- Cannabis, tobacco and tobacco-related products
- Lighters and matches
- Personal medications (please provide to Triage or Assigned Nurse)
- Unknown or unauthorized substances shoelaces, scarves, necklaces etc.)

Staff are here to help. You can speak with any member of the team if you have questions about the items you are bringing or dropping off.

Do you have specific visiting hours?

We have a Family Presence Policy at CAMH. This means that, under most circumstances, we accommodate family presence at times that work best for the patient and the family and do not have specific visiting hours. There may be some exceptions to this policy on a case-by-case basis which is why we recommend calling the unit or program to support you in navigating your visit before coming to CAMH. The unit can also recommend best times to come based on meal times and group programming that your family member may want to attend. [Covid-19 Information for Families and Visitors](#).

How do I contact my family member on an inpatient unit?

If your family member has a personal cellphone you may be able to reach them on their personal device. If they do not have a cellphone or you are unable to reach them you are welcome to call the nursing station of the program/unit where your family member is an inpatient. You can access the extension for an inpatient program/unit nursing station by calling Switchboard at: 416 535-8501 or 1 800 463-2338 toll-free and pressing 0, this line is staffed 24/7.

Who is the best person to contact if I have questions before coming to visit?

If your family member has given written or verbal consent for you to be involved in their care, a member of their care team will be the best point of contact for questions. If you have not yet been in contact with a member of the care team, you are welcome to call the nursing station of the program/unit where your family member is an inpatient. You can access the extension for an inpatient program/unit nursing station by calling Switchboard at: 416 535-8501 or 1 800 463-2338 toll-free and pressing 0, this line is staffed 24/7. The staff member will ask you for the name of the program or for the building and floor number. You can also access a list of CAMH Programs and Services [here](#). Please know that if your family member has not consented to you being involved in their care, staff will be unable to confirm or deny the location of your family member at CAMH or provide any other information.

What is a welcome package and where can I find one?

The CAMH Welcome Package includes general information about CAMH and the services offered. Welcome packages are given to all new CAMH patients when they are admitted to an inpatient unit. Families can request a welcome package from the care team or find information included in the welcome package [here](#).

What are some examples of activities that my family member could be offered during their inpatient stay?

Patients can engage in a variety of therapeutic activities during their inpatient stay, including recreational activities. For example, the Tour de Bleu Therapeutic Neighbourhood on the ground floor of the McCain Complex Care and Recovery Building is home to number of skill-based and recreational programs that support patient recovery. The Therapeutic Neighbourhood includes: an exercise room, teaching kitchen, teaching laundry room, computer training room, music and art studio space, and an assortment of both peer and clinician-led groups that are skill-based (e.g. Cognitive Behavioral Therapy), and leisure activities (e.g. pet therapy, sports, art).

My family member has specific dietary needs (i.e., vegetarian, lactose intolerant, halal). How are their dietary needs supported?

Meals and snacks are provided by CAMH Food Services in a cafeteria-style dining area, or through a special diet/tray service. Special dietary restrictions – including kosher and halal – can be accommodated. Patients will need to inform their care team of any specific dietary needs upon being admitted to CAMH. We also have Registered Dietitians at CAMH that are available to all inpatients and can support with improving physical health as well as specific dietary needs. Some psychiatric medication have nutrition-related side effects and dietitians and pharmacists can help patients manage those side effects. Read more about the role of dietitians at CAMH [here](#).

My family member smokes. How will they be supported by the care team while they are an inpatient?

CAMH has a Tobacco-Free Policy which means cigarettes, tobacco and tobacco-related products cannot be used, bought or sold anywhere on [hospital grounds](#). Tobacco products, cannabis, e-cigarettes, vaping products and lighters and matches are not

allowed on inpatient units. This also means that patients and families should not bring tobacco products, lighters or matches into the hospital or, at minimum, must keep them out of view and inaccessible to others. For inpatients, there are a variety of options to help curb cravings including nicotine replacement therapies, cessation medications, and behavioural supports to help control these cravings. If your family member chooses to use tobacco products while they are a patient at CAMH they must leave the CAMH grounds. Our Community Ambassadors (the people in the purple jackets) can direct people to the closest area where they may use tobacco products. If you or your family member has questions about their specific situation, please connect with their health care team.

Will I be able to participate in my family members' care?

At CAMH we practice patient- and family-centred care (PFCC) which encourages and supports patients and their families to participate in care and decision-making based on the level of involvement they feel most comfortable. CAMH patients are encouraged to have their families involved and consent is an ongoing conversation with patients ([more information about privacy and consent](#)). Some of the ways families are able to participate in the patient's care are during family meetings, individual phone calls with the [inpatient social worker](#), personal interactions with the care team when you are on the unit, during care transitions (e.g. discharge), and more depending on your family member's needs.

What is a discharge plan and are families involved in discharge planning?

Before a patient leaves CAMH, the treatment team will develop a discharge plan that will help ensure recovery continues after they leave CAMH. This may include referrals for follow-up treatment (e.g. psychiatrists, social workers, pharmacists etc.) or information on how to get housing, work, and income support. Your family member will need to consent for you to be involved in discharge planning as these conversations include personal health information (PHI).

At CAMH, we use Patient Oriented Discharge Summaries (PODS) during discharge planning. Click [here](#) to learn more. This [Discharge Checklist](#) can help families understand what to ask to prepare for discharge and the transition home.

What can I expect after my family member is discharged?

Once your family member is discharged their care may continue on an outpatient basis and/or in the community. The details of a patient's specific discharge plan will be included in their Patient Oriented Discharge Summary (PODS). For example, your family member may be offered follow-up appointments with an outpatient psychiatrist, appointments with their primary care physician, to attend programs in the community, and/or connect with a pharmacist regarding their medication regimen.

I'm supporting a family member who receives regular support as an outpatient and it's my first time interacting with the care team. What can I expect?

The following information is intended to support family members who are supporting an outpatient. These FAQ's outline common questions we've heard from family members and provide some insight into what to expect when you are connecting with an outpatient team.

My family member's appointment is virtual. Who can we contact if we have technical issues?

If you have questions about an appointment or require technical support, please contact the CAMH clinic directly for assistance. All appointments at CAMH use approved videoconferencing platforms (Ontario Telemedicine Network or Cisco Webex). You can find more information for patients and families [here](#).

What is the average length of time my family member will be in treatment at CAMH?

The length of time in treatment can look different for each patient and program at CAMH. Our health care providers will develop a care plan with the patient (and the family member where consent is provided) to help identify treatment goals and achieve the best results possible. Regular reassessments help make sure the course of treatment stays on track. For questions that are specific to your family members' treatment, connect with their care team. For general information about care planning at CAMH, click [here](#).

I would like to be more involved in my family member's care. What is one way to approach this topic with my family member?

It can be helpful to approach this topic with the knowledge that consent is not an "all-or-nothing" situation. This means that your family member may give the health care team consent to share specific information, for example, they may consent to tell you what medication they are taking, but not what they discuss in therapy. It may also be helpful to be open with your family member about what kind of information you would find most helpful and why. If your family member understands the request for information and why that information would be helpful for you, they may reconsider their decision on sharing information. To read more about privacy and consent, click [here](#).

I am attending an appointment with my family member. What are some questions that would be helpful for me to ask the care team?

It can be helpful to have a conversation with your family member before the appointment to discuss information that would be helpful for you to know in supporting their treatment goals. For example:

- How does this illness/substance use impact my family member's day-to-day life?
- What can I do to best support my family members treatment goals? What is my role in recovery?
- Do you offer support for families? What other resources are available to me?

- What steps can I take in a crisis?
- Who can I call if I have questions or problems?
- What expectations or boundaries need to be set to create a strong relationship?
- What benefits or financial support can I apply for as a family caregiver? (The Ontario Caregiver Organization has a list of [financial support resources](#)).

It can also be helpful to learn more about mental illness and substance use, click [here](#) to find more information on mental illness and addiction.

I think I need more support for myself, is there someone on the care team designated to support families?

To find out if the program or service that your family member is receiving care from offers support for families, please contact your family members' care team or call [Access CAMH](#). If the program does not offer support for families, you can connect with the [Family Resource Centre](#) at CAMH for support in navigating the system and identifying supports for families in the community.