

Into the Future: the Coquitlam Health Campus

A Vision for the Riverview Lands

Prepared by Dr. John Higenbottam
JAH consulting
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JAH Consulting:

Dr. John Higenbottam, Principal

Dr. John Higenbottam is a clinical psychologist who has extensive experience as a clinician, educator and health systems administrator. He has held senior health leadership positions in British Columbia, including Vice President, Vancouver Hospital and Health Sciences Centre, Vice President, Vancouver Richmond Health Board and Vice President, BC Rehab. Dr. Higenbottam also served for 12 years as Assistant Administrator and Vice President, Riverview Hospital. While at Riverview, he was seconded to the BC Ministry of Health to develop a provincial strategic plan for brain injury services.

As Vice President, Vancouver Hospital and Health Sciences Centre and later, the Vancouver Richmond Health Board Dr. Higenbottam was responsible for Psychiatry, Rehabilitation and Continuing Care services and later added the Emergency, Spinal and Orthopedic Departments to his portfolio. During this time he led an integration of Vancouver Hospital and St Paul's mental health services as well as developing the BC Neuropsychiatry Program. He also served as a health services accreditation surveyor for Accreditation Canada for twenty years and had the opportunity to survey most of the hospital and community mental health services in Canada as well as Bermuda.

In addition to senior leadership and clinical positions, Dr. Higenbottam has held a number of academic positions including Associate Adjunct Professor, Department of Psychology, University of Victoria, Associate Dean, Douglas College and Clinical Associate Professor in the Department of Psychiatry, University of British Columbia. In the latter role, he teaches in the medical undergraduate and psychiatry residency programs.

He has authored a substantial number of articles and presented at many conferences on mental health issues, particularly on mental health systems and services as well as effective practices.

Dr. Higenbottam currently has a health care consulting practice, JAH Consulting. He is also Manager, Psychosocial Rehabilitation (PSR) Advanced Practice and Coordinator, Graduate Diploma Program in Psychosocial Rehabilitation, Douglas College. John is also Co-Chair, Canadian Alliance for Mental Illness and Mental Health (CAMIMH), Canada's major alliance of 18 mental health professional and stakeholder organizations. He also served with the Mental Health Commission of Canada's Service Systems Advisory Committee for a five year term. He has recently been named as the incoming Editor in Chief of the Canadian Journal of Community Mental Health.

Dr. Higenbottam's major clinical and research interests focus on serious mental illness, psychosocial rehabilitation and developing effective mental health systems and services.

Dr. Stephen Holliday, Associate

Dr. Stephen Holliday is a registered psychologist with over 30 years of experience in mental health service planning, delivery and evaluation.

Dr. Holliday has worked at various levels of management in public health programs including Riverview Hospital (Manager, Geriatric and Clinical Research Divisions), St. Vincent's Hospital (Assistant Head,

Department of Psychiatry), the Coast Garibaldi Health Authority (Manager, Sea to Sky Mental Health Services) and Vancouver Coastal Health Authorities (Manager, Mental Health Services, Director, Addiction Services, Co-Director, Burnaby Centre for Mental Health and Addictions).

Dr. Holliday is an expert on developing services for people with Severe Addictions and Mental Illness and was responsible for the development of the clinical model initially introduced at the Burnaby Centre for Mental Health and Addictions. He subsequently worked as the Clinical Practice Leader for the Vancouver Coastal Health Complex Concurrent Disorders Program.

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Executive Summary

In 2012, Riverview Hospital closed after almost 100 years of service in British Columbia's mental health service system. For the first half of its life, Riverview was the major psychiatric hospital in the province and was internationally recognized for its treatment programs. During the second half of its life, Riverview's importance and role declined with its patient population as community treatment alternatives were developed, particularly general hospital units. Riverview's new role became specialized, providing tertiary services for persons whose treatment needs exceeded the capability of the general hospital units.

Beginning in the 1980s a series of deinstitutionalization programs saw the hospital downsized leading to its eventual closure. Unfortunately, this has resulted in a loss of Riverview's specialized treatment capability for the group of "traditional" persons with serious mental illness requiring specialized, longer term treatment which exceeds the capabilities of community hospitals and services. At the same time, a new group of Severely Addicted Mentally Ill (SAMI) individuals has emerged who have complex treatment needs and who are now placing great pressure on hospital emergency departments and psychiatric units as well as police and social services.

The closing of Riverview has thus led to unintended consequences in the form of the present crisis in Vancouver, the Lower Mainland and other parts of the province.

In turn this has resulted in considerable public and civic government pressure for the Province to use Riverview as a mental health facility. In fact, in 2008 and again in 2013 the Union of BC Municipalities (UBCM) passed resolutions asking the Province to retain the Riverview Lands for the purpose of a mental health facility.

Since the Riverview Lands lie within its boundaries, Coquitlam is very concerned about their future. This concern is shared by the general public who is opposed to residential and commercial development and wish to see the site rededicated to the treatment of mental illness while preserving its natural beauty including heritage assets. These public views have been strongly expressed in the past and reconfirmed at recent open houses conducted by BC Housing on the site's future.

Coquitlam has initiated the present exercise to create a vision which recognizes the significance of the Riverview Lands and proposes uses that are most appropriate to the lands and in the best interests of the people of British Columbia. An overriding principle is that the Riverview Lands should be used for public purposes that preserve the natural beauty and ecology. Consistent with this principle, Coquitlam Council remains opposed to selling parcels of the land for such purposes as market housing.

Primarily, Coquitlam's vision is for the preservation and use of the Riverview Lands as a health and wellness campus dedicated to meeting the needs of the people of British Columbia, the people of Coquitlam and neighboring communities. This vision is consistent with the City of Coquitlam Riverview Task Force Report, *For the Future of Riverview*, endorsed by Coquitlam City Council in 2005 and speaks specifically to one of the four recommended uses for the future of the Riverview Lands.

Accordingly, the primary recommendation of this report is to re-establish specialized psychiatric treatment capability on the Riverview site together with the synergistic psychiatric programs for the

Severely Addicted Mentally Ill (SAMI) population, which are currently provided by the Burnaby Centre for Mental Health and Addiction.

The second major recommendation of this report is to establish an Acute Care Hospital to meet the needs of the people of Coquitlam and surrounding communities. The development of an acute care hospital on the Riverview Lands will provide rapid access to emergency services as well as ambulatory treatment capability, which will divert a large portion of cases from Royal Columbian's Emergency Department. This will eliminate the chronically severe overcrowding at Royal Columbian Hospital and complement the services provided to Tri-cities residents by Eagle Ridge Hospital.

This report also proposes the use of the Riverview Lands for other complimentary purposes including a Health, Mental Health and Wellness Education and Training Centre, a Health and Wellness Business Park as well as dedicated public park and recreational space that preserves the natural and heritage value. These proposed uses are consistent with the recommended uses for the future of the Riverview Lands as outlined in the City of Coquitlam Riverview Task Force, *For the Future of Riverview*, which recommended the development of clusters of excellence in the areas of:

- Mental Health and Wellness.
- Research, education and innovation.
- Heritage landscape and overall ecology of the lands.
- Heritage arts and culture.

A complete summary of the recommendations contained in this report can be found beginning on page 26.

Background

The Riverview Lands were the site of British Columbia's provincial psychiatric hospital from 1913 to 2012. This large tract, which is now within the boundaries of the City of Coquitlam, was originally chosen for its natural beauty including sloping landscape, views of mountains, the Coquitlam and Fraser Rivers and surrounding forests. Over the years the beauty of the site was enhanced with lawns, gardens and trees and it became the site of BC's Provincial Botanical Garden.

The hospital, which first opened in 1913, was known as The Hospital for the Mind at Mount Coquitlam. Subsequently, it was renamed Essondale in recognition of the efforts of the Provincial Secretary, Dr. Henry Esson Young, in its creation. While originally established to serve the general adult population, over the years the hospital expanded to include separate adult and geriatric services named Riverview and Valleyview respectively. A chronology of the history of the site is contained in Appendix 1.

The hospital experienced steady growth in patients, staff and facilities until the 1950s reaching a peak patient population of 5500 in 1956. A slow decline in the patient population greatly accelerated in the 1970s and 1980s with the opening of general hospital psychiatric units and community mental health centers throughout the province.

By the early 1980s, the patient population at Riverview had dropped to approximately 1,200. However, the shift in services from direct referral to a tertiary care model meant that admissions were restricted to patients whose problems were of such severity/complexity that they exceeded the capability of general hospital psychiatric units and community programs.

During this time, Provincial Government planning was for further reductions in the patient population through transfers to community living situations. This downsizing was to be accompanied by reductions to Riverview's operating budget. As part of this downsizing process, surplus capacity buildings on the site began to be closed beginning with the original provincial hospital building, West Lawn, in 1983.

Subsequently, a series of mental health plans were developed, all of which recommended further downsizing and the development of a "Riverview replacement". The 1990 provincial mental health plan, for example, spoke to the maintenance of a specialized, 358 bed tertiary hospital with new construction on the Riverview site.

By 1998 planning changed again and the provincial mental health plan released in that year stated that while Riverview would be an important resource for the 'foreseeable future,' it should be closed within seven years and the service capacity transferred to new smaller, community facilities that would be strategically located throughout the Province.

In 2000, the province created regional health authorities to manage health services. In the new organizational structure, Riverview/Valleyview was placed under the administration of the Provincial Health Services Authority (PHSA). The PHSA implemented the strategy proposed in the 1998 plan of transferring funds from the Riverview operating budget to the newly created health authorities who in turn were charged with developing "tertiary (long-term specialized)," community-based programs to replace the remaining Riverview programs. This process was considered to be completed in 2012 and Riverview was closed.

While these policies were successful in closing the hospital, there have been serious unintended consequences. The creation of additional tertiary care capacity has been generally positive but the loss of Riverview's specialized, long-term treatment capability has led to an increased number of highly unstable individuals living in the community. This in turn has led to a very significant increase in psychiatric emergency admissions and police involvement with seriously mentally ill people.

The situation has become particularly serious in Vancouver and other Lower Mainland communities, including Coquitlam and New Westminster, where there are larger numbers of these unstable, seriously mentally ill people. The problems in Vancouver, for example have reached such a level of severity that the Mayor and Chief of Police are calling the current situation a crisis.

Since the Riverview Lands, while the property of the Provincial Government, lie within its borders, Coquitlam has long had interest in the future of the site and has been an active participant in the ongoing planning process. In 2003, Coquitlam's Mayor and Council created the Mayor's Riverview Task Force, which was charged with developing a community vision and comprehensive plan for the future uses of the Riverview Lands. Their report (City of Coquitlam Riverview Task Force, 2005) *For the Future of Riverview* recognized the heritage significance of the Riverview lands and recommended the development of clusters of excellence in the areas of:

- Mental health and wellness.
- Research, education and innovation.
- Heritage landscape and overall ecology of the lands.
- Heritage arts and culture.

Central to this vision was the development of mental health and wellness, research, education, botanical, ecological and heritage, arts and cultural services.

In 2005 the Tri-Cities Chamber of Commerce also successfully incorporated the utilization of the Riverview Lands as a site for healthcare, wellness and community services into policy at the BC Chamber of Commerce.

In 2008, the City of Coquitlam commissioned Donald Luxton Associates, architects, to develop a "statement of significance". This statement (Donald Luxton Associates, 2008) recognizes the importance of the Riverview Lands in terms of history, heritage value and character-defining elements.

Coquitlam initiated the present study to create a vision that recognizes the significance of the Riverview Lands and proposes uses, which are most appropriate to the lands and are in the best interests of the people of British Columbia. An overriding principle is that the Riverview Lands should be used for public purposes which preserve the natural beauty and ecology as well as heritage elements. Consistent with this principle, Coquitlam remains opposed to selling parcels of the land for such purposes as market housing.

As an alternative to residential and commercial development, Coquitlam's vision is for preservation and use of the Riverview Lands as a mental health, health and wellness campus dedicated to meeting the needs of the people of British Columbia, the people of Coquitlam and neighboring communities.

Coquitlam's vision for the Riverview Lands preserves their natural beauty while recognizing their enormous value potential to meet the health, mental health and wellness needs of citizens.

Prior to presenting Coquitlam's vision for the future of the Riverview Lands, the past history and the present situation will be discussed to provide context for the vision and recommendations.

The Past

Ideology, Policy and Riverview

In order to understand Riverview's history of development, expansion and decline, it is necessary to consider the changing psychiatric treatment ideology that has influenced the government and, provincial health authority planning.

In the early years of the twentieth century when the Hospital for the Mind at Mt. Coquitlam, later Essondale, was developed, the dominant treatment ideology was providing a sanctuary or asylum where psychiatric patients would receive care in a stress free setting. At the time, this ideology prevailed in Canada and led the provinces to develop provincial hospitals, usually in rural settings.

Since there were no effective psychiatric treatments available, there was an expectation that people would require specialized hospitalization or residential care for months or years. In fact, many of the psychiatric disorders that then led to long term institutionalization are now routinely and effectively managed by either family physicians or psychiatrists in private practice.

By the 1950s Riverview, like most provincial mental hospitals, had become seriously overcrowded. However, in the early 1950s, the first effective drug treatments for schizophrenia and the major mood disorders became available. For the first time, it became possible for many people to be discharged from provincial psychiatric hospitals and return to life in the community.

Beginning in the 1960s, as psychiatric treatment became more available and effective, the treatment ideology switched from a focus on long-term care in institutions to short-term hospitalization and community-based treatment. In turn, this led to a widespread movement to deinstitutionalize mental health patients as the long-term hospital was seen as no longer having a primary role in care and treatment.

In Canada, Saskatchewan led the provinces in transferring large numbers of patients from psychiatric hospitals to community living situations. The other provinces rapidly followed suit and developed programs to discharge provincial psychiatric hospital patients back to the community. The deinstitutionalization movement peaked in the 1970s and 1980s and by 1990 many of the provincial hospitals in Canada and State hospitals in the United States had either dramatically downsized or closed.

In British Columbia, the deinstitutionalization ideology was translated into major changes in mental health policy. Accordingly, in the 1980s the province committed to a new strategy in which, as an alternative to admission to Riverview, general hospital psychiatric units would be created in the major communities of the province. Patients would be directly admitted to those units and only referred to Riverview if more specialized, longer term treatment was required.

In addition, the province committed to the development of a network of community mental health centres as well as the development of specialized community care teams in Greater Vancouver. These centres and teams were meant to provide after care to patients being discharged from Riverview, many of whom were being placed in community residences and group homes. These centres were also intended to provide “store front” mental health services to people at risk for being admitted to hospital.

The main underlying assumption was that it was best for people to remain and be treated in their home communities rather than in institutions. Importantly, it was believed that community-based care would be substantially cheaper than institutional care.

Rethinking Deinstitutionalization

Despite the early enthusiasm for closing provincial psychiatric hospitals, most provinces soon recognized that moving large numbers of mentally ill people into the community created a number of significant challenges. Although deinstitutionalization in all jurisdictions was accompanied by the transfer of some funding to community services, in actuality, the investment necessary to develop comprehensive community housing and support programs exceeded the dollars available.

In BC this meant that many discharged Riverview patients required services in excess of what was available or that could be readily developed. And, as most of these discharged patients were unemployed/unemployable/ disabled, those who were not supported in group homes gravitated to the low-income neighborhoods such as Vancouver’s Downtown East Side where they ended up in squalid SRO Hotels or homeless and living on the street. The failure to provide the housing and supports these people require, such as Assertive Community Treatment (ACT) Teams, has been identified as a major reason for Vancouver’s present mental health crisis with an exponential increase in police contacts and psychiatric emergency visits involving the seriously mentally ill.

Similar experiences across Canada have led most provinces to recognize that a need remains for specialized, long-term psychiatric care facilities of the Riverview type. It is now recognized that, despite advances in medical, acute and community mental health care, there remains a significant number of former and new patients who either require specialized, longer term treatment that exceeds the capability of general hospital psychiatric units and/or who are so unstable that even extensive community supports are not sufficient to allow them to live in the community.

Accordingly, most provinces have retained or redeveloped their provincial psychiatric hospitals. Saskatchewan, which led the deinstitutionalization movement in Canada for example, is now redeveloping its provincial psychiatric hospital in North Battleford. Similarly, Ontario has maintained and redeveloped several provincial psychiatric hospitals. Additionally, Ontario built and opened a new provincial, tertiary psychiatric hospital, Ontario Shores, which is now recognized as a model, specialized or tertiary, provincial psychiatric hospital as well as the Centre for Addiction and Mental Health in Toronto, which is probably the best known example of a mental health campus in Canada.

The Present

Closing Riverview and Unstable, “Traditional” Seriously Mentally Ill People

Although Riverview closed its doors in 2012, for all practical purposes, it closed much earlier. For approximately the past ten years, it has been very difficult or impossible to admit patients to Riverview on referral from the general hospital psychiatric units, such as Vancouver General Hospital (VGH) and St. Paul’s Hospital. Accordingly, major referring hospitals such as VGH always had a substantial number of patients who required but could not easily access Riverview’s specialized, longer term tertiary treatment capability. This resulted in inappropriately long patient stays in the general hospital psychiatric units and/or discharge back to the community with a high probability of repeated psychiatric emergency re-hospitalizations.

Over time, this has resulted in the creation of a significant group of community dwelling, high needs, people with unstable mental health, significant behavioral and cognitive deficits and disturbed and disruptive behavior.



People within this group are currently being considered for support by Assertive Community Treatment (ACT) teams or for residence in high support group homes. However, more unstable individuals will continue to have treatment needs that exceed the capacity of those specialized services.

The Emergence of the Severely Addicted and Mentally Ill (SAMI) People

During the years in which Riverview was being downsized, there was a dramatic increase in drug use and addiction within the mental health population in general and the deinstitutionalized population in particular. This increase has been attributed to a number of factors including the emergence of

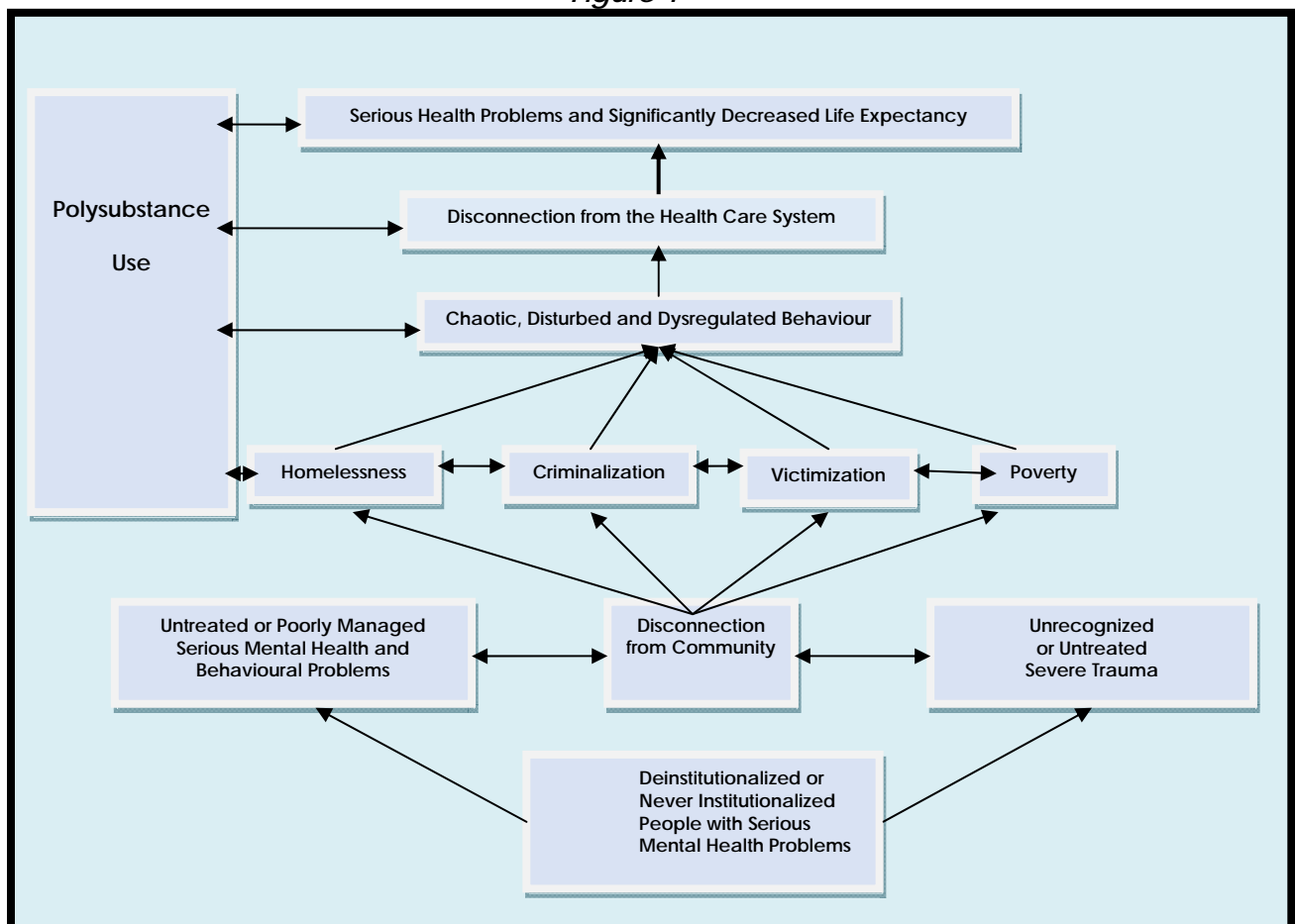
'affordable' street drugs, particularly stimulants including crack cocaine and methamphetamine, the concentration of mental health clients in low-income areas that were centres of the drug trade and a shortage of psychiatric rehabilitation-focused outreach teams. By the early 2000s, the problem had become severe enough that a specific subpopulation called SAMI (Severely Addicted and Mentally Ill) had been identified and targeted for service.

The SAMI population is characterized by the simultaneous presentation of severe mental health and severe addiction problems, typically accompanied by highly problematic behaviour including aggression, and disinhibition, a marked difficulty in connecting with and benefitting from structured community services, and high prevalence of brain injury, systemic diseases and severe trauma.

There is now a widespread recognition that the most seriously impaired members of the SAMI population required highly specialized treatment and dedicated facilities. Experience in working with the SAMI population, including the development of the Burnaby Centre for Mental Health and Addiction, has demonstrated that the short and long-term care needs of this group are significantly greater and included specialized acute, tertiary and long-term residential options. These needs are recognized in the recent Ministry of Health (2013) planning document, *Improving Health Services for Individuals with Severe Addiction and Mental Illness*.

Figure 1 is a schematic diagram which illustrates the formation and characteristics of the SAMI group:

Figure 1



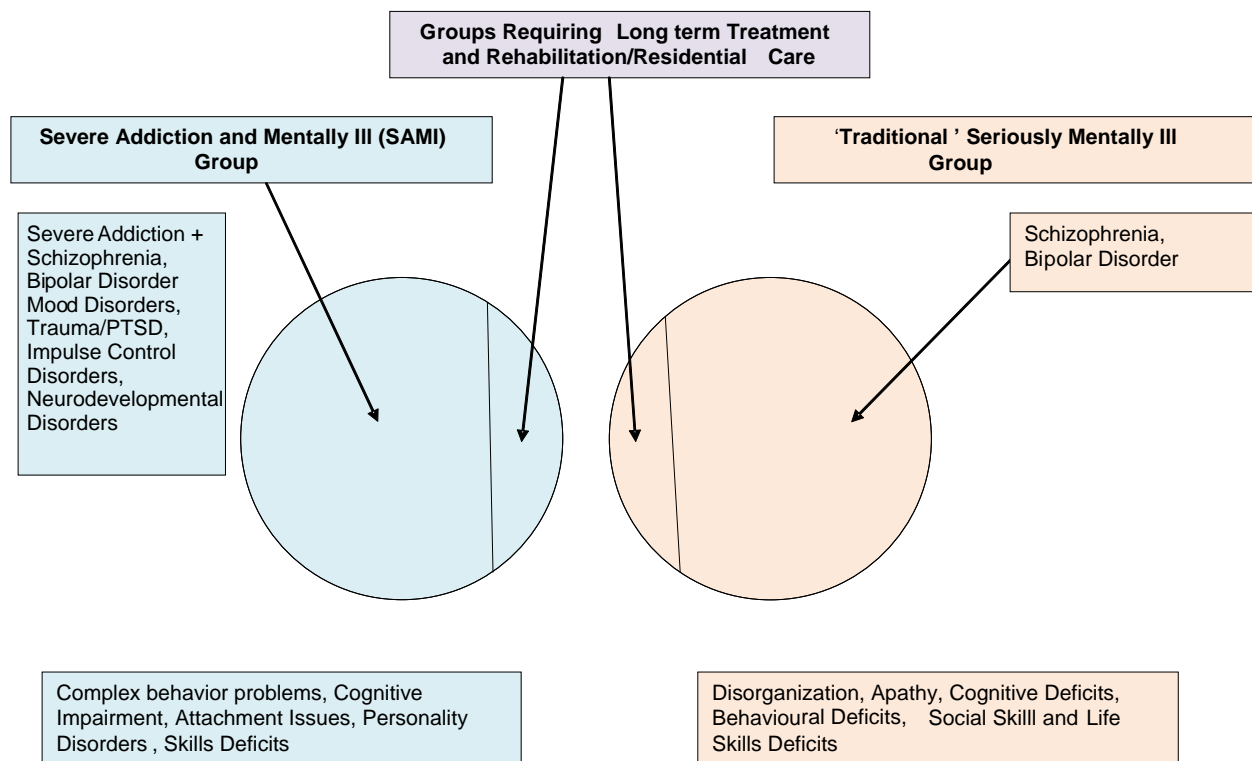
The Need for Specialized Psychiatric Hospitalization and Rehabilitation/Residential Care

In summary, the downsizing and closing of Riverview, while leading to numerous improvements in mental health care, has led to the creation of two groups of individuals who present with treatment and care challenges that are not being met and will likely never be met by current or planned acute care or community services.

The first is the subgroup of “traditional” seriously mentally ill persons who are highly unstable and present with specific behavioural and cognitive deficits that prevent them from functioning and living successfully in the community, even in highly supported settings. The second subgroup consists of individuals with severe addiction and mental illness (SAMI) who present with complex physical, cognitive and behavioural challenge, whose cases are complicated by exposure to significant trauma, and who have major difficulty in either maintaining community residence or receiving traditional services.

Figure 2 illustrates the characteristics of these two groups, which are subgroups of the larger populations of persons with Serious Mental Illness and Severe Addiction and Mental Illness (SAMI):

Figure 2



Thus, deinstitutionalization unintentionally led to the creation of two subgroups of people with significant mental illness that were underserved or failed to benefit from community-based programs. Some of these people, such as those with unresolved problems related to psychosis, became detached

from the system and society in general. Many of these people, and particularly those exhibiting cognitive and interpersonal limitations, remain occupants of single room occupancy (SRO) or part of the homeless population. Their inability to fully engage and benefit from mental health and social programs has often resulted in them being condemned to lives of isolation and squalor. Others became involved with drugs, became more seriously ill and often ended up leading lives characterized by chaos, encounters with police, homelessness, severe health problems and early death. The presence in communities of increased numbers of people in both groups has led to a serious overloading of hospital emergency services, particularly in the Lower Mainland.

It is also important to understand that the incidence rates for serious mental health problems have remained constant over the years, which mean that each year a number of new cases emerge, some of which will fall into the groups described above. This means not only that the system problems will continue over time, but that these groups will continue to grow. Accordingly, the current system problems will increase over time rather than diminish.

Service Planning

There has been some planning and development of services to support the more severely ill members of the traditional mental health population. One example has been the work undertaken by Fraser Health Authority (FHA) to develop specialized long-term residential facilities on the Riverview site, such as Connolly Lodge. This work is highly relevant in that it specifically addresses the sub-group of patients who require very high levels of support and do best in a sheltered environmental setting.

Vancouver Coastal Health (VCH) is also planning to develop additional ACT teams and high-intensity supported housing. The VCH work, while necessary to fill specific gaps in their service continuum, is not likely to meet the needs of the more unstable, more compromised and more vulnerable members of the traditional group.

Planning for the SAMI group, while less advanced, is currently underway. The Ministry of Health (2013) planning document identifies specific short and long term activities that are potentially relevant to the Riverview site. The first is the redevelopment of the Burnaby Centre of Mental Health and Addiction and addition of a secure facility to provide stabilization, assessment and individual case-planning services for complex clients. The second is the development of a strategy to meet the long-term residential needs of SAMI patients who are seen at the Burnaby Centre.

In the context of this planning activity, it is important to note that two long-term residential programs were previously provided on the Riverview site. These programs were delivered in Brookside and Leaside buildings to meet the residential and rehabilitation needs of Burnaby Centre clients who had completed treatment but for whom resources were lacking in their home communities. One of these programs served women with histories of extreme trauma while the other served men with unstable psychotic illnesses. The programs, which were operated by Coast Mental Health, were successful and provide a template for the development of similar, additional residential living programs. Unfortunately these particular programs were discontinued in 2013.

Education and Training

Throughout its existence, Riverview served as an education and training resource for mental health workers throughout the province. At various times nurses, physicians, psychiatry residents and other members of the allied health professions received education and training on the campus. Riverview's library and educational outreach programs were also valuable resources supporting mental health professionals throughout the province.

The educational services provided at Riverview were crucial in improving the overall capacity of the health care system and served as the catalyst for introduction of new concepts and practices. For example, the development of psychogeriatric services in BC was centred on Valleyview programs that included on-site training for both nurses and physicians.

With Riverview's closing a valuable mental health education and training capacity was lost, which is having long term consequences for BC's capacity to educate, train and support practitioners who work with the seriously mentally ill and severely addicted and mentally ill people.

Riverview's Buildings

While Riverview's major buildings have only been closed for a relatively short period of time, many have deteriorated. Accordingly, the building inventory now requires varying degrees of repair. There is a desire by Council and the community to see prudent repair and maintenance of the buildings to preserve these significant assets. This will facilitate the buildings being repurposed in the future.



The Future

Coquitlam's Vision-- a Campus of Care

Coquitlam's overall long-term vision is to create a health and wellness campus of care on the Riverview grounds. This campus will consist of a set of integrated clinical care, education and training, long-term residential and rehabilitation programs and services. These programs, together with related health, commercial and public uses will preserve and optimize the use of the site, consistent with Riverview's historical role but within a modern health care framework.

The programs and services envisioned for the Riverview Lands are:

Specialized Psychiatric Treatment and Rehabilitation

As discussed, there is a clear need to re-establish the capability to provide specialized psychiatric treatment and rehabilitation for individuals with serious mental illness whose short and long-term treatment needs exceed the capability of general hospital psychiatric units and who were traditionally served by Riverview as well as for people with severe addictions and mental illness (SAMI).

Accordingly, it is recommended that a psychiatric hospital be established on the Riverview site to provide this specialized treatment and rehabilitation capability. The hospital will be developed as a centre of excellence for treatment, research and education with seriously mentally ill and severely addicted and mentally ill people. The hospital's programs will effectively meet the treatment needs of both these populations, reducing the pressures on general hospital psychiatric units, community mental health services, police and social services. As such these programs are essential to addressing the mental health crisis in the Lower Mainland and other parts of the province.

The long term vision is for construction of a purpose built hospital to be located in the general area of the present North Lawn building. The co- location of the programs for the seriously mentally ill and the severely addicted mentally ill populations presents significant advantages in terms of commonalities and synergies among the programs for staffing, treatment approaches and support services, while addressing the distinctly different needs of each group.

In the short term, it is recommended that the Burnaby Centre for Mental Health and Addiction programs be moved from the current Willingdon site to the



Riverview campus. The most suitable building in terms of size and configuration appears to be the Centre Lawn Building, the last major building to close.

Acute Care Hospital

Although Coquitlam is one of the largest and fastest growing cities in BC, it does not have its own acute care hospital. This means that its citizens must travel to Royal Columbian Hospital when they require emergency and other acute care hospital services. They then usually endure long waits because of traffic as well as the chronically severe overcrowding of Royal Columbian's Emergency Department.

This lack of an acute care hospital in Coquitlam is also a major reason for the severe overcrowding at Royal Columbian. In fact, the largest proportion of Royal Columbian's patients now come from the Tri-cities area and particularly, Coquitlam.

The Riverview Lands are an ideal location for an acute care hospital with an emergency department. The land is available and highly suitable in terms of ease of access and proximity for the citizens of Coquitlam and the Tri-cities. Additionally, this hospital will meet the clinical support needs for the proposed specialized psychiatric hospital and other clinical services on the site.

It is recommended that initially the acute care hospital provide emergency and ambulatory care services with the capability to meet the population needs of Coquitlam and the Tri-cities. Additionally, the hospital would operate sufficient medical beds to support its emergency department.

The hospital would not take cases of severe trauma and /or individuals requiring life support. Those cases would be triaged to Royal Columbian Hospital which is the regional trauma centre.

While initially, the hospital can be established within an existing Riverview building such as Valleyview 300, it is recommended that a purpose built hospital be built on the site, preferably in the North Lawn area. This hospital should be designed with the potential for future growth to meet the needs of the area's expanding population as well as the ability to provide other acute care services including general and specialty surgery.

The development of this acute care hospital on the Riverview Lands will provide rapid access to emergency services as well as an ambulatory treatment capability, which will divert a large portion of cases from Royal Columbian's Emergency Department. This will eliminate the chronically severe overcrowding at Royal Columbian. Additionally, these emergency services will complement the services provided to Tri-cities residents by Eagle Ridge Hospital.

This hospital will divert a large proportion of patients from Royal Columbian, resulting not only in much improved services for the citizens of Coquitlam and the Tri-cities but also the citizens of New Westminster. Accordingly, it is recommended that a portion of the funding designated for Royal Columbian Hospital redevelopment be used for the development of this hospital.

In the transition to an acute care hospital on the Riverview Lands, or in the absence of one, it is recommended that an Urgent Care Centre be established to provide fast access to services as well as ambulatory treatment capability. Where Urgent Care Centres have been established they have been cost efficient and effective at diverting cases from hospital emergency departments.

Residential and Rehabilitation Housing

It is recommended that the areas occupied by residential cottages and the various lodges such Brookside and Leaside be dedicated to supporting clients who require either long-term supported living or an extended stay in a rehabilitation/recovery environment as a preparation to returning to community.

It is also important that additional, high quality residential/ rehabilitation housing units of the Connolly Lodge type be developed to meet long term rehabilitation/residential needs. In the interests of efficient, high quality development and operation, it is recommended these units be developed and operated by an experienced, non-profit housing provider such as Coast Mental Health.



Education and Training Centre

The most effective way of creating a sustained program that will enrich the broader mental health community is to develop a strong education and training program. To this end it is proposed that the redevelopment of the site include a commitment to create a mental health, health and wellness education and training centre. This will be developed in conjunction with colleges and universities.

This education and training centre will also support centres of excellence for education, training and research in mental health and addiction as well as rehabilitation and recovery.

These centres of excellence, developed in partnership with universities and colleges, are an ideal addition to a campus of care and will provide provincial, national and international profile for the campus of care. The Centre for Addiction and Mental Health working in conjunction with the University of Toronto is a good example of this type of partnership.

It is proposed that the space currently occupied by the Henry Esson Young and Administration offices be dedicated to these research, academic and training activities.

Health and Wellness Business Park

Certain types of health and wellness related businesses on the site would not only generate revenue but would support clinical and training activities. These businesses would include medical laboratories, medical clinics, diagnostic imaging, medical technology and medical supply companies that support or compliment the Provincial healthcare services. Diagnostic imaging, laboratory and other specialized services would also increase the ease of access to these services for site residents. Similarly, the

presence of medical technology companies can result in research partnerships and priority access to services.

Other health and wellness businesses suitable for the site may include private and /or faith based addictions treatment and rehabilitation programs. Additionally, the health and wellness business park would be an ideal location for other private physical rehabilitation programs for example for brain injury including stroke.

In this regard, the current zoning is P-1 Civic Institutional. This allows for civic type functions such as government offices, educational institutions and hospitals. Commercial activities that are accessory to the principle use are also permitted.

It is recommended that the portion of the site adjacent to the Lougheed Highway be used as the site of the Health and Wellness Business Park. The land for this park would be leased from the Provincial Government to appropriate health-related industrial uses.

This area will be very attractive to health and wellness related businesses with its ideal geographic location, proximity to clinical programs and access to transportation corridors. It will also have direct access to QNet, a state of the art fibre optic network connecting the complementary businesses to fast and reliable internet connectivity.

The lease costs and taxes paid by tenants would be an important source of revenue to pay for the costs of servicing and operating the site to assist with making the site sustainable and revenue generating.

Recreational Development

Devoting space to recreation and particularly to recreation that is accessible to both residents of Riverview programs and the public at large is an important aspect of redevelopment. Access to green spaces and to recreational activities is known to have beneficial effects on recovery from mental health problems. Also, the natural beauty of the Riverview Lands as well as the botanical significance of the site make it ideal for the outdoor/recreational opportunities that would serve both individuals in the clinical and rehabilitation programs as well as the community at large.

Recreational development should respect the important natural/botanical spaces on the site but also leverage the sites recreational potential. The goal would be to sensitively utilize the existing green space to create options that are accessible to the public and that also create opportunities for residents of the proposed programs to have more normalized experiences.

Presently a large parcel of land at the south end of the Riverview grounds is free of buildings and covered with mature trees and grass. This land, which lies below and to the south of Pennington Hall, would be an ideal site for a park and public recreation area. This area is accessible from the Lougheed Highway as well as from the main areas of the Riverview Campus. This space may be used for picnic areas, playgrounds and short walking trails or related activities.

The site presently occupied by Pennington Hall is ideally suited for re-development as a small public recreational facility. Developing such a facility would be in keeping with the historic use of the site, as

Penn Hall was used for many years as a recreation facility for staff and patients in the Riverview programs. There is sufficient space for the construction of a small community centre which could provide physical, social and educational activities to residents of both the campus and greater community.

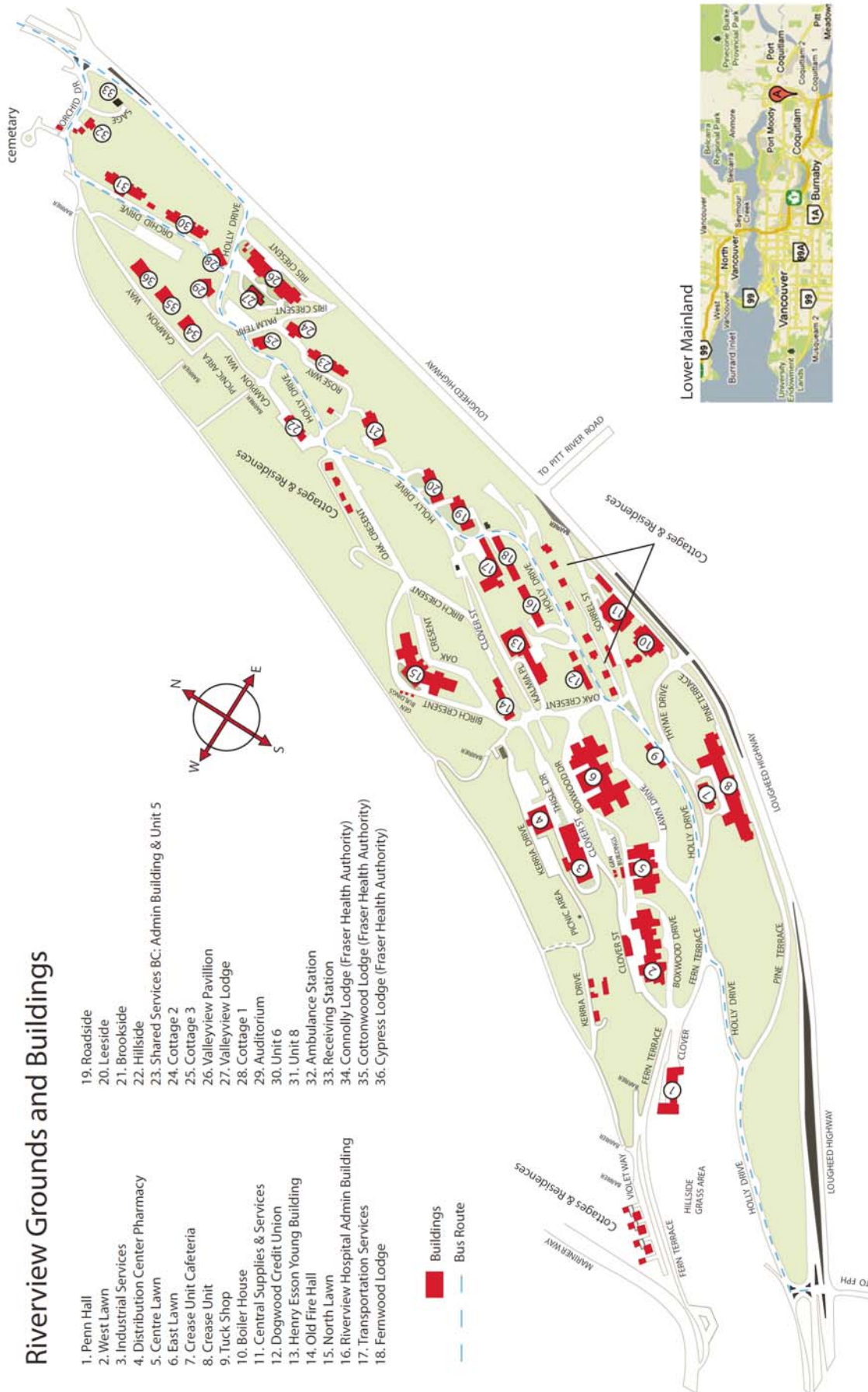
Within this context of some parks and recreation use, it should also be noted that the City is on record stating that the existing arboretum and landscape features be preserved as per the approved 2008 UBCM Riverview Lands Resolution. The site has significant natural and heritage values that need to be respected.

Other Uses of the Site

The site presently houses a BC Ambulance Services Station. This is an ideal location with the development of an Acute Care Hospital with an Emergency Department or Urgent Care Centre.

Another potential use of the site would be as the location for a detox centre for the treatment of persons with alcohol and substance use problems. A number of the existing, smaller buildings would be excellent for this purpose.

It is recommended that other, appropriate present and future uses of the site be encouraged including filming, Amateurs Radio Group, Historical Society, etc.



Developing the Campus

It is recommended the campus be developed as follows:

Phase 1

- Relocate the Burnaby Centre for Mental Health and Addiction programs for Severe Addiction and Mental Illness (SAMI) programs to a suitable building on the Riverview Lands, such as Centre Lawn.
- Open Specialized Psychiatric Treatment programs in the Centre Lawn Building to service those who require longer term specialized treatment for their serious mental illness.
- Develop an Acute Care Hospital in the Valleyview 300 Building.
- Develop Long Term Residential and Rehabilitation Services in proximity to the current residential programs. These will be located in existing Lodge and Cottage buildings.
- Develop an Education and Training Centre for Mental Health and Addictions and Rehabilitation and Recovery. This will be centered at the current Henry Esson Young Administration Building.
- Develop a Health and Wellness Business Park with tenants including laboratory and diagnostic services, medical research centres, medical and allied health services, diagnostic imaging and medical supply services. This Health and Wellness Park will be located on the portion of the site adjacent to the Lougheed Highway.
- Dedicate the Southwest end of the site for public use (park and recreational uses).

Phase 2

- Develop additional Long-Term Residential and Rehabilitation Units.
- Develop a recreational facility in the Pennington Hall area.

Phase 3

- Develop a new, purpose built clinical centre in the North Lawn area to relocate the programs from Centre Lawn as well as the Acute Care Hospital from the Valleyview 300 Building.

Financing Riverview Redevelopment

The development and operation of the proposed programs on the Riverview site will require considerable capital and operating funding. There are several potential sources of funding which are considered here:

Riverview Legacy Funding

As discussed earlier, over the years there were several mental health plans to redevelop or replace Riverview. In these plans the commitment was made that proceeds from any sale of Riverview land and assets would be placed in a “legacy fund” dedicated to mental health services. Similarly, the Riverview operating budget was to be preserved and dedicated as annualized funding for provincial mental health programs.

The operating budget was in the order of \$100 million annually when the program of aggressive downsizing began which led to the closing of the hospital. Although a portion of the operating budget was transferred to the health authorities to develop and operate community residential and ‘tertiary’ mental health programs, the total amount transferred is considered to be significantly less than the hospital’s former operating budget.

Accordingly, it is recommended that the Ministry of Health determine the proportion of the former Riverview operating budget, which was not used for Riverview replacement, and make this available as operating funding for the proposed, specialized programs and services.

Cost Avoidance: Acute Care Hospital, Police and Social Services Costs

The downsizing and closure of Riverview have contributed to the current serious mental illness crisis in the province, particularly in Vancouver and the Lower Mainland. The crisis has been associated with emergency department overcrowding and a major increase in police and social service costs. Vancouver Police estimate that at least 20% of their member’s time is now devoted to attending, transporting and waiting in emergency departments with people who are seriously mentally ill. The Coquitlam RCMP detachment also indicates that a significant portion of their time is dedicated to responding to mental health issues. For example, in 2012 the detachment responded to 824 calls under the Mental Health Act. Those responses led to 324 apprehensions of individuals with mental health issues. The wait times for officers who then have to keep custody of the patients until they are processed at a hospital were as high as nine hours.

While it is difficult to quantify the costs of police, emergency and social services, it is clear that the re-establishment of Riverview’s specialized psychiatric treatment capability will result in major cost avoidance in the Lower Mainland and other communities of the Province. The Provincial Government should be urged to consider this situation and reallocate health budgets in conjunction with redeveloping Riverview.

Relocation of Burnaby Centre for Mental Health and Addiction Programs

The relocated Burnaby Centre for Mental Health and Addiction programs will be operated with their current, annualized funding, i.e. their fiscal and human resources will be transferred with them. There will also be some economies achieved through shared support and clinical services with the psychiatric programs. It is further suggested that the capital funds from the sale of the Burnaby site be used for capital investment on the Riverview Lands.

Developing an Acute Care Hospital

The development of an Acute Care Hospital will result in greatly improved access to emergency and ambulatory care services for the people of Coquitlam and surrounding communities. This hospital will also divert a significant proportion of patients from Royal Columbian Hospitals Emergency Department. In fact, the largest proportion of Royal Columbian's patients now come from the Tri- cities area and particularly, Coquitlam.

Accordingly, it is recommended that a portion of the funding for Royal Columbian Hospital redevelopment be redirected to developing an Acute Care Hospital on the Riverview site. In the transition to an Acute Care Hospital on the Riverview Lands, or in the absence of one, it is recommended that an Urgent Care Centre be established to provide fast access to services as well as ambulatory treatment capability. Where Urgent Care Centres have been established they have been cost efficient and effective at diverting cases from hospital emergency departments. These services will complement the services provided to Tri-cities residents by Eagle Ridge Hospital.

Health and Wellness Business Park

It is proposed that the strip of land adjacent to the Lougheed Highway extending east from the Crease Clinic area be used as Health and Wellness Business Park. The land for this park would be leased by the Provincial Government to appropriate health-related industrial uses. Suggested tenants would be laboratory and diagnostic services, health research units, diagnostic imaging companies, medical clinics and medical supply companies.

This area will be very attractive to health and wellness related businesses with its ideal geographic location, proximity to clinical programs and access to transportation corridors.

The leases could be an important source of revenue to pay for the costs of servicing and operating the site. The City could also consider possible tax incentives as an impetus to encourage investment in the Riverview Lands.

Summary

For almost 100 years, Riverview Hospital played a key role in British Columbia's mental health service system. For the first half of its life, Riverview was the major psychiatric hospital in the province and was internationally recognized for its treatment programs. During the second half of its life, Riverview's importance and role declined with its patient population as community treatment alternatives were developed, particularly general hospital units. Riverview's new role became providing specialized, tertiary services for persons whose treatment needs exceeded the capability of the general hospital units.

Beginning in the 1980s a series of deinstitutionalization programs saw the hospital downsized and closed. Unfortunately, this resulted in a loss of Riverview's specialized treatment capability for the group of "traditional" persons with serious mental illness requiring specialized, longer term treatment. At the same time, a new group of Severely Addicted Mentally Ill (SAMI) individuals has emerged who have complex treatment needs and who are now placing great pressure on hospital emergency departments and psychiatric units as well as police and social services.

The closing of Riverview has thus led to unintended consequences in the form of the present mental health crisis in Vancouver, the Lower Mainland and other parts of the province. In turn this has resulted in considerable public and civic government pressure for the Province to use Riverview as a mental health facility, as the 2008 and 2013 UBCM resolutions on the Riverview Lands highlight.

Accordingly, the primary recommendation of this report is to re-establish specialized psychiatric treatment capability on the Riverview site together with the synergistic psychiatric programs for the Severely Addicted Mentally Ill (SAMI) population, which are currently provided by the Burnaby Centre for Mental Health and Addiction, in accordance with current best practices.

The second major recommendation is to establish an Acute Care Hospital to meet the needs of the people of Coquitlam and surrounding communities as well as support the psychiatric and rehabilitation programs on the site.

This report also proposes the use of the Riverview Lands for other complimentary purposes including a Health, Mental Health and Wellness Education and Training Centre, a Health and Wellness Business Park as well as dedicated public park and recreational space that preserves the natural and heritage value.

Summary of Recommendations

It is recommended that:

1. A health, mental health and wellness campus of care be developed on the Riverview Lands. This campus will consist of a set of integrated clinical care, education and training, long-term residential and rehabilitation programs and services.
2. A specialized psychiatric hospital be established on the Riverview site to provide specialized treatment and rehabilitation capability. The hospital will be developed as a centre of excellence for treatment, research and education with seriously mentally ill and severely addicted and mentally ill (SAMI) people.
3. The SAMI treatment capability be provided by relocating the Burnaby Centre for Mental Health and Addiction programs to the Riverview site where they can be co-located within the hospital. The co- location of the programs for the seriously mentally ill and the severely addicted mentally ill populations will present significant advantages in terms of commonalities and synergies among the programs in the areas of staffing, treatment approaches and support services while separately addressing the distinctly different needs of each group.
4. In the short term the psychiatric hospital be located in one of the existing buildings. The building that is most suitable in terms of configuration and facilities is Centre Lawn.
5. In the longer term, a purpose built psychiatric hospital be constructed in the area of the present North Lawn.
6. An Acute Care Hospital be developed, which will provide greatly improved access to acute care and particularly emergency medical services for the people of Coquitlam and surrounding communities. This hospital will also divert a significant proportion of patients and reduce the pressures and overcrowding of Royal Columbian Hospitals Emergency Department and support the proposed mental health uses on the Riverview site.
7. In the short term, the Acute Care Hospital with an emergency department, ambulatory care and medical beds should be opened in the Valleyview 300 building.
8. In the longer term, a purpose built Acute Care Hospital be constructed in the general area of the present North Lawn.
9. A portion of the funding for Royal Columbian Hospital redevelopment be redirected to developing an Acute Care Hospital on the Riverview site.

10. The areas occupied by residential cottages, the Valleyview Units, excluding the Valleyview 300 Building, and the various lodges (Brookside, Leaside) be dedicated to supporting clients who require either long-term supported residential living or an extended stay in a rehabilitation/recovery environment as a preparation to returning to community. High quality, purpose built residential/rehabilitation facilities of the present Connolly Lodge type should be constructed for this purpose.
11. These residential/rehabilitation units be developed and operated by an experienced, non-profit housing provider such as Coast Mental Health.
12. The redevelopment of the site include a commitment to create two centres of excellence – one in mental health and addiction; the other in rehabilitation and recovery.
13. The space and facilities currently occupied by the Henry Esson Young Education Centre and Administration Building be dedicated to research, academic and training activities.
14. The portion of the site adjacent to the Lougheed Highway be developed as a Health and Wellness Business Park. This will attract health related commercial businesses and generate revenue to support development and sustain operations.
15. Other current and proposed uses of the site including: filming, museums, amateur radio clubs; and BC Ambulance Services be supported. These current and future uses are appropriate and do not conflict with the proposed clinical, educational and residential uses.
16. The south end of the campus, including the site of Pennington Hall and the area below be used for park purposes and a small recreation facility. The dedication of that portion of the site to parks and recreation would serve the community at large as well as provide recreation opportunities for those individuals residing on the grounds.
17. The natural and heritage values of the site be preserved. There is significant historical value to the Riverview lands that needs to be respected.



Appendix 1 – A Brief Chronology of the Riverview Lands

1904 The British Columbia Government acquired a 405 hectare tract of land at the junction of the Fraser and Coquitlam rivers. 101 hectares (The uplands) later became the site of Riverview Hospital. The lower lands became Colony Farm and were cultivated to produce agricultural products for the hospital.



1908 Henry Esson Young, the Provincial Secretary, approved funding for the building of the “Hospital for the Mind at Coquitlam” on the uplands site.

1911 John Davidson was appointed British Columbia’s Provincial botanist and developed the first Provincial botanical garden and arboretum on the uplands site.

1913 The first major hospital building was opened and admitted patients from New Westminster. The building, later known as West Lawn, remained in use until the 1980s. In 1913, the name of the hospital was changed to Essondale in recognition of the role of the Provincial Secretary in its development.

1924 The Acute Psychopathic Unit. Later known as Centre Lawn was opened.

1930 The third major building, the Female Chronic Building, later known as East Lawn, was opened.

1934 The Veterans’ Block was opened. This later became the Crease Clinic.

1955 The North Lawn building was opened as a hospital unit for the care and treatment of psychiatric patients with tuberculosis.

1956 This was the peak year for Essondale with over 4300 patients and 2200 staff. From 1956 there was a steady decline in the patient population associated with advances in psychiatric medication and increased community treatment options.

1965 Essondale was re-named Riverview Hospital. The site was shared with Valleyview, which operated with separate administration and buildings and provides psychogeriatric treatment services.

1974 Dr. Frank McNair, a Riverview psychiatrist, opened Kelowna Mental Health Centre with Riverview staff and resources. This was the first community mental health center opened in the province and

marked the beginning of the development of community alternatives to admissions to Riverview. At the same time, Ministry of Health policy was to develop in-patient psychiatric units within the province's general hospitals as an alternative to Riverview admissions.

The development of community-based alternatives to Riverview in the 1970s and early 1980s significantly decreased admissions and there was a consequent decline in the patient population.

1986 Riverview and Valleyview were amalgamated under a single administration known as Riverview Hospital.

1990 A provincial mental health plan recommended the transfer of many long-term Riverview patients to regional facilities in their own communities. The plan also recommended the replacement of Riverview with a specialized 358 bed tertiary psychiatric hospital to be developed as a provincial center of excellence for research, education and best clinical practices for serious mental illness.

1998 The provincial government produced another mental health plan which on one hand stated that Riverview would have a significant role for the foreseeable future and on the other hand recommended that the hospital be closed within seven years. (The recommendation that Riverview will close was met with strong opposition, both by the public in general and Coquitlam in particular).

2000 The province established regional health authorities. The planning process began to facilitate the transfer of Riverview patients to community facilities within these authorities. The Provincial Health Services Authority was given full responsibility for Riverview hospital.

2002 The patient population of Riverview was reduced to 800 and expected to shrink to 125 by 2005.

2003 Fraser Health Authority opened Connolly Lodge, a 23-bed residential facility on the Riverview lands. Connolly Lodge was regarded as a prototype for other long-term housing to be developed on the Riverview lands. Subsequently, FHA opened Cottonwood and Cypress on the Riverview grounds.

2007-2012 The remaining Riverview patients were transferred to facilities within the province's health authorities. With the final transfers completed, Riverview closed after 100 years' service as the provincial psychiatric hospital.

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