

East Coast Forensic Hospital

Family and Friends



Artwork by: Dylan Theissen

Contents

What is the ECFH?	2
What is the Forensic Assessment Corrections Treatment (FACT) Unit?.....	2
Court-ordered assessments.....	3
Mental illness	3
What is the Criminal Code Review Board?	3
Types of CCRB hearings	4
First CCRB hearing.....	4
Restriction of Liberties CCRB hearing.....	5
Types of CCRB dispositions	5
Hospital detention order	5
Programming at the ECFH	6
Community access levels.....	6
If your loved one is staying with you on a pass	7
AWOL (Absent Without Leave)	8
Conditional discharge.....	9
Re-admission.....	9
Absolute discharge.....	10
What is my role in my loved one’s treatment?	10
Substitute Decision Maker.....	10
Sharing information with the circle of support	11

Visiting the ECFH 12
 Non-contact visits 12
 Contact visits 12
Trust fund 13
Contraband (not allowed) items 13
Smoking..... 14
 Buying cigarettes..... 14
Taking care of yourself 15
 Community supports 15

East Coast Forensic Hospital: Family and Friends

The East Coast Forensic Hospital (ECFH) health care team includes:

Primary nurse: _____

Associate nurse: _____

Psychiatrist: _____

Medical doctor: _____

Forensic case coordinator: _____

Social worker: _____

Psychologist: _____

Occupational therapist: _____

Recreational therapist: _____

Programming coordinator: _____

Spiritual care clinician: Available on request.

Students: Your loved one can choose to have a student as part of their health care team. Their choice will not affect their care.

Your loved one may also meet the following staff during their stay:

- › Administrative assistants
- › Correctional officers
- › Dietitian
- › Housekeeping staff
- › Unit aides
- › Volunteers

ECFH address:

88 Gloria McCluskey Avenue, Dartmouth, NS B3B 2B8

ECFH phone numbers:

ECFH switchboard: 902-460-7300

FACT (Forensic Assessment Corrections Treatment) nursing station: 902-460-7301

Unit A nursing station: 902-460-7313 or 902-460-7314

Unit B nursing station: 902-460-7315 or 902-460-7316

Transition bungalows nursing office: 902-460-7373

Transition bungalow #1: 902-460-7384

Transition bungalow #2: 902-460-7385

Patient/family feedback (Patient Relations):

- › Phone (toll-free): 1-844-884-4177
- › Email: healthcareexperience@nshealth.ca

For more information, see pamphlet 0466, *Your Rights and Responsibilities*:

- › <https://www.nshealth.ca/patient-education-resources/0466>

Patient Rights Advisor Service:

- › Phone: 902-404-3322
- › Phone (toll-free): 1-866-779-3322

For more information, see pamphlet 1146, *Your Rights Under the Involuntary Psychiatric Treatment Act*:

- › <https://www.nshealth.ca/patient-education-resources/1146>

What is the ECFH?

ECFH is a medium security facility that works with the Department of Health and Wellness and the Department of Justice. Patients at the ECFH have been charged with a criminal offense. They are sent to the hospital by a judicial (court) order for assessment to find out what treatment they may need.

What is the Forensic Assessment Corrections Treatment (FACT) Unit?

The FACT Unit is a 24-bed psychiatric assessment unit in the ECFH. Patients on this unit may be:

- › remanded from (sent by) the judicial system for a court-ordered assessment.
- › admitted from a provincial correctional facility (prison) for treatment after becoming mentally ill.

Court-ordered assessments

ECFH patients have been charged with an offence under the Criminal Code of Canada. If the court believes your loved one is not fit to stand trial or had a mental illness when the offence was supposed to have happened, they may be sent to the ECFH for a psychiatric assessment. After the assessment is complete, a report is sent to the court. This report helps the court to decide if they are:

- **Unfit:** because of a mental illness, they are:
 - › not able to understand the legal steps used by the courts
- **OR**
 - › not able to talk with their lawyer
- **Not criminally responsible (NCR):** at the time the offence happened, they could not understand the nature, quality, and consequences of the offence.
- **Criminally responsible (CR):** after being assessed by the ECFH, they cannot use a defense of Not Criminally Responsible. The judicial (legal) process then continues.

Mental illness

When a person in a correctional facility has symptoms of a mental illness and needs to be hospitalized, they are assessed by a psychiatrist at the ECFH. Then a treatment plan may be created. The person may stay at the correctional facility during treatment or be moved to the FACT Unit of the ECFH for treatment, if needed.

What is the Criminal Code Review Board?

When your loved one is found to be unfit to stand trial or not criminally responsible for an offence, the Criminal Code Review Board (CCRB) takes over the case. Members of the CCRB are chosen by the Government of Nova Scotia. There must be 1 CCRB member who is a psychiatrist at each hearing.

Types of CCRB hearings

First CCRB hearing

- Within 45 days of being found to be unfit to stand trial or not criminally responsible by the judge, the CCRB will meet with your loved one and their health care team.
- **Your loved one will be asked to have a lawyer at their CCRB hearings.** They can plan this with nursing staff.
- All ECFH patients can be legally represented by the Nova Scotia Legal Aid lawyer who is assigned to the CCRB process. There is no fee for this.
- There will be a crown attorney (lawyer) present to represent the interests of the public.
- CCRB hearings are open to the public.
- **This hearing does not mean that your loved one will be discharged from the hospital.** The CCRB looks at what brought your loved one to the ECFH, their current mental health, their past mental health and criminal histories, and any information from their health care team. The CCRB also decides if your loved one is a “significant threat to the safety of the public”.
 - › The legal definition of “significant threat to the safety of the public” is:
A “significant threat to the safety of the public” requires that there must be a real risk of physical or psychological harm to individuals in the community and that the potential harm must be serious. A minuscule risk of great harm will not suffice, nor will a high risk of trivial harm. The conduct or activity creating the harm must also be criminal in nature. The court or Review Board will necessarily consider a broad range of evidence aimed at ensuring that they are able to make the difficult yet critically important assessment of whether the NCR accused poses a significant threat to public safety.
(https://nslegislature.ca/legc/bills/59th_1st/1st_read/b109.htm)
- If the CCRB finds your loved one is a significant threat to the safety of the public, they will issue a disposition (official decision) and decide on their level of community access. Dispositions and community access levels are described in this guide. Ask your loved one’s lawyer or members of their health care team if you have questions about this process.
- After your loved one’s first hearing, the CCRB must meet with them at least once a year to go over their progress. Their lawyer, their health care team, or the CCRB may ask for more hearings during the year.

Restriction of Liberties CCRB hearing

- Your loved one may also have a Restriction of Liberties (ROL) hearing. An ROL hearing happens when your loved one's community access level has been on hold for more than 7 days (1 week). This can happen for many reasons (like a change in their mental health, substance use, or misuse of community access). At the ROL hearing, the CCRB will decide if the health care team may continue to limit your loved one's community access.

Types of CCRB dispositions

The 3 dispositions that the CCRB can make are:

- › **Hospital detention order** – Your loved one will stay in the care of the hospital.
- › **Conditional discharge** – Your loved one can be discharged, but must follow certain rules for a certain length of time.
- › **Absolute discharge** – Your loved one is fully discharged and is no longer under the authority of the CCRB.

Hospital detention order

- When a judge has found your loved one to be unfit to stand trial or not criminally responsible, they will stay on 1 of the Rehabilitation (Rehab) units at the ECFH. Sometimes patients are moved to a Rehab unit to help them become fit for trial. This is done to help them stay well so they can understand the court process and talk with their lawyer.
- The Inpatient Rehabilitation Service also has the Transition Bungalow Program and the Daily Living Suite. These programs let patients test and practice their skills for living on their own to help them get ready to live in the community. Your loved one and their health care team will decide if these programs are right for them. Patients in these programs will live in a bungalow on the hospital grounds with other patients, or in the hospital in a 1-bedroom apartment. Your loved one must be able to do their own cooking and housekeeping, and take medications on their own.

Programming at the ECFH

After your loved one's first CCRB hearing, they will work with their health care team to create a Recovery Plan. They will choose goals and learning to help them in their recovery. Once they have created a Recovery Plan, they will meet with their health care team every 8 weeks (2 months) to go over their progress and change their goals, if needed.

Your loved one's Recovery Plan will include programs at the ECFH, like:

- › education about their mental illness and medication(s)
- › education on their risk to re-offend
- › how to manage their anger
- › information on getting ready to go back to work or school
- › recreation and leisure activities
- › substance use

The health care team will help them choose programs that are right for them. They will also suggest programs for your loved one to attend.

Community access levels

- The CCRB considers **many things** before giving a patient community access. These include **public safety and whether the patient has the right supports** to reach their short and long-term goals. The CCRB will decide the highest level of community access for your loved one. This is called the 'community access ceiling'. Your loved one can work towards this level before their next CCRB hearing.
- **Your loved one will not automatically be given the highest level of community access after their CCRB hearing.**
 - › The health care team will decide what community access level is best based on your loved one's recovery. They will ask for changes in your loved one's community access level as needed.
 - › Any changes in your loved one's community access level must be approved by the Community Access Oversight Committee, the ECFH Program Leader, and the Director of Mental Health and Addictions for Central Zone.
 - › Whenever your loved one **is able to** access the community without being supervised (watched) by staff (they are out on a pass), they will need to complete an **itinerary (plan)**. **While on a pass, they must tell the unit if they want to make any changes to their itinerary. They must also return to the ECFH on time.**

Community access levels:

Level	Description
1	Hospital access (to access the gym, canteen, etc.)
2	Community access supervised by staff
3	Unsupervised hospital grounds access
4	Indirectly supervised community access (day pass)
5	Indirectly supervised overnight passes: Consecutive (one after the other) overnight passes to the ECFH Transition Bungalow or Daily Living Suite
6	Indirectly supervised overnight passes: Up to 6 consecutive overnight passes in the community to a location approved by the health care team and indirectly supervised by staff
7	Conditional discharge: Up to 13 consecutive overnight passes to a location approved by the health care team, or discharge from the hospital

If your loved one is staying with you on a pass

There are rules, policies, and practices for your loved one and ECFH staff. This list gives some of these rules. **Ask a nurse if there are other things you should know. Your loved one must:**

- › take their medication(s) at the times written on the envelopes or bottles.
- › return any medication(s) that is not used in the medication package(s) to nursing staff on the unit.
- › call the unit if they do not have enough medication(s). The nurses can help with this.
- › call the unit if they miss a dose of their medication. The nurses can help with this.
- › ask for medication information if they have questions. Nursing staff can give your loved one and their circle of support (see page 11) information about their medication(s). The primary nurse or a health care team member can get this information from the pharmacy.
- › **call the unit before taking any medication(s) not ordered by the ECFH.** This includes over-the-counter medications, as well as herbal remedies, vitamins, and supplements.

- › **not** use alcohol, cannabis, synthetic (man-made) cannabis, other illegal drugs, or non-prescribed medications. **Drug screens may be done when your loved one returns to the unit.** A breathalyzer test may be done to show if alcohol was used. Drug tests will show if cannabis or illegal drugs have been taken. Alcohol or drug use will result in the loss of your loved one's community access for at least 72 hours (3 days).
- › **be available when ECFH staff call or visit to see if they are where they planned to be.** This is called a spot check. Staff may also wish to talk with you (the family member or friend) to ask how the pass is going.
- › call the unit each night before 9:30 p.m. to check in with staff.
- › **call the unit to get any change to the location of a pass** (like an unplanned day or overnight trip) **approved before changing locations.** An updated address and phone number must be given for any approved location changes.

AWOL (Absent Without Leave)

A patient is considered AWOL if:

- › They do not follow their itinerary.
- › They make changes to their itinerary without contacting the unit.
- › They do not return from their pass on time.
- **Your loved one must be back on the unit before their pass ends.**
 - › Make sure you have enough travel time if you are transporting your loved one back to the ECFH, in case traffic or weather causes delays.
 - › Make sure your loved one has enough time to be searched by correctional officers before entering the unit.
 - › **Always contact the unit if you are transporting your loved one back to the ECFH and you think you may be late.**
 - › **Always contact the unit if you think your loved one may be late.**

If your loved one is called AWOL:

- › We will contact the police and ask them to find your loved one and bring them back to the ECFH.
- › A media release may be sent to help find them.
- › When they return to the ECFH, their community access will be placed on hold for at least 72 hours (3 days).

- › The health care team will go over why they went AWOL and what happened while they were away from the hospital. This information will be given to management for review.
- › The CCRB will be told of the AWOL.
- › The health care team may decide to lower their community access level based on the events of the AWOL.

Conditional discharge

- The CCRB may give your loved one a conditional discharge (they are free to go), but they may not be able to leave right away. It will list the orders they must follow for a certain length of time to live in the community. For more information, visit:
 - › https://novascotia.ca/just/ccrb/ccrb_overview.asp
- **This does not mean they will be discharged on the day of their hearing.**
- Together with their health care team, they will start to plan for their return to the community. Before leaving the ECFH, they will need a suitable place to live with community supports in place.
- The Forensic Case Coordinator (FCC) follows patients from when they are admitted to the hospital, to when they are discharged. They help patients return to living in the community on a conditional discharge, and follow them until they get an absolute discharge. The FCC's goal is to help patients stay well and in the community. The FCC helps by:
 - › acting as a link between the patient, their health care team, and other community supports
 - › helping to manage their risk to re-offend, so they do not have any more trouble with the law
 - › writing a report for the CCRB about your loved one's progress

Re-admission

- Your loved one may be re-admitted to the ECFH, if they have symptoms of mental illness that do not allow them to live in the community safely, or if they do not follow their discharge conditions. The FCC will work with your loved one's health care team to:
 - › find out which community supports your loved one has, if any
 - › ask for information from family and friends
 - › decide if your loved one should be re-admitted

- If they decide your loved one should be re-admitted to the ECFH, the Chairperson of the CCRB will issue a warrant for your loved one's re-admission. In most cases, the police will bring your loved one back to the ECFH.
- If your loved one is re-admitted, their community access level may be lowered.
- **Please contact the FCC if you have concerns about your loved one's well-being.** Reporting concerns right away increases the chance that staff will be able to help your loved one before it delays their recovery.

Absolute discharge

The CCRB may give your loved one an **absolute discharge (you are free to go)**. This often happens when a patient has gone back to living in the community and is doing well. When your loved one is given an absolute discharge, they will no longer be followed by the ECFH health care team or hospital staff. The health care team will connect them with **community-based supports**, as needed.

What is my role in my loved one's treatment?

Substitute Decision Maker

A Substitute Decision Maker (SDM) is:

- › a person chosen under a personal directive (document outlining your loved one's wishes regarding personal care, including who is able to make health care decisions on their behalf).

OR

- › the closest family member according to the Involuntary Psychiatric Treatment Act of Nova Scotia (IPTA).

For more information, see pamphlet 1146, *Your Rights Under the Involuntary Psychiatric Treatment Act*:

- › <https://www.nshealth.ca/patient-education-resources/1146>

- An SDM works with the health care team to make care decisions on behalf of an involuntary patient, **or** a voluntary patient who cannot make their own care decisions.

- IPTA says the SDM will make decisions based on the patient's wishes when they were able, or if they were never able, based on what the SDM believes to be in the patient's best interest. **This role is separate from a Power of Attorney role.**
- If you are your loved one's SDM, you are in charge of making care plan decisions for them. This may include decisions about medication(s), electroconvulsive therapy (ECT) treatment, and seclusion (away from others). **It does not include decisions about discharge.**
- If there is a disagreement between you, as your loved one's SDM, and the health care team, contact the Patient Representative:
 - › Phone (toll-free): 1-844-884-4177
 - › Email: healthcareexperience@nshealth.ca

Supporting your loved one:

You can support your loved one by:

- › giving background and care information about them that you think may help.
- › keeping up hope. Know that recovery is possible.
- › learning about mental illness. **Take part in education programs that are available (see page 15 for resources).**
- › building a support network with family, friends, and support groups.
- › **taking care of yourself** by continuing to do activities you enjoy.

Sharing information with the circle of support

- A patient's circle of support is made up of people (family members and/or friends) that the patient has chosen to give them practical and emotional support.
- As part of your loved one's circle of support, you are part of their health care team. Please contact any team member to **give** information. If you would like to **get** information, your loved one must add your name to their list of approved people we can share information with.

- Your loved one or their SDM decides what information can and cannot be shared. **This protects your loved one's right to privacy.** See the “*Overview of Information Sharing and Confidentiality with the Circle of Support*” document in your orientation package for more details.
- **Family members and friends are an important part of a patient's health care team.** The support of family and friends can help a patient settle into the unit and work towards getting better. Family and friends may have information about their loved one's illness and the events that brought them into the hospital, as well as ongoing information about their recovery.
- The health care team may contact you for information about your loved one. **You can contact the health care team at any time.** Any information you give may be used in a report to the CCRB. The information you give helps us assess and provide treatment to your loved one, getting them ready for success in the hospital and later in the community.

Visiting the ECFH

- The type of visit you may have with your loved one is based on the rules of the unit they are on. If your loved one is on the FACT unit, only non-contact visits are allowed. When they are moved to a Rehab unit, their health care team will decide what type of visits they can have.
- Parking at the ECFH is free for visitors.

Non-contact visits

- Non-contact visits are booked for 30 minutes (half an hour), depending on demand. All visitors must show a picture government ID (identification) to Reception or Master Control (security) when they arrive at the ECFH.
- Visits take place in the non-contact room. You will be separated from your loved one by a secure window. You will talk to them using a phone.

Contact visits

- The ECFH has 2 contact visit rooms which are watched by a video camera.
- Contact visits are booked for 60 minutes (1 hour).
- All visitors must show a picture government ID to Reception or Master Control when they arrive at the ECFH.
- You will be asked to lock your belongings (coat, purse, bag, keys, etc.) in a locker in the lobby. Reception will give you a lock.
- **You cannot bring food or drinks into the visit room.**

- **If there is any inappropriate behaviour, the visit will end, right away.** This includes sexual behaviour, passing objects not searched by correctional officers, arguing or fighting, and other upsetting behaviour.

Non-contact and contact visits can be booked from:

- › 9 a.m. to noon
- › 7 to 9 p.m.
- › 1 to 6 p.m.

Visits must be booked 24 hours (1 day) in advance. You can book by calling the ECFH switchboard at 902-460-7300.

Trust fund

- The ECFH has a trust fund where patients can set up an account, like a bank. They can deposit and withdraw money while they are in the hospital.
- Family and friends may add to a patient's trust fund account. Please talk with the receptionist about adding money to your loved one's account.
- **Please note:** Patients cannot take out more than \$280.00 at one time.
- **You may add to your loved one's trust fund account using cash, a money order, or a certified cheque.** Your loved one will be able to cash their government-issued Income Assistance and GST/HST rebate cheques.
- **We do not accept funds by electronic fund transfer or personal cheque.**
- Hours:
 - › Monday to Friday, 2 to 4 p.m.

Contraband (not allowed) items

- The ECFH aims to provide a safe environment for the rehabilitation and recovery of patients, and for ECFH staff and the public. Any item that may be a risk to the safety and security of patients, staff, or the public is contraband. **If a patient is found with a contraband item, there may be changes to their community access.** For example, they may lose community access for 72 hours (3 days), if they are found with contraband. Examples of contraband include:
 - › Weapons and any items changed to be used as weapons
 - › Alcohol, cannabis, synthetic cannabis, other illegal drugs, and non-prescribed medications

- › Tobacco products and other smoking materials (like cigarettes, lighters, matches, e-cigarettes, vape pens, etc.)
- › A patient's personal or facility-issued items found in the possession of another patient
- The ECFH provides basic personal care products.
- There is a clothing shop for patients to get clothing and shoes at no cost.
- You may bring personal care items and clothing to your loved one. **All items will be searched by correctional officers before being given to them.** If you are not sure if an item is allowed, please ask staff.

Smoking

- **Smoking is not allowed in the ECFH or on the hospital grounds, including in the airing courts on the Rehab units.**
- Patients with community access may smoke and use tobacco products off hospital grounds.

The following items are NOT allowed inside the hospital:

- › Cigarettes
- › Lighters
- › Matches
- › E-cigarettes
- › Vape pens and/or cartridges

Buying cigarettes

- If your loved one has **community access**, they may buy cigarettes while on a pass. **Patients are not allowed to buy cigarettes while they are on a pass with hospital staff.**
- The medical doctor at the ECFH can prescribe products to help your loved one stop smoking.

Taking care of yourself

It is important for your well-being to find support. There are many educational and support groups to help you to learn more about mental illness, community resources, how to cope, and how to help with your loved one's recovery.

Community supports

Nova Scotia Health Adult Community Mental Health and Addictions Services

- › Intake line (toll-free): 1-855-922-1122
(Monday to Friday, 8:30 a.m. to 4:30 p.m.)
- › <https://mha.nshealth.ca/en/services/adult-community-mental-health-and-addictions-services>

Healthy Minds Cooperative

- › Phone: 902-404-3504
- › Email: healthyminds@eastlink.ca
- › www.healthyminds.ca

Nova Scotia 211

- › Phone: 211
- › Email: help@ns211.ca
- › www.ns.211.ca

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

Prepared by: East Coast Forensic Hospital
Designed by: Nova Scotia Health Library Services

WM85-2277 © September 2024 Nova Scotia Health Authority
To be reviewed September 2027 or sooner, if needed.