

## LAKEHEAD PSYCHIATRIC HOSPITAL RELEASE

A new treatment concept, established at the Lakehead Psychiatric Hospital in January, may prove to be the first step in enabling the hospital to develop a more comprehensive program for the delivery of mental health services to the community.

In addition to helping would-be patients solve emotional and social problems without being admitted to hospital, the Crisis Intervention concept is providing hospital staff with valuable training in crisis theory and techniques. This training will eventually be put to use in community clinics.

Dr. W. Casey, co-ordinator of the four-month-old project, says that the primary purpose of the new concept is to help persons whether or not they are admitted to hospital. "A person who approaches the LPH for help is obviously in a state of crisis," he says. "Our basic consideration is not whether he should be admitted, but what is the best way to help him resolve his present crisis."

Persons seeking psychiatric aid from the hospital are assessed by CI team members to determine reasons behind their appeals for help. It could be marital strife, employment stress, social or alcoholic problems. Team members may visit families, friends or employers in an effort to help solve individual problems and in many cases contact a variety of local social and family agencies for additional help.

Effective intervention in a crisis involves more than just talking with a person about his or her situation. "We must involve other persons, explore the troubled person's social network and be in a position to recommend new resources from within the community itself", explained Dr. Casey.

A successful solution to a temporary crisis may, he says, have a long-range effect for the individual. "There's always the hope that when he overcomes his present stressful situation, he will have learned new ways to cope with future, equally distressing situations."

Far from being a structured, "fit in or else" program, each person and his particular crisis is treated as an entity. "Team members are deeply concern-

ed with helping each individual resolve his or her particular crisis, with as little disruption to the individual's life as possible."

Medication and admission to hospital are available, but Dr. Casey pointed out these are used only when deemed absolutely essential.

Nine full-time staff members and several part-time consultants are presently involved in two Crisis Intervention teams. Teams are available 24-hours per day and average 25 prospective patients per week. Each team sees approximately three new patients per day, seven days per week. In addition to in-hospital duties, members also provide mental health consultations to community agencies and individuals.

Eventually, all admission staff members will have been involved in the program and to properly prepare staff a formal, on-going training program has been instituted. Topics such as family interviewing; interviewing techniques; use of social agencies; and crisis intervention are included, as are on-the-job training and review practices.

Involvement with community clinics may follow, says Dr. Casey, when sufficient staff has been trained in crisis intervention theory and techniques.

"But before we can provide staff for clinics and active treatment wards, it's necessary to have the staff properly trained.

"And the ideal base for this training is in the hospital itself. The population available for training purposes is the patient who presents himself for hospital admission and is ultimately help in overcoming his present crisis."

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## MOOSE BINGO

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