

PROGRAM DESCRIPTION:

For more information, please click here or visit: <https://icmha.ca/the-bridge-centre-2/>

- The BRIDGE Centre is a daytime mental health program for adults who are experiencing persistent mental health issues in addition to cognitive challenges.
- The program focuses on individual skills development, by helping individuals set and achieve personal goals focused on life skills, social supports, community involvement and interdependence.
- Services take place in-person, in the BRIDGE Centre at 125 Skinner Street at the following dates/times: **Tuesdays, Thursdays & Fridays from 9:30am to 2:30pm.**
- We ask that participants commit to one year with the centre if it is a fit.
- We do not have access to PowerChart or clinic notes, so we ask that referrers please include any relevant notes and Safety Plans along with the referral.

ADMISSION GUIDELINES:	EXCLUSION GUIDELINES:
<ul style="list-style-type: none"> • Client is an adult, aged 19 years or above • Client is able to consistently attend programming (Bridge Centre is not a drop-in or respite program). • Client understands that the goal of the program is to learn skills to use outside of the program • Client is interested in developing social skills, emotional coping skills, and interacting in the community • With adaptation, cueing and support, client is able to contribute in a group discussion setting i.e. responding to direct, simple questions, providing an example when asked, listening to others speak • Client has a cognitive impairment that necessitates adaptation from 'traditional' PSR programming (i.e. Mental Wellness Day Program at Eric Martin Pavilion etc) in addition to mental health diagnoses. This is different for each person, but may mean additional cueing, support for social and group interaction, a slower pace of program progression, more awareness of sensory needs, more structure and routine, or a smaller staff to client ratio, etc 	<p>We would like all clients to receive the best possible care. Unfortunately, the BRIDGE Program is not the best option for a client who is:</p> <ul style="list-style-type: none"> • In need of personal care or continence support (must be able to transition and toilet themselves) • Actively at risk of harm to themselves or others, and/or in an acute phase of their recovery • Wanting long-term or respite services • Actively using substances before, or during program <p>If needed, we can provide suggestions for programs/resources that would better serve the client.</p>

Date of Referral: _____

CLIENT INFO: _____ Preferred Pronoun: _____

Last Name _____ First Name _____
 DOB: _____ Phone: _____ Email: _____
MM/DD/YY

Address: _____
Street City Postal Code

Emergency Contact: _____ Phone: _____
Name Relationship

PROFESSIONAL SUPPORT

Referring Clinician (if applicable): _____
Name Role Clinic/Program Name

Phone: _____ Email: _____

GP or Walk-in Doctor: _____ Phone: _____
Name Clinic Name

Additional Referring Clinician:

GP Psychiatrist Case Manager Social Worker OT Support Worker Self-referral
 _____ Phone: _____
Name Role Clinic/Program Name

MEDICAL & SAFETY INFORMATION

Presenting Mental Health Challenge(s): _____

Relevant Physical/Cognitive Challenge(s): _____

Most Recent Psychiatric Hospitalization: _____
Date Range Reason

Current risk of suicide/self-harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Current risk of harm to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Substance Use (past or present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

PSYCHOSOCIAL REHABILITATION

Concurrent Programming: _____

Client Goals for the BRIDGE Program		Current Transportation Mode
<input type="checkbox"/> Decrease Social Isolation <input type="checkbox"/> Develop Social Support Network <input type="checkbox"/> Decrease Dependence on Formal Supports <input type="checkbox"/> Improve Communication & Social Skills	<input type="checkbox"/> Community Connection <input type="checkbox"/> Volunteering <input type="checkbox"/> Recreation Centre <input type="checkbox"/> Further Mental Health Programming <input type="checkbox"/> Enhance Critical Thinking Skills <input type="checkbox"/> Other:	<input type="checkbox"/> Driving self <input type="checkbox"/> BC Transit <input type="checkbox"/> HandyDart <input type="checkbox"/> Taxi