

PROGRAM DESCRIPTION:

For more information, please click here or visit: <https://icmha.ca/seniors-support-network-2/>

- The Senior's Support Network (SSN) is a daytime mental health program for adults who are experiencing persistent mental health issues.
- 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: **Wednesdays from 10:00a – 12:00p or 12:30p – 2:30p.**
- 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 65 years or above • Client is able to consistently attend programming (The Senior's Support Network 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 • Client is able to transition from sitting to standing unaided, and is able to perform personal care and toileting tasks without assistance (staff are not able to assist with these) • Clients using mobility or sensory aids are able to navigate themselves, and participate in discussion activities 	<p>We would like all clients to receive the best possible care. Unfortunately, the SSN 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 • 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 • In need of frequent reminders, cueing, and re-orientation beyond what is expected from staff and which takes away from time with other participants <p>If needed, we can provide suggestions for programs/resources that would better serve the client.</p>

Referral Form

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

Name Role Clinic/Program Name Phone:

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 SSN 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"/> Driving self <input type="checkbox"/> BC Transit <input type="checkbox"/> HandyDart <input type="checkbox"/> Taxi
<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:	