

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 mental health issues and/or substance use issues in addition to cognitive challenges.
- The program focuses on skills development, by helping individuals set and achieve personal goals focused on life skills, social supports, social connection, 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.**
- You can stay with the program for up to one year.
- Once we receive your referral you will be contacted for an intake appointment.

GUIDELINES:

- Participant is an adult, aged 19 years or above
- Participant is able to consistently attend programming (Bridge Centre is not a drop-in or respite program).
- Participant is interested in developing social skills, emotional/mental health coping skills, and interacting in the community
- With adaptation, cueing and support, participant 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
- Participant has a cognitive challenge in addition to a mental health and/or concurrent substance use condition.
- Participants are able to take care of their personal care or continence support (Can safely transition to and from the toilet themselves)

We would like all participants to receive the best possible experience. Unfortunately you may not be able to access services if:

- Experiencing a deterioration of their mental health. We will support them to get the right help
- Actively suicidal or at risk of harm to themselves or others
- Actively using substances before, or during groups. We do not need participants to be abstinent but they do need to be able to safely participate in programming

If we are not a good fit for you we will help refer you to other community resources.

Date of Referral: _____

What is your name? _____ Preferred Pronoun: _____

Last Name

First Name

DOB: _____ Phone: _____ Okay/safe to leave a voicemail? _____

Email: _____

Preferred method of contact: Text ___ Email ___ Phone ___

Other (Please explain): _____

Address: _____

Street

City

Postal Code

Emergency Contact: _____ Phone: _____

Name

Relationship

Who is making this referral?

Self-referral GP Psychiatrist Case Manager Social Worker OT Support Worker

Other _____

Referrers' details (if applicable): _____

Name

Role

Clinic/Program Name

Phone: _____ Email: _____

Do you have any additional Supports?

_____ Phone: _____

Name

Type of support

Medical and Safety information:

Presenting Mental Health Issue(s): _____

Do you have any Physical/Cognitive Issue(s)? _____

Do you have any mobility issues? _____

Have you experienced Psychiatric hospitalization in the last year? _____

What would you like us to know about this if anything? _____

| | | |
|---|---|----------|
| Are you currently at risk of suicide/self-harm? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Details: |
| Are you currently at risk of harming others? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Details: |
| Do you use substances? (past or present)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Details: |

Is there anything else about your health that you would like to share with us? _____

Programs

Are you attending any other programs or been referred to other services? Details:

| 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 <input type="checkbox"/> Mental Health Programming <input type="checkbox"/> Develop mental health coping skills <input type="checkbox"/> Other: | <input type="checkbox"/> Driving self <input type="checkbox"/> BC Transit <input type="checkbox"/> HandyDart <input type="checkbox"/> Taxi |

Thank you for filling out this referral, if you have any questions please contact
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 PSR Program Manager
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