



a new beginning  
for better healing  
starts with **YOU.**

HOW YOU CAN HELP TRANSFORM MENTAL HEALTH  
CARE AT GEORGIAN BAY GENERAL HOSPITAL.





**MENTAL  
HEALTH  
IS HEALTH.**

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# Better healing starts here.

## YOU make it possible.

Whether it's a new mom coping with post-partum depression, a teenager with suicidal thoughts, a university student suffering from crippling anxiety, a grieving widow or a senior struggling with dementia, mental health challenges affect us all.

### Mental health is health.

**And it's a rapidly growing challenge that cannot be ignored in our region.**

Currently, Georgian Bay General Hospital (GBGH) cares for approximately 1,700 mental health patients every year. This works out to about three patients in crisis every day. The problem is: **our hospital doesn't have acute mental health services.**

We're not equipped or funded to care for mental health patients. Therefore, when a patient arrives in crisis at our hospital, we have to transfer them to an acute mental health bed at Royal Victoria Regional Health Centre (RVH), Orillia Soldiers Memorial Hospital (Soldiers), Waypoint Centre for Mental Health Care (Waypoint) or due to lack of beds, sometimes even further.

However, when beds are full across the region, which is common, our patients must wait at GBGH until an appropriate bed becomes available — sometimes for days — delaying care and contributing to a worsening of their mental health state.





**QUICK STATS**

Simcoe Muskoka has the **second-longest wait time in Ontario** for a mental health bed.

**No one should have to wait *days or weeks* for the care they need. And especially not, when they are in crisis. *It's heartbreaking.* Our patients and our community deserve better. But we need your help to change this.**

GBGH has submitted a Capital Submission to the Ministry of Health to bring a comprehensive acute mental health program to our hospital. With our community's support, we can raise the \$20 million needed to address urgent needs at GBGH, including building a 48,400-square foot acute-mental health wing with 24 beds. This urgently needed facility will help us meet the soaring demand for mental health care in our region and provide our patients with a better place to heal, safely, at home in their community, with the expert, comprehensive, mental health care they need.

**A new beginning for better healing starts with YOU. Please join with us today to inspire a bold new vision that will transform mental health in North Simcoe.**



**“By giving today you will literally be creating a bridge to a new wing, where patients who have nowhere to go and can't access care, can finally get the support they so desperately need.”**

**– Matthew Lawson,  
President & CEO, GBGH**

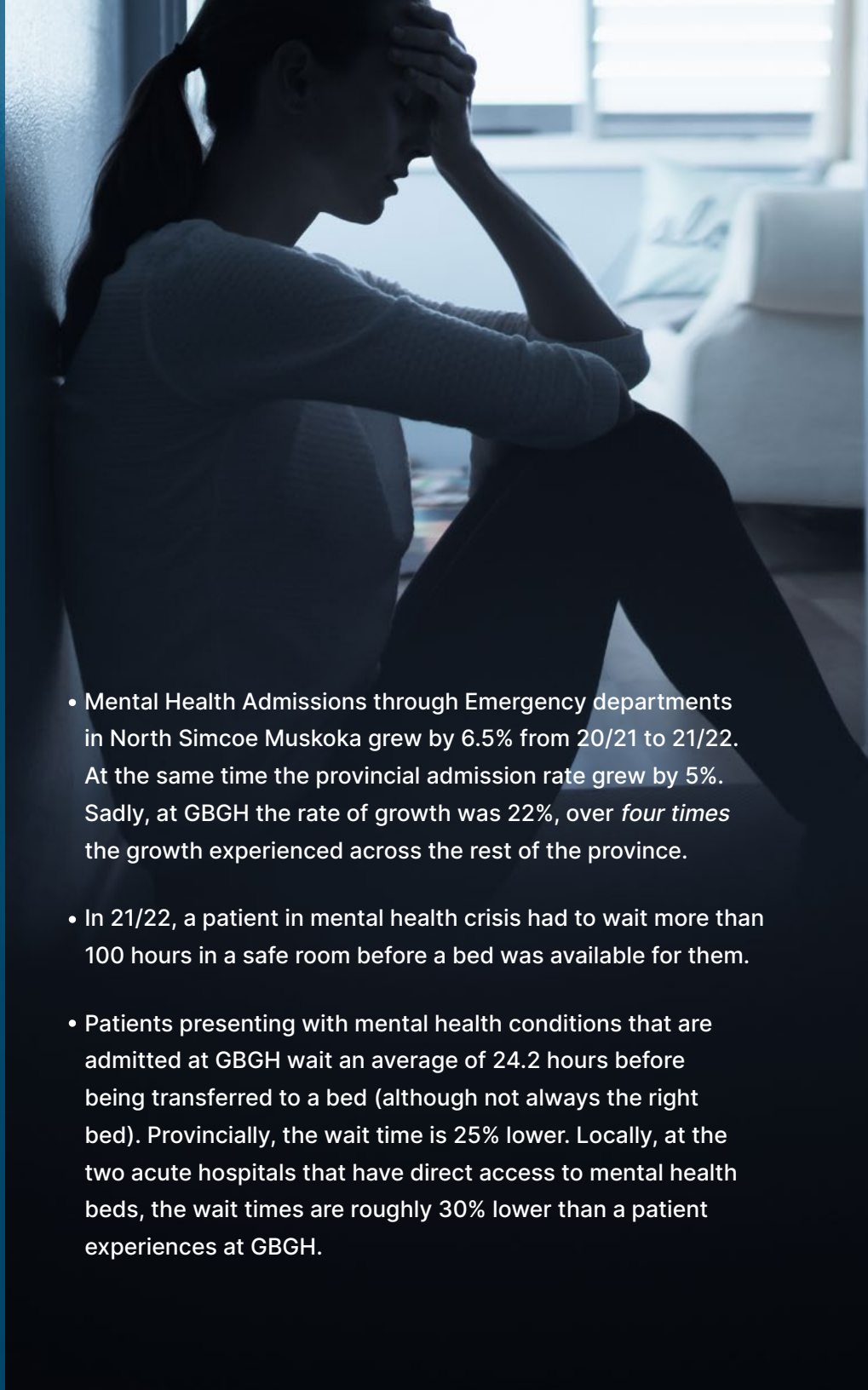
## By the numbers – painting a picture of mental health needs at GBGH

The ED at GBGH cares for nearly **1,700 crisis patients per year**, despite our hospital not being equipped or funded to provide acute mental health care.

There are many larger hospitals in urban settings that don't see such high rates.

On average we have three patients in crisis on any given day. **We only have two safe rooms.**

In 2019, an average of 95 days of mental health care were required per 1,000 residents in Ontario, according to Ontario Mental Health Reporting System (OMHRS) data. In Midland and Penetanguishene, it was 212 and 297 days per 1000 residents.

- 
- Mental Health Admissions through Emergency departments in North Simcoe Muskoka grew by 6.5% from 20/21 to 21/22. At the same time the provincial admission rate grew by 5%. Sadly, at GBGH the rate of growth was 22%, over *four times* the growth experienced across the rest of the province.
  - In 21/22, a patient in mental health crisis had to wait more than 100 hours in a safe room before a bed was available for them.
  - Patients presenting with mental health conditions that are admitted at GBGH wait an average of 24.2 hours before being transferred to a bed (although not always the right bed). Provincially, the wait time is 25% lower. Locally, at the two acute hospitals that have direct access to mental health beds, the wait times are roughly 30% lower than a patient experiences at GBGH.

## Our community has far higher than average mental health care needs. Why is that?

Driven by limited resources, a rapidly growing substance abuse problem in Simcoe County and many other social determinants of health including lower incomes and a lack of access to affordable housing, our region is experiencing **two to three times higher than the provincial average for mental health care needs.**

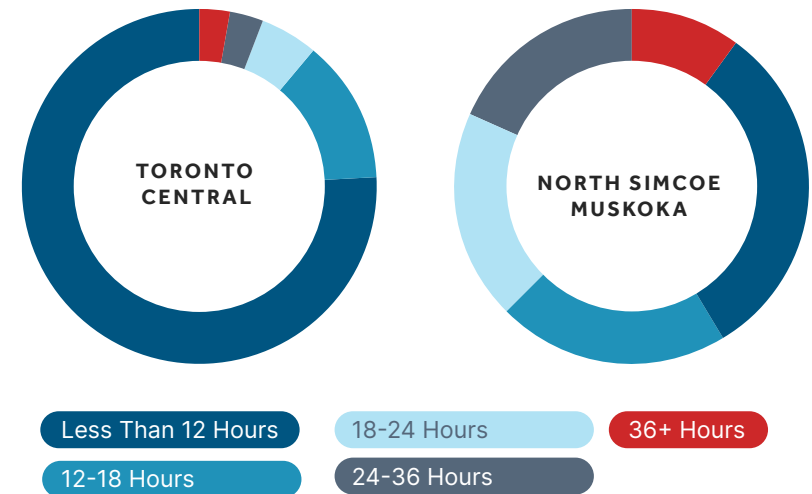
## How long do you have to wait for mental health care in our region? (Hint, it's the second longest wait time in Ontario)

**We have a critical shortage of acute mental health beds in our region.** During 2019/20, only 31 per cent of mental health patients who presented to an emergency department in North Simcoe-Muskoka had a length of stay less than 12 hours, due to the lack of mental health beds in the region. More than a quarter of patients (28 per cent) **waited** more than 24 hours for a mental health bed. The provincial average is 9.7 hours.

**“We recently had a patient waiting here for over 100 hours to see a psychiatrist. That’s not helping them get any better and, in some cases, it’s escalating their condition because they are not getting the care they need.”**

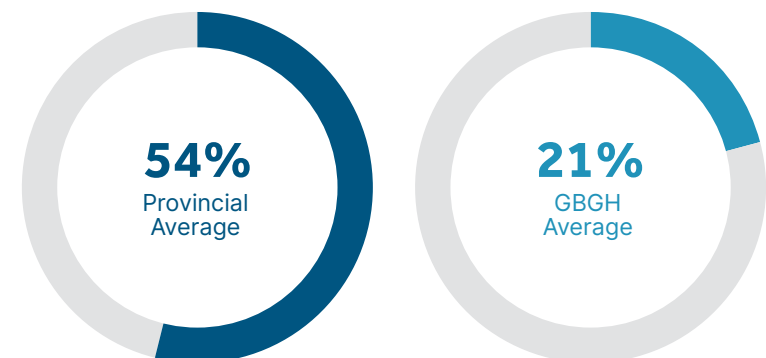
– MATTHEW LAWSON,  
PRESIDENT & CEO, GBGH

## ED Wait Times for Mental Health Admission



\*GBGH data compiled from the Decision Support Unit 2022.

## ED Discharge Time to Mental Health Bed >12 hours



## FROM THE FRONT LINES

### A message from Vik Ralham, GBGH Chief of Staff

*What I want to emphasize to you is this: I know of too many instances where the standard of holistic care – both physical and mental – is not being met.*

*On this issue, I am concerned not only as GBGH's Chief of Staff, but as an Emergency physician who **deals** with the mental health pressures on **every shift**. And I'm not the only one... **every** Emerg physician and nurse in our hospital **sees this challenge** and **experiences this frustration** every time they work.*

*As just one of many examples of why the need is so great, on a Tuesday evening in early November, our Emergency department had **seven** mental health patients in **crisis**... without a single mental health bed available in the region.*

*Two of these seven patients waited more than **60 hours** in our Emerg for an acute bed. That was 60 hours during which their physical care needs were capably being met by the Emerg team,*

*but their mental health care was delayed. And 60 hours where our Emerg staff's ability to help other patients was impacted by the challenge of caring for mental health patients without the right support.*

*As proponents of holistic care for our patients, it is **not** patient-centred care when mental and physical health needs aren't being met **simultaneously**.*

*We will work hard to **change** this for mental health patients by establishing a program that brings mental health services – both inpatient and a day hospital program – to our hospital. But we need your help. We need you to join us in a new beginning for better healing today. Our patients and our community deserve more.*

*Dr. Vik Ralham*



## Why do we have to send mental health patients from GBGH to other hospitals?

Since GBGH does not have its own acute mental health program, we must refer our mental health patients to other hospitals within our region. And each hospital is unique in what specific mental health services and programs that they are able to provide, and are also facing increased mental health volumes coming from their own Emergency departments.

For example, if a patient has a physical condition or injury that deems them medically unstable, they are limited in which facilities can treat them for both mental and physical health needs. Some facilities can refuse patients due to alcohol level, substance abuse levels and behavioural problems, which many mental health patients also experience. Therefore, while people think we have the necessary services in our community, we do not.

**GBGH is projected to care for the same number of mental health inpatients and more than 3X the number of outpatients as Waypoint, with a fraction of the beds.**

**WAYPOINT (2021)**  
301 Beds

**OSMH (2021)**  
23 Beds

**RVH (2021)**  
46 Beds

**GBGH (2021)**  
0 Mental Health Beds  
1700 Mental Health visits in ER Every Year

**GBGH (FUTURE)**  
24 Mental Health Beds

**“All three regional organizations that currently have (mental health programs) are serving their communities. We need to be able to serve ours, while still being available to assist patients throughout the region. The longer we are delaying care, the more problematic it is.”**

– MATTHEW LAWSON, PRESIDENT & CEO, GBGH


# YOU can change this picture:

The situation: Ben, a 45-year-old father of four comes into our ER with suicidal thoughts, overwhelmed with anxiety and depression after the recent death of his mother and an impending job loss. He is in active crisis and begging for help.

## This is a picture of what happens today:

- Our hospital doesn't have mental health services.
- Ben would be triaged, seen by a physician, a crisis worker if available and wait while blood work is done, while we begin the long process of trying to transfer him to a hospital with an appropriate bed.
- Ben will be placed in our safe room if not already occupied which it frequently is. Ben will not be seen by a psychiatrist or receive any mental health treatment until he goes to another hospital that has mental health beds, away from his family and community. Ben is feeling more and more hopeless and his suicidal thoughts are increasing in the absence of treatment.
- Ben will most likely **wait over three days**, with no mental health treatment before being transferred to another hospital.

**Our patients deserve so much more.**



**This is what the picture would look like if GBGH had an on-site mental health program:**

- Ben would be assessed and brought to a safe room. He would be seen by the ER physician and since he is having suicidal thoughts, he would be admitted to an acute mental health bed at GBGH where he would receive around-the-clock dedicated one on one care.
- His healing journey would begin right away.
- In time, as his mental health improves, Ben would learn appropriate strategies and tools. When his suicidal thoughts become less frequent and it is safe for him to be discharged, he will return to his family with continuing support from our outpatient program.
- **Ben will continue to have access to nurses, social workers, peer support, referrals to other programs and whatever else he needs to integrate back into his family and community.**

**“Last night, about half of my patients were brought in for mental health issues. All of these patients needed to be assessed and have blood work done. The crisis worker was called called in and they had to be monitored in the ED until a transfer could be made to one of the mental health hospitals in our area. Sadly, this sometimes takes days or weeks, which is why we so urgently need more mental health services at GBGH.”**

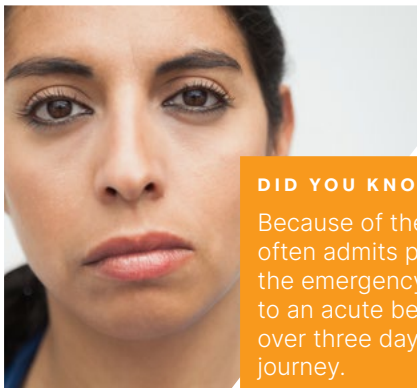
– LISA DAVIES, ED NURSE AT GEORGIAN BAY GENERAL HOSPITAL

# No one should have to wait days or weeks for the care they need. It's heartbreaking.

*"Nurses have come to me in tears because they feel hopeless in being able to support patients that languish for days in our ED waiting for a mental health bed. Some of these patients are children. People come to the hospital to get care and when we are unable to provide that care, it is heartbreaking for our patients, their families and our teams.*

*Our community needs and deserves access to equitable care. We want better care for our patients and the community. By supporting this campaign, you are helping us reach that goal."*

– LINDA GRAVEL, VP OF CLINICAL SERVICES AND CHIEF NURSING EXECUTIVE



## DID YOU KNOW

Because of the lack of beds for mental health patients GBGH often admits patients to our acute area to free up space within the emergency department. Over 30% of those patients admitted to an acute bed while waiting for a mental health bed are waiting over three days before they could begin their mental health healing journey.

Having a program at GBGH would allow us to address any acute medical issues at the same time as helping patients through their mental health challenges.

## MENTAL HEALTH IS HEALTH. HERE'S WHAT YOU NEED TO KNOW:

- About half of adults will have a mental health issue at some point in their lives. The good news is we are talking about it more than ever.
- Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.
- 39% of Ontario high-school students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). A further 17% indicate a serious level of psychological distress.
- Mental illness and substance use disorders are leading causes of disability in Canada.
- About 4,000 Canadians per year die by suicide – an average of almost 11 suicides a day. It affects people of all ages and backgrounds.
- The stigma is real. People are nearly three times less likely to want to disclose a mental illness like depression than a physical one like cancer\*.
- Things that can impact mental well-being include job stress, money challenges, discrimination, care giver burdens, the loss of a loved one and other tragic circumstances.
- The presence of a mental illness contributes to the worsening of other conditions such as heart disease, diabetes, obesity, asthma, epilepsy and cancer treatments.
- Rates of tobacco use, alcohol abuse and illicit drug problems increase in the presence of mental illness.
- Children of affluence are generally presumed to be at low risk. However, recent studies have suggested problems in several domains—notably, substance use, anxiety, and depression—and two sets of potential causes including: pressures to achieve and isolation from parents.
- Pre COVID nearly 2.3 million Canadians said they had unmet or partially unmet mental health needs. Over ¾ of those mentioned the largest two barriers being not knowing where to get help and help not being readily available as the reason they did not get care. GBGH wants to change this for our local community. Our doors are open 24/7 to care and we want to ensure every resident knows in their time of crisis they can come here.

\*<https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>



# Join us on a **new beginning** for better healing today.

In October 2023, GBGH submitted its Stage 2 (of five) Capital Submission to the Ministry of Health requesting a comprehensive acute mental health program for our community.

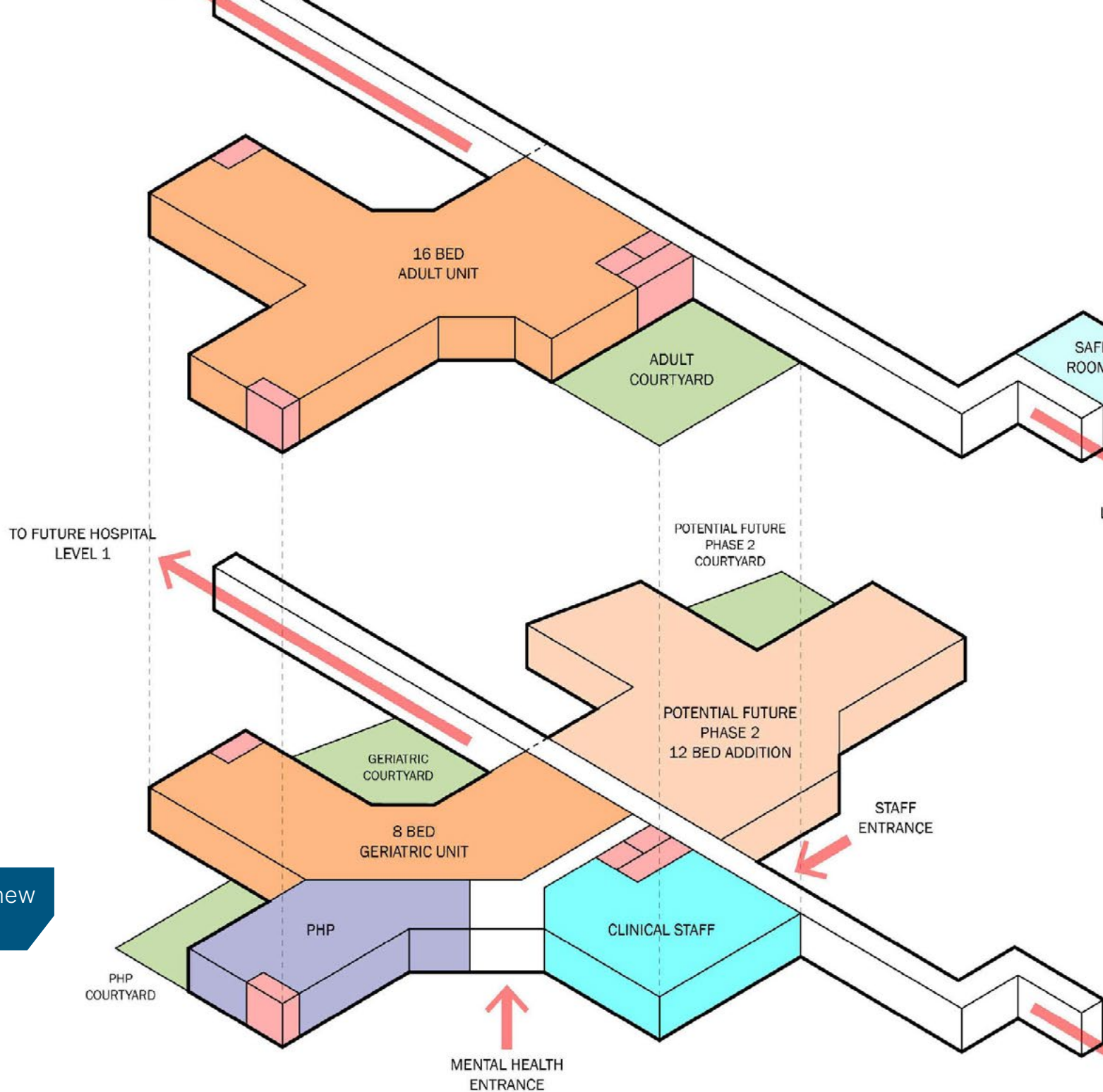
With our community's support, we can raise the \$20 million needed to address urgent needs at GBGH, including building a 48,400-square foot acute-mental health wing.

This state-of-the-art mental health wing will house 24 beds, including 16 acute beds, and 8 beds for geriatric patients.

Along with **in-patient services**, the unit will provide **day programming** to help patients transition back into the community and would be staffed by nurses, psychiatrists, counsellors, recreational and occupational therapists, crisis workers, dieticians, psychometrists, teachers, clerical support, peer support workers and other health care providers.

Our goal is to tender this project for construction in 2025 and to welcome our first patients to a peaceful, supportive environment, built for recovery, healing and care in 2027/28.

Preliminary drawings for the new Mental Health wing at GBGH





TO EXISTING HOSPITAL  
LEVEL 2 - EMERGENCY DEPARTMENT

## All patients, regardless of whether they are affected by medical conditions or mental health conditions need space, privacy, dignity and supported care to heal.

- The new unit will encapsulate best practices for space planning and design for mental health care (i.e. individual rooms, outdoor recreational spaces).
- The new wing will be connected to the hospital by a healing bridge pathway.
- It will be a bright and soothing environment surrounded by nature.
- Light will be maximized throughout to create a therapeutic environment.
- The new wing will be integrated into the design of the new hospital.
- We will be consulting on the design to ensure that it is a culturally appropriate space for all.
- It will include a dedicated smudge room for our Indigenous population.



TO EXISTING HOSPITAL  
LEVEL 1 - SERVICES

# GBGH's new state-of-the-art mental health care wing will provide:

## 16 acute beds

- This kind of bed is for a patient experiencing an acute episodic mental health situation.
- Examples of episodic situations may include severe anxiety, depression, schizophrenia, self-harm behaviours, they may not be taking their medications, etc.
- The patient would be triaged and assessed and supported throughout the episode with appropriate care and follow up care, until they are able to be discharged and supported through outpatient care as they integrate back into their lives and the community.








## 8 beds for geriatric patients

- This kind of bed is for elderly patients with severe dementia or delirium.
- A patient requiring this unit may present in the ED demonstrating agitated or aggressive behaviours that make it unsafe to remain either at home, in a retirement home or a long-term care home.
- These patients require extremely specialized care to help manage their behaviours as well as concurrent geriatric care.
- This level of care provides three to one nursing care and a very specific care plan to help meet the patient's needs, as well as partnering with other home and community care agencies to integrate them back into the community.
- **There are only two geriatric mental health units from Hwy 9 all the way to Sudbury.** With the rapidly aging population, the need for geriatric mental health beds is a very urgent and growing need.
- Within the Midland and Penetanguishene area, the impact of an aging population can be expected to be even more severe, as the proportion of the population that is 65 and older (24.5% in 2016 in Midland, 22.77% in 2016 in Penetanguishene) is already much greater than for Simcoe County (approx. 17.5% in 2016).



**“Empathy is  
communicating that  
incredibly healing  
message of ‘you are  
not alone.’”**

– BRENÉ BROWN

# The **IMPACT** of your giving.

Every day, at least three mental health patients arrive at GBGH in crisis.

These are people in our community. They are mothers, fathers, our children, our parents, grandparents, our friends and neighbours. And our patients and our community need and deserve better care.

“Donors will never know the number of people that they know directly impacted by mental health issues, because people can’t see it. It’s the person who never leaves their home because they have crippling anxiety. It’s the mother barely hanging on and the successful professional who drinks every night just to get by. It’s a hidden, silent condition, only worsened by lack of support.

But wouldn’t it be amazing to know that anyone suffering with mental health problems can get the help they need without leaving their family, friends and community, because we have a program at our hospital,” says Matthew Lawson, President & CEO, GBGH.

By investing in a stronger and healthier future of care today, we can raise the \$20 million needed to address urgent needs at GBGH, including building a 48,400-square foot acute-mental health wing.

This urgently-needed facility will help meet the soaring demand for mental health care in our region and provide our patients with a better place to heal, safely, at home in their community, with the expert, comprehensive, mental health care they need. And it will ensure equitable access to care for our community.

**Our patients and our community deserve better. Please join with us today to inspire a bold new vision that will transform mental health in North Simcoe.**

Thank you for your inspired giving.

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