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There's already an excellent alternative to involuntary treatment



Let's have no more calls for involuntary hospitalization for those who are both homeless and severely mentally ill. Quebec has a far better alternative; it's voluntary, more humane, effective, evidence-based and cheap.

Dr. David Heath

6/24/2025

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Since 2024, B.C. Premier David Eby, Brampton Mayor Patrick Brown and others, have been making [controversial](#) calls for [involuntary treatment](#) of the severely mentally ill homeless.

Is there a better way other than forcing such people into hospital?

Imagine someone who is homeless and so severely ill with, say, schizophrenia and an addiction problem, that they are unable to engage with the usual homeless support programs. They need hospital intensity of care, but refuse to be admitted. Is there an alternative?

Yes there is: a Quebec program called PRISM that provides hospitalization in the community—in a homeless shelter to be specific. [PRISM](#) was founded in 2013 by Montreal psychiatrist Dr. Olivier Farmer.

PRISM (*Projet Reaffiliation Itinerance Sante Mentale* [Homelessness Mental Health Reaffiliation Project]) is a partnership between organizations that provide homeless shelters and [Housing First](#) services such as Old Brewery Mission in Montreal, and psychiatric hospitalization at-home programs called [Intensive Home Treatment](#) (IHT).

IHT programs provide patients in a mental health crisis all the services in their own homes that a hospital provides; psychiatric hospitalization at home. “Home” can include a relative or friend’s home, a crisis residence, women’s shelter, homeless shelter or group home, etc.

PRISM is the home in IHT.

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1. BREO ELLIPTA Product Monograph. GlaxoSmithKline Inc. March 30, 2022.

 BREO ELLIPTA
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IHT can [reduce the need for involuntary treatment by 80%](#). Many people who refuse hospital admission can be engaged in IHT programs.

Programs consist of a team—mainly nurses, plus social workers, occupational therapists and one or two psychiatrists.

Team members make home visits, daily or more frequently at first. There is 24/7 clinical coverage.

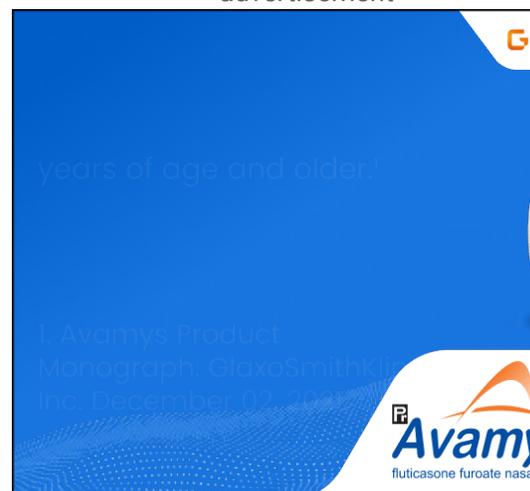
Treatment includes medication, counselling, anything that a hospital would provide. Treatment usually lasts up to six weeks until the client is ready to be transferred to another program for follow up, such as a mental health clinic. In homeless shelters treatment typically lasts eight-to-12 weeks.

In October 2023, the Quebec government became the first to announce plans for a province wide roll out of IHT. [Quebec's IHT programs](#) are inspired by a British model called [Crisis Resolution and Home Treatment](#) created in 2000 and now adopted by 12 countries.

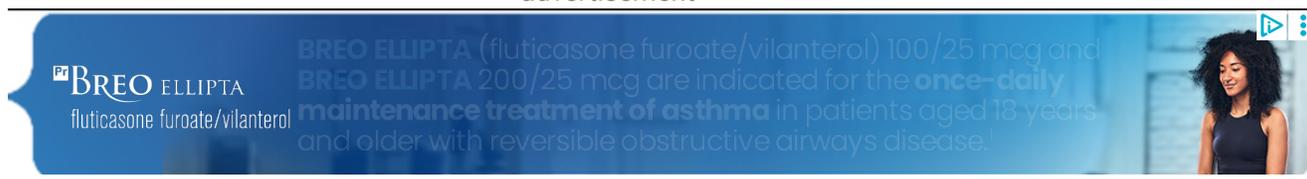
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IHT is an integral part of the PRISM program which treats patients in homeless shelters who have primarily psychotic disorders often

combined with substance use disorder (IHT programs do not treat those with *only* addiction problems).

The IHT team operates within the shelter alongside shelter staff.

The program admits individuals who are currently homeless or at imminent risk of homelessness e.g. after eviction, hospital discharge or prison. It is often the service of last resort.

Most clients enter the program from the streets or shelters; the rest are referred by emergency rooms, hospitals and other clinical programs.

Each facility has eight to 16 beds and is located within a dedicated shelter dormitory that offers privacy, big lockers and a lounge with sofas and computers. Unlike other shelter users, clients are free to come and go as they please.

Clients have continuous access to the PRISM team throughout their stay. Crisis intervention outside working hours is provided in conjunction with shelter staff and a city-wide mental emergency mobile team.

The goal is to get clients well enough so that they are able to access Housing First services, get permanent housing and receive ongoing psychiatric care.

PRISM helps clients decrease substance use through counselling, medication and connection with specialized services.

The power of this type of program is illustrated by [the case of Stefan](#), a man with very severe chronic schizophrenia, who lived on a bench in downtown Kitchener. He was a client of the IHT

team I founded in 1989 in Kitchener Ontario—the first one in Canada, and still the only one in Ontario.

There are four [PRISM programs in Montreal](#), and one, recently opened, in Quebec city. There are plans to expand the program to Sherbrook and Val-d'or. The Quebec government is open to developing programs in other cities.

According to [Dr. Farmer](#), of 160 clients treated in one year in Montreal, 120 were transferred to permanent housing.

The cost of each treatment episode is \$5,000 to \$7,500. The subsequent cost of being housed and receiving care for a year is \$25,000. Contrast that with the costs incurred by homelessness for a year—\$75,000 from repeated ambulance trips to hospital, police calls, tying up the justice system with petty issues and prison.

*Dr. David Heath founded Canada's first psychiatric hospitalization at home program (Intensive Home Treatment) in Kitchener-Waterloo in 1989. His book, *Intensive Home Treatment for Acute Mental Disorders: An Alternative to Hospitalization* was published by Routledge New York in 2004. His website is www.intensivehometreatment.com. He can be reached by email at davidheath@execulink.com.*

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6 Comments

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Barbara Watts **Medicine** 3 days ago

It sounds like an amazing program. Hope for the severely mentally ill and homeless. For too long we have abandoned them to their fate. And we would all like to see the end of the revolving door Form 1 system for chronically mentally ill patients. Kudos to you for bringing this to Ontario.

3  |  Reply

John Wyatt Crosby **Medicine** 4 days ago

This is brilliant. Thanks.

0  |  Reply

David Lounsbury **Medicine** 3 days ago

I'm having a hard time conceptualizing someone who refuses hospital admission, but is suddenly cooperative and insightful with healthcare workers on the street or in the chaos of a shelter.

And if it is successful, humane, AND cost effective, why it is not more widespread?

The costs seem almost unbelievably low, even just considering salaries of staff.

1  |  Reply

David Heath **Medicine**  David Lounsbury 3 days ago

When people refuse admission to a psychiatric ward, often, particularly regarding the patients in this article, it is due to previous negative experiences of hospital :being restrained; forced

injections etc

Plus there is a lot of stigma associated with psychiatric hospital admission

Knowing that they can be treated without admission removes a lot of the resistance.

Plus, patients in the Prism program are not housed in the " chaos" of a shelter, instead they are housed in specially modified dormitories as described in the article.

These patients do not suddenly become insightful and cooperative, but with skilled relationship building, they can be gradually persuaded to accept medication . The hyperlink to the case of " Stefan" explains this approach

The Intensive Home Treatment model has been widely disseminated : it is part of the mental health systems of 12 countries where patients are treated at home, but also in crisis residences, group homes and shelters.

IHT is recommended in guidelines created by the UK's National Institute for Health and Care Excellence (NICE)

Canada is very poor at disseminating innovative programs like IHT. As former federal minister of health Monique Begin famously stated in 2009, " we are a country of perpetual pilot projects"

In 2015 Dr David Naylor headed a federally commissioned panel to address this. His report is an interesting read.

Since 2004 I have been trying unsuccessfully to interest the Ontario MOH in IHT. With Hazelglen, a successful pilot program 100 km from Queen's Park, a well reviewed book about IHT, and a website it is a mystery to me why, after 35 years it is still the only IHT program .

So, kudos to Quebec for being the first and only province to roll out IHT province wide

1  |  Reply Edit

Ruth E Vander Stelt **Medicine** 3 days ago

Sounds fantastic - never heard of it. In a land of variable geometry, i'm just not surprised.

Ruth Vander Stelt

Pontiac, Western Québec

1 ^ | v Reply

Patricia Mcleod 3 days ago

Sounds like a great option to me. I think involuntary treatment is unlikely to produce positive results. I wasn't able to open and read Stefan's story, however.

0 ^ | v Reply

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