

*Medical – Legal Clinic
Collaboration to Meet
Patient Needs*

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Faculty/Presenter Disclosure

Faculty:

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Relationships with commercial interests:

NONE

Disclosure of Commercial Support

None

Potential for conflict(s) of interest:

None

Outline

- Case summary
- Our context
- Advantages of Medical – legal partnerships
- Opportunities and challenges



St. Michael's

Inspired Care. Inspiring Science.

CAMH - Woodgreen

- Woodgreen Community Services
 - Operates variety of housing and other supports
 - Addiction, harm reduction, employment & housing staff on site
- CAMH – Shared Care Outreach Program
 - Nurse & Case worker, Family MD, Psychiatry support
 - care for those not accessing care
- Sarah Shartal – Legal services provided on-site
 - Pro-bono or via legal aid certificates

Referrals from:

- From drop-in program
- Self, friends & family
- Social services
- Community agencies
- Lawyer
- Other care providers
- Etc....

Our Population

- Serious mental illness including addiction
- Transient, under-housed or homeless
- Not connected to
 - current Family MD
 - Mental health team
 - un-coordinated health and social supports
- Often current or past legal involvement

James - 45 years old

- Presents to legal clinic
 - Eviction notice for non-payment of rent
 - During interview apparent suffering from serious mental illness
- Referral made to Shared Care Clinic
 - Diagnosis of schizophrenia established
 - Rx started and Referrals made re:
 - Finances
 - Housing support

- Disability benefits declined
 - Re-engage lawyer to assist with appeal

- Outcomes
 - New housing
 - Financial support
 - Medical care

Higher Legal Needs

- Marginalized and Homeless populations
- People with mental illness
 - Higher needs re interactions with criminal justice system
 - Appeals of unfavourable social benefits decisions
 - Landlord tenant act and family law issues
- Opportunity to address social determinants of health

Legal issues

- Population with frequent legal contact
- And significant need for representation
- Face difficulty accessing usual legal routes of representation

- Medical & psychiatric information often becomes apparent in legal interviews
- Low barrier to care models more effective at reaching this population
- Very limited reimbursement models for social benefits appeals

iaBPG Best Practice Guidelines for Interprofessional Health Care

- Shared Care Outreach Team optimizes outcomes by:
 - Adding legal counsel and Woodgreen service providers to the collaborative team
 - Locating services in low-barrier, multi-resourced client-centred location

Registered Nurses Association of Ontario (2013).
Developing and sustaining interprofessional Health Care.
Toronto, Canada. www.rnao.ca/bpg

iaBPG Best Practice Guidelines for Interprofessional Health Care

- Our team maximizes (health) care services through:
 - System based partnerships
 - Common organizational climate culture & values
 - Combining human, financial & skill resources
 - Client based location
 - Enhanced opportunities for all to increase skills, learn and work as cohesive unit

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Outcomes from a similar model

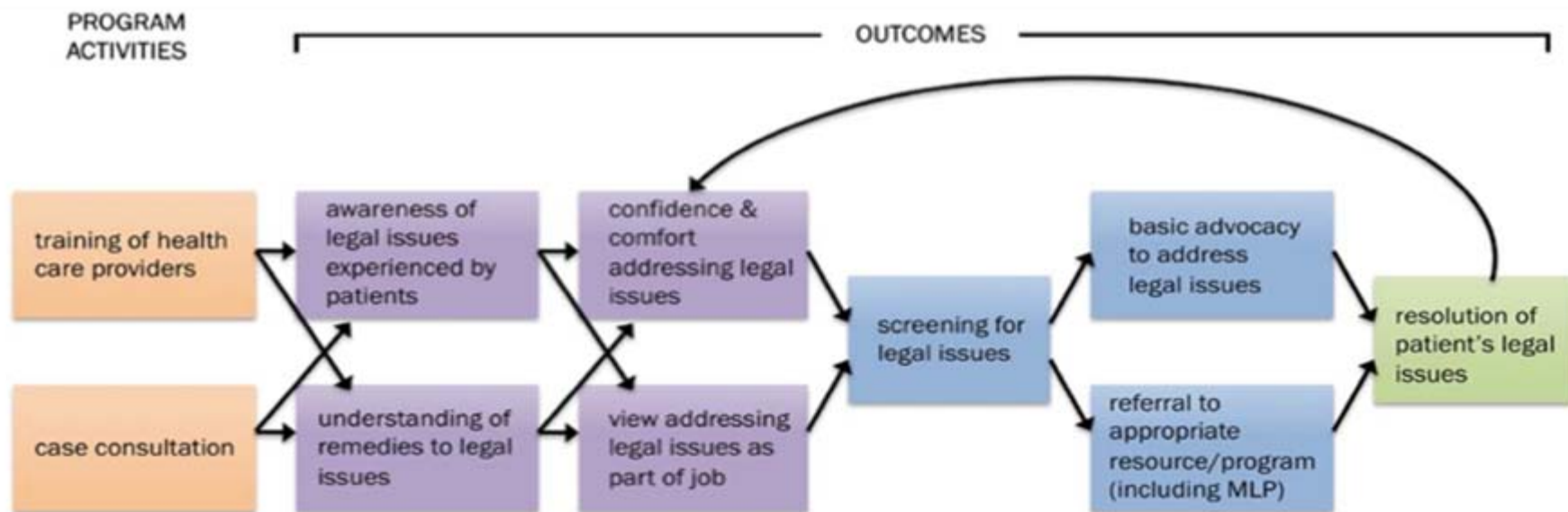


Figure 1. Proposed conceptual framework of MLP education program effectiveness (developed by Mark Hansen).

Weaknesses and Threats

- Financial resources limited
- Legal aid plans overstretched
- Appeals of social benefits decisions may not be seen as priority for governments!

Strengths and Opportunities

- Co-location allows increase in knowledge of both provider groups
- Ease of transfer of information between providers
- Increased knowledge re unmet legal needs and opportunities for intervention
- Existing models and some appetite for new models – St. Michael's Hospital Pilot
- Research

THANK YOU



camh

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