

SHOUTING AT THE WALLS

A shared care approach to working with homeless and vulnerably housed individuals



Shared Care Outreach Team
Beryl Campeau Larose
Leslie Codsí
Abbas Ghavam-Rassoul
May 30th 2009



Shared Care Team Members at Woodgreen Community Centre

Interprofessional Team

- Caseworker - Ms. B. Campeau-Larose
- Registered Nurse - Ms. Leslie Codsí
- Family Physician - Dr. A. Ghavam-Rassoul
- Consulting Psychiatrist - Dr. S. Packer



Agenda

- Our program
- A case to illustrate how we work
- The resources we use
- Pulling it all together – team work



Our Program

- Under the umbrella of Schizophrenia & Continuing Care at C.A.M.H.
- 5 Shared Care Teams are located in 6 separate locations in downtown Toronto
- Teams are housed in shelters or community centers
- Serve homeless, street involved and under housed clients



Shared Care Outreach Program

- Primary Care Clinic
- Transitional short term program
- Mandate is to connect and reconnect homeless and under housed clients to community service providers
- Once stabilized the client is transitioned to long term service providers



Common psychiatric/medical and social difficulties of our clients

- | | |
|-------------------------|---------------------------------------|
| ▪ Mood disorders | ▪ Social isolation |
| ▪ Psychotic disorders | ▪ Lack of housing |
| ▪ Substance abuse | ▪ No phone |
| ▪ Personality disorders | ▪ Language barriers/cultural barriers |
| ▪ Diabetes | ▪ Custody battles |
| ▪ COPD | ▪ Educational barriers |
| ▪ TB | ▪ Criminal matters |
| ▪ Skin conditions | ▪ Literacy |
| ▪ STD's and pregnancy | |

The Case - Identifying data

- 24 y/o single, unemployed, on welfare, living in subsidized housing – former tent city resident
- Referred by her Woodgreen housing worker
- Immigrated to Canada from a former communist country in the Eastern Block in 2000

Presenting problem

- Client about to be evicted
- Client yelling in the middle of the night when she is alone
- Query responding to internal stimulus?
- Bizarre behaviour is escalating on a daily basis
- Neighbours are fearful

The Case - Home visit

- House call made by Woodgreen housing worker and Shared Care staff
- Client states she “feels off center” needed some “yoga, breathing exercises or Tai Chi to center herself”
- Client believed that the landlord would reverse his eviction if she “baked him a pie”
- Client was balancing on one leg throughout the interview



Background history

- Former resident of Tent City
- Has moved 6 times since 2002
- Great difficulty keeping her housing because of mental health problems and noise complaints
- On probation



Mental Health History

- Sinead immigrated to Canada in 2000 from Eastern Europe
- Mother has long hx of mental illness – ETOH & Depression
- Sinead was seen by psychiatrist as a child because of temper tantrums
- Hx of illicit drug use since adolescence



First Steps

- Sinead agreed to attend psychiatric assessment
- became increasingly irritated during the interview and left the assessment abruptly
- Sinead arrested and now in jail in protective custody
- Agreement made with bail officer that Sinead would continue to see Shared Care upon her release from jail

After release from jail

- Sinead now has a new housing worker and moved into a new spacious high rise apartment
- Observed in Woodgreen, yelling while alone in the women's washroom – responding to internal stimuli
- Acknowledged that she argues with herself in front of the mirror
- Attending Elizabeth Fry for addictions and anger management
- Psychiatric assessment: possible developmental delay, offer HS sedation

Another home visit

- Another notice of eviction from new housing
- Sinead aware that her yelling is causing difficulties maintaining her housing
- Put post it notes around her apartment to remind her to stop yelling
- During home visit she disclosed that the military were watching her and entering through her eyes
- Client states "I need something stronger"
- Diagnosis clarified
- Started to take risperidone

Progress?

- Sinead was experiencing side effects
- Did not want to take "bug juice"
- Inconsistent in attending appointments
- Agreed to apply for ODSP
- Now attending more regularly
- Negotiating medication and doses



Final thoughts

- Client is socially isolated, few friends
- Guarded concerning her mental health
- Client is from a former communist country which may explain her delusion about the Chinese invading her space and controlling her mind



Resources

- CAMH beds
- Host Site Resources: Woodgreen (Mental Health, Recreationist, Harm Reduction, Housing workers)
- Courts (Probation & Parole offices, court diversion, lawyers and sometimes jail visits)
- Social Services (welfare, disability)



Resources

- Social network (Landlords, Families, Friends)
- Care network (Case Managers, Streets To Homes Workers, Community Nurses)
- Hospitals
- Other programs: Crisis Centres, Safe Beds, Infirmaries.



Keys to Success

- Experienced team-members
- Well functioning team
- Open primary care access
- Ease of access to psychiatric assessments



Characteristics of a high-performance team:

- Participative leadership
- Shared responsibility
- Aligned on purpose
- High communication
- Future focused
- Focused on task
- Creative talents
- Rapid response

www.nsba.org/sbot/toolkit/leadteams.html Accessed: May 15, 2009



Challenges to success

- Primary care outside the office
- Transitions to other teams
- Who do you take on?



THANK YOU
