

# RESOURCES/STRATEGIES TO SUPPORT VULNERABLE AND MARGINALIZED PATIENTS IN RAAM CLINICS

META:PHI Nurses Monthly Teleconference

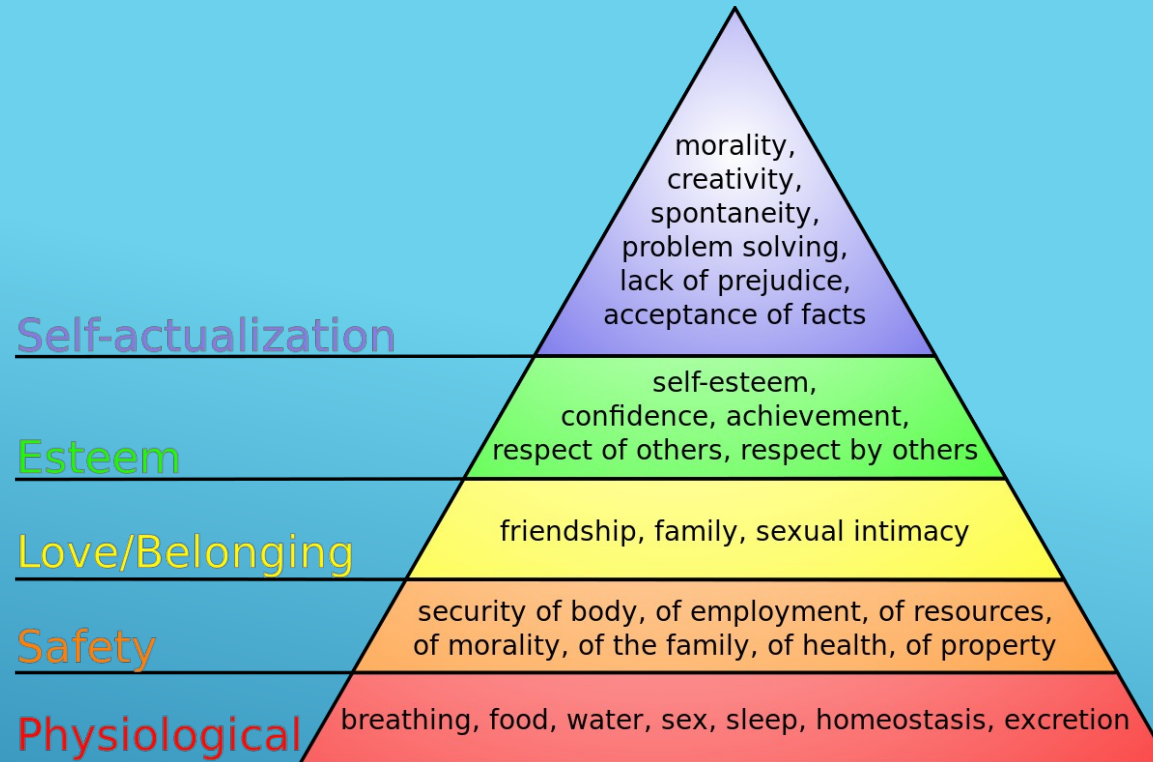
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# RAAM CLIENTS: PSYCHOSOCIAL DETERMINANTS OF HEALTH



# MASLOW'S HEIRARCHY OF NEEDS

- Clients who have been ‘falling through the cracks’ in the system
  - No health card, transportation, ID, income, housing, phone
  - No primary care (often a requirement for out-patient services)
- Concurrent disorders
  - may be ineligible for other services due to substance use
  - Anxiety may prevent them from attending (soft transfers)
  - Unmanaged substance use (missed appointments, unable to stay sober to attend)
  - Fear of rejection/judgment
- Victims of trauma (trauma-informed care)



## WHY RAAM CLINICS?

# Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die **20 yrs** earlier than those who have none

1/8 of the population have more than 4 ACEs



www.70-30.org.uk  
@7030Campaign

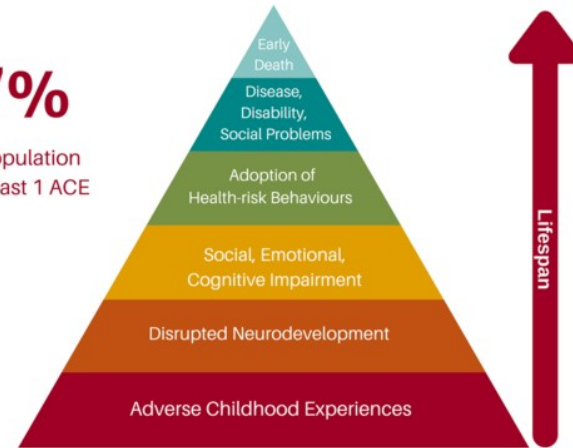
## 4 or more ACEs

- 3x the levels of lung disease and adult smoking
- 11x the level of intravenous drug abuse
- 14x the number of suicide attempts
- 4x as likely to have begun intercourse by age 15
- 4.5x more likely to develop depression
- 2x the level of liver disease

“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

**67%** of the population have at least 1 ACE



# ACES AND SUBSTANCE ABUSE

<https://www.acesconnection.com/blog/the-70-30-campaign>

▣ **Housing:** Homeless, 'couch surfing', etc.

- ▣ Are there resources available? (40 below in Thunder Bay in Winter!)
- ▣ Shelters: Men's/Women's shelters, emergency shelters (including non-sober), isolation shelters
- ▣ Detox beds, managed alcohol programs, before/after-care residences and treatment applications

▣ **Personal Identification:**

- ▣ passwords on prescriptions in lieu of health card.
- ▣ Assistance/referrals to obtain ID(birth certificate, health card, Status card).
- ▣ Obtaining, storage and mailing considerations: ID Banks, OW/ODSP office, correctional services, **photocopies for chart**, office address for mail(?).

# NURSING: CONSIDERATIONS FOR VULNERABLE CLIENTS AT RAAM

- **OW/ODSP:** Income and/or medication coverage
  - Assist to apply for social assistance (call to book initial, refer to agencies to support them at this appointment)
- **Medication Coverage:**
  - ODB access (including seniors or OW/ODSP with or without additional income)
  - Trillium: print applications, assist to apply
    - Taxes not done? In Thunder Bay: Lakehead Social Planning Council

# NURSING: CONSIDERATIONS FOR VULNERABLE CLIENTS AT RAAM

- **No Phone:** E-mail, set appointment times, free phone provision where available (including budgeting for phones and client manages monthly cost), open-door policy(?), consent to speak to case managers (referrals to same if needed), consent for appointment notices/specialists to notify RAAM.
- **Transportation:** taxi vouchers, bus tickets, alternate locations, outreach, case managers
- **Food Insecurity:** Gift cards/incentives, emergency food packages, food and drink provision at clinic, good food boxes
  - If offering groups, consider serving food as a central feature

## NURSING: CONSIDERATIONS FOR VULNERABLE CLIENTS AT RAAM



- **Mental Health:** Suicidality (safety planning, Crisis response, ER), active psychosis (refer to ER?)
- **Additional Safety Risks:** human trafficking, home takeovers (victim services)
- **High-risk Individuals:** at risk for overdose, self-harm, harm to others, hospitalization, mental health crisis, arrest or recidivism
  - Assess risk for staff/client/other safety and determine appropriate interventions.
  - Where available: **local Situation Table referrals**

## NURSING: CONSIDERATIONS FOR VULNERABLE CLIENTS AT RAAM

## ▮ **Build Partnerships:**

- ▮ District jail (referrals on discharge, ORT/sublocade, relapse prevention)
- ▮ Parole and probation office
- ▮ Needle distribution (RAAM cards, word of mouth)
- ▮ Consumption and Treatment Centres (outreach, **referrals**, advertise, practical assistance – OW, ID, etc.)
- ▮ Peer Support (phone calls/texts, help to obtain ID, housing, etc.)
- ▮ Indigenous services (IFC, ONWA, Wellbriety, etc.)
- ▮ Hepatitis C/HIV Clinics (referrals for supports, case management, treatment)

**WORKING TOGETHER TO SUPPORT  
VULNERABLE COMMUNITY MEMBERS**



## ▮ **Build Partnerships Cont'd.**

- ▮ Case Management (Mental health/addictions, court diversion, etc.)
- ▮ Outreach Services (homeless outreach, youth outreach, CTS)
- ▮ Community Health Centres (CHW's, FASD supports, groups, outreach, **primary care**, etc.)
- ▮ Withdrawal Management (detox)
- ▮ Crisis Response (direct/indirect referrals, mobile teams)
- ▮ OW/ODSP worker
- ▮ Situation Table (observe/present, seek referral source or join!)

**WORKING TOGETHER TO SUPPORT  
VULNERABLE COMMUNITY  
MEMBERS**



**“ALONE WE CAN  
DO SO LITTLE;  
TOGETHER WE  
CAN DO SO MUCH.”**

- Helen Keller

- Maslow's hierarchy of needs (image). Finkelstein, J. (2006). Retrieved from [https://commons.wikimedia.org/wiki/File:Maslow%27s\\_hierarchy\\_of\\_needs.png](https://commons.wikimedia.org/wiki/File:Maslow%27s_hierarchy_of_needs.png)
- The 70-30 Campaign. The ACEs Connection. (2019). Retrieved from <https://www.acesconnection.com/blog/the-70-30-campaign>

## REFERENCES