The application of psychological science in vast majority of interdisciplinary programs becomes all-embracing in the western societies. Nowadays, the word mental health has a broader meaning to it and touches each and every aspect of human life. Consequently, anything that affects our mental well-being can be a subject of general or specific studies to find out the level of its importance and the extent to which it affects the quality of our lives. Most of the government programs provide funding for mental health researches that can improve lives of many members of the society. The following steps of the government can assess how to improve the plans, and in particular, the positive outcome of each program based on the person’s needs.

In this descriptive paper, the attempt is to provide some information on needs assessment, planning and follow-up in one of the programs funded by the City of Toronto, which is mainly designed to assist clients with mental health and substance use issues to obtain and maintain housing and get stabilized in their daily life.

Key words: assessment, mental health, case management, Housing First, follow-up, housing, homelessness, substance use.

One of the main areas of concentration in Mental Health Case Management is housing. The new approaches like Housing First Case Management basically focus on housing as a vital human right to make the clients stable in their life. In order to provide a better support to people experiencing homelessness, who may also have mental health and/or substance use issues, and to assist them in sustaining their housing and working towards recovery and reintegration into the community different tools are designed and applied in many Community-Based Organizations [1].

One of the widely implemented tools in Ontario is Ontario Common Assessment of Need (OCAN), which is “A standardized assessment that allows key information to be electronically gathered in a secure and efficient manner” [2, p 4]. It was based on Camberwell Assessment of Need (CAN); however, some elements were added to reflect Ontario’s community mental health sector and was adopted by them in 2008. OCAN can be considered as an inclusionary assessment with 24
domains related to accommodation, food, finance, safety, physical health, social life, psychological distress, psychotic symptoms, substance use, culture and spirituality. It has 2 parts: Self-Assessment, which is done by the client, and Staff Assessment, which should be completed by mental health workers or health care providers. The assessment underlines the areas that need more focus and classifies the needs into 4 groups: No Need, Met Need, Unmet Need and Unknown. At the end of the assessment the tool provides a summary of actions with a prioritizing requirement based on their urgency. OCAN is supposed to be reviewed every 6 months to see if the needs are met and to evaluate achievements, or to re-strategize and change the priorities to get closer to the client’s goals.

The second tool that is provided by the City of Toronto and is mandatory for all of the programs that are a part of Streets to Homes Program is the Housing Support Assessment Tool (HSAT), which is “A new standardized assessment tool designed with the goal of helping people find and maintain housing. It is designed to be completed by case managers, and looks at 12 areas of support needs that may affect a client’s housing stability. These include questions regarding a client’s housing status, social, financial, legal, physical, and mental wellbeing. There is also a self-assessment where clients can score their own needs on the same topics” [3, p 1].

There are more homelessness-specific tools that are adopted by other programs and some of them are being used in screening for Housing First to determine the client’s eligibility and his/her priority in accessing the housing. A list of them can be found in the Table of Homelessness-Specific Tools [4]. However, based on the program requirements these tools are not used in this particular program.

The way these two tools are utilized in the program is the following: OCAN is to be completed within the first 30 days of the intake. The case manager should complete the Staff Assessment part with or without the assistance of the client (Based on his/her availability), but the completion of the Self-Assessment part is not mandatory, as there might be some reasons (Mental health condition, physical condition, language barrier, comfort level, literacy or other) that can prevent to complete it. However, the summary of actions and the comments should include plans to engage the client in the reassessment process after 6 months in order to have a better understanding about the client’s needs. In the meantime, the client is able to decide whether or not to share the results with the Integrated Assessment Record (IAR), which provides a central repository for clinical assessment data collected from multiple community care sectors. It allows authorized Health Service Providers (HSPs) within the circle of care to upload and view a client’s assessment information in a secure and timely manner.

The second tool, HSAT, is being completed twice. The first time, when the client moves into housing, is designated to determine the needs and come up with a
plan which will be the main focus of the case management for one year, and the second time is upon discharge, when after one year the case will be reviewed to define the achievements and graduate the client or refer him/her to a long term case management based on the needs.

Overall, a combination of these tools provides a general, in some cases more specific, understanding on how to support the client in order for him to be more independent, self-organized, capable of meeting his/her needs and dealing with his/her challenges.

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ПРОЦЕСС ОЦЕНКИ И ПРИМЕНЕНИЯ ПОДХОДА «ПРЕДВАРИТЕЛЬНОГО ЖИЛЬЯ» К ОРГАНИЗАЦИИ ПСИХИЧЕСКОГО ЗДОРОВЬЯ

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Применение психологической науки в подавляющем большинстве междисциплинарных программ становится всеобъемлющим в западных обществах. В настоящее время слово «психическое здоровье» имеет более широкое значение и затрагивает каждый аспект человеческой жизни. Следовательно, все, что влияет на наше психическое благополучие, может быть предметом общих или специальных исследований, чтобы выяснить уровень его важности и степень, в которой это влияет на качество нашей жизни. Большинство государственных программ обеспечивают финансирование исследований в области психического здоровья, которые могут улучшить жизнь многих членов общества. Следующие шаги правительства могут оценить, как
улучшить планы, и, в частности, положительный результат каждой программы в зависимости от потребностей человека.

В этом описательном документе делается попытка предоставить некоторую информацию об оценке потребностей, планировании и последующей деятельности в рамках одной из программ, финансируемых городом Торонто, которая в основном предназначена для оказания помощи клиентам с проблемами психического здоровья и употребления psychoактивных веществ для получения и сохранить жилье и стабилизироваться в своей повседневной жизни.

Ключевые слова: оценка, психическое здоровье, ведение пациентов, наблюдение, жилье, бездомность, употребление психоактивных веществ.

СОЦИАЛЬНО-ПРОФИЛАКТИЧЕСКИЙ ПРОЕКТ «СОЦИАЛЬНОЕ ОБСЛУЖИВАНИЕ»
СОЦИАЛЬНОЕ ОБСЛУЖИВАНИЕ ВО ВРЕМЯ ЭПИДЕМИИ

Описание о. (CSW at FV հիվանդ, Ստեփան, Կանադա)

Практическая реализация новых форм психиатрической деятельности в контексте общественных проектов становится все более значимой. Нынешний вклад в психическое здоровье имеет более широкое значение и чрезвычайно важен для каждого человека:

Все, что влияет на наше психическое благосостояние, может быть предметом общего или специфического исследования, чтобы понять его важность и насколько оно влияет на качество нашей жизни. Правительство финансированных проектов, например, целями с финансированием психического исследования, которые могут улучшить жизнь многих человек.

Следующий шаг будет оценивать, как улучшить проекты, в частности, положительный результат каждой программы, зависит от потребностей человека.

Ключевые слова: оценка, психическое здоровье, ведение пациентов, наблюдение, жилье, бездомность, употребление психоактивных веществ.