

CLIENT DEATH AND ITS IMPLICATION ON AN ACT TEAM

WHO ARE WE?

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INTRODUCTION

The Alex, Pathways to Housing Program is
based on Housing First and an ACT model
Our program has two ACT teams with a capacity of 140 clients
Intake criteria are severe mental illness and
chronic homelessness
We have been operating since October 2007

OUR PROCEDURES

We hold the apartment lease/keys
We require one face to face visit in the clients' apartment per
week
We post a 24-hour notice after seven days of non-contact or may
enter earlier if we have medical or psychiatric concerns
Apartment entries are always completed as a double

STATISTICS

The mean age of death of the homeless population is 40.5 years in North America (Song, 2007)

Persons with mental illness have a reduced life expectancy and die 13.5-32.5 years earlier than the average population (Everett, 2010)

Most typical causes of death are from drug and alcohol use, suicide, accidental death and chronic diseases (Podymow, 2006)

WHY THIS MATTERS

As Song (2007) pointed out: "death is ubiquitous and should be expected at any moment "

What does this mean for an ACT team?

BARRY

Caucasian male

49 years of age

Diagnosis: depression and anxiety

Cause of death: subdural hematoma

THE TEAM

The emotional lead up to the client's death/guilt

The first responder impact

The team's response

Critical incident debriefing and long term follow up

Impact on moral and job satisfaction
EMOTIONAL IMPACT

“After finding three clients deceased in their apartments within four weeks I felt a deep sense of dread whenever I was asked to enter an apartment fearing what I would find”.

THE TEAM

Contacting emergency services
Dealing with personal belongings
Administrative tasks
Informing next of kin/street ‘family’/community supports
DARRELL

Aboriginal male
48 years of age
Diagnosis: bipolar disorder
Cause of death: suicide (OD)
EMOTIONAL IMPACT

“When I entered Darrell’s apartment there was complete silence. All the windows were open with the stove burner on. Darrell was in his bed. I felt instantly numb and broke into tears. This has been nightmare inspiring for me”.

THE CLIENTS

Informing and supporting clients
Additional support for clients involved with the passing

EDWIN

Caucasian male
51 years of age
Diagnosis: schizophrenia
Cause of death: accidental overdose
MEMORIAL

Why have a memorial?
Consistency for each client
How to remember clients after the memorial
Cultural aspects

JASON

Caucasian male
41 years of age
Diagnosis: bipolar disorder
Cause of death: accidental overdose

MICHAEL

Caucasian male
50 years of age
Diagnosis: psychosis NOS
Cause of death: liver failure

EMOTIONAL IMPACT

“Even though it was difficult to visit Michael in the hospital knowing he was going to die; I was able to ask him what he would like for his memorial. He told me he wanted Caramilk bars, Jello and Coke. This provided me with great comfort and a sense of closure”.

LONG TERM IMPACT

Impact of compounded grief
The autopsy report
Closure and follow up for clients and staff

RECOMMENDATIONS

Letting go of the apartment
Training for new staff
Christmas news letter with client acknowledgements
What does the client want in case of sudden death?
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