Living at Risk in the MHSU Supported Housing and Residential Program

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Why Do We need to Think About Living at Risk?



The nature of life is to be at risk and to make decisions to live at greater or lesser degrees of risk for illness, injury and death everyday.

Your own life



At some point this week, did you drive faster than the speed limit?

Yes

No

Examples of risky behavior



- Resident is engaging in problematic substance use
- Resident is refusing a liquid diet when there is a swallowing risk
- Resident would like to drive a motor vehicle/motor cycle
- Resident is refusing lifesaving medical treatment.
- Resident is a falls risk and wants to go for walks without aids/refuses walking aids
- Resident is smoking with COPD/using an oxygen tank

What are some of your examples?



 Type in an example from your program of risk behaviours

Why Do We Need a Clinical Practice Guideline?



Distress
Inconsistent approaches

What Did We Do?



- Adapted from Residential Care
- Piloted for MH Licensed Facilities March 2016
- Finalized/endorsed Nov. 2016
- Implemented in MH Licensed Facilities from Nov. 2016

What's in the Living at Risk Clinical Practice Guideline?



Decision Making Algorithm
Five Support Tools

Goals of the Clinical Practice Guideline

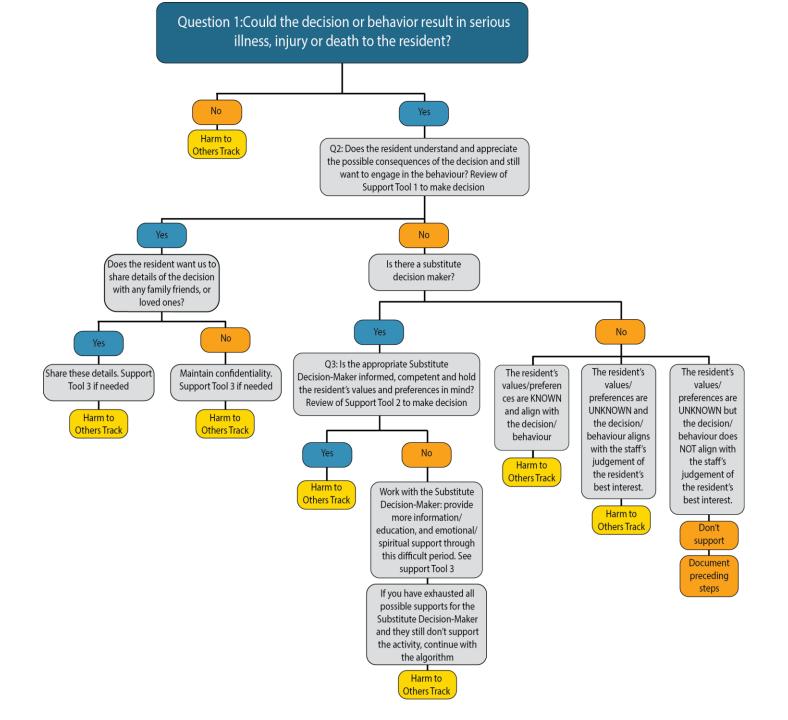


- Recovery plans are consistent with resident's values
- Consistent approach to decision-making
- Recovery plans include risk mitigation
- Residents feel supported
- Team feel supported
- Family/supports feel supported
- Reduce distress

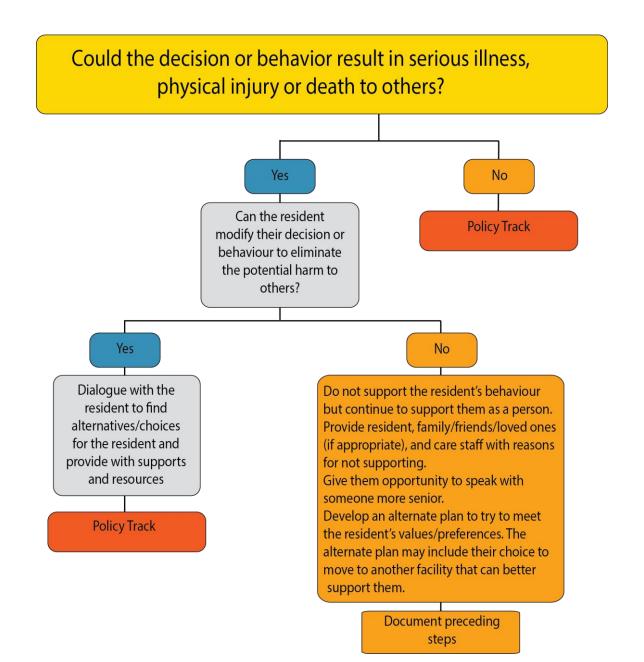
What is MOST important?



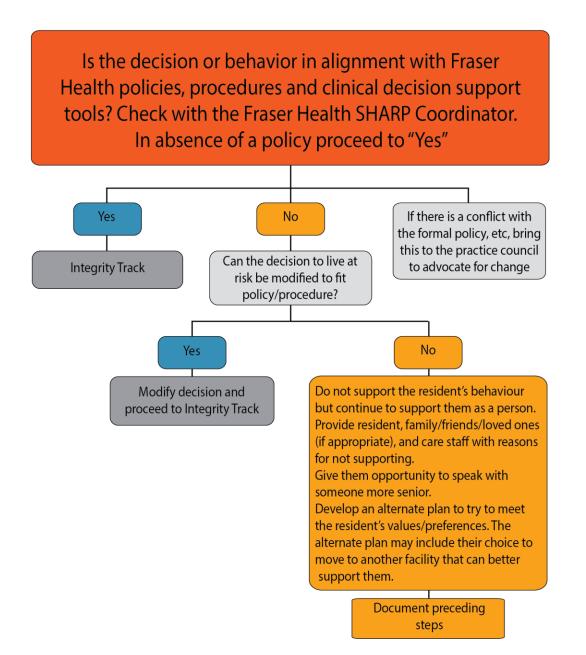
- 1. Safety of Others
- 2. Respect for Residents
- 3. Resident Wellbeing
- 4. Support for staff
- 5. Organizational Integrity



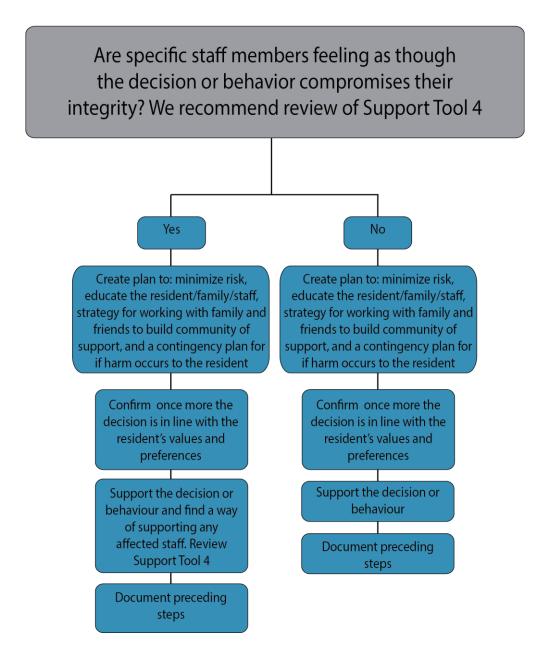
Harm to Others Track



Policy Track



Integrity Track



How does this approach to living at risk reflect a recovery approach?



Type in your ideas

