

Case Study

- 18 yo single female, limited contact with family, completed grade 10, currently couch surfing
- Childhood history of trauma (sexual abuse by uncle)
- Onset of substance use in early teens (marijuana, alcohol, occasional crack use)
- Some police involvement (intoxication in public, mischief)

- Onset of self harm at 15
- Onset of significant mood symptoms at 16
- Frequent presentations at CHEO emerg with several admissions lasting 2-8 weeks. Dx Bipolar disorder, substance abuse disorder
- At 18 redirected to TOH emerg. Dx Borderline PD, substance abuse. Not admitted and referred to community based substance use program, case management services, housing services, primary care and community psychiatrist

- Poor engagement with services at this point related to
 - lack of regular address/ phone number
 - multiple referral forms/ intake processes
 - exclusion criteria for programs
 - appointment based rather than drop in services
 - long wait time

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- What does this client need for a successful outcome?