

# **Application of Life Care Planning to Psychiatric Cases (An Ontario Perspective)**

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## **Abstract**

In recent years, professional rehabilitation counsellors practicing in Ontario, Canada are being asked to provide future care cost analyses/life care plans on behalf of individuals with psychiatric disabilities as a result of an accident or other incident. This article will outline the purposes of future care cost analyses/life care plans for individuals with a psychiatric disability and the challenges associated with identifying said costs. The article is intended to provide a general overview of the process of identifying the appropriateness for and development of a future care cost analysis/life care plan for a client with a psychiatric disability involved in litigation in Ontario. In general, a future care cost analysis/life care plan is based upon a comprehensive assessment of the individual, their injuries, their ongoing deficits and residual abilities. It is also a viable case management/educational tool to identify those needs for goods and services that are related to the psychiatric disability, and to establish the associated costs of life long, long term care.

## **Introduction**

The practice of future care cost analysis/life care planning has grown over the years. In the author's experience as a practicing life care planner in Ontario, such services traditionally have been applied for the client with a catastrophic injury who has sustained a traumatic (or acquired) brain injury and/or a physical injury. For purposes of this article, the terms Future Care Cost Analysis (FCC), Life Care Plan (LCP), and Long Term Care Plan (LTC) are synonymous and will be used interchangeably to indicate a document that outlines the future care needs for an individual with a catastrophic injury or illness.

In general, lay people and lawyers alike understand physical injuries; however, based on the author's experience, the concept of emotional or psychiatric injuries is frequently misunderstood. It appears difficult for many to understand that an accident can cause an emotional injury, especially in the absence of significant physical injury. An excellent example of emotional/psychiatric injury that is often present in the absence of a physical injury is Post Traumatic Stress Disorder (PTSD). The story of Romeo Dallaire, United Nations Peacekeeper in Rwanda, illustrates the challenges faced by someone who suffers emotional injury and PTSD (Dallaire, 2003).

In recent years, it appears professional rehabilitation counsellors practicing in the medical-legal field in the Province of Ontario are being asked to provide FCC/LCP on behalf of individuals with psychiatric disabilities as a result of an accident or other incident. It is this

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author's belief that there will be more similar situations and opportunities provided for under Bill 198 (the current Ontario automobile insurance legislation), where the threshold of serious permanent impairment of a physical, mental or psychological function has been met and future medical and rehabilitation costs have to be determined. In Ontario, automobile insurance is regulated by the Financial Services Commission of Ontario, an arm's-length agency of the Ministry of Finance. The Province of Ontario adopted a no-fault auto insurance program on January 1, 1994. Since that time there have been several revisions to the legislation and in December 2002, the Ontario Government passed Bill 198, the legislation that modifies automobile insurance legislation in the province. (See [www.fsco.gov.on.ca](http://www.fsco.gov.on.ca) for more information regarding Bill 198).

### **Types of Psychiatric Illnesses**

The most common psychiatric syndromes occurring after personal injury (Hoffman, Rochon, & Terry, 1992) include:

- Adjustment disorders
- Anxiety disorders
  - Post-traumatic stress disorder
  - Panic disorder
- Mood disorders
  - Major depressive
  - Bipolar affective disorder
- Chronic Pain Syndrome

Good mental health is important for all of us and research shows that one in five people in Canada have a mental health problem at some point in their life (Centre for Addiction and Mental Health, 2007). But only about 30% of that 20% seek help. Some other people may not know they have a problem, or they may not know that help is available. Further, some people may not be able to access or use the help because of barriers such as cost, language and transportation (Centre for Addiction and Mental Health, 2007).

It is important to note that having a psychiatric illness does not necessarily mean that every client would benefit from having a life care plan created. Two people with the same diagnosis may respond to treatment differently and, as a result, may not have the same functional or emotional limitations or need the same treatment or services. For example, one may have a greater disability than another and require an increased level of intervention and/or accommodations. Similarly, two people experiencing the same traumatic event may react to it differently. The *Mustapha v. Culligan of Canada* Court of Appeal for Ontario (2005) decision illustrates this point. In the aforementioned case, the trial judge stated that Mr. Mustapha suffered psychiatric injuries from discovering a fly in his unopened bottle of water. An incident that most individuals would not find to be traumatic and/or to cause psychiatric stress, did, in fact, cause Mr. Mustapha psychiatric injury.

### **What is a Future Care Cost Analysis/Life Care Plan**

A generally accepted definition of a life care plan based on consensus reached by the University of Florida/Intelicus at their 2nd Annual Life Care Planning Conference, the International Academy of Nurse Life Care Planners (now known as the International Academy of Life Care Planners), and the International Association of Rehabilitation Professionals (IARP) in 1998 is:

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“A life care plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs, with associated costs, for individuals who have experienced catastrophic injury or have chronic health needs” (International Academy of Life Care Planners, 2002, rev. 2006).

If practicing in the medical-legal field, one may think of a life care plan solely as a way to quantify damages for individuals with a catastrophic injury or disability. It is that; however, it is also a document based upon a comprehensive assessment of the individual, their injuries, their ongoing deficits and residual abilities. A life care plan is a useful tool to educate the individual and their family about the injury or illness and the need for long term, lifelong care. The document includes the recommended goods and services that will be required over the near, medium and long term. In short, it is a living document that assists in the planning process. It provides the necessary guide as to what will be needed in the future, anticipated date or timeframe of need, what the associated costs will be based upon current costs, and local resources presently available. As such, it is recommended that the client receive a copy of the plan so that they can use it as a guide or roadmap for their future care and it is not filed away after resolution of the case.

In the author’s experience, within the medical-legal forum in Ontario, the main goal and purpose for requesting the preparation of a FCC/LCP is to identify the extraordinary goods and services and related costs required by the person with the disability as a result of the injuries sustained in the subject loss or accident. Within the medical-legal forum, the issue in Ontario is that there is a claim against someone or some entity, not that someone has simply sustained a disability, but that there is question of cause and effect which is the subject loss or accident. In this regard, “extraordinary” becomes a key word, as the role of the life care planner in such cases is to identify the goods and services required as a result of the accident/incident in question in order that financial compensation can be determined.

While the life care planner quantifies goods and services required, the reason or cause of the disability is not within the purview of the life care planner, nor does the life care planner diagnose the injury or disability. (An exception to this may be the physician life care planner who is a licensed medical doctor and is able to diagnose medical conditions under his/her medical license or the licensed psychologist life care planner who is able to make diagnoses under his/her license). In cases of psychiatric injury/disability, it is the medical expert, and preferably the psychiatrist, who typically provides the diagnosis and treatment recommendations within his or her area of medical expertise. These medical professionals can also indicate if there is a causal relationship between the current psychiatric diagnosis and the injury. Similarly, the issue of prognosis may be important for the medical expert to address as well so that appropriate and necessary services over the client’s expected life time can be included in the FCC/LCP. Critical is a thorough assessment by the mental health expert (psychiatrist) who can identify the symptoms and the individual’s ability to function, and then determine if a causal connection can be established between the injury and the diagnosis. As well, assessments by the appropriate team of physical medicine experts should also be considered. Medical records that do not address the client’s current diagnosis and subsequent functional limitations in relation to the injury may be problematic for the life care planner in terms of identifying future needs, and may be an area in which the life care planner must seek

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additional information or documentation.

A qualified life care planner with appropriate training and experience is well equipped to address the future needs of a client based on their presenting functional profile and resulting disability. Identifying future care costs may be especially challenging if the individual client has a pre- injury history of mental health or psychiatric challenges. The treating doctor's clinical notes and records can provide an understanding of the person's ability to complete activities of daily living (ADLs) which include personal care tasks such as bathing, brushing teeth, shaving, toileting and dressing as well as the independent activities of daily living (IADLs), such as using the telephone, buying groceries, preparing meals, paying bills. These must be addressed from a pre- and a post-injury perspective in order to separate any limitations that existed prior to the injury from any limitations that exist as a result of the injury. Other areas that might be impacted include: household activities, family life, recreational activities, work and social contact. Having access to both pre- and post- injury medical records or other documentation provides the life care planner with important information as to whether changes in function in these areas have occurred and what needs are related to or a result of the injury.

For those individuals who have been diagnosed with a psychiatric illness post-injury, with no prior history, the change in presentation and function can be more easily delineated. However, for those individuals who had a pre-existing psychiatric diagnosis that affected their daily function, it can be more difficult to determine whether the injury has impacted function. A detailed review of the clinical notes and records becomes crucial as does assembling the appropriate team of experts to assess the individual. Information that should be obtained in order to facilitate development of a life care plan includes:

- Any and all relevant clinical notes and records from treating doctors
    - Family doctor
    - Psychologists
    - Psychiatrists
    - Other counsellors
  - Hospital admissions for psychiatric reasons
    - Ontario Health Insurance Plan (OHIP) records
  - Employment history
    - Employment references/performance reviews
    - Were they able to hold a job; advance in their career; get along with customers and co-workers? Were they receptive to supervision? Were there issues related to punctuality or organizational skills.
    - Job title
    - Job duties (either via employer's job description or client's description of job duties which may or may not be entirely accurate)
    - Hours works (full or part time)
    - Wages (to determine if competitive wages, raises received, etc.)
    - Length of time in each job (to determine duration, job tenure, etc.)
  - Anecdotal information from the client and from his/her family is also helpful in terms of comparing pre- and post-injury abilities to perform the activities of daily living.
  - Other assessment results as available, which may include:
    - In home assessment
    - Functional abilities evaluation
    - Vocational assessment
    - Attendant care assessment
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### Other

For clients who have sustained an acquired brain injury and who have also received a psychiatric diagnosis post-injury, an evaluation by a neuropsychiatrist is recommended.

In the author's experience of working for 25 years with clients with psychiatric disability, individuals who have a severe and persistent mental illness commonly have financial costs for treatment as well as losses associated with their diagnosis. Much has been written on the vocational implications and the challenges individuals with psychiatric disabilities can face in finding work, maintaining employment and being promoted within the workplace (Hoffman, Rochon, & Terry, 1992). Other areas of life that can be impacted include interpersonal relationships, educational endeavours and, for many, the ability to live independently (Hoffman, 1992).

### **Purpose of the Future Care Cost Analysis Report**

The FCC/LCP report identifies the client's medical, rehabilitation and social needs and provides a current dollar amount to each of the recommended goods and services. It is common that the report then is given to an actuary, accountant or economist, who can then forecast the present day value over the individual's projected lifetime. Specifically, within each category, such as medical goods and services, rehabilitation services, attendant care, housekeeping and home maintenance, and case management services, the recommended item is identified by the initial purchase price, frequency of use or replacement, an annual and ongoing cost, or simply the one time cost is identified. The foundation and rationale for the service needs to be detailed as well as the costs and availability of services specific to the client's geographic location should be included in the report.

In general, types of recommended goods and services that are part of a life care plan for a client with a psychiatric disability include:

- Individual/Family counselling
- Medications
- Marriage counselling
- Rehabilitation counselling
- Vocational evaluation
- Job analysis
- Job development
- Supported employment/job coaching assistance
- Housekeeping
- Attendant care
- Rehabilitation support worker
- Case Management
- Recreational/fitness programs
- Transportation

The reader is also referred to the Life Care Plan Checklist (Weed, 2004, Table 1.1, p. 6) that outlines areas commonly included in a life care plan.

In Ontario, the Ministry of Health and Long Term Care fund basic medical services with regard to individuals with psychiatric disabilities. These include:

- Psychiatric facilities
  - Psychiatric counselling
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- Psychiatric follow up via mental health nurse or case manager
- Home for Special Care. The Homes for Special Care program was established in 1964 to provide long term and permanent residential care to persons discharged from Provincial Psychiatric Hospitals who require supervision or assistance with activities of daily living. The program encourages community living by offering a housing alternative to institutional care.
- Community Based Day Programs

As the life care planner researches services in the client's particular region, it is important to be aware that not all services are available equally across the province. Funding limitations and very lengthy wait times for publicly funded services oftentimes lead the life care planner to explore privately funded services and their associated costs. The use of private services versus public services, or one type of provider over another (such as a Rehabilitation Support Worker or a Personal Support Worker), all need to be considered in the development of a medically sound and appropriate life care plan based on the client's needs.

### **Sample Case Study and FCC/LCP Report Format**

*Case history: Dr. Know, Ms. Client's treating psychiatrist, describes a woman who continues to have periods of clinical depression that result in her staying in bed for days at a time. When she is feeling well, she is able to participate in household tasks and is able to present herself well. The challenge has been to maintain a stable level of functioning. There are mental health services in the client's geographical area which Dr. Know did not believe would be appropriate as they are geared to individuals who typically have schizophrenia and the programs' goal typically is to keep these individuals out of the hospital. Although Ms. Client's parents have fulfilled much of the case management function, it was recommended that a mental health professional be hired to act as case manager to ensure that a routine is established that will optimize Ms. Client's independent function. The case manager would provide direction and problem-solving support on a regular basis to assist Ms. Client in setting goals that can be accomplished, service planning and linking to community resources.*

*Resource Development: Contact was made with a not-for-profit health and social services organization serving the client's geographical area that provides community-based rehabilitation, mental health, and support services to people of all ages – whether in their home, school or workplace. The agency advised that they are no longer providing mental health aftercare and that services must now be purchased privately. Some other programs have a crisis team available on a 24-hour basis, which is able to provide time limited follow-up service to a maximum of 6 weeks. Other programs are also available; however, wait time and length of follow-up vary. One program provides case management services but currently has a nine-month wait list.*

*Recommendations: In order to provide consistent and reliable services to Ms. Client, it is recommended that three hours per month of privately purchased case management services are provided to her for the next 10 years. As well, it is recommended that a contingency fund be available to her to access additional services during periods of crisis or transition. Medication monitoring via a mental health nurse is also not available on a consistent basis and training regarding use of her medication would need to be carefully supervised by a treating professional and her pharmacy for Blister Pack usage. The costs for a private mental*

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health nurse have been included for an initial period.

### Case Management Costing Format

Note: For each item in the below Cost Tables, appropriate foundation has been established for each need.

No.	Item/Service	Schedule	Initial Purchase <u>or</u> One-Time Cost	Annual Cost
1.	Case Management to provide consistent and reliable services in the home and community (Current through 2017)	\$125.00 hour X 3 hours/month for 10 years		\$4,500.00
	Travel and Mileage Contingency for the case manager (Current through 2017)	\$125.00 / hour estimated at 1.5 hours per trip = \$187.50 / trip (12 trips per year)		\$2,250.00
2.	Case Management – Crisis Contingency during times of crises or transition periods over client's lifetime (2017+)	10 hrs / crisis X 10 crises X \$100.00/ hr	\$10,000.0 0	
3.	Travel for Crisis Contingency	\$187.50/trip X 10 episodes	\$1,875.00	

### Mental Health Nurse Costing Format:

No.	Item/Service	Schedule	Initial Purchase <u>or</u> One-Time Cost	Annual Cost
1.	Mental Health Nurse for initial training and supervision in proper medication administration	Twice per week for 12 weeks X \$60.00/hour	\$1,440.00	

**Counselling Costing Format:**

No.	Item	Schedule	One-Time Cost	Annual Cost
1.	Individual Counselling – Lifelong	\$200.00/hr X 1 hr X 10 sessions annually		\$2,000.00
2.	Family Counselling – Lifelong	\$200.00/hr X 1 hr X 6 sessions		1,200.00
	<b>TOTAL</b>			<b>\$3,200.00</b>

**Process**

Based on the author's experience, the below Checklist may be useful to consider in determining whether an individual with a psychiatric diagnosis may benefit from having a FCC/LCP completed:

### **Checklist to Determine Appropriateness of Life Care Plan Development for Individuals with Psychiatric Disability**

- Are all of the client's medical history and records obtained from treating doctors?
- Are hospital records of all relevant admissions pre and post injury obtained?
- Is there a decoded OHIP summary in the file?
- Has a causal connection been established between the subject accident and the psychiatric diagnosis? (Important within the medical legal forum. Causal connection typically not determined by the life care planner.)
- Has this connection been made by a mental health or other qualified professional? (Also important within the medical legal forum.)

If the decision is to proceed, then the next step is to select a qualified life care planner.

Factors to consider include:

- Qualifications and experience
- Educational background
- Specific work experience - do they carry a case load or only provide expert opinions?
- Special training in life care planning methodologies, tenets, processes, standards of practice, and ethics
- In addition, please refer to the "Checklist for Selecting a Life Care Planner," reprinted in the *Life Care Planning and Case Management Handbook, 2nd ed.* (Weed, 2004, Table 1.2, p. 7-8).

As part of the process of developing a life care plan for an individual with a psychiatric disability, the life care planner should:

- Review all of the documentation - any difference of medical opinions provided should be noted. Who has provided the diagnosis? Is it a family physician or a treating

- specialist?
- Determine if previous treatment recommendations related to the psychiatric disability have been implemented? For example, if a client has a driving phobia and a driver's desensitization program had been recommended but has not been completed, it is difficult for the Life Care Planner to assume that the client will never resume driving and therefore requires taxis for the rest of his or her life. Similarly, the client's ability to use public transportation or taxis is also a factor to be addressed.
  - Meet with the client and any significant others (spouse, family doctor, or employer for example).
  - Meet with the treating specialist(s) regarding treatment recommendations.
  - Formulate findings, complete costing research and prepare the report. Each client's needs are unique to that individual and where the client lives and the availability of resources and services are all factors to be carefully considered.
  - In addition, please refer to "Step by Step Procedure for Life Care Planning," reprinted in the *Life Care Planning and Case Management Handbook, 2nd ed.* (Weed, 2004, Table 1.3, p. 9).

### Conclusion

While the practice of life care planning has been written about in the professional literature since the early 1980s (Deutsch & Raffa, 1981), it has been the author's experience that life care planning has not been traditionally used when outlining future care needs for a client who has a psychiatric disability. Yet, given the definition of a life care plan included earlier in this article, as well as the author's experience working with clients living with a psychiatric disability and their families, life care plans appear to be a viable case management and/or educational tool. As such, the life care plan can be a useful tool that helps to identify those needs for goods and services that are related to the psychiatric disability, and to establish the associated costs of care.

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### **About the Author**

Audrey Miller, BSW, MSW, RSW, CCRC, CCLCP, has been providing health and rehabilitation consulting for over 25 years. She is qualified as an expert witness in Rehabilitation and Life Care Planning in the Ontario Superior Court and her expertise has been called upon by the defense and plaintiff bars as well by the Federal Government's Department of Justice.

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