Working with People with Mental Illness

CT. PATH Outreach Programs

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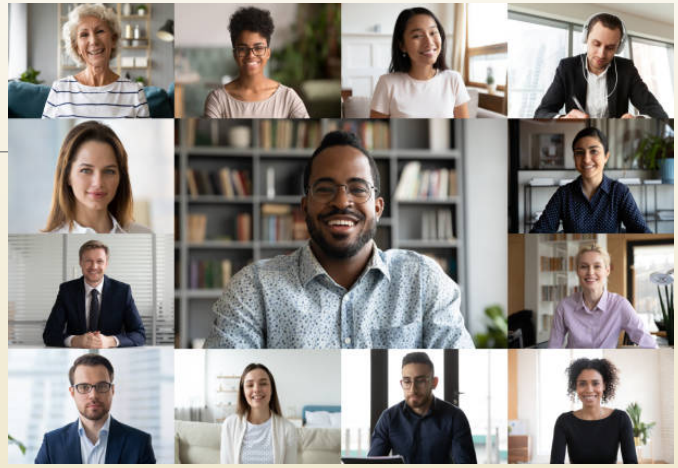
HOUSING INNOVATIONS

This webinar is being recorded

Welcome & Reminders



- Housing Innovations
  - Andrea White
- Housekeeping
  - **PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN**
  - **Please put your name as you would like to be addressed as your screen name**
  - **We love interaction – please raise hand, use emojis, type comments in the chat box or just unmute and talk!**
  - **Please put in the chat box what your role, agency and favorite ice cream flavor is**

Agenda

- Introductions
- What is mental illness?
- What is our role?
  - The specifics
  - Mental Health Disorders
  - Behavioral Indications
  - Risk Factors
  - Protective Factors
  - Interventions
    - Crisis
    - Non crisis planning

Introduction

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.*

- Mental illness affects the structure of one's life in a significant way
- Mental illness does not discriminate; it can affect anyone
- Mental illness ranges from mild such as certain abnormal fears, that affects daily living in limited ways to more severe that affects safety and may require care in a protected environment such as a hospital.
- Mental illness is often stigmatized which makes people reluctant to talk about it. It may carry shame for people

* SAMHSA

Role of the Outreach Worker

Outreach staff working with people who are homeless are responsible for:

- Engaging people wherever they may reside
- Assessing each person to determine goals
- Helping people to connect to needed resources and services
- Helping people to connect to a safe place to live, ie housing
- Helping people to plan for the future including:
  - Maintaining housing, a safe place in the community
  - Identifying and using resources to reach their goals

Engagement

- Engagement begins the first time you meet a person
- Engagement is everyone's job and begins at the first contact and continues at every contact
- Engagement is a way of being with a person, it sets the tone for all future interactions
- We listen to each person's story, why they came to us, what their concerns are, what they want.
- We evaluate each person, assessing what they tell us, where they live, how they interact with their surroundings
- We seek information from HMIS and other providers that have had interactions with each person

Engagement

- Simple needs develop trust and establish the structure of the relationship
- They give an opportunity for each participant (worker and participant) to talk about what they bring to the table
- They allow the participant to talk about their experiences
- They set the tone for future work

Assessment

- Assessment is a process not an event
- Allow the information to unfold over time
- As each person experiences challenges and progress the assessment will deepen
- Assessments must be updated at a minimum before each plan is developed
- Assessments are developed through observation, conversation, consultation and worker skills

Understand Housing and Homeless History

Housing History –

- Places lived, with whom (last 5 years)
- Experience as a leaseholder
- Roles and responsibilities
- What worked
- What didn't

Homelessness History -

- Cause of initial episode
- Length of time homeless
- Places stayed
- Routine
- Supports

Housing Planning Framework

Housing Preferences and Negotiation

- Location
- Access to Transportation
- Proximity to Significant Others
- Proximity to Services
- Unit Size and Housing Density
- Pets
- Ideal v. Acceptable, Negotiable/Non-Negotiable

Attached: Housing Planning Discussion Framework

Possible signs of mental illness

- Sleep or appetite changes — Dramatic sleep and appetite changes or decline in personal care
- Mood changes — Rapid or dramatic shifts in emotions or depressed feelings
- Withdrawal — Recent social withdrawal and loss of interest in activities previously enjoyed
- Drop in functioning — An unusual drop in functioning, at school, work or social activities, such as quitting sports, failing in school or difficulty performing familiar tasks
- Problems thinking — Problems with concentration, memory or logical thought and speech that are hard to explain
- Increased sensitivity — Heightened sensitivity to sights, sounds, smells or touch; avoidance of over-stimulating situations
- Apathy — Loss of initiative or desire to participate in any activity
- Feeling disconnected — A vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality
- Illogical thinking — Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or "magical" thinking typical of childhood in an adult
- Nervousness — Fear or suspiciousness of others or a strong nervous feeling
- Unusual behavior – Odd, uncharacteristic, peculiar behavior
- * APA

Clarification

None of the symptoms or behaviors alone indicate mental illness.

A combination of behaviors at a more severe level is necessary

The behaviors also have to interfere with functioning ability, for outreach it is in terms of ability to get help, move towards a safe place to live, may include shelters or hotels.

It must be due to the behavior, and we must consider other causes, substance, trauma, culture, situation, experience that may lead to the same behavior.

Specifics of different collections of symptoms

Symptoms of a Manic Episode	**Symptoms of a Depressive Episode**
Feeling very up, high, elated, or extremely irritable or touchy	Feeling very down or sad, or anxious
Feeling jumpy or wired, more active than usual	Feeling slowed down or restless
Racing thoughts	Trouble concentrating or making decisions
Decreased need for sleep	Trouble falling asleep, waking up too early, or sleeping too much
Talking fast about a lot of different things (“flight of ideas”)	Talking very slowly, feeling like you have nothing to say, or forgetting a lot
Excessive appetite for food, drinking, sex, or other pleasurable activities	Lack of interest in almost all activities
Thinking you can do a lot of things at once without getting tired	Unable to do even simple things
Feeling like you are unusually important, talented, or powerful	Feeling hopeless or worthless, or thinking about death or suicide

What helps

- Connecting people to treatment – medications are often effective with mood disorders
  - Ask what has helped before
  - Have trusted treatment providers available
  - Talk about this as an option and that medications take a while
- Connect to support and community - protective factor
- Offer help getting on a schedule, discuss sleep and eating, work the housing plan
- Look for something that the person enjoys, develop hope
- Connect to the fact this is causing person distress, with mania not always
- Risk factors –
- Psychotic symptoms
- Suicidality
- Unsafe behaviors may include an increase of drugs and alcohol

Psychotic Behavior

Signs of psychosis

- Drop in functioning such as grades or job performance
- Trouble thinking clearly or concentrating
- Suspiciousness, paranoid ideas, or uneasiness with others
- Withdrawing socially, spending a lot more time alone than usual
- Unusual, overly intense new ideas, strange feelings, or no feelings at all
- Decline in self-care or personal hygiene
- Difficulty telling reality from fantasy
- Confused speech or trouble communicating

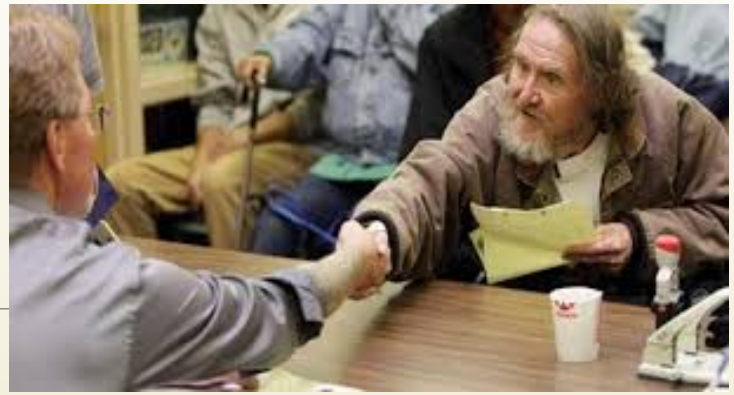
Risks:

Disturbed thinking can put people in unsafe situations

Risk of suicidality or aggressive behavior linked to delusion or hallucinations though people who are psychotic are more likely to hurt themselves than anyone else

NIMH

What can we do



Connect to treatment

Trusting treatment may take time due to persons negative experience

Medications will take a while to adjust and need a willing psychiatrist

Teach problem solving and coping skills

Provide support for the feeling associated with the psychosis – reality checks just put you at odds with their reality

Work the plan, give people a chance for success

Assess safety risks

Break out 2

You have a person who is isolated from others in the encampment. Lately he has been agitated. He believes that people are spying on him and have gotten into the camp. He is scared and worries about finding a place to stay where he will not be spied on.

Discuss with your team

Report back on two interventions you all might try and what might be the response

Borderline Personality Disorder

- Efforts to avoid real or imagined abandonment, such as rapidly initiating intimate (physical or emotional) relationships or cutting off communication with someone in anticipation of being abandoned
- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating. **Please note:** If these behaviors occur primarily during times of elevated mood or energy, they may be indicative of a mood disorder, rather than borderline personality disorder.
- Self-harming behavior, such as cutting
- Recurring thoughts of suicidal behaviors or threats
- Intense and highly changeable moods, with each episode lasting from a few hours to a few days
- Chronic feelings of emptiness
- Inappropriate, intense anger or problems controlling anger
- Difficulty trusting, which is sometimes accompanied by irrational fear of other people's intentions
- Feelings of dissociation, such as feeling cut off from oneself, observing oneself from outside one's body, or feelings of unreality

NIMH

What can we do

Stick together, give this person consistent messaging to prevent splitting

Realize the chaos is often the result of the person feeling empty

Assess for suicidality and risk of self harm – have a plan

Connect to care, a team is helpful and supportive

Use safety planning in a structured way

Be aware of what is too much, too many people available can be tough to handle

Support problem solving and coping skills.

Use a very structured planning process

Practice

A woman you are working with has been ditched by most programs in your area. She is angry at these programs and lets you know she knows all about them and they are terrible. You are the first people that ever helped her. She wants to be with you as much as possible. She wants you to talk to other staff about the things she needs such as bus tickets and extra blankets. She lets the other participants know she is now your assistant. This does not go over well. One day you were unable to see her and she was not allowed back in the office. She cut herself in the waiting room blaming the staff who didn't let her in.

Discuss with your team

Report back on two interventions you all might try and what might be the response

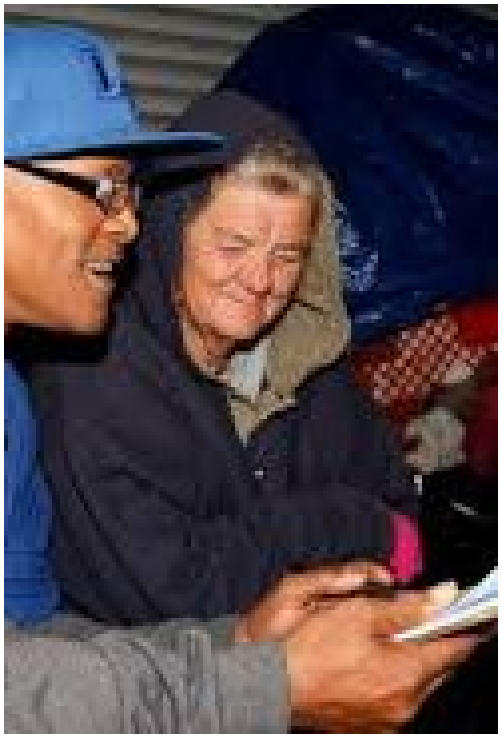
Suicidality

Think about a suicide assessment when you see some of the following behaviors:

- Person giving away stuff or saying goodbye
- Person telling you they won't see you again or you will be happy when they are gone
- Losing interest in regular activities and isolating behavior
- Self harming behavior or suspicion of a suicide attempt
- Extremely risky behavior and if the person is exhibiting very reactive behavior
- Person telling you they feel like dying, ending their life. It is a myth that when people talk about it, they won’t try it. Even if they are ambivalent people die of attempts.
- Loss of hope or losing interest in things they are working on
- Change in how people use support

How to address suicidal thinking

1. Identify Risk Factors
2. Identify Protective Factors
3. Conduct Suicide Inquiry
4. Determine Risk Level
5. Determine Intervention



Risk factors

Factors that may increase the risk of suicide:

- **Trauma**: Current and past physical, sexual, or emotional abuse and/or trauma.
- **Triggering Events**: Factors, stressors, or interpersonal triggers, especially those leading to humiliation, shame, despair, or loss.
- **Ideation**: Presence, duration, and severity of thinking about death or ending life. These could be current or from the past.
- **Medical Health**: Current and past medical health concerns or diagnosis, especially a new diagnosis or worsening symptoms.
- **Mental Health**: Current and past mental health concerns or diagnosis, especially with recent discharge from mental health treatment or hospitalization.
- **Chemical Health**: Current and past substance use disorders, especially with recent discharge from substance use disorder treatment or substance-related hospitalization.
- **Substance Use**: Any significant change in pattern of use, or current/past use.
- **Past Suicidal Behavior**: Past suicidal thoughts, attempts, failed attempts, or a family history of suicide.
- **Self-Injurious Behavior**: Current or past injury to self.

Factors of risk - continued

- **Trapped**: Feeling of inability to escape current situation. Examples could include domestic violence, financial debt, health condition that feels inescapable, etc.
- **Purposelessness**: Presence, duration and severity of feelings of no reason for living or no sense of purpose.
- **Hopelessness**: Presence, duration, and severity of hopeless feelings.
- **Withdrawal**: Removal from friends, family, and society, isolation, or living alone.
- **Anger**: Rage, uncontrolled anger, or seeking revenge.
- **Recklessness**: Engaging in risky behavior, seemingly without thinking.
- **Mood**: Any significant change from baseline, especially when demonstrating increased anxiety, agitation, lack of self-control, or impulsivity.

What can be done to **reduce the harms** of the current risk factors?

What is **movable, modifiable, or changeable** about the current risk factors?

Protective Factors

Effective clinical care for mental, medical, and chemical health.

- **Access to a variety of interventions** and support, at the least restrictive environment.
- **Connectedness** to other people such as family, neighbors, community, and even culture.
- **Support** from ongoing medical, mental and chemical health care relationships.
- **Skills** in problem solving, conflict resolution, coping, and healing.
- **Cultural and religious beliefs** that discourage suicide and support instincts for self-preservation.

Some protective factors are **internal**, such as coping and stress management, spiritual beliefs, frustration tolerance, comfort with ambiguity or change, life satisfaction, and having goals and dreams. Other protective factors are **external**, such as pets, loved ones, positive therapeutic relationships, and resources for healing.

The National Center for Injury Prevention and Control, Division of Violence Prevention

Role of Case Manager

Use the persons language as much as possible

Ask open-ended questions

To explore the person's protective factors, use open-ended questions such as:

- What are the things that keep you safe?
- When you have thought about killing yourself/ending your life in the past, what has stopped you?
- Who are the people in your life that give you fuel for life, help you feel better, or lift your spirits (e.g., friends, neighbors, co-workers, family members, faith communities, school, social groups)?
- In the past, what activities have helped you turn a corner, lift your spirits, feel more stable (e.g., getting outside, prayer/meditation, yoga/exercise, hobbies, watching a show, go to routine counseling appointments)?
- Survivors of suicide attempts have talked about the traits that have kept them alive. Some examples are being good at problem solving, coping, resolving conflicts, optimism, resiliency, critical thinking, stress management, self-worth, and adaptability. What is one trait that you rely on? What is one trait that you would like to develop more?

Help people expand on the protective factors

Ask the questions, examples

a. Ideation

Frequency, Intensity and Duration

- Have you had thoughts of hurting yourself or others?
- Have you thought about ending your life?

Now, in the Past, and at its Worst

- During the last 48 hours, past month, and worst ever: How much? How intense? Lasting for how long?

b. Plan

Timing, Location, Lethality, Availability/Means

- When you think about killing yourself or ending your life, what do you imagine?
- When? Where? How would you do it? In what way?

Preparatory Acts

- What steps have you taken to prepare to kill yourself, if any?

*MN DMH

Questions continued

c. Behavior

Past attempts, aborted attempts, rehearsals

- Have you ever thought about or tried to kill yourself in the past?
- Have you ever taken any actions to rehearse or practice ending your life (e.g., tying noose, loading gun, measuring substance)?

Non-suicidal self-injurious behavior

- Are you having paranoid thoughts? Hallucinations?
- Have you done anything to hurt yourself (e.g., cutting, burning or mutilation)?

More questions

d. Intent

Extent to which they expect to carry out the plan and believe the plan to be lethal versus harmful.

- What do you think will happen?
- What things put you at risk of ending your life or killing yourself (reasons to die)?
- What things prevent you from killing yourself and keep you safe (reasons to live)?

Explore ambivalence between reasons to die and reasons to live. Pay attention to how they describe the outcome.

- "I'm dead, it's over." indicates a higher risk of suicide death.
- "I think I'd end up in the hospital." indicates a moderate risk of suicide death.
- "I don't want to die, I want my suffering to end." indicates a lower risk of suicide death.

Assess Risk level

Depending on risk level, presence of protective factors and intent this may be an emergency situation and the person will need to be transported to a safe place, as in a hospital

In all cases you want to consult with a supervisor with your assessment

A referral if it is a community linkage or a higher level of care will be pursued.

We always want to err on the side of caution

Even people who are seen as low risk need consistent follow up

Closing

Case management provided through outreach programs are a link to resources, support and hope for the future

Case management Is focused on protective factors

There is a lot we can do