Using the Modified Mini Screen PATH Programs

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Welcome & Reminders

- Housing Innovations
  - Andrea White
  - Shannon Quinn-Sheeran
- Goals for the Session
- Housekeeping
  - **PLEASE TURN YOUR CAMERAS ON AS MUCH AS YOU CAN**
  - **Please put your first and last name as you would like to be addressed as your screen name**
  - **Interaction – please raise hand, use emojis, type comments in the chat box or just unmute and talk!**
  - **Put in the chat box your agency, location and whether you prefer a pool, the beach, lake or some/all?**

Agenda

- Introductions, Goals, Reminders
- Purpose of the Mini Screen
- How to use the Mini Screen
- MMS itself
- Case Examples
- Wrap-up and Questions

Why use the MMS?

- PATH is designed for people experiencing Serious and Persistent Mental Illness (SPMI)
- In order to enroll someone in the PATH outreach program the chart has to include evidence of SPMI
- Evidence can include:
  - Disability Verification with a signature of a licensed clinician
  - A standardized mental health screening such as MMS
  - or an assessment by a clinician
  - Case notes, detailing symptoms with collateral information and consultation with a clincianindicating the person should be referred for further assessment for SPMI

Examples of where the MMS might be useful:

- A person is living camped out.
- The worker has made repeated attempts to engage them.
- They tolerate visits and will accept limited supplies.
- The person seems to be hearing voices and has trouble making any kind of eye contact.
- The person has withdrawn from any suggestions of people may help them with the voices, discomfort or any history of getting treatment
- The worker does not have access to a licensed person to do home visit with them
- You feel this person would benefit from enrollment

A person is living in her car.

She engaged with the worker well and is interested in housing.

She has had a long history of mental health care but will not tell you where.

She says she was locked up against her will and wants no part of the system or any “help”

You will likely get some history which would help but it is not now.

You feel she will benefit from enrollment

Modified Mini Screen (MMS)

Client Name: _____ **Date:** _____

Name of Staff Person Administering the MMS: _____

Section A – Please circle "yes" or "no" for each question.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks? ..... Yes No
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time? ..... Yes No
3. Have you felt sad, low, or depressed most of the time for the last two years? ..... Yes No
4. In the past month, did you think that you would be better off dead or wish you were dead? ..... Yes No
5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.) ..... Yes No
6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way? ..... Yes No

Section B – Please circle "yes" or "no" for each question.

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is "yes," circle "yes"; otherwise circle "no.") ..... Yes No
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: ○ being in a crowd, ○ standing in a line, ○ being alone away from home or alone at home, ○ crossing a bridge, ○ traveling in a bus, train, or car? ..... Yes No
9. Have you worried excessively or been anxious about several things over the past six months? (If you answer "no" to this question, answer "no" to Question 10 and proceed to Question 11.) ... Yes No
10. Are these worries present most days? ..... Yes No
11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: ○ speaking in public, ○ eating in public or with others, ○ writing while someone watches, ○ being in social situations. ..... Yes No

12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing? Examples: ○ being afraid that you would act on some impulse that would be really shocking, ○ worrying a lot about being dirty, contaminated, or having germs, ○ worrying a lot about contaminating others, or that you would harm someone even though you didn't want to, ○ having fears or superstitions that you would be responsible for things going wrong, ○ being obsessed with sexual thoughts, images, or impulses, ○ hoarding or collecting lots of things, ○ having religious obsessions. ..... Yes No

13. In the past month, did you do something repeatedly without being able to resist doing it? Examples: ○ washing or cleaning excessively, ○ counting or checking things over and over, ○ repeating, collecting, or arranging things, ○ other superstitious rituals. ..... Yes No

14. Have you ever experienced, witnessed, or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples: ○ serious accidents, ○ sexual or physical assault, ○ terrorist attack, ○ being held hostage, ○ kidnapping, ○ fire, ○ discovering a body, ○ sudden death of someone close to you, ○ war, ○ natural disaster. ..... Yes No

15. Have you re-experienced the awful event in a distressing way in the past month? Examples: ○ dreams, ○ intense recollections, ○ flashbacks, ○ physical reactions. ..... Yes No

Section C – Please circle "yes" or "no" for each question.

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? ..... Yes No

17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? ..... Yes No

18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed? ..... Yes No

19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you? ..... Yes No

20. Have your relatives or friends ever considered any of your beliefs strange or unusual? ..... Yes No

21. Have you ever heard things other people couldn't hear, such as voices? ..... Yes No

22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see? ..... Yes No

How to administer the mini screen

Non-clinical staff can administer the mini screen. It can be self administered, but staff should be available to answer questions

The mini screen has been researched, tested and seen as reliable tool to identify people in need of a full mental health assessment

The mini screen does not determine treatment nor is it a full assessment. If Mental Illness is seen in the mini-screen we still make every effort to connect the person to treatment resources.

How do we talk to people about the mini screen. We would like to ask you some questions that will help guide our work together and may identify more resources to help. These questions are personal and if you feel uncomfortable with a question feel free to skip it. We will stop if you decide that you want to.

The screen does not identify all symptoms of SPMI it is limited to Mood disorder, Anxiety Disorders and Psychotic Disorders

Poll -1

Discussion - Breakout

Can you identify an example of when this form might have been useful?

How would you approach it?

Poll 2 and Follow up

Interrupting Engagement:

- It could. Some people are wary of the mental health system based on their own experiences or things they have heard from others. They may be concerned with having a diagnosis that follows them around. This is not about diagnosis, and it will not immediately connect them with treatment. It remains a choice. This is simply a way to identify things that may be bothering them and to open the discussion of options to address these issues

Person isn't comfortable:

Offer to stop. This will not stop enrollment it just means that we have to figure out another way or offer another opportunity to go through the form

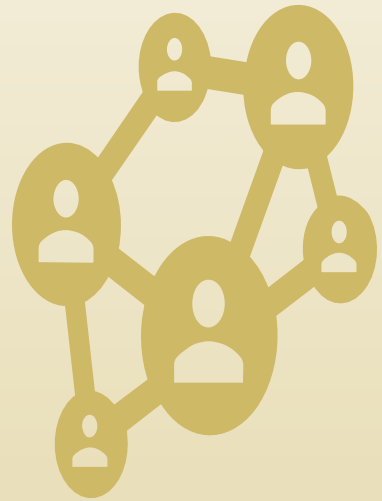
Concerns

It will agitate people: It could, this is why before using this method you want to talk to your supervisor. This will not work for everyone. Consider if this is the best method to document the information. It someone gets agitated stop, use de-escalation techniques. Explain this is a choice. Make sure the person can leave if they choose.

Required? No, it is one of a couple of tools that will document the suspicion of MI

If person refuses, can we still enroll: Yes, you can use another method of documentation.

Will we still be required to refer to a full assessment: Yes, the mini-screen documents symptoms that the person is feeling. A MH assessment guides treatment. SAMHSA PATH is specifically funded to connect underserved populations with good treatment. People can refuse or pursue other courses, but we must offer and help make that connection is they are willing.



Concerns

What if the visions or beliefs seem tied to culture. Ask if what the person is describing is related to a spiritual or religious belief. Ask the person describe how they came to see that and how others in their culture may see visions. There are also things that in the extreme may be interpreted as fixed beliefs that have roots in peoples' history. Questions such as do you believe people are trying to hurt you. Many groups of people believe the vaccines are a trick or designed to hurt them. Sometimes these beliefs have to do with historical or current trauma and a way of adapting to a system. We have to take these into account. That is why the question about how friends and family see these beliefs.

Concerns

Suicidality: If someone identifies suicidal thoughts in question 4 this should be taken seriously and evaluated.

Let your supervisor or any clinical support you have know immediately and get their support to:

Ask questions about them feeling this now, any history of suicidality, a plan and the means to execute it and assess risk.

Ask about protective factors: connections with family ,friends, services. A safe place to be, role and purpose, plans for the future, hope things will get better.

With help from a trained clinician, you may make a safety plan or make arrangements for the person to be seen immediately.

Know who the backup is: how long will it take to get Mobile Crisis there, how about an ambulance. This may be needed

Any reference to being better off dead indicates that the person is experiencing significant distress and should be followed up.

https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4432.pdf

Wrap up

The modified mini screen is one method available to document psychiatric symptoms and identify the need for mental health services which include PATH outreach

It should be used when necessary but will not always be the method of choice

The mini screen will enable the PATH program to enroll people in order to spend the additional time needed to connect people with suspected mental illness to housing and treatment.

The mini-screen can also provide valuable information about how the person is feeling in order to guide some case management interventions.

The use of the mini screen is recommended to include the team and consultation with a supervisor to ensure identified needs can be met and the screen is the appropriate intervention.

We can’t just ask people questions about their lives without a commitment to address the issues raised, this mostly requires resources and support in addition to case management.

Wrap up

Many thanks!

PLEASE TURN ON YOUR CAMERAS OR PUT A NOTE IN THE CHAT BOX TO SAY GOOD-BYE