

COVID19 MENTAL HEALTH TIPS & TRICKS

- WORKING WITH CLIENTS
- SPECIALITY SUPPORT
- TAKING CARE OF YOURSELF



Mental Health and COVID-19

- ▶ Everyone has different reactions to stress
- ▶ People with mental health and/or substance use disorders tend to respond more strongly to stress
- ▶ Those without housing also have more significant suffering during stressful times.
 - ▶ People experiencing homelessness (PEH) already have more significant insomnia, trauma, severity of medical illness, and difficulty with sanitation than the general population

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

DMH 24/7 ACCESS LINE Add To Your Contacts



1-800-854-7771

- ▶ Answered by a live person 24/7
- ▶ Call to request evaluation for psychiatric hospitalization
- ▶ General Referral Information For Mental Health Services And Other Community Resources

STREET OUTREACH

CHALLENGING PATIENTS ENCOUNTERED BY STREET OUTREACH TEAMS

What Is Psychosis?

- ▶ A separation from reality involving hallucinations (sensing something that isn't there) and/or delusions (firmly believing something that isn't real), can be frightening, intimidating, confusing and overwhelming for everyone involved.
- ▶ Delusions may include perceptions of being controlled or persecuted



How should I communicate with someone who is struggling with mental illness?

Trying to talk to someone experiencing delusions or hallucinations can be challenging because you're both living in different worlds. Try these tips to improve communication when talking to someone experiencing psychotic symptoms:

- ▶ Keep your statements short, simple, and clear
- ▶ Use a calm voice and steady tone
- ▶ Give the person physical space rather than crowding them
- ▶ Acknowledge what they're experiencing and how they might be feeling
- ▶ Don't argue with or challenge the delusions or hallucinations nor pretend to believe them yourself
- ▶ Be neutral but not placating—give matter-of-fact statements acknowledging that their experience is real to them
- ▶ Ask them to help you understand what they're experiencing. It is much better to respond to the feeling that a person is having than it is to argue that the feeling should not be there because the perceived cause is not real. E.g. It matters less if the FBI is actually after me than to acknowledge that I feel unsafe because of this belief and ask what would help you feel safer.

Case 1: Encounter with a Client on the Street with Psychosis

- ▶ Greg is a 59-year-old male with schizophrenia who has been living on the street since he was 16 years old. He is not currently receiving psychiatric treatment. One of his symptoms is a delusion that all medical treatment is actually a form of research, where blood that drawn is used in controlling the actions of the patient. He is coughing, denies fever, and says his cough is due to smoking.
- ▶ He is understandably skeptical of going to a “Quarantine” site, as this only confirms his firmly held delusions.
- ▶ How would you begin to communicate with such a patient?

Steps To Take When Someone Is Declining “Home Isolation or Quarantine”

The Department of Public Health is working with their lawyers to create some FAQs for providers. These are still being drafted.

In the meantime follow these precautions:

- ▶ Communicate using simple and clear language
- ▶ Encourage the client to seek help.
- ▶ Offer placement quarantine & isolation sites and focus on positive incentives:
 - ❑ **Safe, comfortable and private place to rest in your own room or RV trailer**
 - ❑ **3 meals a day plus snacks brought to you**
 - ❑ **Harm reduction approach to substance use i.e. no mandates for sobriety, medication assisted support for opioid dependence etc.**
- ▶ If all else fails and the person refuses transport to a QI site note their location and information to the best of your knowledge and consult with DPH PEH help line for further guidance.

Case 2: Encounter with a Client on the Street with Psychosis

- ▶ Dorothy is a 67 year old African American female experiencing homelessness at the corner of Canoga Avenue & Sherman Way on her own in SPA2
- ▶ The outreach team has been visiting her for the past 6
- ▶ She has accepted food and support to meet her hygiene needs
- ▶ She has been offered shelter many times but has always declined
- ▶ She has shared the following information: diagnosed with schizophrenia and diabetes. She has not taken medication for either for an unknown duration
- ▶ Dorothy has intense belief that someone has implanted her with the coronavirus and she will die.
- ▶ She has no symptoms outlined on the questionnaire and no known exposure to COVID-19

Case 2: Encounter with a Client on the Street with Psychosis

- ▶ Harm Reduction Interventions to Improve Public Health.
 - ▶ STEP 1. Empathize with Dorothy's fears about being infected with the coronavirus
 - ▶ STEP 2. Use motivational interviewing techniques - what has prevented Dorothy from accepting shelter in the past? How might you use the information you to support Dorothy to get to a safer place
 - ▶ STEP 3. Present options which address Dorothy's concerns (i.e. motivation for change)
 - ▶ Discuss unique benefits of medical shelter options (e.g. someone to monitor symptoms of coronavirus and get medical attention if needed.
 - ▶ In housing sites, provide access to telehealth, TV/cable/netflix, telephones/video communications to stay connected.
 - ▶ Checking in with her regularly.

Quarantine & Isolation Enforcement

Who Does What?

5150 Psych Hospitalization

- ▶ Enforced by the Department of Mental Health
- ▶ For individuals whose mental illness symptoms present a danger to the affected individual, others or render the person gravely disabled
- ▶ Considerations for COVID19 psychiatric hospital in a group setting increases possible contagion of others

Quarantine & Isolation

- ▶ Enforced by the Department of Public Health
- ▶ For individuals with a contagious disease that threatens the public health
- ▶ Considerations for COVID19 incarceration in jails or prisons increases possible contagion of others

1st Responders

Secondary Traumatic Stress Symptoms



- ▶ Feelings of numbness, disbelief or fear
- ▶ Changes in appetite, energy, activity levels
- ▶ Difficulty sleeping, nightmares, upsetting thoughts and images
- ▶ Difficulty concentrating
- ▶ Physical reactions such as headaches, body pains, skin rashes worsening chronic health problems, stomach problems
- ▶ Anger, short temper, increased irritability
- ▶ Increased use of alcohol, tobacco or other drugs

Things you can do to support yourself...

- ▶ Take breaks from watching, reading, or listening to news stories, including social media.
- ▶ Take care of your body. Take deep breaths, stretch, or meditate.
- ▶ Try to eat healthy well-balanced meals, exercise regularly, get plenty of sleep, avoid alcohol and drugs.
- ▶ Make time to unwind. Try to do some other activities you enjoy.
- ▶ Connect with others. Talk with people you trust about your concerns and how you are feeling.
- ▶ Actively seek opportunities to laugh and play
- ▶ Seek help when needed

SAMSHA Disaster Distress Helpline 800-985-5990

LA County Department of Mental Health ACCESS Line 800-854-7771



DMH HOME Teams



- ▶ HOME Teams serve those with mental disorders who are gravely disabled (GD)/GD-adjacent
- ▶ Teams provide field-based services in shelters, transitional housing, and on the street
- ▶ Each service area has its own HOME team

DMH HOME Team Street Psychiatry

- ▶ Provide street-based medication assessment
- ▶ Provide prescriptions for psychiatric medications (oral and injections)
- ▶ Administer medication on site with support of registered Nurses
- ▶ Provide remote psychiatry services in the moment using Face Time
- ▶ Referrals to HOME Team are made internally, by DMH staff





CONGREGATE SETTINGS

CHALLENGING PATIENTS IN INTERIM HOUSING AND ERC SETTINGS

Case 2: Safer At Home for Asymptomatic residents

- ▶ PN is a 51M with schizoaffective disorder, methamphetamine use disorder/psychosis, history of a traumatic brain injury, and seizures, who leaves his recuperative care center every day and returns late at night often intoxicated or injured from a fist fight.
- ▶ The case managers and behavioral health clinicians have repeatedly educated him about the “Safer at Home” order and expressed their concern about his health.
- ▶ He states that he understands, but he can’t stay “cooped up in this shelter like jail!”
- ▶ How would you counsel the case manager at the site to improve communication with PN and address his concerns?

Case 2: Safer At Home for asymptomatic residents

- ▶ Understand Methamphetamine Use
 - ▶ Has intense triggers and cravings
 - ▶ Produces irritability
 - ▶ Worsens psychosis, but some patients with psychosis report feeling more “normal” or “better” when intoxicated
- ▶ Understanding Traumatic Brain Injury (TBI)
 - ▶ May affect memory, impulse control, and mood
 - ▶ Patients with TBI often don't respond to medication as expected (e.g. extreme disinhibition with benzodiazepines)



Case 2: Safer At Home for asymptomatic residents

▶ Using Motivational Interviewing

- ▶ For a person with a psychotic disorder and TBI, interventions should be direct and concrete.
- ▶ E.g. "You said that you end up getting into fights every time you go out. Tell me why you don't want to get into fights?"
- ▶ E.g. "You don't like being cooped up, I get it. But if you go outside and get symptoms, you might be cooped up in a mandatory setting, which would be worse. Can you see that happening?"
- ▶ For a person with TBI and meth use, they may need to hear the same things repeatedly, because of memory problems.



Case 2: Safer at Home

- ▶ Harm Reduction Interventions to Improve Public Health.
 - ▶ STEP 1. Educate and counsel clients about your concerns
 - ▶ STEP 2. Use motivational interviewing technique to assess understanding and barriers to non-adherence to safer at home (or social distancing practices if living on the street).
 - ▶ STEP 3. Address barriers and reward positive behaviors.
 - ▶ In housing sites, provide access to telehealth, TV/cable/netflix, telephones/video communications to stay connected. Set up a smoking tent in backyard or parking lot.
 - ▶ STEP 4. Mitigate risk to others.
 - ▶ Institute universal precautions at your site: (1) Universal symptom screening and temperature check on entry; (2) Strict social distancing and handwashing policies at your facility; (3) Encourage everyone to wear cloth facial coverings inside and outside facility.
 - ▶ If client is staying in a room with other high risk individuals, then move the high risk client to another room. Move client to room closest to front door or back exit to minimize Offer to serve meals in room (rather than in communal areas with others).

Case 3: Public Health Orders for Home Isolation or Quarantine

- ▶ PN unfortunately develops a fever (T 101.2 F) with a dry, productive cough.
- ▶ You call PN's primary care doctor, Dr. Emily, who recommends that PN "home isolate" for at least 7 days (or 3 days after symptoms resolve). She also recommends that PN's roommate who has no symptoms "home quarantine" for 14 days.
- ▶ Over the next 24 hours, both PN and his roommate continue to leave their isolation and quarantine areas and go into the common areas of their recuperative care center.

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DMH Resources

- ▶ ACCESS Line

PMRT may be activated by ACCESS Hotline:

[\(800\) 854-7771](tel:(800)854-7771)



DPH Isolation and Quarantine Referral Line

▶ 833.596.1009

1st Responders

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