

Introduction to Serious Mental Illness

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Overview

- Level Setting
- Introduction to Serious Mental Illness (SMI)
- Terminology
- How homelessness impacts SMI
- SMI and Substance Use
- De-Escalation
- Review and Q&A



Learning Objectives

- Define what a serious mental illness is
- Identify 3-4 conditions that can be considered SMI
- Describe 2-3 strategies for de-escalating crisis situations



Introduction/Level-setting



Nearly 1 in 5 U.S. Adults are living with a mental illness (2020).



Conditions vary in degree of severity and range from mild, to moderate, to severe.



Mental health is like any other health condition that can benefit from, but not be cured by medication.



Significant racism in mental health

Definition

Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment.

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Some Conditions that are SMI

Psychotic
Disorders

Bipolar Disorder

Major
Depression (w or
w/o psychosis)

Anxiety


Personality
Disorders

Symptoms




Mental Health and Stigma

Viewed as a personal flaw rather than a health condition



Cultural stigma to admitting problems/accessing treatment

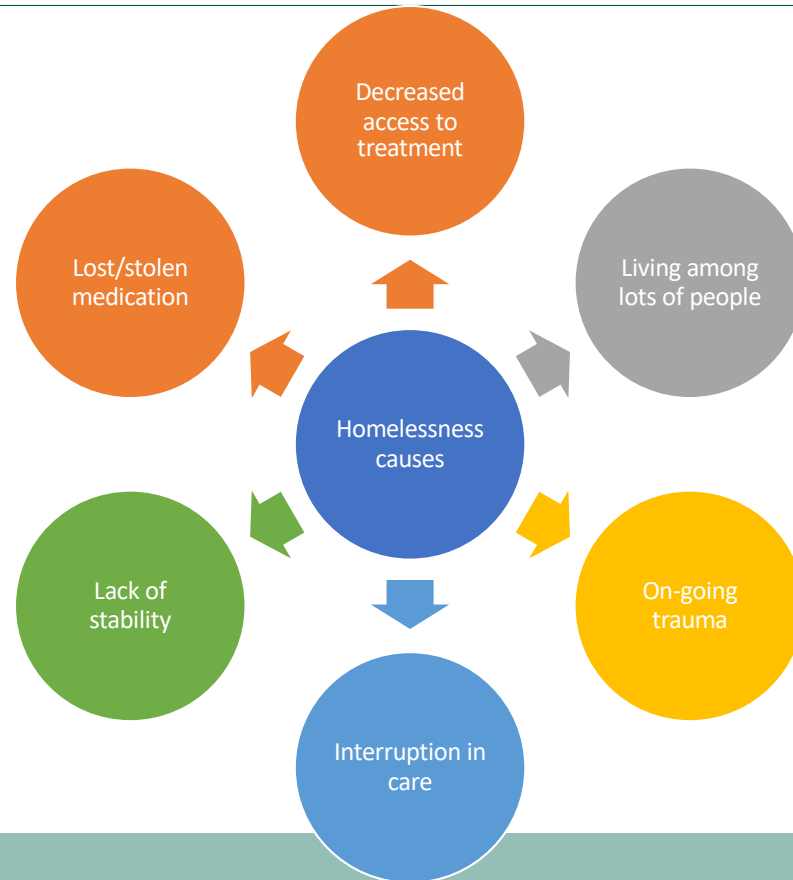


Historic racism and trauma lead to mistrust in health care systems, decreased access to care

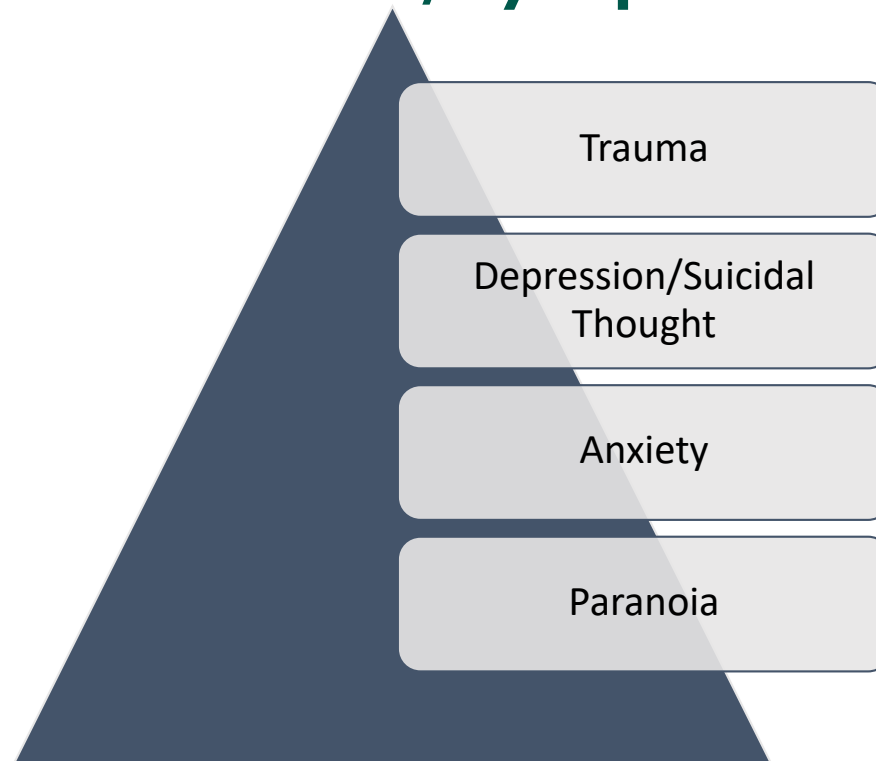
Impact on People Experiencing Homelessness

- Higher prevalence of people with mental health conditions among homeless
- High rates of co-occurring disorder (mental health and substance use)
- Accessing treatment is more difficult
- Homelessness makes existing conditions worse and can cause new mental health conditions
- Lack of stable housing, income, food, transportation, etc. impact the efficacy of treatment

Homelessness make Mental Health Worse



Homelessness Causes New Mental Health Conditions/Symptoms



Co-Occurring Disorder

- Adverse childhood experiences (ACEs) are often the root of substance use among people experiencing homelessness
- ACEs lead to social, emotional, and cognitive impairments
- Substance use is a way of management the symptoms a person is experiencing
- Can be difficult to know what is MH and what is caused by substance use – does it matter?



Triggers

Internal/Personal

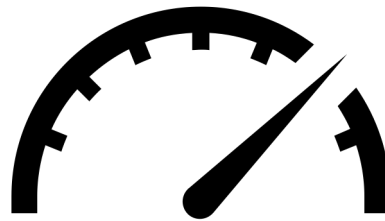
- Change in medication
- Poor sleep
- Relationships
- Cycle of illness; new diagnosis

External

- Weather
- Loss of income/housing
- Change in provider
- Interaction with others
- Trauma
- Hospitalization
- Incarceration
- Disruption of routine

De-escalation

The reduction in the intensity of conflict. It is the combination of strategies, techniques, and methods intended to reduce a person's agitation and aggression.



What is the Goal of De-Escalation

- Keep people safe – the person in crisis and those around you (including you!)
- Assess for what level of care is necessary
- Support the person until the appropriate professional help arrives
- Identify changes in behavior before they become a crisis

De-escalation Overview

- It does not require a trained professional to provide immediate response to a mental health crisis
- You do not need to know what is going on to be helpful
- Focus on the safety of everyone involved
- Seek out trusted relationships to make a person feel safe
- You may be the first (and best) person to notice changes before a crisis becomes acute






Activity

Activity: As we go through the next several slides, think of a crisis situation that has occurred on your job that you were either responsible for responding to or observed.

- Who responded?
- Who helped the situation?
- Which strategies/interventions did you see used?
- What was the follow-up after the incident?

Mental Health First Aid

ALGEE: THE ACTION PLAN

-  **ASSESS** for risk of suicide or harm.
-  **LISTEN** non-judgmentally.
-  **GIVE** re-assurance and information.
-  **ENCOURAGE** appropriate professional help.
-  **ENCOURAGE** self-help and other support strategies.

De-escalation Tips

Be empathetic
and
nonjudgmental

- Do not dismiss a person's feelings
- Remember: the person may not be aware of what is going on

Respect Personal Space

- Position, proximity, and posture
- People will need more personal space during crisis

Use Nonthreatening Nonverbals

- A persons in crisis hears your words less
- Think about your movements, facial expressions, movements, and tone of voice. Try to remain neutral

Keep your Emotional Brain in Check

- Remain calm, rational, and professional
- You cannot control a person, but you can control how you respond to them

Focus on Feelings

- Facts are important but how the person feels is at the heart of the crisis
- Use supportive phrases to let the person know you understand

Ignore Challenging Questions

- Do not engage with a person who asks challenging questions
- Try to redirect their attention to the issue at hand
- Ignore the challenge, not the person

Set Limits

- Give respectful, simple, and reasonable limits.
- Offer concise and respectful choices and consequences.
- Be clear, speak simply, and offer the positive choice FIRST.

Choose
Wisely what
you insist
upon

- Be thoughtful in deciding which rules are negotiable and which are not.
- Provide options when possible.

Allow Silence
for
Reflection

- Silence gives a person a chance to reflect on what is happening and how they need to proceed.

De-escalation

Allow
Time for
Decisions

- When a person is upset, they cannot decide things quickly. When a person is stressed, they feel rushed.

Reintegration

This is an important time to provide non-judgmental support for the person who experienced a crisis.

- Reaffirm that they are still welcome
- Minimize casual conversation about “the incident”
- Collaborate to develop a plan for prevention



Debriefing

Should involve all staff who were witnesses and/or know the individual(s)

Needs to happen after every incident – big or small

May be helpful to have external support

People will move at their own pace

Have organization plan for coverage for staff

Key Takeaways

Serious mental illness is like any health condition and should be treated the same

Conditions go un- or under-diagnosed and treated among people experiencing homelessness

De-Escalation is about fostering a safe environment and getting an appropriate professional on-site to support the person

Intentional care for everyone after the incident is vital



Questions?

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