

MAKING A HAM SANDWICH: MENTAL HEALTH AND HARM REDUCTION



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What is Mental Health?

“Were it possible to specify certain behaviors that are healthy and others that are not, the problem of defining health would be solved easily, but behavior that is appropriate and healthy in one situation is not in another.”

--Saari, 1996



From Mental Illness to Mental Health

- ▣ Symptoms of mental illness are a natural part of the human condition
- ▣ People with a diagnosis are not the only people who have symptoms or who manage their mental health
- ▣ How do we manage our mental health?

Characteristics of Serious Mental Illness

- ▣ **Symptoms:** Delusions, Hallucinations, Depression, Mania, Anxiety, Trauma, Personality traits
- ▣ **Chronicity:** Duration of symptoms
- ▣ **Breadth:** Impact on functioning (Quality of Life)
 - Ability to work, manage self-care, relationships, housing, income, wellness
- ▣ **Cognitive difficulties**
 - Attention, focus, processing, socializing
- ▣ **Severity**
 - mild, moderate, severe, remission



Stigma:
From moral failing to brain disease

Harms Associated with Mental Health Symptoms

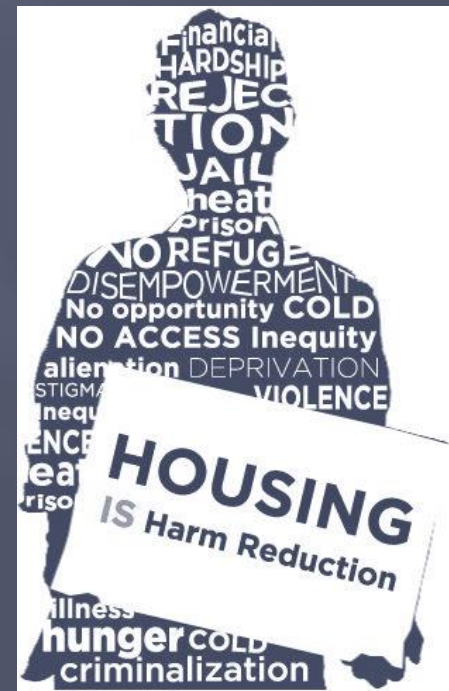
- ▣ Social isolation (External and Internal Stigma)
- ▣ Poor health outcomes
- ▣ Suicide (of those who die by suicide, over 90% have a MH dx)
- ▣ Victims of violence (10x more likely than gen pop)
- ▣ Hospitalizations (cost and trauma)
- ▣ Risk of losing housing/entering homelessness
- ▣ Engaging with police (Criminalization of symptomatic behaviors)
- ▣ Incarceration

Principles of Harm Reduction with Mental Health

- ▣ Empowerment (autonomy)
 - The dignity of risk
- ▣ Acceptance
 - Neurodiversity
- ▣ Curiosity
 - Exploring the benefits and consequences
- ▣ Creativity
 - Outside the box strategies

Housing as Harm Reduction

- ▣ Bringing people inside reduces visibility and thus helps to break down stigma!
- ▣ We reduce homelessness and improve people's quality of life by reducing stress
- ▣ Increased engagement in outpatient services
- ▣ Reduced hospitalization and incarceration
- ▣ Reduce risk of becoming a victim of violence



Potential challenges in housing with symptoms of mental illness

- ▣ Noise complaints
- ▣ Behaviors that frighten others
- ▣ Property damage
- ▣ Hoarding
- ▣ Challenges with Activities of Daily Living

Role of Staff/Provider

- ▣ Challenge your own biases about people with mental illnesses and be willing to unlearn much of what you have been taught
- ▣ Be open to learning from the person whose life is at stake (ask about strategies that have worked).
- ▣ Seek training and supervision on a consistent basis
- ▣ Ask the person(s) if you are actually being helpful. If you are not, make changes.
- ▣ Do not despair (your “client” is not your child)

Behaviors that frighten others

- ▣ Offer Mental Health 101/Mental Health First Aid training to landlords, property managers, neighbors, community
- ▣ Explore private vs. public conversations
- ▣ Social skill building

Property damage

- ▣ Be an advocate and ally for the participant in interactions with landlords or property managers to ensure problems with apartment are repaired
- ▣ Develop budgeting plans for participant to pay for any damage they have caused at a manageable pace
- ▣ Help participants make their apartment a home
 - Sense of safety
 - Sense of ownership and pride
- ▣ Collaborate with participant on ADLs

Hoarding

- ▣ Acknowledge trauma's role in attachment and the importance of belongings
- ▣ Stress that the participant's safety and well being are important to you and come first
- ▣ Distinguish between clutter, hoarding, and squalor
- ▣ Break down overwhelming tasks into small manageable steps

Noise complaints

- ▣ Acknowledge the function of the behavior
 - Associated with responding to internal stimuli
- ▣ Be an advocate and ally for the participant in interactions with landlords/property managers or neighbors
- ▣ Think creatively and collaboratively about solutions

Difficulties with Activities of Daily Living

- ▣ Don't hold people to a higher standard than you would hold yourself
- ▣ Increase the frequency of case management visits
- ▣ Collaborate with participant on ADLs
- ▣ Explore eligibility for a homemaker (through insurance, DOA, or ORS)
- ▣ Explore sharing economies with neighbors

Engaging with Psychosis

- ▣ Gauge the person's safety
- ▣ Identify their feelings: How do the voices make you feel?
- ▣ Don't push against them: "That's not true"
- ▣ Use closed-ended questions as needed (also useful for anxious or traumatic symptoms for grounding purposes)

Hostile, Aggressive Behaviors

- ▣ Affect is contagious: Do not match people's affect
- ▣ Allow for time & space to de-escalate
- ▣ Provide choices whenever possible
- ▣ Gauge your own safety, comfort level

Dan9erousness²³

In a 2006 survey, the most common media stories about mental health concerned homicide and crime. **But...**

95% of homicides are committed by people not diagnosed with a mental health problem.

1 in 4 people with a severe mental illness had been a victim of crime in one year, according to a 2005 study.

People with psychosis are **14 times** more likely to be victims of violent crime than perpetrators.

Drug Use and Mental Health Symptoms

- ▣ Co-Occurring MI and SUD
- ▣ Self Medication hypothesis, managing symptoms
- ▣ Drug use as both a risk factor and a strategy to avoid suicide
- ▣ Drug use as a means of social connection
- ▣ Drug use as means of access to pleasure

Drug Use and Emotions

TABLE. Emotion-altering actions of addictive drugs

Drug class	Action
Opiates (eg, oxycodone, heroin, morphine)	Reduce intense feelings of anger, rage, agitation
Depressants (eg, alcohol, benzodiazepines, barbiturates)	
Low to moderate doses	Relax restricted, tense, anxious feelings
High doses	Obliterate distressing emotions
Stimulants (eg, cocaine, amphetamines, methylphenidate)	Activate and energize depressed individuals, augment hypomanic symptoms; calm and improve focus for persons with ADHD
Cannabis	Both stimulating and sedating, depending on the symptoms

Discussion

- General questions about applying harm reduction to mental health concerns.
- Harm reduction strategies used at your organization for mental health concerns
- Examples of challenging cases
- Areas for continued development of harm reduction frameworks around mental health in Housing First settings

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