Working with Unhoused Clients with Serious Mental Health Conditions

Kate Chandler, LCSW
AGENDA

- Introduction
- Learning Objectives
- Homelessness in Arizona
- Unique Challenges and Intersections
- Relevant Framework and Interventions
- Managing Expectations
INTRODUCTION

 Presenter

 Circle the City

 501c(3) Non-profit and Federally Recognized Health Center (FQHC)

 The Mission: to create and deliver innovative healthcare solutions that compassionately address the needs of all individuals facing homelessness.

 Where we meet people: 2 outpatient clinics, 2 medical respites, street medicine outreach, 3 mobile medical care teams, and hospital health navigation in Maricopa County
LEARNING OBJECTIVES

1. Identify unique challenges that impact service engagement for unhoused clients with serious mental health conditions.

2. Describe a strategy for improving therapeutic alliance.

3. Identify practices to provide individualized and sensitive care to those experiencing homelessness with serious mental health conditions.
Homelessness in Arizona

In Maricopa County, there are more people entering homelessness than leaving homelessness (MAG, 2023).

AZ has a high rate of evictions and an affordable housing shortage (i.e. evictions are up 43% compared to pre-COVID average) (Eviction Lab).

AZ is 1 of the top 5 states in the U.S with the highest number of unsheltered individuals - 53.5% of our homeless population (Sousa et al, 2023).
Significantly larger proportion of population identifies as Black or African American as well as American Indian or Alaska Native compared to overall Maricopa County population.

Higher rates among single people and couples compared to families with children.

59% identify as male, 40% as female, and 1% as transgender, non-binary, questioning.

People ages 25-61 comprise the largest portion of the unhoused.

Most common age group experiencing or at risk of homelessness is 55+.
Challenges that Impact Service Engagement

Can include but not limited to:

- Competing needs/demands
- Environmental factors
- Frequency of Traumatic Brain Injury’s (TBI)
- Increased sympathetic nervous system activity
- Literacy
- Patient-Provider Communication
- Previous experiences with behavioral health system and/or other institutions
Strategies to improve therapeutic alliance

- Building trust and rapport
- Remaining non-judgmental, person centered
- Pacing
- Self-regulation (clinician and client!)
- Acknowledging what it took to get to office/appt
- Incentives (water, snacks, outlets for charging phones, bus pass)
- Understanding different factors that may look like or contribute to non-adherence
Intersections

Social Determinants of Health

Conditions in environment where people are born, live, learn, work, age

- Frequency of emotional, physical, and/or sexual abuse and/or neglect in child and young adulthood
- Rates of poverty and/or housing insecurity in family of origin
- Incidence of mental health and/or substance use in family of origin
- Compound experiences of trauma while unhoused
- Limited support, social isolation

Sympathetic Nervous System

Fight/Flight/Freeze/Fawn

- Frequency of being in this state as related to experiencing homelessness
- Chronic stress and its effects on health
- Impact on executive functioning-cognitive flexibility, working memory, planning, impulse control

Engaging in Mental Health Care

Increasing our understanding of what we see with some clients

- High rates of no shows for appointments
- Challenges adhering to a treatment plan, including medication
- Difficulty with having to wait
Recovery Oriented Framework

- Principles include establishing a collaboration, recognizing an individual’s uniqueness, cultivating hope, and demonstrating awareness to consumer’s rights.
- Recovery-Oriented Cognitive Therapy (CT-R) is designed to “promote empowerment, recovery, and resiliency in individuals with serious mental health conditions” (Beck, 2019). It is distinctly applicable to people who may otherwise not engage in treatment due to factors such as mistrust, history of institutionalization, severity of symptoms.
- Promotes engaging in meaningful activities to help create life client wants to live
- Can be used in individual or group setting
I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou

Managing our own expectations:
Celebrating change and remembering it takes time and is incremental
Remember what we can and cannot control
Client story
REFERENCES

- Beck, A. What is Recovery-Oriented Cognitive Therapy (CT-R)? March 2019. Available at https://beckinstitute.org/blog/what-is-recovery-oriented-cognitive-therapy-ct-r/
- National Health Care for the Homeless Council and National Network to End Family Homelessness. (January 2019) Homelessness & Adverse Childhood Experiences. The health and behavioral health consequences of childhood trauma Authors: Avery Brien, Program Manager NNEFH; Marvin So, Co-Chair, NNEFH; Christine Ma, Pediatrician, NNEFH; Lauryn Berner, Project Manager, NHCHC) Available at: http://www.nhchc.org/aces
REFERENCES


