ENGAGING PEOPLE WHO ARE HOMELESS WITH A MENTAL ILLNESS

A manual to accompany the video,
"Engaging People who are Homeless with a Mental Illness:
A Training for Service Providers"

THE ILLINOIS DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH
HOMELESS ACTION COMMITTEE

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Introduction

The Homeless Action Committee, a public-private partnership of the Illinois Department of Human Services, Division of Mental Health, developed the manual and video, Engaging People Who are Homeless with a Mental Illness. The Homeless Action Committee's mission is to identify and eliminate barriers to services for people who are homeless with a serious mental illness or serious mental illness and co-occurring substance use disorder.

We believe that providers who effectively engage this population at both the individual and programmatic level will open the doors to services—and keep them open—enabling one of the most vulnerable populations among us to eventually receive help. The committee drew on the experiences of consumers, supervisors, and front-line staff in mental health and homeless programs to complete this project. Together, these programs have helped thousands of people with serious mental illness move off the streets, out of shelters, and into stable housing and treatment.

While the information in Engaging People who are Homeless with a Mental Illness is geared towards homeless and mental health providers, everyone working in a social service setting can apply these skills to the work they do and the people they serve.

Thanks to everyone who contributed time and energy to this project, especially to the United States Department of Health and Human Services' Human Resource Services Administration for funding; the Illinois Department of Central Management Services for filming and video production; and consumers who shared their stories.

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KEY ISSUES

☐ Integrating systems of care

One-third of people who are homeless have a serious mental illness and almost half of them suffer from a co-occurring mental illness and substance use disorder. These people enter our system of care through drop-in centers, shelters, and mental health clinics, in need of both homeless and mental health services. Yet homeless and mental health agencies continue to tailor their services to meet just one need, and inadvertently deny shelter to some who have active symptoms of mental illness, or make it difficult for some one who is homeless to receive mental health care. The lack of working relationships between these service systems contributes significantly to the over representation of homeless people with a serious mental illness among the chronically homeless population.

It is imperative that we integrate systems of care, making them more consumer friendly and helping them to engage homeless people with a mental illness effectively. Systems integration includes education on mental illness and homelessness; collaborations to make it easier for this population to receive services; co-location of mental health services—or any needed service—in homeless service sites; and the development of flexible programming.

As a cross training resource, *Engaging People who are Homeless with a Mental Illness* promotes systems integration by showing:

- How to approach and communicate effectively with people who are homeless with a serious mental illness, and
- How systems can independently and collaboratively link people who are homeless with a serious mental illness to key services and supports.

A successful collaboration

Deborah, a homeless woman with a mental illness, received services because agencies were working together. Deborah requested shelter at a police station, and was linked to the Chicago Department of Human Services, which found her a bed in a shelter. The shelter referred her to Sarah's Circle, a women's drop-in-center that was visited weekly by mental health workers from Heartland Health Outreach. Although Deborah was identified as having a mental illness, her primary goal was to find housing. The mental health program connected her to housing and, over time, provided her psychiatric care.

☐ The intersection of homelessness and mental illness

> ***I was homeless for thirteen years and I thought it would never end. And being mentally ill didn't help.***
>
> --Marc (formerly homeless)

A lack of affordable housing and an increase in poverty are responsible for the increase in homelessness in the last 25 years, yet people with a serious mental illness are still over-represented among the homeless population. Why?

- Mental illness makes it extremely hard to meet basic needs, such as food, shelter, treatment, and safety. The result is longer periods of homelessness and greater difficulty negotiating the services that help a person exit homelessness.
- Physical health problems caused by mental illness and homelessness depress functioning even more.
- People with a mental illness don't always think they are sick and in need of help.
- Social support and family networks are usually unraveled.
- Many people with a serious mental illness who are homeless are not receiving benefits to which they are entitled.

Other things we know about people who are homeless with a serious mental illness:
- Fewer than 10 percent require hospitalization.
- Most can live in the community with appropriate supportive services.
- Most are typically long-term citizens of the communities in which they are homeless.
- Fifty percent also have a substance use issue.
- Seventy percent report wanting employment.
- They *will* use services that are easy to enter and that meet their <u>perceived</u> needs.

☐ Myths about people who are homeless with a mental illness

> ***And they don't know the circumstances or the situations that led to the homelessness. And it comes straight down to the assumptions that you're illiterate, you're an alcoholic or drug addict, and that you're lazy. That you'd rather be out on the streets than to follow the rules.***
>
> --Odie (formerly homeless)

MYTH: Mental illness is rare.
FACT: Mental illness is more common than cancer, diabetes or heart disease. One in five families is affected by a severe mental illness.

MYTH: Mental illness is a form of mental retardation.
FACT: Mental retardation refers to lower intellectual functioning while mental illness refers to a biochemical brain disorder, unrelated to a person's intelligence. People with mental illness are of average or above average intelligence.

MYTH: Mental illness is caused by personal weakness.
FACT: Mental illnesses are brain disorders. Many things cause mental illness such as genetics, changes in brain chemistry, emotional and psychological stress, and trauma.

MYTH: People with a mental illness can control their behavior.
FACT: People with mental illness have a disease and they cannot control much of their behavior. Chemical malfunctions cause delusions and hallucinations. Behaviors are a part of the illness and should not be taken personally.

MYTH: People with mental illness are violent and dangerous.
FACT: The vast majority of people with mental illness are not violent. Often, they are far more likely to be the victims of violence than to be violent themselves. In cases when violence does occur,

the incident typically results from the same reasons as with the general public, such as feeling threatened or excessive use of alcohol or drugs.

MYTH: There is no hope for people with mental illness.
FACT: Mental illness is a diagnosable and treatable disorder of the brain. Eighty percent of people treated for severe depression and 70 percent of people treated for schizophrenia have a decrease in symptoms.

MYTH: Homeless people suffering from a mental illness have little chance of recovery.
FACT: There are effective treatments for homeless people with a serious mental illness. Research demonstrates a decrease in homelessness when outreach activity is blended with case management, medical treatment, housing and other supportive services.

MYTH: People who are homeless are lazy and irresponsible.
FACT: Homelessness is a result of many complex factors, including mental illness, substance use issues, the lack of affordable housing, and living wage jobs. Fires, natural disasters, domestic violence or the loss of a job also cause homelessness. Anyone can become homeless at any time.

☐ Basic engagement skills

> ***If they would approach you on an equal level and just give you reassurance that you are part of society, that would help.***
>
> --John (formerly homeless)

While engagement skills are simply effective ways of relating to people, their goal in social service programming is to initiate, develop, and strengthen a relationship leading to a person accepting services and working towards change. To overcome the multiple barriers presented by homelessness and mental illness, including loss of trust and disenfranchisement from systems of care, providers must be willing to take the time to engage people.

To engage someone effectively:

- Convey interest and concern
- Communicate empathy
- Demonstrate attentive listening
- Manifest belief in the person's ability to change
- Show that you are there to help
- Be receptive and responsive when they walk into your agency

By omitting this step, it is possible that a person who is homeless with a mental illness will not receive services or treatment for a long time, if ever. Sometimes a person will accept services quickly, but this is rare. For this population, especially for those living on the streets, the ability to build a relationship – to engage – is everything. Without it, the person is alone, homeless and untreated.

ENGAGEMENT ISSUES: HOMELESS SERVICE PROVIDERS

☐ Learn to recognize behaviors and signs that characterize mental illness

The ability to see a person's behavior as a symptom of mental illness will allow you to manage the behavior within your program; address any discomfort other program participants may have; and work effectively with mental health providers to determine the level of services the person may need. You don't have to be an authority: you only need to recognize how a mental illness can affect a person's behavior, personality, sleep patterns, energy levels, speech, and the ability to care for him or herself. The following are some ways to do this.

A. Evaluate a person's behavior. People with a mental illness may:

- Isolate themselves, stare vacantly, or appear totally apathetic;
- Have difficulty processing information quickly, or appear confused;
- Present illogical thoughts, irrational fears, or false perceptions, such as seeing or hearing things that are not present; or
- Engage in self-talk, laugh out loud, or experience severe mood swings.

It is also important to remember that some people with a serious mental illness do not demonstrate outward signs or symptoms. Relate to someone who seems withdrawn to assess him or her at a deeper level.

B. Use visual cues. People with a mental illness may:

- Wear multiple layers of clothing regardless of the weather;
- Fashion protective devices around themselves;
- Have extreme body odor, or appear soiled and unkempt; or
- Have medication side effects, such as, dry mouth, tremors, muscle stiffness, or confusion.

C. Consult "Keys to Recognizing Mental Health Problems," Appendix A., for detailed information on the signs and symptoms of mental illness.

☐ Create environments that accommodate the needs of people with a mental illness.

While the behaviors and symptoms of a person with a mental illness can be confusing to homeless service providers and other homeless people, accommodating a person with a serious mental illness is not difficult. It is based on common sense and knowledge:

A. Cultivate empathy among staff for people with a mental illness.

- Empathy is the ability to imagine yourself in another other person's situation. In other words, thinking about his or her experience as if it were your own. *What would it feel like if I were hearing voices? How would it feel if my mind raced from thought*

to thought or if I felt so sad that I couldn't get out of bed? Your empathy leads to understanding, and this sets the stage for a trusting relationship.

B. Tolerate and accept behaviors that, while different, are not threatening.

- Be flexible so that people with a mental illness can receive shelter and services. Mental illness can make it hard for a person to participate in mandatory activities, such as meals or meetings.
- Ask a person with mental illness what he or she needs and how you can help. Then accommodate those needs to the best of your ability.
- Don't require that someone be on medication in order to receive your services.

By displaying empathy and by educating yourself on the signs and symptoms of mental illness, you will equip yourself to interact successfully and confidently with people who have active symptoms of a mental illness and ensure a safe environment for everyone.

C. Study and distribute the following list of engagement skills for homeless service providers (reproduced on a single page in the Appendix).

Use it in trainings and orientations, post it in common areas, and share it with all agency staff, from directors, managers, case managers, receptionists, security guards, to service workers, and others who may have contact with people who have a mental illness.

☐ Ways to engage people with a mental illness

Accommodate

- Provide individuals with a mental illness the same services that other homeless service guests receive. If they can adhere to the rules of the agency, and are not a threat to themselves or others, they may be making some of the first steps at getting help.
- Don't make medication compliance a requirement for staying in a homeless service program.
- Don't assume that someone perceives himself or herself as having a mental illness.
- Create a quiet space away from other participants. Noise and confusion can be especially stressful for someone with a serious mental illness.
- Make exceptions for required group activities. People with anxieties or paranoia may have difficulty participating in group gatherings. Such accommodations will encourage them to return.

Communicate

- Approach individuals gently and slowly, and interact as normally as possible.
- Present a non-threatening stance and a calm demeanor.
- Speak in a natural tone of voice and at a normal rate. Use concrete, simple and direct language.
- Don't respond to comments that seem unrelated or strange. Stay focused on what's happening in the moment and what's necessary to accomplish.
- Clearly explain agency services and your role as a worker.

- Communicate that interactions are voluntary.
- Ask questions that relate to what a person may want or need, rather than pushing your own agenda.
- Ask program participants with a serious metal illness how they are feeling. Are they anxious or afraid? Is there something that you can do that would make them more comfortable?
- Be willing to discuss the obvious. If someone appears to be “talking to herself” or hearing voices, ask her what she is hearing and what the voices are saying.
- Be aware that many homeless people with a mental illness have received mental health services in the past, many of which were perceived as harmful.

Co-locate services

- Bring services to individuals—establish co-located mental health services at your organization.

☐ Assessing your homeless service program

Your responses to the following questions and discussion points will help identify what you can do to encourage the use of your services by individuals who are homeless with a mental illness. Over time, build the relationships with mental health organizations that will allow you to effectively engage this population into mental health services.

1. Does your agency have a policy for responding to someone who may have a mental illness?
2. Is participation in program activities mandatory?
3. Do you exclude individuals who may be on medication?
4. Do you require someone to be on medication before providing him or her services?
5. Can you provide someone with mental illness privacy or a quiet space?
6. Does your agency provide training on the signs and symptoms of mental illness?
7. Do you have a good working relationship with a mental health provider?
8. Does your agency have a resource manual of area mental health providers that includes contact names, program services, phone numbers, and addresses? If not, the appendix has a sample form to get you started.

Discussion points

- Discuss what your agency is already doing to engage clients and how it can expand on these services.
- Discuss what program administrators can do to facilitate effective engagement at the programmatic level.
- Evaluate the mental health resources your agency needs and plan to access those you lack.
- Evaluate the training you need to better engage people who have a mental illness.
- Discuss the various ways your vanguard staff—receptionists, security guards, custodians and volunteers—may encounter people who have a mental illness. What skills and trainings do they need to effectively engage this population? Develop an in-service training that addresses their importance in the engagement process.

ENGAGEMENT ISSUES: MENTAL HEALTH PROVIDERS

> *I wish they could just make a little pamphlet of reconstruction for homeless people. Like here's where you can go to eat, here's where the laundromat is, here are places where you can go that are safe.*
>
> – Linda (formerly homeless)

People who are homeless struggle to meet basic survival needs: *Where will they eat? Will they sleep outside or in a shelter tonight? Is there a place where they can take a shower or clean up? When are they unsafe? P*eople who are homeless have many competing priorities and a limited amount of energy to address them.

☐ Recognize the stresses associated with homelessness and develop partnerships with homeless service providers

Be concerned about identifying and acknowledging the individual stressors of homelessness, and create program policies that directly address and ease each one.

A. Factor in how being homeless affects a person's behavior:

- People who are homeless must adapt their personality to stay safe. For example keeping one's guard up is a defense necessary for life on the street rather than a character trait.
- Some people suffer the effects of the "shelterization" process, a term developed to describe and legitimize the impact of long-term homelessness. It includes passivity, apathy, erosion of will, and self-neglect.
- Some people who are homeless have a fragile connection to the treatment world. Be willing to first strengthen their connection to you and your services as a way of preparing them for mental health services.

B. See yourself as a partner with homeless service providers.

- View outreach by homeless service providers as the first step in the continuum of care for people who are homeless with a mental illness.
- See mental health treatment as a continuation of the services provided on the street, in drop-in centers and in programs serving the homeless.
- Value engagement as a tool and as a responsibility. Treat every intake with people who are homeless as if it were a pivotal event in the person's life. Make them feel welcome and they will return if and when they need services.

☐ Develop flexible services that accommodate issues of homelessness

Flexible services create an environment for a person to build a relationship, maintain a connection, or seek the services or concrete benefits he or she desires. The impact of even the simplest pleasure or smallest assistance can be greater than it appears on the surface, and can lead to a lasting relationship.

A. Structure services to provide brief or low-demand encounters.

- People tolerate contact—or engagement—differently. Provide opportunities for both brief encounters that address mental health needs and low or no-demand encounters, such as non-threatening chat or meeting a basic need, such as food, socks, or a cigarette.
- Ongoing encounters result in a shared history between you and the other person. Eventually, this can lead to discussion of mental health issues and treatment.

B. Engage a person who is homeless by meeting basic needs first.

- Pay attention and respond to what a person tells you he or she wants, then, do your best to meet that need.
- Provide information on resources in your area, including soup kitchens, food pantries, shelters, emergency funds, and other support services.
- Meet concrete needs first—food, shelter, transportation, making a phone call, or just conversation. This can ensure that some one will return for services.
- Provide a safe place for a homeless person's belongings.

C. Design services that accommodate issues of homelessness.

- Allow encounters to proceed at a person's own pace.
- Don't emphasize traditional psychotherapy or mental health treatment during the initial stages of engagement.
- Accept that homelessness makes it hard for people to keep appointments, arrive on time, provide identification, and just generally stay connected with providers.
- Extend the window of late arrival; allow homeless people to reschedule appointments quickly; or provide multiple appointments upfront to ensure that missed appointments don't derail the provision of services.
- Don't require intake or assessment forms to be completed before seeing someone for services.

It is important that mental health providers believe that their engagement efforts matter in both the short- and long-term. As long as a relationship exists, all things are possible.

D. Study and distribute the following list of engagement skills for mental health providers (reproduced on a single page in the Appendix).

Use it in trainings and orientations, post it in common areas, and share it with all agency staff, from directors, managers, case managers, receptionists, security guards, to service workers, and others who may have contact with people who have a mental illness.

☐ Ways to engage people who are homeless

Accommodate

- Engage someone who is homeless by listening and responding to what a person identifies as their current need—a meal, a phone card, clothing, medical or dental care, or housing.
- Cultivate trust and keep your promises.
- Allow encounters to proceed at the person's pace.

- Provide a low demand screening process.
- Whenever possible, establish a relationship before concentrating on clinical issues
- Understand that a person may reject shelter because he or she may feel safer on the street.
- Provide homeless clients with three scheduled appointments to maximize successful linkage.
- Remember that many homeless people with a mental illness have received mental health services, some of which were perceived as harmful. So, be flexible and patient.

Communicate

- Approach and treat a homeless person in a kind and gentle manner.
- Respect the person's privacy and property.
- Ensure that decisions are mutually agreed upon.
- Communicate belief in the person's ability to change.

Collaborate and co-locate services

- Join the local committees and continuums working to solve homelessness.
- Promote regular visits by mental health outreach workers to homeless service programs.
- Provide training on mental illness to other social service providers.

☐ Assessing your mental health program

1. Does your agency have a safe place for a persons buggy or life belongings?
2. Does your waiting room provide coffee, tea, fruit or other snacks?
3. Do your services require an id?
4. Do you have a private space to talk?
5. Are you flexible in "missed" or "tardy" appointments? Can homeless people receive a series of pre-scheduled appointments, reschedule missed appointments quickly, or receive services if they arrive late for an appointment?
6. Does your agency have a resource manual of area homeless service providers that includes contact names, program services, phone numbers, and addresses? If not, the appendix has a sample form to get you started.

Discussion points

- Discuss what your agency is already doing to engage clients and how it can expand these services.
- Discuss what program administrators can do to facilitate effective engagement at the programmatic level.
- Evaluate the homeless resources that your agency needs, and make a plan to access and develop those resources that you lack.
- Evaluate the training you need to better engage people who are homeless. Select trainings in Motivational Interviewing, the Stages of Change, and Harm Reduction that are specifically designed to assist people with multiple barriers. See the appendix for whom to contact to provide trainings.
- Does your vanguard staff, such as receptionists, security guards, and custodians, interact with people who are homeless? What skills and trainings do they need to effectively

engage this population? Develop an in-service training that addresses their importance in the engagement process.

ENGAGEMENT AT THE PROGRAMMATIC LEVEL

Mental health and homeless administrators play a crucial role in ensuring that an agency can remove barriers to services for individuals who are homeless with a serious mental illness. People will return to an agency where they feel safe, comfortable, and accepted. Realistic and necessary steps can be taken on the programmatic level to ensure that people return and receive the assistance they need. To accomplish this:

- Provide programming that meets the participant where he or she is. Your programming should be flexible enough to accommodate the needs of a person who is homeless with a mental illness, as well as providing him or her with the services specific to your agency's mission.
- Promote creative ways for staff to build relationships with participants and remove barriers to your services.
- Review agency policies including eligibility criteria, intake protocol, late arrivals, and mandatory group activities to remove barriers to engagement.
- Revisit the types of services you provide and install services that promote engagement.

Mental health administrators should:

- Minimize the amount of paperwork during the initial stages of treatment to reduce the stress on a person who is homeless.
- Don't insist on the catchment criteria of your agency for this population.
- Allow your staff the time and resources to provide services directly in the community.
- Require that your program has resources to meet basic needs, either on-site or through referral.
- Create alliances with primary care services to make it easy for homeless people to receive medical attention.
- Locate staff and other mental health services at homeless service agencies.
- Designate a staff person to become an expert on the homeless services in your area. This person will then serve as an agency wide resource; helping others with referrals; maintaining a homeless resource service directory; and providing in-service training's on engagement skills for staff.

Homeless service administrators should:

- Establish clear directives that allow people with a mental illness to receive shelter, housing or services, regardless if they are symptomatic or taking medication. As long as they are not a threat to themselves or others, they should be entitled to stay in your program.
- Allow staff to create a quiet area away from others, so that a person with a mental illness may have privacy and security. Noise can be confusing and stressful for people with a mental illness.
- Create alliances with mental health agencies to make it easier for people needing mental health services to receive them.
- Accommodate on-site, co-located services by mental health outreach workers.

- Designate a staff person to become an expert on the mental health services in your area. This person will then serve as an agency wide resource; helping others with referrals; maintaining a mental health clinic directory; arranging training on mental health issues; and providing in-service training's on engagement skills for agency staff.

PROGRAMS NEED RESOURCES TO ENSURE ENGAGEMENT

Building community relations and resources allows you to provide information about a range of services that may meet a person's needs and promote the process of engagement. We recommend:

A. Maintaining a list of community resources, including:

- Programs that meet survival needs, such as emergency shelter and housing; food and clothing; and primary and mental health care;
- Programs that meet emergency needs, such as rental assistance, police and fire departments, paramedics, crisis outreach and hot-lines, and involuntary psychiatric hospitalizations;
- Programs that address substance use, including detox vans, methadone clinics, and harm reduction programs;
- Programs that provide specialized social services, such as domestic violence and youth shelters, HIV-AIDS treatment, advocacy and employment services.

B. Using a checklist to aid in making successful referrals.

- Use a checklist that outlines the process of making a referral, including both agency procedures and participant responsibilities. Review the checklist with the participant so that any issues about readiness to change may be identified and negotiated. This will help ensure a successful referral.

C. Developing formal linkage agreements.

- Formalize agreements with other agencies in writing, so that each is clear about the services each is to provide. This is also the time to address agency policies that could limit a person's success. Formal linkage agreements allow you to advocate for special accommodations, which will increase the chances that your participant will participate in services.

Develop your resource list by identifying the needs of your program participants. Ideally, create a binder with an individual contact sheet for each agency you refer to. See Appendix E. for sample template.

APPENDICES

A. Keys to Recognizing Mental Health Problems
B. General Social Service Resources
C. Ways to Engage People with a Mental Illness
D. Ways to Engage People Who are Homeless
E. Resource Directory Template

KEYS TO RECOGNIZING MENTAL HEALTH PROBLEMS

The following is not an exhaustive list of symptoms, but a guide to help non-clinical staff recognize when a person may need help. As with all illnesses, symptoms range from mild to severe. For more detailed information, consult the Diagnostic and Statistical Manual, IV-Text Revision (DSM-IV-TR).

NOTE: It is important to rule out the effects of alcohol or drug use when considering whether an individual is showing signs of mental illness. Being high or in withdrawal can mimic the symptoms of mental illness.

An individual who is experiencing DEPRESSION may:

- Look sad, avoid eye contact, not smile.
- Say that she feels "empty", "dead inside", or "bored"
- Sleep a lot, or have difficulty falling or staying asleep
- Look exhausted, describe herself as tired
- Have lost weight because of loss of appetite, or gained weight because of being hungry all the time
- Have trouble answering questions or remembering things
- Talk about feeling guilty all the time
- Talk about feeling hopeless about the future
- Talk, write, or be preoccupied by thoughts of death
- Not be able to finish a project he or she started

Can you think of one of your residents or participants who displays some of these characteristics? Most of us can relate to some of the above, and certainly the idea of "getting the blues" is part of mainstream culture. But if you see someone who has severe signs of depression or a grouping of symptoms that lasts over time, refer him or her for a mental health evaluation or set up a meeting with a trained outreach worker.

An individual who is experiencing the manic symptoms of BIPOLAR DISORDER may:

- Be irritable
- Talk very fast and be difficult to interrupt
- Act in sexually provocative ways
- Talk and act in a grandiose fashion, having an inflated sense of themselves or the facts surrounding their life situation
- Feel little need to sleep
- Be easily distracted
- Report racing thoughts, and be unable to stay on one subject

People with bipolar disorder (formerly called manic-depression) often cycle from mania, described above, to profound depression: each phase can last months or be of much shorter duration. The roller coaster ride of bipolar disorder can be both exhausting and mysterious

to those with the illness. People in a manic state can disrupt those around them and engage in risky behaviors that can have painful consequences, but often resist getting help because they feel so high. Knowing some of these signs and patterns can help workers link participants and residents to crucial mental health care.

An individual experiencing SCHIZOPHRENIA OR THOUGHT DISORDER may:

- Be difficult to understand: his or her language, movements, or behavior is strange or incomprehensible
- Talk or relate to people who can't be seen or heard by others
- Wear bizarre clothing or headgear, or use objects in unusual ways, such as wearing a license plate as a necklace
- Believe that people, the government, or other entities are conspiring against him or her, or claim unlikely facts
- Talk in rhymes, or have speech that is pressured

The above are considered active signs. Passive signs of a thought disorder include:

- Extremely poor hygiene, with no awareness of its effect on others
- No or very little eye contact or facial expression
- Listlessness; no motivation to physically move or attend to usual daily chores or activities
- Repetitive motions, such as rocking back and forth in a stationary chair
- Not talking at all

Schizophrenia or other thought disorders affect how a person perceives the world around him. In acute states of disorientation, it may be necessary to call a crisis team or the police to maintain the safety of the person experiencing the symptoms and others involved. Every agency should make itself aware of the mental health codes pertaining to police transport, patient rights, and hospitalization.

An individual experiencing ANXIETY may:

- Complain of dizziness or have problems standing
- Feel pain in his or her chest
- Feel a tingling in his or her fingers or toes
- Feel queasy
- Have difficulty breathing
- Feel restless, fidgety, and pace the floor
- Have nightmares, sleep disturbances
- Persistent thoughts, worries

Anxiety is a response to stress. Ten percent of the general population will experience at least one episode of extreme anxiety in the form of a panic attack, with symptoms that are very similar to a heart attack or heart condition. Call a crisis response team when you cannot differentiate the two.

Anxiety in the form of post-traumatic stress disorder (PTSD) may occur in response to a traumatic event such as war, rape, severe abuse, or homelessness. Reactions can take the form of intrusive thoughts, distressing dreams, flashbacks to the actual trauma, avoidance of stimuli associated with the trauma, panic and anxiety attacks, and a variety of other symptoms.

Anxiety can also take the form of obsessive-compulsive disorder, when the individual experiences repetitive thoughts and behaviors that are compulsive or ritualistic in nature and often performed to ward off obsessive thoughts of harm and to "ensure" safety. These thoughts and behaviors can intrude on a person's ability to function normally. Examples are repeatedly checking to make sure a door is locked, compulsive hand washing, fear of germs, counting, and hoarding.

Mental Illness and Substance Abuse Disorders (MISA)

Some people with a mental illness who use homeless services may also be addicted to or use alcohol or other substances. Alcohol and drugs can increase the severity of psychiatric symptoms such as hallucinations, delusions, mood disturbances, and sleep disturbances. Homeless individuals who are diagnosed with both a mental illness and substance use disorder are said to be dually diagnosed, and are referred to as MISA clients.

Substance use may be a cause of homelessness, or it may be a result. It can be a survival skill, serving as a form of self-medication; or it can provide acceptance into a peer group for people who are socially isolated. Others may be physically dependent and simply unable to stop, despite their best intentions.

Regardless of which diagnosis came first, or whether addiction led to or stemmed from homelessness, a dual diagnosis makes the escape from homelessness exceptionally difficult. There are very few MISA treatment programs, so it is typical for people with dual diagnoses who seek help to bounce between the mental health and substance use systems, sometimes receiving treatment for one or the other of their illnesses—but more often receiving no treatment at all. When a MISA program is unavailable to those who are homeless, the stress and chaos of living on the streets makes achieving abstinence and attaining psychiatric stability extremely difficult.

When working with people with a mental illness who are also using substances, providers must be alert for the dangers that can result from interactions between the alcohol or drugs and the medications prescribed for mental or physical illnesses.

RESOURCES

I. General Social Services

Human Care Services Directory
A United Way agency directory
Contact (312) 491-7800 to purchase a $75 copy
http://national.unitedway.org/myuw/

A listing of Illinois Department of Human Services offices by zip code
http://www.dhs.state.il.us/officeLocator/

A database of Salvation Army sites
www.usc.salvationarmy.org/uscsvcs.nsf/Home//Openpage

II. Mental Health

24-Hour Nationwide Mental Health and Substance Abuse Referral Line
(800) 821-4357

Screening for Mental Health, Inc.
A national referral agency for free mental health screenings.
www.mentalhealthscreening.org
(781) 239-0071 ext. 0

National Organizations Concerned with Mental Health, Housing, and Homelessness Directory
Contact (800) 444-7415 to request a free copy

The National Alliance for the Mentally Ill (NAMI)
Support and advocacy organization
www.nami.org
(800) 950-6264

24-hour crisis hotline and mental health information source
www.mentalhealthchicago.org
(312) 781-7780

The Diagnostic and Statistical Manual, Fourth Edition (DSM IV-TR)
The American Psychiatric Association's book of diagnostic criteria for mental disorders. $60 and up from (888) 357-7924 ext. 3, or your local bookstore.

III. Substance Abuse

Alcohol and Drug Abuse Helpline and Treatment
A 24-Hour referral line to treatment programs, detoxification centers, support groups, and counseling, throughout the United States.

www.focushealthcare.com
(800) 234-0420

National Council on Alcoholism and Drug Dependence
www.ncadd.org
(800) 622-2255

Alcoholics Anonymous
www.alcoholics-anonymous.org
(800) 234-0420

Cocaine Anonymous
www.ca.org
(310) 559-5833

Narcotics Anonymous
www.na.org
(818) 773-9999

Al-anon / Alateen groups
www.al-anon-alateen.org
(800) 344-2666

Families Anonymous
www.familiesanonymous.org
(773) 777-4442

IV. Primary Healthcare

A database of primary health care service delivery sites for undeserved populations
http://ask.hrsa.gov/pc/

Information about patient assistance programs that provide no cost prescription medications to eligible participants
www.needymeds.com
(215) 625-9609

A listing of pharmaceutical companies that offer medication assistance programs to low-income individuals or families
http://www.nami.org/Content/ContentGroups/Helpline1/PrescriptionDrugPatientAssistancePrograms.htm
(703) 524-7600

Physician’s Desk Reference (PDR)
A listing and description of all prescription medications.
$73 and up, from (800) 232-7379 or your local bookstore.

V. Homeless

A searchable database of America's Second Harvest food banks
http://www.secondharvest.org/zip

Illinois Hunger Coalition
(312) 629-9580

VI. Housing

A searchable database of Illinois Housing Development Authority rental property
http://www.ihda.org/search_form.htm

The Leadership Council for Metropolitan Open Communities
www.lcmoc.org
(312) 3415678

U.S. Department of Housing and Urban Development (HUD)
http://www.hud.gov or http://www.hud.gov/local/index.cfm?state=il
(202) 708-1112

Housing Authorities on the Web
http://www.hud.gov/local/il/renting/hawebsites.cfm

VII. Emergencies

A listing of local and national help hotlines
http://humansubjects.uchicago.edu/sbsirb/hotlines.html

American Foundation for Suicide Prevention
www.afsp.org
1- (800)-SUICIDE

VIII. Legal Assistance

Sargent Shriver National Center on Poverty Law
www.povertylaw.org/index.cfm (312) 263-3830

Utility Assistance

Electricity
ComEd Offers a Budget Billing Plan that stretches the cost of electricity over 12 months as well as a Deferred Payment Plan to avoid disconnection on overdue bills. Additionally, ComEd's Clear Path program is offered once a year and allows customers to make partial payment on overdue bills. Call (800) 334-7661.

Water
The City of Chicago, Department of Water can arrange payment plans or agree to partial payments for senior citizens, disabled individuals, or individuals with chronic medical conditions. For information, call (312) 744-7038. For areas outside of Chicago, contact your local water provider to inquire about payment plans or discounts for individuals who are homeless with a mental illness.

Energy
People's Energy has many payment plans that help budget the cost of energy, and arrange for the reconnection of service. Call (312) 240-7000 for more information.

The "Share the Warmth Program" provides heating grants for customers with overdue bills. For more information call (773)725-1100.

The "Skill Builders Program" allows a customer to pay back the cost of energy through community services. Call (312) 240-7000.

The Low Income Home Energy Assistance Program (LIHEAP) is a federally funded program that assists eligible low-income households with meeting their home heating and/or cooling needs. For more information, contact one of the following LIHEAP divisions: Chicago (312-456-4100); Suburban Cook County (312-207-5444); Illinois (800-252-8643) or visit: http://www.acf.hhs.gov/programs/liheap/.

WAYS TO ENGAGE PEOPLE WITH A MENTAL ILLNESS

Accommodate

- Provide individuals with a mental illness the same services that other homeless service guests receive. If they can adhere to the rules of the agency, and are not a threat to themselves or others, they may be making some of the first steps at getting help.
- Don’t make medication compliance a requirement for staying in a homeless service program.
- Don’t assume that someone perceives himself or herself as having a mental illness.
- Create a quiet space away from other participants. Noise and confusion can be especially stressful for someone with a serious mental illness.
- Make exceptions for required group activities. People with anxieties or paranoia may have difficulty participating in group gatherings. Such accommodations will encourage them to return.

Communicate

- Approach individuals gently and slowly, and interact as normally as possible.
- Present a non-threatening stance and a calm demeanor.
- Speak in a natural tone of voice and at a normal rate. Use concrete, simple and direct language.
- Don’t respond to comments that seem unrelated or strange. Stay focused on what’s happening in the moment and what’s necessary to accomplish.
- Clearly explain agency services and your role as a worker.
- Communicate that interactions are voluntary.
- Ask questions that relate to what a person may want or need, rather than pushing your own agenda.
- Ask program participants with a serious metal illness how they are feeling. Are they anxious or afraid? Is there something that you can do that would make them more comfortable?
- Be willing to discuss the obvious. If someone appears to be “talking to herself” or hearing voices, ask her what she is hearing and what the voices are saying.
- Be aware that many homeless people with a mental illness have received mental health services in the past, many of which were perceived as harmful.

Co-locate services

- Bring services to individuals—establish co-located mental health services at your organization.

WAYS TO ENGAGE PEOPLE WHO ARE HOMELESS

Accommodate

- Engage someone who is homeless by listening and responding to what a person identifies as their current need—a meal, a phone card, clothing, medical or dental care, or housing.
- Cultivate trust and keep your promises.
- Allow encounters to proceed at the person's pace.
- Provide a low demand screening process.
- Whenever possible, establish a relationship before concentrating on clinical issues.
- Understand that a person may reject shelter because he or she may feel safer on the street.
- Provide homeless clients with three scheduled appointments to maximize successful linkage.
- Remember that many homeless people with a mental illness have received mental health services, some of which were perceived as harmful. So, be flexible and patient.

Communicate

- Approach and treat a homeless person in a kind and gentle manner.
- Respect the person's privacy and property.
- Ensure that decisions are mutually agreed upon.
- Communicate belief in the person's ability to change.

Collaborate and co-locate services

- Join the local committees and continuums working to solve homelessness.
- Promote regular visits by mental health outreach workers to homeless service programs.
- Provide training on mental illness to other social service providers.

RESOURCE DIRECTORY

Agency name Specific program	Address:
	Phone:
	Fax:
	Website:
	Email:
	Staff contact:
	Intake contact:
	Primary population served:
	Payment/funding accepted:
	Waiting list:
	ADA accessible:
	Abstinence required at intake:

Services:

- ☐ Assertive Community Treatment (ACT)
- ☐ Case management
- ☐ Crisis hotline:
- ☐ Detox
- ☐ Drop-in services
- ☐ Emergency food ☐ Meals
- ☐ Individual couns: ☐Mental illness ☐ Substance abuse
- ☐ Family couns: ☐Mental illness ☐ Substance abuse
- ☐ Group couns: ☐Mental illness ☐ Substance abuse
- ☐ Intensive outpatient program (IOP - substance abuse)
- ☐ Domestic violence
- ☐ Outreach
- ☐ Peer support/self-help
- ☐ Primary health care
- ☐ Psychiatrist services
- ☐ Psychosocial rehabilitation (PSR - mental illness)
- ☐ Supportive employment
- ☐ Vocational training/rehabilitation

Type of housing:

- ☐ Detox
- ☐ Emergency housing
- ☐ Halfway home
- ☐ HUD Safe Haven
- ☐ Intermediate care facility (IMD)
- ☐ Permanent housing:
- ☐ Recovery home
- ☐ Residential substance abuse treatment
- ☐ Supportive housing
- ☐ Domestic violence shelter

Other services or comments: