

Practical Approaches to Street Mental Health Treatment

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NATIONAL
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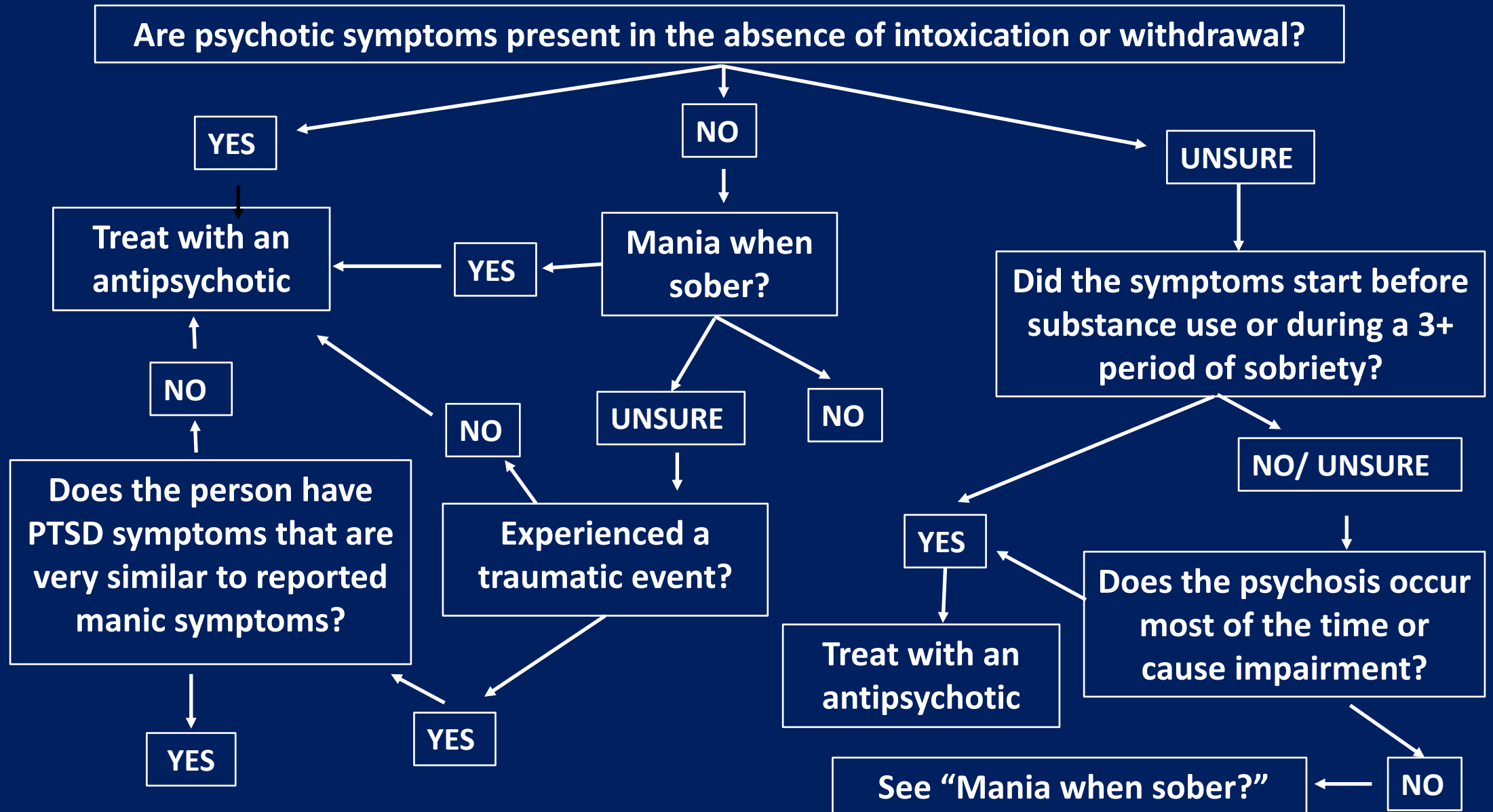
GAME PLAN FOR OUR HOUR

- **Review Rapid Street Psych Assessment**
- **Discuss how to ask questions to elicit info you need**
- **Diagnostic challenges: overlapping symptoms of different diagnoses**
- **Harm-reduction prescribing**
- **Non-medication support and treatment**

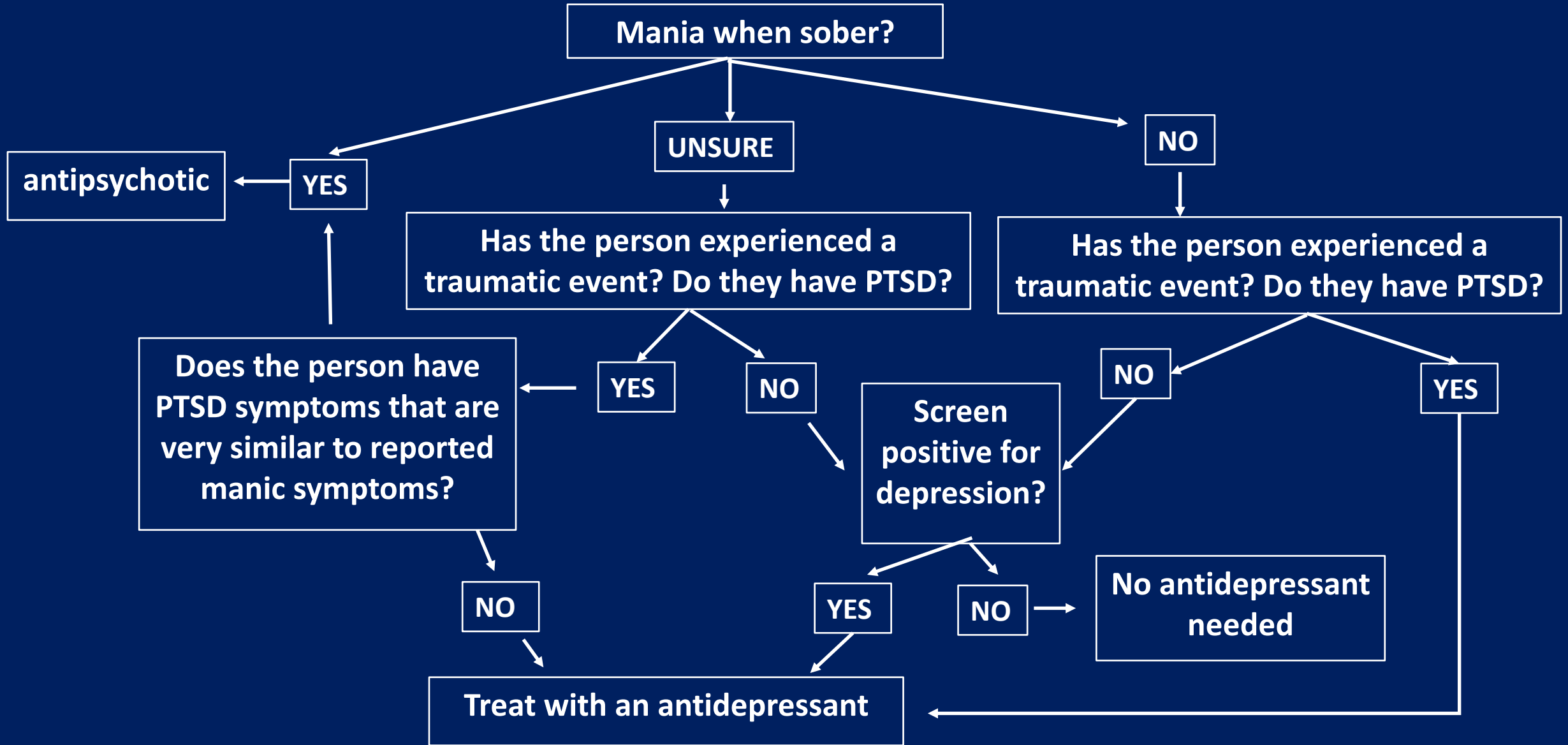
BASIS FOR RAPID STREET PSYCH ASSESSMENT

- Need to determine what medication to use in 10-15 minutes max
- Can't prescribe antidepressants alone for psychosis and Bipolar
- Psych meds are blunt tools
 - Psychosis → Antipsychotic
 - History of mania → Antipsychotic and/or Mood ~~X~~ Stabilizer
 - Depression, PTSD, and all other types of anxiety → Antidepressants
- Treat all psychosis with antipsychotics, regardless of substance use (mostly)
- Likely to only start one medication on first visit
- Make a “street diagnosis” and revisit/revise it frequently

RAPID STREET PSYCH ASSESSMENT



RSPA CONTINUED



HOW TO ASK THE QUESTIONS

- **Have you ever been in a psych hospital, even if you didn't think anything was wrong with you?**
- **Substance use**
 - **When was the last time you used ____?**
 - **What's the longest time you've gone without using any alcohol, marijuana, or other drugs?**
- **Psychosis**
 - **Do you ever have times you hear things or see things others might not?**
 - **Do you ever believe things that others say never could have happened?**
- **Mania**
 - **Do you ever have times where you're really irritable or really happy for 4 or more days? Did you feel like the energizer bunny at that time?**

HOW TO ASK THE QUESTIONS

- **PTSD**

- Have you ever been in a car accident, fire, hospital in which you thought you might die? Ever had someone hold you at gunpoint/knifepoint? Ever had someone harm you physically or sexually? Seen these things happen to others? Been to prison?
- Do you ever have nightmares about it or times you feel like you're re-living it?

- **Depression**

- PHQ-2 (Been down, depressed or hopeless; not enjoyed life very much for past 2 weeks)?

- **Suicidal ideation**

- When was the last time you had thoughts of hurting yourself or killing yourself?

DIAGNOSTIC CONUDRUMS – PSYCHOSIS & PTSD

- **Psychosis**

- Hallucinations (auditory, visual, olfactory, tactile)
- Delusions (paranoid, grandiose, bizarre)
- Negative symptoms: minimal affect (emotion), minimal speech, unmotivated, limited socialization, withdrawn

- **PTSD**

- “Paranoia”
- Possible auditory hallucination (name being called) and tactile hallucinations (I feel someone sitting at my feet while I’m sleeping)
- Flashbacks – living through the event all over again (can be confused with hallucinations)
- Withdrawal, minimal social interactions

DIAGNOSTIC CONUNDRUMS – LOOKS LIKE MANIA

- **Mania**

- At least 4 days
- Irritable mood (+ 4 symptoms) or euphoric mood (+3 symptoms)
- Distractibility, decreased need for sleep, excessive energy, pleasurable activities with painful consequences, increased goal-directed activity, rapid speech or racing thoughts. May be unusually religious, starting a company, wearing excessive makeup

- **ADHD**

- Hyperactivity, racing thoughts, can't sit still, may have sleep disturbance
- Shouldn't have decreased NEED for sleep
- Typically starting in childhood compared to 20-30s or 50s-60s
- May have comorbid depression vs Bipolar with frequent depression

- **Anxiety (including PTSD)**

- Irritability, don't want to sleep, distractibility, pacing/moving frequently
- Has to include worry or anxiety

MANIA VS BORDERLINE PERSONALITY DISORDER

- **Borderline Personality Disorder**

- Mood ups and downs throughout the day vs over the course of 1-4 weeks
- Rapid transition between elated, extremely irritable, and despair
- You are typically better than God or lower than pond scum

Borderline PD
Minutes to hours

Bipolar
weeks to months



HARM REDUCTION PRESCRIBING



Risk of Prescribing

Risk of continued exposure to the streets

Overdose

Wrong diagnosis

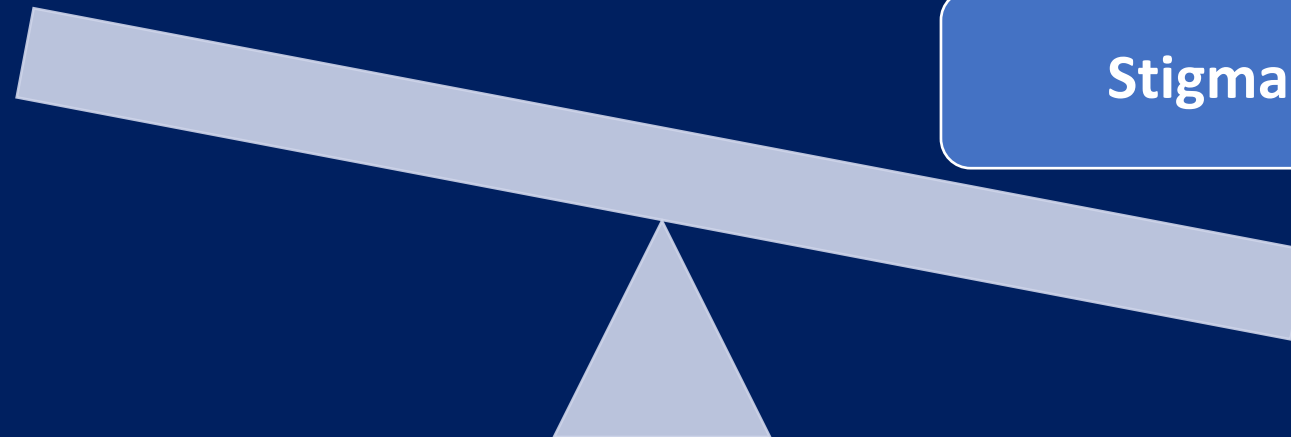
Adverse effects

Violence

Trauma

Weather

Stigma



MEDICATION RISKS TO CONSIDER

Risks	Medications
Victimization from over-sedation	Quetiapine, Risperidone, Paliperidone, Olanzapine, Trazodone, Diphenhydramine, Ziprasidone
Adverse effects from missed doses	Venlafaxine, Paroxetine, Lamotrigine, Clozapine
Overdose risk	Tricyclic antidepressants (amitriptyline, etc), Lithium, Valproic Acid (Depakote)
Poor absorption due to poor access to food	Ziprasidone, Lurasidone
Inability to monitor adverse effects	EKG – Ziprasidone, tricyclic antidepressants; Blood draws – Lithium, Valproic Acid, Carbamazepine

OTHER CONSIDERATIONS

Consideration

Medications

Misuse or diversion potential

Benzodiazepines, Quetiapine, Bupropion, Clonidine, Gabapentin, Buprenorphine, Amphetamine & Methylphenidate products

Fetal anomalies with pregnancy

Lithium, Valproic Acid

Long half-life

Fluoxetine, Long-acting injectable antipsychotic medications

Refrigeration needed

Injectable forms of naltrexone, long-acting buprenorphine & risperidone

COGNITIVE BEHAVIORAL THERAPY FOR PSYCHOSIS

- **Techniques to reduce hallucinations**
 - Dismissing them – “Go away, stop bothering me.”
 - Loud music, humming
 - Ask others if they hear/see the same thing
 - Record the voices/vision with cell phone
 - Identify triggering places and people, make a plan for coping
- **Socratic questioning of delusions**
 - On a scale of 0-100, how much do you believe X?
 - What are alternative explanations?
 - What is the evidence for/against your belief and for/against other explanations?
 - Recheck belief scale, 0-100. Examine changes
 - Why do you believe it 80% instead of 100% now?

CBT FOR DEPRESSION & ANXIETY

- **Distraction**
- **Behavioral activation**
 - Do something even if you think it will make you more depressed/anxious
- **Socratic questioning of anxious or depressed thoughts**
- **Spend time with people you love or who love you**
- **PTSD-specific**
 - Find or create in your mind a safe place
 - Use the above coping techniques
 - Talk about traumatic events with a focus of taking back power
 - A person is ready to talk about trauma whenever they're ready

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Photo courtesy of Visit KC

THANK YOU!!

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