

# Street Psychiatry Elective

Timing: Weekly attendance on outreach 1 half day/week and 1 hour/2 weeks group supervision, for 12 months.

Learning objectives:

1. Develop clinical skills in non-traditional settings such as streets, park benches, and other public places that are on the patient's terms. Define street psychiatry and understand the unique therapeutic aspects of psychiatric care in street-based settings.
2. Practice the principles of outreach and engagement, using a patient-centered, non-judgmental, harm-reduction approach to build trust over a long period of time. Enhance empathic skills by witnessing, accompanying, and building relationships through outreach and engagement work with a challenging, diverse patient population.
3. Navigate role on an interdisciplinary, integrated team; coordinate care across health settings and observe failures of traditional health and social service systems.
4. Describe how the street homeless population is affected by the social and structural determinants of health. Accompany at-risk patients in navigating medical and social services systems and connecting them to appropriate local resources.
5. Advocate for social justice of rough-sleeping populations on individual and systemic levels to address disparities and empower marginalized communities.

Street Psychiatry is the practice of engaging unhoused individuals with mental illness and/or addiction directly where they reside through outreach to the community. Trainees will accompany the Street Psychiatry team from CMHC on street rounds on a weekly basis, flexible to match with the schedules of the trainees. Trainees will participate in relationship-building with clients encountered on outreach rounds and when appropriate, offer basic services as outlined below.

Locations of outreach include: soup kitchens, campsites in woods, public parks, and public indoor spaces (train station, library, etc). Dress code is comfortable and weather-appropriate, with ID badge and phone available. Trainees will be expected to bring stethoscope, BP cuff and to be able to take vital signs. Documentation of mental health encounters will be done through CMHC triage forms and filed at CMHC through the electronic record, WITS.

An orientation process will precede street-based work, which will include orientation to the safety protocol, scope of practice expectations, supervision, overview of New Haven's homeless population, resources to link patients to existing mental health providers and/or CMHC, and information about various local services.

**Safety:** Trainees will follow CMHC's outreach safety protocol (the "No Heroes Policy") in addition to the specific safety protocols of the outreach team in which they are situated. All outreach activities by the trainees will be conducted in the company of members of the Street Psychiatry team, the Outreach and Engagement team and/or CMHC mobile crisis clinicians.

Trainees will initially just be expected to observe the activities of the outreach team. Trainees may participate in outreach when appropriate and when they feel comfortable, in order to represent a friendly face in the mental health field and establish common goals. They may also provide limited medical and psychiatric care.

The roles of trainees are outlined below.

1. Outreach and engagement
  - a. Greeting clients on the street and offering basic necessities (e.g. socks, hats)
  - b. Working to understand the patient's reality
  - c. Consistency, trust-building, accompaniment, and following through on meeting needs
  - d. Offering harm reduction supplies and counseling (e.g., Narcan, sterile syringes, fentanyl test strips, condoms, information on community syringe access, counseling on overdose prevention strategies)
2. Linkage with existing mental health and social services
  - a. Obtaining releases of information to speak with patient's clinician from another organization, when appropriate
  - b. Arranging appointments for patients who have not been able to connect with mental health care, or providing the patient information about clinics they would be eligible for
  - c. If CMHC-eligible, arranging intake or follow up with CMHC Acute Services
  - d. If currently a CMHC patient, collaborating with current outpatient providers
3. Basic primary care triage
  - a. Vitals (BP, temp, pulse, O2), finger sticks, limited first aid
  - b. Gathering basic medical history, triaging care, and helping refer to appropriate local medical resources
4. Psychiatric consultation to primary care provider
  - a. When primary care provider has a question about patient care, trainee may be able to provide education to provider about medications the patient is taking or requesting, or answer mental health-related questions that the primary care provider could not answer.
5. Psychiatric care
  - a. In certain cases, trainee may be asked to provide medication management for patients enrolled in the Street Psychiatry program
  - b. The resident can discuss diagnoses, treatment, medications, side effects, provide psychoeducation, or simply listen to a patient's problems and offer guidance
  - c. For CMHC patients found on the street, the resident can liaise with the patient's outpatient CMHC provider to discuss treatment planning, refill medications if appropriate, and facilitate engagement.

6. Emergency triage

- a. Trainees may conduct a basic safety assessment when concerns for suicidality, homicidality, or grave disability arise. They would then call the attending, discuss the case, and if deemed necessary, request a mobile crisis visit or call 9-1-1, or create an alternative safety plan together.
- b. While many trainees may be authorized to write PECs, they are encouraged to utilize the existing resources (mobile crisis, 9-1-1) rather than taking on this burden themselves.

7. Supervision

- a. An attending psychiatrist will always be available in person or by phone for supervision regarding care of particular patients or other questions.
- b. If trainee feels another person should evaluate the patient, mobile crisis services are available 24 hours/day as well in which licensed mental health practitioners could also evaluate the patient.
- c. Biweekly group supervision of all trainees with the attending to discuss cases, management, and debrief is expected.

Faculty:

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