

In this Issue

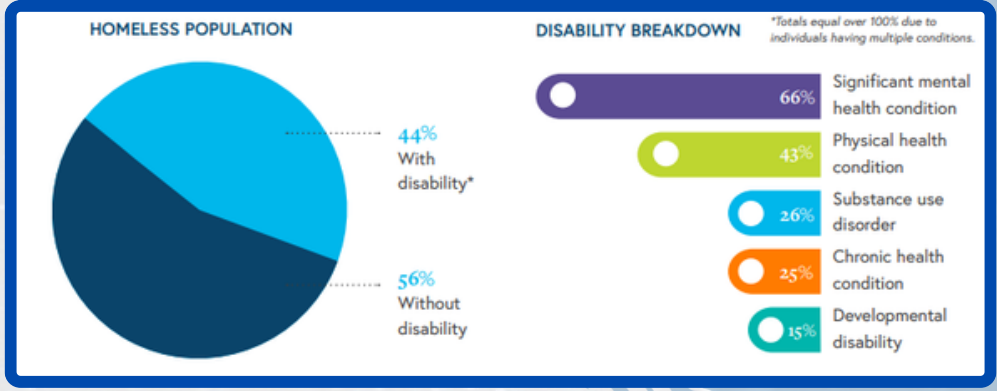
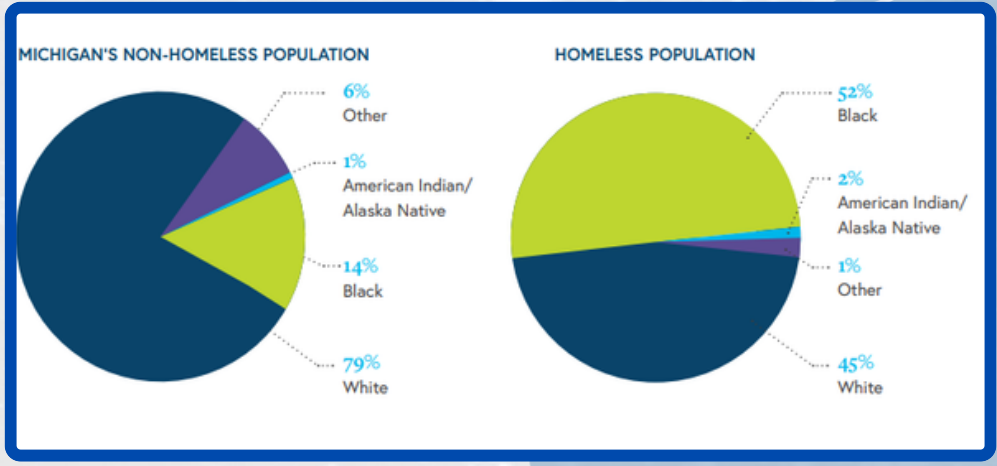
- Disparities in unhoused populations
- Frequent ED visits for mental health
- POV from residents in a shelter
- How to reach psych
- Articles of the month

Authors

- Dr. Lauren Adams,
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- Dr. Sarah Di Bartolomeo,
- Dr. Muna Tamimi,
- Editor Sarah Armitage PA-C,

A Poem for us by Shelter Resident 2 See his comments in this issue

Forget me not!
yes, I am still breathing,
can't y'all see me,
have you all lost the thought of who I am,
y'all know the person you are looking at been looking
at, I have never been.
Most of my actions have been with good intentions,
but of course, those are the things people often
forget to mention.
A past full of scars, forgiveness is my plea.
Point no fingers, failure at hand, I look at this mirror, a
totally different man.
For always my arms are open to catch all of your falls,
my shoulder is there to rest and comfort y'all,
so now why do you all walk by as I wonder why,
as a part of me slowly dies.



Racial and health disparities in Michigan's unhoused population

According to the Ending Homelessness in Michigan 2020 Report

Voices of Shelter Residents



Resident 1
White
Female

"I have been homeless for the past year after my house burned down. I don't even have an ID because my family members didn't want to help and refused to give me my birth certificate. Since then, I have been without a job or income. I have no phone, no reliable transportation and can't follow up with any doctor or healthcare provider if needed."

"When I was working, I used to see a psychiatrist who helped me through my depression and anxiety. I really liked him because he cared, was honest and calm. If he wasn't personable, I wouldn't have come clean. I want to hurry up and get a place so I can get my babies again."

"I went to the ED many times for multiple complaints and most have been good experiences. Sometimes they are too judgmental, but sometimes I understand it and don't think too personally about it. I wish they know that I struggle to explain myself to them."



"The ED people usually don't ask the right questions; they are passive in asking. They can do anything they want to do in the ED, they need to think outside the box. Every time I go to the ED, I feel I am treated differently due to mental health issues. I believe that they would have taken me seriously if I don't have psych issues. I remember one time I went for a medical problem, but they focused on my mental issues when I came in for a different reason. They put the mental aspect in consideration before the physical aspect."

If you have insurance then you can go to PCP, but if not, then ED is the only option. Majority of us aren't drunks and addicts."



Resident 2
White
Male



Resident 3
Bengali
Male

"I overdosed multiple times, and RO was nice to me. I am homeless by choice. People are mostly due to mental issues."
- "PSYCH HELP IS IMPORTANT, GET US RIGHT FIRST. I want to feel validated, and that people are communicating with me".
- "I remember one time I overdosed and woke up after CPR. The staff were very rude and rough to me. I know that I relapsed and burned multiple bridges, but people should always be treated with respect."



Homeless persons' experiences of health and social care: A systematic integrative review

Author: Omerov et al. Summarized by Dr. Sarah Di Bartolomeo

Background:

- Prior studies show that people who are homeless have high risk of morbidity and mortality
- People experiencing homelessness are 3x more likely to report chronic illness
- Mortality rate is 8x higher than the average male and 12x higher for the average female
- Average age of death is 52 years old

The goal of this review article was to highlight the experiences and needs of those experiencing homelessness. Analysis of several studies resulted in three themes;

#1: Unmet Basic Human Needs

- Neglected seeking care due to the need to prioritize basic human needs including food, water, security and shelter
- Are concerned for unmet healthcare needs, in particular, care after surgery, access to shelters with medical resources, discharge planning and mental health resources
- Lack resources to access care including not being covered by insurance, mail/telephone contact information and poor transportation
- Lack social support as well as spaces for privacy and security

#2 Interpersonal Dimensions of Access to Care

- Often times have unhelpful relations with health care professionals related to, being treated with a lack of respect, lack of caring or understanding
- Experience being disappointed by promises that are not followed through upon by social workers
- Feel advice given is unrealistic and are not being treated as individuals with unique needs/circumstances
- Are labeled and stigmatized when seeking healthcare

#3 Structural and Organization Barriers to Meeting Needs

- Difficulty to reach location of health care services
- Inconvenient clinic hours
- Limited access to psychosocial support and practical assistance

Key take home points

- **People who are homeless neglect seeking healthcare since basic human needs take precedence**
- **Highlighting psychosocial support is crucial to facilitate a relationship with health care professionals**
- **Encourage flexible and multidisciplinary services to reduce barriers for access to healthcare and well-being**

Individuals Seeking Mental Healthcare: A Systematic Search and Review

Author: Digel Vandyk et .al, summarized by Dr Muna Tamimi

Background:

- Research has shown an increasing amount of people accessing ED mental health services due to inadequate community availability/supports, in-accessibility, long wait times, etc
- Over 90% of frequent presenters to the ED have at least one psychiatric diagnosis
- People with psychiatric illness are 5x more likely to be among the high ED utilizers compared to individual without

The goal of this review article was to compare research on frequent users of the ED for mental health complaints and find common factors/ profiles. Analysis of over 13 studies resulted in three common profiles;

Socio-Demographic Characteristics

- Over 60% were men under 40 years old
- Majority were unemployed and unmarried with housing insecurity (either homelessness or transient accommodation)
- Most are under or uninsured

Psychiatric Illness

- Most common primary diagnoses were psychotic and affective disorders along with substance use disorder
- Some had a personality disorder of any type and/or suffered from either an anxiety disorder, somatization, or adjustment disorders
- Only small subset were diagnosed with organic disorders

Characteristics of Services Used and Emergency Visits

- Patients predominantly self- presented to the ED, but there were substantial amount that came with the police or referral from health providers
- Most common causes of presentation were due to psychiatric symptoms, unmet needs and suicidal ideations
- Most common disposition was discharge to community resources

Key take home points

Frequent presenters to the ED are often younger men with psychiatric disorders, unemployment, and transient living accommodations

Most common presentation was due to unmet needs yet most common disposition was discharge to community services

Individuals with mental illness are often un/under-insured. This becomes a dilemma that we have to deeply think through: Can we consider these patients “frequent utilizers” when they are un/under-insured and as such have limited access to primary care and community-based services?

How to reach social work at Corewell Royal Oak

Psychiatrist
Dr. Rosen

Clinical Psychologist
Dr. Gross

Psych Social Workers
Rehma Zahid, Ashley Hagerman,
Jessica Hush, Courtney Robison,
Gary Bess, Jennifer Allen, D'neka
Conners, Karen Tate, Matt Plein

Medical Social Workers
Amy O'Brien, Michal Shlom



Advice from Dr Gross

If the patient has been here over 48 hrs, she can see them and clear them. Reach out to her with any Psych patient concerns or questions

Time for each psych patient is important, understanding what got them here and the plan. The repetitive process of answering the psych questions is difficult, because then we leave the room with no emotions. Very "transactional".

Main problems we face are food insecurity, housing, transportation (no more bus tickets or cab vouchers), and low socioeconomic status. We don't have many tangible resources and usually provide a list from the online website.

Patients usually feel "talked down to, not heard". "They are going through a difficult time, and this could be their last hope".

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
SW: 6a - 12a Psych APP: 10a - 8p Psychiatry: 7a - 12p Dr. Gross: 9:30a-7p	SW: 6a - 8:30p Psych APP: 10a - 8p Psychiatry: 7a - 12p	SW: 6a - 12a Psych APP: 10a - 8p Psychiatry: 7a - 12p Dr. Gross: 9:30a-7p	SW: 6a - 12a Psych APP: 10a - 8p Psychiatry: 7a - 12p	SW: 6a - 11p Psych APP: 10a - 8p Psychiatry: 7a - 12p Dr. Gross: 9:30a-7p	SW: 6a - 12a Psych APP: 10a - 8p Psychiatry: 7a - 12p Dr. Gross: Sat 6:30a-3p