

Community Partners

LifeMoves is the largest shelter network in Silicon Valley, operating 26 shelters and a plethora of programs and service sites across the mid peninsula.

Background/Need

Lifemoves staff reports experiencing barriers when trying to address client psychiatric and behavioral disorders. Leadership acknowledges that this is partially due to stigma and lack of knowledge, but would like to explore what other contributing factors. As a result, focus groups were performed and a training program was built to improve staff knowledge of disorders and skills for addressing emergent and non-emergent psychiatric situations.

Project Description

Part II: Exploring Barriers to Successful Client Encounters Around Mental Health

Two semi-structured focus groups were conducted. Questions asked were:

- What barriers exist to supporting clients with mental illnesses at LifeMoves?
- How do these barriers impact your ability to support clients with mental illnesses?

Part I: Improving Competence via Psychiatric & Behavioral Health First Aid Training

In order to assess improvement, a 13 question pre- and post- training survey was administered

- Q1 - Q8 Assessed Knowledge
- Q8- Q13 Assessed Confidence in Skills

Outcomes

Part I: Exploring Barriers to Successful Client Encounters

Staff Knowledge

"I think there's a fine line between being compassionate and enabling people. I just don't know where to draw that line?"

"I get nervous around clients with mental problems because they can be delicate and tricky."

"Sometimes you get a client who is mumbling, and hallucinating and I try building a partnership with them but it's hard - how am I supposed to reason with them?"

Access to Care

"I finally convince a client to see a psychiatrist. We try to make an appointment but the next available one isn't until two months from now. That's it. That patient will probably not go in two months"

"There's a lot of talk about 'resources' but often they are just numbers you call where you MIGHT get an appointment in a couple weeks and hopefully it is not too complicated or far"

Client Perception

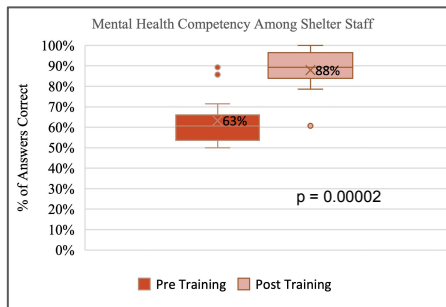
"Lots of clients are not willing to see a therapist or psychiatrist. They look at me and say 'I'm not crazy'."

"I think many clients lost faith in the medical system and don't see how seeing a psychiatrist or therapist will help them."

"A lot of people are scared of taking psychiatric medications because they make you 'feel like a zombie' and generally have a bad rep"

Part II: Improving Competence via Mental Health Modules

Characteristic	Participants (N=13)
Gender (%)	
Woman	31%
Man	69%
Age	
Mean Age (SD)	36.8 (7.9)
Education (%)	
High School/GED/Equivalent	38%
Some College	38%
Bachelor's Degree	24%
Occupation (%)	
Case Manager	54%
Program Director	15%
Resident Service Coordinator	31%



Lessons Learned

- A key to a successful community health project is ensuring that the goals of the project are informed by the community partner and all materials are co-created with the community partner
- Tackling issues in the care for unhoused individuals necessitates a multi-pronged approach

Future Directions

- Continue to administer Psychiatric & Behavioral First Aid Training to Lifemoves staff
- Include Psychiatric & Behavioral First Aid Training in new hire onboarding
- Improve client knowledge and attitudes around psychiatric and behavioral health disorders
- Create robust referral system and resource connections for therapy and psychiatry

Acknowledgments

I would love to thank Lifemoves, especially Philip Dah and Robert Smith for helping me with this project.

I would also like to thank the Valley Fellowship for funding this incredible opportunity.

Thank you!