Treatment, Housing, and Outreach Support for Individuals with Psychotic Disorders

MARCH 2024

INTRODUCTION: With the appropriate support and treatment, people experiencing homelessness and psychosis can recover to live full and productive lives. This fact sheet provides an overview of psychosis and its treatment options, outreach and engagement, de-escalation techniques, and housing retention strategies.

What Is Psychosis?

Psychosis is a broad term that includes a collection of varied, unrelated, and sometimes abnormal experiences. It is common for psychotic symptoms to be associated with a specific diagnosis of schizophrenia, but people can experience these symptoms in conjunction with various psychiatric diagnoses and medical conditions. The onset of psychosis most commonly occurs in early adulthood and can negatively affect social functioning.

Symptoms of psychosis can generally be organized into two categories: positive and negative. In this context, the labels "positive" and "negative" do not represent value judgments or describe the impact of the symptom on the person's life. Instead, positive and negative can be thought of as how a person's symptoms of psychosis compare to a person without a psychotic disorder. Positive symptoms are those that "add on" to what someone without a psychotic disorder may experience, whereas negative symptoms "take away" experiences and capabilities that a person without a psychotic disorder would have. Examples of positive and negative symptoms are described below.

Positive Symptoms

- **Hallucinations** are perceptual experiences that occur without an external stimulus and can present themselves in any sensory modality (e.g., hearing voices, seeing objects, smelling scents). Although hallucinations themselves are only defined as perceptual experiences, individuals experiencing hallucinations frequently hold delusional beliefs about the hallucinations.
- **Delusions** are strongly held beliefs that are not based in reality and do not align with the beliefs of the person's associated cultural groups.
- **Disorganized speech** is often a product of disorganized thinking, whereby individuals have difficulty thinking clearly and organizing their thoughts coherently. Individuals with disorganized speech may have difficulty answering questions, which can become so severe that their communication is not understandable (e.g., they may use words or express ideas connected in meaningless or unrelated ways, use rhyming without a clear message, or use novel words that others do not understand).
- **Disorganized behavior** can present in many ways, such as repetitive and meaningless motions or childlike silliness. Typically, disorganized behavior does not appear to be connected to a goal that is clear to others.

Negative Symptoms

- **Negative symptoms** of psychosis appear as if a certain attribute or capacity was reduced or removed. This category of symptoms includes difficulty experiencing pleasure or interest, reduced capacity to show emotional expressions (particularly facial expressions), difficulty initiating movement or making decisions, social withdrawal, and speaking less.

A large proportion of the population experiences subclinical (i.e., mild) psychotic symptoms at some point in their lives (e.g., hearing a voice call your name, interpreting experiences in supernatural ways, having difficulty communicating due to disorganized thoughts).[1] However, individuals with psychosis may experience more severe, impairing, and frequent psychotic symptoms. Often, these symptoms become a source of preoccupation; influence behavior; and cause disruptions in education, employment, social relationships, leisure activities, or self-care.

What Causes Psychosis?

The exact cause of psychotic disorders such as schizophrenia is unknown. However, experts commonly use the stress-vulnerability model to explain the cause of serious mental illnesses. The model suggests schizophrenia occurs due to a combination of risk factors that increase an individual's vulnerability to mental illness (e.g., genetic or biological makeup, psychological health, early childhood experiences like trauma or early substance abuse) and stress (e.g., life events, long-term stressors like financial or housing instability, social conflict, medical illness).

Psychosis and Substance Use

There is a strong correlation between substance use and psychosis. Research is ongoing, but there is evidence that substance use can increase the onset risk of a psychotic disorder, particularly marijuana when used during early adolescence and in the presence of other risk factors.[2] There are also specific substances, such as methamphetamine or synthetic marijuana, that can induce temporary psychosis. Substance-induced psychosis typically resolves following intoxication or withdrawal.

Individuals who experience multiple episodes of substance-induced psychosis can eventually develop a long-term psychotic disorder because substance use can increase vulnerability to mental illness and is also a physical and psychological stressor. In these cases, individuals may meet the criteria for a psychotic disorder even when they are not actively using substances. The difference between substance-induced psychosis and a psychotic disorder such as schizophrenia can be difficult to determine, particularly when individuals do not experience long periods of sobriety.

From a clinical perspective, it is necessary to assist with and treat both psychotic symptoms and substance use, regardless of their primary diagnosis (substance-induced or stand-alone psychotic disorder). It is especially important to help people experiencing homelessness with psychosis manage their substance use because substances can exacerbate psychosis.

PSYCHOSIS AND TOBACCO USE

Studies have shown that individuals with psychosis have higher rates of tobacco use and nicotine dependence compared to the general population and those with other serious mental illnesses.[3] Thus, smoke-free policies in housing complexes may present a barrier to housing access or retention. Additionally, because tobacco use increases the risk of cancer, respiratory disease, heart disease, and other serious health conditions,[4] care coordinators and housing providers should promote access to culturally and linguistically appropriate tobacco cessation resources to improve these health and housing outcomes.

Resources

- Smokefree.gov | U.S. Department of Health and Human Services, National Cancer Institute [HTML]
- Advisory: Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness: A Quick Guide for Program Directors and Clinicians | Substance Abuse and Mental Health Services Administration (SAMHSA) [HTML]
- What are treatments for tobacco dependence? | National Institute on Drug Abuse [HTML]

Treatment for Psychosis

Psychosis can be treated effectively with medication and psychosocial interventions (e.g., cognitive behavioral therapy, psychotherapy, supported employment, skills training). Individuals experiencing homelessness with psychosis benefit most from a combination of psychotropic medication, care coordination services, supported employment, psychotherapy, and skills training. Additionally, when individuals choose to undergo medication treatment, long-acting injectable antipsychotic medication may improve medication adherence.

Some individuals with psychosis have limited insight and may not recognize that they have a mental illness or need treatment; nonetheless, they may recognize that their current situation does not align with their values, goals, and aspirations. Conversations about treatment may begin with engagement on how the treatment provider can support the individual in achieving their goals. Examples of such goals may include writing a resume, applying for mainstream benefits, reconnecting with social networks, or obtaining housing. Healthcare professionals can work with individuals to identify barriers and find the appropriate interventions. It is paramount to respect the individual's choice and autonomy in making treatment-related decisions throughout this engagement process.

ENGAGING FAMILY AND NATURAL SUPPORT

Social connection and support can be essential for successful treatment, housing stability, and recovery. During the outreach and engagement process, it is important to ask about the individual's social support network, including their family (as they define it), friends, neighbors, and community members, and how they would like their network to support them. If an individual wants to expand their social network, the treatment provider or care coordinator can help to facilitate connections with local peer support groups or community groups with a common interest.

Resources

- National Alliance on Mental Illness (NAMI) Support Groups | NAMI [HTML]
- Early Assessment and Support Alliance [HTML]
- Family Involvement in Programming for Serious Mental Illness | National Association of State Mental Health Program Directors [PDF]

Outreach

Outreach workers, healthcare providers, and peer navigators are critical in building relationships with individuals experiencing psychotic symptoms. When engaging individuals who exhibit psychotic signs and symptoms, providers should discuss their concerns, behavioral or otherwise, in a caring and nonjudgmental manner. Providers should learn to recognize early warning signs of psychosis, especially delusions (false beliefs) and hallucinations (perceiving things that are not real), and tailor their approach according to their observations.

The provider's approach and course of action may depend on the type, frequency, and severity of the individual's symptoms.

- If the individual asks for help from a clinician, work to connect them with local resources.
- If the individual is not ready to engage or does not want assistance from a provider, determine whether they have other natural support or are willing to talk to someone they trust as an initial form of engagement.
- The provider may need to make repeated attempts and patiently build trust with those experiencing homelessness and psychotic symptoms.

Examples of outreach and engagement strategies are outlined in Table 1.

Table 1. Supportive Outreach and Engagement Strategies

Strategy	Examples and Skills to Practice
Respect boundaries.	• Do not touch the person without permission. • Do not try to force the person to talk. • Let the person set the content and pace of the interaction.
Support choice and autonomy.	• Offer available choices, and let the person know you are there to help them feel safe and in control. • Be patient, and allow the person time to process the information before they respond. Individuals experiencing psychosis often need time to develop insight into their symptoms. • Never threaten involuntary commitment; instead, ask what type of assistance they believe will be helpful.
Refrain from setting limits, demanding a response or activity, and denying appropriate requests.	Avoid demands and statements such as the following: • "Calm down; stop doing that." (limit setting) • "Lower your voice; sit down." (activity demands) • "No, you can't do that or have that." (denial of appropriate requests)

Be aware of warning signs that indicate agitation.	Look for changes in the individual's demeanor. Agitation may manifest physically in the following ways: • Breathing changes (e.g., short rapid breaths) • Wringing of hands • Clenching of jaw and fists • Muttering • Making hostile comments
Use positive nonverbal behaviors and verbal affirmations.	Understand that nonverbal communication can enhance and supplement verbal statements. • Maintain an open and non-threatening stance. • Appear calm, concerned, and empathetic. Avoid confronting the person, and do not criticize or blame them for their symptoms. • Respond to them, especially if they produce disorganized speech, in a clear and concise manner using short, simple sentences. • Use affirmative self-talk (e.g., "I can handle this.").

De-Escalation Techniques

When someone is experiencing psychosis, it is possible that interactions can escalate when there are misunderstandings or unclear communication. Verbal de-escalation can be an effective intervention—for example, expressing empathy and validation, attempting to solve problems collaboratively, and providing prompts (e.g., "Let's take a seat, and I can help you solve this problem to the best of my ability" or "Would you like to take a walk around the block? I can help you when you get back."). It can also be helpful to assist individuals in utilizing simple coping skills such as grounding, breathing, or relaxing in stressful moments.

Other strategies may be required when escalation persists. These include asking a supervisor or colleague for support, asking a healthcare provider for support, or seclusion (if applicable to the setting). Hospitalization should be the last resort because it can be traumatizing, and most symptoms of psychosis and agitation can be treated in the moment and in outpatient settings. However, accessing crisis services may be appropriate if the following strategies do not result in effective de-escalation. The 988 Suicide and Crisis Lifeline is a nationwide resource for crisis counseling and connecting to local resources. In some cases, a psychiatric evaluation for potential hospitalization may be appropriate if the individual is at imminent risk of harming themselves or others.

Additional details about support and de-escalation strategies are outlined in Table 2.

Table 2. De-Escalation Techniques

Techniques	Examples and Skills to Practice
Expressing empathy	Express empathy by listening, asking questions, and providing reassurance. • Practice believing the experiences of others, even if you have not had the same experience. We might not all react to a situation in the same way, but it is important to understand that each person's response is grounded in their experiences, even if you would respond differently. • If a delusion were true, how would you feel? If you were hearing intrusive voices, how difficult would it be to complete everyday tasks? Empathy also includes showing that you want to help even when you cannot. If someone asks you to do something you cannot do, use an empathic facial expression, and express that you wish you could help.
Reflective listening	Use reflections to show you are listening and understanding. Rephrase what you hear. You can also echo the underlying meaning or emotion of what someone says, if appropriate. For example, if someone says, "Everything is wrong!" you may reflect, "It sounds like you're feeling overwhelmed and don't know where to begin." • For delusions, reflect the emotional response (e.g., "It appears you are feeling upset because . . ."). • For disorganization, reflect the underlying message or feeling (e.g., "[this topic] seems important to you right now," or, "You seem very stressed right now.").
Validating statements and behavior	Express that their responses make sense, given their belief or understanding, even if you do not agree with their response. Note: for people with delusional beliefs, it makes sense that they would experience emotional reactions in line with what they believe to be true; even if their responses appear disproportionate to reality, their emotions are real. Some examples of validating statements include the following: • "Given your experiences, it makes sense that you would feel this way." • "I can see why you would feel/think . . ." • Provide real or tangible supports that are validating to others, such as getting someone a blanket when they are cold or finding a phone number for someone they are trying to contact and are frustrated they do not have access to. Use "and," not "but." For example, say "I understand you are angry, and I need you to attend the group meeting" instead of "I understand you are angry, but you need to attend the group meeting." In the first example, by using "and," you are validating the emotion; using "but" invalidates the first part that communicates understanding.

Using choice distraction	Foster a feeling of autonomy and control for the person instead of demanding they do something specific (e.g., "stop doing that"). Use the following examples: • "Would you like to sit here OR in that chair over there while you wait?" • "Would you like me to speak with your doctor OR would you like to do so independently?"
Apologizing when appropriate	People are less likely to react physically or engage in aggressive behavior if they feel your sincerity. Use the following examples: • "I'm sorry you had that negative interaction." • "I'm sorry I made a mistake."

Housing Support

There are various strategies to help people experiencing psychosis obtain and maintain housing successfully. Psychotic symptoms can sometimes prompt people to leave their apartments for extended periods, and they may fear returning because of paranoia about being watched in the unit or people entering the unit without permission.

Supportive strategies include the following:

- ➔ Ask (when identifying an available housing unit) the person where they feel safe and in which areas of the community they have natural support.
- ➔ Ask what features in a housing unit would help feel safe and secure (e.g., a high floor or windows facing away from the street).
- ➔ Discuss the potential for paranoia or other symptoms, and plan how a tenant can communicate with program staff if concerns about the unit arise.
- ➔ Conduct regular home visits to check how the tenant feels in their unit or if they have experienced paranoia or fear while in the unit.
- ➔ Engage with tenants who have not resided in their units for extended periods, and brainstorm strategies that would help them feel safe in their homes.
- ➔ Ask tenants about their level of community integration, including their relationships with neighbors, feelings of belonging or isolation, social support, and daily activities.
- ➔ Connect tenants to community resources and social support.

Housing Rights

Homeless services providers should understand fair housing rights for individuals with psychotic disorders. The Fair Housing Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act prohibit housing discrimination against individuals with disabilities, including individuals with mental health, intellectual, or developmental disabilities. Housing providers cannot discriminate against individuals with psychotic disorders based on their disability.

Housing providers can, however, create policies, rules, screening measures, and codes that are applied in the same way to all people. Individuals may submit requests for reasonable accommodations and modifications, which are specific changes to ensure that individuals with a disability have equal opportunity to use and enjoy housing. Where a disability or disability-related need stated in a reasonable accommodation or modification request is not obvious or known, housing providers can ask for more information.

Examples of prohibited forms of discrimination and reasonable accommodations, as well as instructions on filing a fair housing complaint, can be found in the Homeless and Housing Resource Center (HHRC) Fact Sheet: Fair Housing Protections for People with SMI, SUD, or COD [HTML].

Supportive Services and Resources

Connecting someone with non-treatment-related services and resources can be a useful engagement strategy to support their housing stability and recovery goals. The following links may be helpful in locating resources in your community.

Identification Documents

- Helping Individuals Experiencing Homelessness Obtain Identification Documents | HHRC [HTML]

Supported Employment

- Individual Placement and Support is a model of supported employment that helps people with serious mental illness obtain competitive employment in the field of their choosing.

Disability Benefits

- SAMHSA's Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) Technical Assistance Center provides training on how to help someone who is experiencing or at risk of homelessness apply for Social Security Administration disability benefits.
- A Veterans Services Officer or other Veterans Affairs (VA)-accredited representative may be able to aid in filing for VA disability benefits.

Temporary Assistance for Needy Families (TANF)

- TANF Programs by State | Administration for Children and Families [HTML]

Supplemental Nutrition Assistance Program

- Supplemental Nutrition Assistance Program | United States Department of Agriculture [HTML]

Food Security

- Find Your Local Food Bank | Feeding America [HTML]

Learn More

The following resources provide additional information about psychotic symptoms and disorders.

- Serious Mental Illness and Homelessness (online course) | HHRC [HTML]
- Introduction to Psychotic Disorders (webinar) | HHRC [YouTube]
- Outreach and Housing Support for Individuals with Psychotic Disorders (webinar) | HHRC [YouTube]
- First-Episode Psychosis and Co-Occurring Substance Use Disorders | SAMHSA Evidence-Based Resource Guide Series [PDF]
- About Mental Illness: Psychosis | NAMI [HTML]
- Encouraging People to Seek Help for Early Psychosis | NAMI [PDF]

Endnotes

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Learn More about the Homeless and Housing Resource Center

Providing high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

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Disclaimer and Acknowledgments: This resource was supported by the SAMHSA of the U.S. Department of Health and Human Services (HHS) under grant 1H79SM083003-01. The contents reflect the authors' views and do not necessarily represent the official views of, nor an endorsement by, SAMHSA, HHS, or the U.S. government. HHRC would like to thank Gordon Shen, Ph.D., SM; Jack Tsai, Ph.D., MSCP; and Alia Warner, Ph.D., ABPP, for the contribution of their expertise to the development of this resource.

Recommended Citation: Homeless and Housing Resource Center, Treatment, Housing, and Outreach Support for Individuals with Psychotic Disorders, 2024, https://hhrctraining.org/knowledge-resources.