Creating a Mental Health Disaster Response for Homeless Patients at the Boston Hope COVID-19 Field Hospital

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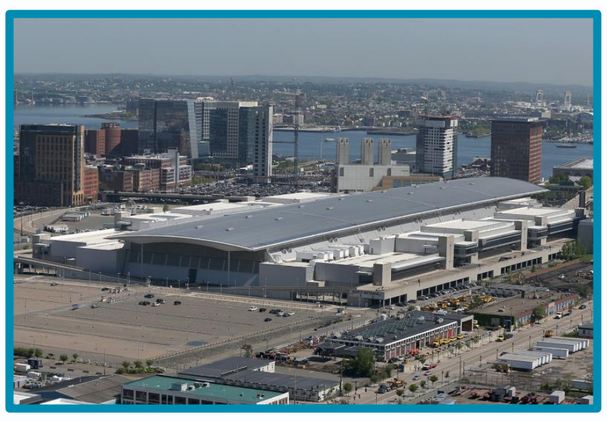
INTRODUCTION

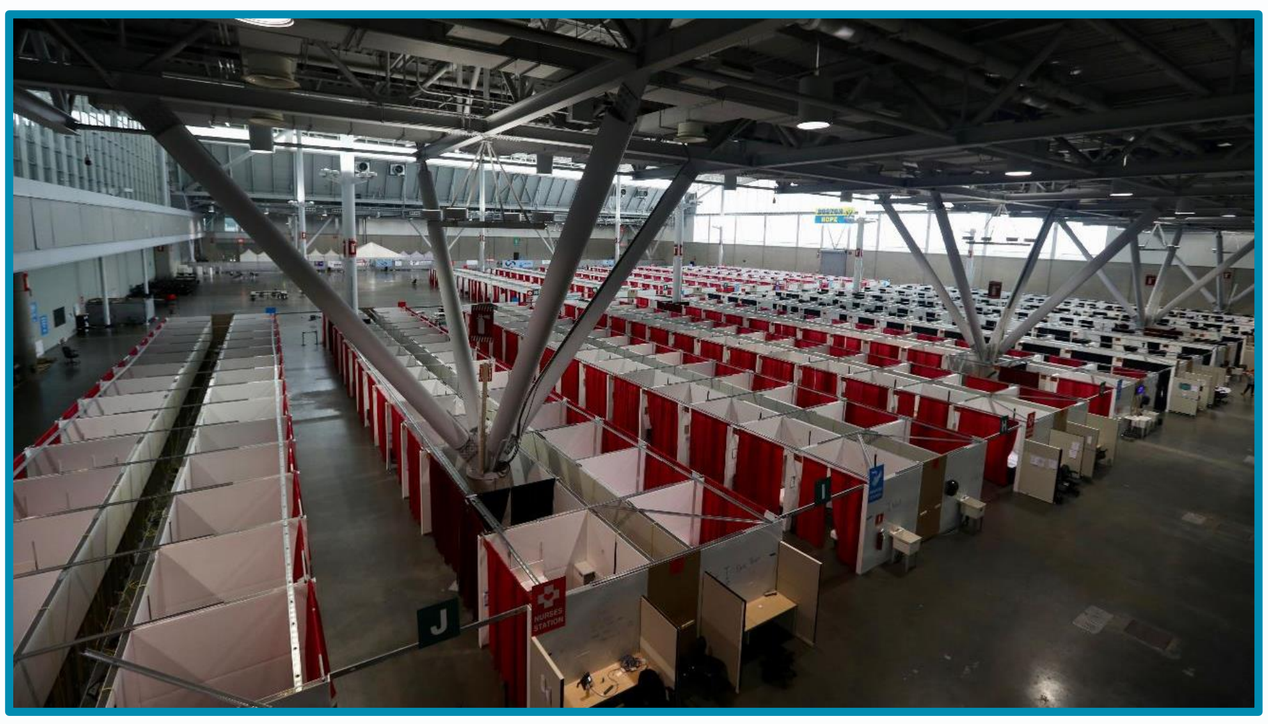
- Homeless individuals experience elevated rates of physical and mental health morbidity, and these disorders combine with their unique social needs to create significant vulnerabilities in disaster settings.[1,2]
- Disaster medicine research, however, has rarely considered the specific needs of homeless populations in emergency planning.[3,4]
- The limited literature on mental health disaster planning for the general population has focused on the use of Psychological First Aid (PFA).[5] Prior to COVID-19, there were no published reports on the use of this paradigm to help homeless patients.
- During the first wave, providers on the ground were left scrambling to innovate new systems of care in an evidence-based vacuum.

METHODS

- In April of 2020, the authors developed and piloted a comprehensive mental health response at the 500 bed Boston Hope COVID-19 Field Hospital.
- The intervention goals included treating psychiatric exacerbations, creating a therapeutic milieu, and preventing undesirable outcomes such as overdoses and suicide attempts.
- This initiative was informed by a review of the existing literature, interviews with patients, and a needs assessment with key stakeholders.
- A team of two social workers and one psychiatrist staffed the site daily.

RESULTS





Complete all 5 activities while at Boston Hope to earn a prize at discharge!

BINGO	Staff place sticker here
Movie Night	Staff place sticker here
Orientation Group	Staff place sticker here
Art Activity	Staff place sticker here
Wellness Activity	Staff place sticker here

- 153 consultations on 60 patients over a 6-week period (19% of census)
- Indications for consultation were anxiety>depression>PTSD>psychosis

Psychological First Aid (PFA) Paradigm

1. Contact and Engagement
Standardized welcome packets, screening for existing providers, immediate team introduction, tri-weekly orientation groups

2. Safety and Comfort
Private rooms, female-only areas, locked belongings cabinets, addiction/trauma-informed and culturally diverse workforce

3. Stabilization
Individual consultations for acute needs, systemic sleep hygiene efforts, fresh-air spaces, display of patients' encouraging messages

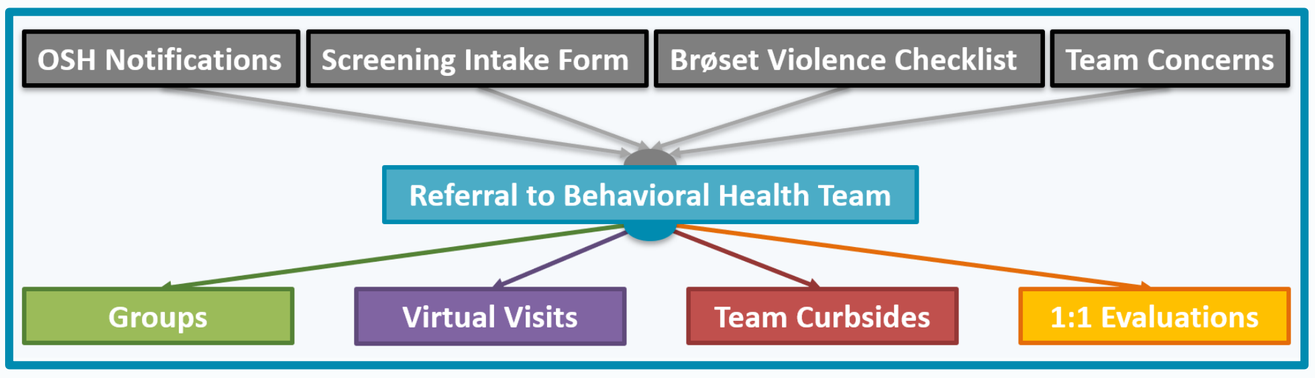
4. Information Gathering
Interviews with medical teams, expert consultants on milieu safety, patient input on quality improvement, peer specialists for groups

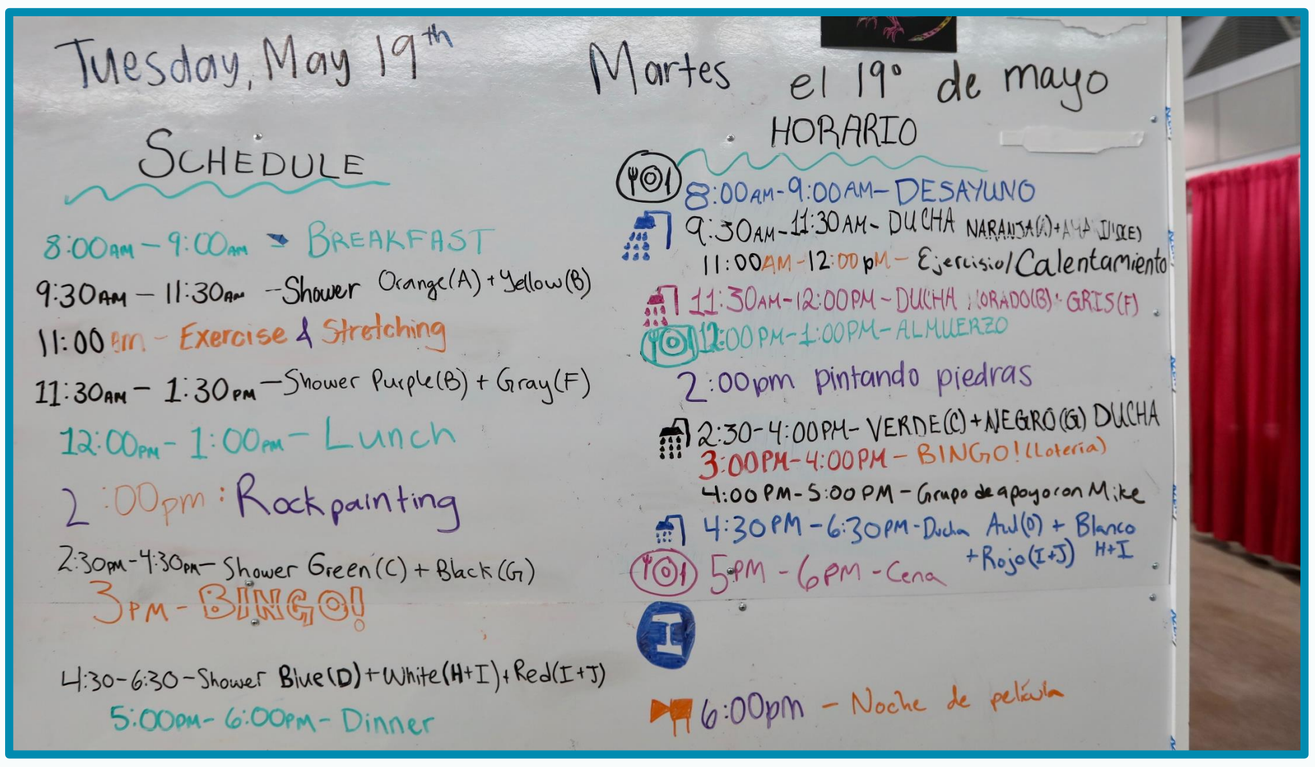
5. Practical Assistance
Donated mobile phones, internet café, tablet access, newspaper and book donations, housing and clothing resources

6. Connection with Social Supports
Recovery and dance groups, movie and bingo nights, positive reinforcement for attendance, connection to providers through telehealth

7. Coping Information
Coping skills and meditation groups, yoga, aromatherapy, expressive arts, stress balls, interfaith and spirituality resources

8. Linkage with Collaborative Services
New community providers, harm reduction services, office-based addictions treatment, government agencies and shelter services





CONCLUSIONS

- A disaster mental health response for homeless patients based on PFA principles provides a practical and efficient model for intervening during a crisis.
- The number of near violent incidents and emergency psychiatric holds fell after implementation, although the rate was too low to allow for statistical analysis.
- Future work needs to evaluate the clinical outcomes of these interventions, their cost-effectiveness, their key effective components, and their acceptability from the perspective of the target population.

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