## Meth-associated psychosis in pregnancy: New Voices



## Disclosures

#### Meth-associated psychosis in pregnancy: New Voices

- Appreciate the challenges of psychosis in community;
   assess the role of hospitalisation
- Identify community programs that can wrap-around care
  - Linking with the medical team
- Describe strategies to support a safe birth experience in the setting of psychotic symptoms

## Lived Experience



## Meth-associated psychosis

#### KIM KLASSEN

- Title
- Organization
- Area of particular specialty

#### **HEATHER WATSON**

- Psychosocial OBGyn
- HSC Women's Hospital
- Stimulant affected pregnancy
- Opioid Agonist Therapy provider

- Director OBGyn Preclerkship
- Max Rady College of Medicine
- MedII Curriculum, EDI

## Psychosis 101

#### Impaired ability to discern what is real and what is not.

- Altered sensory experiences
- Disordered cognitive processes
- Inappropriate emotional responses
- Transformed beliefs out of keeping w own culture
- Disrupted ability to initiate tasks & interactions

## Psychosis 101 - Symptoms

#### **ADDITIVE**

- Hallucinations
- Delusions
- Disorganized thoughts
- Loose-association
- Inappropriate laughter/tears
- Spontaneous outrage

#### **SUBTRACTIVE**

- Blunted emotions
- Demotivation
- Thought-blocking
- Loss of self-expression
- Task inertia
- Social isolation

### Psychosis 101 - Long term

#### **ACUTE**

**Meth-induced** 

RESOLVES WITH ABSTINENCE

#### **CHRONIC**

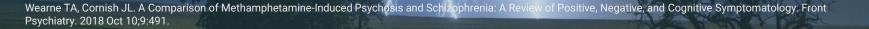
**Meth-induced** 

ENDURES EVEN
AFTER 1 MONTH
ABSTINENCE

#### **SCHIZOPHRENIA**

MORE SEVERE SYMPTOMS

MORE NEGATIVE SYMPTOMS



# 43x

## increased risk of psychosis

# **≞** Form 4

Involuntary hold up to 72h for psychiatric assessment

### **SUBSTANTIAL** RISK OF:

- HARM TO SELF/OTHERS
- MENTAL/PHYSICAL DECOMPENSATION

#### **AND**:

- UNWILLING TO BE ASSESSED
- NOT COMPETENT TO DECLINE ASSESSMENT

# Form 6

Involuntary admission to a psychiatric facility for 21 days

#### **SUBSTANTIAL** RISK OF:

- HARM TO SELF/OTHERS
- MENTAL/PHYSICAL DECOMPENSATION

#### **AND**:

- UNWILLING TO BE ASSESSED
- NOT COMPETENT TO DECLINE ASSESSMENT

#### Psychiatric admission

- Mixed ward
- Daily rounds with psychiatrist & team
  - If in seclusion, stimulation is minimized
- No fetal monitors or doptones
- 30 minutes to transport to Women's Hospital
  - MD may administer sedatives
  - Security may require restraints

ED presentations for meth will be admitted to psych

## of admissions are involuntary

#### Obstetrical admission - Antepartum/Postpartum Units

- Unlocked unit free to leave
- Nurses follow up to 8 patients each
  - Long intervals unobserved
- Staff untrained in early recognition of escalation
- No security on site after hours
- Rooms aren't risk reduced

### Obstetrical admission - Triage/Labour Floor

- Noisy environment with sounds of distress
- Unpredictable rounds, multiple teams
- Abdominal bands to hold on monitors; restricting
- Escalating repetitive pain in labour
  - IV access can be challenging
- May require chemical restraint
  - Transferred to the fetus

## De-escalation protocol

REMAIN CALM	Avoid aggressive postures and prolonged eye contact
	Use a soft, calm and clear voice
	Use plain/non-medicalized language without being
	condescending
	Show compassion
AVOID CONFRONTATION	Listen respectfully and acknowledge frustrations
	Avoid giving opinions on issues beyond your control
	Ask open-ended questions
	Avoid excess stimulation
OPTIMIZE RESOURCES	Consult/trade-off with clinical and allied health team members
	Consider environment and offer neutral space
	Recruit friends/family members (if not present, reach out by
	phone)
	Security as a last resort
MANAGE UNDERLYING DX	Explore solutions with patient
	Consider withdrawal/toxicity as a contributor, consider PRNs
	Consider organic delirium and differential source for same
	Consult services such as psychiatry for diagnostic assistance



# unmet needs: counselling & coping skills

# experienced stigma

#### Meth-psychosis in pregnancy: TOP TIPS & TAKE-AWAYS

- Psychosis does not preclude rapport & trust building
- Link with wrap-around programs to promote stability
  - Think of this as equally important as the OB-referral
  - HOCS, ACT, Life's Journey, CEDVIP
- Consult social work upon admission to start DC planning
  - Low barrier access to recovery programming
- Low threshold for long-acting IM antipsychotics
- Protocolize management of psychosis in non-psych units