



Homeless Link

Outreach Learning Forum

Mental Health

Thursday 31st August 2023
10am-11.30am



Mental Health Curiosity

ELFT Rough Sleepers Mental Health Project

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Plan for today

- Some facts
- How would you approach the care of a person with Mental illness
- What is a mental health crisis and when to access (suicidality)
- How to work with barriers
- How to support a person with MI

Research shows people are around 50% more likely to have spent over a year sleeping rough if they are experiencing mental ill health

NHS England 2023

- Alcohol specific causes accounted for 12.1% of homeless deaths, the second most common cause of death
- Suicide is the third most common cause of death at 10.8%

(ONS 2020)

- A lack of adequate support from mental health services is a key barrier to people leaving the streets and sustaining accommodation once they have done so

(GLA 2018)

More facts

- Psychotic illness are 50-100 times more prevalent than general population
- 50% of homeless people report mental health needs
 - Depression
 - Anxiety
 - Schizophrenia, schizoaffective disorder, Bipolar affective disorder
 - Trauma
 - Personality difficulties and relationship building
 -any other?

Useful resources for information on common mental illness and support – MIND & Royal College of Psychiatrists

Challenges

"The extreme nature of Severe and Multiple Disadvantage was often said to lie in the multiplicity and interlocking nature of these issues and their cumulative impact, rather than necessarily in the severity of any one of them."

Hard Edges (Bramley & Fitzpatrick et. al, 2015)

What are we talking about when we say mental health need?

When a person sleeps rough there is an indication that the person has unmet needs and therefore likely is vulnerable.

The unmet needs may be a mix of social, psychological, physical, mental health, substance misuse needs.

Improving the mental health needs of the person requires an understanding of how these needs impact on the person's ability to function.

Complex Needs



Complex Needs



What is a mental health crisis

Mental health crisis is

- Unique to each person
- a mix of symptoms of mental ill health
- stressors and triggers
- Risk – suicidality, neglect, violence & aggression

What if a patient is suicidal?

Seek advice from – Crisis Lines (NHS 111 option 2),
999, A&E

Mental State Examination (MSE)

Appearance & behaviour	Observing What is the person saying What does the person look like
Mood	'How are you'?
Thoughts and hallucinations	Observing 'What are you thinking about'? 'What worries you'?
Biological symptoms	Eating Sleeping Energy Motivation
Risk	To self, to others, exploitation, neglect

Crisis intervention

- Social network – family/ carer work
- Active listening
- Problem solving/ brief solution
- CBT
- Behaviour activation

.....but how about the homeless?

Recovery and risk

- Understanding different categories of risk in mental health care:
- **Harmful risk** – illegal or not socially sanctioned e.g.: suicidal acts and criminal behaviour. The aim of care is to reduce or help people to avoid harmful risks.
- **Positive risk taking / risk enablement** – person taking on challenges leading to personal growth and development. Taking risks is often part of the service user's journey to recovery

(Slade 2009)

Key Principles to working with people with compound trauma

Homeless Guidance for Mental Health Professionals
– making the most of your support, *Homeless Link/EASL (2020)*

1. Safety

Consider what you can do to make the person feel safe during assessment.

Where possible consider what location, time and setting may provide a sense of choice and control

2. Boundaries

Interpersonal trauma often involves boundary violations and abuse of power

Aim to be clear about your role and the intention behind questions or decisions

Explain your expectations and agree behaviour, where specific challenges are known to exist

3. Respect/Control/Choice

Check what language people prefer to use to describe their challenges and make sense out of their experiences.

Involve the person in considering what kind of support, and from whom, may be appropriate.

4. Information gathering

Ask about what people have to do to survive

Ask what has happened to the person, rather than what is wrong with them, though be mindful that sharing experiences in detail maybe overwhelming

Ask about experiences of past and current trauma and negative influences of power (racism, sexism, homophobia, ageism, poverty)

Remain sensitive to different cultural ways of making sense of trauma

Who is in their support network?
Ask who they turn to in times of struggle.

Ask appropriate questions to identify any potential experiences of brain injury, learning disability and autism.

5. Elastic tolerance

Behaviour is seen as a response to threat and a meaningful expression of distress.

It can be very difficult to attend lengthy meetings. Offer flexible appointment times and some tolerance around missed sessions.

Elastic tolerance does not mean being accepting of unacceptable or threatening behaviour, but may require some prior consideration of how such behaviour can be effectively managed without completely alienating the client

6. Involve the staff team

Consider how you introduce someone from another team
e.g. Praxis/RAMHP

Consider who do they have the best relationship with?

7. Resilience Factors

Find out about
when they are
struggling

What are their
strengths?

What is their
relationship and
engagement in
their community?

What do they like
doing?

How have they
managed to keep
going?

8. Safety plan (different to a risk plan)

Consider with the person what factors are important in helping them to feel safe and what might need to change as part of their safety plan.

Consider how the person is supported

Aim to identify what triggers may be (based on past experience) for re-traumatisation. For example, is being in a small room particularly difficult?

How to work with barriers

- Clear information about concerns - 'knowledge is power'
- Curiosity about services and networking
- Understanding Mental Health Act (and its limitations)
- Understanding Mental Capacity Act (and its limitations)
- Safeguarding processes

Case Studies:



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Case Study 1

Man in mid 50s, rough sleeping on and off for over 20 years. Housing First client, who finds it hard to sleep inside, often found at the bus stop or in the park bushes. Hard to disentangle drug and alcohol use and psychosis. Hears voices of the royal family, who tell him what to do that day. Several prison sentences and under probation. Extreme self-neglect. Abscess in groin, which affects his mobility.

Case Study 2

Woman in early 60s. Slept on night buses and identified as someone with mental health needs by 3rd sector organisation. Moved from borough to borough, difficult to engage, could be hostile, likes to be in control. Daughter very worried about her. Delusional disorder.

Case Studies:



Case Study 3

Woman in 20s rough sleeping in hostile environment on busy street. Would not disclose her identity, hostile to engagement, severe self-neglect, thought disorder and grandiose delusions.

Case Study 4

Man in his late 30s, referred by day centre and not a verified rough sleeper. Probable 4 years of untreated delusional disorder that has led to homelessness and moving around a lot. Delusions about his phone, making it very difficult to find him. Recent deterioration in behaviour and needs mental health assessment, but difficult to locate him and perform assessment.

Case Studies:



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Case Study 5

Woman in early 50s, rough sleeping for over 15 years. Well-known figure in the local community. Continually refused offers of accommodation. Several short hospital admissions under section and inpatient team has considered she has made a “lifestyle choice”. Most recent admission started on olanzapine and has started to sleep inside.

Case Study 6

Man in 30s, rough sleeping since 2019. Isolated sleep site, severe self-neglect, initially hostile to approaches from street outreach teams. History of severe trauma. Really vulnerable, other rough sleepers found him food.

Case Studies: Breakout Groups



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QUESTIONS:

1. What steps would you take to support this individual?
2. What might be the barriers to engagement?
3. What professionals would you need to involve?



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What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

homeless.org.uk

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