Homelessness and Mental Health

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Director of Health and Recovery

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Homelessness

Profile

- c3000 different people sleeping on the street each year in London
- c60% white British and Irish, 40% East European and refugee
- Numbers rising

- Mental health
- 30% diagnosed psychiatric illnesses
- High levels of complex trauma, personality disorder, PTSD
- Poly-substance dependency

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Poor mental health

Population

- 1 - 4% schizophrenia
- 5 – 13% personality disorder
- 11% anxiety disorders and depression
- 1.3% have attempted suicide

Homeless People

- 16 – 30% schizophrenia
- 50 – 70% personality disorder
- 50 – 80% anxiety disorders and depression
- 42% have attempted suicide

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Homelessness and Women

- 66% have a mental health problem
- 55% have a substance dependency
- >50% have physical health problems
- >50% have experienced violence or abuse from family/partner

- 41% rough sleepers have been involved in prostitution
- 45% are mothers

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Homelessness and childhood

- 47% experience of neglect/emotional abuse
- 34% early loss of parents through abandonment, separation or divorce
- 31% early loss of parents through death (including murder and suicide)
- 27% sexual abuse
- High levels of parental alcoholism, drug use, and domestic violence

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Behaviours associated with complex or compound trauma

- Self-harm
- Uncontrolled drug or alcohol use
- Impulsive, careless of the consequences
- Withdrawn, reluctant to engage
- Anti-social
- Isolated
- Aggressive
- Lacking daily structure or routine
- Inability to sustain work or education
- Bullying, or being a victim
- Offending
- Unstable relationships

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Seeking help: poor responses

- 70% had sought help: 11% got help
- Many refused treatment because they used drugs/alcohol

- More people have more than one condition than have only one: many do not meet narrow diagnostic criteria
- Almost no access to psychotherapy, only drugs

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Client perspective

“I did not access much of mental health services (they would not let me), but I used up hundreds of thousands of pounds of other budgets such as housing, social services and substance misuse”

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Poor treatment: results

- Revolving doors
- People's conditions become acute
- People's conditions become chronic
- Lifetime of cost, and costs a lifetime

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Client perspective

“

It began when I realised – it’s quite sad, where I’m at...

”

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Client perspective

“I didn’t want to go initially, thought I didn’t need to see a shrink. I gave it a go and the first few sessions were very informal, unthreatening. I grew to trust her, told her things I haven’t told anyone else. A lot of tears were shed, she didn’t drag it out of me, she listened. I got shit out of my system that I’d been carrying around a long time. There was an underlying burden in my heart that she knew what to do with. Everything I said wasn’t written down and I loved that. It was properly confidential. It was a hard one but it was a good one and if it wasn’t for her I’d be floating down the Thames now.”

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Client perspective

“I didn’t believe in myself, but it seems that other people believed in me; through their belief I could begin to do things.”

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Further information

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So – what's the problem?

People, according to those who know them best, who clearly have mental health problems, but who do not engage with MH services.

Such people tend to be:

- Not admitted for assessment
- Not treated while in hospital (or seen by psych nurses in A&E)
- Discharged early
- …… and, consequently, stuck on the street

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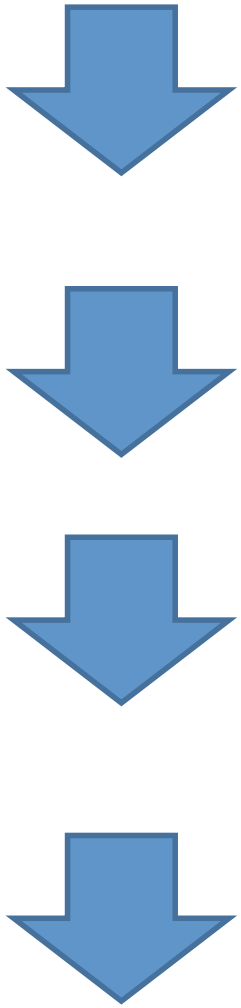
The Pathway



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Mental Health Legislation

- Mental Health Act
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Other Legislation

- Mental Capacity Act
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A Scenario

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Summary

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On the street

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Street Assessment I

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Street Assessment II

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Hospital Admission

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Hospital Discharge

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Mental Health Act 1983

- The legal framework for the admission and treatment of a patient

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  - Health of the patient
  - Safety of the patient
  - Safety of others
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- The patient can appeal against the decision after admission

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Mental Health Act 1983

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Mental Capacity Act 2005

- When they are unable to make or communicate a decision due to 'an impairment of, or a disturbance in the functioning of, the mind or brain'
- If the impairment or disturbance means the person lacks that capacity to make that particular decision

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Mental Capacity Act 2005

-
  - To understand the information
  - To retain the information
  - To use or weigh the information
  - To communicate the decision
-

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Homelessness and Personality Disorder

A Journey towards 'Co-production'

Tri-morbidity

- I am a lead Counsellor for the Westminster Homeless Health Counselling Service, **CLCH NHS Trust**.
- At first I was dismayed that most single homeless patients presented with complex, chronic **'tri-morbidity'**:

- **Physical,**
- **Mental,**

- **Addiction Health issues**

Lack of Engagement

•Also, they wouldn't Engage!

•' Much of the difficulty in helping the homeless mentally ill arises as a consequence of their resistance to engagement'

(**Park et Al, 2002, p855**)

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Shocking Figures

- It is estimated that **up to**:
  - **70% of single homeless** people may have undiagnosed personality disorder (Maguire et al, 2009).

  -78% prison population, has personality disorder (PD).
  - **77% of suicides have PD** (DOH, 2009).
  - **67%** amongst the psychiatric hospital populations. (NIMHE **25%**, 2003).
  - **25%** of **GP attendees** (Moran et al, 2000, cited by Bennett & Kerr, 2006)

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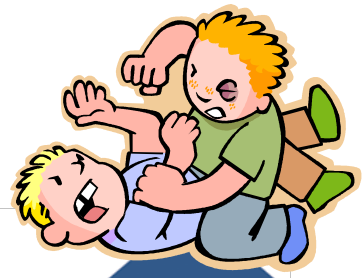
Personality Disorder

•The American Psychiatric Association defines personality disorders as:

relatively stable, enduring, and pervasively *maladaptive patterns of coping, thinking, feeling, regulating impulses, and* ***relating to others*****.'**

(Bleiberg, Rossouw and Fonagy,2012).



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Complex Problems

•People with personality disorders (**PD**) have increased risks of suffering additional mental health problems, such as:

- **anxiety,**
- **depression**
- **substance misuse disorders**
- **Recurrent deliberate self harm**,
-
-

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High Stakes

•PD patients ***will continually up the ante*** ***until the destruction wrought upon themselves or others is so great that it can be no longer ignored, and usually culminates in emergency admissions***

(Burns, 2006).

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Complex Causes of PD

•PD has complex causes:

• ‘multiple **biological**, **psychological** and **cultural** factors contribute to its development’ (Livesely, 2003,).

• A history of **childhood abuse, deprivation, neglect,** appears to be associated with the diagnosis of **PD** (Alwin,2006)

Meeting Paul

- I met Paul on **PD training** course

- Part of the **National PD Framework** commissioned by the **DOH** and the **Ministry of Justice** in Dec **2007**

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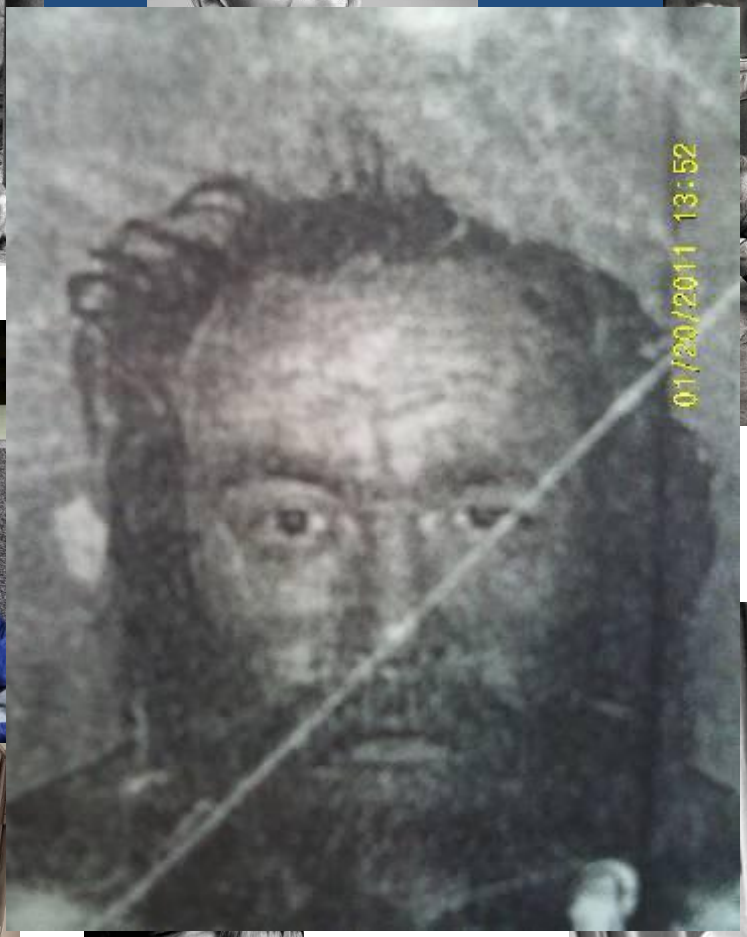

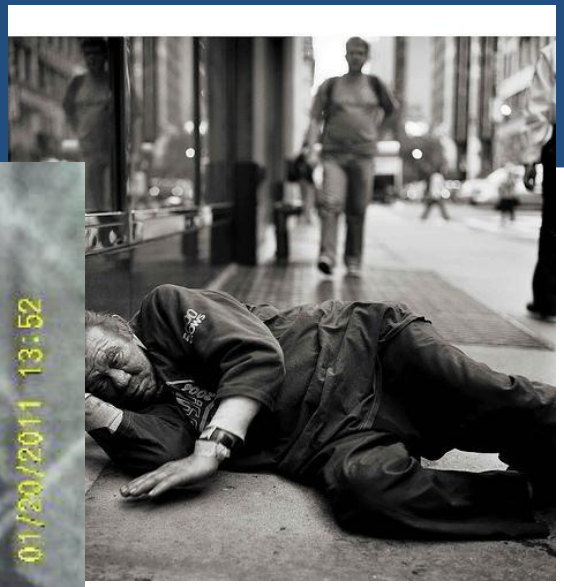

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The Human Face of Despair

•Extensive discussions with Paul taught me the following:

- **Hope and Change are possible**
  - A clinical vignette
  - Five stages of change (DiClemente, 2003).
- **We all share the same needs**
  - Positive psychology and the nature of Wellbeing
  - Outreach support
- **Co-Construction**
  - Connections St Martins in the Fields 'Anger Group'

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Hope

- ‘ **How can you bear it? Hearing all those stories?’**
  - asked me the man in the counselling session, when he’d reached the end of the most grueling narrative I had heard in years.
  - One which by his own admission, after living on and off the streets for ten years, had reduced him to **an animal-like existence knowing brutality and callousness only.**

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Change

•‘ **I can bear it because** I know that however grim, there is always **hope.**

•I **know someone** who was **street homeless** twenty years, **alcoholic,** has **PD** and was in and out of **prison** and **mental hospitals**.

• He is now **settled,** and about to get a **job**.

• He helps me **facilitate support groups** for anger, alcohol, art – you must meet him’.

(**Conolly, 2013**).

DiClimente Five Stages of Change Model

•Individuals do not navigate through **Change** in a **linear fashion**.

•There are many Ups and Downs, and **Relapses**, which must be seen as an **opportunity to learn**. They are normal and to be expected.

•**Professionals & Patients** must not frame it as confirmation of failure, but rather as **a chance to deepen the understanding of the obstacles present and the support needed** on the journey towards self-renewal.

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	Pre-contemplation	Contemplate	Prepare	Action	Maintain
	No thought of Change	Examination of potential for change	Commit to change and Dev a plan	Steps to change Curr Behvs + implmt new Behvs	New Behvs consolidate into Lifestyle
Task	<concerns re current behaviours/circumstances	Consider Rat Ads & Disads of Curr Beh/Cirs	> Commitmt to dev a plan	Implement Change strats	Change sustained
	<awareness of need for change	Consider Emotional Ads& Disads of Curr Beh/Circs	Summon Courage + Compets	Revise plan as needed	Over time 6 mths +
	Identify + challenge defences/Obs to change		Make time + find energy	Sustain in face of challenges	Across diff situations
Goal	Serious consideration of change	Decision to change	A workable plan	New behs 3-6 mths	New Lifestyle

We All Need The Same Things

•For **Seligman**, Prof of Positive Psychology (2011), we **ALL** need to have **PERMA**:

- **P**ositive emotions (on regular basis).
- **E**ngagement (to be completely absorbed in something, lose self-consciousness,)
- **R**elationships (positive ones)
- **M**eaning (belonging to and serving something bigger than the self)
- **A**chievement (accomplishment ,expertise, sense of mastery)

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Sustainable Re-housing

- This has **enormous implications**
  - Could be argued that for some **Street Lifestyle meets PERMA needs**, but in a **destructive** manner.
- Therefore **Change/Re-housing** for these individuals **much more complex:**
  - Many have said that once re-housed they become too **lonely, depressed and bored**, so resume their old habits/lifestyle.
  - Supporting transition to **Constructive PERMA** may help avoid this.

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A little Support

•‘Your service was invaluable to provide really good **emotional and practical support** in the here and now.

•I could suggest stuff (like volunteering for example) **but having X actually able to take her places was so helpful**

•I think that often we encourage the "do it yourself " approach and in fact **if there is someone there to say "I'll go with you" it is much more useful.**

•I think that **without the support** she had she could well **have ended up back in hospital**’.

(CMHN, 2013).

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Co-Production

'Co-production means delivering public services in an **equal** *and* ***reciprocal relationship*** *between* ***professionals***, ***people using services***, *their* ***families*** *and their* ***neighbours***.'

*(*Boyle and Harris,2009,p11*).*

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Peer Co-Facilitation

- Westminster Council approached me to set up an **Anger Management Group** for Homeless People.
- After discussing with **Paul** we agreed to set up an **Anger Discussion Group:**
  - **Drop In** basis
  - Partly modeled on **AA**, **exposure to other people's stories of Struggle & Recovery**

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Feedback

•‘ Particularly striking is the case of one of the participants who initially started coming into the group as a **condition posed on him by his key worker.**

•In time, his **stories changed** from **boasting about the violence he inflicted on other people to recounting the violence and abuse inflicted on him when younger**.

• As I had regular contact with him I could see a **marked difference in his behaviour:**

•he was visibly more relaxed and good humoured, and made attempts to address everyday issues in a **constructive manner**.

•This change may be seen as small by some but it was achieved **within a few months by a person with a deep-rooted anger that seemed impossible to shift**

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Feedback Ctd

•‘Personally, **I don’t think any of this would be possible in a structured program.**

•Some of the participants lead quite a chaotic lifestyle and **the drop-in** nature of the group is appealing because missing a few sessions doesn’t pose a problem for their ability to **fully utilize the sessions they do attend**.

• In terms of the group being facilitated by a **counsellor** in a tandem with a **former service user** gives **it a good mix of guidance and street credibility.**

•The variety of attitudes and experiences with anger amongst the participants mean that **everyone has something to contribute and everyone has something to learn’.**

(**Ewa Kapica**, Project Worker, Connections, St Martins, 2013.)

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Its Official!

Mental Fight Club is Back

...from the brink and here to stay.

Renewed and redeveloped, officially launched on the Golden Hinde last month,
our funding future was still uncertain.....but now we are now thrilled, thanks to a grant from

The Dragon Café is part funded by The national lottery & The Maudsley Charity

The Dragon Café

Monday 23rd April 2012 - St George's Day

The Crypt of St George the Martyr Church, opposite Borough tube.

On this important day, the space will be open daytime for you to drop in, have a cuppa and a dragon-bite to eat, explore the displays and activities, and learn more about our creative programme which we plan to commence on a weekly basis from Monday 1 October 2012. You are welcome to bring your friends, family or anyone you know who might be interested. We will also hold a special evening

Dragon Celebration with Music, Poetry, Song, and Images.

A full invitation to all events with more info to folllow.

heritage lottery fund
LOTTERY FUNDED

Maudsley Charity
Health in Mind

BIG LOTTERY FUND
LOTTERY FUNDED

- I feel that The Dragon Café is the model for the way forward in community mental health recovery and continuing support
- The reason that I think that the Dragon Café should be rolled out as a model for the way forward is Because it's point or purpose is not to cure or to house nor to contain but liberate and free people.
- The Dragon Café is so important Because it is not a place to get well but a place to share
- Another really important thing about the Dragon Café is that mental health issues are not the criteria by which you gain entry, on the contrary all are welcome at the Dragon Café.
- The one thing to remember about the Dragon Café is, it is not a place to find a cure or to be cured nor a place to keep people well. It is a place for people to express through their own creativity what it is like to live with the difficulties that they face on a daily biases.
- The Role of the Arts can, and does have a positive impact on the mental well being of patients . There is a real desperate need for more places like The Dragon Café.

Sarah Wheeler, Founder of Mental Fight Club

http://mentalfightclub.com

& The Dragon Cafe

This is part of a slide show performance that me and ken performed at The Dragon Cafe

Looking to the Future

- **Westminster PD Network**
  - NHS, (incl Forensic Hlth), LA, Community Services, bi-monthly Forum.
- **Community PD Service**
  - Primary Care Ref Point, Day & Crisis Respite Centre
- **KUF PD Awareness Seminars**
- **Network of Peer Co-facilitated Groups**:
  - Anger, including for Women only
  - Alcohol
  - Art
  - Social Inclusion
  - **Peer Led evaluative Research Project**

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Take Home Messages

- **Engagement** with help major challenge for Single Homeless people with Mental Health Issues
- **70% Single Homeless** estimated to have Personality Disorder (PD).
- Extremely few **Community PD services**
- **Dragon Café – a safe space for people to be and to express themselves**
- **Co-Construction** a promising cost effective service delivery model for hard to engage people and **Supporting transition to Constructive PERMA**

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Contact Details

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  - **ashtonpaul100@googlemail.com**

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