An Unhoused Mind: Addressing Unmet Mental Health Need Through The Provision of 'Psychologically Informed Environments' in Homeless Hostels

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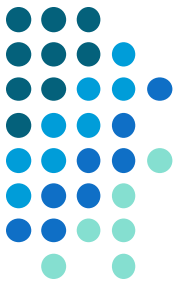
South London and Maudsley **NHS**
NHS Foundation Trust

In Partnership with -

ThamesReach

Lambeth

GUY'S & St THOMAS' CHARITY — A CATALYST FOR INNOVATION IN HEALTH

*"Homelessness – it's not about not having a home. It's about something being seriously f**king wrong."*

Stuart: A Life Backwards (Masters, 2006)

Homelessness and Complex Trauma

- Homelessness is often preceded by trauma, clients present with overrepresented histories of **neglect, abuse** and **traumatic life events**

   > 40% Sexual > 60% Physical > 60% 'in care'

- The relationship is bi-directional - trauma is also a frequent consequence of being homeless, e.g., sexual assault, prostitution, witnessing violence
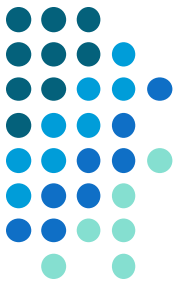
Complex Needs
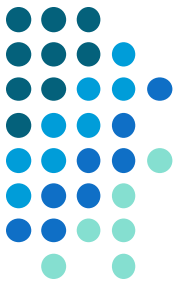
1) High Need

- 70% UK homeless population > PD (40% 2+)
- 50% on-going diagnosed MH problems
- 53% current alcohol, 39% current drug problems
- 75% Forensic Hx
- x 9 commit suicide (42% attempted)
- Life Exp. 47yrs (women 43yrs)

## 2) Multiply excluded; barriers to services

(Maguire *et al*, 2009; Cockersell, 2011; Fazel *et al*, 2008; Rees, 2009; Crisis, 2011).

An Un-housed Mind

- Homelessness – disturbance of relatedness
- Borderline State of Mind
- Claustro-Agoraphobic dilemma (Rey, 1994)
- Intense longing for and profound fear of attachment (Glasser, 1996)
- Lack of 'containment'
- The cocoon of drugs and alcohol

Parallel Processes and System Dynamics
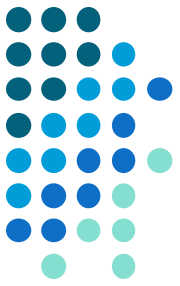
- Internal splits & fragmentations replicated in systems of care (Brown et al., 2011)

- Social Exclusion

- System Avoids Contact:
  'too chaotic', 'too unwell', 'can't make use of'

Holding The Mind in Mind
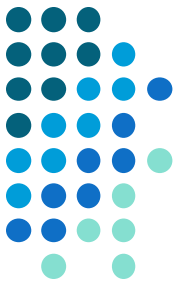
"*The PIE [Psychologically Informed Environment] originally arose out of the need to recognise and to work with the levels of emotional trauma that accompany, and in many cases precede, an individual becoming homeless*"

Robin Johnson and Rex Haigh (2011)

"…*the definitive marker of a PIE is simply that, if asked why the unit is run in such and such a way, the staff would give an answer couched in terms of the emotional and psychological needs of the service users, rather than giving some more logistical or practical rationale, such as convenience, costs, or Health And Safety regulations*"
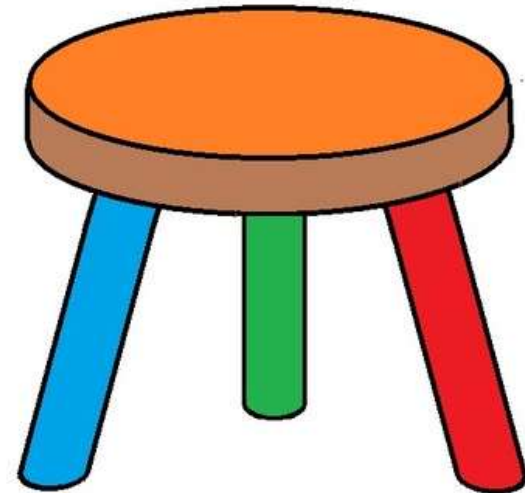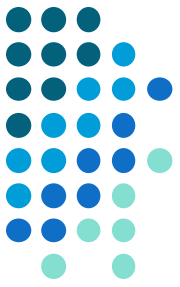
Johnson & Haigh (2011)

Partnership

- Relationships across organizational boundaries

  Health <-> Social Care <-> Third Sector

- Integration > Leading in Partnership

- Building a stable containing relationship framework

- Finding a shared language, i.e., Mentalization

The Provision

- Lambeth Vulnerable Adults Pathway referrals
- Staffing: TR hostel support staff and management;
- 3 NHS Psychologists, 2 NHS Assistant Psychologists, TR administrator, ½ day Consultant Psychiatry,
- Peer Support Service

Three PiH Thames Reach Complex needs Hostels

- n100 (+ Transition Service)
- Repeat histories of abandonment or eviction
- Addiction: 98% used drugs or alcohol, 51% both
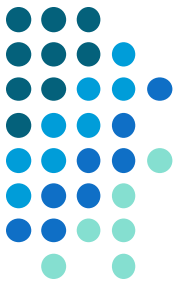- Mental Health: All had experienced MH problems
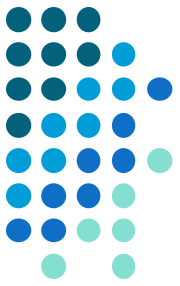
Psychological Model

- Onsite Psychologists
    - > Available   > Flexible   > Familiar   > Creative
- Psychodynamic Framework
    - > MBT/Attachment   > Other models as indicated, e.g. Narrative - Tree of Life

- Understand emotional pressures for hostel staff & residents
- Graded Interventions: slowly decreasing psychological distance
- Access (referral route)

Container: *Hostel & Management Structure*

Shared Leadership Environment

Indirect Work: *Hostel staff level interventions*

MBT training   Consultation

Reflective practice Staff Guidelines

Informal: *Informal activities* **(medial proximity)**

Playing Games   Gardening

Cups of tea   Walking the Dog

Direct: *Formal therapeutic work*

Specialist Ax   1:1 & Group MBT

MBT Art Group   + Other Approaches

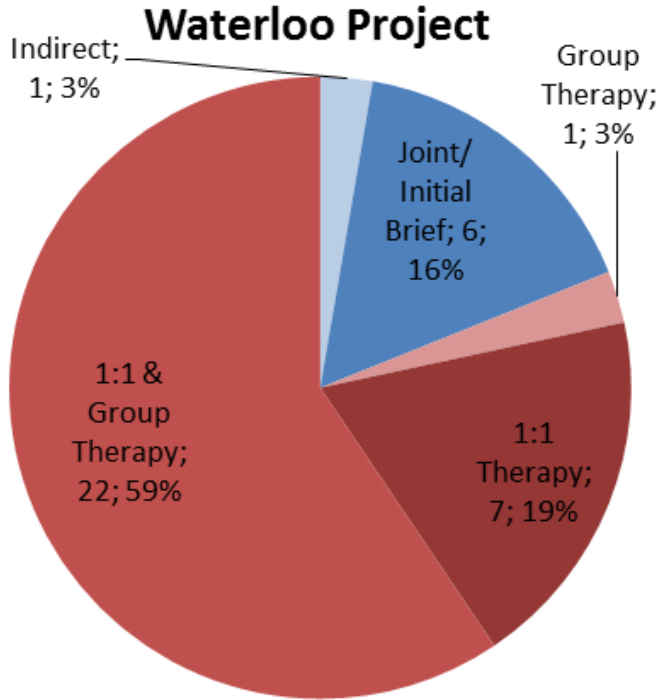# Tom's Story

Outcome and Evaluation
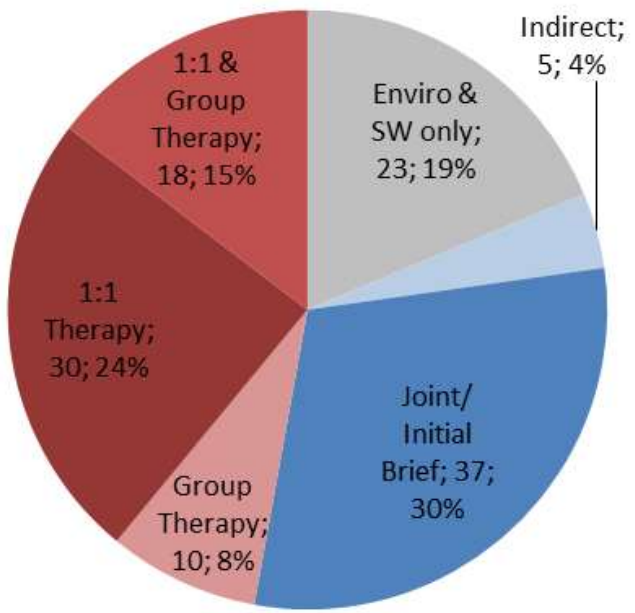
Direct Clinical Activity (2016)

- 8'442 direct clinical contacts completed 2016 (Inl.1:1, groups, brief contacts, joint working SW).

- 1650 formal psychology sessions were offered, **78% attended**

- Notable achievement, considering the nature of the client group and attendance at other services.

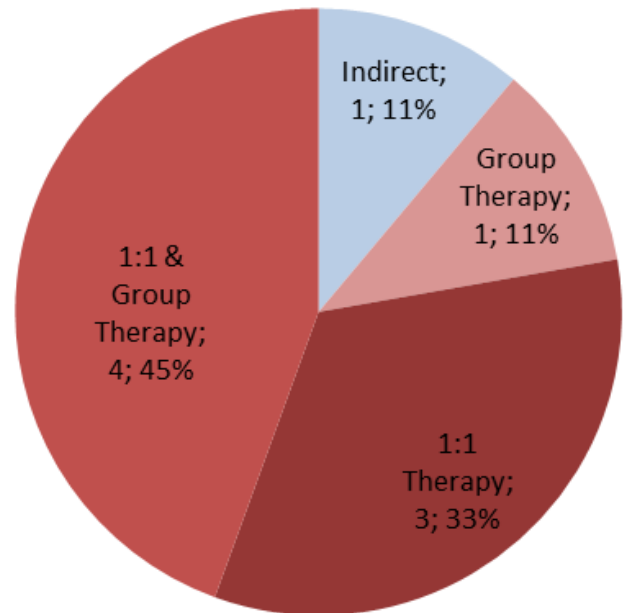- High engagement felt to be due to flexibility, availability, proximity and familiarly of all staff based on site
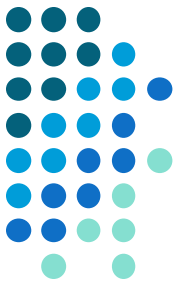
77-98% SU directly engage psychology 2016

Waterloo Project

Indirect; 1; 3%
Group Therapy; 1; 3%
Joint/Initial Brief; 6; 16%
1:1 & Group Therapy; 22; 59%
1:1 Therapy; 7; 19%

Graham House

1:1 & Group Therapy; 18; 15%
Enviro & SW only; 23; 19%
Indirect; 5; 4%
1:1 Therapy; 30; 24%
Joint/Initial Brief; 37; 30%
Group Therapy; 10; 8%

Camberwell New Road

Indirect; 1; 11%
Group Therapy; 1; 11%
1:1 & Group Therapy; 4; 45%
1:1 Therapy; 3; 33%

Indirect Interventions (2016)

- 1150 indirect psychological interventions with hostel staff team *(RP, joint working, case conference/liaison, consultation, training).*

- 40 Reflective Practices completed

- Three 1 day specialist staff training days (*incl. Mentalization, complex trauma, working with risk, Mindfulness, Tree of Life).*

# Steady 51% decrease criminal justice system contact (2013)
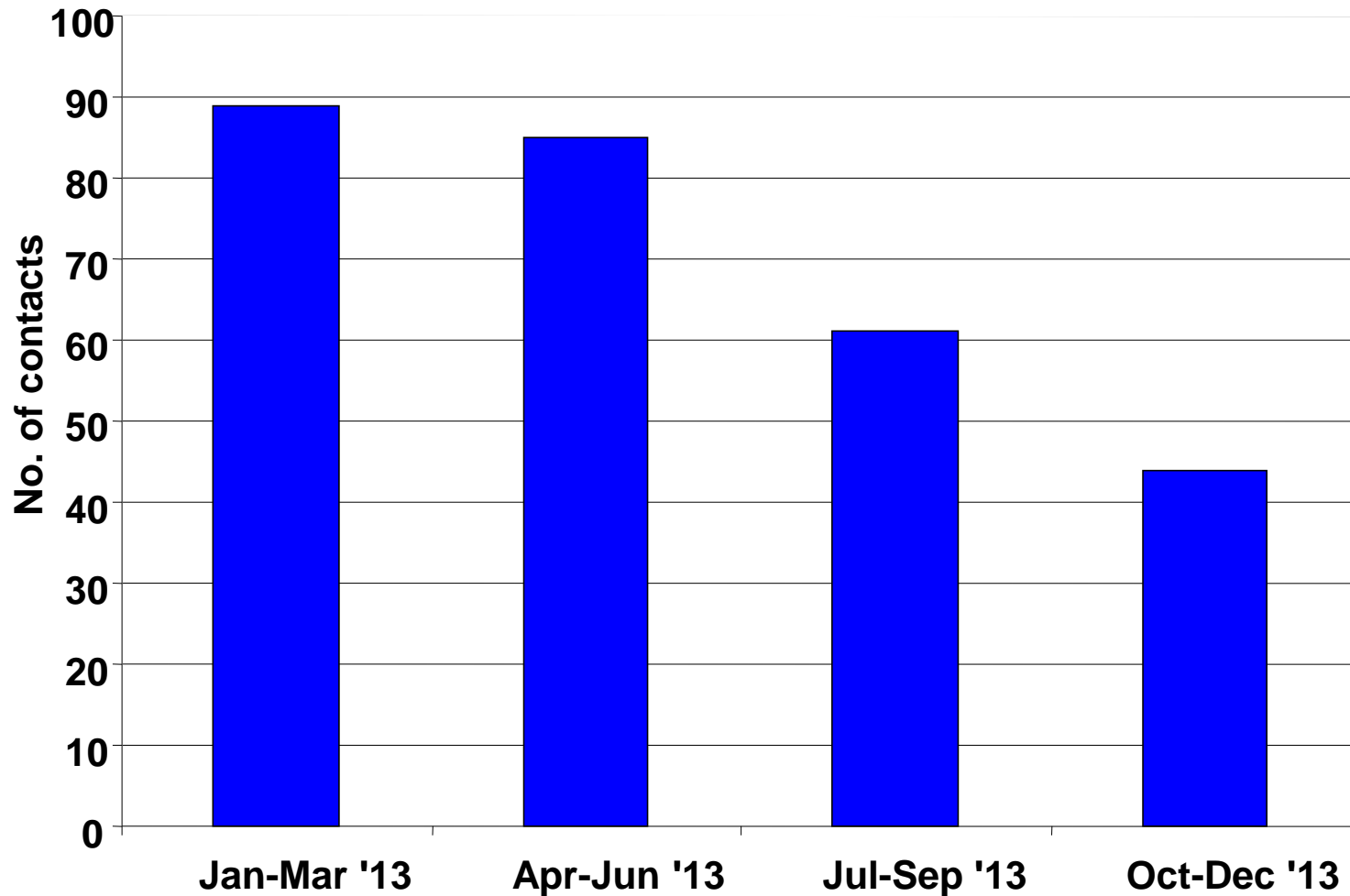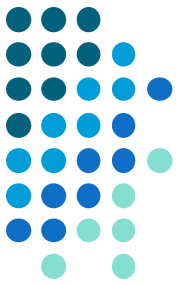
Reduced

- Self-harm
- Aggression & Agitation
- Alcohol use reduced average 22 to 15 units per day
- Overall substance use reduced
- Repeat homelessness for a number of high profile cases historically unable to sustain accommodation.

Increased

- Occupation & Activities of Daily Living
- Physical health and illness

CORE-10 & HONOS
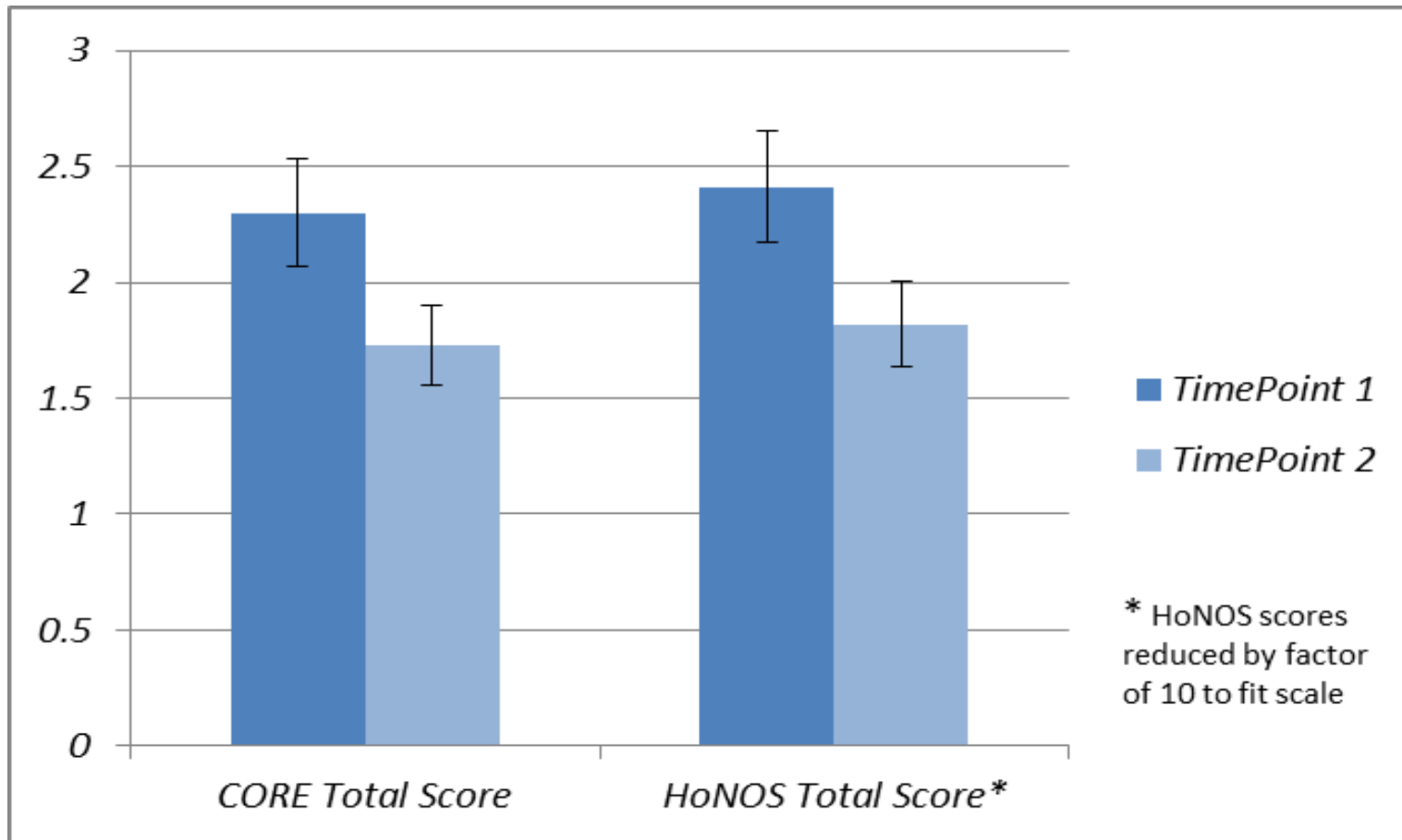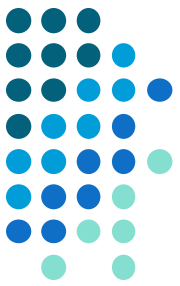
Economic Outcomes

- Archetype modelling - representative sample (n30) of client profiles across hostel pop before and after PIH.

- Acute and emergency health care savings: - 63% hospital inpatients, -27% inpatient admissions, -57% A&E leading to admission, -31% DNA hosp appt & +18% attendance

- Mental health service uses : -50% MH Act Ax, -42% CMHT, -34% Psychiatrist DNA. Increase accessing addiction services +61%, with an associated

- Homelessness: -92% rough sleeping, -41% evictions, £872 per annum pp. Caution – hostel accommodation (temporarily) more expensive

- Criminal Justice: £2,576 pp per yr: -86% prison stays, -78% crown court, -21% arrests, -12% custody
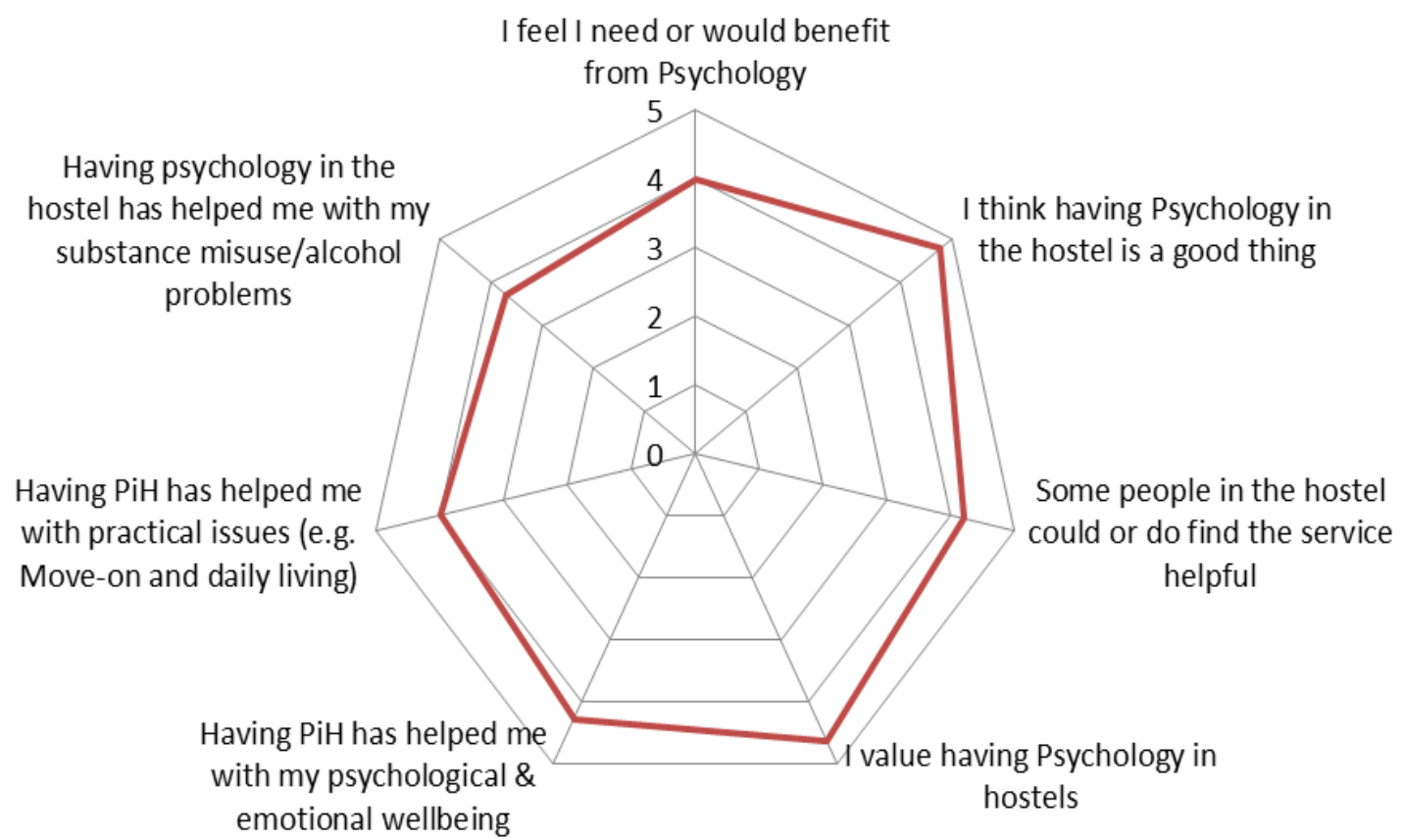
| Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

'I think it's very important to be able to have somebody to go to when you are feeling stressed and unhappy. Seeing a Psychologist has helped me understand my inner self.'

'I think it's good, it's helpful to some people'.

'I have been having individual Psychology sessions when I was in the Waterloo Project. I found them helpful talking about my feelings.'

'It's good having Psychology in hostel. I work with X and we talk about my health and problems. She has helped me so much. Last few weeks have been bad and she has helped. I'm working on my alcohol problems.'
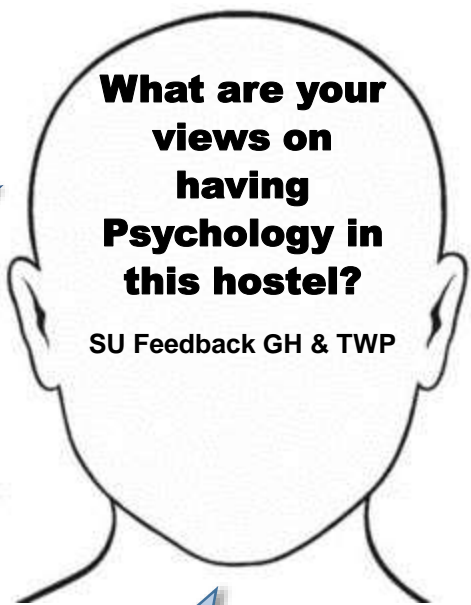
What are your views on having Psychology in this hostel?

SU Feedback GH & TWP

'We need them.'

'I think it's very positive having Psychology in hostel as it motivated and helps people to make positive changes, only if they are willing to use the services.'

'It's a good service for me; it helped me to be happy again.'

'Good, I mean I don't think of having a better service in my hostel because of safety and harm reduction'

Wider Applicability of PIEs…..

- Holding psychological needs at the centre
- Applications in young peoples, MH, Forensic
- Service Integration/Partnership
- NHS 5 Year Forwards View
- Prof Kinderman (President BPS) 'A Healthier Life for All' all Parliamentary Health Group publication– *"We need to see more initiatives like this, greater integration of health and social care, and government oversight of these cross-departmental policies"* (p27)

Acknowledgements

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- **Thames Reach -** Incl. Bill Tidman (Director Operations), Katy Porter (Area Director), Hannah Gaston / Chris Deacon (Area Manager)

- **SLaM -** Incl. Simon Darnley (Lambeth Pathway Manager); Kathy Taylor/ Wil Pennycook (Professional Lead PiH); Luke Mitcheson, (Consultant Clinical Psychologist Addictions),

- **LBL -** Claire Ritchie, Paul Davis, Emma Casey (Hostel commissioners, & initial PiH Commissioners 2012-13)

- Maudsley Charity funding 2014

- **Current Funder (2015-17): Guys and St Thomas Charity**

- Partnership Boards and Steering Group

- Evaluators: Southampton University & Resolving Chaos

- Other liaison Organisations (Incl. SLaM Addiction Consortia, Foundation 66, Health Inclusion Nursing Team, START, YouFirst Team, amongst others)

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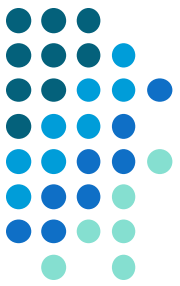
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