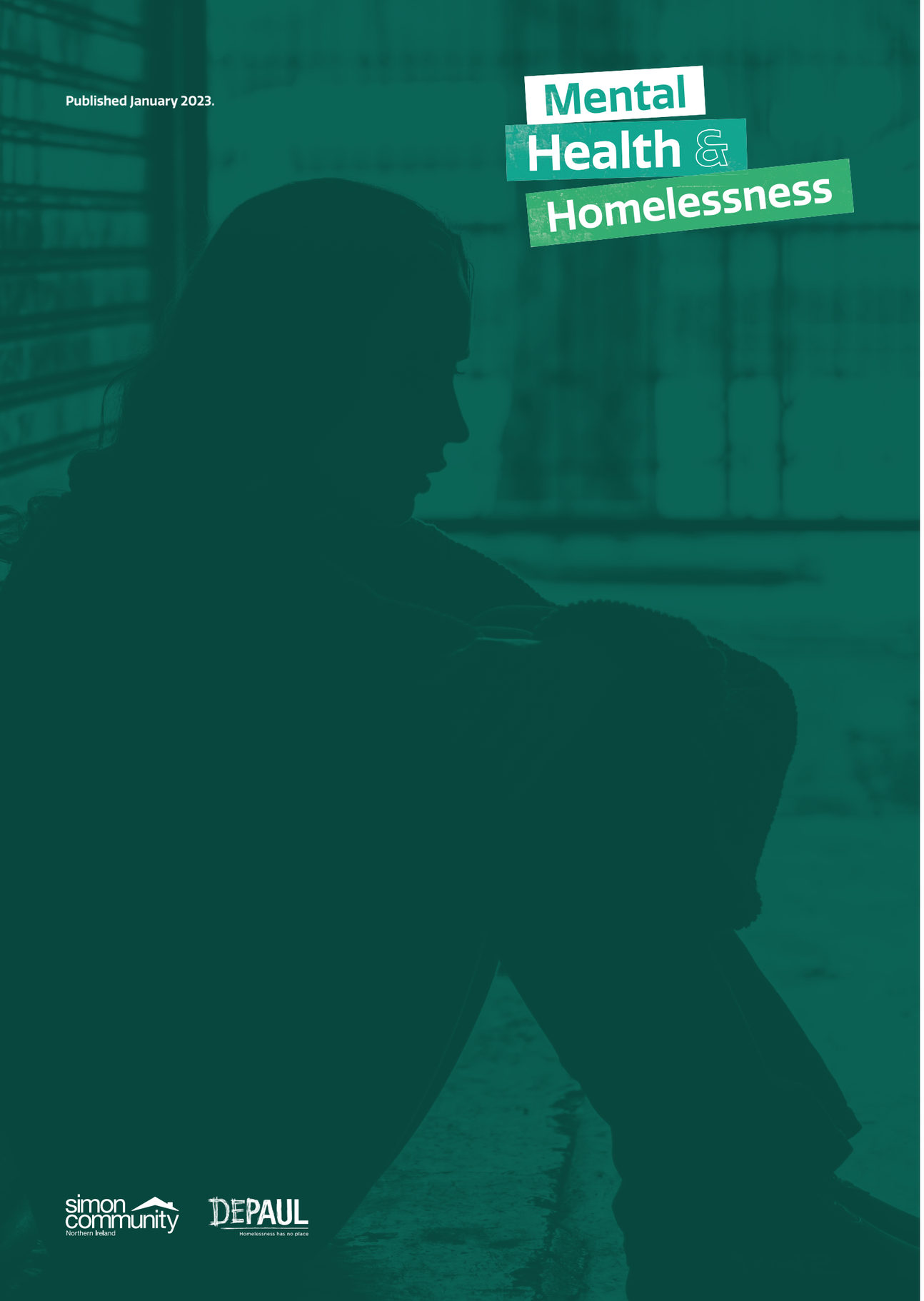
Mental Health & Homelessness

simon community
Northern Ireland

DEPAUL
Homelessness has no place



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Mental Health & Homelessness

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Introduction

Simon Community NI and Depaul, as organisations delivering support and temporary accommodation to people experiencing homelessness across Northern Ireland, have been growing exceedingly concerned about the increase in the presentation of mental health issues among the people we support. Every day we see people struggling with a range of complex needs, with mental health the most prevalent. We are also witnessing, due to layers of multiple disadvantage, people experiencing homelessness not able to access appropriate services in a timely way, and this is something which has been further impacted by the Covid-19 pandemic.

Our vision is for people who are suffering homelessness to get the right support at the right time, to enable their permanent journey out of homelessness.

Our Study

The aim of our study was to gain a greater understanding of the mental health issues of people experiencing homelessness who are supported by Simon Community NI and Depaul. In addition, this needed to be reviewed within a Northern Ireland context, to gain a better understanding of the specific needs of this population, the gaps in service provision, and potential solutions.

We undertook the study in two parts:

To ensure the voice of people experiencing homelessness a survey was undertaken with 170 clients of Simon Community NI and Depaul, exploring their understanding of their mental health and the support they receive.

Secondly, we facilitated a conversation with Homeless Providers across Northern Ireland to understand their perspective of supporting people experiencing homelessness and their mental health needs, and to capture the impact this has on service delivery.

Understanding The Issue

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Understanding Homelessness In Northern Ireland

Homelessness in Northern Ireland continues to a be a significant issue. For the period April 2020 to March 2021; 15,991 households presented as homeless, with 62% (9,889) accepted as Full Duty Applicants (FDA). This is the lowest level in more than 15 years, with an approximate reduction of 5% compared with 2019/2020. Despite the recent decline in the number of households presenting to the NIHE as homeless, there has been a significant increase in the numbers of people being accepted as Full Duty Applicants since 2005. In recent research, staff from the Northern Ireland Housing Executive reported a range of factors that they believe explain the increasing levels of Full Duty Applicant acceptances. These included, people presenting as homeless had increasingly complex needs, the distribution of housing tenure, the availability of affordable and suitable accommodation and the introduction of the housing solutions approach (Boyle and Pleace, 2020).

The number of placements in temporary accommodation has increased year on year, with demand for temporary accommodation increasing by 115% between 2019/20 and 2020/21. The NIHE reported that in the initial stages of the pandemic this was due to Full Duty Applicants who had been making their own arrangements no longer being able to do so, e.g., sharing with family and friends. In the latter stage, NIHE have noted an increase in new applicants due to losing their private rented accommodation or their accommodation not being reasonable (NIHE, 2022). These figures exclude the many that are suffering hidden homelessness, estimated at 100K in Northern Ireland (Gray et al, 2022). This needs to be considered within a context of significant and unprecedented demand for social housing, with 45K household currently on the social housing waiting list, with 30K deemed to be in housing stress. This stark housing and homelessness landscape is set against the backdrop of a pandemic and a devastating cost of living crisis.

15,991 households presented as homeless, with 62% (9,889) accepted as Full Duty Applicants (FDA)

Understanding The Issue

Understanding Mental Health In Northern Ireland

Mental ill-health refers to a behavioural or psychological syndrome that occurs in an individual and affects their mood, thinking and behaviour (Mayo Clinic, 2019). Northern Ireland has the highest rate of mental illness within the UK, with 1 in 5 adults experiencing at least one mental health disorder at any one time; psychiatric morbidity in Northern Ireland is 25% higher than other parts of the UK; the population of children and young people in Northern Ireland have 25% higher rates of anxiety and depression than other UK nations (Office for Statistics Regulation, 2021). Poor mental health in Northern Ireland is associated with the legacy of conflict and a range of socio-economic factors (O'Neill et al, 2019).

If we look at mental health within the population of people experiencing homelessness, we know that there are factors that lead to poor mental health and are experienced by many without a home. These include, childhood trauma, family breakdown, poverty, adverse life events, institutional care (for example, being in prison, being looked after as a child), having limited social support and poor coping mechanisms, use of alcohol and substances. It is not surprising that people experiencing homelessness are more vulnerable to mental ill-health (PHA, 2017). We know that "homelessness can be both a cause and consequence of mental illness" (Perry & Craig, 2015), as mental illness may either be triggered by homelessness due to poor living conditions, anxiety, and stress, or be a causal factor (Mental Health Foundation, 2015). It is clear that there is a complex and significant two-way relationship between mental health and homelessness.

The Supporting People Strategic Needs Assessment commissioned and published by NIHE found that in a census of 1000 people who used temporary accommodation over 50% were reported to have mental health support needs (NIHE, 2020). Homeless support providers agreed that the profile of people presenting as homeless had significantly changed; "the needs of service users have become more complex with addiction and mental health issues that require specialist support" (NIHE, 2020, pg.155). A recent census undertaken by the Simon Community NI found that 79% of 1252 people using their temporary accommodation services presented with mental health issues, with 97% having a condition or illness likely to last more than 12 months (SCNI, 2021).

The Public Health Agency (Northern Ireland) produced a report on the physical, mental and substance abuse issues relevant to homeless people, these were obtained from clients and service providers through a questionnaire (PHA, 2017). The most common mental health issues among homeless people in Northern Ireland included depression, anxiety disorders, suicidal thoughts and behaviours, self-harming behaviours, personality disorders, dual diagnosis, and schizophrenia. Social isolation, stress, and sleep problems also contributed to developing mental ill-health. Comorbidity of these disorders was common (48%) and has been linked to the rise in severity of each diagnosis. Almost all providers (98%) who took part in the study felt that the people they supported had mental health needs different to that of the general population. Reasons for these high rates of mental health issues included family and relationship breakdown, drug and alcohol addiction, trauma, adverse childhood experiences, bereavement, and wider factors such as poverty. In a more recent Housing Executive publication, findings were similar, voluntary and statutory stakeholders agreed that "levels of poor and complex mental health including self-harm, anxiety and depression, suicidal ideation had increased significantly" for those presenting as homeless (NIHE,2020, pg.9). Overall, the high prevalence and severity of mental health issues experienced among people experiencing homelessness is a cause for concern.

> Northern Ireland has the highest rate of mental illness within the UK, with 1 in 5 adults experiencing at least one mental health disorder at any one time.

Methodology

Voice Of People Experiencing Homelessness

A survey was conducted electronically via Microsoft Forms, an online survey platform. Questions were informed through previous literature, and information gathered through insights from Simon Community NI Wellbeing Practioners and Hostel Managers. Relevant questions were designed. Surveys were distributed across clients in Simon Community NI temporary accommodation and those who were receiving support from Depaul in Northern Ireland. This was completed via a link to the form, which was emailed to managers of services. An opportunity sample was used, whereby staff supported clients who were available and happy to complete the survey (either on their own or with support). This was shared on a computer, tablet and for some, paper. The survey was available for completion between the 8th and 15th of November 2021, and 171 responses were received, one of which did not give consent to take part, resulting in a total of 170 answered surveys.

Most questions were closed ended and could be analysed through percentages, whilst some questions were open-ended and allowed participants to write their own answer. In these cases, answers were grouped based on similarity, creating main themes, and then recorded. Closed questions were used to get a quantifiable overview of their mental health experiences to include what the most common diagnoses are, and how many of this population are currently diagnosed with a mental health disorder. Open-ended questions were used in scenarios where their specific circumstances were not listed, and to allow clients to explain their own experiences and feelings, uninfluenced by pre-established lists.

Voice Of Provider Sector

A roundtable discussion on Mental Health and Homelessness on 28th July 2022 was the medium used to ascertain the views and experiences of the homeless provider sector. Over 50 participants attended this event. The event was facilitated to support providers to discuss the issues that they are faced with in relation to supporting people experiencing homelessness and their mental health needs. A range of tools were used to collect data, including round table discussions and polling surveys.

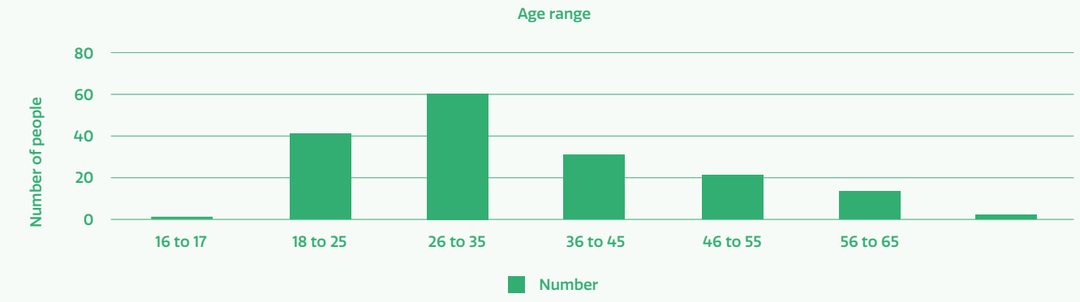
Results

Voice Of People Experiencing Homelessness

Demographics

170 people experiencing homelessness responded to the survey. 146 were from Simon Community NI and 24 were from Depaul. Most participants were male 71% male (n=121), with 29% (n=49) female, no one identified as transgender or intersex. The most common client group defined by age was 26—35 years (35%), one quarter were between 16 and 25 years of age, and 18% were 36 to 45 years. Interestingly, 60% of all participants were under the age of 35.

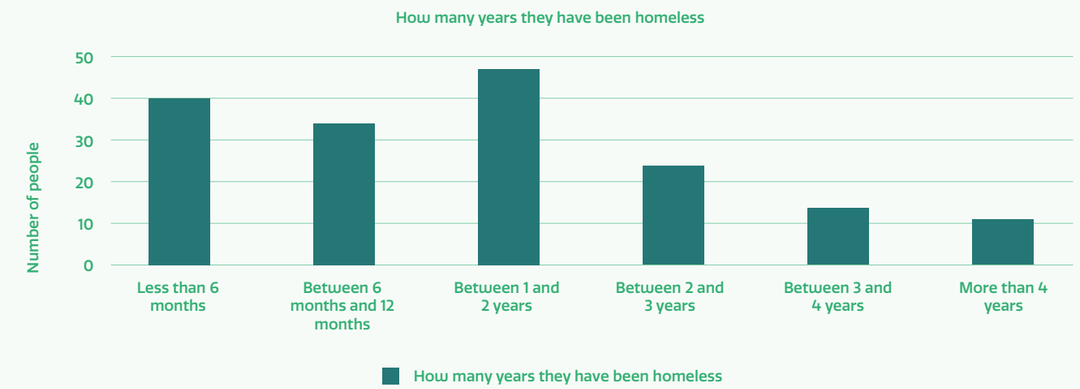
Figure 1: Age range of participants



Time Experiencing Homelessness

Most participants (44%) had been homeless for 12months or less, with 28% experiencing homelessness between 1-and 2 years. 6% of participants had been homeless for more than 4 years (Figure 2).

Figure 2: Time spent as homeless



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Mental Health Rating

Participants were asked to rate their mental health, five categories were offered: excellent, very good, average, fair and poor. The highest self-rating for the quality of clients' mental health was 'poor' (40%), with only 14% saying their mental health is either very good or excellent (Figure 3).

Figure 3: Self Rating Mental Health

During The Past 2 Weeks

Participants were then asked to reflect on the past two weeks and consider some key questions in relation to mental health and its impact.

63% felt sad or depressed often or extremely often

68% believed their mental health had impacted on their relationships often or extremely often

57% stated that their mental health has stopped them from doing things often or extremely often

Only 11% stated that their mental health has had no impact on their ability to function

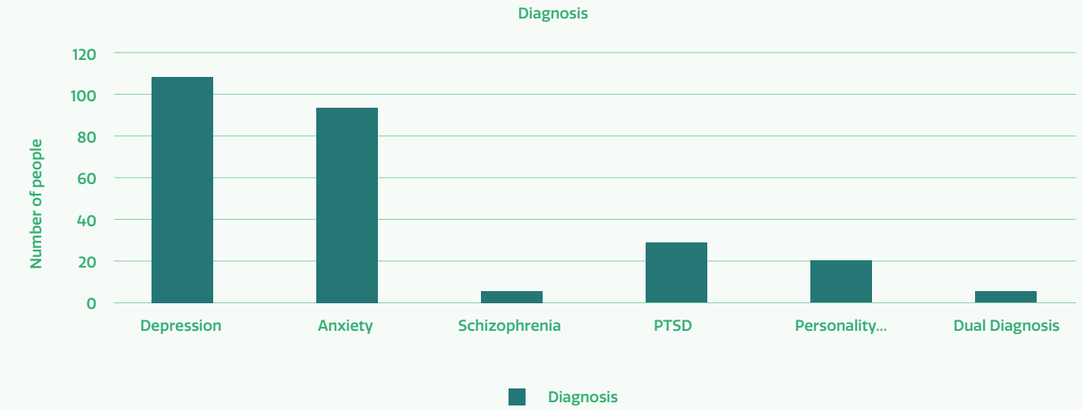
56% of participants rated their mental health as poor or fair, however it is clear that for significantly more participants their mental health impacts their daily life, relationships and ability to function.

Results

Mental Health Diagnosis

- Out of 170 participants 115 (68%) reported they have received a diagnosis for a mental health disorder. This is significantly greater than the 19% seen in the general population (O'Neill et al, 2019)
- Of those with a diagnosed disorder, the majority (84%) received their diagnosis before becoming homeless
- The most common diagnoses were depression, anxiety, and PTSD (Figure 4).
- Ten respondents noted a diagnosis not listed including, bipolar disorder, eating disorder, ADHD, schizoaffective disorder, self-harming behaviour, paranoia, panic attacks, sleeping problems such as insomnia, and nervous breakdown.

Figure 4: Mental Health Diagnosis



Medication

62% of all clients are prescribed medication in relation to their mental health

90% state they take their medication. Reasons for not taking include, bad side effects, forgetting to reorder, street homeless, make things worse, difficult to swallow after overdose

For those clients with a diagnosed mental health condition (n=115) **85%** were currently prescribed and taking medication

Support Participants Received For Their Mental Health

- Out of the 170 participants, almost half (48%) are currently receiving support for their mental health
  - *of those receiving support 30% stated they would like additional support*
  - *of those not receiving support 40% would like to receive support*
- Counselling appears as the service/support most used by participants, with support groups and psychiatric services also featuring prominently (Figure 5).
- Participants noted other supports that they found particularly helpful, these included Simon Community NI/ Depaul Support staff (10), Simon Community NI Wellbeing Practitioner (5),General Practitioner (4), social worker (3).

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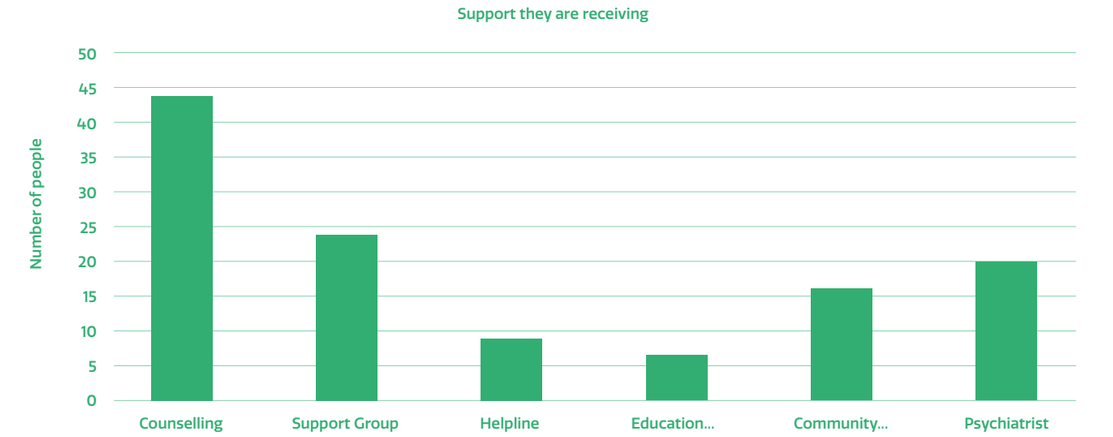
Figure 5: Support received by participants



What Services Are Beneficial

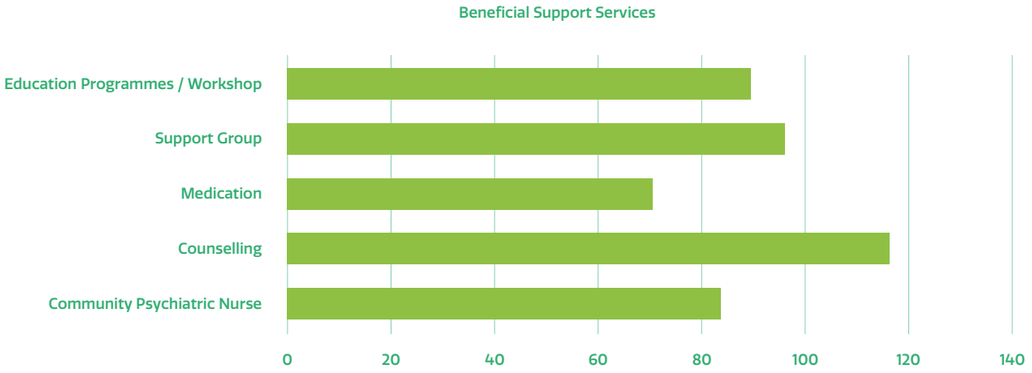
All participants were asked which mental health support services worked best for those experiencing homelessness.

69% of participants believed that counselling was a significant support service for people experiencing homelessness followed by support groups, educational programmes and community psychiatric nursing

42% rated medication as a beneficial form of support

84% of participants believed that activities facilitated by homeless organisations can improve mental health. Participants identified wellbeing activities such as going to the gym, and mindfulness/meditation/relaxation sessions, outdoor activities such as walking, football, swimming, fishing and pet therapy as well as educational based activities including self-care sessions, healthy eating and budgeting.

Figure 6: Beneficial Support Services

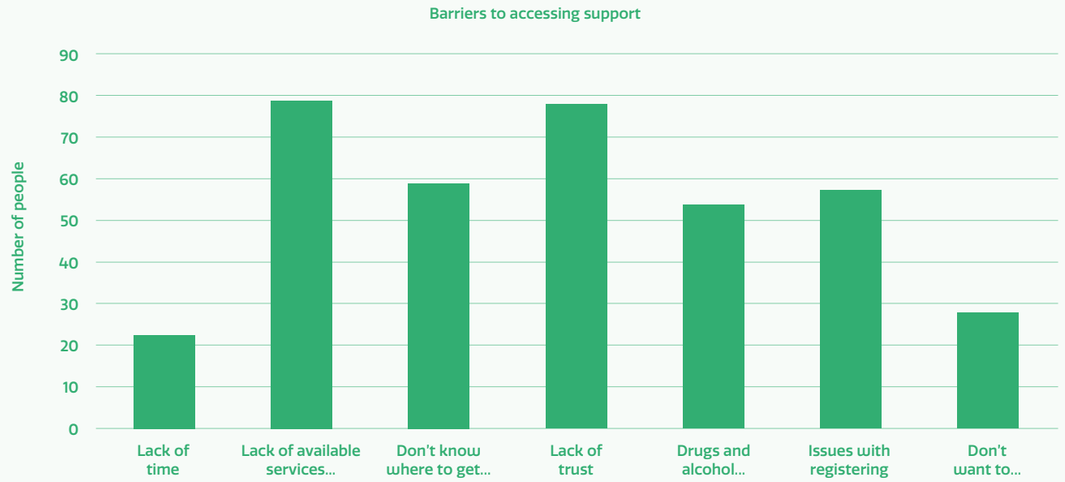


Results

Accessing Support

- Three quarters of participants (75%) believe it is difficult for those experiencing homelessness to access support for their mental health.
- A range of barriers were shared by participants which included both systemic and individual issues. A significant number of participants noted a lack of available services within their area (47%), together with the fact they did not know where to get support (35%), as well as issues around registering with a GP (34%). For many there was a lack of trust in the mental health system and professionals (46%), which created a barrier to accessing services. Almost one third of participants also highlighted issues with drug and alcohol management (Figure 8).
- A range of less common factors were also put forward, these included: having no proof of address or ID, moving to different areas and transport to appointments.

Figure 8: Barriers to accessing support



What Support Should Be Made Available

We asked what support should be made available for those experiencing homelessness. We asked participants to reflect on their personal experience or what they have heard and seen from others. The most favoured supports are as follows; counselling (66%), support groups (57%), education programmes/workshops (55%), Helpline (41%), Community Psychiatric Nurse (38%) and Psychiatrist (36%).

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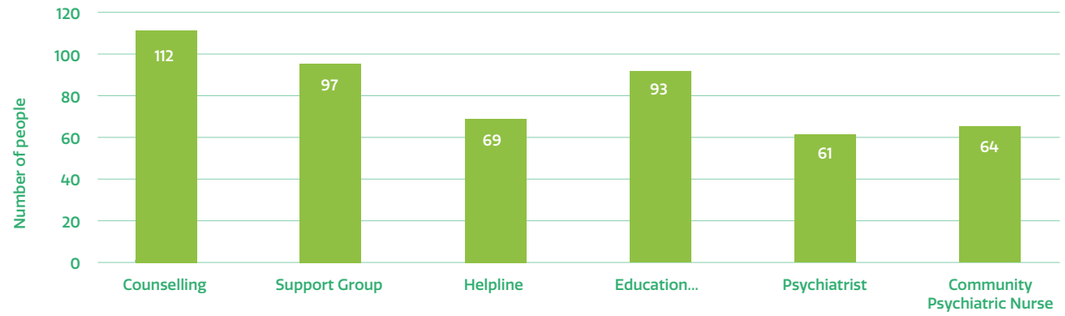
Figure 9: Support that should be made available for people experiencing homelessness



Changing One Thing That Would Improve Mental Health Support

Participants were asked if they were to change one thing about mental health services to improve support for people experiencing homelessness, what would it be. Many solutions were presented:

- A faster process when accessing services
- More accessible services
- Reduced stigma and judgement
- Walk in clinics
- 1-2-1 counselling services
- Support groups
- Mental health pop up tents
- Better access and time with GPs
- No barriers because of drug and alcohol use
- Home visits from Community Psychiatric Nurse
- Addiction services
- Better street and crisis help
- Direct access to treatment
- Accommodating non-English speakers

Results

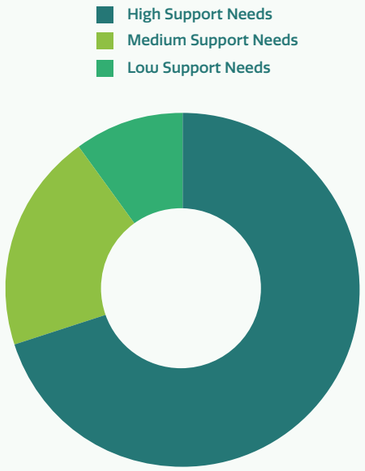
Voice Of Provider Sector

Over 50 participants from the Homeless Provider Sector provided their insights and experiences in relation to the people they support, their mental health needs, challenges with current service provision, and potential solutions.

The Challenges Faced By People Experiencing Homelessness

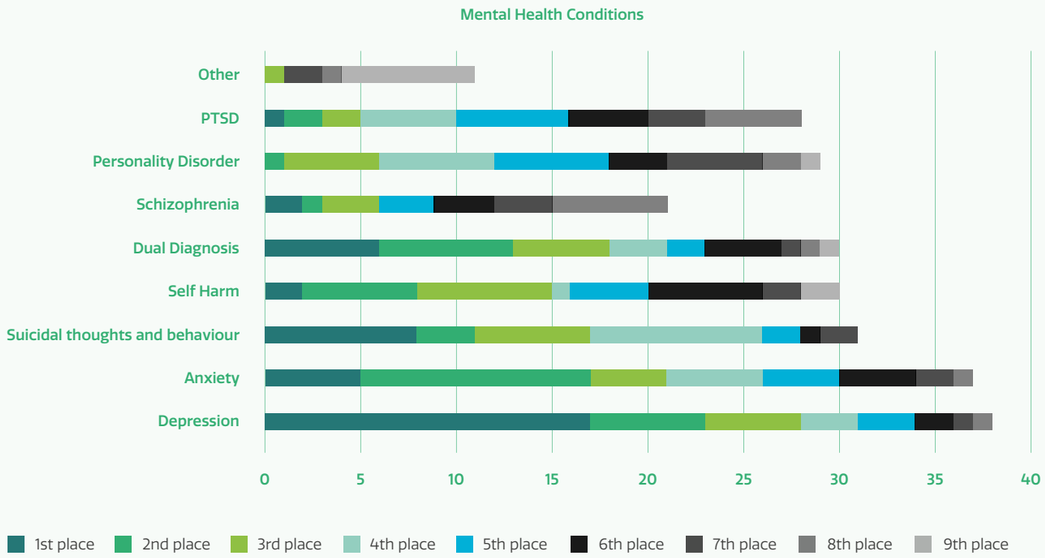
There was unanimous agreement that people experiencing homelessness were presenting with a range of mental health support needs. 70% of providers stated that their clients had high support needs in relation to their mental health.

Figure 10: Mental Health Support Needs as defined by Providers



Providers were asked to rank in order the mental health diagnoses that were present with the people that were being supported in services. A range of mental health conditions were revealed, all of which featured significantly. Depression and anxiety were slightly more common, followed by self-harm and suicidal behaviour, dual diagnosis,personality disorder and PTSD. This highlights the complexity of need but also the breadth of skill base required to support this group.

Figure 11: Mental health diagnosis as reported by Homeless Providers



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History Of Trauma And Complex Needs

Histories of unresolved trauma and complex needs were noted as significant factors in supporting people experiencing homelessness. These included, adverse childhood experiences, mental ill health, substance misuse, relationship conflict/breakdown. Often these issues are further compounded once homeless,the lack of security and having a safe place further negatively impact a person's mental health. The transient nature of homelessness and the moves from one temporary accommodation to another means that clients often repeat their story, and practitioners noted this can often be retraumatizing.

Impact Of Not Having A Home

Participants noted that quite often the busy hostel environment is not conducive to supporting people with significant mental health needs, particularly when they are experiencing a crisis. Providers gave examples of clients who had been in services for more than 4 years and noted the ongoing negative impact living in a hostel can have on a person's mental health. Quite often, the mitigating factors of social support with friends and family cannot be facilitated within the hostel environment.

Providers highlighted that living in hostels can have a significant impact on children, specifically their development, and the effect on their mental health may not yet be fully realised. For those placed in non-standard accommodation with minimal support, providers noted that mental health issues are often exasperated.

People experiencing homelessness have been impacted by multiple disadvantages, of which poverty is central. Poverty is a significant factor when trying to support people to exit homelessness and can have a demotivating impact.

Accessing Services

To attain temporary accommodation people experiencing homelessness often have to move from their local area, and quite often across health and social care trust boundaries. This means re-registering with GPs. Providers noted several challenges:

- People may not have current identification or proof of address which is required for registration.
- GPs may be resistant to taking on new clients, particularly those from hostel accommodation.
- People are at risk of not being able to register at all.
- Furthermore, it takes time to access a GP, which can be detrimental to a person's immediate health needs. There is also a risk that by the time this registration is processed and accepted the person may have moved on.
- Access to prescription medication was also identified as a significant issue, without a GP, or a delay in registration, people were left without medication. It was noted that this led to people experiencing homelessness self-medicating.

As people experiencing homelessness often have multiple and competing needs, appointments can be missed. It was highlighted that the current system has no flexibility or consideration for the unique needs and challenges faced by people experiencing homelessness. It was noted that if people miss appointments, for example with a Community Psychiatric Nurse, they can be removed from the service. The impact of poverty was raised in relation to accessing appointments, whereby people may not have the finance to attend appointments and pay for transport. Whilst it was acknowledged that GP practices were under pressure, the inability to secure face to face appointments was further problematic.

Providers noted that when supporting clients to access support in relation to their mental health who are currently using alcohol and/or drugs, medical professionals frame issues in the context of addiction and refuse to treat without a period of abstinence. Issues of mental health are not always seen or supported.

Mental health issues can escalate very quickly to a point of crisis, with providers and clients unable to access crisis

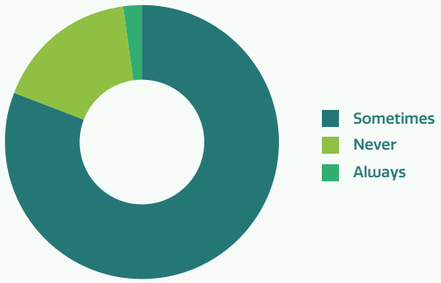
Results

support. Therefore, people are left with no option than to present at Accident and Emergency Departments to receive support or access a mental health assessment. It was the experience of providers that quite often the person has a long wait in Accident and Emergency only to be sent back to the hostel still experiencing significant mental health issues, these included self-harm and suicidal ideation. The pathways to access mental health services are not straightforward and are not meeting the needs of people suffering homelessness.

The negative perception of homelessness was highlighted as a barrier to people accessing services. It was felt that people's circumstances were being judged. This has a knock-on effect in relation to people's engagement with services. Due to their previous experiences, it was reported that people experiencing homelessness lacked trust in professionals and did not feel listened to and consequently did not persevere with engagement in services.

Providers were asked if people experiencing homelessness were able to access Mental Health Services when they need it, 81% stated that this was only possible sometimes, with 17% stating that their clients were never able to access support in relation to their mental health.

Figure 12: Can people experiencing homelessness access Mental health Services



Effects Of The Pandemic

Providers reported that there were more temporary accommodation placements due to lack of social housing. Single lets that are being used to accommodate people are being sold by private landlords due to increasing housing prices. Private rental prices have soared and are now unattainable for people in poverty who are without a home.

It was highlighted that during the pandemic the 'In reach' work by statutory agencies proved successful, examples were given within Joint Commissioned young people services, whereby, one therapeutic team came on site to provide services to LAC within the accommodation and skills training to staff. These skills were then used to support all the young people on project. This service ended as we exited the pandemic. However, it was raised that due to a lack of home visits by professionals due to Covid restrictions support was lacking, and potential risks and warning signs were missed, whose interventions may have prevented homelessness.

Collaborative Working

It was reflected by providers that there is a lack of joined up working, particularly between voluntary and statutory services. The Public Health Agency and the Health & Social Care Trusts could do more to prioritise homelessness and to raise awareness of the scope of the services they can provide to this vulnerable group. Too often good lines of communication between a statutory service and a voluntary service come down to one individual knowing and having a good working relationship with another individual. If one moves on to another role, those lines of communication between services are lost.

Pressures On Staff Within The Homeless Sector

It was identified that staff within the homelessness sector were under significant pressure, with ongoing issues of recruitment and retention. However, managing people with complex needs was compounding these pressures, often placing staff and the people they support at risk. It was reflected that hostel staff are not trained mental health professionals but were supporting people with significant mental health needs, quite often as the only source of support. This has led to staff burnout and staff leaving the sector, but also feelings of helplessness. It was felt that statutory services did not exercise accountability for this vulnerable group and people were left without support or interventions in homeless environments.

What are the solutions?

Access And Flexibility Of Mental Health Provision

Early intervention services were highlighted as a necessity if both the support and system are to be improved. It has been acknowledged that waiting lists for services are affecting the general population, with demand outweighing supply. However, it is accepted that people experiencing homelessness have complex needs and are at the margins of society, and without support will access services via crisis pathways e.g. Accident and Emergency. If access to support services for mental health were more accessible this would reduce the burden experienced by homeless providers and emergency services, providing the support people experiencing homelessness require.

Dual diagnosis services are essential. People experiencing homelessness are often managing issues of addiction combined with mental health. Without services supporting both these areas of need, people will remain stuck in their present lifestyle, exiting homelessness will remain challenging and reoccurring homelessness will remain a reality. If we are to support people to exit homelessness and further prevent reoccurring homelessness people need access to dual diagnosis services or those that embrace a dual diagnosis approach.

Flexibility in terms of mental health service delivery is needed. Mental health appointments went online over Covid, in some cases, this proved very effective with young people, but didn't work as well with older clients who preferred in-person appointments. A hybrid approach should be considered to give people access when they need it. However, it was noted that the reality for many is digital poverty, and many do not have access to a smart phone to avail of these options. Therefore, the issue of digital access also needs to be considered.

Greater support at the point of crisis is needed, both for clients and staff. One example – a client in a hostel was suicidal, making several attempts over the course of a day, before being taken to hospital. They were discharged the following day with a leaflet, back to the hostel. This left staff managing a potential high level of risk, with no direct line to appropriate support/a doctor or mental health professional. Although staff were able, over the coming days and weeks, to get additional support for the client, this lack of support during and just post crisis appears widespread. It was raised that mental health is under-assessed compared to physical health issues. Preventative work should be prioritised to avoid support at point of crisis, with access to a crisis response when required.

Clients need the RIGHT support at the RIGHT time. This includes the right diagnosis with the right intervention. The survey with people experiencing homelessness using Simon Community NI and Depaul services highlighted the high number reporting both the use of and value in counselling. However, one group of providers queried that given the complexity and multiplicity of need among clients whether counselling was enough. They also highlighted the dangers of engaging in surface level support, like counselling, which often ends after 6 weeks (NHS standard), thus leaving a client with a whole host of open emotional and psychological wounds which need a deeper, more intensive type therapy. A range of services are required to support mental health issues.

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A Tailored Response

A tailored response to support the mental health needs of people experiencing homelessness was suggested. This would reduce barriers and prevent the retelling of stories and the trauma associated with this. This response requires investment from the Department of Health, Education and Justice. Options included:

Providers should be funded to provide Psychologically Informed Environment (PIE) or trauma informed environments, with the provision of an in-house counsellor or mental health professional and additional staff training. This requires further investment.

- Hostel being able to make direct referrals to mental health services
- Walk in clinics for mental health support – real alternative to A&E
- An 'in reach' service provided by statutory agencies to hostels and other homeless response provision.

Providers felt that the advantages of having an intentional response for people experiencing homelessness would mean a focus on early intervention and therefore prevention. Service models and support arrangements would be developed specifically to support inclusion. If there were appropriate Mental Health Services, either as in-reach or provided in-house, this would enable hostel staff to offer a range of other activities that would promote wellbeing. Activities on site would reduce feelings of boredom and isolation, combined with mental health services, many felt that this would begin to cultivate hope and a life not entrenched in homelessness. There would be a positive impact on acute services, whereby non-emergency issues could be resolved with local timely support.

Is The Voluntary Sector Equipped To Support People With Mental Health Issues

The voluntary sector is providing essential services and lifesaving support. Voluntary services are doing the best they can, within the limits imposed by wider systemic issues – under staffing (the whole world seems to be understaffed, post Covid), under resourcing which leads to staff burnout, years upon years of funding cuts and increased demand for limited services.

The funding for the majority of homelessness services comes from the Supporting People Programme NIHE the reality of providing support for people experiencing homelessness is that it requires more than housing related support. People enter services with a multitude of complex health and social care issues, of which mental health is the most significant. Voluntary organisations cannot continue to provide support alone. Providers stated that they felt separate from statutory services, reflecting that they are not mental health professionals but yet are left to support people with complex mental health needs. There is a sense that statutory agencies tend to 'pass the buck' in terms of homelessness and that the responsibility often gets batted back to the voluntary agencies

Voluntary services cannot do this alone – a real commitment from statutory services - HSC Trusts and PHA to work together is needed. There have been some good examples of this, Therapeutic work for LAC carried out over the pandemic and NIHE Housing Clinic were noted, but these efforts seem to be sporadic. There are limits to the support voluntary services can provide.

Discussion

Our research has shown that for people experiencing homelessness in Northern Ireland mental health issues are both prevalent and significant. The percentage of men and women represented in this survey are relatively consistent with current statistics (SCNI Census, 2021), with the majority being men (71%). However, women continue to be a growing group within the homeless population. In this sample of people, a quarter were under the age of 25 years, with 60% under 35 years. Youth homelessness continues to be a concern, with exit pathways further impacted by affordability and Local Housing Allowance rates, whereby under 35s are only entitled to a shared room rate, until they meet requirements for a 1-bedroom rate. Most participants had been homeless 12 months or less, however, with the current pressures on the housing and private rented sector, the ability to move out of homelessness is becoming more challenging.

The occurrence of a diagnosed mental health condition within this study (68%) was significantly higher than what is likely to be experienced within the Northern Ireland population (19%) ((O'Neill et al, 2019), with the overwhelming majority (84%) receiving their diagnosis prior to becoming homeless. We know that mental health is a causal factor in the pathway into homeless. Depression and anxiety are the most diagnosed mental disorders among this population, reflected by both participants and providers, with other diagnoses including suicidal ideation, dual diagnosis, and PTSD, also highly featured. These factors seldomly exist in isolation, and for some are also compounded by issues of addiction, highlighting the complexity of needs. The reality of coping with these mental health issues is that different aspects of life are negatively affected including personal relationships and daily activities.

Homelessness is both stigmatising and isolating. Providers highlighted that the busy hostel environment can often be challenging for those with mental health issues, as it does not provide opportunities for mitigation factors, for example social support, family and friends visiting due to the structure of the environment. People experiencing homelessness can often find themselves living in hostels for several years, 28% of participants had been homeless for 2+ years, this places additional stress and anxiety on the individual, adding further to states of poor mental health.

The current system to access mental health support is complex and not unified, as geography may define referral pathways and is not inclusive of individuals who are on the margins of society. The challenges and barriers to accessing support for mental health issues for people experiencing homelessness were clearly outlined by all involved in the study. This ranged from the starting point of accessing primary care, specifically GPs, who are the gatekeepers of other service provision, including access to prescriptions, early interventions, and assessment, and then referral for more specialist services.

The barriers then further mounted for people experiencing homelessness due to a range of financial, structural and individual issues. It was a challenge to access the right support at the right time. People experiencing homelessness do not have homogenous needs. The range of mental health issues that were highlighted as part of this study ranged from anxiety, depression, suicidal ideation, self-harm, PTSD, personality disorder and schizophrenia, which all require interventions to aid recovery. However, due to the inability to access services or the right support at the right time, these issues escalated to point of crisis for the individual, that may have been prevented through earlier intervention.

The complex and traumatic lives of people experiencing homelessness means that for some addiction is a prevalent issue, which further compounds their mental health issues. The lack of a dual diagnosis approach further excludes people experiencing homelessness from accessing the right services, or at times any service, leaving this vulnerable population with untreated mental health issues.

The consequence of being unable to access mental health support saw homeless service providers managing a range of complex needs and issues without adequate training or support. Service providers stated that they were isolated in their work without appropriate support from the statutory sector. Often client issues escalated to a point of crisis and required emergency services to intervene. This provided an emergency intervention and not a solution to the individual's issue. Individuals returned to their hostel with the same challenges. The homeless provider sector is under resourced to manage such complex needs. Providers reflected this was impacting on staff recruitment, retention, and morale. However, the homeless provider sector unanimously wished to work more collaboratively with statutory partners to improve both service response and delivery.

Recommendations

Homelessness is a consequence of multiple disadvantages, with those most vulnerable to homelessness having experiences of poverty, institutional care, adverse childhood and adult experiences, substance misuse and poor mental health. Homelessness is a cross cutting issue. However, the positive interdepartmental response to supporting people experiencing homelessness during the Covid 19 pandemic evidenced the strength and power in collaboration and partnership.

R1: The introduction of a statutory duty to co-operate on relevant departments and statutory bodies across housing, communities, justice, education, health, and social services to prevent and end homelessness.

The Mental Health Strategy outlines a plan to reform current provision, this includes early intervention support, crisis intervention and specialist services, and this must be welcomed as people in Northern Ireland require quality and co-ordinated services in relation to their mental health. However, the strategy fails to adequately consider the mental health needs of people experiencing homelessness. There is no mention of homelessness, its impact and consequences in the strategy. In contrast to other marginalised and vulnerable groups, people experiencing homelessness are not mentioned at any point.

R2: A specific action plan within the delivery of the Mental Health Strategy to ensure that people experiencing homelessness can access the right support at the right time.

R3: Within the Mental Health Strategy providers in the homeless sector should be considered as relevant partners for ensuring improved outcomes for people experiencing homelessness, with mechanisms of service delivery considered in partnership to improve the mental health of the homeless population.

Homeless providers across Northern Ireland are providing accommodation and support that offers a lifeline to people with mental health issues experiencing homelessness. However, there has been no financial investment to enable providers to adequately and safely respond to this growing issue. A key developing practice within homeless services across the UK has been the development of a Psychologically Informed Environment (PIE). This approach has been developed in response to the recognition that the homeless population have and continue to experience, a range of complex needs, including mental health issues, chaotic lifestyles, trauma and rejection. Homeless Link (2017) defines PIE as "services that are designed and delivered in a way that takes into account the emotional and psychological needs of the individuals using them" (pg.4), the result is that people experiencing homelessness can make changes in their lives. These changes are in areas such as managing behaviour, emotional and mental wellbeing, improving relationships with others and a reduction in drug and alcohol use.

R4: Consideration should be given by the Department of Health to implement a Psychologically Informed Environment (PIE) approach in relevant services supporting people experiencing homelessness.

R5: Homeless providers require investment to enable staff training on Trauma Informed Care to better support the complexity of needs and issues experienced by people within homelessness services

Significant concern has been raised during this study in relation to both the needs and service responses for people experiencing homelessness who have both mental health and addiction issues. Urgent action is required now to meet those most vulnerable with co-occurring issues.

R6: A response is required by the Department of Health to provide timely interventions to people experiencing homelessness with co-occurring issues, referral pathways must be improved to enable swift access, with person centred and trauma informed care central to service delivery.

References

Boyle, F. & Pleace, N. (2020). *Analysis of homeless presenters and acceptances.* NIHE. https://www.nihe.gov.uk/Documents/Research/Homelessness/analysis-of-homeless-presenters-and-acceptances.aspx?ext=.

Gray, A., Hamiliton, J., Bell, J. Faulkner-Byrne, L, & McCready, P. (2022). *'Hidden Homelessness'* in Northern Ireland : Simon Community NI. https://simoncommunity.org/assets/pdfs/Hidden-Homelessness_Report_FINAL.pdf

Homeless Link (2017) An introduction to Psychologically Informed Environments and Trauma Informed Care Briefing for homelessness services https://homelesslink-1b54.kxcdn.com/media/documents/TIC_PIE_briefing_March_2017_0.pdf

Housing Executive. (2022). *Ending Homelessness Together-Homelessness Strategy 2022-2027.* https://www.nihe.gov.uk/Documents/Homelessness-Strategy-2022-2027/Ending-Homelessness-Together-Homelessness-Strategy.aspx

Housing Executive (2020), Supporting People Strategic Needs Assessment, https://www.nihe.gov.uk/Documents/Supporting-People-consultation/SP-SNA-Final-Report.aspx

Housing Executive (2020), "Chronic Homelessness Action Plan", https://www.nihe.gov.uk/Documents/Chronic-homelessness/Chronic-Homelessness-Action-Plan.aspx 1

Mental Health Foundation (2015) https://www.mentalhealth.org.uk/blog/homelessness-and-mental-health

Mayo Clinic (2019) https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968
Office for Statistics Regulation (2021) Review of mental health statistics in Northern Ireland https://osr.statisticsauthority.gov.uk/wp-content/uploads/2021/09/Review-of-mental-health-statistics-in-Northern-Ireland.pdf

O'Neill, S., & Heenan, D. &. (2019). *Review of Mental Health Policies in Northern Ireland: Making Parity a Reality.* Unniversity of Ulster. https://www.ulster.ac.uk/__data/assets/pdf_file/0004/452155/Final-Draft-Mental-Health-Review-web.pdf

Perry, J. &. (2015). Homelessness and mental health. *Trends in Urology & Men's Health,* 6(2), 19-21.

Public Health Agency. (2017). *A Picture of Health.* PHA. https://www.publichealth.hscni.net/sites/default/files/A%20Picture%20of%20Health%20Dec%202017_0.pdf

Simon Community NI (2021) Census

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