



HOMELESSNESS, MENTAL HEALTH AND WELLBEING GUIDE

**SECTION THREE:
HOW TO SUPPORT HOMELESS PEOPLE
WITH MENTAL HEALTH AND WELLBEING
ISSUES**

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3.1 PUTTING THEORY INTO PRACTICE

Understanding individuals' mental health and wellbeing issues, and the treatment available, as outlined in section two, will give you a good grounding in knowing how to go on and support clients. This section has been put together to enable you to identify what the best approach might be for your clients. Individual's mental health and wellbeing will vary incredibly in terms of severity across your service and the level of intervention required will also be very different.

You will need to develop ways of effectively assessing and monitoring individuals to ensure you get the right level of support in place and can respond to changes in level of need. This section looks at how you may appropriately assess individuals within your service and outlines the support pathways your organisation should have available.

Remember tools can be useful, but knowing clients circumstances well and having a common sense approach to risk and support needs will ensure you support individuals effectively. Tools should always be used alongside discussion, expert opinion and consultation with clients and other services.

3.2 ASSESSING THE MENTAL HEALTH NEEDS OF CLIENTS

BUILDING A RELATIONSHIP WITH CLIENTS

Whatever kind of support you think an individual may need, it is crucial that you establish a way to work with people. Living in a hostel may exacerbate the likelihood of mental health issues becoming more serious, so monitoring and on-going support is crucial to ensure clients who are 'down' or 'distressed' do not deteriorate. Support workers and housing staff play a large role in improving wellbeing of clients and helping them through key work and informal contact to build resilience and responsibility. The chart below gives some examples and methods of how you can support people through practical on-going support in-house as well as through external referrals. Three key areas to work with clients who cannot or will not get secondary support include resilience, responsibility and engagement:

- **Resilience** – evidence suggests that people who have stronger coping strategies and have developed resilience are more likely to build strong and happy futures for themselves. Many people who become homeless and excluded have not been able to build these skills for many reasons. Resources to help you support clients build resilience include:
<http://www.centreforconfidence.co.uk/pp/overview.php?p=c2lkPTU=>
http://www.bitc.org.uk/community/employability/homelessness/emotional_resilience.html
- **Responsibility** – helping clients to learn how to take responsibility for themselves is a key part to any support worker's role. Life skills workers need to ensure they look at ways to build people's sense of responsibility for themselves.
- **Engagement** – The voluntary sector prides itself in being able to work with hard to reach clients in imaginative ways, however we occasionally feel we have exhausted all opportunities. There are always new ways to try to help individuals make changes. Ensure you celebrate and reward all successes however small they may seem. Keep sharing good practice and supporting one another across various agencies to work together. If people are living in your service or accessing your drop-in they are in one way or another engaging, so make every effort to build on any steps that are taken in the right direction. Your acceptance and tolerance will slowly build trust and hope, which allows people to slowly make positive changes.

Top tip - service user groups

Remember to utilise mental health service user or patient groups as a way to offer extra support to clients and influence the way services are delivered. They may offer advocacy for clients and help you and clients to find out more about how mental services in your area work.

Patient care: <http://www.patientopinion.org.uk/>

ASSESSING NEED

Assessing the mental and emotional support needs of clients is an on-going challenge for support workers. Assessment is important with regards to managing risk, providing suitable support internally and making appropriate external referrals. Assessing need should be an on-going process and should be in conjunction with partner agencies. It is important to remember that it is not support workers' roles to diagnose individuals unless you are suitably trained and working with appropriate supervision in a specifically funded role. However carrying out assessments that establish support needs and indicate risk will enable you to work safely and provide appropriate support to clients. Accurate assessment is an important and skilled aspect of support workers' roles. Time should be dedicated in supervisions, training and team meetings to ensure staff can confidently carry out meaningful assessments. The information in section two of this guide on common diagnosis should help you to learn more about various mental health issues and the impact they can have on individuals.

What should we be asking to assess need?

You will need to make sure you ask appropriate questions about mental health and wellbeing during initial assessments, support planning and risk assessment. You need to feel confident to ask difficult questions if you are going to be an effective support worker. Remember your job is not to diagnose or treat, but to offer the right level of support and referral pathways. Questions areas to incorporate into this paper work include.

- How someone is feeling
- Significant events including relationship breakdown
- Coping abilities
- History of mental health issues
- Sleep
- Food
- Substance misuse
- What someone is doing with their time
- Suicidal thoughts
- Anger
- Lowliness and isolation
- Medication

The Outcomes Star is an example of a tool that provides a great means to start asking about these complex issues, without feeling intrusive. For more information visit:

<http://homeless.org.uk/outcomes-star>

IDENTIFYING APPROPRIATE SUPPORT

Brief screening and referral tool

The tool at appendix one has been put together to establish what we can refer to as *indicative thresholds*, i.e. what various thresholds people have to meet to gain access to various different types of support both external and in-house. Please note this is not a diagnostic tool, but a chart to help you establish what thresholds people meet and the level of intervention an individual may need. The chart by no means covers all individual cases as people's circumstances require personalised responses that do not fit neatly into boxes. However, hopefully the tool will enable staff to decide what direction to start supporting clients in and will help staff feel more confident in their key working sessions. You may wish to develop your own more in-depth tool that is specific to your own organisation.

National Health Service (NHS) tools

There are tools available online that can help you with assessment and supporting clients in-house. For example, the NHS has developed a number of quick online assessments for issues such as stress, depression and anxiety. They may help clients establish whether their needs require support from the GP or an external professional or whether there are lifestyle changes that can be made with your support to reduce the symptoms they are experiencing. Please visit the [NHS website to carry out these simple trials:](http://www.nhs.uk/Tools/Pages/depression.aspx?Tag=Health+assessments)

<http://www.nhs.uk/Tools/Pages/depression.aspx?Tag=Health+assessments>

TAG assessment form

The TAG tool has been put together by King's University and is a quick assessment tool to establish whether someone meets the statutory requirements for mental health support. It is used by GPs and other mental health providers, but may also be useful in a housing setting to help assess need around mental health. This was developed because many services fail to refer to mental health adequately, including GPs, police and voluntary sector organisations. You can also use this tool to help with risk assessment. It may help you to establishing a case for external support by helping you to use language and terminology with which mental health services are familiar.

It assesses need in 3 different areas and may allow you build a case for support from secondary services. The areas it covers include:

- a) SAFETY assesses the level of concern about intentional self-harm (domain 1) and unintentional self-harm (domain 2)
- b) RISK identifies the risk from others (domain 3) and to others (domain 4)
- c) NEEDS AND DISABILITIES assesses survival (domain 5), psychological (domain 6) and social (domain 7) difficulties in the patient's life

To download the TAG resources and accompany documents please visit the website:

<http://www.iop.kcl.ac.uk/projects/?id=10274>

The Recovery Star

The Mental Health Recovery Star is a tool developed by Triangle consultancy and is currently administered by the Mental Health Providers' Forum. It works in a similar way to the Outcomes Star developed for homelessness services, but focuses entirely on mental health and wellbeing recovery. It has 10 different focus areas and can be used as an assessment and key work tool. As mental health services move towards recovery, this will be a complementary tool to use with clients who are engaged in the mental health and homelessness services. It is also likely to be used by charity organisations such as MIND. For more information visit:

<http://www.mhpf.org.uk/recoveryStarApproach.asp>

Good practice example:

Redbridge Places of Change Partnership – Homelessness Common Assessment Form

Redbridge Places of Change Partnership in east London has developed a homelessness common assessment form to enable agencies to work together more effectively with homeless people in the borough, particularly around their health needs (including mental health). The form was designed in partnership with all organisations that are part of the newly developed pathway, from street outreach to second tier accommodation. A Common Assessment Form has obvious benefits in saving time and unnecessary duplication for both staff and clients. The questions around mental health are brief and concise and effectively pull out the main issues that may need to be addressed. The important work is ensuring all agencies are asking the same questions and can therefore use the information in a joined-up way effectively supporting clients. Please find the common assessment framework as appendix three.

ON-GOING SUPPORT AND MONITORING

Clients you support may not show any signs of mental health or wellbeing issues in their initial assessment, however people may need support around dealing with their current circumstances and new emerging issues, so assessments and case reviews need to be done regularly with a focus on mental health and wellbeing. You will also need to put measures in place to offer on-going support and monitoring to ensure if individuals circumstances improve or worsen that you can respond effectively. Using the outcomes star and effective support planning paperwork will help you to monitor how people are doing within your service.

3.3 SUPPORT OPTIONS

As outlined in the tool as appendix one, there are three main options for support:

OPTION 1 – IN-HOUSE SUPPORT

This includes delivering effective key working, looking at what services and support can be offered in-house such as wellbeing activities, sport, exercise, healthy eating, and client involvement. This also includes delivery of awareness-raising work and inviting external partners in to support the work you do.

OPTION 2 - REFER TO PRIMARY CARE

This mainly means referring to the GP, however good practice services may have nurses and doctors onsite who can deliver primary care responses in-house. You will need to be aware of what primary care options your GP has and referral options to effectively support clients to engage with the support available. This will include talking therapies, counselling and CBT. It may also include gym membership, nutrition advice and some types of medication. GPs can also advise on referrals to secondary care provision so relationships and communication is vital.

OPTION 3 - SECONDARY CARE

This includes support from statutory mental health services, where a package of care can be developed for individuals who require this level of support. This may include medication and one-to-one support for a Community Psychiatric Nurse (CPN) or a social worker. This may also mean hospital admission is required as well as support from psychiatrist and doctors.

The next sections of this document outline good practice in how you can:

Implement OPTION 1 IN-HOUSE SUPPORT

Section four: Looks at how to; Develop your internal responses to create a psychologically informed environment.

Implement OPTION 2 and 3 REFER TO PRIMARY CARE AND SECONDARY CARE

Section five: looks at how to; Develop excellent working relationship with providers of primary and secondary care.

APPENDIX ONE: BRIEF SCREENING AND REFERRAL TOOL

This is a mental health referral and screening tool for organisations working with homeless people. Workers can ask questions based around the signs and symptoms listed below. The severity of the issue will identify the support intervention the client may require.

Client	Referral and support options
<p>Sometimes feeling low and isolated (for example spending a bit too much time in your room)</p> <p>Not always interested in seeing other people</p> <p>Occasionally having problems sleeping</p> <p>Feeling sad and low about your current circumstances</p> <p>Not very motivated to change circumstances</p> <p>Don't want to engage in activities in or outside the hostel</p> <p>Occasionally using substances as a way to cope</p>	<p><u>OPTION 1 – INTENSIVE IN-HOUSE SUPPORT</u> Internal support around social networks, exercise diet and support</p> <p>Use support planning tools – make personalised action plans to address wellbeing issues</p> <p>Continue to monitor and ensure client does not deteriorate</p> <p>Use a team approach to check in with client regularly</p> <p>Use tools such as CBT, motivational interviewing and a person-centred approach</p> <p>Ensure they are given information about mental health support, including anti-stigma</p>
<p>Feeling low and isolated a lot of the time (for example spending lots of time in your room)</p> <p>Hardly interested in seeing other people</p> <p>Over or under-eating</p> <p>Having problems sleeping</p> <p>Feeling helpless about current circumstances</p> <p>Very unmotivated to change circumstances</p> <p>Occasionally having suicidal thoughts</p> <p>Using substances often as a way to cope</p>	<p><u>OPTION 2 - REFER TO PRIMARY CARE</u></p> <p>Refer to GP – be aware of the support options they can provide such as counselling, other talking therapies, gym passes, alternative therapies and medication</p> <p>Work with client around utilising GP support; help them to explain how they are feeling before the appointment, perhaps getting individual to write it down. Give clients a copy of any support plans to take with them to the GP</p> <p>Refer to in-house talking or psychological therapies such as CBT if available</p> <p>Plus continue with OPTION 1 support</p>
<p>Displaying behaviour that puts you or other people at immediate risk including self-harm</p> <p>Expressing suicidal thoughts</p> <p>Hearing voices</p> <p>Barely sleeping or eating and showing signs of self-neglect</p> <p>Stopped complying with medication or previous mental health interventions</p> <p>Showing signs of developing a serious mental illness, such as schizophrenia, psychosis and personality disorder (see more detail in section 1)</p> <p>Substance misuse becoming unmanageable</p>	<p><u>OPTION 3 SECONDARY CARE</u></p> <p>Refer to statutory mental health services such as community mental health or recovery teams, the crisis team and in emergency call 999</p> <p>Ensure on-going multi-agency work is embedded in work practice including case reviews.</p> <p>Plus continue with OPTIONS 1 and 2</p> <p>*For more details on making a case for external support see section 5</p>

APPENDIX TWO: REDBRIDGE COMMON ASSESSMENT FORM

Client Details				
Name				
Known as:				
Date of Birth		Age		Estimated? Yes/No
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Transgender <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
NI Number			Mobile. No	
Email address				
CHAIN Number if appropriate		Verified?	Yes / No	
Preferred Language			Nationality	
Spoken English Ability	High		Medium	Low
Borough:				
Address/Sleeping site:				
Ethnicity:				
White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Other white background <input type="checkbox"/>	Chinese <input type="checkbox"/>	
White European <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	White & African <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	
Asian British <input type="checkbox"/>	Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Latin American <input type="checkbox"/>	
Asian Pakistani <input type="checkbox"/>	Other Black background <input type="checkbox"/>	Other mixed background <input type="checkbox"/>	Any other group <input type="checkbox"/>	
Asian Indian <input type="checkbox"/>	Black British <input type="checkbox"/>	Gypsy/Romany/Traveller <input type="checkbox"/>		
Asian Bangladeshi <input type="checkbox"/>	Mixed Ethnicity <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	Declined <input type="checkbox"/>	
Religion:				Prefer Not to say: <input type="checkbox"/>
Sexuality: Heterosexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>		
Lesbian <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer Not to say <input type="checkbox"/>		

List benefit type, current income, weekly amount and date received from		
Type of Income	Weekly Amount	Dates received from
	£	
	£	
	£	
	£	
What ID do you have? If None, why not? (eg No recourse to public funds, failed claim, failed HRT)		
If claiming, which office?		
Does the client have any outstanding loans/debt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<i>(If 'yes' complete below)</i>	

Immigration Status:			
Asylum Appellant	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>
Exceptional Leave	<input type="checkbox"/>	Failed Asylum Seeker	<input type="checkbox"/>
Illegal Entrant	<input type="checkbox"/>	Indefinite Leave to Remain	<input type="checkbox"/>
Other	<input type="checkbox"/>	Overstayer	<input type="checkbox"/>
Not Known	<input type="checkbox"/>		
		Discretionary Leave	<input type="checkbox"/>
		Failed HRT	<input type="checkbox"/>
		N/A	<input type="checkbox"/>
		Refugee	<input type="checkbox"/>

Have you approached a local council? Yes <input type="checkbox"/> No <input type="checkbox"/> Which Council?:				
Housing History – at least the last 5 years				
Address	From	To	Accommodation type	Reason for leaving Please provide details of abandonments and evictions
				How did you become homeless?
Is there any type of accommodation or particular area that you would not consider and if so, why? (eg fleeing violence, family links, ASBO, restraining order)				
Have you been a victim of domestic violence or are you currently fleeing domestic violence?				
When?			Reported to Police?	
Used refuge accommodation?			Details:	
Did you leave your home as a result of a court order or due to an accusation of domestic violence?			Please give details:	

Institutional History

Address	Yes/No	Date of leaving
Armed forces:		
Care:		
Last Prison:		
<p>List of offences that may affect housing options: (eg violent offences, sex offence, arson, known to MAPPA or on supervision/probation order) - type of licence and end date:</p>		
<p>Probation Officer: Name/Office</p>		<p>Contact details:</p>

Links to Other Agencies		
Agency	Name of Worker/Office	Contact Details
Drug/Alcohol Worker/Counsellor		
Advice service (eg. Daycentre, CAB, immigration etc)		
Other: (eg Social worker, keyworker, housing worker)		

Needs Assessment		
Subject	Yes/No	Details
Gambling Problems		
Dog Owner		
Couple		
Anti-Social Behaviour; Do you have an ASBO?		

Physical and Mental Health Issues (specify the client's physical health needs)

Hearing impairment <input type="checkbox"/> Stroke <input type="checkbox"/> TB <input type="checkbox"/> Blind/Sight impairment <input type="checkbox"/> Mobility difficulties <input type="checkbox"/> Out-patient hospital treatment <input type="checkbox"/> Other <input type="checkbox"/>	Notes of physical health needs and details of current treatment:
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Are you currently linked in with mental health services? Yes / No

Have you ever been linked into mental health services? Yes / No

Please give details below of any experiences of mental health problems including any formal diagnosed illness, history of suicide attempts or self harm? (Include details of prescribed medication)

Details of GP and/or other healthcare professionals (eg CPN, psychiatrist, consultant) :

Substance Dependency Issues

	Name of drug/alcohol	Age first used	Frequency of use	Amount used (£/weight/units)	Ever injected (Y/N)	Currently injecting (Y/N)
Problem Substance 1						
Problem Substance 2						
Problem Substance 3						

Comments

Are you prescribed methadone or other treatment? Yes No
Where are you scripted?
What is the script for?

Do you have any health needs in relation to your substance use (eg Hep C)?

Have you been linked to any drug or alcohol support services not mentioned above? Please provide details:

Additional Notes (include information on detox and rehab treatment)

Next of Kin Details	
Name	
Phone Number	
Address	
Relationship	

Any further information?
When and what was your last job? (For CEE nationals, were you registered on the Workers Registration Scheme?)

Client Consent and Information Disclosure Form

_____ (name of organisation) needs to collect information about you and whatever involvement we have with you and work we do on your behalf to make sure we have a proper record of our work. We may also share this information with other agencies responsible for providing services for homeless people, to help you get the services you need and provide important statistics.

Declaration:

I consent to _____ (name of organisation) staff and their agents collating and storing information about me and, when appropriate, sharing, keeping and receiving information with the individuals, agencies and statutory bodies. I understand that I am entitled to see any information kept about me and register my views about anything which I believe to be incorrect.

Name: _____

DOB: _____

Signed _____

Date _____

Birth Certificate Details (if applicable)			
Surname at birth		Clients Forename(s)	
Mothers Maiden Name		Fathers Surname	
Mothers First Name(s)		Fathers First Name(s)	
Date of Birth		Place of Birth *	

Assessor Details			
Name			
Agency Name & Address			
Tel. No.		Fax No.	
Email address		Date completed	

Initial Risk Assessment

Name:

DoB:

Worker's name:

Agency:

1. Are there currently any concerns to indicate immediate risk to self or others?

2. Risk assessment History:

- History of violence
- History of Domestic violence
- History of Suicide attempts
- History of self harm
- History of self neglect
- History of arson
- Recently left – prison
- Recently left – hospital
- History of sex offences
- History of incidents involving the police
- History of mental health difficulties
- Other history [please state]

3. Risk Behaviour:

- Accidental harm
- Heavy alcohol use
- Drug use
- Overdose
- Non compliance with medication
- Self neglect
- Inappropriate sexual behaviour
- Violence toward staff or members of the public
- Violence to other clients
- Abandonment
- Other [please state]

If you tick any box then please give details below.

4. Are there any concerns about potential risks?

5. Are you lacking information/unable to assess for other reasons? Any follow up action required?

Signed by person completing the assessment:

Date completed:

Risk Management Plan and Follow-up notes:	
Please state measures to manage risks identified in Initial risk assessment (who is at risk, from what, by whom and steps to lessen the risk)	Done Y/N
Who needs to be informed:	
Any follow up work/information: Date:	Signed:

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Actions to be completed (e.g. obtain ID, benefits, referral to rolling shelter, hostel etc)	
1.	
2.	
3.	
4.	
5.	