

# HOMELESSNESS, MENTAL HEALTH AND WELL-BEING

## TOP TIPS FOR WORKING WITH STATUTORY AGENCIES

Supporting people who are homeless with mental health or well-being issues can present a range of challenges for staff and managers who support clients in a range of settings. Mental health services can be difficult to navigate and present complex barriers for clients who need support and workers trying to ensure they get it.

Homeless Link's health audit found that over 70% of homeless people across all service types experience mental distress of some kind and research by the National Mental Health Development Unit (NMH DU) and Department of Communities and Local Government (DCLG) suggest that nearly 60% of clients accessing homelessness services could be experiencing complex trauma or personality disorder of some kind. It is therefore essential to establish a positive working relationship with partner agencies, including your local GP practice and your Community Mental Health Team whatever your service type. This way staff can ensure people get the right intervention when required.

This brief good practice guide aims to offer some tips on:

1. Understanding the pathways into mental health services
2. Where to find out about the *Mental Health Act*
3. The importance of making appropriate referrals
4. Improving your working relationship with statutory services
5. What to do when statutory support isn't suitable, is hard to access or clients won't engage

### 1. Understanding the pathways into mental health services

Mental health pathways will be different depending on the area you work in. However you will probably have to work with GPs, Community Mental Health Teams (CMHT), Crisis Teams and specialist homelessness teams and medical professionals within the hospital setting. It is important that you know which teams are in your local area and what pathways exist in and out of these services. It is important to understand where the decisions are made about how to get access to various provision, which will be different in different areas. The way in which health services are funded, structured and delivered is currently undergoing change as part of the NHS health reforms. Local areas will have greater flexibility and local services are likely to vary, which means that the service map outlined below isn't comprehensive and could change. Teams not included which may be relevant include specific forensic teams and personality disorder services. However, hopefully this table of services will help you and clients to navigate services.

SERVICES	WHICH PROFESSIONAL THIS INCLUDES AND HOW TO REFER	WHAT ARE THEY FOR?	WHAT CAN THEY PROVIDE?
VOLUNTARY SECTOR SUPPORT	May include psychotherapist and psychoanalysts, counsellors, support and community workers. <b>Referral route: Self referral or contact local voluntary agencies on behalf of client</b>	Can provide a range of support for mild and severe mental illness	A range of counselling, psychotherapy, alternative therapy, activities, treatments
PRIMARY CARE	General practitioners (GPs)	Mild to moderate mental health issues or any concern relating to mental health. GP's can be the gateway service to many other services.	GP's may prescribe medication; refer to talking therapies such as counselling and CBT; or refer to the CMHT (below)
	<b>Referral route: register with your local GP and make an appointment. Persist if you don't get the support initially</b>	Stable clients should be managed by primary care	They may also refer you to alternative solutions such as nutrition and exercise programmes
<b>GATEWAY OR ASSESSMENT SERVICE; MAY INCLUDE PRIMARY MENTAL HEALTH TEAM OR CRISIS TEAM</b>			
COMMUNITY MENTAL HEALTH	Psychiatrists Trainee, or junior psychiatrists called an SHO (senior house officer) CPN (community psychiatric nurse) Clinical psychologists Pharmacists Social workers Occupational health Additional therapists and support workers	CMHT are responsible for residents within their locality. Their role is to provide a range of support services for people with more complex mental health issues that can't be resolved by a primary care intervention. This could include: <ul style="list-style-type: none"> <li>- manic episodes, bipolar</li> <li>- delusional disorders</li> <li>- personality disorder</li> <li>- complex trauma (often with issues from childhood and homelessness)</li> </ul>	A whole range of support is available depending on need.  Such as medication, psychotherapy, activities, housing and social care, hospital discharge support etc often using what's called a care programme? approach (CPA)  CMHT staff work within the community from out-patient clinics, GP surgeries, day-centres, hostels and people's own homes
	<b>Referral route: Often via GP, however direct referral routes can be set up with homeless and housing providers if appropriate</b>		
CRISIS RESOLUTION TEAM AND HOME TREATMENT	As above	Seek alternatives to hospital admission or long term CMHT treatment	Providing treatment within the home or providing early interventions to prevent unnecessary hospital admissions
DRUG AND ALCOHOL ACTION TEAM/ DUAL DIAGNOSIS TEAM	Specialist drug and alcohol professionals	Providing people with drug and alcohol support needs	Often provide: specialist advice, treatment, rehabilitation, detox intervention etc. For more info: <a href="http://www.drugscope.org.uk/resources/databases/helfinder.htm">http://www.drugscope.org.uk/resources/databases/helfinder.htm</a>
JOINT HOMELESSNESS TEAM/ ASSERTIVE OUTREACH TEAM	The same professionals as the CMHT, but with a specialist knowledge in homelessness and excluded clients (only exist in some localities)	Homeless clients, mainly rough sleepers with serious mental illness.	Specialist interventions, medication and talking therapies tailored to be specifically for homeless clients. Outreach tends to be flexible and can happen at sleep sites, hostels and day centres
	<b>Referral may come from homelessness services as working agreements are often in place.</b>		
IN PATIENT CARE	All of the professionals above, within a hospital setting	Clients will be admitted if they consent to and would benefit from treatment and meet the criteria. Clients can also self refer. If clients do not agree to admission and are seen to be 'at risk' to themselves or others they may be admitted under the mental health act (see more below).	A range of treatments and support (as above), but within a hospital setting
	<b>Self referral, or via CMHT and approved mental health professionals, which can be the police, social workers etc</b>		

## 2. Where to find out about the *Mental Health Act*

It is important to understand how the *Mental Health Act* may affect individuals you are supporting and how it can be used effectively to ensure safety and well-being for individuals. The main purpose of the Mental Health Act 1983 is to allow compulsory action to be taken, where necessary, to make sure that people with mental illness get the care and treatment they need for their own health or safety, or for the protection of other people. Using the *Mental Health Act* can be extremely stressful and it can raise difficult decisions for clients and staff. Remember that individuals that suffer with mental illness can admit themselves and can indeed find the process useful. Being in hospital can be viewed as a positive place for recuperation and support. Staff and clients can work together with services to make sure an intervention is used effectively.

For more detailed information on the mental health act and supervised community treatment orders (CTO) visit the department of health and website:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH\\_4002034](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_4002034)

For all you need to know about the mental health act and individuals rights whilst detained visit the Rethink website:

[http://www.rethink.org/living\\_with\\_mental\\_illness/rights\\_and\\_laws/laws\\_you\\_need\\_to\\_know\\_about/mental\\_health\\_act/index.html](http://www.rethink.org/living_with_mental_illness/rights_and_laws/laws_you_need_to_know_about/mental_health_act/index.html)

## 3. The importance of making appropriate referrals

Making appropriate referrals will enable you to establish good working relationships with statutory mental health services. All services are stretched, so utilising them effectively is key. It can sometime appear that mental health teams don't provide help for the most vulnerable clients, but unfortunately their criteria are strict and individual workers are simply working to a set of guidance. To refer appropriately it's a good idea to:

- involve your client throughout the process
- know the criteria for referrals for different teams and treatments
- know the pathways for clients and help them to know their possible treatment options
- understand diagnosis and treatment terms and definitions
- have a copy of their internal referral form (even if you can't use it)
- if you are unsure about the referral, seek advice from the mental health team, GP's and voluntary specialists
- consider making a joint referral with another agency or practitioner
- consider that another referral is more appropriate; it could be what we perceive to be a mental health issue actually requires interventions from voluntary projects, drug and alcohol teams, family, friends or the police such as safer neighbour team.

Most importantly, build informal lasting relationships with your local GP and CMHT and advocate for your clients. Encourage mental services to be flexible in their approach/access criteria and offer them support in return.

You aren't expected to be a health professional, but knowing more about how it works will help you to be empowered to support clients more easily. For more information on diagnosis, treatment and definitions the organisations below have extremely useful guidance:

- MIND: <http://www.mind.org.uk/>
- Rethink <http://www.rethink.org/>
- Royal College of psychiatry <http://www.rcpsych.ac.uk/mentalhealthinfo/communityteam.aspx>

#### 4. Improving your working relationship with statutory services

Having a good protocol or service level agreement with relevant statutory services can be extremely helpful, but not always possible. Informal relationships with local teams can often bring results for clients. Top tips include:

- Understanding what mental health services offer in your local area and what they can and can't do for clients
- Where formal joint working is in place, build on these links to maximize the support for clients
- Assign a link worker
- Attend a team meeting and invite them to yours
- Attend local forums
- Arrange joint training in homelessness and mental health issues
- Share skills
- Know the name of the person who can help when things get difficult.
- Attend care planning meetings and if you can't, send written notes or your clients' latest support plan in advance of the meeting
- Demonstrate your professionalism, knowledge of clients and expertise
- Set up shadowing for all new workers and reciprocate the offer so new CMHT members shadow your workers
- Keep up to date with the mental health sector, sign up to newsletters and online forums
- Invite mental health staff to client meetings
- Informal regular communication is key
- Make a positive offer to your local mental health team about the support you can and can't provide

#### 5. What to do when statutory support isn't suitable, is hard to access or clients won't engage

Often you will find that clients we work with in the homelessness sector do not meet the strict criteria for receiving primary or secondary care treatment and that the support we can offer is too generic. Also individuals may meet the criteria but turn down support for personal reasons and because they aren't at immediate risk, a mental health team cannot intervene without consent. This can be the most challenging thing to overcome as a worker as we feel that statutory teams should be able to do more to help especially if we watch clients deteriorate.

Part of our role therefore should be to work with clients to offer them support (for example, around less severe needs) or to help them move towards accepting help from statutory services. One way to do this is to help break down those barriers that may prevent people accepting help, for example helping clients to establish trust with individuals and discussing mental health in an accessible and non-stigmatising way. Getting someone engaged with supportive key work, community support or an activity may relieve less severe problems and/or lead to someone accessing more specialist support in the future. Top tips include:

- Be informed about statutory pathways and offer guidance and advice on how to use mental health services in order to break down barriers including stigma
- Use appropriate language around mental health and be culturally sensitive. For example can we ask questions like; 'are you experiencing sleep or motivation problems?' rather than 'do you have a mental health issue'?
- Understand GP referral routes to help dispel any fears about possible treatments, for example what does counselling, CBT, depression medication or an exercise programme involve

- Refer to community and voluntary groups: Mind, Rethink, local self-help and activities
- Provide peer support opportunities
- Help clients engage in other activities such as arts, music, gardening as these can be a catalyst for engaging in other more formal avenues of support
- Run in-house activities
- Increase client involvement

**Other resources that may help:**

Lemos and Crane have recently developed some e-learning resources around this issue, which looks really useful. Log on for a free trial <http://www.lemosandcrane.co.uk/el/>

To discuss this guidance please contact Jessica Plant, Innovations Project Co-ordinator  
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