

#HealthNow peer research report

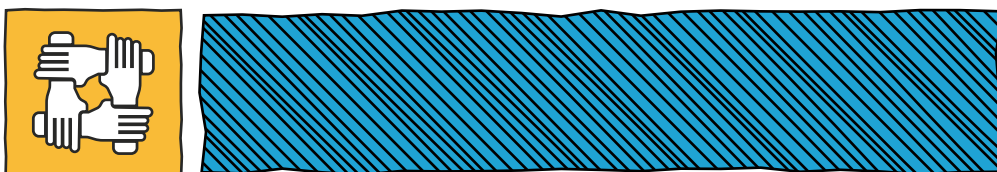
‘Knowing where to turn’:

**access to mental health support whilst experiencing
homelessness**

Summary

Accessing mental health support while experiencing homelessness is challenging and complex. This qualitative, peer research is based on interviews with 73 people experiencing homelessness and 7 stakeholders. The findings highlight the key difficulties people who are homeless face when experiencing poor mental health. Key themes indicate that:

- People experiencing homelessness face additional stigma concerning mental ill health. This leads to shame and embarrassment for many people who are unable to open up about the difficulties they were facing and reach out for help.
- Stigma can be perpetuated by interactions with healthcare professionals. Many people told us they felt judged when they did reach out for help. This was especially the case for people experiencing co-occurring mental health and substance use issues, who were more likely to face significant barriers to accessing the support that they needed.
- Many people cannot prioritise their mental ill health when they have more pressing immediate needs, such as securing accommodation. Lack of suitable accommodation exacerbates mental health issues, while simultaneously making it harder for people to prioritise accessing mental health support.
- People have a lack of trust in mental health services and mental health professionals. People told us about not being listened to, especially in relation to treatment options and diagnosis. People have greater trust in voluntary and community sector organisations and peers.
- Many people experiencing homelessness do not know where to go when they need mental health support. While some people told us they reached out to their GP, this often led to dissatisfaction. A significant proportion of people need support from a case or support worker to navigate the complexities of the system.
- Several people told us their only experiences of interacting with services were through primary care or emergency care. For some, despite ongoing mental ill health, a mental health crisis was the first time they were able to receive support. Support is often only available when a person's mental health had significantly deteriorated.
- When people were able to access mental health services, they told us that transitions between different services and localities often meant they had to re-tell their story, re-refer themselves or begin the process of accessing help entirely.
- Key suggestions participants identified that would improve the mental health and wellbeing for people experiencing homelessness included: access to safe, suitable and settled accommodation, earlier intervention and faster response from services, flexibility in service delivery and alternative types of support and, crucially, the involvement of peers.



Summary of change needed

This research has identified the need for focused action to ensure that people experiencing homelessness have access to the mental health support they need. We must:

1. Ensure everyone can access a safe, suitable and secure home

Safe, suitable and secure accommodation is an essential foundation for good mental health.

- The UK government must prioritise increasing social and affordable housing availability and meeting its commitment to ending rough sleeping for good by 2024. They should provide adequate housing benefit to ensure people can afford a tenancy.
- Local authorities should adopt evidence-based, housing-led solutions to prevent homelessness, such as Housing First fidelity models where people receive suitable accommodation and intensive unconditional support.
- Statutory homelessness services should lower the burden of proof to be considered 'vulnerable' and therefore in 'priority need' for statutory rehousing.
- Local authorities and housing providers should provide holistic, person-centred support and personalised housing plans to enable people to maintain tenancies, to prevent homelessness happening in the first place and to stop repeat episodes of homelessness.

2. Address the stigma of mental health issues and homelessness

- Healthcare services should adopt trauma informed and psychologically informed practices at an organisational level to ensure they provide a safe, non-judgemental space for all patients.
- Peers have identified the need for more robust staff training, co-designed and co-delivered by people with lived experience of homelessness, to help raise awareness and challenge judgements, especially in relation to mental health, homelessness and substance use.
- Healthcare services should make available training on tackling stigma to both clinical and non-clinical staff.
- Healthcare and homelessness services should consider using Groundswell's '[Clarissa](#)' video and accompanying resources in training for staff, to improve awareness of the challenges people experiencing homelessness face when accessing healthcare.
- Mainstream healthcare services should learn from and adopt best practice from inclusion healthcare services in order to deliver holistic and person-centred support.
- NHS and local authority commissioners should incentivise providers to work in a person-centred way. There is also a strong case for commissioning non-clinical services that can provide a safe space and listening ear when people experience mental ill health and are unable to access clinical services promptly.
- Peers have identified that providing designated mental health practitioners within GP settings would ensure people feel listened to when initially reaching out for help with their mental health.

3. Prioritise peer involvement in the design and delivery of mental health services

People with direct experience of homelessness and mental health issues must be involved in the design and delivery of mental health services.

- The Department of Health and Social Care must fully involve people with experience of homelessness in creating and delivering the Mental Health and Wellbeing Plan for England.
- Integrated Care Boards (ICBs) should ensure that people experiencing homelessness are meaningfully involved in the development of health inequality plans. Local areas should involve people experiencing homelessness in the co-design of their community mental health transformation programme.
- Mental health services should embed the NICE Guideline ‘Integrated health and social care for people experiencing homelessness’, with ongoing monitoring, to ensure peers continue to be involved in the design and delivery of services.¹
- Commissioners of mental health services should involve peers at a strategic level in the commissioning process.

4. Remove barriers for people using drugs and alcohol

There is a clear need for mental health services to support both people who are using substances as a coping mechanism for their mental health and those who are simultaneously accessing drug and alcohol services.

- Commissioners of mental health services should explore 24/7 crisis provision, in line with NICE guidance on ‘Service user experience in adult mental health’ and ensure services can support people regularly using, or under the influence of, substances.²
- Services should develop a multi-disciplinary approach when people need both drug and alcohol support and mental health support to ensure people do not fall through the gaps in between services.

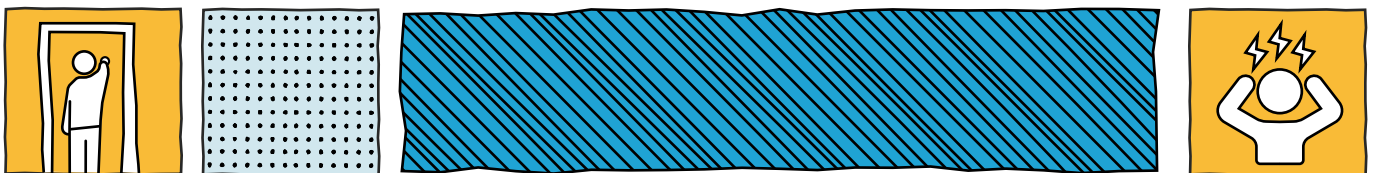


¹ National Institute for Health and Care Excellence (2022). *Integrated health and social care for people experiencing homelessness*. <https://www.nice.org.uk/guidance/ng214>

² National Institute for Health and Care Excellence (2011). *Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services*. Clinical guideline [CG136]. <https://www.nice.org.uk/guidance/cg136>

5. Ensure people experiencing homelessness can access support with their mental health

- Mental healthcare in the UK needs urgent investment. The Department of Health and Social Care's forthcoming Mental Health Plan for England, and the planned update to the NHS Long Term Plan, must address critical shortages in support.
- ICBs should promote joint working relationships so both mental health services and homelessness services are aware of the local service provision and referral pathways.
- Commissioners should work with GPs to increase knowledge around homelessness and mental health and of the appropriate referral mechanisms.
- Local areas should consider funding care navigator roles to ensure people are referred to the most appropriate support, including services such as social prescribing and voluntary and community sector support. This would ensure people have a clearer understanding of the types of support available and may also provide crucial support for those awaiting NHS mental health support, to prevent mental health issues worsening.
- Commissioners and service providers should explore strategies to enable effective transitions between services, to avoid the need for re-referrals and maintain continuity of care when a person moves area or leaves the criminal justice system.
- Professionals working in mental health and homelessness services should share Groundswell's new collaborative [information leaflet](#), created in partnership with Mind, which provides tailored mental health information for people experiencing homelessness.³ This leaflet was informed by findings from this research and co-produced with peers.
- Increased funding for digital inclusion is required to ensure people can access services which are increasingly delivered remotely through providing digital devices and support to use them.
- Greater use of peer support could help address practical barriers to access for those who need support to navigate the system, attend appointments or require financial support to travel to healthcare settings.



³ Groundswell and Mind (2022) *You have the right to feel OK*. <https://groundswell.org.uk/wp-content/uploads/2022/10/Groundswell-MentalHealth.pdf>

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