

# Falling between the same old cracks

The link between poor mental health and homelessness has been known for some time, but a new report reveals there is still ignorance and lack of action among agencies to develop a co-ordinated response. **Andrew Mickel** reports

**Poor mental health** and homelessness are complex problems that can go hand in hand. A young person with a mental health problem may find their relationship with their parents or guardians breaks down and they are forced onto the streets, while the uncertainty, risk and stress that is part of homelessness can either create or worsen mental ill health.

The nature of this complex relationship is explored in a new report by St Mungo based on evidence submitted by 90

organisations about the extent of street homelessness.

The report recommends that the Department of Health co-ordinates effective mental health provision in day centres and hostels; that it needs to better recognise those people with lower and moderate mental health problems to stop them escalating; and for local commissioners to address gaps in services.

Many of the problems and solutions identified in the St Mungo's report will affect homeless people with poor mental health

of all ages, but for young people in particular, transition between services and the communication between different agencies pose clear problems in addressing their needs. Peter Cockersell, St Mungo's director of programmes, unsurprisingly labels the transition from children's to adults services as a serious weakness: "Any transition is a weak point and the evidence is consistent that if you are transferred you can fall through the gap. That is more acute from children and adolescent to adult services rather than moving within adult services, if you have young people who may have started taking drugs and alcohol at ages 10 to 14 and have challenging behaviours from an early age."

Centrepoint, the national homeless charity for young people, submitted evidence to the report that young people aged 16-18 in particular were most likely to fall into that gap. And for those young people the treatment is often not sensitive to what they actually need, says Daniel Mirea, Centrepoint's manager of health services. "We've found that there are no tailor-made solutions for young adults. There are services for adults and services for children, but nothing in

## Case study: Kingswood Young Homeless Project

In 2008, the Kingswood Young Homeless Project in Bristol published the results from its two-year study of homeless young people with mental health needs, *writes Jackie Cosh*. The findings confirmed that despite mental health needs being significant, services are not acknowledging these needs, assessing them, or providing adequate treatment.

KYHP provides floating support for 16-25 year old young homeless people with mental health needs in an eight-room hostel and two training flats for care leavers. Matthew Dymond, project manager, says: "Our aim is to get them into permanent accommodation and settled. We support them through the process, make sure they are looking after their physical needs such as eating, as well as helping them build social networks."

Many of the young people interviewed for the research stated that they wanted assistance in a sensitive, non-judgmental way. KYHP aims to do this both in the floating support and in the hostel.

"We do work with people in hostels and are very successful because we are not judgmental," says

Dymond. "For example, we had one young woman who kept binge drinking and causing a lot of damage. We talked this through with her and it was obvious there were mental health problems. We referred her to another project, more able to deal with her circumstances. Most housing agencies would have evicted her for smashing a window."

The floating support service worker provides emotional support and works with mental health staff on proper assessments. Dymond stresses: "It is very important to get them to engage with mental health services for assessments, and to access treatments. A lot of agencies won't work with them because they don't turn up for appointments, and the agency will then say they don't need help. They commonly don't engage with housing services either."

The research findings have helped change attitudes and practices at both the local authority and CAMHS, explains Dymond. "The local authority has changed its policy so that on homeless assessments mental health is asked about. And CAMHS has set up a specialist post to deal with young people."

between. Young people aged 16-18 and perhaps up to 22 have very clear developmental needs at a time when they're not quite children and they're not quite adults. They have a need for specific intervention that isn't really standardised."

The St Mungo's report therefore suggests that more work between agencies dealing with the homeless, particularly health and housing, can help.

However, Mirea, who leads a nine-strong mental health team, says that while working relationships and communication between voluntary organisations have improved recently, working with statutory bodies is still a weak point. "We often send our assessments through but they don't recognise or accept our conclusions," he says. "The psychotherapy service that I run has been going for seven years, but there's an idea that people in the third sector aren't really qualified to comment on someone's mental health, and that's a problem because it means unnecessary delay."

Mirea says that there are exceptions to the rule, and names working relationships between his team and statutory services in the London boroughs of Lambeth, Southwark, Lewisham and Westminster as improving areas.

While communications between agencies provide one focus for action, the report also flags improving communication in existing homes as a way to prevent more young people ending up homeless. Among the suggested early interventions is a call for wider funding of mediation services for families, and for greater support for families and carers, particularly in after hours support. Cockersell says: "I have a comment in the report from a client who used the psychotherapy services and said if his parents had had access it might have made all the difference. The lack of support networks for family is one major problem [as is] the lack of mental health services for the parents."

However, such early intervention work can realistically only help a small proportion of young people who live on the



streets every year, says Mirea. "That doesn't do an awful lot for us," he says, "as we're talking about a very specific and special cohort. These young people have been abused throughout their childhood; the parents of some have been killed; they have had to leave their countries. These people have constantly suffered a lot of rejection and emotional deprivation and loss and are not going to trust people in general as they find it very hard to relate to an adult. They won't even be identified by these early intervention teams."

It is in the nature of homelessness that many people who are dealt with by charities have fallen between the gaps of statutory services. It is perhaps because of this that, while the St Mungo's report draws together plenty of evidence, it concludes that there will remain a knowledge gap that needs plugging before more effective interventions can be widely deployed. Even the Department for Work and Pension's submission identified a need for more details on what works.

Mirea says: "We still don't know which interventions work better or why. That's because there's no empirical evidence for it, there's no common knowledge about why some people seem to respond better to trauma therapy methods. We just don't know." ■

<sup>1</sup> St Mungo's homelessness and mental health report from [www.mungos.org](http://www.mungos.org)

A year after the Government pledged to end rough sleeping in London by the 2012 Olympics, *Jackie Cosh* asks experts if the target will be met:

**Peter Cockersell**, St Mungo's: "No, I don't think it will achieve its aims. There isn't easy access to a wide range of treatments and there is a lack of recognition of the number of people with mental health problems."

**Loren Treisman**, The Foyer Federation: "It is too short a timetable. They are saying that rough sleepers should be prioritised, but there is more to the solution than putting roofs over people's heads. We need a policy where roof or not, there is increased focus on sustainable livelihood."

**Jenny Monfort**, Centrepoin: "Considerable headway has been made. If the Government redoubles its efforts [and] works in partnership with the homeless sector we are hopeful further progress will be made."

**Mike Archell-Green**, Thames Reach: "We believe it can be achieved. We have many services for mental health problems and work with psychologists and social workers."