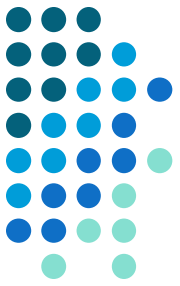


# An Unhoused Mind: Addressing unmet mental health need through the provision of 'Psychologically Informed Environments' in Homeless Hostels



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South London and Maudsley   
NHS Foundation Trust

In Partnership with -

ThamesReach  
power

  
Lambeth

GUY'S &  
ST THOMAS'  
CHARITY

A CATALYST  
FOR INNOVATION  
IN HEALTH



*“Homelessness – it’s not about not having a home. It’s about something being seriously f\*\*king wrong.”*

Stuart: A Life Backwards (Masters, 2006)

“Homelessness is rarely a one-off event” (Vostanis, 2002)



“Women often described their lives as a remarkably consistent stream of distressing and spirit-breaking encounters, beginning in early childhood ... including lifelong poverty, parental neglect, exposure to domestic violence, childhood abuse ... and unhappy and painful personal relationships.”

(David, Gelberg, & Suchman, 2012)

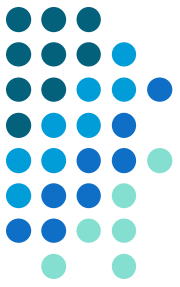


## **An unstable start - All Babies Count: Spotlight on homelessness**

The state of homelessness in and of itself creates a potential physical and mental assault on parenting due to the stresses and deprivations inherent within it, such as insecurity, loss of social support, stigma and isolation.

Hogg et al 2015

# Social Exclusion & Health Inequality



- “exclusion is at least as disabling as the problems that lead to it in the first place”

(Repper & Perkins, 2003)

- It has profound effects on health and is evidenced by a ‘social gradient’ in which the lower someone’s social position the poorer their health

(Marmot Review, 2010)

- Who could be in a lower ‘social position’ than the homeless?

# Complex Needs



## 1) High Need

- 70% UK homeless population > PD (40% 2+)
- 50% on-going diagnosed MH problems
- 53% current alcohol, 39% current drug problems
- 75% Forensic Hx
- x 9 commit suicide (42% attempted)
- Life Exp. 47yrs (women 43yrs)
- Overrepresented histories of **neglect, abuse and traumatic life events**
  - > 40% Sexual > 60% Physical > 60% 'in care'

## 2) Multiply excluded; barriers to services

(Maguire *et al*, 2009; Cockersell, 2011; Fazel *et al*, 2008; Rees, 2009; Crisis, 2011).

# Holding the mind in mind -



*“The PIE [Psychologically Informed Environment] originally arose out of the need to recognise and to work with the levels of emotional trauma that accompany, and in many cases precede, an individual becoming homeless”*

Robin Johnson and Rex Haigh (2011)

# Service Context



Service review and needs analysis

What works? 'Revolving door' homelessness

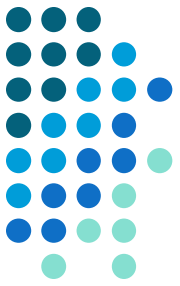
Mental health good practice guide:

Meeting the psychological and emotional needs of homeless people  
(GLC National Mental Health Development Unit)

Partnership with SLaM, Thames Reach & LBL



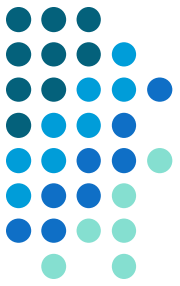
# Housing Crisis?



- Pressure on staff to find a clear cut solutions
- The fantasy of the individual tenancy as the solution – ‘a home of ones own’
- ‘Home’ as a dangerous place
- Constantly sort, and constantly lost, abandoned or destroyed.

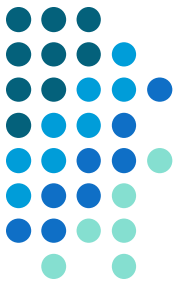
(Campbell, 2011, p.162)

# An un-housed mind



- Homelessness – disturbance of relatedness
- Borderline State of Mind
- Claustro-Agoraphobic dilemma (Rey, 1994)
- Intense longing for and profound fear of attachment (Glasser, 1996)
- Lack of ‘containment’
- The cocoon of drugs and alcohol

# Parallel Processes and System Dynamics



- Internal splits & fragmentations replicated in systems of care (Brown et al., 2011)
- Social Exclusion
- System Avoids Contact:  
‘too chaotic’, ‘too unwell’, ‘can’t make use of’



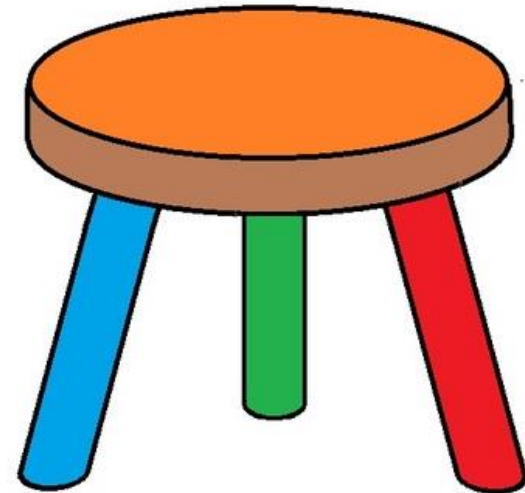
*“...the definitive marker of a PIE is simply that, if asked why the unit is run in such and such a way, the staff would give an answer couched in terms of the emotional and psychological needs of the service users, rather than giving some more logistical or practical rationale, such as convenience, costs, or Health And Safety regulations”*

Johnson & Haigh (2010)



# Partnership

- Relationships across organizational boundaries  
Health <-> Social Care <-> Third Sector
- Integration > Leading in Partnership
- Building a stable containing relationship framework



# The Provision

- Lambeth Vulnerable Adults Pathway referrals
- Staffing: TR hostel support staff and management;
- Five fulltime NHS Psychologists, TR administrator, ½ day Consultant Psychiatry,
- Peer Support Service



## Three PiH Thames Reach Complex needs Hostels

- n100 (+ Transition Service)
- Repeat histories of abandonment or eviction
- Addiction: 98% used drugs or alcohol, 51% both
- Mental Health: All had experienced MH problems

# Psychological Model

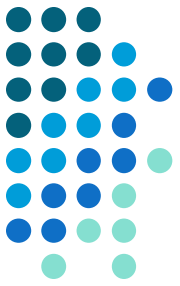


- Onsite Psychologists
  - > Available
  - > Flexible
  - > Familiar
  - > Creative
- Psychodynamic Framework
  - > MBT/Attachment
  - > other models as indicated
- Understand emotional pressures for hostel staff & residents
- Graded Interventions: slowly decreasing psychological distance
- Access (referral route)





# Lucy

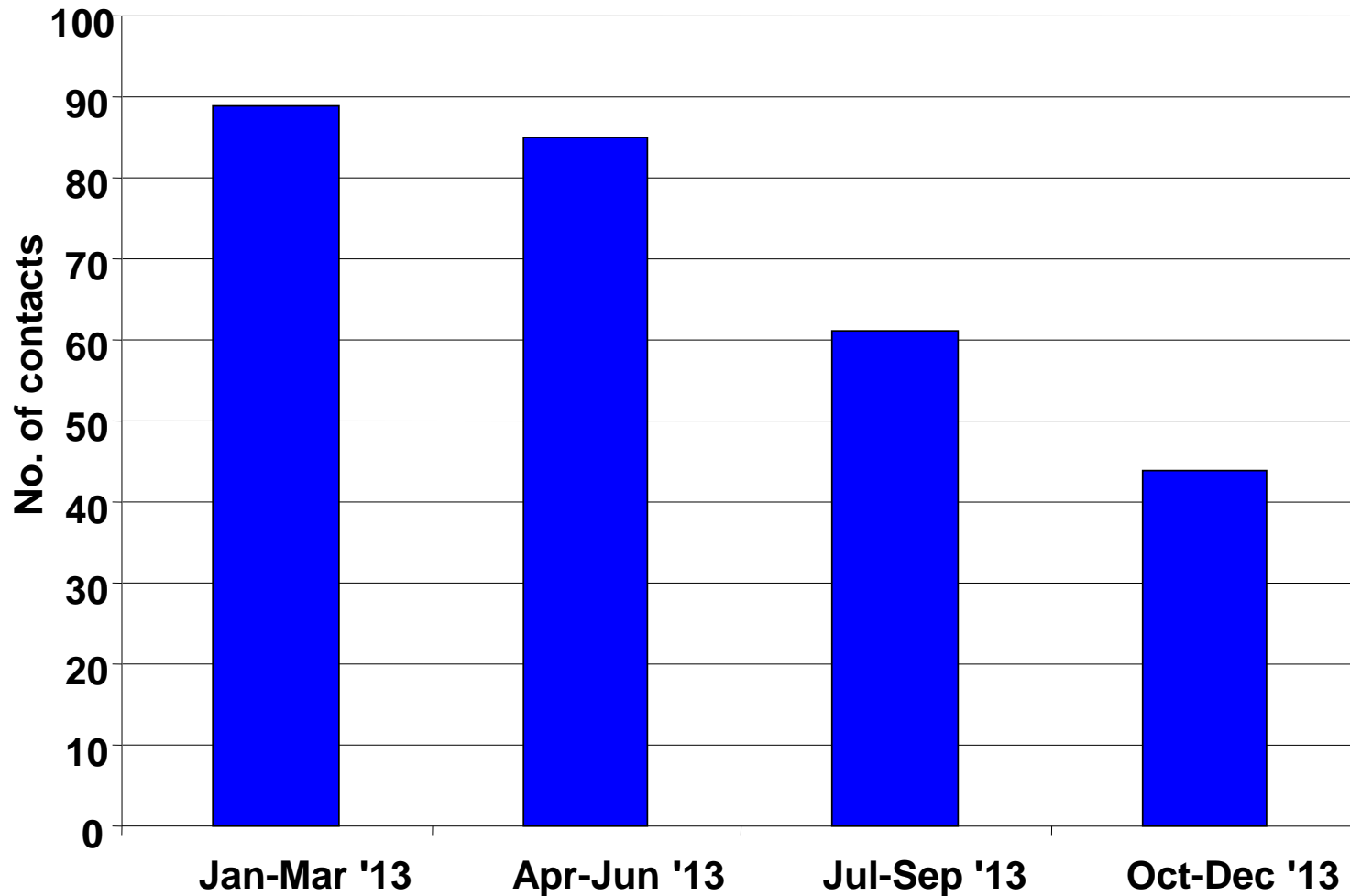
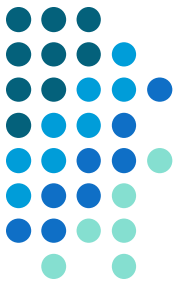


# Outcomes



- Up to 89% of SU directly engage psychology
- 75% of planned appointments attended
- Gender, Substance use & Engagement
- Referrals to mainstream services
- Addiction: 38% increase engagement services
- Physical Health: +315% GP & + 55% nurse vs. baseline
- Mental Health: sig. improvements (CORE, HoNOS)
- Criminal justice: 51% decrease (2013)

# Steady 51% decrease criminal justice system contact (2013)





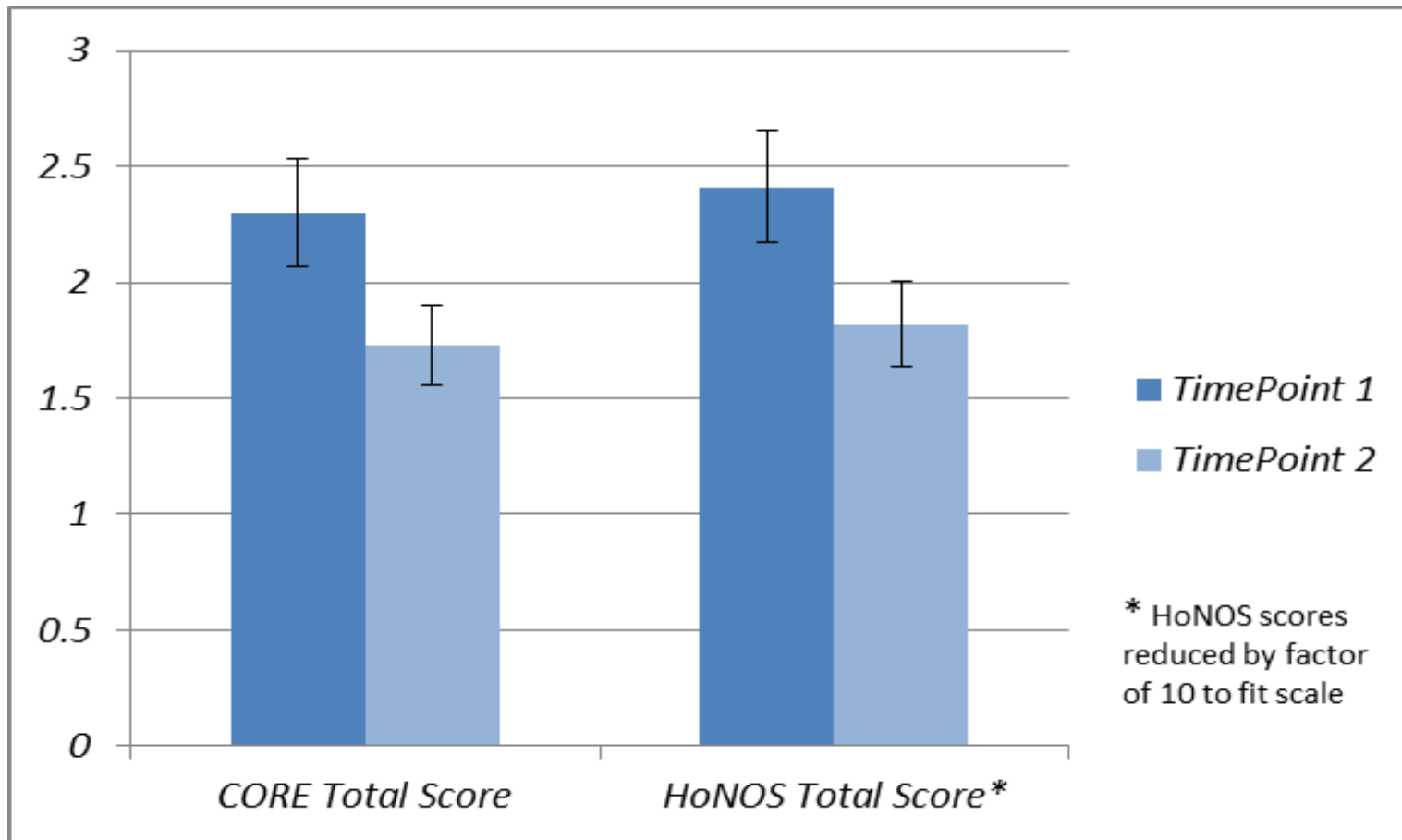
## **Reduced**

- Self-harm
- Aggression & Agitation
- Alcohol use reduced average 22 to 15 units per day
- Overall substance reduced
- Repeat homelessness for a number of high profile cases historically unable to sustain accommodation.

## **Increased**

- Occupation & Activities of Daily Living
- Physical health and illness

# CORE-10 & HONOS



# Wider Applicability of PIEs.....



- Holding psychological needs at the centre
- Applications in young peoples, MH, Forensic
- Service Integration/Partnership
- NHS 5 Year Forwards View
- Prof Kinderman (President BPS) ‘A Healthier Life for All’ all Parliamentary Health Group publication– *“We need to see more initiatives like this, greater integration of health and social care, and government oversight of these cross-departmental policies”*

# Acknowledgements



- **Waterloo Project, Graham House, Camberwell New Rd Hostel residents, staff, management & psychology**
- **Thames Reach** - Incl. Bill Tidman (Director Operations), Katy Porter (Area Director), Hannah Gaston / Chris Deacon (Area Manager)
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- **LBL** - Claire Ritchie, Paul Davis, Emma Casey (Hostel commissioners, & initial PiH Commissioners 2012-13)
- Maudsley Charity funding 2014
- **Current Funder (2015-17): Guys and St Thomas Charity**
- Partnership Boards and Steering Group
- Evaluators: Southampton University & Resolving Chaos
- Other liaison Organisations (Incl. SLaM Addiction Consortia, Foundation 66, Health Inclusion Nursing Team, START, YouFirst Team, amongst others)

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