

## Freedom of Information Act 2000 disclosure log entry

### Reference

16-17077

### Date sent

29/6/2016

### Subject

Mental Health Provision for Homeless Persons

### Details of enquiry

I would like to be informed about mental health provision in the Trust for single/non-statutory homeless persons.. Specifically, I would like to be informed of the following.

1. How this population group and their mental health needs are worked with within the Trust and whether there is any provision dedicated to this population, as in for example outreach work or clinical consultation with local hostel accommodation.
2. If there any specialist projects/staff of this nature, a description of them in terms of dedicated staffing (numbers and professional disciplines), particular conditions (e.g. psychological trauma, psychosis) or sub-populations worked with, access/referral pathways for service users to access them, and intervention models/approaches informing the work.
3. Any training mental health professionals have access to, or undergo, to improve staff awareness around working with this population.
4. If any provision of this sort has recently been discontinued or is being planned, I would be keen to be informed about this also.

### Response Sent

1. How this population group and their mental health needs are worked with within the Trust and whether there is any provision dedicated to this population, as in for example outreach work or clinical consultation with local hostel accommodation.

Within our community based primary care services i.e. Hackney based PCPCS and Camden TAP services we have a dedicated clinician in each borough's Homeless GP surgery, who has psychotherapeutic training alongside their core discipline (Social work and nursing).

Each of these practitioners works alongside the multi-disciplinary team in their respective practice to support the mental health needs of their patient population. This outreach service from our core teams works with complex patients with co-morbid health needs including; personality disorder, substance misuse, depression, suicidality. We also offer consultation to GPs and sometimes their whole team, as well as joint consultation for patient, GP and Psychological Therapist to come together in the room to consider mental

and physical health difficulties alongside each other, and in the context of patients social history.

2. If there any specialist projects/staff of this nature, a description of them in terms of dedicated staffing (numbers and professional disciplines), particular conditions (e.g. psychological trauma, psychosis) or sub-populations worked with, access/referral pathways for service users to access them, and intervention models/approaches informing the work.

See above. The service works with complex mental health difficulties, medically unexplained symptoms, complex trauma and personality difficulties. We do not exclude people with substance misuse issues unless this is the primary presenting issue and needs attending to in order to access psychological help.

On the whole our thresholds are quite liberal in this regard. The work is primary, developed along psychodynamic and systemic theoretical lines taking account of personal social, emotional and familial history, culture, religion, sexuality, gender and context, medical, forensic, employment and relationship history are all taken into account. Our approach is to consider the whole person including physical and mental distress alongside risk history, suicidality, unmet social needs (housing and other social determinants).

3. Any training mental health professionals have access to, or undergo, to improve staff awareness around working with this population.

As above, we offer consultation to GPs and other practice staff on case management and ways of understanding their contact with their patients.

4. If any provision of this sort has recently been discontinued or is being planned, I would be keen to be informed about this also.

We have had a request for a complex cases consultation group for staff in one homeless primary care practice to offer support and training to clinical staff based around case discussion as well as more widely offering emotional and professional support to staff which we believe helps in terms of morale, staff retention, recruitment and avoiding burnout.