SERVICES FOR THE HOMELESS MENTALLY ILL

RESPONDING TO THE CHALLENGE

November, 1994

INTRODUCTION

The term 'homeless' will be taken to refer to any individual who lacks adequate shelter, resources and community ties.

Given the diversity, multiplicity and chronicity of the needs of the homeless (Appendix 1) these needs can only be met by collaborative ventures between statutory and voluntary organisations to ensure that the physical, mental and social well-being of the homeless is secured and maintained on their road to integration with the settled community, wherever possible.

BACKGROUND

From early 1979, our Board has provided a specialist psychiatric Programme for the Homeless based at St. Brendan's Hospital, Dublin. The introduction of this programme was preceded by a year long survey to assess the characteristics and needs of the mentally ill of 'no-fixed-above" who were then availing of in-patient facilities in St. Brendan's Hospital in ever increasing numbers. Given the results of this survey (Appendix 11) emphasis was initially placed on caring for the needs of homeless males who then outnumbered homeless females by a ratio of over 4 : 1.

The Homeless Programme for the Mentally Ill -
Operational components and outcomes

Currently this Programme has a number of hospital and community based components (Appendix 111).

From the outset the programme had a 16 bed ***Admissions Unit*** supported by a ***Day Centre*** which was intended to cater for the need of 36 attenders. Due to an unanticipated uptake 75 homeless males attend daily in any given month (Appendix 1V).

A range of community facilities have been developed over the years in response to developing needs -

High Support Hostel for 10 residents and day attenders in South Dublin,
Rehabilitation programme for 22 residents and 10 day attenders in North Dublin,
Supervised group home for 5 residents in North Dublin.

The movement of patients between hospital and community is facilitated by our ***Outreach*** programme which also provides limited support to hostel staff who service the community sector.

Patients discharged from hospital to their customary abode in direct access hostels and night shelters are encouraged to attend the Day Centre in the hospital grounds which has full nursing cover from 8 a.m. to 8.30 p.m each day. Facilities and services available at the Day Centre (Appendix V) provide for a range of clinical and social needs of attenders.

A ***'Pre-Discharge Check List'*** is completed prior to each patient's discharge from hospital (Appendix VI) to facilitate an appropriate system of ***aftercare***..

Patients who are felt to need continuing nursing supports following their discharge from hospital are referred to the High Support Hostel (Appendix III).

Day attenders who are motivated and have the potential to improve their skills and attendant life-styles are referred to the Rehabilitation Programme prior to their transfer to the group home or to independent or supported living in the community (Appendix III).

An ***audit of admissions*** from 1979/80 onwards has been provided in Apprendix VII while Appendix VIII summarises ***outcome data*** relating to all individuals who have passed through the two hospital based components of the Programme.

Appendix IX summarises the impact which the hospital based components have had on the annual ***admission rates*** of homeless males from 1979/80 onward relative to those over the four years prior to the introduction of the Programme.

Responding to the Challenge

We are satisfied from the ongoing audit of services and from the preliminary results of the survey in the direct access hostels (Appendix X) that our Boards programme of resettlement and rehabilitation from the psychiatric hospitals has not led to any increase in homelessness. These studies show however, that (a) there is a considerable increase in homelessness among females and (b) there is considerable medical and psychiatric morbidity amongst homeless persons living in direct access hostels who are unwilling to access the services.

It is necessary therefore to further develop the homeless programme to respond to the emerging needs and indeed to further develop the programme in the light of general developments in the health and social service and to introduce a broader menu of personal support, day care, general health and inpatient treatment options appropriate to individual needs.

In considering these developments a consultative process has taken place with the management personnel from the various Voluntary and Statutory Agencies dealing with the homeless, individually and collectively (Appendix XI). Cognisance was taken of the social and societal changes which are currently contributing to homelessness and associated health problems.

RECOMMENDATIONS

The Specialist Programme for the homeless mentally ill is now at a stage where it can effectively be re-oriented from a hospital based programme to a community based programme in line with the aspirations outlined in the Governments Report *"Planning for the Future"* and the Board's response *"Towards the Development of a Community Based Adult Psychiatric Service"*.

In so doing the programme will become further integrated with the broader health care services, particularly primary care services and statutory services involved in services for the homeless - Housing, Welfare, Education and Justice; the programme will further develop linkages and greater awareness with the Voluntary Agencies providing services for homeless persons.

By their very nature homeless persons are marginalised, vulnerable and open to exploitation. It is important that all resources both statutory and voluntary are fully integrated to ensure that there is a "plan" for each homeless persons incorporation his welfare, housing, social and health care needs and that this plan is subject to ongoing review. In so doing the programme for the homeless will be responding to the precepts set out in the Health Strategy in relation to health gain and social gain.

The consultative process highlighted the need for overall co-ordination of services for homeless persons. In the last couple of years Dublin Corporation established a Housing Forum and the direct access hostels set up the Federation of Dublin Hostels. However, there is a need to have a more broadly based co-ordinated approach involving the Hostels, Housing Authority, Departments of Welfare, Justice and Education and the Health Board through the Community Care, Specialist Programme and the Welfare Service. This Committee would operate somewhat along the lines of the Central Planning Committee for Mental Handicap Services in the Eastern Health Board area.

The establishment of a Co-ordinating Committee for homeless persons will require the deployment of a Co-ordinator of services.

The managers of the direct access hostels are acutely aware of the diverse needs of clients in their care; the range of service providers both statutory and voluntary who contribute to the needs of the homeless in one way or another; their own shortcomings in awareness of those services and their inability to advocate on behalf of individuals who have particular needs. They have indicated the need for a resource person to help in resolving those problems as identified; this person could also act as Co-Ordinator of services in support of the proposed Co-ordinating Committee for the Homeless.

The Co-Ordinator post should be funded jointly by the statutory agencies.

Specialist Programme

The components of the Specialist Programme have now to be further expanded to -

- meet the needs of ***homeless females***
- provide ***outpatient clinics***
- provide ***day services*** in the community
- develop a ***special service for alcohol dependent*** clients.
- provide a ***personal support service*** for clients.

The Programme must also develop a range of services in support of the voluntary sector including staff working with the voluntary service providers and other statutory agencies as appropriate -

- a ***nurse consultation service*** during working hours
- a ***crisis intervention service*** during and outside working hours
- further develop the ***outreach*** service to complement outreach workers from other voluntary agencies and
- an ***educational and support service.*** on a needs basis.

Inpatient Care

The opening of the Acute Unit in the Mater Misericordiae Hospital

to be followed by the opening of Unit 10 in James Connolly Memorial Hospital will require resource transfer from St. Brendans Hospital to facilitate a re-organisation of facilities within St. Brendans Hospital and allow a greater focus and range of inpatient services for homeless persons.

Patients requiring acute inpatient care will be admitted through the Assessment Unit and thereafter if necessary will be catered for in Wards in the Hospital in line with their clinical needs.

Patients requiring continuing care and/or more intense rehabilitation will have access to appropriate facilities in hospital. Such patients will no longer be the responsibility of the Specialist Programme rather the responsibility of the Rehabilitation/ Resettlement Service.

Alcohol Service

A special service S.E.R.A. (Support, Education, Rehabilitation and Assessment) for homeless persons with alcohol problems will be provided. This service will be an adjunct to the Stanhope Street services and will have a residential component which will be provided by our Board or through one of the Voluntary Agencies.

The Counsellors in the SERA programme will provide counselling and support to residents and staff in minimum expectancy shelters which cater for individuals with intractable social problems in collaboration with the other professionals in the Specialist Housing Programme.

Personal Support Service

Reference has already been made to the level of medical and psychiatric morbidity among the homeless people living in the direct access shelters and their unwillingness to access these services. Reference has already been made to the abject sense of

isolation of many of the homeless and their inability to engage or participate in the wide range of opportunities in the community including social opportunities. The personal commitment of staff working in the homeless service whether they belong to the voluntary or statutory service, is very demanding. Over the last 2 years the development of a personal support service (staff and client) has been a very important factor in our Board's mental handicap service. The success of this development supports the need to include a similar service in a broader menu of services for homeless persons.

General Health and Welfare Services

Our Board is involved with Trust, a Voluntary Organisation based at the Iveagh Centre in the provision of primary care services - General Practitioner, Public Health Nursing and Social Support to the homeless population in that area. Similar services should be established at convenient locations in the city and they should work alongside the Special Psychiatric Service and the Specialist Welfare Service in a "one-stop-shop" type of facility allowing homeless persons to access the full range of primary care, welfare and specialist psychiatric service. Although homeless people tend to be streetwise the converse is also true relative to their medical and social needs, necessitating an informal but comprehensive and responsive approach.

Since its establishment the Specialist Psychiatric Programme for the Homeless has had ongoing research on the achievements and outcomes of service. This research component will continue and the Registrar attached to the Specialist Programme should be classified as a Research Registrar Post.

Money Management

Experience in operating the Specialist Homeless Programme shows that considerable progress can be made in the social skills of many of the homeless and once rapport and respect is achieved it is

possible to effect a joint key worker/client money management process. There is a weakness in the system at present where the Dept. Social Welfare make direct payments to individuals in receipt of benefits. The Department has agreed on the necessity to have a more flexibile payments system to individuals who cannot or will not properly manage their financial affairs to meet their personal or social needs and have indicated their willingness to participate in a money management programme for known individuals who do not have those skills.

Financial Implications -

	Revenue	**Capital**
Assessment Unit:		
19 Staff	£290,000	
Day Centre/s		
5 Staff	£ 85,000	40,000

(A) Rehabilitation
(B) Contract
(C) GMS < G.P / Nurses maybe all other than first

Social skill / self sufficiency + other skills → A's numbers

APPENDICES

APPENDIX I

OPERATIONAL DEFINITION OF HOMELESSNESS

From an operational perspective, the term 'homeless' refers to heterogenous groups of individuals (i.e. adult males and females, youths and families) who:

in the absence of a stable residence and supportive social networks, have

peripatetic lifestyles characterized by

poverty;

by a lack of

privacy,

possessions and

personal relationships and

an increased tendency towards

poor physical health,

psychological distress and

psychiatric dysfunction.

J.F.

PROSPECTIVE SURVEY OF HOMELESS PATIENTS (1978)

MAIN FINDINGS	MALES %	FEMALES %
1. AGE ON ENTRY *		
(a) 18 - 30 years	20.9	28.6
(b) 31 - 50 years	62.6	53.6
(c) 51 - 65 years	16.5	17.8
2. MEDIAN AGE ON ENTRY (IN YEARS) *	40.5	37.0
3. MARITAL STATUS *		
(a) Single: Unmarried	73.9	64.3
(b) Single: Separated/Divorced	3.5	21.5
(c) Single: Widower/Widow	2.6	7.1
(d) Married	19.1	7.1
(e) No data available	0.9	Nil
4. HAVING NO DEPENDENTS *	89.6	64.3
5. HAVING RELATIVES BUT NO CONTACT WITH THEM *	80.0	89.3
6. OCCUPATION *		
(a) Unskilled manual/factory workers	60.0	50.0
(b) Semi-skilled workers	21.8	10.7
(c) Skilled workers	13.0	7.1
(d) Retired from work with a pension/ disability benefit	3.4	Nil
(e) Housewives	-	17.9
(f) No stated occupation (M) or in an unregistered profession (F)	0.9	14.3
(g) No data available	0.9	Nil
7. CURRENTLY UNEMPLOYED *	91.3	71.4
8. LENGTH OF UNEMPLOYMENT PRIOR TO HOSPITALIZATION *		
Range in months	0.5 to 375	1.5 to 101 +
Median in months	24.5	40.5 +
9. HAVING A CURRENT MEDICAL CARD *	17.4	39.3
10. HISTORY OF MULTIPLE ADMISSIONS TO PSYCHIATRIC HOSPITALS IN THE PAST *	70.4	85.7

* n = 115 male and 28 female patients.

** n = 207 male and 49 female admissions.

+ These figures refer to only 14 females. The remaining 14 patients in this group were excluded (a) by virtue of their being "housewives" or "ex-housewives" who were not in employment since their marriage, separation or widowhood, or (b) because some patients could not recall when they last worked, or (c) because some were in an unregistered profession.

J.F.

PROSPECTIVE SURVEY OF HOMELESS PATIENTS (1978)

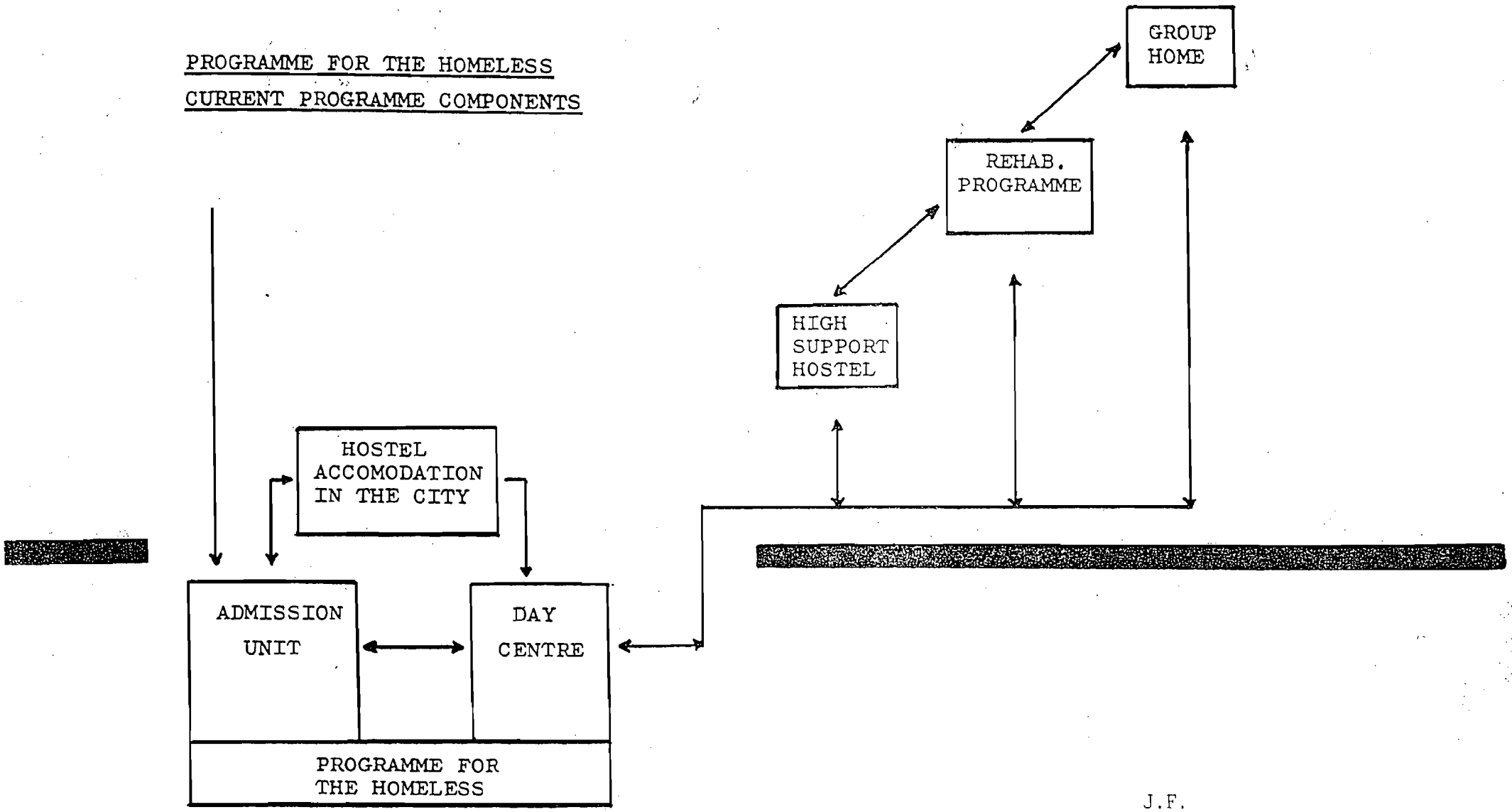
	MALES %	FEMALES %
11. ENTERED HOSPITAL VOLUNTARILY **	90.0	77.5
12. COMPULSORILY HOSPITALIZED **	10.0	22.5
13. STATED REASON FOR ADMISSION **		
(a) Psychiatric problems	45.0	30.6
(b) Psychiatric ± Medical ± Social problems	48.8	59.2
(c) Medical ± Social problems	6.2	10.2
14. PRIMARY PROBLEM/CONDITION WHICH NEEDED ATTENTION **		
(a) Alcohol dependence	46.0	4.1
(b) Schizophrenic/Affective and other psychoses	33.3	34.7
(c) Mainly social problems	7.2	10.2
(d) Alcohol + drug dependence	4.3	Nil
(e) Depressive disorder	2.9	14.3
(f) Dementia	1.9	Nil
(g) Epilepsy	1.9	Nil
(h) Mainly medical problems	1.5	Nil
(i) Personality disorder (in those not belonging to any of the above subgroups)	1.0	36.7
15. WELFARE BENEFITS *		
(a) On Welfare benefits	55.6	39.3
(b) Not on any benefits	17.4	10.7
(c) No information forthcoming or no data available	27.0	50.0
16. LENGTH OF HOSPITALIZATION **		
(a) Range in days	0.5 to 293	0.5 to 345
(b) Median in days	9.1	10.5
17. MODE OF DISCHARGE **		
(a) Discharged by staff	81.0	61.2
(b) Absconded from hospital or self-discharged	12.6	22.5
(c) Still in hospital during survey .	3.0	8.2
(d) No data available	3.4	6.1
(e) Died during survey	Nil	2.0
18. NUMBER OF ADMISSIONS DURING 1978 *		
(a) Range of admissions	1 to 7	1 to 5
(b) Median number of admissions	4	3
(c) Percentage of patients having only one admission during 1978 ..	60.9	60.7

* n = 115 male and 28 female patients.

** n = 207 male and 49 female admissions.

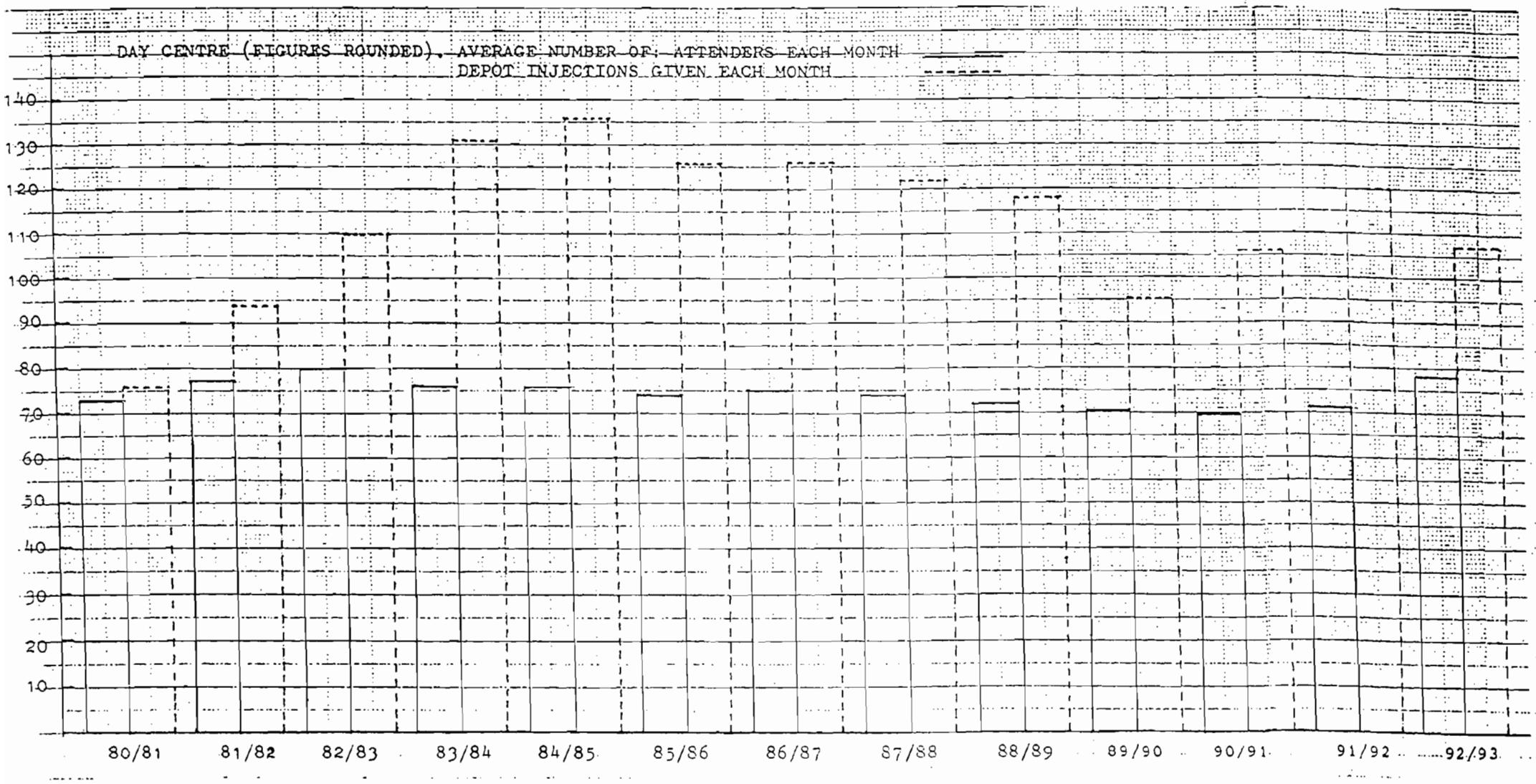
PROGRAMME FOR THE HOMELESS

CURRENT PROGRAMME COMPONENTS



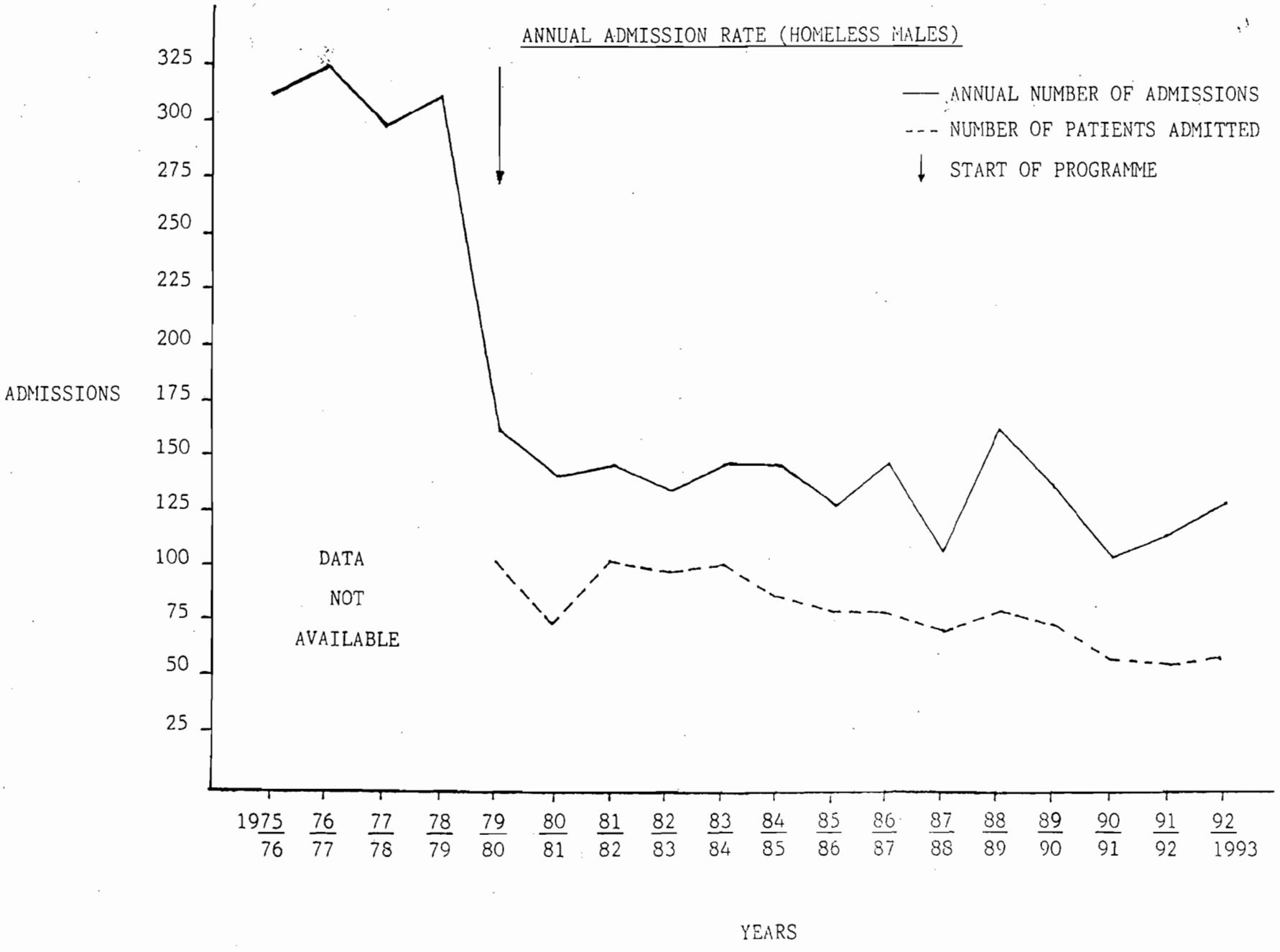
J.F.

APPENDIX III



J.F.

APPENDIX IV



J.F.

APPENDIX V

DATE: _____

PROGRAMME FOR THE HOMELESS - ADMISSION UNIT

PRE-DISCHARGE CHECKLIST

1. Patient has a set/change of clothes: YES ____

2. Personal Register completed: YES ____ NO* ____

*If NO, please specify reason: _____

3. Clinical condition - stable/controlled: YES ____ NO* ____

*If NO, please elaborate: _____

_____

4. List of prescribed medication: _____

_____

_____

5. Has patient been issued with a Medication Card: YES ____

6. Does patient have a Medical Card:

YES ____ NO* ____

*If NO, please specify arrangements made to have patient provided with a Medical Card: _____

_____

7. Does patient have residential accomodation following his discharge: YES* ____ NO ____

*If YES, at whose expense: _____

and for how long: _____

8. Has patient been offered Day-Care (inclusive of meals, medication and out-patient contact) following his discharge:

YES ____ NO* ____

*If NO, please specify reason: _____

_____

9. Please specify the amount of money patient has in the General Office: _____

J.F.

..../..

PRE-DISCHARGE CHECKLIST (CONTD.)

10. Source of income: _____ Point of delivery _____

Amount received each week: _____

Mode or receipt: _____

Do arrangements have to be made to have Day-Centre Staff pay patient's rent: YES* ____ NO ____

*If YES, please specify arrangements made: _____

_____

Is there any need to have Day-Centre Staff budget patient's other finances: YES* ____ NO ____

*IF YES, please specify arrangements made: _____

_____

11. Does patient need Social Welfare Certification:

YES* _____ NO _____

*If YES, please specify arrangements made: _____

_____

12. Does patient need a letter for the Labour Exchange:

YES** ____ NO ____

**If YES, please provide patient with appropriate documentation.

13. Does a discharge letter have to be sent to patient's G.P.:

YES** ____ NO ____

**If YES, please provide patient with appropriate documentation.

14. Do any Community Care Agencies have to be notified:

YES* ____ NO ____

*If YES, please elaborate: _____

15. Follow-up plan

Out-patient appointments: _____

_____

Out-patient tests: _____

_____

Other arrangements: _____

_____

THE DAY CENTRE - FACILITIES & SERVICES

a) Breakfast, dinner, tea and supper.

b) Medication under supervision.

c) Out-patient contact with medical staff.

d) Case-Management i.e. the follow-up of other outstanding matters including medical tests, appointments in other city hospitals and contact with welfare agencies.

e) An Outreach Service to track infrequent attenders.

f) A Money-Management Service for those who are unable to handle their finances.

g) Emergency dockets for accommodation in city hostels.

h) Facilities for bathing and laundrette facilities.

i) A domiciliary Consultation Service to staff in city hospitals and in voluntary/statutory agencies.

j) An annual screening service for Tuberculosis.

k) Assisting ex-patients in processing their claim to Local Authority housing - if appropriate, or in seeking suitable rented accommodation.

l) Limited provision of clothing and rations.

m) A testing ground for rehabilitation, using hospital and community based resources but on the whole,

n) providing a 'baby-sitting service' for incapable and sometimes disruptive adults.

J.F.

PROGRAMME FOR THE HOMELESS (ADMISSION UNIT)

AUDIT OF ADMISSIONS (1979/80 to 1992/93)

	79/80	80/81	81/82	82/83	83/84	84/85	85/86	86/87	87/88	88/89	89/90	90/91	91/92	92/93
Range of admissions	1-8	1-8	1-6	1-6	1-5	1-7	1-6	1-9	1-5	1-8	1-7	1-7	1-6	1-9
Median re: admissions	1	1	1	1	1	2	2	2	2	3	1	1	3	3
Percentage of patients with one admission annually	67.96 %	60.53 %	79.81 %	76.77 %	70.87 %	67.03 %	67.07 %	58.02 %	67.6 %	57.83 %	58.21 %	57.38 %	60.34 %	54.09 %
'New Contacts'	103	+42	+78	+46	+60	+39	+34	+38	+29	+30	+33	+19	+22	+16

J.F.

APPENDIX VIII

PROGRAMME FOR THE HOMELESS

OUTCOME DATA

1/4/79 to 31/3/93

	NUMBER OF PATIENTS
(A) PATIENTS SERVICED	
Through Admission Unit and Day Centre	589 (1937 admissions)
Through Day Centre with no admission	+51
Total	640
(B) Known deaths	53 (8.28%)
(C) Re-united with family and/or returned to former domicile (Ireland X 8/England & Wales X 9/Italy X 1 South Africa X 1/India X 1).	20
(D) Replaced/retained in Institutional settings. (Because of presumed 'Vulnerability' or 'Dangerousness').	46
(E) Placed in community based supervised settings	46
(F) Placed in the community (+ Day Centre Support)	54
Dublin Corporation Flats 24	
Other city flats/bedsitters 28	
Supervised lodgings 2	
SCREENING FOR TUBERCULOSIS	
(G) Tuberculosis discovered in	15 (2.34%)

J.F.

APPENDIX IX

PSYCHIATRIC MORBIDITY AMONG HOSTEL DWELLERS

PRELIMINARY RESULTS

1. **Population studied:** Male residents in two direct access hostels in the city.

2. **Number interviewed:** 146 out of 215 residents.

3. **Mean Age:** 48 years (S.D. = 15)

4. **Marital Status:** Single (62%), Separated (29%).

5. **Length of stay in hostels:** 18% resident in hostels for over 5 years.

6. **Length of homeless state:** Range = 3 days to 58 years

   32% homeless for over 1 year

7. **Reasons for homelessness:**

   (a) Social and Economic factors including Substance abuse (81%).

   (b) Deinstitutionalization (5%).

   This may be an underestimate as some residents minimized or denied psychiatric histories.*

8. **Psychiatric morbidity:**

13% had a history of **psychiatric inpatient treatment** during the preceding year; while 40% had a history of **psychiatric patienthood** at some stage in their lives.

Alcohol dependence: 41%

Schizophrenia: 11% (Probably an underestimate. Refer to 7b above *).

Deliberate self harm: 19%

45% evidenced **psychiatric morbidity** at mental state examination, with features of anxiety, hypochondriasis, obsessions, depression or positive or negative symptoms of psychosis.

11% evidenced florid features of a psychosis (e.g. delusional beliefs and hallucinations) and a further 5% negative features (e.g. social withdrawal and blunting of affect).

Most of this group with psychotic features were not receiving treatment and were unwilling to accept treatment.

D.W., L.M., A.M. & J.F.

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D.W., L.M., A.M. & J.F.

(ii) **During the months of July, September and October, the group nominated by the meeting - Dr. Joe Fernandez, Mr James Walsh and Ms Peig Bennett met with the following organisations and individuals -**

Federation of Dublin Hostels,	Dublin Housing Forum
Focus Point,	Combat Poverty
Streetwise,	Legion of Mary
Dublin Corporation,	Model Hostel,
Iveagh Hostel	Trust
Salvation Army	Simon
Dublin Central Mission	Probation Service
Eastern Health Board staff	St. Vincent de Paul

The Providers of Shelters for the Homeless were appreciative of the support of the Specialist Psychiatric Programme for the Homeless and were anxious to work in collaboration with it. The main points raised during discussions were -

* the concern that the Specialist Programme would not duplicate the service they were providing including Outreach but rather would provide an added or Outreach service as required to meet a specialist need as identified.

* the need to have a crisis/ consultancy/referral service available on a 24 hour basis. A response in this regard was not necessarily regarded an admission to hospital or indeed an interface with a Consultant Psychiatrist but rather could possibly involve a nurse or other professional giving an immediate response.

* the involvement of a variety of agencies statutory and non-statutory, not only in the field of health and health related, but also in the areas of Housing, Welfare, Justice and Education to respond to the diversity of needs of the homeless.

* the lack of adequate funding to take care of the clients with special needs and the need to introduce a system whereby clients having being assessed as to their maintenance requirements have the capacity to pay a reasonable rent for the particular type of accommodation required.

* the need for a co-ordinated approach approach in both service development and the ongoing planning of service.

(i)

Meeting held 9th June, 1994 St. Brendans Hospital at which the Organisations providing services to homeless people were invited.

Representatives of the following organisations attended -

Community Gardai
Salvation Army Granby Centre
Legion of Mary Regina Coeli
Dublin Central Mission
Streetwise
Trust
E.H.B. Psychiatric Service.
Salvation Army York House
Stanhope Alcohol Centre
Legion of Mary Morning Star
Probation and Welfare Service
Dublin Corporation Welfare Dept.
E.H.B. Welfare Section

Mr. Michael Walsh, Programme Manager, Special Hospitals thanked those present for attending. He said that for many years the Eastern Health Board had provided a specialist service to mentally ill homeless people. This programme was now being reviewed and he was anxious to get the views of the service providers as to how they would wish to see the service develop.

Dr. Joe Fernandez, Consultant Psychiatrist for the Specialist Programme for the Homeless gave a presentation of services and outcomes from the start of the Specialist Programme in 1979 to the present time.

A lengthy discussion ensued to which most of the people present contributed. A number of suggestions were made as to how the views of the various agencies could be elicited and it was agreed that Dr. Joe Fernandez, Mr. James Walsh and Ms. Peig Bennett would visit each organisation over the Summer months.