Overview

A Homelessness Transition Fund grant enabled Thames Reach to embed the skills of a specialist mental health outreach worker into their street outreach operations, including the London Street Rescue service.

The team at Thames Reach developed a psychologically informed approach to working with rough sleepers who have serious mental health problems. By working with mental health experts at Enabling Assessment Service London (EASL) they were able to advocate for clients and achieve statutory mental health assessments – often a vital component of routes off the street for this group.

The project saw many long-term rough sleepers who were previously resistant to help, accessing services and ultimately accommodation. The project has demonstrated the ongoing need for mental health expertise in street outreach.

“A total of 37 people with serious mental health problems have been accommodated as a result of the Psychologically Informed Outreach project, which is a huge achievement reflecting a lot of skill, persistence, creativity and partnership working. Through regular engagement we have helped to facilitate change in clients’ lives.”

Pan London Outreach Manager, Thames Reach

Key facts

Location
London
Grant
£99,793
Duration
2 years
Start Date
1/10/12
Client group
People who have slept rough long term with mental health needs, behavioural disorders and complex trauma
Supported during the period of the grant
92 people
Contact details
29 Peckham Road, London SE5 8UA
020 7702 4260
enquiries@thamesreach.org.uk
www.thamesreach.org.uk
Identifying need

Concern about rough sleepers with serious mental health problems has been growing in recent years. The death of a rough sleeper with schizophrenia in 2010 prompted a Serious Case Review in Lambeth which was published in 2012. This bolstered efforts to address the needs of a small but significant group of people whose rough sleeping was sometimes regarded ‘a lifestyle choice’. In fact, underlying mental health problems were the primary cause of their homelessness and isolation from services and society.

“There are sometimes people who are street homeless where mental health problems are pivotal in keeping them homeless – even though they might be quite ‘quietly’ unwell.”

Director, EASL

London Street Rescue is a Greater London Authority (GLA) funded Pan-London outreach service operating across London, but largely in outer boroughs that have little or no street outreach of their own. With the team covering a very wide geographical area they faced particular challenges in engaging with people sleeping rough, who are often quite hidden and have serious mental health problems.

EASL is a mental health team supporting people experiencing homelessness across London and the agencies that work with them. They provide multi-disciplinary assessments of people sleeping rough, and training and support to those working in the homelessness sector. The organisation was set up in recognition of the need for mental health input in homelessness outreach.

The funding

In 2012 EASL undertook a short pilot project, providing support to London Street Rescue. The success of this initial work enabled Thames Reach to put together a successful bid to the HTF. Thames Reach was awarded just under £100k to deliver psychologically informed outreach for 18 months.

The funding was used to employ a psychologically informed outreach worker and for EASL to provide support from a mental health social worker (an approved mental health professional) and a clinical psychologist. This included help with particularly complex assessments and regular clinical support for the outreach team. The project tested a model of working in a multi-disciplinary way, improving clinical support and mental health expertise for the whole London Street Rescue team, alongside targeted interventions for rough sleepers who had mental health problems which were hard to address within normal outreach work.

“The primary thing was being able to see whether this type of input would achieve positive change for people leading very excluded lives – facing serious risks and a poor quality of life.”

Director, EASL

Achievements

Reaching people on the streets with serious mental health problems

In total the project reached 74 people with mental health problems who were sleeping rough. 60 specialist mental health assessments were undertaken. 37 people were housed, including people who had been living isolated lives in secluded locations for many years and were regarded as being virtually impossible to accommodate.

The resource of the psychologically informed outreach worker within London Street Rescue meant that targeted additional work could be undertaken to engage with those who had serious mental health problems. This often meant providing a level of contact which would not be possible as part of standard outreach shifts. For example the psychologically informed outreach worker undertook regular visits to individuals’ sleep sites and spent more time with them, for example buying lunch for a client each week while a relationship developed. This work was targeted at those who had previously fallen through gaps in the support on offer.

“Local Authorities had let the situations drift ... Previously with some people we were doing welfare checks on these clients – some of them engaged with us some didn’t. It was frustrating to see people who we knew were not well, who were in crisis but whom we couldn’t get an assessment for.”

Lead Manager, London Street Rescue, Thames Reach

Once targeted by the psychologically informed outreach project, the outreach team worked intensively and persistently on a case, drawing in additional support from EASL where necessary. Use of the ‘Mental Health Act 1983 Screening Tool’ and the ‘Mental Capacity Act Screening Tool for Street Outreach Teams’ was followed up by more detailed reports to demonstrate to statutory mental health services that a mental health need had been correctly identified. Where appropriate, EASL was asked to undertake a joint assessment and write a report, and as necessary the team escalated cases to achieve outcomes.

“EASL would write a report to help us get mental health services engaged ... They knew the language to use and how to quote the relevant legislation ... If we hit a brick wall we would report a safeguarding case.”

Lead Manager, London Street Rescue, Thames Reach

An effective multidisciplinary outreach service

The psychologically informed outreach worker was embedded in street outreach services at Thames Reach, usually working with London Street Rescue but also available for referrals from other outreach teams. Outreach workers referred cases to the psychologically informed outreach worker who then targeted the clients most in need of additional psychological input.
Having the psychologically informed outreach worker to refer to gave the teams encouragement to complete assessment tools to screen for mental health problems. The project affected outcomes for clients with mental health problems across Thames Reach’s outreach services, not just those targeted by the psychologically informed worker for additional input.

“We have supported referring outreach workers to develop their understanding of mental health including treatment options, referral routes, assessing risks and developing support plans... with a better understanding of statutory mental health services... they are more able to persuade those services to respond to our clients’ needs.”

Pan London Outreach Manager, Thames Reach

With particularly complex cases or where mental health teams were reluctant to assess a client, mental health professionals from EASL – including a mental health social worker, a clinical psychologist and a psychiatrist – would provide an external assessment.

Sometimes there is a real value in having people who are highly qualified to write up an authoritative assessment to generate action.

“The outreach workers are very experienced... in writing assessments we applied their knowledge and concern in a way which would be heard.”

Director, EASL

Each client assessed by the psychologically informed outreach worker had a personal intervention plan. Casework management meetings facilitated a multidisciplinary approach. Around 15 cases were discussed in these fortnightly sessions and personal intervention plans were developed and reviewed. This ensured a sustained and creative, approach to engagement and finding routes off the street.

In some cases it was necessary for clients to spend some time in hospital. This was often as voluntary patients but, when the evidence of mental disorder and risks made it appropriate, there were some instances where this initially involved use of the Mental Health Act (1983). Hospital admissions were a critical point for continued input from the psychologically informed outreach worker and other members of the team to ensure an appropriate discharge plan to avoid a return to the streets:

“We were working with the hospital staff on discharge plans (as soon as possible), already thinking about what happens after the person leaves hospital... an accommodation offer is key to getting people linked in with Home Treatment Teams and Floating Support.”

Lead Manager, London Street Rescue, Thames Reach

The team worked with people until they were housed and engaging well with other services. At this point the team withdrew from cases to ensure they were able to focus on those currently rough sleeping.

**Demonstrating the need for mental health expertise in outreach**

The psychologically informed outreach project aimed to explore and demonstrate the value of having mental health expertise within outreach services. The unique contribution of this expertise was demonstrated through work with clients and the support provided to the team.

The psychologically informed outreach workers employed in the team over the two-year period (one at any time), were trained therapists and were able to effectively build relationships with long-term non-engageers. The team found that providing a psychologically informed outreach was particularly important to achieve outcomes in outer London areas, which sometimes attract this client group as they provide more secluded locations, and where existing services struggle to meet their needs.

“There was a client in (outer London borough) pushing a trolley around for years. (The psychologically informed outreach worker) met him each week for coffee, he revealed that he was hearing voices, eventually he was sectioned and got supported accommodation. Somewhere in central London they are more used to this kind of case; in the outer London borough they lacked the resources and experience so the extra input from us was needed to achieve an outcome.”

Lead Manager, London Street Rescue, Thames Reach
The additional structured input from highly qualified and experienced mental health professionals was helpful in dealing with the more complex cases, and in offering support and one to one supervision to the psychologically informed worker, and to the rest of the team as a group.

London Street Rescue, including the psychologically informed outreach worker, had regular clinical supervision in group and one-to-one settings, to assist them in working with clients who had serious mental health problems. This was felt to be highly beneficial to the team and helped them identify the most effective ways to work with clients and to ensure their own wellbeing.

“The work which outreach teams do is really complicated and challenging. They are having contact with people with difficult histories and there is a real benefit for the workers to have support in thinking about the impact of the work on them – how they are relating to the work and what different approaches they might try. It’s more than appropriate for outreach workers to have good support and ultimately this means they are better able to help their clients.”

Director, EASL

Learning from the psychologically informed outreach project

The psychologically informed outreach project demonstrated a range of ways of integrating mental health expertise into street outreach, and improving the service offered to all clients with mental health problems and providing targeted input to those with complex mental health needs.

Building relationships, retaining boundaries

Part of the success of the project in achieving outcomes with people reluctant to engage was the flexibility in the psychologically informed outreach worker’s role. The worker was able to:

‘undertake regular visits to people, taking time to build trust and rapport and establish a therapeutic alliance’ (Pan London Outreach Manager). This work was undertaken with clear boundaries. The focus was always on routes off the street and staff were clear with clients about this objective. While the psychologically informed outreach service retained contact with clients in the early stages of their accommodation journeys, the service had to withdraw and refocus on those still on the streets when this was appropriate.

Challenging the view of rough sleeping as a choice

Some of the people housed as a result of the psychologically informed outreach project had been sleeping rough long term. Their resistance to help had been perceived as a choice. The project challenged that perception with people who had been long-term ‘non-engagers’, sustaining accommodation following input from mental health services.

“I have been surprised, you think someone has just been (sleeping rough) so long, we have tried to input before, and then suddenly you hear the person has been housed and you think – wow! I met the first client of the service myself and did not know if there would be an outcome but there was – it was about the approach, the gentleness and getting trust and knowing when to intervene.”

Pan London Outreach Manager, Thames Reach

The model of ongoing specialist mental health input

The project has demonstrated the value of having a specialist mental health role within street outreach services to target people in most need of psychological input. Furthermore, spot purchasing of case-related support from EASL brought senior professional input to the most challenging cases.

This work was case led but also resulted in improvements in the relationships between outreach teams and mental health teams generally. The Pan London Outreach Manager at Thames Reach believes that there is an ongoing need for this model of working.

“There is far more to be done, this was a client-led short project which has got some great outcomes, but the job of making links between outreach and mental health teams is not a solvable problem ... all outreach teams should have ongoing specialist mental health input. This project has highlighted that. It’s reinforced our understanding of the gap that is there and we will look for further funding.”

Pan London Outreach Manager, Thames Reach

The team effect

Casework management meetings, clinical supervision and support from the psychologically informed outreach worker ensured that the whole London Street Rescue team and wider outreach services at Thames Reach benefited from the knowledge of the additional specialist post. The outcomes achieved and consistent use of screening tools improved the confidence of the team in working with mental health teams and advocating for clients.

“In a number of areas there is also a snowball effect; having had one successful piece of work improves the relationship between outreach and mental health services and they have developed an understanding of one another’s roles.”

Director, EASL
Sam
Ending eight years of rough sleeping by addressing unmet mental health needs

Sam is in his 60s. He was referred to the psychologically informed outreach worker by London Street Rescue in early 2013. He had been known to outreach services for a long time but was very evasive and declined to engage with staff. Sam had been evicted from his flat in 2006 following the death of his father and subsequent rent arrears.

The psychologically informed outreach worker made multiple visits to Sam’s sleeping site and he agreed that he would have lunch with the worker each week. As a more trusting relationship developed he started to converse more freely, eventually revealing that he was hearing voices ‘broadcast by the authorities’. Far from a lifestyle choice he disclosed that he did not want to sleep rough but felt unable to accept help with housing. Although he did not think he was unwell he agreed to be seen by a psychiatrist. Sam had an assessment by an independent psychiatrist from EASL. This was shared with his local Housing Options team who agreed to house him.

Upon viewing the accommodation on offer, Sam felt that it would be unsafe for him to stay there and, despite the team’s best efforts, decided not to take up the offer. Sam’s underlying mental health problem prevented him from accepting the property; one of his concerns was that he would ‘bring trouble’ to other residents – believing that they would end up with his symptoms.

Following this, Sam declined an appointment with a Community Mental Health Team. The psychologically informed outreach worker and EASL provided specialist written assessments to the Community Mental Health Team who concluded that Sam needed to be assessed under the Mental Health Act. Sam was assessed in the community and met the criteria to be admitted to hospital under Section 2 of the Mental Health Act.

Upon receiving treatment, Sam’s mental health started to improve, and he started to work with London Street Rescue and the psychologically informed outreach worker on benefits and housing plans. Staff from London Street Rescue attended a number of ward rounds and liaised with housing and community mental health services to ensure a suitable discharge plan was put in place.

After sleeping rough for nearly eight years, Sam moved into supported accommodation on leaving hospital. The team continued to support him for an additional two months while he settled into his new home.