

Winter Night Shelters and Mental Health

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Introduction – goals of session

- What is mental health
- What is interaction between poor mental health and CWS
- How can you appropriately respond as a non-professional?
- When is it ok to make a decision on behalf of someone else?

Introduce your self to your neighbours and briefly discuss why you came along tonight.

What is Mental Health?

Mental health includes our emotional, psychological and social well-being.

It affects how we think, feel, and act and how we handle stress, relate to others, and make choices.

Mental health is important at every stage of life, from childhood and adolescence through adulthood.

If you experience mental health problems, your thinking, mood, and behavior could be affected.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma, abuse or stress
- Family history of mental health problems

Mental Health Problems

During a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with.

This can feel just as bad as a physical illness, or even worse.

Mental health problems affect around one in four people in any given year

They range from common problems, such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder.

Different people will prefer to describe their experiences using different terms such as - 'poor emotional health', 'overloaded', 'burnt out', 'overwhelmed', 'mental illness' or 'issues'.

Cultural and Social Dimensions

- What is understood to be a “problem” will vary.
- There are different Models and ways of understanding mental health.
- Impact of people’s different life experiences and identity will influence how problems might manifest and how others, including services, respond to them.

James 1

- Do you feel that James needs mental health support?
- What is the reason for your answer?

Mood - Depression

Low mood that lasts for a long time affecting everyday life.

Feelings can include hopelessness , despair, guilt, worthlessness and exhaustion.

Impact on self-esteem, sleep, appetite, sex drive and your physical health.

Mild depression you can still lead your normal life but everything seems harder to do and less worthwhile.

Severe depression which can be life-threatening because it can make you feel suicidal or give up the will to live.

Other forms of depression include post-natal depression, seasonal affective disorder

Depression can be treated successfully with anti-depressant medication and talking therapies.

Lifestyle changes can help – exercise, diet, activities, talking to others, emotional support etc.

Mood – Bipolar disorder

Alongside periods of low mood people also have manic phases characterised by:

Uncontrolled expression of thoughts and emotions, over-activity, rapid speech, self-important ideas (grandiose), reduced amount of sleep.

It can consist of euphoria and goodwill but also comprise negative emotions such as fear, anger and irritability.

People experiencing mania can be easily distracted and sometimes describe racing thoughts and difficulty in hanging on to thoughts. In this phase people can behave in a reckless way e.g. believing they have a lot of money and getting into huge debt, driving extremely fast etc

Delusions and hallucinations may occur.

Psychosis

A person experiences things that are outside of “normal” experiences within their own culture. (e.g. hearing voices). In medical terms these are called ‘hallucinations’ – this is a disturbance of the perceptions.

Reality is changed. A person believes things to be true which quite clearly cannot be true. In medical terms these are called ‘delusions’.

There is a distortion of/change in personality. Someone can appear a "different person" and their usual behaviour, beliefs and attitudes may change completely

A person has little or no insight into what is happening. Someone may not recognise that there has been any change, or that there are any problems

Schizophrenia

Schizophrenia is...

- An enduring psychotic illness which affects thinking, emotions, behaviour and perceptions.
- It is found in all parts of the world and affects about 1% of the adult population.
- It is diagnosed equally in men and women and 75% of new diagnoses are aged 16-25.

Schizophrenia isn't...

- A split mind.
- A “Jekyll and Hyde” personality
- Multiple personalities

Schizophrenia 'positive' symptoms

Hearing voices (*auditory hallucinations*)

Other hallucinations (e.g. visual)

Delusional beliefs (beliefs which do not match reality and are resistant to challenge)

Disorganised thinking (*thought disorder*) often reflected in speech.

A sense of being controlled by outside forces or people.

A sense of everyday occurrences or behaviours having significance especially for you (*ideas of reference*).

Schizophrenia 'negative' symptoms

The absence of normal behaviours

Lack of energy or activity

'Flattening' of emotions

Inability to cope with normal demands of life.

Social withdrawal

Lack of self-care

Anxiety Disorders

We feel anxious when we are worried, tense or afraid often about things that are about to happen, or we think will happen.

Occasional anxiety is a normal human experience, but if the feelings of anxiety are very strong, or last for a long time, they can be overwhelming.

You might also experience physical symptoms such as sleep problems and panic attacks.

Phobias - an extreme form of fear or anxiety triggered by a particular situation (such as going outside) or object (such as spiders), even when it's very unlikely to be dangerous.

Anxiety disorders (cont'd)

PTSD - Post-traumatic stress disorder may develop after being involved in, or witnessing, traumatic events. The condition was first recognised in war veterans - 'shell shock'. However a wide range of traumatic experiences can cause PTSD. Symptoms can include vivid flashbacks, nightmares, intrusive thoughts, irritability and hypervigilance.

Anxiety disorders can be treated with medication and various talking therapies.

Self-help groups, relaxation techniques, mindfulness, yoga and hypnotherapy can also help some people.

Personality Disorders

The word 'personality' refers to the pattern of thoughts, feelings and behaviour that makes each of us the individuals that we are.

If you have a personality disorder you will find the way you think, feel and behave causes you or others significant problems across different aspects of your daily life.

This can lead to distress for you, others or society and makes it difficult to have good interpersonal, social or working relationships.

These problems continue for a long time, often starting in childhood.

A major cause of personality problems is thought to be trauma in childhood such as neglect, physical, emotional and sexual abuse .

There are ten specific personality disorders diagnoses including paranoid, borderline, dissocial, narcissistic , dependent and avoidant.

The main treatment for personality disorders is talking therapies.

Homelessness and Mental Health

Research on mental health and homelessness has found that there are higher rates of mental health problems found in homeless populations than in the general population.

- Schizophrenia 16-30% (1-4%)
- Personality Disorder 50-70% (5-13%)
- Anxiety Disorders and Depression 50-80% (11%)
- Attempted Suicide 42% (1.3%)

Input from mental health professionals can...

- Relieve symptoms and distress
- Enable someone's entitlements to be demonstrated and then met
- Help risks to be better managed
- Inform the person and services they are already in contact with so that they can manage difficulties more effectively

BUT....

Start by thinking about how you can support them right now

Just being there, or helping with a small practical problem, can help. We all need hospitality

What you do will make an impact, even if someone is also seeing a specialist service.

Tempting to think that, once someone is seen by mental health services, a solution will be found. Unfortunately, this is often not the case.

People can be reluctant or unable to work with services, or they may present with problems that mental health services simply cannot deal with.

Specialist services can provide medication and psychological issues, but social interventions are also powerful and can be done by anyone, in any organisation.

Trauma Informed Care

In a trauma-informed service, it is assumed that people have experienced trauma and may consequently find it difficult to develop trusting relationships with support staff, and feel safe within services.

Accordingly, services are structured in ways that prioritise physical and psychological safety.

This recognises that the higher percentage of mental health issues within the homeless population needs to be understood in relation to the likelihood of these individuals suffering, or having suffered, compound trauma.

Features of a trauma informed project

- An awareness of the nature and later expression of past trauma;
- An emphasis on safety within their systems and structures;
- Creating, within or through the service, opportunities to rebuild control;
- Adopting a 'strengths-based' approach. This approach works with the abilities and positive characteristics people may have, (or be helped to find) rather than focusing primarily on their difficulties.

Psychologically Informed Projects..

- Psychological awareness
 - Staff training and support
 - Learning and Enquiry
 - Spaces of opportunity
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- 'The Three Rs' • Reflective Practice and Relationships are seen as underlining all of the above

James 2

What are your thoughts at this point about:

A) Whether James would benefit from being linked in to mental health services?

B) What steps you might be able to take to explore this or facilitate it?

Accessing mental health services -

Primary Care – GPs

Secondary Care

- Recovery Teams
- Crisis /Home treatment teams
- IAPT services

Hospital

- Psychiatric Admissions
- Psychiatric Liaison

See Homeless Link / EASL document on line

James 3

What are your concerns at this point?

What action or plan, if any, do you make?

What is capacity?

‘...legal capacity depends upon understanding rather than wisdom: the quality of the decision is irrelevant as long as the person understands what he is deciding’

(Law Commission 1991)

Mental Capacity 1

We shouldn't make decisions on behalf of another adult unless the answer to both these questions is YES

1) Is someone unable to make the decision in question at the time it needs to be made?

2) Is this inability as a result of an impairment of, or disturbance in the functioning of the mind or brain?

If you believe that this might be the case then you should carry out a further assessment...

Mental Capacity 2

1) Does the person have an understanding of the key points of the decision that needs to be made, and why they need to make it?

Do they understand the likely consequences of making the decision, or not making it?

2) Is the person able to use and weigh the information relevant to the decision?

3) Is the person able to retain the information relevant to the decision for long enough to make the decision?

4) Is the person able to communicate the decision by any means?

Best Interest Assessment

If you carry out a capacity assessment, and conclude that someone does not have capacity to make a particular decision, you **MUST** then proceed to carry out a Best Interests assessment.

This is a process to ensure that the substitute decision-makers, makes the decision that the person would have made themselves if they were able to do so, rather than making a decision that seems sensible to the assessor, or least risky.

MCA - The Principles 1

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

MCA –The Principles 2

An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Best interest checklist – 1

1. Encourage the person to take part as much as possible
2. Identify all relevant circumstances
3. Find out the person's past and present wishes, feelings, beliefs, values and any other factors they would be likely to consider if they had capacity, including any advanced statements
4. Do not make assumptions based on the person's age, appearance, condition or behaviour
5. Assess whether the person might regain capacity

Best interest checklist – 2

6. If the decision concerns life-sustaining treatment then the best interests decision should not be motivated by the desire to bring about the person's death
7. Consult with others where it is practical and appropriate to do so. This includes anyone previously named as someone to be consulted; anyone engaged in caring for the person; close friends, relatives or others with an interest in the person's welfare; any attorney and any Deputy appointed by the Court.
8. Avoid restricting the person's rights by using the least restrictive option
9. Abide by any valid advanced decision