



The College of Psychiatry of Ireland
Coláiste Síciatrachta na hÉireann

Specialist Mental Health Services for Homeless People

Summary Position Paper
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Approved by Council

The College of Psychiatry of Ireland

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The true prevalence of mental health problems in homeless people is unknown, and estimates for severe mental illness alone vary from 4% to 25%. The Homeless Agency's most recent census (2008) found there were 2,366 homeless people in Dublin. There are no official national figures available, although the Simon Community has an estimate of close to 5,000 people at any one time.

The international evidence is that homeless people tend to be frequent users of GP and Emergency Department services, but infrequent users of routine outpatient services, including mental health services. They can find it difficult to access the health and social care they need. Barriers to having needs met can include stigma, lack of finances, lack of understanding of state entitlements, unhelpful attitudes of healthcare professionals and individual difficulties in engaging with services. In Ireland and elsewhere, mental health service sectorisation based on place of residence, is a disadvantage to homeless people.

There is considerable evidence to show that Specialist Mental Health Services for homeless people are effective.

Consultant Psychiatrist-led, multi-disciplinary Specialist Mental Health Services (MHS) for Homeless People are located in Dublin and Cork. The Programme for the homeless, set up in Dublin in 1979 by Dr. Joseph Fernandez is one of the oldest such specialist services in the world. It employs an assertive outreach approach. In 2004, another Consultant Psychiatrist-led, multi-disciplinary team, ACCES, was established. It also provides assertive outreach to those with severe mental illness in Dublin's homeless population. These 2 Dublin services, operating north and south of the River Liffey, are consistent with national health policy document 'A Vision for Change' (2006). This document recommends an assertive outreach model and in addition, a Crisis House for Dublin.

In Cork, in 2002, a Specialist Mental Health Service for the Homeless was established in response to the 'Integrated Homeless Strategy' (2000): the Cork Adult Homeless Integrated Service (CAHIS). This team has been incorporated into the Cork City Central Primary Care Network. CAHIS relies heavily on joint working with local voluntary accommodation providers and local acute mental health services to deliver an assertive outreach model of care.

There are also Specialist Mental Health Services for homeless people based in Limerick, Waterford and Galway, comprising 1 Mental Health Nurse each. In Galway, the nurse is employed by a voluntary agency working with homeless people. These clinicians employ an assertive outreach approach, interfacing with general Mental Health Services and Primary Care in different ways in each location.

Beyond the above named urban centres, mental health care for homeless people is provided by general Mental Health Services and others. All Mental Health Services need to identify those at risk of becoming homeless and work robustly and closely with existing statutory and voluntary services for the homeless.

There is an urgent need to set up an Irish Clinical Network for mental health professionals in Specialist Mental Health Services, offering mutual information, support and education, to underpin best practice in such services throughout the country.

Future developments in Specialist Mental Health Services for homeless people should be informed by international best practice, emphasising an assertive community outreach approach for this population.

Recommendations

A. In all areas without Specialist Mental Health Services for the Homeless, the recommendations of national mental health policy, 'A Vision for Change' (2006), should be implemented: "that a range of practices should be adopted by all mental health services and teams to prevent service users becoming homeless". Adequate data collection on this issue should be arranged locally. A robust, local Mental Health Service and inter-agency response should be made to the needs of mentally ill people who are homeless or vulnerable to homelessness. 'A Vision for Change' recommends the designation of a Community Mental Health Team with responsibility and accountability for the homeless population in each Mental Health Service catchment area. We suggest designation of an individual with responsibility for this issue as a possible first step in this regard. In addition to this, investment made locally in Community Mental Health Teams with assertive outreach capacity and in Psychiatric Rehabilitation Teams, will reduce the likelihood of individuals with severe mental illness becoming homeless.

B. In areas of high prevalence of homelessness, namely inner urban areas, Specialist Mental Health Services for homeless people make sense and are effective.

C. In Dublin, the two Consultant Psychiatrist-led, multi-disciplinary teams must have an appropriate mix and complement of staff, reflective of teams working in the assertive outreach modality and a Crisis House be established as recommended in 'A Vision For Change'.

D. In inner urban centres outside Dublin, variable types of Specialist Mental Health Service configurations will be required, with either individual mental health professionals or multi-disciplinary teams, as locally determined appropriate. It is crucial that the existing services in Cork, Waterford, Limerick and Galway are fully maintained, being enhanced as the evidence of need dictates.

E. We recommend the establishment of an Irish Clinical Network for mental health professionals in Specialist Mental Health Services, offering mutual information, support and education, to underpin best practice in such services throughout the country.