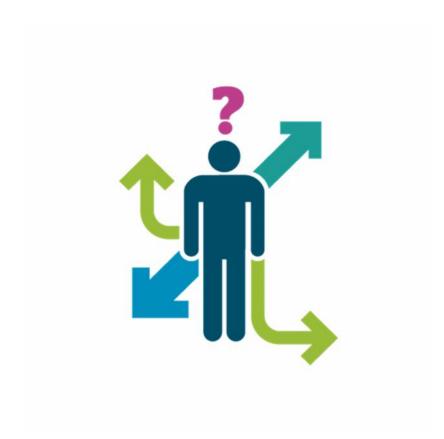# Lost in Crisis

**Access to Mental Health Services
for Homeless people in Manchester**

Foreword

Nationally, poor access to mental health care provision for people experiencing homelessness is the crisis within a crisis. I congratulate Neil and his team at Healthwatch Manchester for this timely and illuminating report on the situation in Manchester. No one familiar with Manchester today will be surprised by Healthwatch Manchester's decision to investigate mental health provision for our city's homeless citizens. For people without lived experience of homelessness or who don't work or interact with people experiencing homelessness on a regular basis some of the findings of this report will make surprising and unpalatable reading.

Given the fundamental role poor mental health plays both as a trigger for and a consequence of homelessness and rough-sleeping, the inaccessibility of mental health care provision for homeless people detailed in this report must serve as a catalyst for change in the design, commissioning and delivery of mental health support services for people experiencing homelessness in our city.

At the Manchester Men's Room we support young homeless men and young male sex workers. The personal experiences detailed in this report are a familiar story for us. One of the key barriers the men we support encounter is the silo-ed nature of provision for people with multiple and complex needs. Poor mental health is just one of a number of interconnected issues they experience. Services that address these issues in isolation miss valuable opportunities to have long-term, sustainable, deep-seated and life-changing positive impacts on people's health and well-being.

The findings of this report highlight the need for accurate, up-to-date accessible information, simplified support pathways, more joined-up partnership approaches and whole-person, assets-based approaches to supporting mental well-being in people experiencing homelessness.

While the report does highlight examples of poor practice and negative outcomes it also highlights some excellent examples of services getting things right. Services such as the Urban Village Medical Practice can be justifiably proud of the high praise they receive from people with lived experience of homelessness in this report. The report, while highlighting the lack of resources in the Homeless Pathway Team rightly praises the team for the work they do with such limited resources and their flexible and holistic approach to engagement.

The Manchester Homelessness Charter, and in particular its Mental Health and Arts & Heritage working groups provide excellent examples of people with lived experience of homelessness leading the way and attempting to influence the design of effective solutions. I would strongly encourage organisations, services and individuals who have not done so already to pledge their support for the charter at https://charter.streetsupport.net

It is a sad truism that our statutory and voluntary sector support services are stretched to their limits. However there are opportunities for better coordination, co-design, co-production and co-delivery. In particular Manchester City Council deserves praise for the assets-based approach to service provision it has placed at the heart of its new 'Our Manchester' strategy. I sincerely hope this report will serve as a catalyst to ensuring that people with mental health needs experiencing homelessness in our city get a genuine, positive and effective 'Our Manchester' response.

Fergal McCullough, Director, The Men's Room

Contents

Glossary

A&E Accident and Emergency specialist trauma and *emergency* medical care for all forms of serious injury and illness

Assertive Outreach Team Assertive outreach teams (AOTs) are specialist mental health services. They may be part of the community mental health team (CMHT), or they might be a separate team. They work with people who are over 18 years old who have ongoing complex mental health needs, and need intensive support because of mental disability. (Ref: Rethink mental illness)

CHMT Community Health Mental Team Community Mental Health Teams (CMHTs) support people living in the community who have complex or serious mental health problems

GM Greater Manchester

GMMH Gateway Service or Gateway is the first point of access for referrals made into GMMH

GMMH Greater Manchester Mental Health NHS Foundation Trust, also referred to as The Mental Health Trust or The Trust provides life changing mental health and substance misuse recovery services across Greater Manchester. They are the main provider of statutory mental health services in Manchester

Homeless. According to Shelter, most homeless people are not on the streets. You are homeless if you have nowhere to stay, have been evicted or facing eviction with nowhere to go, your home has been repossessed or facing repossession with nowhere to go, you are asked to leave by family or friends, at risk of violence or abuse, staying in a hostel or refuge, living in overcrowded or poor conditions, unable to be together with your immediate household or have nowhere to put your caravan or boat. Hidden homeless people may be "sofa surfing" or staying with family and friends in precarious circumstances.

HWM Healthwatch Manchester Healthwatch Manchester is the independent consumer champion created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care

IAPT Improving Access to Psychological Therapies an NHS programme rolling out services across England offering interventions approved by the National Institute of Health and Clinical Excellence (NICE) for treating people with depression and anxiety disorders.

Independent Sector refers to an organisation outside the statutory sector and for the purposes of this report can make referrals into statutory mental health services. The independent sector includes private, third or voluntary sector, faith and social enterprise organisations.

Homeless Pathway Team Pathway is a model of integrated healthcare for single homeless people and rough sleepers, it puts the patient at the centre of their own care (www.pathway.prg.uk)

Manchester Home Treatment Team The Trust's Mental Health Home Treatment Teams (MHHTTs) (formerly the Crisis Resolution and Home Treatment Teams (CRHTs)) provide an alternative to inpatient care by offering short-term intensive community support.

Manchester Primary Care Partnership The Manchester Primary Care Partnership Ltd (MPCP) was formed in February 2015. It is a not for profit organisation wholly owned by the three Manchester GP Federations. These are Northern Health GPPO (north Manchester), Primary Care Manchester (central Manchester) and South Manchester GP Federation (south Manchester).

MO:DEL (Manchester Offenders: Diversion Engagement and Liaison Team) is a multidisciplinary Criminal Justice Liaison and Diversion team covering the City. They work with offenders who have co-morbid mental health problems, learning disability and other complex needs such as substance misuse, homelessness and interpersonal difficulties.

Rough sleeper According to the DCLG rough sleepers are defined for the purposes of rough sleeping counts and estimates as people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments) and people in buildings or other places not designed for habitation. The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.

The Booth Centre is a Manchester based charity aiming to bring about positive change in the lives of people who are homeless or at risk of homelessness. They do this by providing advice to find accommodation, education & training and help to secure employment, free healthy meals, support in tackling issues with health and addiction, and creative activities to boost confidence and self-esteem.

The Men's Room is an arts and social care charity delivering a range of support services to marginalised and chaotic young male sex workers, young men at risk of exploitation and young men experiencing homelessness in Manchester city centre.

Executive Summary

Homelessness has risen drastically in Manchester in recent years. The number of rough sleepers has increased and they have become highly visible on our streets. Tackling homelessness and the impact it has on health and wellbeing services is now a key priority for the city. Our health, social care and emergency services are not currently in a strong enough position to meet the increasing and projected demand.

Homeless people are increasingly turning to Accident & Emergency (A&E) Departments in Manchester when they experience mental health crises. A&E Departments are ill-suited to provide the calm environment needed for crisis care, as the Healthwatch Manchester 3 sites Review (2017) illustrates. Providing interventions through A&E is also expensive and should be used as a last resort rather than the first point of entry. However, there is a severe and chronic lack of crisis support services in the community.

This report explores pathways to care for homeless people who require support with mental health issues. An audit was conducted to explore the online information available to homeless people who want to access mental health services. This data was found to often be incorrect, unclear, contradictory, or hard to find. Therefore Healthwatch Manchester (HWM) contacted relevant agencies directly to supplement the online information. The findings were used to produce the Entry Points and Pathways for Homeless Mental Health Support map (appendix one).

Healthwatch Manchester wanted to foreground the voices of homeless people and therefore we worked with The Booth Centre and The Men's Room to have conversations with their service users. Interviews took place with 25 homeless people regarding their experiences accessing healthcare and mental health support. They reported that they often felt stigmatised, stereotyped and not listened to. Many had struggled to access mental health services when they needed them. Their voices inform this report.

The mental health support system for homeless people in Manchester requires urgent improvement. It is fragmented, vastly complicated and difficult to navigate, creating barriers to access. Services are also under resourced, waiting lists are too long and staff often experience stress. Many services lack an understanding of the complex needs of homeless people, or fail to acknowledge their rights as patients. However, there are exemplars such as The Urban Village Medical Practice and the homeless people we spoke to value the responsive service they provide.

Statutory agencies and the independent sector need to work together to improve coordination between each other and information, signposting and access to mental health services for homeless people. Areas for improvement include simplifying referral pathways, and ensuring adequate provision of early intervention, community and crisis support services. This should be viewed as an urgent and important matter.

Recommendations

More needs to be done to help homeless people in Manchester to access the mental health support services they need. There is an urgent need for improved access to up-to-date information, better signposting through the independent sector, better provision of crisis services in the community and simpler referral pathways to the Mental Health Trust. Providing early interventions can help to improve health outcomes for homeless people and reduce the pressure on emergency and social services. Solutions include (but are not limited to) addressing the following:

1. Incomplete and conflicting online information makes it difficult for people to understand how to access services. A clear protocol should be established to keep the NHS Choices and GMMH's websites in sync and up-to-date.

2. GMMH should expand the information available on their website, making entry points to services clearer and referral pathways more transparent. This would reduce the barriers of access to services.

3. Both statutory and voluntary sector services that work with homeless people would benefit from improved coordination around information sharing. A lead organisation should actively facilitate the exchange of up-to-date information between hospital trusts, Greater Manchester Police, HM Prison Service, MO:DEL, and voluntary sector groups.

4. The Entry Points and Services Pathway Map (appendix 1) shows that most of the referral pathways available to homeless people in Manchester depend on a handful of key services. They include the Homeless Pathway team within GMMH who make initial assessments and onward referrals to mental health services. GMMH should ensure these critical services are well resourced to avoid bottlenecks along the referral pathways.

5. The Homeless Pathway team should offer support to all homeless people that require access to NHS mental health services, and help to coordinate support from other statutory services such as the Alcohol and Drug Service. This is currently not possible with just four frontline staff who cover the whole city.

6. Services need to be more joined-up and avoid turning people away without providing support, information or signposting. Access criteria such as 'must have enduring mental illnesses', 'no substance misuse', or 'not already engaged with a service' make access to mental health services very difficult and complicated.

7. The Services Pathway Map helps organisations signpost homeless people to appropriate entry points to access mental health services, and allows service providers to identify areas for improvements. Healthwatch Manchester will continue to update this mapping and requires continued input from its statutory partners to achieve this.

8. Healthwatch Manchester will also continue to update, produce and distribute our pocket guide "Know Your Rights: A Guide to Accessing Health Services if you are Homeless in Manchester." This is a popular and highly valued resource which has improved awareness. However, a leaflet can only have a limited impact when actually claiming rights as a patient and the support of Manchester Primary Care Partnership is needed to ensure its success.

9. There are very few services that provide safe spaces for urgent crisis support in Manchester. Statutory mental health services tend to require GP referrals and service capacity in the voluntary sector (such as the Sanctuary) have been reduced. A&E departments thus remain the most likely entry points for people who require crisis support. GMMH and service

commissioners should aim to reduce the reliance on emergency services by increasing the capacity of safe spaces in the community for short term crisis support.

10. Frontline staff and volunteers at Day Centres and Housing services can play a key role in signposting homeless people to access treatments. GMMH should actively work to strengthen these important referral entry points. Ways to do this include providing a single point of contact at GMMH, ensuring organisations receive regular updated information and coordinating training for frontline staff around homeless people and mental health issues.

11. Incorrect referrals can lead to delays, put extra strain on services, and increase costs to health and care systems. GMMH should ensure that the Gateway Service has the latest information they need (such as entry criteria) to direct referrals to the most appropriate teams within the trust. Frontline staff need to regularly update this information as this is not currently the case. A feedback procedure should also be created so that frontline services can inform Gateway if incorrect referrals are made in order to reduce future errors.

12. The Gateway telephone triage service needs to be supported by trained clinicians from GMMH. The paper based assessment currently being used is not effective for making specialist mental health referrals.

13. Waiting times for referral to the Community Mental Health Teams are currently far too long (currently up to 1 year). A realistic target maximum waiting time should be introduced which aims to reduce this. The address/locality based entry requirement is particularly problematic for homeless people. GMMH should review the demand and entry criteria for this service urgently so that users can receive timely referrals and get the support they need.

14. The voices of homeless people should be listened to and their experiences valued. Ongoing research should be conducted into how their needs can be met. Healthwatch Manchester is well placed to support and contribute to this work.

1. Introduction

1.2 Homelessness in England is an increasing and serious problem. From 2010 to 2016, the estimated number of rough sleepers in England more than doubled from 1,768 to 4,134 (DCLG, 2016). In 2015 approximately 255,000 people in England were homeless (Shelter, 2016). This figure includes not just rough sleepers but people who are in hostels, temporary accommodation and informal, precarious situations such as "sofa surfing". Last year in Greater Manchester, 6,684 statutory homelessness applications were made to Local Authorities, and of these 2,553 were eligible for support (Lifeline, 2016).

1.3 Experiencing homelessness has grave consequences for a person's mental and physical health. The average life expectancy for the general population is 77, but this falls dramatically for homeless people; it is estimated at just 43 years for a woman and 47 for a man. (Crisis, 2012). Homeless people are 9 times more likely to commit suicide than the general population. An audit by Homeless Link found that across England 41% of homeless people had long term physical health problems (compare to 28% for the general population), 39% used drugs regularly or were recovering from a drug problem, 27% had or were recovering from an alcohol problem, and 77% smoked. Their research also showed that 45% of homeless people in the study had some form of mental illness, compared to 25% for the general population (Homeless Link, 2014)

1.4 Homelessness also leads to increased pressure on local healthcare and emergency services. It was found that people that are homeless attend A&E 6 times more often, get admitted to hospitals 4 – 8 times more, and once admitted, stay 3 times longer than the general population (Homeless Link, 2014). As well as improving individuals quality of life, research suggests that tackling homelessness early could save between £3,000 and £18,000 for every person helped (Crisis, 2015).

1.5 Manchester City Council, The NHS and the local voluntary sector have launched numerous initiatives to tackle homelessness and support homeless people in the city. They recognise the human costs and consequences of homelessness and provide a range of support, information and access to services. In 2015 The Manchester Homelessness Partnership launched The Manchester Homelessness Charter which offers a "shared vision for the future and brings together different people to deal with homelessness in practical ways" (Street Support online). However, despite this valuable work, homeless people can still face many challenges when trying to access health and care services.

1.6 This report aims to provide a review of the current system of mental health service provision for homeless people in Manchester. The main focus of the review is the health provider GMMH. It's understood that homeless people access a range of services by various practitioners which are also included in the review.

1.7 Key commissioned functions of Healthwatch Manchester are:
- Information & signposting to local health & care services for people in Manchester
- Making reports and recommendations about how local health and care services can or ought to be improved

This is achieved by
- Maintaining up to date information on service provision and availability
- Collecting the views, experiences and opinions of local people

The main objectives of this report are to:
- Present the findings from the mapping of mental health service provision
- Present the findings from our survey of homeless people and their experiences of accessing mental health and care services in Manchester
- Provide recommendations to GMMH and other statutory providers regarding improvements to the provision of these services.

2. Background & Rationale

2.1 Manchester has been identified by Shelter as the "top homeless hotspot" in North West England. From 2011 to 2016, the number of estimated rough sleepers in Manchester increased from 15 to 78 (MEN 2016). Urban Village Medical Practice, a GP Practice in Manchester with specialist homeless services reported that as of Feb. 2017 they have 850 patients registered as homeless (rough sleeping or sofa surfing) at their practice in the City of Manchester (Street Support Online)

2.2 In a 2014 audit, Urban Village Medical Practice discovered that 7% of their homeless patients had previously been denied access to a GP or dentist. 15% reported not receiving help from medical professionals with their physical health problems

2.3 Similar issues have been reported by colleagues from Healthwatch across the country. Healthwatch Lancashire found homeless people often struggle to get medical help because they do not feel they are listened to by health services, and waiting times are far too long. Healthwatch Stoke-on-Trent found that half of the local GP practices turned away homeless people and only 26% agreed to register a homeless person. Healthwatch Waltham Forest found that homeless people feel disrespected and discriminated against both when trying to book a GP appointment and when being treated. In some cases this affected the quality of care received

2.4 Healthwatch Manchester received reports regarding an increasing number of homeless people attending A&E in mental health crisis from colleagues in the independent sector as well as from staff in A&E Departments. Healthwatch Manchester were also concerned by reports of long waiting times for entry into mental health services, a lack of accurate information available and mental health services reported as under resourced.

2.5 A Homeless Charter had been launched for the city and a mental health action group established where Healthwatch Manchester was invited to attend. Through the information shared at this meeting it became further apparent that the need to investigate this issue was an immediate requirement for the organisation.

3. Methodology

3.1. A mixed methodology was used to achieve an insightful and robust report that combines quantative and qualitative data.

Mapping

3.1 The initial research stage was desktop based and aimed to explore online information resources for homeless people seeking mental health support services. Several research sessions collected information from relevant NHS and Criminal Justice System websites which have a focus on services for homeless people. Only publically available online resources were accessed, to best replicate the experiences of a member of the public. The data obtained during this phase was used to create a draft map of entry points and pathways for referral to mental health support.

3.2 As the results in section 4 demonstrate, online information was frequently unclear, limited or contradictory. It was also fragmented and hard to find. Therefore Healthwatch Manchester contacted the services concerned for clarification. This was done via emails, telephone calls and face-to-face meetings as appropriate. This supplementary information was used to complete an accurate map of entry points and pathways for mental health support, and this is included as appendix 2.

Face-to-Face Surveys

3.3 Healthwatch Manchester undertook a piece of investigative work to explore the lived experiences of homeless people and to make their voices central to this research. A short survey was designed to elicit and meaningful conversations focused on access to healthcare services and mental health support. The questions were purposefully open and informal so participants were able to talk about what mattered most to them and to share their experiences in their own words. In practice interactions often incorporated elements of interviews and appreciative enquiry.

3.4 To conduct the survey Healthwatch Manchester visited The Booth Centre and spoke to people using their day centre service. Researchers also worked with outreach workers from The Men's Room so we could reach out to rough sleepers in Manchester. These conversations happened wherever the person was comfortable talking to us. Everyone we spoke to was interviewed on a one-to-one basis during September 2017. All participants gave full and informed consent and their anonymity was assured. A total of 25 people took part in our survey and their demographic details are provided as appendix one.

4. Findings: Information and Services

Online information

4.1 It is very difficult to find accurate online information online about how to refer homeless people to NHS mental health services. Some of the information available on key websites is contradictory, confusing and / or out of date. For example, in June 2017 the NHS Choices website stated there are no IAPT (Improving Access to Psychological Therapies) service in Manchester. However, the GMMH website tells individuals they can access this service through voluntary sector groups. This provides just one example of the wider issue of inaccurate online information.

4.2 HWM found the information needed for our service pathway mapping was scattered across several different websites. A homeless person with complex needs would struggle to navigate this online system without support. The fragmented nature of the information is also a challenge for statutory and voluntary sector services. Up-to-date information, presented in a concise way is required in order to refer people to the most appropriate entry points for access to services.

4.3 No single website provides an overview of or explains entry to mental health service pathways. This makes referrals and signposting very difficult. In addition, this limits the ability of service providers to identify weak points and bottlenecks along the service pathways.

GMMH's website includes some information about these services but with limited detail. For example, the website states that the trust partners with voluntary sector organisations such as SelfHelp to provide IAPT services. However, there were no details regarding how to access the service, the referral process, or how people would be discharged from this service.

Referrals and Signposting

4.4 Staff and volunteers who work at Day Centres and Housing services play a key role in signposting and referring homeless people to health and care services.

4.5 Non-statutory mental health service providers through the voluntary sector are not always aware of specialist homeless services such as Urban Village Medical Practice or the Homeless Pathway team from GMMH. Homeless people may be turned away from general services for a variety of reasons, including lack of formal identification or proof of an address. They then struggle to find access to treatment if they are not directed to specialist services.

4.6 Some homeless people need more one-to-one support and require better coordination and assistance into services. For example, we were told about a case where a volunteer took a homeless person to the entrance of Urban Village Medical Practice because they needed a GP. This was after a period of befriending and trust building. However, the homeless person left without accessing any services because they became anxious and uncomfortable at the thought of going inside the building on their own. Because of this the intervention to support this person failed at this point of culmination.

Crisis Support

4.7 Provision of safe spaces for urgent mental health crisis support is very limited in Manchester: To access statutory services provided by the Mental Health Trust people have to be referred by a health professional such as a GP. In the voluntary sector, the Sanctuary is a safe space provided by SelfHelp but is only available overnight from 8pm to 6am. Crisis Point also provide temporary spaces to help people recover but people have to book in advance each day and spaces are subject to availability.

"I struggle with long waiting times"

"There is limited time to see someone … If you are a drug taker you will get pushed out of the door; but they are not as bothered about alcohol."

4.8 People that are known to the Mental Health Trust i.e. are currently receiving treatment through The Trust - can call the Urgent Care Access Team when in a crisis to receive intensive community based support from the Manchester Home Treatment Team. However, waiting time for this phone number varies depending on the day & time of day, and people who are not already in the system still have to be referred by their GP.

4.9 The Manchester 136 suite is only suitable for severe cases of mental illness. Access to the suite is dependent on the police taking patients to a place of safety under Section 136 of the Mental Health Act.

4.10 The overall limited provision of crisis services means most people in mental health crisis directed to A&E units if immediate interventions are required. Busy A&E departments are not suitable for providing metal health crisis support. Providing crisis care through the emergency services is also expensive.

Homeless Pathway Team (a subset of Manchester GMMH Engagement Team)

4.11 Manchester Engagement Team includes the Assertive Outreach Team and the Homeless Pathway team. It is the only Manchester based service from GMMH that focuses on homelessness and mental health.

4.12 The Homeless Pathway team receives referrals from a wide range of entry points including GPs, Social Services, the voluntary sector, , A&Es and HM Prison Service.

4.13 This team is chronically understaffed and only has 4 workers to process all the referrals across Manchester. This has created a bottleneck along the referral pathway.

4.14 The Homeless Pathway team can only take on cases where the user is not already engaged with another service provided by GMMH. Redirecting incorrect referrals further adds to their workload.

4.15 To cope with demand, the team follows strict entry criteria where people must have an "enduring mental illness" but "without complex needs" such as substance misuse. This further complicates the referral pathway. There is currently a serious gap in the service for homeless people with complex needs.

4.16 The Homeless Pathway team should be commended for their flexibility and holistic patient-focused approach. For example, staff carryout assessments at places where the user feels most comfortable (such as in their car). The team has developed close working relationships with local organisations such as the Booth Centre.

The Gateway Service

4.17 The Gateway Service is a telephone based triage service that receives and redirects referrals to mental health services. The staff used to be clinicians who can carry out initial assessments but this is no longer the case.

4.18 Gateway administrators can sometimes contribute to incorrect referrals that do not meet the entry criteria to services provided by GMMH. This puts extra caseload pressure on frontline staff to redirect people to the right services.

4.19 It was also reported to Healthwatch Manchester that the paper based assessment used by Gateway for entry into specialist mental health services has limiting criteria and needs

review. This assessment makes it difficult for other agencies to refer people to specialist mental health services through Gateway. The paper-based assessment does not take into account the pathway in which the person was referred including the circumstances of their referral. So for example, a person referred through the Criminal Justice System is assessed in the same way as a referral from a GP or VCS provider.

Community Mental Health Teams (CMHT)

4.20 The CMHTs have long waiting lists of up to 1 year before a patient is seen. Homeless people who require mental health support often 'hover' between the Homeless Pathway team (which is supposed to be a short term service), community services, and a psychiatrist during this period.

4.21 People need to have a stable address to access this service. This creates an additional barrier for homeless people.

4.22 For people with personality disorders, the CMHTs require a dual diagnosis to be established before they can take on a case. The person must have BOTH a suspected psychotic symptom and suspected personality disorder. This criteria makes access to treatment particularly difficult for this category of people.

Social Services and the Contact Centre

4.23 Manchester City Council's website provides contact information for homeless-related emergency support but there is little information about accessing mental health support.

4.24 GMMH's website states that they receive referrals from the "Manchester City Council Contact Centre". It was difficult to find an exact match for this service online. It should be made clear this refers to the 'Contact Centre for Children, Families and Adult Social Care'.

Urban Village Medical Practice

4.25 Urban Village Medical Practice's specialist homeless service is highly innovative and sets a standard for providing care to homeless patients. This type of service can reduce demand on acute services and is a key enabler along the referral pathway. For example, the service acts as a fixed address to allow homeless people to receive hospital appointment letters. Urban Village also offers registration through day centres such as the Booth Centre and has a weekly visit by the Homeless Pathway team to advice and help with referrals to mental health services.

"I feel they listen to you and do what they can to support you."

"(I'm) happy with staff and happy with getting a text message the day before appointments."

4.26 This is in contrast to feedback regarding GPs without specific services for homeless people.

"Doctors to me always seem to rush to give you a prescription and send you off."

"It's hard to get an appointment with my GP, by the time I see them I'm better."

5. Findings: The Experiences of Homeless People

5.1 This section is based on anecdotal evidence shared with us by 25 homeless people. The conversations took place whilst we were conducting a survey into their experiences of accessing mental health services in Manchester. Their stories illuminate the findings from the mapping exercise. We believe they offer a powerful insight into the struggles faced by many homeless people who require mental health care and other support services. It should be noted not everyone answered every question, and all respondents are anonymised

Access to GP Services

5.2 Respondents were asked if they had access to a GP. The vast majority said that they did. However one person did not have access to a GP which will have serious consequences if they get ill. It should also be noted respondents were, by definition, in contact with some services which is how we were able to ask them about their experience. It is likely there are many homeless people who are not part of the healthcare system at all. Several respondents had problems with making an appointment to see their GP and made comments such as: "I struggle with long waiting times" and "Appointments can be tricky" or "It's hard to get an appointment with my GP, by the time I see them I'm better."

Quality of Experience

5.3 Respondents were asked how they felt they were treated by healthcare staff, and in particular "Do you think healthcare staff in general go the extra mile to ensure you receive the help you need?" The majority of people – 73% - said they felt staff did make an effort and they got the help they needed. Satisfied comments included: "I feel they listen to you and do what they can to support you."

5.4 Several people mentioned how useful reminders about appointments were, with comments such as: "(I'm) happy with staff and happy with getting a text message the day before appointments."

5.5 Respondents valued it when their problems when viewed in a holistic way and they were given the dignity of choice regarding their treatments: "I was happy because I was trying to stay away from pills to improve mental illness - as I was trying to recover from addiction. The Urban Village were great, told me of all my options and gave me lots of alternatives such as psychological therapy." Previous research indicates that feeling valued, respected and listened to are key aspects of care which many patients appreciate, regardless of their status.

Negative Experiences

5.6 Several people expressed frustration or unhappiness with the service they received from their GP and other health care services. This was often related to a sense of feeling rushed or not taken seriously. Previous research suggests these feelings may not be unique to homeless people. However, they may be felt particularly acutely by some of those people we spoke to, who also believe their wider health issues and lifestyle had an impact on how they are dealt with. One person told us: "There is limited time to see someone … If you are a drug taker you will get pushed out of the door; but they are not as bothered about alcohol."

This comment was typical of several others who also felt "Doctors to me always seem to rush to give you a prescription and send you off." Linked to this sense of being rushed was a feeling patients were not listened to and often judged for being homeless, with one man saying: "I don't feel heard" and another telling us: "I felt rejected because I was homeless."

Stigma and Prejudice

5.7 One of the most disturbing findings was that several respondents felt they were dismissed, judged or stigmatised because they were homeless. One respondent told us "there's a lot of stigma … the security are bullies" and other said: "when I was in addiction and homeless I felt very judged and stigmatised." Another reported that: "I have been diagnosed with schizophrenia. I went to the GP because I have a wound and need it for a police report; however the GP dismisses my wishes due to my mental illness. Also, people who have drug misuse issues are easily dismissed by the services." Several people were aggrieved that staff assumed homeless people all have issues with drugs, with one respondent wishing "Services should be more open to homelessness and stop assuming they are drug users."

Other complaints and barriers

5.8 There were several complaints over practices refusal to give medication, particularly if the drug was considered addictive. Given the limited scope, and nature, of this survey it is hard to judge these claims. We do not know the background to each refusal but this area merits further investigation. Physical access and transport were also named as barriers to accessing various kinds of health care: "A&E is not good as I cannot easily go there to treat my leg wounds. Also, drug services are too far to walk when you have a wound in your leg" and there is a need to remember: "People get anxiety because of situations" and this includes accessing services.

Access to mental health support

5.9 Respondents were asked if it was easy for them to access mental health support when they need it. Just over half – 56% - said it was not and this is of grave concern. One man told us: "I find it difficult to find access to mental health services. I wish I had been seen straight from prison". Others identified specific barriers to their inability to access services when they need them. These were similar to the problems accessing other services because: "If you're on drugs they won't deal with you." Location of services was a problem because: "housing won't give you transport to get there."

One respondent told us that for them: "homelessness is an absolute barrier and contributed to a lack of mental health wellbeing". Another said: "diagnosis needs to be simpler. It's difficult to explain your emotions but you know it when you need help. (You) shouldn't have to explain so much." Some of the stories respondents shared were deeply troubling such as the person who told us: "I have had multiple suicide attempts since I was 10, however, at the moment, I have neither a social worker nor a Community Psychiatric Nurse". Another was so frustrated with the problems accessing services that they had concluded: "It's better to cut my wrist and get to A&E through the ambulance."

Sources of mental health support

5.10 Respondents were asked, apart from your GP, where do you think you can go for mental health support? Figure 1 shows that more than half think they can go to A&E departments. Others identified day centres, housing associations and night shelters as sources of mental health support services. No one identified Manchester Integrated Care Gateway, indicating a major issue regarding its local understanding as an entry point by both patients and practitioners as well as how it is promoted as such.
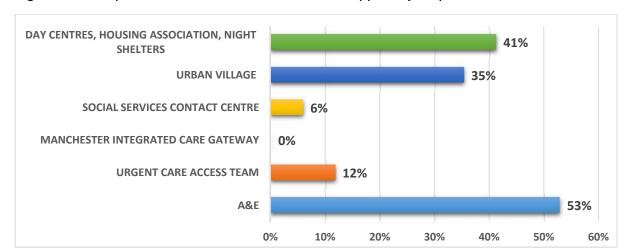
Figure 1. Perceptions of accessible mental health support by respondents

Information about mental health services.

5.11 Respondents were asked if it is easy to find information about mental health services. 50% of them said it is quite easy and they frequently mentioned seeing posters and leaflets in places such as pharmacists. However, it should be understood in the context of the results above that illustrate which services they knew about. It is also of concern that 30% of respondents said it was hard to find information about mental health services. 20% had not looked.

Complex needs

5.12 This survey offers a glimpse into the complex needs of homeless people and the struggles they face to access mental health services. Many felt their needs were dismissed because they used drugs or were stigmatised for being homeless. Several also highlighted specific problems they face as a result of services stretched to breaking point and unable to deal with a variety of issues:

"Mental health services are too understaffed and there is too much paperwork to do. People in treatment are not given enough time to express themselves and it's even worse if you have schizophrenia as staff seem to dismiss anything you say … the problem with social workers is that, if you are someone articulate that has mental illness, they do not help you as much as someone who has the same condition as you but cannot write or read which is unfair as we all need help".

"When accessing services, (I was) not allowed to borrow a phone to call probation office. This created even more problems. Hospital staff need to be aware of things like that. (I) went to MRI once when I broke my arm … Got kicked out and referred to the town hall but they said I was receiving medication so I am not eligible for support. The hospital also would not readmit me so I was out in the street with a broken arm".

Suggested Improvements

5.13 Respondents had ideas how to improve the health services they receive. Their suggestions would be of benefit to other patients who are not homeless as well: "there's a need for better communication. I want to see a doctor rather than having a doctor make assumptions about me simply after having read documents about me." Another respondent told us that "The way that general information is provided can be improved. Not just telling people about the service but a need to ensure the service has the capacity to help people at the other end. (There is a) lack of communication between services."

There is a clear and urgent call to remember homeless people are people and to treat them with respect because: "The services need more training about homelessness. The training cannot just be a list of things to remember but must also have some practical aspect to it where staff interact with homeless people". It should also be remembered "Some people are not good at communicating.   It would be good to have someone that can speak for you" and improved advocacy services could help solve some of the wider access issues.

6. Conclusion

6.1 There is an urgent and serious need to improve access to mental health services for homeless people in Manchester.

6.2 A&E departments are not appropriate places for people experiencing mental health crises, but are often used as they are the only place they are aware of.

6.3 Accurate and up-to-date information about services is difficult to find online. Access procedures are often complex and confusing.

6.4 Homeless people often feel they are stigmatised, stereotyped and not listened to by service providers. They also have complex and diverse needs. This requires an understanding that any response from service providers which seeks to address these needs has to be capable of managing this complexity.

6.5 There is a lack of tailored and meaningful mental health care support for homeless people and this is failing to meet the current and projected demand. Service providers are oversubscribed with inadequate resources to meet the challenge.

6.6 Statutory, voluntary and community agencies should work together to improve information, signposting and access to mental health service for homeless people.

6.7 The needs and experiences of homeless people must be central to this work through the involvement of homeless people in the design of these services.

Appendices

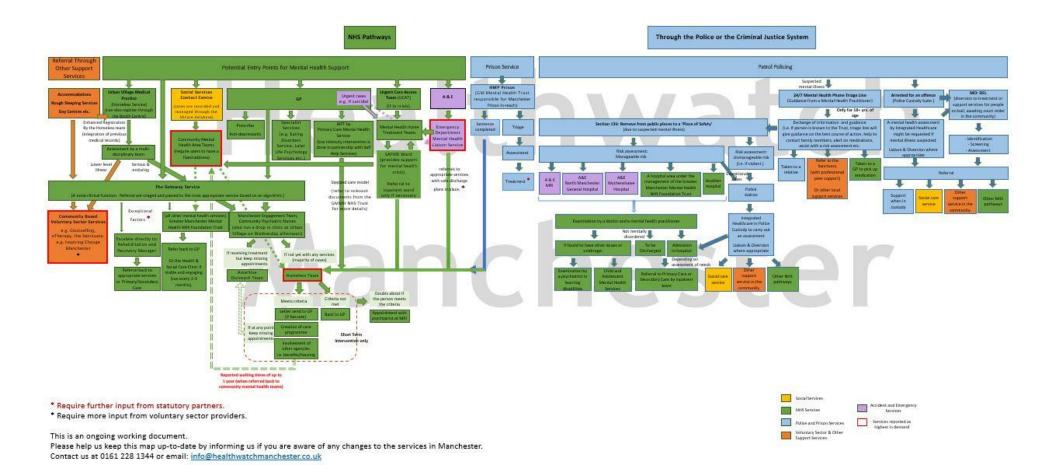## Appendix 1. Table representing the demographic and characteristics of survey respondents

Gender	Male	94%
	Female	6%
Relationship Status	Single	78%
	Married	11%
	Long-Term Relationship	11%
	Widowed	0%
	Divorced	0%
	Civil Partnership	0%
Age	60+	0%
	45-59	18%
	30-44	45%
	18-29	36%
	<18	0%
Do you consider yourself disabled?	Yes	30%
	No	70%
Ethnic Origin	White British	82%
	Pakistani	18%
	Bangladeshi	0%
	Black Caribbean	0%
	Other Asian	0%
	Other	0%
	White Irish	0%
	White European	0%
	Other White	0%
	Black African	0%
	Other Black	0%
	Indian	0%
	White and Black Caribbean	0%
	White and Black African	0%
	White and Asian	0%
	Other Mix	0%
	Chinese	0%
	Sub-Saharan	0%
	Traveller	0%
Religion and/or Belief	Christian	33%
	Muslim	33%
	Non-Religious	33%
	Jewish	0%
	Buddhist	0%
	Sikh	0%
	Hindu	0%
	Other	0%
Sexual Orientation	Heterosexual/Straight	67%
	Gay Man	11%
	Bisexual	11%
	Prefer Not To Say	11%
	Lesbian/Gay Woman	0%
	Other	0%
Is your current gender the same as the gender you were assigned at birth?	Yes	100%
	No	0%

Appendix 2. Entry points and pathways for homeless mental health support
www.healthwatchmanchester.co.uk/news/entry-points-and-pathways-for-homeless-mental-health-support

healthwatch Manchester

Entry Points and Pathways for Homeless Mental Health Support

NHS Pathways

Through the Police or the Criminal Justice System

* Require further input from statutory partners.
* Require more input from voluntary sector providers.

This is an ongoing working document.
Please help us keep this map up-to-date by informing us if you are aware of any changes to the services in Manchester.
Contact us at 0161 228 1344 or email: info@healthwatchmanchester.co.uk

Social Services
NHS Services
Police and Prison Services
Voluntary Sector & Other Support Services
Accident and Emergency Services
Services reported as highest in demand

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Acknowledgements

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