# DEVELOPING AN ASSERTIVE MENTAL HEALTH RESPONSE FOR PEOPLE EXPERIENCING MENTAL HEALTH AND HOMELESSNESS

**Nottinghamshire Healthcare NHS Foundation Trust** 

## **Overview**

The service encompasses three mental health practitioners brought to the streets to work directly with people experiencing homelessness.

Flexible, personalised trauma-informed assessment and treatment are offered.

Emphasis on partnership working with 'no wrong door' policy and caseloads managed to ensure no waiting list.

Referrals are taken from all services including self-referral.



## **Identifying Need**

80% OF HOMELESS PEOPLE REPORT A MENTAL HEALTH ISSUE

45% HAVE A DIAGNOSED MENTAL HEALTH PROBLEM

STIGMA, ACCESS BARRIERS, COMPLICATED SYSTEM OF SERVICES

LONG SERVICE WAITS AND GAPS IN SERVICE PROVISION

EXCESS USE OF A&E, CRISIS TEAMS AND STREET TRIAGE AS A RESULT OF ABOVE

# **Service Development**

national learning including
the Dame Carol Black review
within the Nottingham City
Place-Based Partnership
Integrated Severe Multiple
Disadvantage provision

Service developed using

900 referrals received, 600
assessments completed and 784
onward referrals\* leading to:

• improved mental health

- outcomes
- reduced use of acute pathways
- reduced health inequalities
- reduced gaps between primary and secondary mental health care

"YOU GAVE ME CONFIDENCE AND MADE ME SEE MY POTENTIAL"

## **Case Study**

### 1) Why was the person referred?

- Lady referred with previous poor service engagement
- Substance use issues leading to frequent A&E attendances
- Sex worker reporting frequent sexual assaults
- Slept rough and sometimes found naked
- High risk of exploitation and low awareness of her own safety.



### 2) What was offered?

- Trauma-informed approach with active engagement.
- Support to attend appts, eat and reduce alcohol use
- Offered safe space to explore her mental health
- Wraparound care through Health Shop, Womens' Services and Substance Use
   Teams
- Moved into accommodation with robust care plan support

### 3) Where is she now?

- Housed at accommodation suitable for her needs
- Sustained reduction in alcohol use and considering going into rehab
- Now engages with professionals and tries to attend her appointments
- On medication for her mental health with ongoing psychological offer from the team Fewer incidents and not attended A&E for a while

# **Key Learning Points**

1

ASSERTIVE ENGAGEMENT WITH A TRAUMA-INFORMED APPROACH IS KEY

2

PARTNERSHIP WORKING PROVIDES
GREATER OPPORTUNITIES & FLEXIBILITY
ENABLING WRAPAROUND CARE



OPEN DOOR AND 'NO WRONG DOOR' POLICIES IMPROVE ACCESS IN ADDITION TO ACCEPTING REFERRALS FROM A VARIETY OF SOURCES



IMPORTANCE OF SUPPORT AND TRAINING FOR STAFF AND PROVISION OF ADVICE TO OTHER SERVICES ON MANAGING COMPLEX NEEDS



INCORPORATE NATIONAL LEARNING SUCH AS DAME CAROL BLACK REVIEW, NICE GUIDELINES & FULFILLING LIVES PROGRAMME

