Meeting the Challenge of Treating Homeless People

Compassionate Care

Introduction

- To meet the challenge of treating homeless patients it is important to:
  - Understand the nature of the challenge
  - Recognise health staff skill and education needs
  - Recognise health staff organisational support needs

1. Homelessness and Personality Disorder

- **It is estimated that up to:**

70% of single homeless people may have undiagnosed personality disorder

(Maguire et al, 2009).

Shocking Figures

1. **77% of Suicides have PD** (DOH, 2009)
2. **73% Prison Population** (Ministry Justice, 2007)
3. **70% Single Homeless** (Maguire et al, 2009)
4. **67% MH** (NIMHE, 2003)
5. **25% of GP Attendees** (Moran et al, 2006)
6. **4% of General Population** (Coid et al, 2009)

Complex Problems

- People with **Personality Disorders** have increased risks of suffering additional mental health problems, such as:
- **anxiety,**
- **depression**
- **substance misuse disorders**
- **Recurrent deliberate self harm, suicide**
- **brief psychotic episodes**
- **eating disorders.**

Complex Causes of PD

Biological,
Psychological
Cultural
(Livesely, 2003).

Childhood abuse
Deprivation
Neglect
(Alwin,2006).

- **Reaction to an ongoing and sustained traumatic experience**
  (Keats et al,2012)

- **'Traumatised Personality'**
  (Conolly, 2014)

What Is It?

The American Psychiatric Association defines Personality Disorders as:

‘relatively stable enduring and pervasively *maladaptive patterns of*

coping,

thinking,

feeling,

regulating impulses,

***relating to others’*.**

(Bleiberg, Rossouw and Fonagy, 2012).

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	DSM V	ICD-10
Cluster A	**Paranoid** Distrust and suspiciousness	**Paranoid** Distrust and sensitivity
	Schizoid Socially and emotionally detached	**Schizoid** Emotionally cold and detached
	Schizotypal	**No equivalent**
Cluster B	**Antisocial** Violation of the rights of others	**Dissocial** Callous disregard of others, irresponsibility and irritability
	Borderline Instability of relationship, self-image and mood	**Emotionally Unstable** A) Borderline type: unclear self-image and intense unstable relationships B) Impulsive type: inability to control anger, quarrelsome and unpredictable
	Histrionic Excessive emotionality and attention-seeking	**Histrionic** Dramatic, egocentric and manipulative
	Narcissistic Grandiose, lack of empathy, need for admiration	**No equivalent**

	DSM V	ICD-10
Cluster C	**Avoidant** Socially inhibited, feelings of inadequacy, hypersensitivity	**Avoidant** Tense, self-conscious and hypersensitive
	Dependent Clinging and submissive	**Dependent** Subordinates, personal need, seeking constant reassurance
	Obsessive compulsive Perfectionist and inflexible	**Anankastic** Indecisive, pedantic and rigid

The PD Challenge

Treatment Resistant

- Need consolation, rather than learn to help themselves
- Have intense outbursts of feelings
- Struggle to access own thoughts/feelings, and to articulate them
- Find it difficult to trust anyone
- Find it difficult to maintain relationships
- Struggle to accept need to change, as too central to Identity
- Struggle to readily identify their problems, in that vague and all pervasive
- Actively Addicted
- Self-harming Behaviours

High Stakes

- One particularly dangerous aspect of PD is that …., PD patients ***will continually up the ante until the destruction wrought upon themselves or others is so great that it can be no longer ignored, and usually culminates in emergency admissions***

(Burns, 2006)

Impact on Staff

At Risk Of:

- Personalising their responses
- Becoming Judgemental
- Becoming Demoralized and Feeling Deskilled
- Further Excluding people from appropriate Help

Staff Organisational Support Needs

- **What can go 'wrong' in the workplace?**
- Common dynamics that occur within teams who care for service users with personality disorder are:
  - **Splitting – Team disagrees about a service user**
  - **Acting out – Staff will behave 'inappropriately'**
  - **Breaking boundaries – Prof relation becomes personalised**
- Sometimes professionals treat these dynamics as things that have gone 'wrong': while that may be true, **it is also true that these things give us information about the work**

Psychologically Informed Environments

- **2010 and 2012 –Department of Communities and Local Government** - responsible for Homelessness policy in UK **issued guidance** to encourage services to recognise and respond constructively to the emotional and psychological needs of homeless people.

PIE Key Areas

1. **Developing a Psychological Framework –**
   PD Informed Culture
   'triggering vs containment'
   Understanding Self-Harm
   Useful skills

2. **Staff Training and Support**
   Self-Reflective Organisation
   Staff Support Group

3. **Policies**
   Empathic Boundary Setting
   'Barring letter becoming Boundary setting letter'

Useful Skills

- Active Listening
  - Barriers to Listening – Reflective listening – Body Language - Containment
- Managing High Conflict People - BIFF
- Supportive/Learning Organisation
  - Reflective Practice

Containment
Active Listening Skills

- Where we **allow a Person 'ventilation' of strong feelings**
- **understand them without reacting negatively, SUSPEND JUDGEMENT!**
- It is important to **empathise** and **validate** the person's experiences **by communicating our understanding of what is happening back to them**

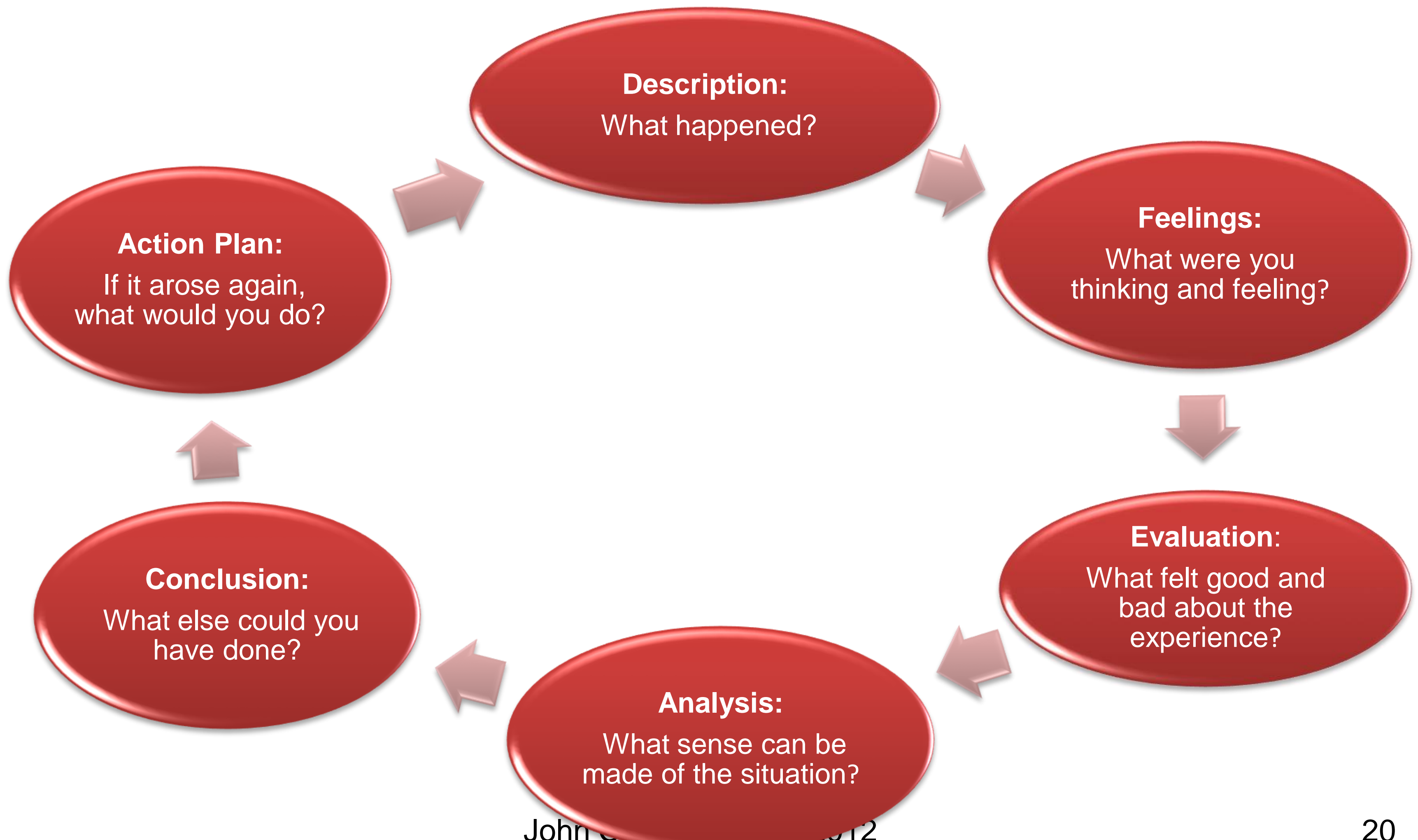
De-escalate - Non Judgemental Attitude

- **How people behave and react** may not help us **to understand** how they are seeing the situation
- Its important to **understand 'why' someone is behaving** rather than make assumptions
- Important to be **self aware** and know our own **areas of vulnerability** and **prejudice**

High Tension Encounter Management

- **BIFF** is a quick useful approach to potentially high conflict situations:
  - (Be) **Brief** - so as to avoid triggering misunderstandings
  - **Informative** – straight, useful information on issue, or to correct any misperceptions
  - **Friendly** – to relax, and harness goodwill
  - **Firm** – Let person know what you will do if they do not comply ' I really UNDERSTAND YOUR FRUSTRATION but, If you do not…, I will have to … and this won't help either of us … as I will have to…'.

Self-Reflective Organisation



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Conclusion

1. **70% of** single homeless people have experienced a chronic history of **complex trauma (PD).**

2. They present mainstream health and mental health services enormous challenges centring mainly around **the capacity/ motivation to engage with structured health care relationships.**

3. **Attendance is irregular and mainly in times of crisis.**

4. **Health care workers** are experienced as stressful and potentially **threatening and anxiety provoking;**

5. **Group work** especially at 1st may be experienced as **alienating and shaming due to poor social skills**

6. As a reaction to trauma and helplessness, **control and autonomy** are highly prized and valued.

7. **Boundaries, are experienced as oppressive** representing health management rather than care per se

Conclusion ctd.

6. Due to the chronicity and complexity of mental health issues, there is a need to offer a **pre-treatment stage of engagement**

7. **Pre-treatment engagement** will include great emphasis on:

   - **Relationship formation**,

   -The avoidance of professional authority dynamics

   -the development of trust and a common language

   - **mutually negotiated boundaries, goals and supports**.

   - **The acceptance of: relapses** and their perceived value to learn how better to move on;

   - **Erratic engagement**, and of a significant time-span of probably no less than **2 years** for any **significant changes to occur**

8. **BURN OUT** for **staff** working with this patient group is high.

9. **Staff** need appropriate **training & support.**

8. **Commissioners may have to be educated on this.**

PD Resources

- **Waterview Centre** – CNWL Trust – PD centre
- **CNWL Recovery & Wellbeing College** promotes opportunities recovery and social inclusion of people with different mental health experiences
- **INSPIRED** - PD support service
  - social activities , training and employment
- **CLCH Homeless Health Counselling Service**
  - Consultancy
  - Training,
  - Reflective Practice

EMERGENCE – service user-led organisation supporting all people affected by personality disorder including service users, carers, family and friends and professionals.

NICE Guidelines on:

- Anti social PD
- Borderline PD

PD Knowledge & Understanding Framework - National PD Training Programme from MH Institute at Nottingham University

Westminster Complex Needs Network – trans-sector forum including **SURVIVORS of PD** to share good practice and learn from challenges –

PD Resources

The Dragon Café

–provides an affordable, healthy menu, and a wide range of creative and well-being activities, all of which are free and open to all. located in the Crypt of St George the Martyr Church, Borough High St, SE1 1JA, opposite Borough tube station.

Open **every Monday** (only) from **12 midday to 8.30 pm.**

PIELink –

a practice exchange network for homelessness resettlement services and others wishing to develop as Psychologically Informed Environments

- ***pielink***.*net*

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