

# START Team

Community Mental Health Care for Homeless People in  
South London

Dr Jenny Drife

[j.drife@nhs.net](mailto:j.drife@nhs.net)

# Covering

- What
- Why
- Where
- Who
- How
- What next?

# What

- Community Mental Health Team for Rough Sleepers
- Set up 1991 as part of Homeless Mentally Ill Initiative
- Currently around 140 clients

# Why

- In rough sleepers:

Rates MH problems 40–50 times higher

No Health Without Mental Health (2011)

Rates psychosis 15 times higher

The Five Year Forward View for Mental Health (2016)

Four in 10 people who sleep rough need  
mental health support

St Mungo's (2016) Stop the Scandal

# Why

- Vulnerability
- Complexity
- Mobility
- Lack of GPs
- Previous unsatisfactory experiences with mainstream services

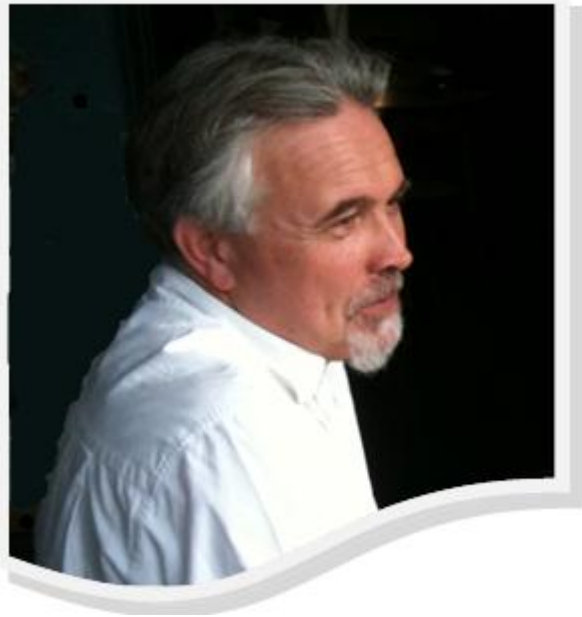
# Where



# Where

- Lambeth and Southwark have:
  - Long history of being welcoming to migrants
  - High rates of rough sleeping
  - High rates of deprivation
  - High rates of mental health problems

# Who we are



- 1 Consultant Psychiatrist(3 days)
- 1 ST Psychiatrist (2.5 days)
- Team leader AMHP (4 days)
- 2 AMHPs
- 4.5 CPNs
- Psychologist
- Sessional Psychotherapist



# Who we work with

- High proportion of referrals previously known to the Trust
- Compared with generic teams:
  - Greater proportion of referrals are white and male
  - Higher proportion with unclear diagnosis
  - Higher HONOS scores
- Significant number of long term clients
  - Complex needs
  - Ongoing need for assertive outreach
  - 26% have No Recourse to Public Funds

# How

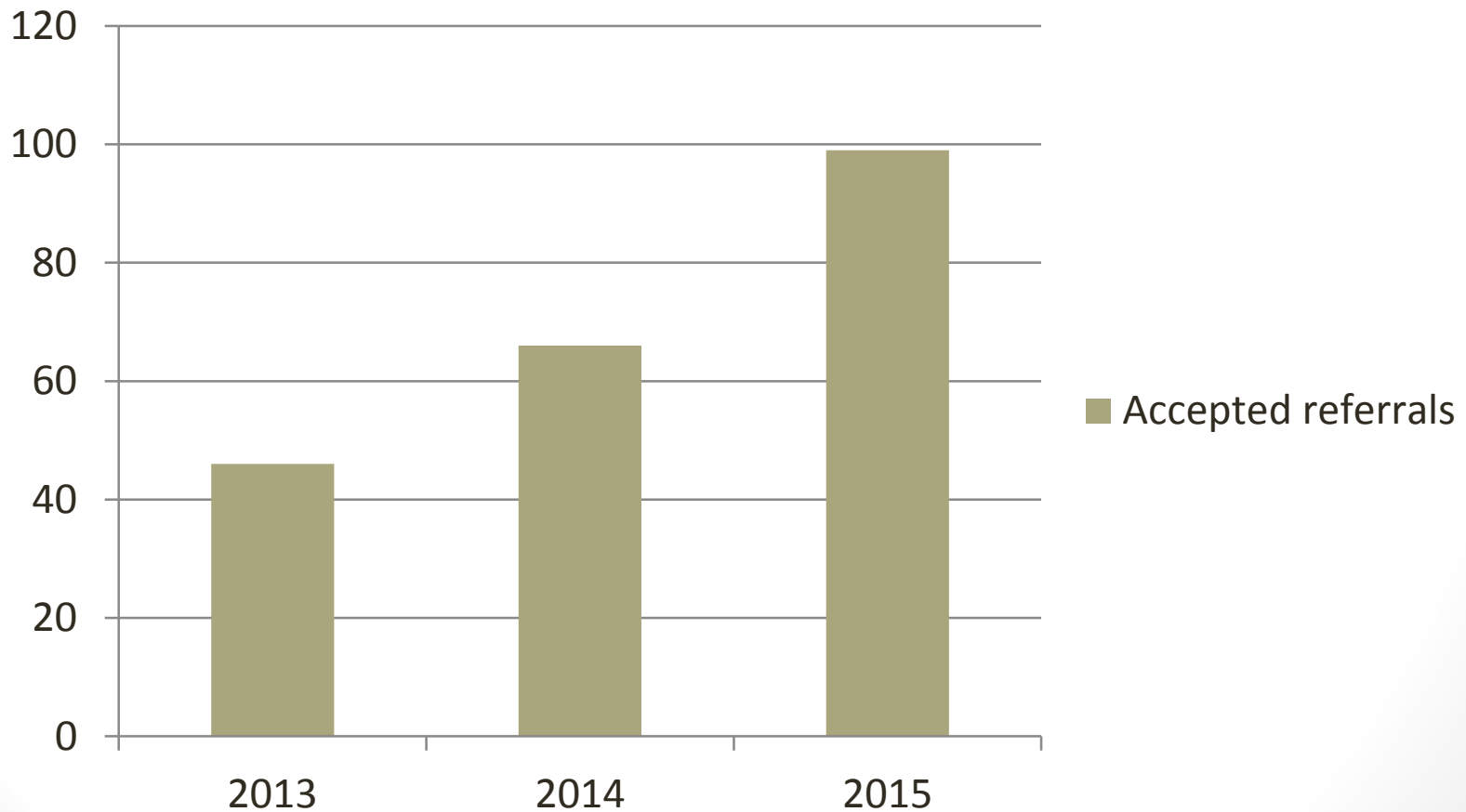
- Flexible and assertive approach
- Lots of outreach
- Work closely with street population teams
- Sessions within day centres
- Work outside 9-5 when needed
- Mental Health Act Assessments where they are needed

# Positives

- Positive outcomes of street MHAA at one year for
  - Engagement with mental health teams
  - Sustained accommodation
  - GP registration
- Feedback:
  - *'The commitment and caring attitude, willingness to go the extra mile is a hallmark of START going back a very long way' (SLaM staff)*
  - *'There are 2 clients we have in this hostel right now who would not be here and accommodated if it wasn't for START- they would have died or be in hospital. (3<sup>rd</sup> Sector)*
  - *'Their style of working flexibly and creatively is very impressive and a lot of teams could learn from that – it's how we should be working' (SLaM staff)*

# Challenges

Accepted referrals



# Challenges

- Small team, big problem
- Tensions: libertarianism vs paternalism, acting quickly but not precipitately, working with teams with different styles
- Caring for people with complex needs in a compartmentalised world
- And no-one has any money

# What next?

- Where will be in another 25 years?
- Should we need stand-alone homeless mental health teams?
- Are there things we're not doing that we should?
- How can we keep providing a good service in the current economic climate?