Local Government and Communities Committee

Homelessness

Submission from Julie Jackson

I work for NHS Greater Glasgow and Clyde Psychological Trauma Service. This is a tertiary level mental health service which offers multidisciplinary psychologically informed interventions to clients who present with Complex Post Traumatic Stress Disorder (CPTSD) following experiences of complex trauma. The GPTS is led by Dr Lisa Reynolds, Consultant Clinical Psychologist. CPTSD can result from experiencing complex traumatic events which:

- are often prolonged or repetitive;
- involve direct harm and/or neglect and abandonment by caregivers or ostensibly responsible adults;
- can occur at developmentally vulnerable times in a victim’s life;
- are often anticipated but the person has no opportunity to escape.

Examples of complex traumatic events include childhood sexual and emotional abuse, physical abuse and emotional neglect, recruitment into armed conflict as a child, being a victim of domestic abuse or sex trafficking, experiencing torture or other forms of organised violence. CPTSD includes PTSD symptoms (re-experiencing, avoidance/numbing and hyperarousal) and also additional features that reflect the impact that trauma can have on a person; specifically their view of self (e.g. shame, guilt), their relationship with others (e.g. difficulty with trust or rights in relationships) and mood and emotional regulation difficulties. Complex trauma experiences can be both a marker and cause of social inequality and therefore as a service we target populations presenting with vulnerability such as people experiencing homelessness, asylum seekers and refugees, those leaving care, female offenders or victims of trafficking. Before a service re-design last year part of our current service worked as the Trauma and Homelessness Team. The comments below are influenced by our experience of working with the multiple and complex needs of the homeless client group over a ten year period.

Housing Options and Homelessness Prevention

- What needs to happen to improve the delivery of housing options and homelessness prevention services and the outcomes achieved for service users?

We are aware that a large number of people using homelessness services in Glasgow are experiencing mental health difficulties relating to childhood trauma e.g. physical, emotional, sexual abuse and emotional/physical abuse as well as in adulthood e.g. violence or domestic abuse. Being homeless means that they are at higher risk of experiencing further trauma, which in turn exacerbates their mental health difficulties, which then further impacts upon their capacity to move out of homelessness. It feels vital that frontline housing/third sector services are able to assess for a trauma-related presentation and be familiar with when and where to refer someone for assessment and potential treatment.
Temporary Accommodation

- How can homeless people’s experiences of temporary accommodation be improved?

Many people who we work with at GPTS have had lengthy periods of not feeling safe in their lives. Part of the first phase of trauma work is increasing safety in all areas (environment, emotional, health, substance use and interpersonal) and for those who have not experienced safety earlier in their lives this can be a significant intervention. Being in temporary accommodation may provide someone’s first experience of safety for many years but this may also contribute to an increase in someone’s trauma-related difficulties as the move from busier homeless accommodation provides more space for thoughts and feelings. This may then impact upon interpersonal situations or substance misuse or other forms of self-harm as someone tries to cope with their difficulties. Again, it feels important that services (supported accommodation, housing, housing support, other community services) are able to identify and refer to appropriate mental health services.

Multiple and Complex Needs

- What scope is there for improved joint working with all agencies and groups supporting those with multiple and complex needs, which would also include the health sector?

GPTS offers training to services working with the homeless client group to increase awareness about CPTSD. Training includes defining complex trauma, understanding the mental health impact and identifying presentations relating to complex trauma, safety planning, professional self-care to prevent vicarious traumatisation. We also provide consultation to teams or multi-agency meetings about individuals who they might be struggling to engage in a meaningful way.

Other

- What are the reasons behind why people become homeless?

Obviously the reasons are wide ranging and multi-faceted but the pathway we are familiar with in our service is often: childhood abuse → attachment difficulties → poor relationship, problem solving and emotional regulation skills → difficulties at school → low self-esteem and self view → feeling different, not fitting in, disconnected → substance misuse and other forms of self-harm to try and manage thoughts and feelings → breakdown of family situation leading to homelessness → increased risk of further trauma → development of CPTSD difficulties → further self-harming/substance misuse → problematic adult relationships due to not being able to assess for/define healthy relationships → attachment style meaning difficulty in engaging with services → preventing moving out of homelessness → further self-harming behaviours → increase in mental health difficulties – further lack of engagement with service and increase in substances → low self-esteem and isolation → limiting capacity to move out of homelessness → move into TFF or own tenancy → increase in re-experiencing symptoms (nightmares, flashbacks, intrusive
thoughts) due to peace and quiet, feeling isolated and disconnected → further increase in mental health difficulties etc.

Summary

A holistic approach encompassing positive joint working between all services working with this client group in a trauma-informed way appears to contribute towards the best outcome for individuals.

I hope this is helpful.

Julie Jackson
Art Psychotherapist