

Getting the right help at the right time

It was great to hear from projects which do just that, and which also focus on supporting women at critical moments in their lives – getting them **the right help at the right time**.

We heard from **Imagine Independence**, a mental health charity who provide crucial accommodation, floating support, and outreach services for women who have **been in secure mental health services for a long time** and have complex mental health needs. They work to prevent homelessness by supporting women during the key transition to independent living.

WISH told us about their work with women **involved in the criminal justice system** who have mental health needs. Women in prison, as our earlier theme explored, are 35 times more likely to suffer from mental illness than the general population. Their Community Link scheme helps to prevent homelessness amongst women in Greater London who are moving from prison or secure hospital in to the community by providing extended 'wraparound' support, including one-on-one assistance with gaining appropriate care.

Gaps in services, gaps in knowledge

Unfortunately, these examples of specialist approaches for women are not widely replicated around the UK.

As cuts hit both mental health and women's services – **the domestic violence and sexual abuse sector lost 31% of their funding between 2010-12¹, while mental health services lost £150m of funding in 2011-12²** – we are faced with the concern that insufficient provisions are causing vulnerable women to fall through the net.

Another concern that emerged from the submissions was a knowledge gap in women, homelessness and mental health. The **2009 Crisis Mental Health and Homelessness Literature Review** found that there is little research around the mental health of women as a subgroup of the street and hostel population, and there is even less known about women who live in temporary, unsatisfactory or unstable accommodation.³

A deeper understanding of the relationship between women's mental health and homelessness could assist in developing a much broader-reaching and co-ordinated set of services which reach women at the crucial moment and helps them to access appropriate support for their specific needs.

Thank you again to all who submitted. If you would like to view all the submissions in full for this theme, please visit www.rebuildingshatteredlives.org and click on the mental health and wellbeing theme.

Sophie Corlett, Director of External Relations, Mind

¹ <http://londonfeminist.com/site/effect-of-the-cuts-on-womens-services/>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/140098/FinMap2012-NatReportAdult-0308212.pdf

³ Mental Ill Health in the Adult Single Homeless Population: a review of the literature, Sian Rees, PHRU, Crisis, 2009

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Rebuilding Shattered Lives

Rebuilding Shattered Lives theme round up: Mental Health and Wellbeing

Led by Expert Group member, Sophie Corlett,
Director of External Relations at Mind



Sophie Corlett, Director of
External Relations at Mind

A reciprocal relationship

In the opening blog post for the Mental Health and Wellbeing theme, I highlighted the reciprocal nature of mental health needs and homelessness. The submissions we received really brought home the importance of this two-way relationship:

"People become homeless because of a lot of psychological factors. And that homelessness itself creates a lot of psychological trauma, some of which repeats early experiences. Both of those things need to be treated before people can settle and get back to a regular life." St Mungo's Life Works Team Psychotherapist

Contributors suggested that the link between homelessness and mental health is especially pertinent amongst women. For example, Professor Kate Moss of the **Women Rough Sleepers** project found that: *"Mental health issues for female rough sleepers were very prominent and all those we interviewed were affected, ranging from depression to more serious mental illnesses and also permanent mental health issues arising out of long term drug and alcohol abuse."*

To view any of the submissions in full, see the website, www.rebuildingshatteredlives.org and click on the Mental Health and Wellbeing theme.

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This observation is reinforced by St Mungo's 2013 Client Needs Survey, which shows that **70% of women in their projects have mental health issues, compared with 57% of men.**

Women's life experiences

Many of the contributions linked women's life experiences to mental health and homelessness. Domestic and sexual violence (themes focused on earlier in the **Rebuilding Shattered Lives** project) repeatedly emerged as factors which have a powerful impact on a woman's mental health.

"Some of the most horrifying stories I have heard from residents have been from women... sexual and other forms of abuse in childhood are so common that one almost is surprised if somebody says that wasn't their experience." St Mungo's Psychotherapist

The Richmond Fellowship submitted the story of their client Sally*, who had tried to escape to a different area after being abused by her ex-partner, but found herself facing homelessness. She was suffering from depression and had previously been hospitalised following an overdose. Sally's story demonstrates the direct links between violence against women, mental health and homelessness.

However, the contribution also showcases the work that can and is being done to support women such as Sally on the road to recovery and security. **The Richmond Fellowship** run a complex needs homeless service which provides specialist mental wellbeing support and guides and assists vulnerable women to the appropriate specialised service. They highlight the need to work closely with women at every stage of their journey to recovery.

We also heard from a number of domestic violence services that provide accommodation for women fleeing violence and offer support around mental health. Both Rise UK and Manchester Women's aid showcased their refuges which have specific mental health support workers. AVA highlighted their 'Complicated Matters' toolkit to train practitioners on gender based violence and complex needs.



Motherhood and mental health

The Mental Health Foundation highlighted the pressure of women's social role as carers: *"Most carers are women, whether they care for their children, partner, parents, other relatives or friends. Women carers are more likely to suffer from anxiety or depression than women in the general population."*

Perhaps unsurprisingly then, it was apparent from the submissions that care roles can be a stress factor in the mental health of homeless women. One **St Mungo's Life Works Team Psychotherapist** wrote that *"when they have had very poor childhoods, many women may attempt to rewrite the story and have a child in order to be a very different mother. It's an absolutely devastating sense of failure when it doesn't work."*



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Demonstrating the links between many of the themes we are exploring through **Rebuilding Shattered Lives**, another **St Mungo's psychotherapist** observed that: *"When women are unable to look after their children because of past trauma, mental health, substance use or domestic violence, this goes against the social norm of motherhood and they face harsher judgement than men in the same circumstance."*

Complex needs

The submissions also make it clear that poor mental health is usually accompanied by several other health challenges. Dual diagnosis (coexisting mental health and substance misuse issues) was presented as a significant issue for both homeless women and service providers.

"Dual diagnosis is another difficult area because professionals on both sides think you are being awkward. They say that issues you have are just a product of something else, either the substances or the mental health, not recognising it is possible for them to occur at the same time." St Mungo's resident

As well as facing a different set of damaging life experiences to men, women's mental health needs can present in different ways than men's. In general, self harm and eating disorders are thought to be more common amongst the female population and indeed the **Women Rough Sleepers** project also found that many homeless women were or had been self harmers.

One St Mungo's service user observed that: *"Because homelessness services mainly cater for men I think they are not well equipped or knowledgeable on this area. Staff assume that eating issues are to do with alcohol or drugs."*

Specialised support, and guidance in accessing it, is therefore essential to women who are homeless or at risk of becoming homeless with mental health needs.