

SYNTHESIS

Improving health and social care for people experiencing homelessness and living with mental health disorders

10 key messages

30 novembre 2023

Key messages

1. Services that offer a **comprehensive approach combining access to housing and health and social care support**, have been shown to lead to the best outcomes for people experiencing homelessness and living with mental disorders. Facilitating **access to a « place to call home »** tailored to the person's preferences and choices is essential to the quality of health and social care.
2. **Outreach services** must be provided to the persons who might not want or be unable to engage with providers. It implies ensuring that the services are accessible, flexible, inclusive, and responsive to the persons' needs (including primary needs). Exclusion from services because of restrictive eligibility criteria must be avoided. **Ongoing support** should be available, thus contact and engagement with the people who are disengaged from health and social care must be **sustained over time**, if necessary.
3. Health and social care interventions should:
 - be **trauma-informed**, as experiences of personal trauma and abuse are extremely common among those populations;
 - promote **empowerment** and reinforce the **person's strengths**, resources, choices and desires in order to help the person build his/her/their path to **recovery**;
 - be based on a **multidisciplinary approach**, established:
 - within teams, ensuring their professional and cultural diversity. In particular, teams can include **peer helpers** who are sometimes the most able to connect with people who are far removed from care and support;
 - between providers, in the health sector (mental health and primary care teams) and social sector, but also other sectors (housing, public employment services, etc.) ;

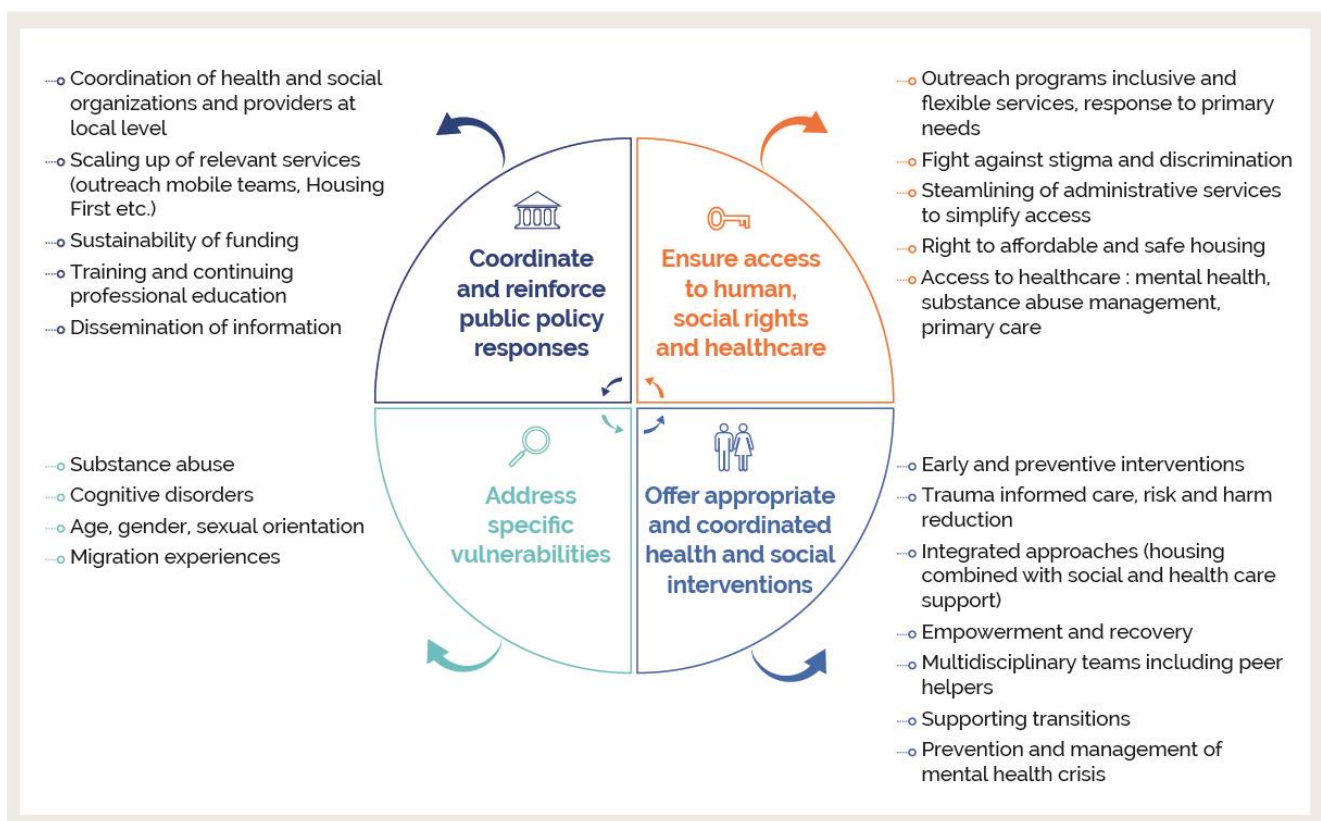
- address specific vulnerabilities (related to co-occurring addictive or cognitive disorders, age, gender, sexual orientation or migration experiences);
 - be based on the principles of risk and harm reduction, properly integrated with other mental health care interventions.
4. Non-take-up of social benefits¹ and barriers to the fulfilment of human and social rights have deleterious consequences on people's lives and health. **Ensuring effective access to human and social rights** and promoting their recognition are key to engage people in a health and social care « pathway » and prevent life course disruptions.
 5. The stigmatization and discriminations endured by homeless people with mental disorders are major obstacles to their path to recovery and social inclusion. The professionals who support these people must participate in **the fight against stigma and discrimination** among their organizations, other institutions and the general public.
 6. The most complex situations of homeless people with mental disorders are often the result of recurring « revolving door » cycles and long journeys riddled with life disruptions. It is essential to organise a system for the **early identification of mental disorders and psychosocial vulnerabilities**, to provide an **appropriate response as early as possible and to offer intensive support during transition periods** (discharge from child protection systems, discharge from hospital, access to housing, etc.) which may be difficult to cope with.
 7. People suffering from mental health crises may be in situations of extreme distress, and frontline professionals may find themselves helpless in dealing with these situations. **It is essential to anticipate and manage mental health crises:** proactive psychiatric consultations in non-traditional settings (street, day centres, squats, etc.), crisis care services, advance psychiatric directives, alternatives to inpatient hospitalization, coordination between mental health teams and emergency care services.
 8. It is recommended to develop **public responses that meet the needs of people experiencing homelessness and living with mental disorders:** creation of affordable housing including social housing (or, failing that, an unconditional access to accommodation (« places to call home »), respectful of dignity and privacy), provision of means to ensure appropriate mental health and social care provision to all in need. It is necessary to ensure the sustainability and scaling-up of the relevant services (for example: mobile outreach multidisciplinary teams, Housing First programs, living facilities with services adapted to people with special needs who have experienced homelessness, etc.).
 9. It is recommended that **local authorities** in charge of planning, commissioning and monitoring health and social services ensure **proper coordination between professionals and organizations** (from the different sectors: health and social sectors, but also housing,

¹ “Non-take-up”, describes the situation of “anyone who – for whatever reason – does not benefit from a public offer of rights or services to which they may be entitled” (Marc C et al. « Non-take-up of minimum social benefits : quantification in Europe. A salient phenomenon still not making public policy headlines ». DREES Reports n°94)

probation services, etc.) at local level in order to offer a **global response** to the needs of people experiencing homelessness with mental disorders (assessment, social support, healthcare, housing, etc.).

10. Social and health teams **must be trained** in the dual issues of mental disorders and homelessness and **supported, in particular through group or practice meetings** outside of everyday practice.

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Ce document présente les points essentiels de la publication : Improving health and social care for people experiencing homelessness and living with mental health disorders 10 key messages, novembre 2023
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