#### Alcohol, drug and mental health issues in marginalised people using Salvation Army homeless services in the **UK and Ireland**

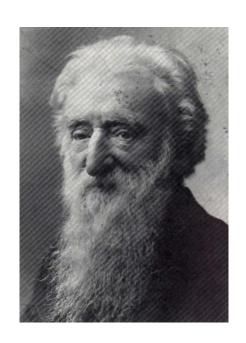
Dr Adrian Bonner

Reader in Medicine and Health





- working in 118 countries
- one of the largest providers
- of social welfare in the world
- •800+ social services centres and community churches in UK
- providing social care for 140 years



William Booth, 1829-1912



"Beds" in early Salvation Army hostel, 1888



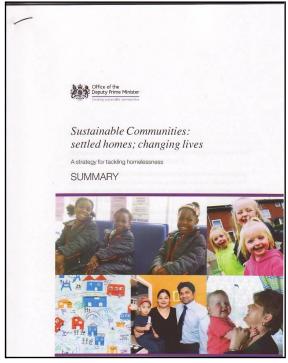
Salvation Army "Farthing Breakfasts", Hanbury Street, 1880



Labour exchange, Whitechapel Road, 1890



#### UK Government Strategy for Social \_\_\_\_\_ Exclusion



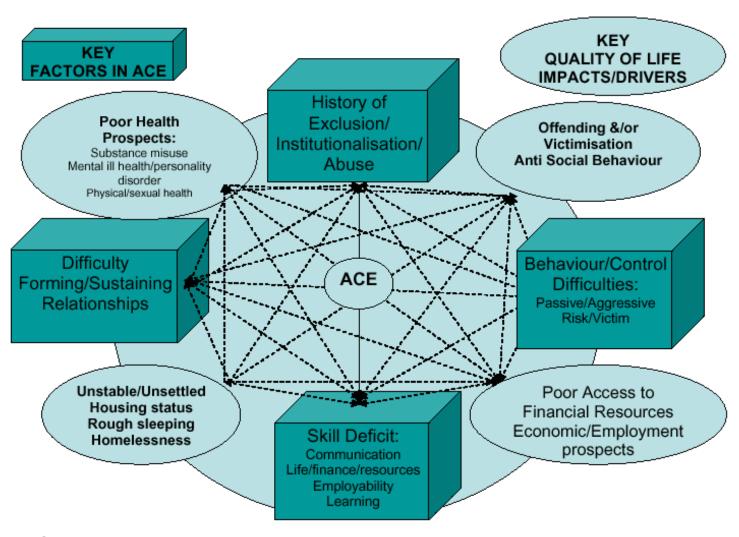




Reaching Out: An Action Plan on Social Exclusion

**M** HM Government

Annex B: Adults facing Chronic Exclusion Characteristics



The Cabinet Office



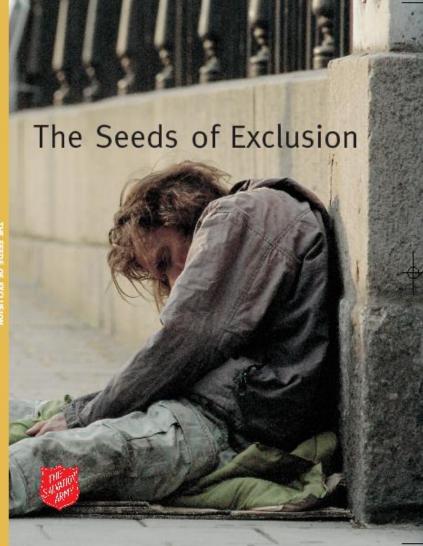
The role of TSA as a third sector organisation?

 Relationship between TSA and statutory services/funding?



Booth House, Whitechapel London

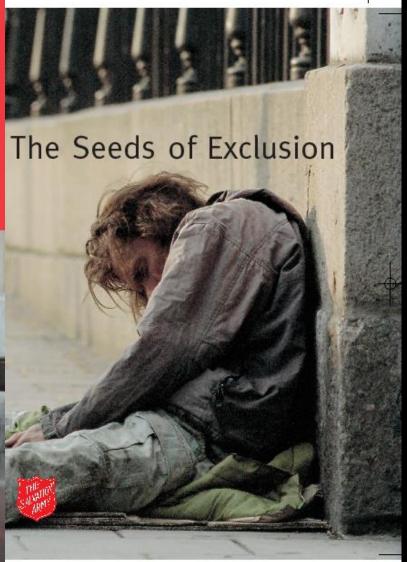


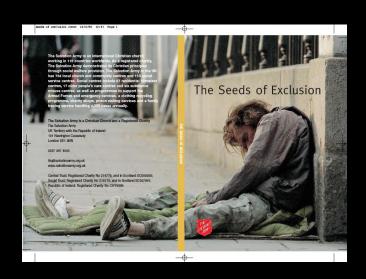


# The Seeds of Exclusion Belfast and Dublin

A study into the drivers and consequences of social exclusion published by The Salvation Army, with the University of Kent and Cardiff University

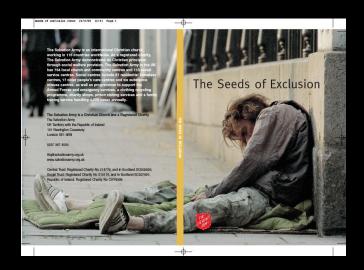






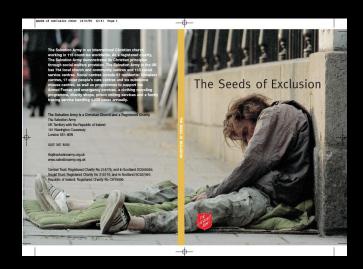
#### **AIM: To review**

- early life experiences
- nature and quality of their relationships
  - now and in childhood
- main reasons for homelessness
- mental health issues
- substance misuse and abuse
- use of statutory support services



# Screening, self-reporting and in-depth/diagnostic interviews of:

- •967 homeless people
- •January 2006 April 2009
- •7 UK geographical locations
- •supervision by a consultant forensic psychiatrist



# Screening, self-reporting and in-depth/diagnostic interviews of:

- •967 homeless people
- •January 2006 April 2009
- •7 UK geographical locations
- supervision by a consultant forensic psychiatrist

#### **Initial screen**

- social relations and support
- education
- employment history

#### **Diagnostic interview**

- Addiction Severity Index
- AUDIT
- •Dast -20
- •GHQ-12
- Psychosis Screening Questionnaire
- Impact of Events Scale-revised (for PTSD)
- Personality Diagnostic Questionnaire-
- Mini Mental State Examination

### A STUDY OF MENTAL HEALTH, SUBSTANCE PROBLEMS, SOCIAL AND OTHER PROBLEMS IN HOMELESS PEOPLE

#### Many thanks to:

Dr Marianne van den Bree Professor Pamela Taylor

Dept. of Psychological Medicine







### A STUDY OF MENTAL HEALTH, SUBSTANCE PROBLEMS, SOCIAL AND OTHER PROBLEMS IN HOMELESS PEOPLE

#### Many thanks to:



Schedules for
Clinical
Assessment in
Neuropsychiatry

Researchers
Claire Luscombe

Joanne Davey
Laura Gamble
Lucy Grayton
Amy Williams
Margherita Giorgi

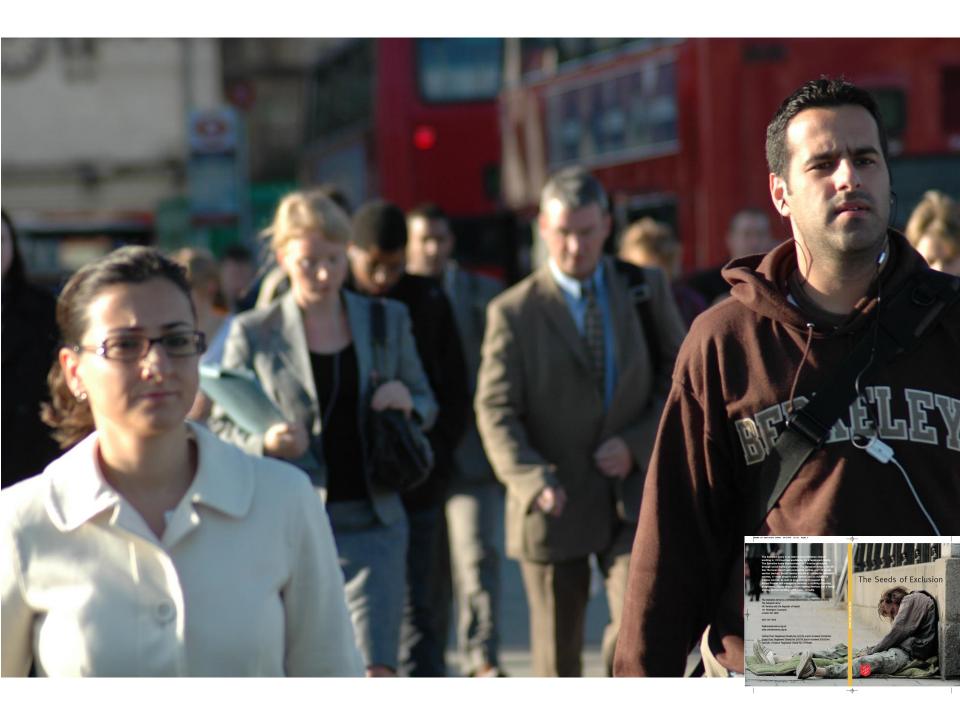












## Demographics

- Interviewees n= 967; [males:females, 87.9%:12.1%]
  - Average age: 35.6 years
  - 72.5% never married
  - 14.9% divorced
  - 8.2% separated
  - 1.8% married
  - 1.6% widowed
  - 0.9% cohabiting
- Reported to have previously attempted to take their own life
  - 36% men, 47%

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# Self reported reasons for homelessness

- Homeless due to:
  - Relationship breakdown: 43%
  - Alcohol and drug misuse: 16%
  - Mental health issues: 10%

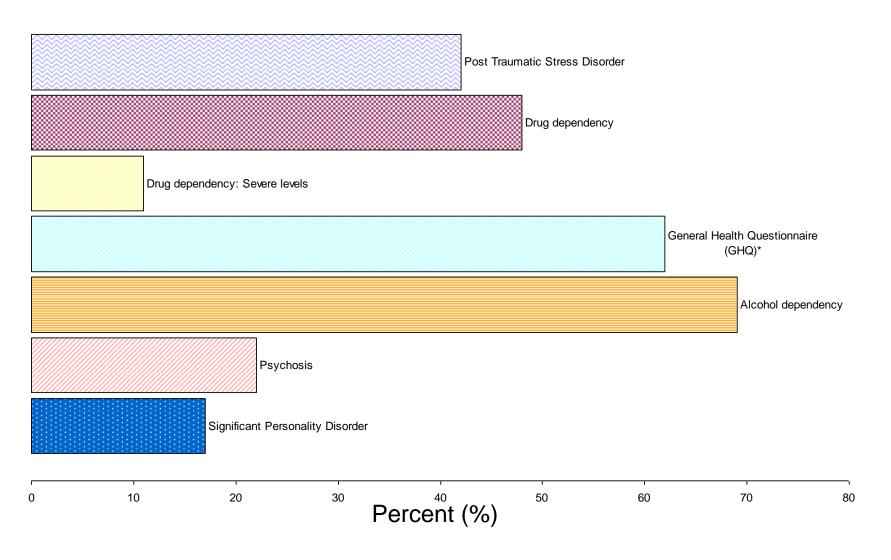
– Unemployed: 8%

# Self reported reasons for homelessness

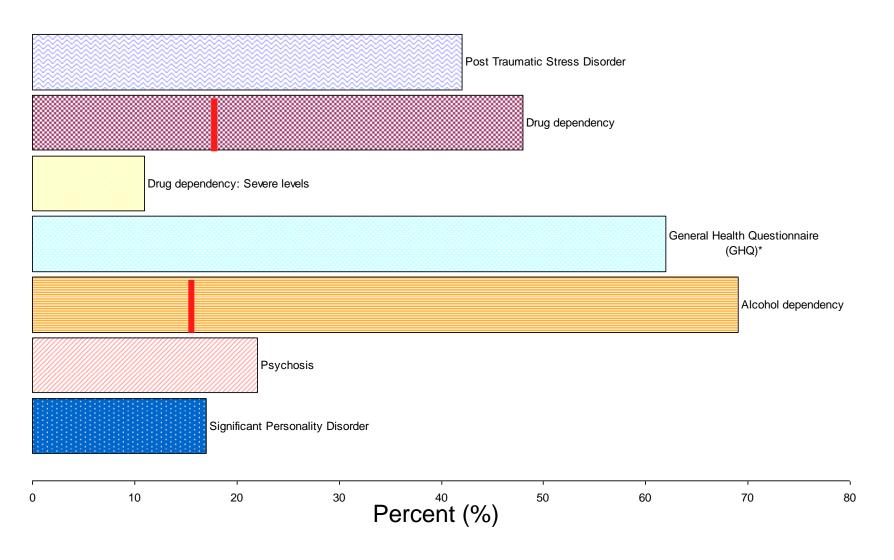
- Homeless due to:
  - Relationship breakdown: 43%
  - Alcohol and drug misuse: 16% [80%]
  - Mental health issues: 10% [30-60%]

– Unemployed: 8% [96%]

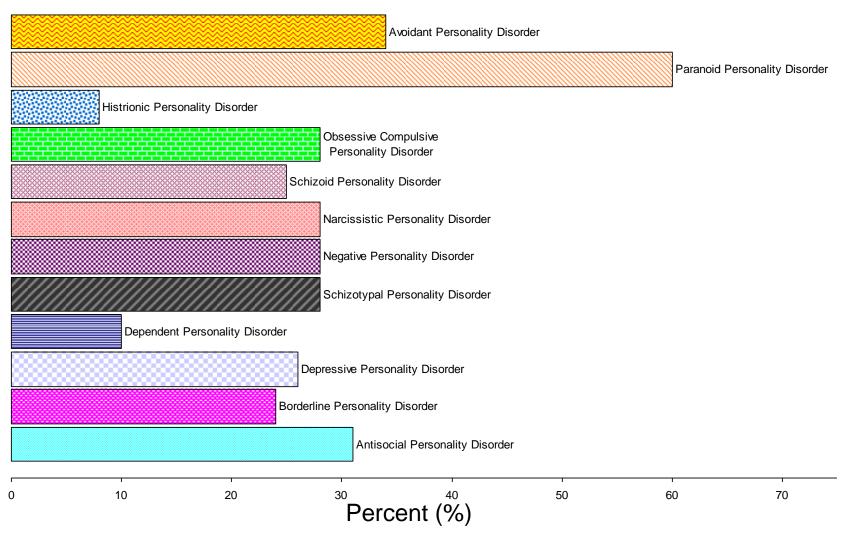
# Percentage of interviewees who screened positive for specific mental health conditions



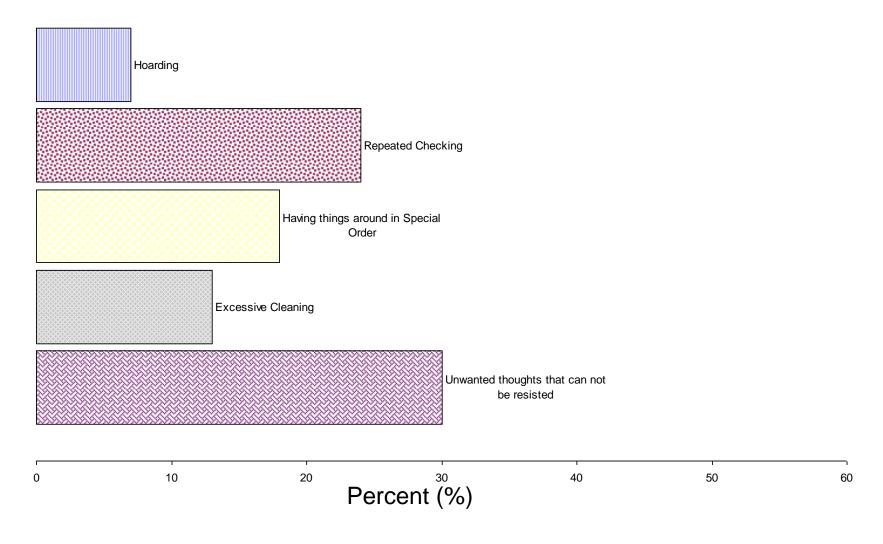
# Percentage of interviewees who screened positive for specific mental health conditions



# Percentage of interviewees who screened positive for symptoms of specific personality disorders



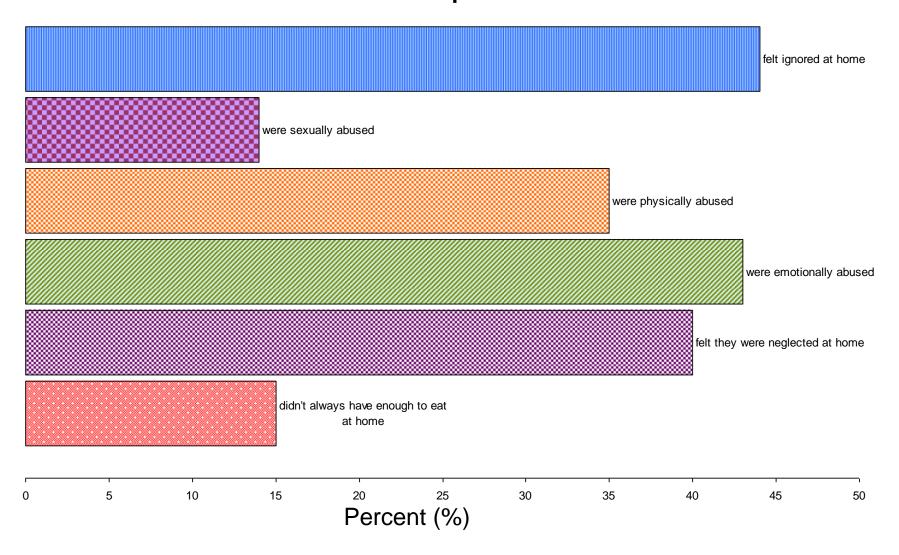
# Percentage of interviewees who screened positive for symptoms that relate to Obsessive Compulsive Disorder (OCD)



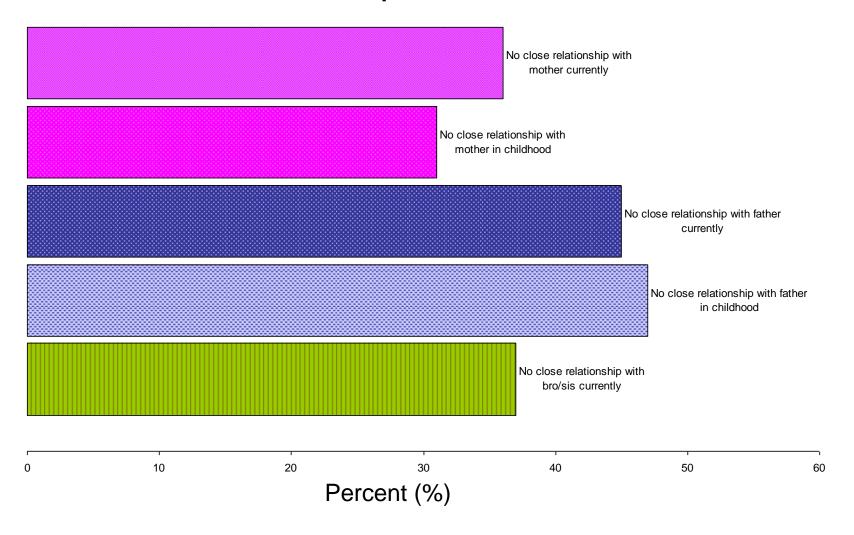
## Childhood experiences

- 26% had been homeless as children
  - Of these 54% had been homeless for more than 1 year
- Highest levels of adverse experiences were found in Scotland, Dublin, Belfast, and North West of England
- 30% said they were neglected
  - 94% of the 18-25 year group

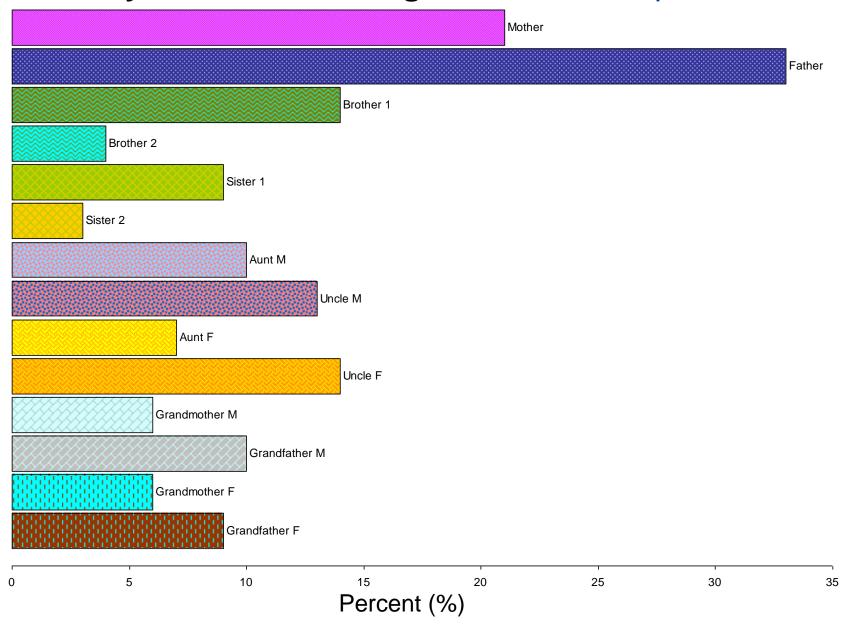
# Percentage of interviewees who had negative childhood experiences



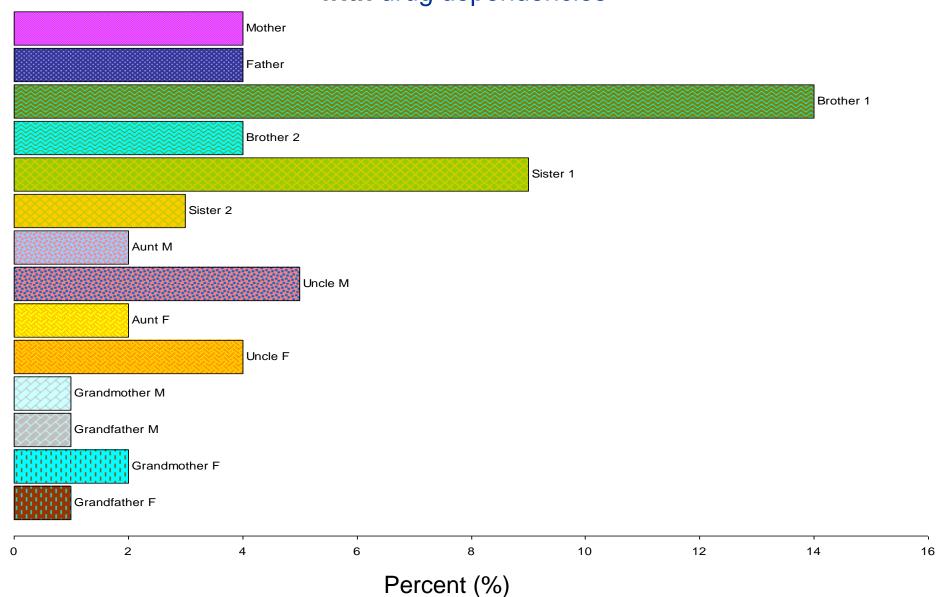
# Percentage of interviewees who reported no close relationships with close family members in childhood and relationships with those relatives now



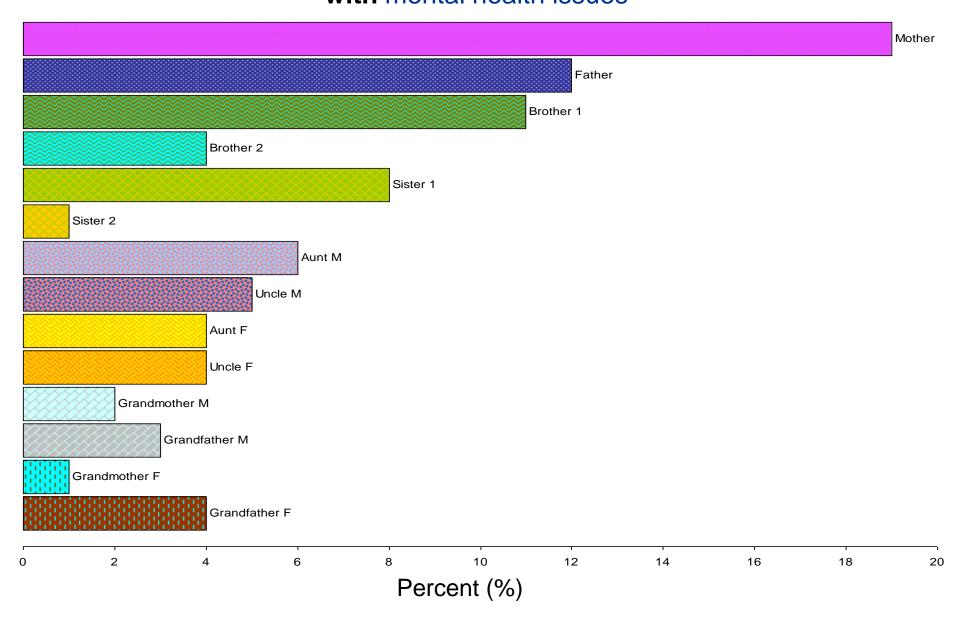
# Percentage of individuals who reported specific close family members with significant alcohol problems



# Percentage of individuals who reported specific close family members with drug dependencies



## Percentage of individuals who reported specific close family members with mental health issues



## Multiple Complex needs

 % no. screened positive for PTSD, general mental health problems, psychosis, significant personality problems, alcohol and drug problems:

•	0	11%
•	1	24%
•	2	30%
•	3	20%
•	4	12%
•	5	2%
•	6	1%

## Support for vulnerable people

- About 25% had been in a controlled environment within the last 30 days
  - 12% of these had been released from prison during the last 30 days

# Social and Healthcare support

- No. of respondents who reported:
  - Health and wellbeing limited during the last year: 54%
  - Received medications for physical health issues: 38%
  - Receiving mental health care: 11%
  - In contact with community mental health services: 7%
  - In need of physical and mental care: 55%

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# Problematic Alcohol Use

# Problematic Alcohol Use

- 50-70% alcohol dependent
  - 25% consider that they have a problem
- Dependent drinkers
  - 26% drink more than 4 x per week
  - 20% have 6+ drinks per day
  - 34% have 10+ drinks on drinking days
- 18-25 years had highest levels of alcohol abuse (66%) [least likely to think that they had a problem]

# Problematic Substance Misuse

 Highest levels of alcohol dependence in Belfast (74%) and Wales (71%)

 Drug dependency also highest in Dublin (66%) and Wales (64%)

 25% using SM services, but only 10% in Belfast

	Alcohol Problem	No Alcohol Problem		
	(N=261)	(N=177)	$\mathbf{X}^2$	p-value
Mean Age	34.5	37.1		
18 - 25	25.51%	22.70%		
26 - 35	31.98%	29.45%		
36 - 45	23.48%	27.61%		
46 - 55	12.96%	12.88%		
56 - 65+	6.07%	7.36%	3.67	0.45
Male	92.30%	81.40%		
Female	7.70%	18.60%	11.96	0.001
White	91.80%	80.80%		
Mixed	3.50%	4.70%		
Asian	1.60%	2.30%		
Black	3.10%	12.20%	14.71	0.002

		Alcohol +ve	Alcohol -ve		
	Positive	64.20%	59.40%		
GHQ	Negative	35.80%	40.60%	0.98	0.32
	Positive	26.10%	16.40%		
Psychosis screen PSQ	Negative	73.90%	83.60%	5.72	0.02
	Yes	6.90%	4.50%		
Significant PD	No	93.10%	95.50%	1.07	0.3
	Positive	48.80%	34.90%		
Drug Abuse DAST	Negative	51.20%	65.10%	8.12	0.004
	Positive	20.30%	13.60%		
PTSD IES-R	Negative	79.77%	86.40%	3.31	0.07
	Yes	73.20%	63.30%		
Any mental Health Issue	No	26.80%	36.70%	4.85	0.03

		Alcohol	Alcohol -		
		+ve	ve	$\mathbf{X}^2$	p-value
	Yes	53.10%	40.30%		
<b>Charged with Non-Violent Crime</b>	No	46.90%	59.70%	6.82	0.01
					,
	Yes	47.50%	27.10%		
Charged with Violent Crime	No	52.50%	72.90%	18.31	<.001
					ı
	Yes	25.70%	16.40%		
In Prison	No	74.30%	83.60%	5.32	0.02
					ı
	Yes	17.20%	11.90%		
Served in the Armed Forces	No	82.80%	88.10%	2.38	0.12
					ı
	Yes	8.00%	5.60%		
Spent time in a care home as a child	No	92.00%	94.40%	0.92	0.34
					ı
	Yes	9.20%	6.80%		
Spent time in foster care as a child	No	90.80%	93.20%	0.82	0.37

# Problematic Alcohol Use

- Interviewees with an Alcohol Problem are significantly more likely to:
  - be male
  - not to be in contact with their children
  - screen positive for psychosis
  - have a drug problem
  - have some type of mental health problem
  - be charged with a non-violent crime
  - be charged with a violent crime
  - have been in prison

# Regional comparisons

# Socio-economic issues

#### Financial problems

- London: 38%

Belfast: 12%

Clients over 46-55years 36%

#### Unemployed

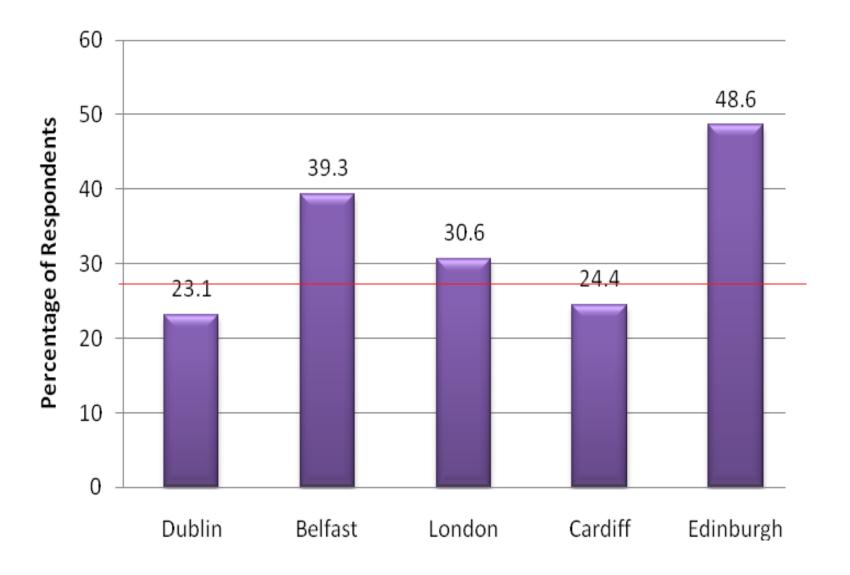
- 6% had never worked
- 37% had no qualifications [lowest for youngest groups]

#### Time spent alone

- 18-25 years: 30%, 46-55 years: 65%

#### Rough Sleeping

30% in the month before entering the centre [36-45 years: 39%]



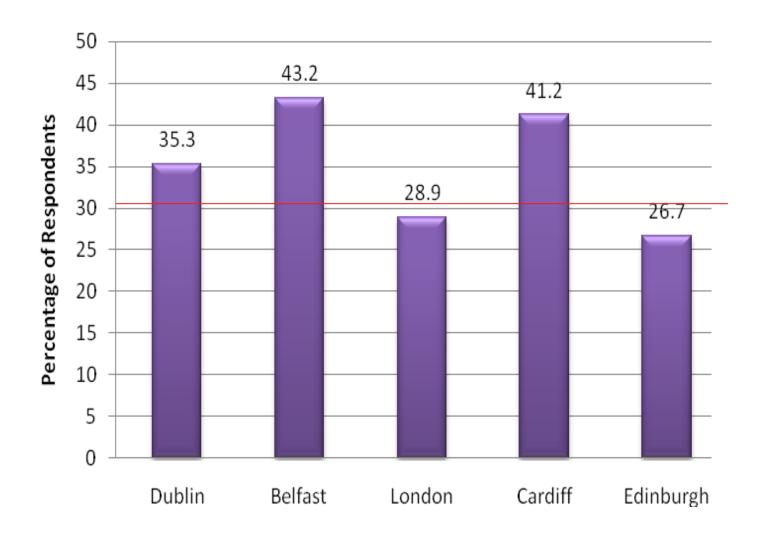
Interviewees who were currently Depressed

Average across population is 27.6



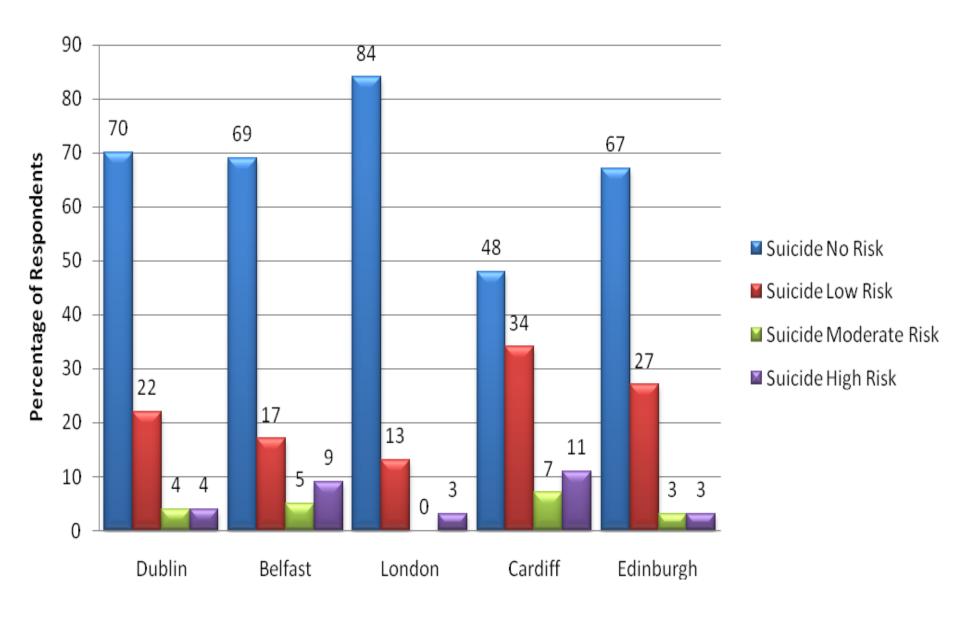
**Interviewees with Generalised Anxiety** 

Average across population is 15.3

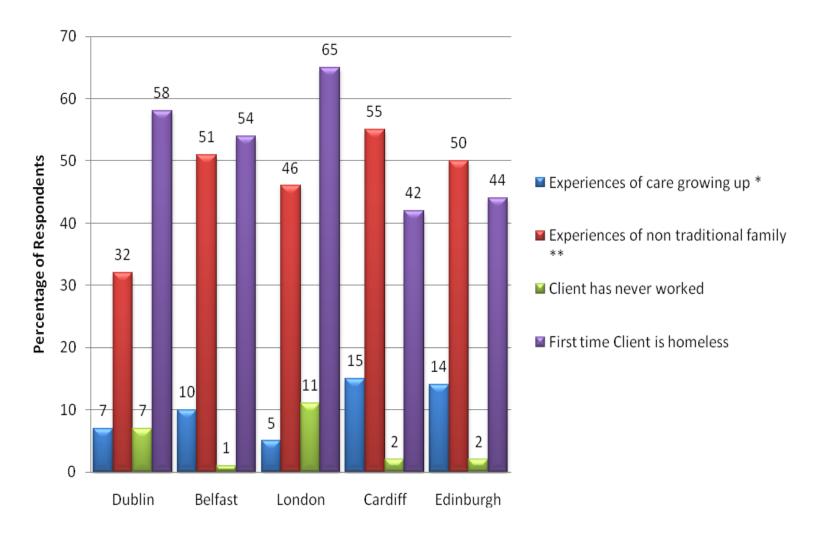


#### Interviewees who screened for PTSD

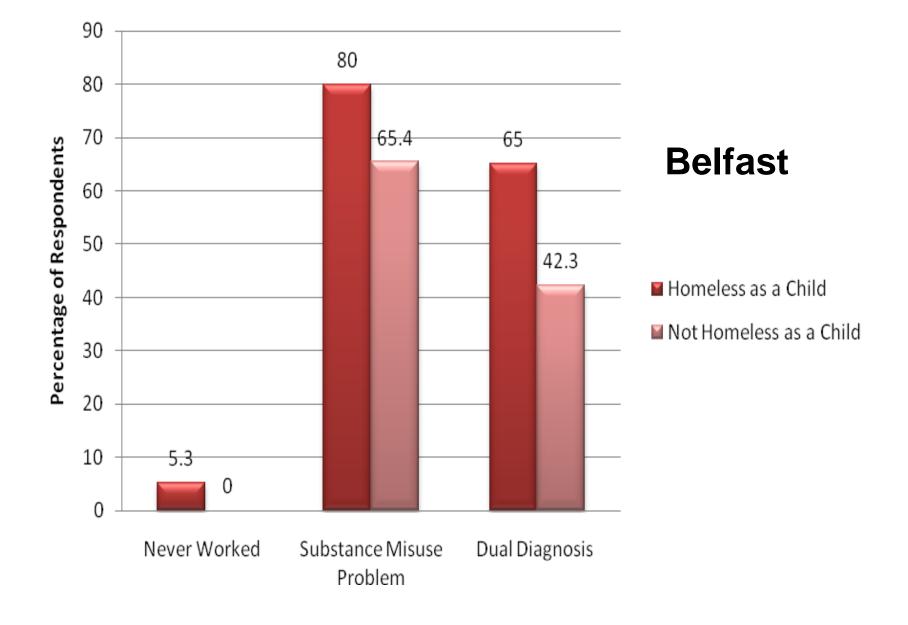
Average across population is 31

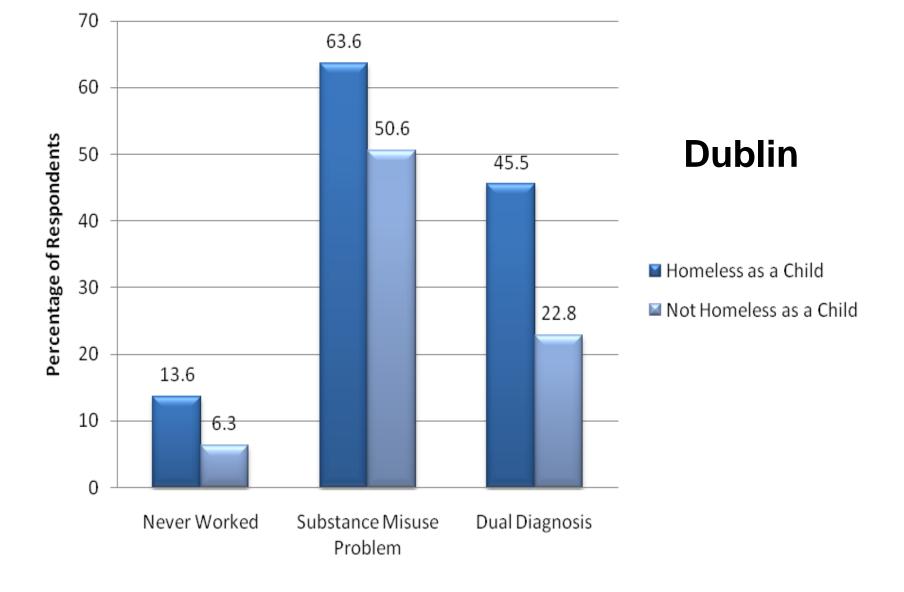


Suicide risk



<sup>\*</sup> Foster care, residential care, \*\* other experience of family life outside of living solely with both parents





#### The homeless population interviewed is characterised by:

- Relationship problems
  - Early childhood problems (mainly with the father)
- High prevalence of severe mental health problems
  - Depression, Anxiety, PTSD
  - High suicide risk
- Substance misuse problems
  - Linked to early life experiences
  - Limited contact with the statutory services

www.kent.ac.uk/chss/socialexclusion/seeds







Social identity

Genetic vulnerability

**Nutrition** 

Housing

Attitude/perceptions

Life events

Social identity

Genetic vulnerability

**Nutrition** 

Housing

Attitude/perceptions

Life events

Alcohol/drug dependency
Smoking
Head injury

Social identity

Genetic vulnerability

Nutrition

Housing

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Life events

Alcohol/drug dependency
Smoking
Head injury

Attitude/perceptions

Mental health issues

Life events

brain chemistry
hormones

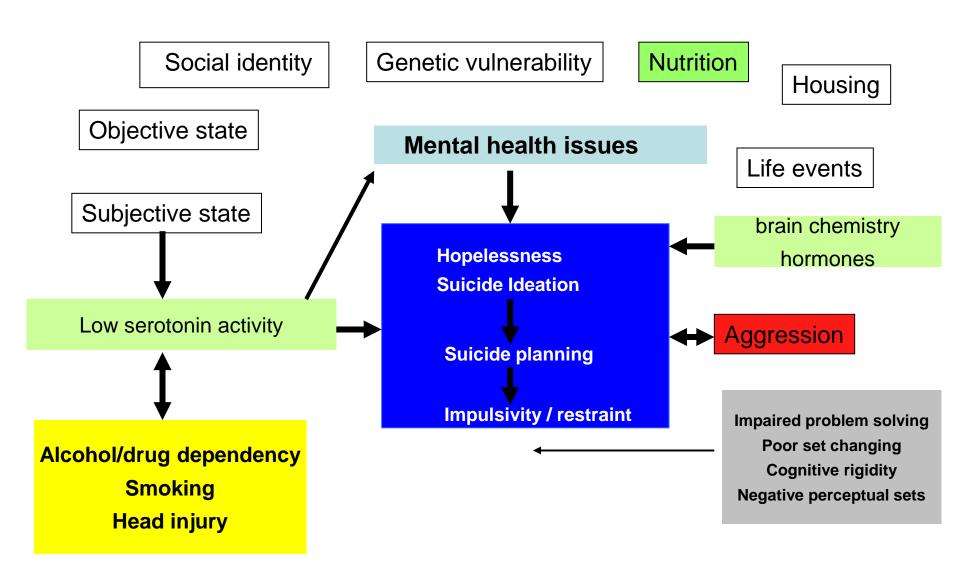
Suicide Ideation

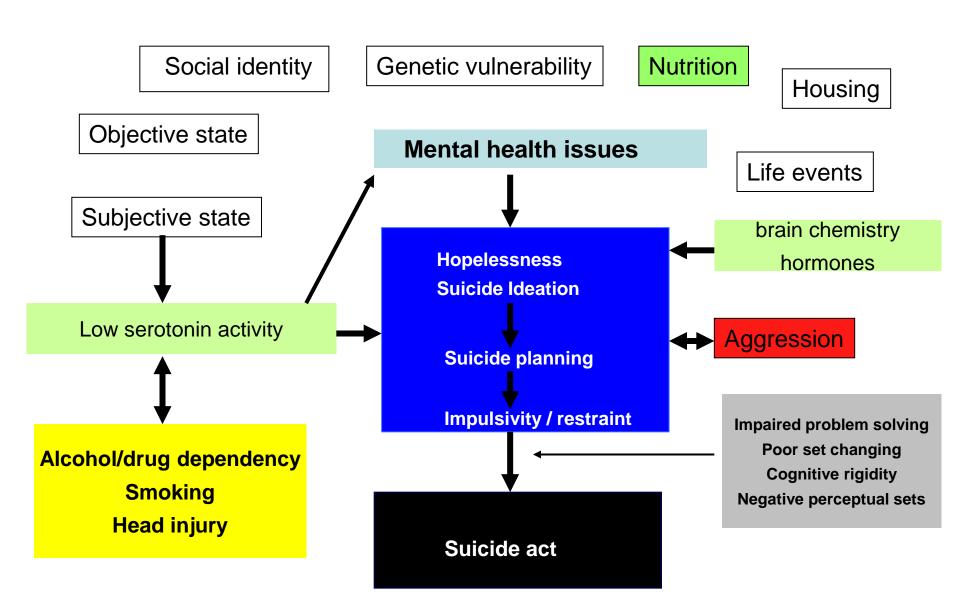
Suicide planning

Aggression

Impulsivity / restraint

Alcohol/drug dependency
Smoking
Head injury





#### Further research

- Institute of Child Care Research, Queen's University, Belfast
- The Children's Research Centre, Trinity College, Dublin
- Salvation Army Services
  - Belfast: family centres [Glen Alva, Thorndale family centre]
  - Dublin: homeless children [Le Froy House]
  - Portsmouth: [Catherine Booth Centre]
  - Leeds: [Mount Cross]

#### Research outcome:

 key drivers of social exclusion leading to both preventative and supportive interventions which promote and sustain communities.



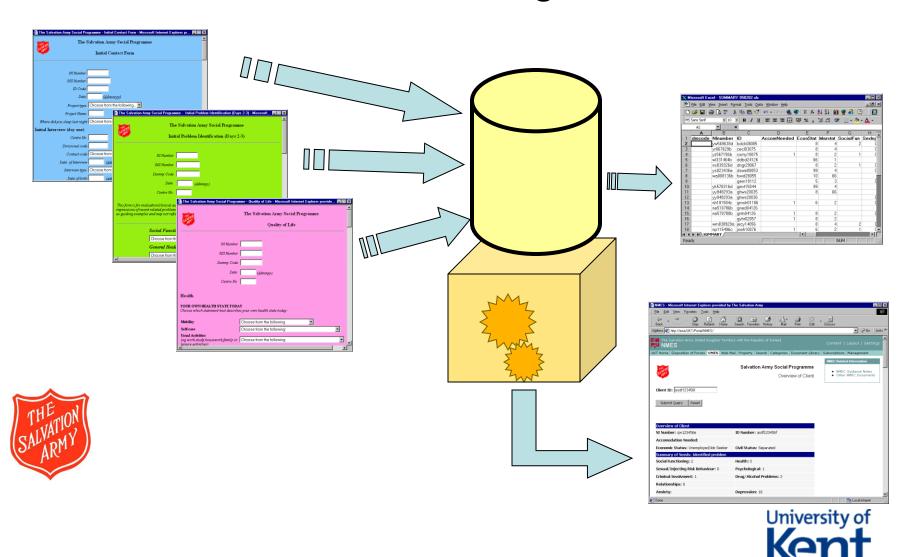


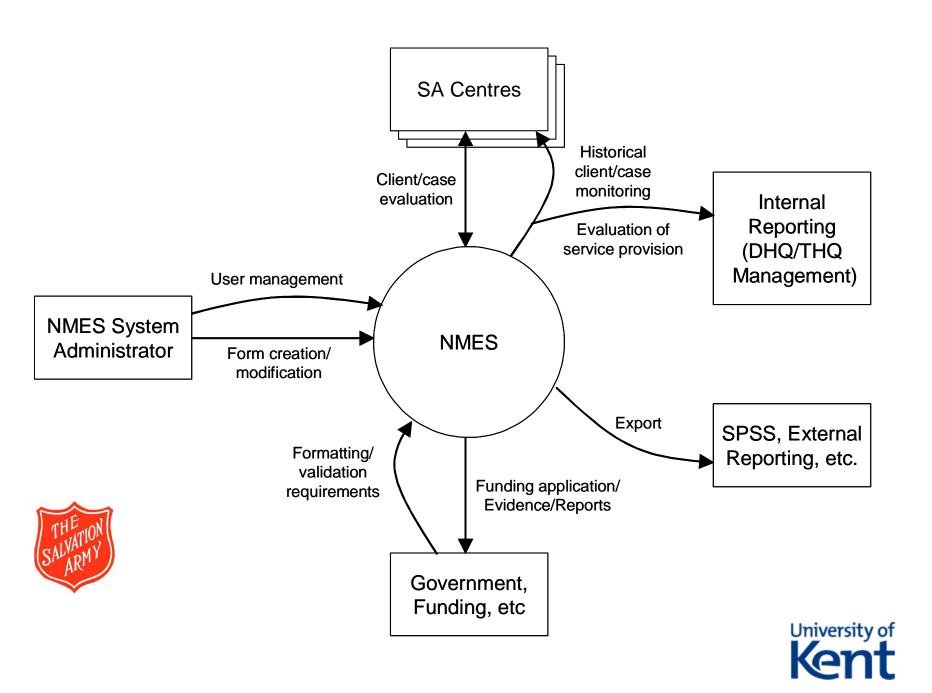
Thank you for listening



Please donate

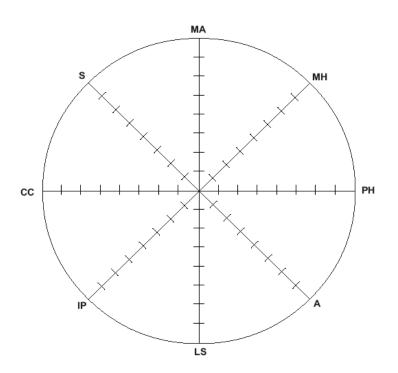
# Web-based screening, assessment outcome monitoring





# Web-based screening, assessment outcome monitoring

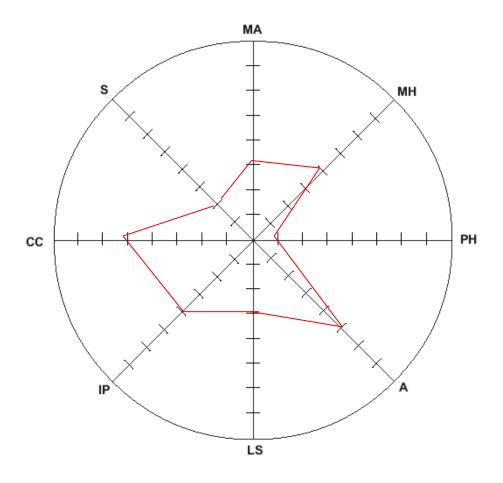
Outcome monitoring - The Wheel





MA – Meaningful Activity; MH – Mental Health; PH – Physical Health; A – Addiction; LS - Life skills; IP – Interpersonal Skills; Capacity to change; S – Spirituality

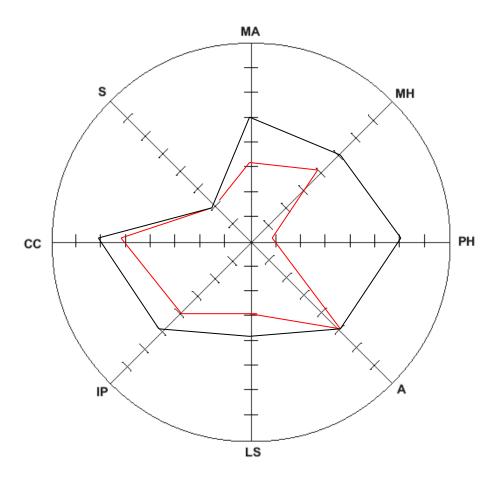
#### Time One





MA – Meaningful Activity; MH – Mental Health; PH – Physical Health; A – Addiction; LS - Life skills; IP – Interpersonal Skills; Capacity to change; S – Spirituality

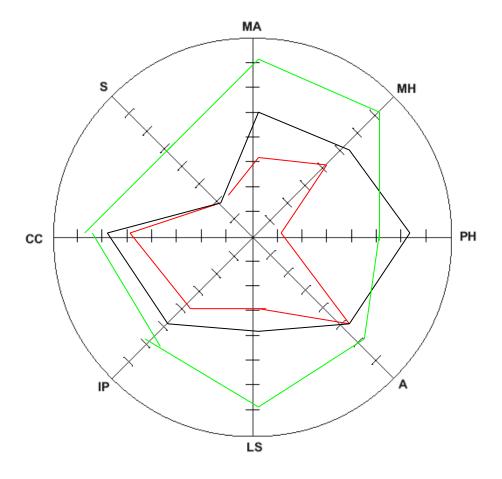
#### Time Two



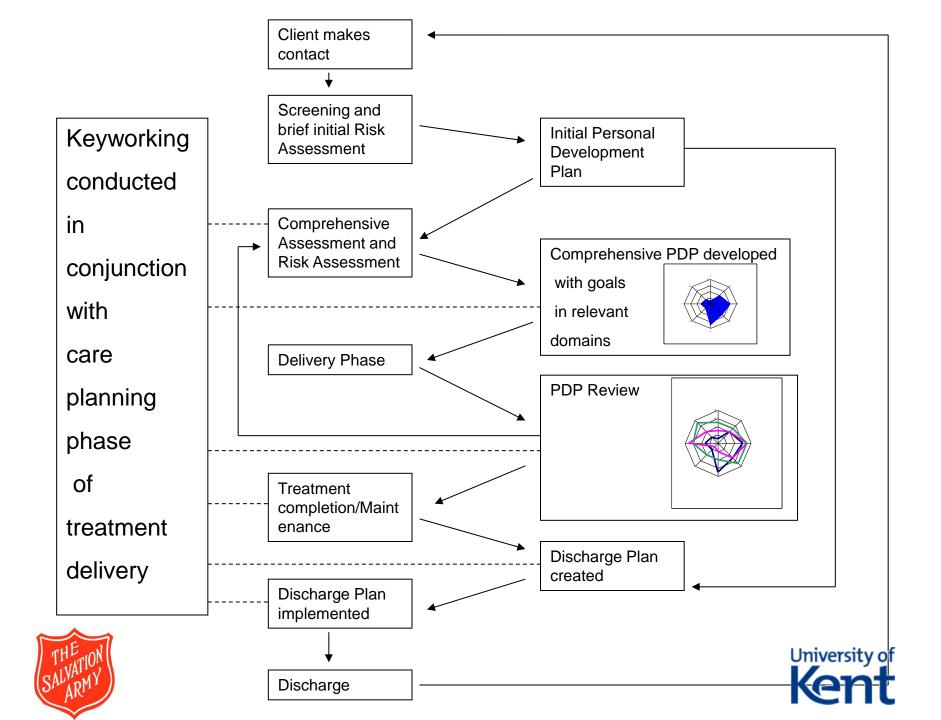


MA – Meaningful Activity; MH – Mental Health; PH – Physical Health; A – Addiction; LS - Life skills; IP – Interpersonal Skills; Capacity to change; S – Spirituality

#### Time Three

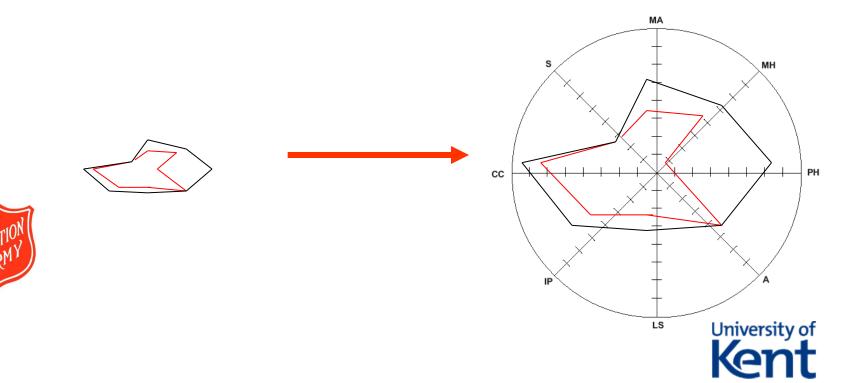


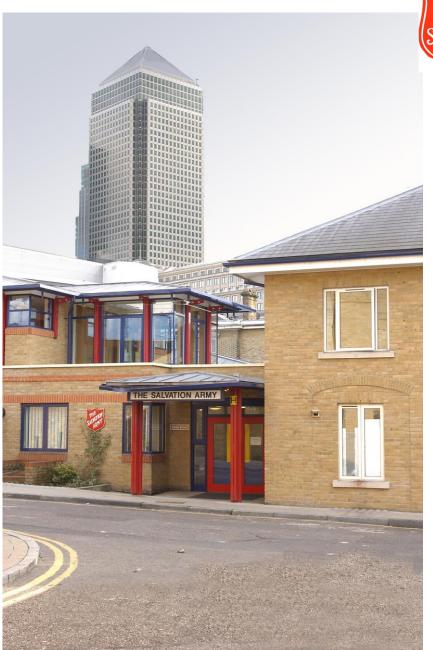
— Meaningful Activity; MH — Mental Health; PH — Physical Health; A
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# Health

# Wholeness







Analysis of alcohol and drugs 3,000 samples per year from SA centres around the UK







### **Biomedical Service**

Analysis of alcohol and drugs 3,000 samples per year from SA centres around the UK







#### Further Research

- Extension of current work to include
  - Investigate poor relationships
  - Interviews in Ireland (north and south)
- Continue to research and develop
  - Web-based screening, assessment outcome monitoring
- Review existing TSA services in the UK
  - Effective intervention strategies
  - Smart nutrition
  - Employment support
- Review the role of TSA as a third sector organisation
  - Partnerships with statutory and other third sector
  - Cost benefit analysis of community-based interventions





#### Research into Nutrition and Social exclusion

- Nutrition deficits are associated with poor health
  - Vulnerability to mental health problems
  - Reduced cognitive function
  - Deficits linked to
    - Alcohol and drug use
    - Poor quality parenting
    - Chaotic lifestyle

