



# Mental Health and Homelessness

Healthwatch Wandsworth 2024

**healthwatch**

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# Summary

## What we did

Healthwatch Wandsworth identified mental health and homelessness as a research priority for 2023–2024. With Wandsworth having the tenth highest rate of homelessness in London, and mental health a major concern for people experiencing homelessness, accessible mental health support is a key concern for this community.

We attended five events held by SPEAR, a local charity that supports people who are homeless. We conducted two separate surveys at these events. We spoke with 33 people using the first survey which included two questions about mental health and homelessness as part of a wider survey on the cost of living crisis. We spoke with ten people using the second survey which specifically focused on mental health and homelessness. We also conducted three case studies.

## Key findings

**The people we spoke with:** Over half of the participants identified themselves as having a disability or long term condition.

**The current state of mental health for the homeless community in Wandsworth:** The majority of participants in this study noted that they had a mental health diagnosis or struggled with their mental health.

**Factors that may have contributed to homelessness:** There were a variety of factors that contributed to homelessness including: family turmoil, financial turmoil, and mental health struggles.

**The pathways for effective emotional health support:** There was a high level of variance in the pathways to access emotional health support participants described, indicating that the ways people who are homeless can access emotional health support may not be clear and/or easily accessible.

**Issues in addressing mental health and homelessness:** The participants shared a variety of issues in addressing mental health and homelessness, including having access to housing and mental health support prior to the point of crisis to avoid being homeless, as well as needing holistic support once homeless.

Mental health and homelessness were overwhelmingly identified as the most important issues to discuss moving forward.

## Conclusions

There are a variety of factors that feed into the issue of mental health and homelessness in the community. Moving forward, we would recommend the following:

- Producing a map of resources for people who are homeless and distributing them in ways that are accessible to the community.
- Providing comprehensive support prior to the point of crisis to prevent people from facing homelessness. This is particularly pertinent for vulnerable populations, specifically those with disabilities and long term conditions who are overrepresented in the homeless community.
- Creating regular opportunities for professionals supporting people who are homeless across Wandsworth to connect, discuss opportunities for holistic working, and share challenges to address the specific and varied needs of the community.

# Introduction

# Introduction

## Why mental health and homelessness?

Mental health was identified as one of Healthwatch Wandsworth's priorities for the 2023-2024 year.

Throughout our work this year, housing issues have come up frequently as having an impact on health and in particular mental health. Through our research focused on the experiences of new mothers from marginalised ethnic groups, we heard from about 50% of participants about how much housing problems could impact health and wellbeing of new parents and their children, including both mental and physical health. A few parents that we spoke to were in temporary accommodation and talked about how the conditions impacted their mental health. You can view our report on this [here](#).

We have been talking to people about how the cost of living crisis has impacted mental and physical wellbeing. We conducted a cost of living survey at a number of events for people experiencing homelessness run by SPEAR London, a charity that supports people who are homeless. Data from these events indicated that, within the groups of people who are homeless that we spoke with, there was a high concentration of people with mental health concerns. One person we spoke to had become homeless during the cost of living crisis and many talked about the pressures that the cost of living crisis was having on their ability to live well and feel secure in their homes. You can view our report on this [here](#).

These two research studies indicated a need to look closely at how housing, temporary accommodation, and homelessness are affecting people in the borough.

## Key facts about homelessness

It's important to understand that there are different types of homelessness that affect people.

- Rough sleeping – This is the most visible form of homelessness where people sleep on the streets without adequate shelter, often on the streets of towns and cities.
- Temporary accommodation – There are different types of temporary accommodation. These include night or winter shelters, hostels, B&B's, women's refuges, and private and social housing. Each type of temporary accommodation has specific rules on access and lengths of stay.
- Hidden homelessness – People who are experiencing hidden homelessness are hidden from statistics as they deal with their situation informally. This looks different for each individual but can mean sofa surfing, staying with family and friends, or living in unsuitable housing such as squats or 'beds in

sheds'. All of these types of hidden homelessness leave the individual vulnerable and they may have to sleep rough at some point.<sup>1</sup>

Following several years of decline, the number of people sleeping rough in England grew in 2022. In November 2022, 3,069 people were recorded rough sleeping on a single night in England. This number had increased by 26% from the year before (ibid, footnote 1).

On 14 December 2023, Shelter England reported that the estimated number of people who are homeless and people living in temporary council accommodation in Wandsworth was 7,542. This means that Wandsworth ranked tenth among London boroughs for rates of people who are homeless in London<sup>2</sup>.

Around half of the people sleeping on the streets in London are people who are non-UK nationals. They often will have no recourse to public funds (NRPF) or have other restrictions on their eligibility for statutory support<sup>3</sup>.

According to Crisis, mental health both contributes to, and can be worsened by, homelessness. Moreover, 45% of people who are homeless have a mental health condition which rises to eight in ten people when focused on those who are rough sleeping<sup>4</sup>. According to Homeless Link, 82% of respondents in their 2022 Homeless Health Needs Audits report had a mental health diagnosis<sup>5</sup>.

## Insights into services in Wandsworth

As Healthwatch Wandsworth have not worked on this topic before we wanted to make sure we had a good understanding of mental health and homelessness in the borough before moving ahead with the next stages of the research. We met with teams supporting people who are homeless across a number of organisations. From our conversations, it was difficult to identify a clear mental health and homelessness pathway<sup>6</sup> in Wandsworth. This made it more difficult to identify which organisations were doing what. Consequently, we prioritised meeting lots of different people and organisations to gain a better understanding of mental health support for people experiencing homelessness in Wandsworth.

Through talking to services in Wandsworth providing mental health and homelessness support we heard about the key issues around this as well as what improvements they would like to see. We gathered insights around

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<sup>1</sup> Crisis. 'Types of Homelessness | Crisis UK | Together We Will End Homelessness'. Accessed 28 November 2023.

<https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/>

<sup>2</sup> Shelter England. 'At least 309,000 people homeless in England today'. Accessed 28 February 2024.

[https://england.shelter.org.uk/media/press\\_release/at\\_least\\_309000\\_people\\_homeless\\_in\\_england\\_today](https://england.shelter.org.uk/media/press_release/at_least_309000_people_homeless_in_england_today)

<sup>3</sup> Crisis. 'The Homelessness Monitor: England 2023'. Accessed 28 February 2024. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2023/#:~:text=London%2Dspecific%20data%20also%20indicates,restricted%20eligibility%20for%20statutory%20support>

<sup>4</sup> Crisis. 'Mental Health'. Accessed 28 February 2024. <https://www.crisis.org.uk/ending-homelessness/health-and-wellbeing/mental-health/>

<sup>5</sup> Homeless Link. 'Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit'. 28 February 2024.

<https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/>

<sup>6</sup> Pathway- a defined route to access services and support.

collaborative working, accessibility, and other key issues. Below is a summary of what we were told.

### **Collaborative working**

- The services we spoke with noted that there were gaps in support because there were unexplored opportunities for more joined up partnership work with people who have a dual diagnosis. Dual diagnosis is either a mental illness that has led to substance misuse, or a substance abuse problem that has led to a mental illness (for example, psychosis). The two are initially unrelated but they interact with and exacerbate each other. This can result in individuals being bounced back and forth between services supporting the separate issues.
- There appears to be a lot of services supporting people who are homeless in Wandsworth, but they shared that they are often not aware of what other services are doing in the borough.
- Based on this, further partnership working and service mapping could be beneficial across the borough.

### **Accessibility**

- Service providers mentioned that increased access to mental health support and clearer pathways for accessing support could be beneficial to the community. However, it's important to be mindful that services are already overstretched.
- The traditional healthcare model where individuals visit services for support appears to work less well for people who are homeless – instead the services should go to the people.
- It is important to have up-to-date, accurate information on support and services in different formats. People who are homeless can struggle to navigate online support, so it's important to consider how to make this information accessible.

### **Other key issues**

- Many service providers we spoke with mentioned ex-prisoners and homelessness. In prison, people have access to support. However, when they come out there can be a lack of support, which leaves many struggling to get by and can lead to homelessness.
- Immigrants who have no recourse to public funds (NRPF) cannot access any support and can easily end up homeless. No recourse to public funds means that the individual cannot claim most benefits, tax credits, or housing assistance that are paid for by the central government. This includes non-UK nationals.

- New legislation focused on how mental health crises are managed has recently emerged. 'Right Care Right Person'<sup>7</sup> was enforced on 31<sup>st</sup> October 2023. People who work in supporting homelessness and mental health are yet to understand how this new legislation might impact these issues.

## What we did

In addition to learning about the key services around Wandsworth, we spoke with 46 community members to understand the community's thoughts, experiences, and visions for the future around mental health and homelessness.

- We spoke with 33 people between June 2023 and September 2023 using two questions focused on mental health and homelessness as part of a cost of living survey.
- We spoke with ten people in October 2023 using a survey focused on mental health and homelessness.
- We conducted three case studies between the end of 2023 and March 2024.

As we conducted this research we contended with two barriers. One of these barriers was trust. The homeless community is a vulnerable group who have faced multiple traumas and have often lost trust in services. To hear the experiences of the homeless community we needed more time to build trusting relationships.

The other barrier we faced was trauma. We produced the mental health and homelessness survey to use at outreach events to gain further insight into the issues. However, we found this challenging as some people would appear more distressed after taking the survey. Through further discussions with partners, we realised that doing a survey was not the best method to hear this community's experiences as we could potentially be asking people to revisit trauma spaces that were not as supportive as they could be.

We applied this feedback to the case studies we conducted. We ensured a person who was trusted by the interviewee was present in the interview. We also edited our case study questions based on feedback from representatives from the organisations we collaborated with, and we created a trauma-informed procedure to ensure an emotionally and physically safe environment for the participants.

## Thanks to our collaborators

We worked with existing community-based organisations to learn more about mental health and homelessness in Wandsworth as well as to recruit participants. We are grateful to SPEAR, Drive for Change, and the Rough Sleeping and Mental Health Programme (RAMHP) for their support in recruiting participants across this project and building our understanding on this subject.

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<sup>7</sup> Right Care Right Person is a model used by police, health agencies, and government focused on ensuring that people experiencing a mental health crisis are seen by the correct professional. Visit the [Metropolitan Police](#) webpage introducing the model to learn more.

Throughout the interviews, data analysis, and report writing, we have had support from our research and policy volunteers. Thanks for the time you have dedicated to this project.

We are incredibly grateful to the people who talked to us about their experiences with mental health and homelessness. They have provided valuable insights into the struggles our community is facing and the changes they felt were needed.

# Findings

# Findings

In this report, we aim to set out our findings from the discussions we had. This report will describe feedback received about the following topics.

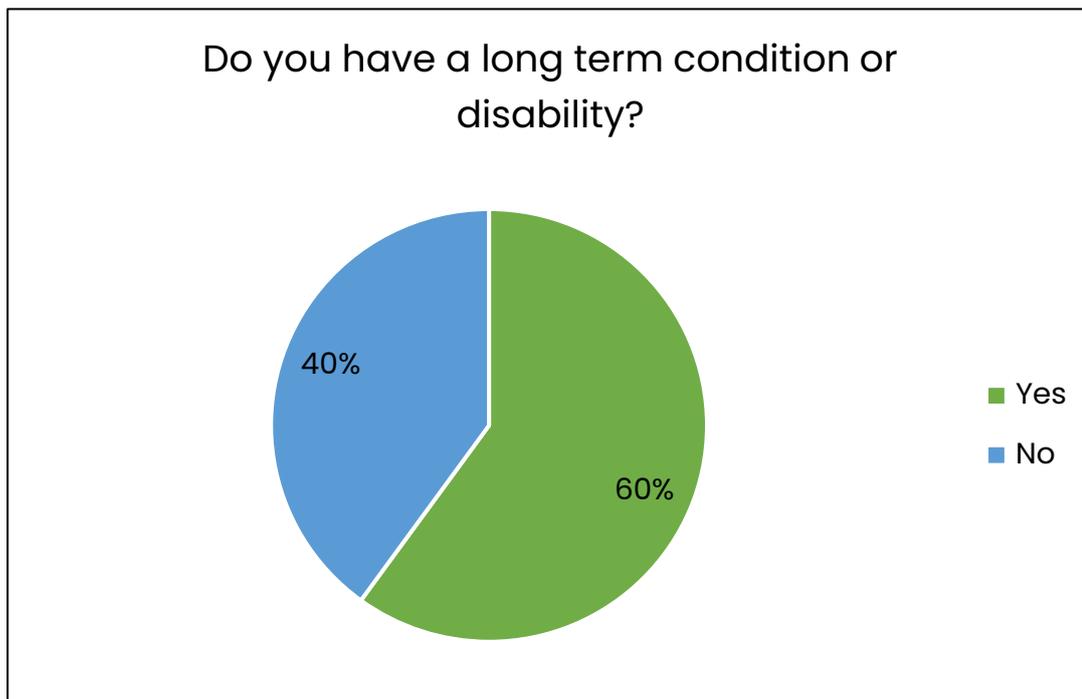
- The people we spoke with (page 10)
- The current state of mental health for the homeless community in Wandsworth (page 13)
- The factors that may have contributed to homelessness (page 15)
- The pathways for effective emotional health support (page 18)
- The issues in addressing mental health and homelessness (page 22)
- Mental health and homelessness were identified as the most important issues to discuss moving forward (page 25)

Throughout the findings, we will include three case studies focused on the stories of Clara, Damian, and Jacob (these are pseudonyms that are being utilized to protect the anonymity of the participants).

## The people we spoke with

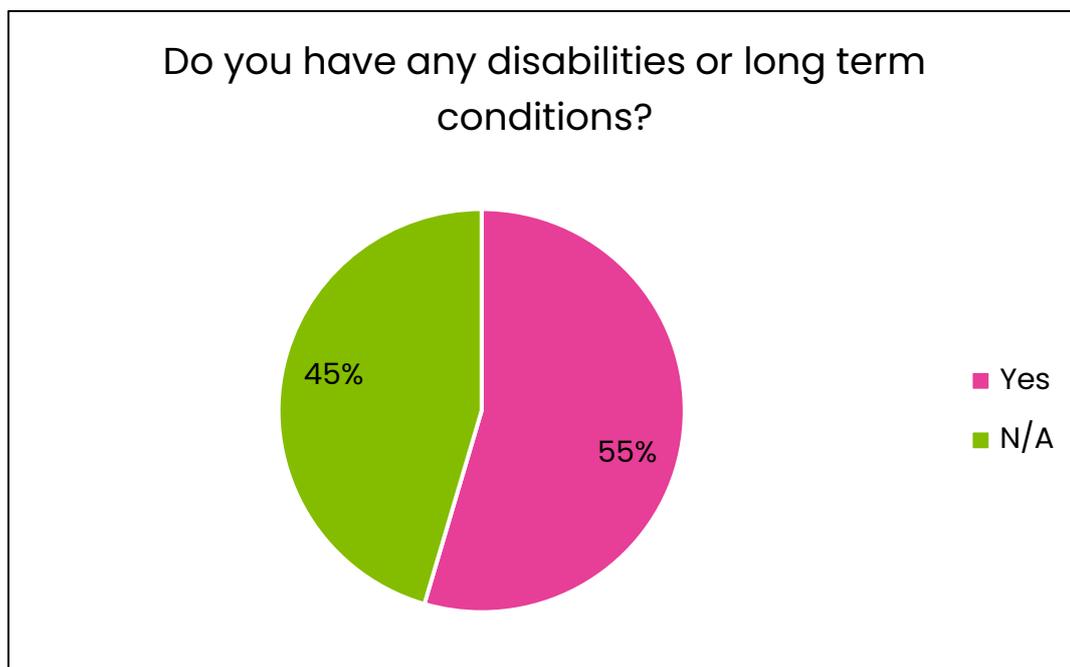
In our mental health and homelessness survey, we spoke with ten people.

- Six of these people were homeless for more than two years.
- Eight of these people were men.
- Half (five) of these people were from an ethnic minority.
- Six of these people had a long-term condition or disability.



**Figure 1.** Graph answering the question, 'Do you have any disabilities or long term conditions' in the mental health and homelessness survey.

In the cost of living survey, of the 33 people we spoke with, ten were from an ethnic minority and 18 had a disability or long-term condition. We did not collect data on length of homelessness or gender.



**Figure 2.** Graph answering the question, 'Do you have any disabilities or long term conditions' in the cost of living survey.

As shown in Figure 1 and Figure 2, across both groups, over half of the participants had a long term condition or disability. People with a long term condition or disability are disproportionately affected by homelessness in the UK. A 2022 report from Homeless Link found that 63% of respondents to their

Homeless Health Needs Audit had a long term condition, disability, or infirmity between 2018 and 2021<sup>8</sup>.

## The current state of mental health for the homeless community in Wandsworth

When speaking with the community, we asked questions to understand the current state of mental health. Of the ten people we spoke with in our mental health and homelessness survey, the majority had a mental health diagnosis.

Mental health diagnosis	Number of participants
Diagnosed	7
Not diagnosed	2
N/A	1
<b>Total</b>	<b>10</b>

*Figure 3. Chart illustrating who reported having a mental health diagnosis in the mental health and homelessness survey.*

In the cost of living survey, we asked: 'Think about your health over the last 6 months. Has the current cost of living crisis impacted your emotional well-being?' Of the 33 people we spoke with, 26 stated that their mental health got a lot worse, and seven said their mental health got a bit worse.

My mental health has become:	Number of participants
A bit worse	7
A lot worse	26
<b>Total</b>	<b>33</b>

*Figure 4. Chart displaying answers to the question, 'Think about your health over the last 6 months. Has the current cost of living crisis impacted your emotional well-being?' in the cost of living survey.*

26 people elaborated on their response to this question. 16 people directly mentioned stress or worry in their explanations.

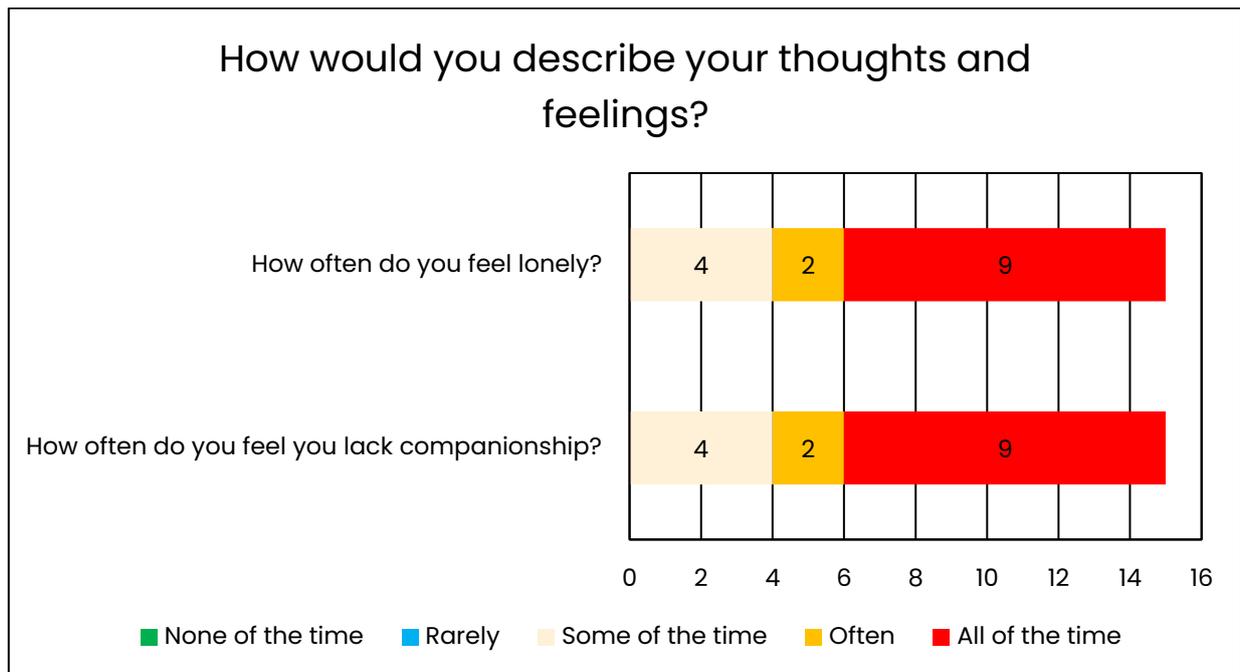
- 'I feel stressed, I feel sad, and occasionally I feel anxious.'
- 'I feel more stressed because of my situation, and my fear is daily'.
- 'I am very tired of it all. I'm not sleeping, and it's too cold and dark to go out, so I just stay in bed all day as that is the warmest place. I am currently in temporary accommodation and coping is difficult. I had no food, I had to go to a food bank, and I had to get an electricity voucher.'

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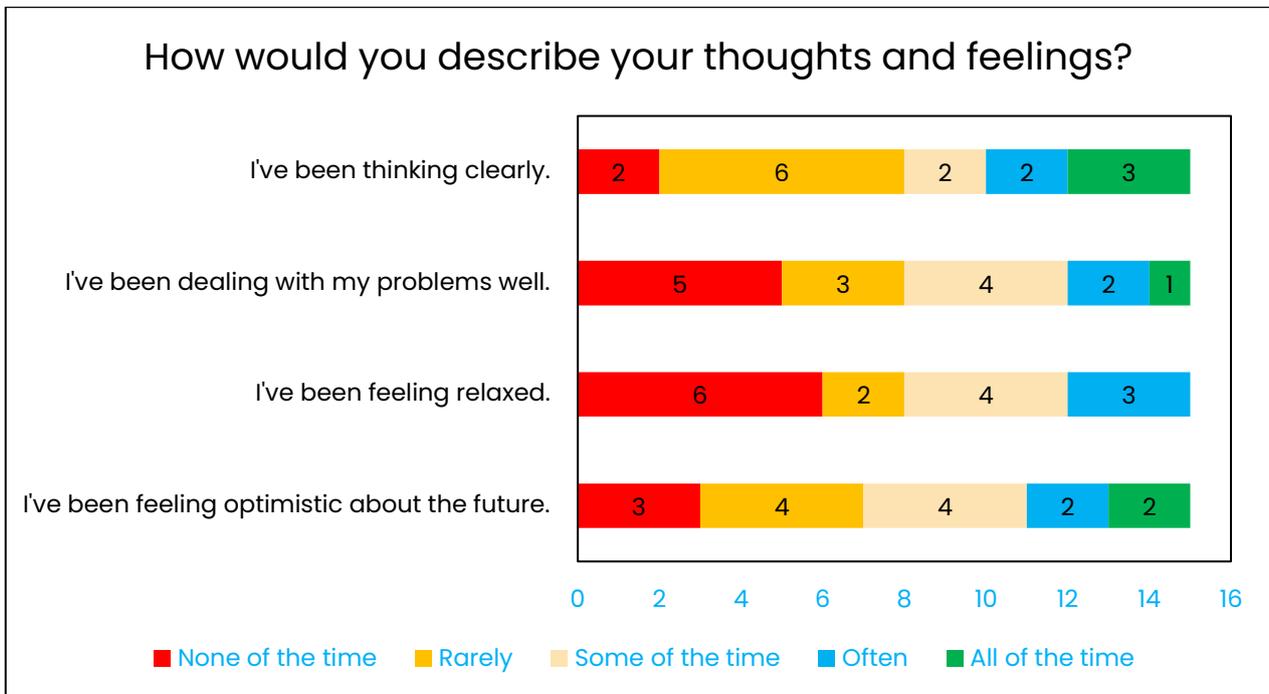
<sup>8</sup> Homeless Link. 'Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit'. 28 February 2024. <https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/>

- 'It's a very stressful time for those on benefits as there is not enough help available.'
- 'I am worried about food and bills all the time.'

These responses led us to ask the participants of the cost of living survey how they would describe their thoughts and feelings. 15 people answered this question. We found that the participants were more likely to have negative feelings some of the time, often, or all of the time. Additionally, the participants were more likely to have positive feelings none of the time, rarely, or some of the time.



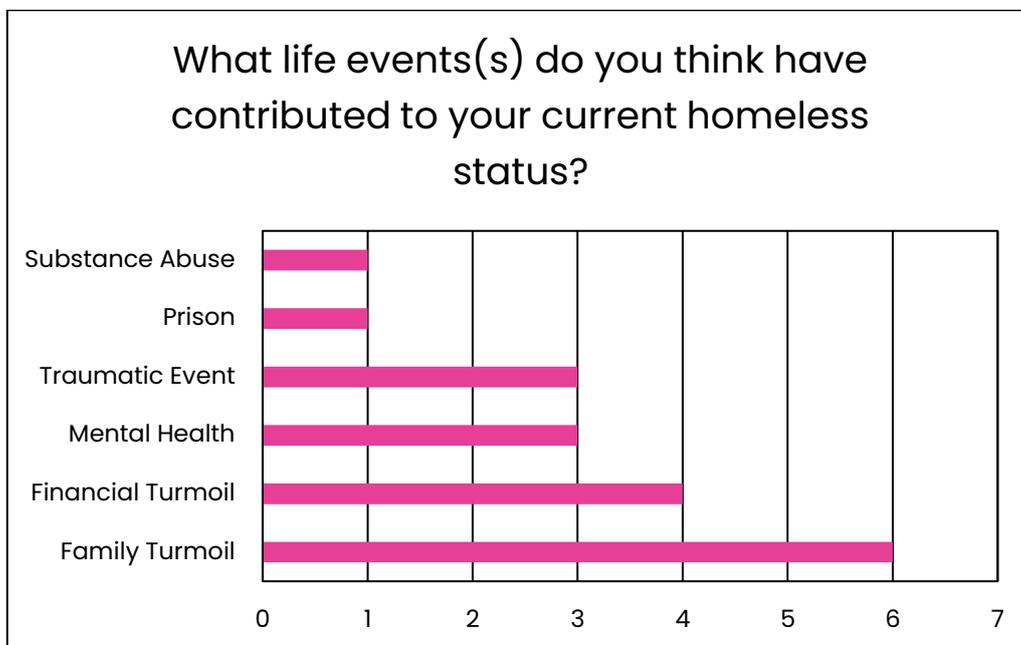
**Figure 5.** Graph answering the question, 'How would you describe your thoughts and feelings?' in the cost of living survey. This graph displays answers to the statements addressing negative thoughts and feelings.



**Figure 6.** Graph answering the question, 'How would you describe your thoughts and feelings?' in the cost of living survey. This graph displays the answers to the statements addressing positive thoughts and feelings.

## The factors that may have contributed to homelessness

To understand the circumstances that may have contributed to our participants being homeless, we asked them, 'What life events do you think contributed to your homeless status?' The majority of people (six out of ten) listed more than one life event. Figure 7 displays the overarching answers.



**Figure 7.** Graph answering the question, 'What life event(s) do you think have contributed to your current homeless status?' in the mental health and homelessness survey.

Family turmoil was the leading factor amongst the community with six out of ten participants mentioning this in their response.

- 'I have no one and no family.'
- 'Grief from the loss of my mother.'

This was followed by financial turmoil, which four of the ten participants mentioned in their response.

- 'The cost of living crisis has led to an increase in the price of everything.'
- 'I was scammed and ended up homeless.'
- 'ESA [Employment and Support Allowance] stopped, and I didn't receive any money for two and a half months. I got in debt I had to borrow money.'

Mental health and traumatic events also scored highly with three of the ten participants noting these as factors that contributed to their homeless status.

## Clara's Story



Before I got sick, I used to work. I was a mum of four children, and I had been with my partner for 24 years. We were a normal, everyday family. Despite taking steps to not have any more children, I had a fifth pregnancy. That is when the violence got bad. When I was pregnant with my fifth child I couldn't eat or drink and was back and forth to the doctors. My weight dropped to three stone. I had my child two months early.

The doctors told me I would get better, but I kept deteriorating. I had further issues that meant that one day, I was found unconscious. I ended up in a coma for five weeks. When I woke up, I could not walk or speak. I was in a rehabilitation facility for five months.

When I was discharged, my partner had changed and became abusive. He locked me in my room, took my money, started beating me up, having affairs, and starving me. The violence became intolerable. Then, my teenage son attacked me. I had stayed for the children so, when my son beat me, I couldn't do it anymore. I didn't want children seeing that it was acceptable to beat a woman.

I told my parents that I needed to get away or my husband would kill me. My parents took in the baby because I was too weak to care for her. Then, I went to court and the younger children went to my parents for guardianship.

I went to the council to get into a refuge, but I was refused as my partner's property was in my name. I could not afford rent, and I was told I needed to go homeless to get support. However, once this happened, I was told I had made myself intentionally homeless, so the council wouldn't help me.

I then went into temporary accommodation. I got into a group of people who took heroin, and they asked me to look after it. I was vulnerable, and they showed me a lot of friendship. I then started to camp at businesses and car parks. Car parks were the worst as it was so cold.

On October 22, I was so cold and moving around all night long. I was in a lift, a church doorway, trying to find a warm place. I was looking for boxes and bags filled with clothes outside charity shops just to keep warm.

I have been in and out of hospital since October 22. They have found a couple of temporary accommodations for me, but it didn't work out because they're too far away from my parents.

Three years ago, I was told that there was an issue with my brain and there was no cure, so I did not want treatment. The bone is crumbling away. They did a biopsy, and it left a hole in my scalp.

As I was homeless, I couldn't clean it, and it kept getting infections. I had to keep going back and forth to hospital. They then decided to do a skin graft, but my body rejected it.

Since then, I have been in hospital. I am now six stone, the most I have been in ten years.

I am awaiting a place that can provide palliative care. Now, nine months after the drugs and being on methadone, I'm feeling much better and have a great relationship with my mother. I want a place close to my mother as I am too vulnerable to be anywhere else.

I have learned to never turn my nose down to anyone as anyone can end up in hard times.



To further understand the connection between mental health and homelessness, in our mental health and homelessness survey, we asked the question: *'Has your mental health contributed to homelessness or has your homelessness contributed to a decline in your mental health?'* Of the ten participants:

- Four people stated that their mental health decline contributed to their homelessness.
- Two people stated that their homelessness contributed to a decline in their mental health.
- Four people stated that both statements were true: their mental health decline contributed to their homelessness, and their homelessness contributed to a decline in their mental health.

These responses indicate that the connection between mental health and homelessness is complex for the community. While a decline in mental health may contribute to an individual initially becoming homeless, an individual's mental health can also continue to worsen once homeless. This has the potential to create a feedback cycle where one's continually worsening mental health makes it difficult to end their homelessness, unless interrupted.

## **The pathways for effective emotional health support**

In our mental health and homelessness survey, only half of the ten participants were registered with a GP. The other half stated that they:

- Found it difficult to register with a GP (two)
- Managed their own health (two)
- Could access the services they needed (one)

One channel to access mental health services is through a GP referral, meaning that half of the participants would be excluded from this pathway.

When we asked, *'Do you know about what services you can go to for support when you are having difficulty with your emotional health?'* we got a wide variety of responses from the ten participants, shown in Figure 8. The participants were able to share more than one answer for this question, so while ten people answered, there are 12 responses.

Do you know the services you can go to for mental health support?	Number of participants
No	2
Day centre	2
Talk Wandsworth	1
Counsellor	1
More security for private renters	1
Case worker	1
Yes (but not specified)	1
GP	1
Self-referral	1
Specific person	1
<b>Total</b>	<b>12</b>

*Figure 8. Chart displaying answers to the question, 'Do you know the services you can go to for mental health support?' in the mental health and homelessness survey.*

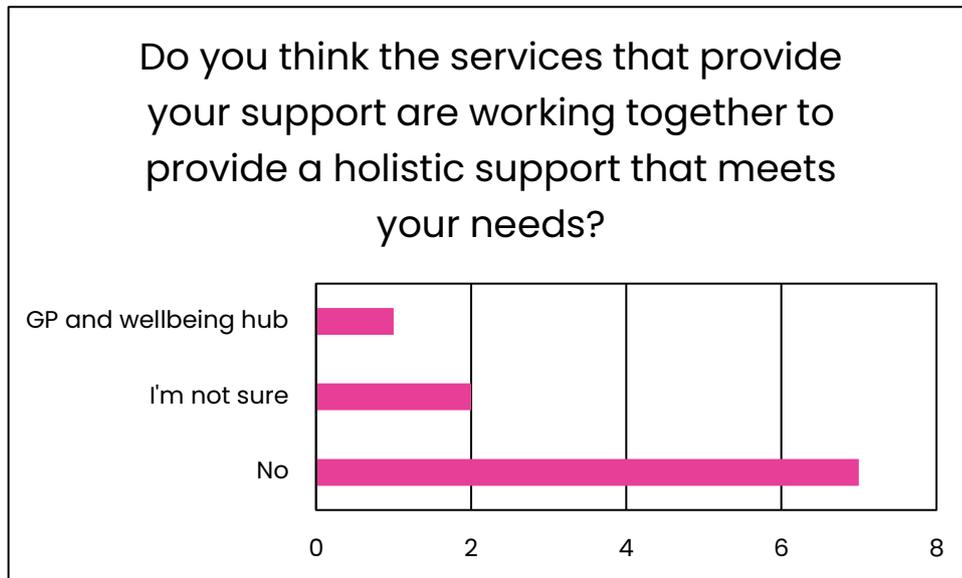
Moreover, there are issues with finding information. In response to the survey question, 'Describe your experience in finding information related to supporting your emotional health services,' we received the following responses:

Experience finding information related to mental health services	Number of participants
Difficult to find	4
Avoided	1
No	1
Day centre	1
GP and SPEAR	1
Case worker	1
Community	1
<b>Total</b>	<b>10</b>

*Figure 9. Chart displaying answers to the question, 'Experience finding information related to mental health services' in the mental health and homelessness survey.*

We also noticed that while six of the ten participants said they have access to emotional health services, seven of the ten find that their physical and emotional health needs are still not being met. This suggests an inaccessible landscape of mental health care for the homeless community. While some of the participants have information on where to access mental health support, 70% find that their needs are not being met. This gap between information and treatment is not sustainable for the community.

Finally, we asked the participants if services were collaborating to meet the community's needs. Overwhelmingly, the answer was no.



**Figure 10.** Graph answering the question, 'Do you think the services that provide your support are working together to provide a holistic support that meets your needs?' in the mental health and homelessness survey.

One person stated, 'They are not working together to support people like me.'

Another person noted that consent may be a barrier in getting services to work together: 'The consent aspect has an impact on how services work together as they can't disclose information.'

## Damian's Story



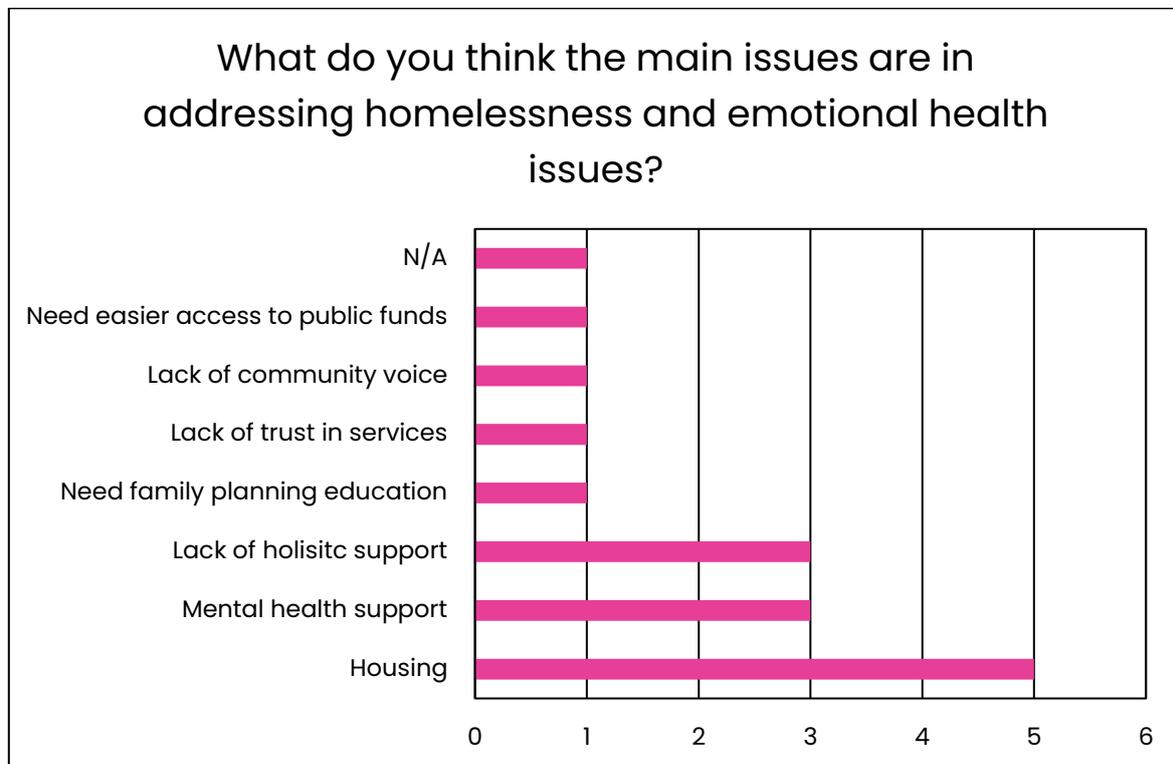
My dad died of cancer. I was living in Scotland, and after he died, I wasn't going to stay up there and be further isolated. My drug addiction was well on the way. I came down to London to stay with my mum, and it got increasingly difficult for us. Then, my mum just kind of lost patience with me, and she attacked me. That's when I had to rough it for a small period of time.



One individual took me to the Vineyard in Richmond, and I was speaking to the guy that runs the place. I was rough sleeping in Hounslow even though my doctor's surgery is in Richmond. By the end of that day, I was put into a hotel for the night. The next day, Richmond and Wandsworth Councils got me emergency accommodation, and then temporary accommodation, and then permanent accommodation. I had epilepsy, some mental health problems, and I'm an ex-serviceman, so a few factors maybe helped, so I wasn't out there for a real long period. Being out of borough was my biggest challenge moving into accommodation. My emergency accommodation was in Southeast London, probably the roughest place in London. I felt quite threatened and vulnerable there. Being away from my dog was difficult. I was only on the street for two nights, and I've got survival skills from the Armed Forces, but the emotional stuff was difficult. I was having psychotherapy up in Scotland before my dad got ill and before COVID, but that all stopped. I tried getting counselling, but they said that my issues were too vast for them. I think a lot of my problems were to do with addiction. I used drugs because I couldn't cope with a lot of things. When I was smoking cannabis some years ago, the first question the mental health services asked was if I was smoking cannabis. They're focusing firstly on the drug use, but there's got to be a reason why an individual abuses drugs. I didn't want to use drugs. It was addiction. It's almost like, 'We need to get rid of this person,' so you get batted from pillar to post, one service to another. I got sent to prison a month after being medically discharged from the Armed Forces. I think a lot of people that are homeless will commit an offense because they will be put into prison where they've got food and board. From prison, they can't be kicked out on the street, so they'll be released to a bail hostel or somewhere. But, then you're in the system, and the systems been designed to fail you. I don't know whether SPEAR could tie in with the local authorities. Housing First can deal with the housing but what about the social part? Once the homelessness is cured, you want to be a member of society again, so it's about getting on a career pathway. SPEAR put me on a college course. I've done peer mentoring, and I do some voluntary work. I'm looking into full-time education to maybe do plumbing and further my skill set to get a career again. They've got colleges that run open days, but who knows about it? People who've got limited access to a laptop, smartphones, the Internet, funds; How do they find out about it and get there? I've felt let down by services and by the system as a whole. I made a PIP claim and got awarded the standard rate. I didn't check the paperwork, but if I'd appealed, I would have got the enhanced rate because I've got epilepsy, and I also might have arthritis because of psoriasis. I'm still able to work, but I have a gap in my employment history, so now that I'm volunteering, that shows the willingness to work. I've built a network for myself now. I go to the gym, I've got friends, family, SPEAR. I'm passionate about martial arts. There's a community element to it which is nice. It's a combination of everything that keeps me well. I'm in recovery from drug addiction, so I work a 12-step programme. My greatest achievement is finding recovery. I don't want to be homeless again. I've done the jails, the institutions. The only other alternative was death, and I was considering suicide. I'm quite humble, I don't like the, 'Well done.' I'm just doing what's in my power.

## The issues in addressing mental health and homelessness

Communities are experts on their own circumstances. In this vein, we asked the community what the main issues are in addressing mental health and homelessness. Figure 11 shows the responses of the ten participants from the mental health and homelessness survey.



**Figure 11.** Graph answering the question, 'What do you think the main issues are in addressing homelessness and emotional health issues?' in the mental health and homelessness survey.

The main issues described were mental health and housing:

- '[We should have] housing and mental health support when needed to avoid decline.'
- 'Accessing mental health support early and [having] support to keep your home when struggling [may help].'

However, other issues cropped up such as people experiencing homelessness needing more holistic support.

- 'You can't deal with one thing; you need to address all the issues.'
- 'Continuity [is important so you are] not being pulled from pillar to post and having to explain yourself to different people each time. [It's] emotionally draining'.

However, the support provided must acknowledge that people experiencing homelessness often have a lack of trust in services. This can be because services have repeatedly let them down before. Therefore, working to build trust with clients is crucial.

- '[An issue is] engagement with homeless people. They are hard to get through to as [there is] a lack of trust in services.'

## Jacob's Story



The last time I lived in a home was in 2012. I had a pair of keys, I had my room, and I was paying my rent. After that, I don't know what happened. My brain told me to go to the streets.

I was a stage technician, loading and unloading dollies for the biggest events and concerts in the country. When we finished breaking down the stage, I would walk back and sleep there. I was a 'posh rough sleeper.' I've got carpal tunnel syndrome, though, so I lost my career as a stage technician. Then, in the pandemic, I was a body handler. After that, I had a little bit of work, but I was still homeless.

I was a polydrug abuser. If I used a drug, I would stick the syringe in my groin. If I took a Valium, I would take half a box. Plus, the beers, the heroin, and the ecstasy at raves and squat parties when I was a drug dealer. Always abuse, never use; That was our motto. That was stupidity. But as long as I was not thinking about reality, it was good.

I was dumped in a hostel, and I was not using, drinking, or engaging for two years. Nobody knew my room number, only one friend. I would say, "Hello. How are you?" to every single person, but I didn't spend more than 90 seconds with them. Eight out of ten were alcoholics and drug users. I was feeling vulnerable. I said, "If you start engaging, you might start getting drunk and they'll offer you crack or heroin..." I knew that I could relapse. You just self-isolate. You have to.

After a couple of years, a support worker told me that there was a flat viewing! The place was brand new and smelled of paint. She told me "What do you think?" I said, "Do I have to rip off your hand? Where do I sign?" That was crazy. That was mad.

I moved into my house about two years ago. I just had a yoga mat in front of the radiator, and I felt like a king. Everything I have is found, refurbished, given, swapped, or paid for peanuts. The biggest challenge? I spent months there at the front door trying to understand, "I've got keys? What are these for? What's my purpose in life? Is this mine? What's a house?" I'm still paranoid I'm going to lose it because I don't pay a bill.

Housing First supports me with everything. I needed medication, and the doctor didn't believe me. They thought I was just a drug seeker. A support worker came with me, and magically this medication pops up. Boom, done. If I was there by myself, it would never happen.

They got me a passport, they set up my benefits, they gave me a place in a hostel, they gave me a council house. They've actually done what every single other organisation said they would do.

Homeless people live in a shell like an egg. After 30 seconds, I know if you can't help me. We just feel it. It takes the right person to grab a homeless person and take them out of that situation.

Homeless people know each other. Word of mouth spreads very quick in the streets. We'll say, "Oh, those guys, they're dynamite, they'll put you in a home," or "Be careful if they assign you this guy." We are kind of an underground network.

My mental health is much better. It's just that I had five friends and four died within six days' time. I volunteered with refugees for two years when I was at the hostel. I would hear stories about women walking with a dead baby to reach London, people without legs hiding under caves, people giving birth in the middle of the street. Stories that break you down. They make you understand whether you have some humbleness in your heart.

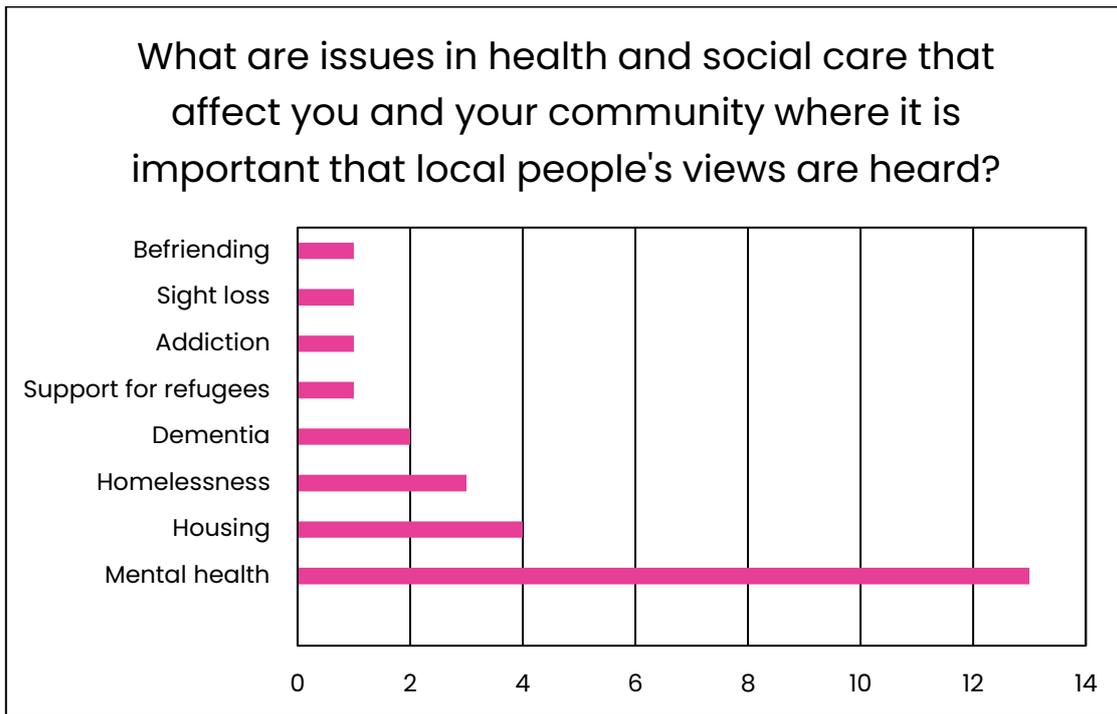
[I do a lot of work with computers] and they keep my mental stability there. I'm going to start volunteering for health days and doing a peer mentoring course. It's been over a year since I used. In Narcotics Anonymous, if I have one beer, I reset to the first day, and I'm grateful because for one day I lived drug free, alcohol free.



## Mental health and homelessness were identified as the most important issues to discuss moving forward

In our mental health and homelessness survey, we asked ten participants, 'What do you think Healthwatch should consider focusing on for the next year?' The participants stated mental health (five), homelessness (one), or a combination of the two (four).

In our cost of living survey, we asked 33 people, 'What are issues in health and social care that affect you and your community where it is important that local people's views are heard?' 19 people responded. 13 people stated mental health, four stated housing, and three stated homelessness.



**Figure 12.** Graph answering the question, 'What are the issues in health and social care that affect you and your community where it is important that local people's views are heard?' in the cost of living survey.

One way to address this moving forward may be having mental health professionals at events such as those held by SPEAR. In the mental health and homelessness survey, nine of the ten people noted that this would be 'very helpful.' SPEAR has noted that they will have emotional wellbeing support at their events beginning in March 2024.

# Conclusion

During the course of this research, the Wandsworth Homelessness Health Needs Assessment (2023) was published. The key aims of the assessment were to 'understand the scale of homelessness in Wandsworth; the health inequalities experienced by people who are homeless; and the implications for the provision of services as well as identify the unmet needs<sup>9</sup>.' For further details on the state of homelessness and mental health in Wandsworth, please visit this document, linked [here](#). The section on page 49 referencing the mental health needs for people facing homelessness in Wandsworth may be of particular interest.

In addition to the Wandsworth Homelessness Health Needs Assessment, new pilot projects to support mental health in the homeless community have been enacted. There are also several plans in development to further support the needs of the homeless community.

Moving forward, as the community contends with the issues above around mental health and homelessness, we suggest the following be considered:

- Producing a **map of mental health resources** for people experiencing homelessness and distributing them in ways that are accessible to the community.
- **Supporting people prior to the point of crisis** to prevent them from facing homelessness. This includes family support, mental health support, and housing support prior to the point of crisis. This is particularly pertinent for vulnerable populations, specifically those with disabilities and long term conditions, who are overrepresented in the homeless community.
- Creating regular opportunities for professionals supporting people experiencing homelessness across Wandsworth to **connect**, discuss opportunities for **holistic working**, and share challenges in order to address the specific and varied needs of the community that include sometimes inter-related issues.

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<sup>9</sup> DataWand. 'Homelessness Health Needs Assessment'. 2023. <https://www.datawand.info/homelessness-health-needs-assessment/>

# Appendix

The following appendix describes three of the organisations available in Wandsworth that can offer support to those who are struggling with mental health and homelessness.

Several organisations that offer support services for people who are homeless use Street Link to locate their clients. Please visit <https://thestreetlink.org.uk/> to make an alert that can connect a rough sleeper to support services. You can make an alert if you are rough sleeping yourself or if you know of someone who is rough sleeping.

# How to Access Support for Mental Health and Homelessness

<b>Who should I speak to?</b>	<b>What do they do?</b>	<b>How to access</b>
<b>Drive for Change</b>	They link the homeless community with health assistance, a hairdresser, information on the HBC No Fixed Abode Bank Account, and pathway services for homelessness support.	Visit 160 Falcon Road, Wandsworth, SW112LN opposite Falcon Road Clinic on the following dates between 10 am and 4 pm: 11th April, 16th May, 13th June, 11th July
<b>Rough Sleeping and Mental Health Programme (RAMHP)</b>	They work with rough sleepers to access housing, mainstream mental health services, specialist drug services, and a social services care package with food and hygiene support.	The RAMHP team locates their clients by searching for rough sleepers on the street using Street Link referrals or Spear referrals.
<b>SPEAR</b>	SPEAR offers a range of support services for people experiencing homelessness, including rough sleeper support, resettlement and tenancy support, accommodation support, community development, and a homeless health link service.	Visit the Health Link Service on an upcoming Health and Wellbeing Day. You can also keep an eye out for the local outreach team if you are rough sleeping. They use Street Link referrals to locate their clients.



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