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
Centre for Health Service Studies
• 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
“Beds” in early Salvation Army hostel, 1888

Salvation Army “Farthing Breakfasts”
Hanbury Street, 1880
Whitecross Street Elevator, Manchester, 1926

Labour exchange, Whitechapel Road, 1890
UK Government Strategy for Social Exclusion

Sustainable Communities: settled homes; changing lives
A strategy for tackling homelessness
SUMMARY

Choices offers you better support to help overcome barriers to work

NHS
Part of the Department for Work and Pensions

Reaching Out:
An Action Plan on Social Exclusion

© HM Government
Annex B: Adults facing Chronic Exclusion Characteristics

KEY FACTORS IN ACE

- Poor Health Prospects:
  - Substance misuse
  - Mental ill health/personality disorder
  - Physical/sexual health

- Difficulty Forming/Sustaining Relationships

- Unstable/Unsettled Housing status
  - Rough sleeping
  - Homelessness

- Skill Deficit:
  - Communication
  - Life/finance/resources
  - Employability
  - Learning

History of Exclusion/Institutionalisation/Abuse

KEY QUALITY OF LIFE IMPACTS/DRIVERS

- Offending &/or Victimisation
  - Anti Social Behaviour

- Behaviour/Control Difficulties:
  - Passive/Aggressive
  - Risk/Victim

- Poor Access to Financial Resources
  - Economic/Employment prospects

The Cabinet Office
• The role of TSA as a third sector organisation?

• Relationship between TSA and statutory services/funding?
Booth House, Whitechapel London
The Salvation Army is an international Christian church working in 115 countries worldwide. As a registered charity, The Salvation Army demonstrates its Christian principles through social welfare provision. The Salvation Army in the UK has 754 local church and community centres and 113 social service centres. Social centres include 57 residential homeless centres, 17 older people’s care centres and six substance misuse centres, as well as programmes to support the Armed Forces and emergency services, a clothing recycling programme, charity shops, prison visiting services and a family tracing service handling 4,000 cases annually.

The Salvation Army is a Christian Church and a Registered Charity
The Salvation Army
UK Territory with the Republic of Ireland
181 Newington Causeway
London SE1 6BN

0207 357 4500

thq@salvationarmy.org.uk
www.salvationarmy.org.uk

Central Trust: Registered Charity No 214779, and in Scotland SC006959;
Social Trust: Registered Charity No 215174, and in Scotland SC037691;
Republic of Ireland: Registered Charity No CHY6999
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
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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-4
• 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:

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

- Significant Personality Disorder
- Psychosis
- Alcohol dependency
- General Health Questionnaire (GHQ)*
- Drug dependency
- Drug dependency: Severe levels
- Post Traumatic Stress Disorder
- Significant Personality Disorder

Percent (%)
Percentage of interviewees who screened positive for specific mental health conditions

- Post Traumatic Stress Disorder
- Drug dependency
- Drug dependency: Severe levels
- General Health Questionnaire (GHQ)*
- Alcohol dependency
- Psychosis
- Significant Personality Disorder

Percent (%)
Percentage of interviewees who screened positive for symptoms of specific personality disorders

- Antisocial Personality Disorder
- Borderline Personality Disorder
- Depressive Personality Disorder
- Dependent Personality Disorder
- Schizotypal Personality Disorder
- Negative Personality Disorder
- Narcissistic Personality Disorder
- Schizoid Personality Disorder
- Obsessive Compulsive Personality Disorder
- Histrionic Personality Disorder
- Paranoid Personality Disorder
- Avoidant Personality Disorder
- Depressive Personality Disorder
- Borderline Personality Disorder
- Antisocial Personality Disorder
Percentage of interviewees who screened positive for symptoms that relate to Obsessive Compulsive Disorder (OCD)

- Unwanted thoughts that can not be resisted
- Excessive Cleaning
- Having things around in Special Order
- Repeated Checking
- Hoarding

Percent (%)

0 10 20 30 40 50 60
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

- Didn't always have enough to eat at home
- Felt they were neglected at home
- Were emotionally abused
- Were physically abused
- Were sexually abused
- Felt ignored at home

Percent (%)
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

- Grandfather F
- Grandmother F
- Grandfather M
- Grandmother M
- Uncle F
- Aunt F
- Uncle M
- Aunt M
- Sister 2
- Sister 1
- Brother 2
- Brother 1
- Father
- Mother

Bars represent the percentage of individuals reporting specific family members with significant alcohol problems.
Percentage of individuals who reported specific close family members with drug dependencies

- Grandfather F
- Grandmother F
- Grandfather M
- Grandmother M
- Uncle F
- Aunt F
- Uncle M
- Aunt M
- Sister 2
- Sister 1
- Brother 2
- Brother 1
- Father
- Mother

Percent (%)

0 2 4 6 8 10 12 14 16
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%
Social and Healthcare support

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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
<table>
<thead>
<tr>
<th>Age Range</th>
<th>Alcohol Problem (N=261)</th>
<th>No Alcohol Problem (N=177)</th>
<th>X²</th>
<th>p-value</th>
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<td>25.51%</td>
<td>22.70%</td>
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<td>46 - 55</td>
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<td>56 - 65+</td>
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<td>2.30%</td>
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<td>3.10%</td>
<td>12.20%</td>
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<tr>
<td></td>
<td>Alcohol +ve</td>
<td>Alcohol -ve</td>
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<td><strong>GHQ</strong></td>
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<td>35.80%</td>
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<td>73.90%</td>
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<td>4.50%</td>
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<td>0.004</td>
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<td>73.20%</td>
<td>63.30%</td>
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<td>No</td>
<td>26.80%</td>
<td>36.70%</td>
<td>0.03</td>
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<td>Alcohol -ve</td>
<td>X²</td>
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<td>Charged with Non-Violent Crime</td>
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<td>53.10%</td>
<td>40.30%</td>
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<td>No</td>
<td>46.90%</td>
<td>59.70%</td>
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<td>Charged with Violent Crime</td>
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<td>52.50%</td>
<td>72.90%</td>
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<td>In Prison</td>
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<td>25.70%</td>
<td>16.40%</td>
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<td>No</td>
<td>74.30%</td>
<td>83.60%</td>
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<td>Served in the Armed Forces</td>
<td>Yes</td>
<td>17.20%</td>
<td>11.90%</td>
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<td>No</td>
<td>82.80%</td>
<td>88.10%</td>
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<td>Spent time in a care home as a child</td>
<td>Yes</td>
<td>8.00%</td>
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<td>No</td>
<td>92.00%</td>
<td>94.40%</td>
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<tr>
<td>Spent time in foster care as a child</td>
<td>Yes</td>
<td>9.20%</td>
<td>6.80%</td>
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<tr>
<td></td>
<td>No</td>
<td>90.80%</td>
<td>93.20%</td>
<td>0.82</td>
</tr>
</tbody>
</table>
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 46-55 years: 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

- Dublin: No Risk (70), Low Risk (22), Moderate Risk (4), High Risk (4), Total (100)
- Belfast: No Risk (69), Low Risk (17), Moderate Risk (5), High Risk (4), Total (100)
- London: No Risk (84), Low Risk (13), Moderate Risk (9), High Risk (0), Total (100)
- Cardiff: No Risk (48), Low Risk (34), Moderate Risk (7), High Risk (11), Total (100)
- Edinburgh: No Risk (67), Low Risk (27), Moderate Risk (3), High Risk (3), Total (100)
* Foster care, residential care, ** other experience of family life outside of living solely with both parents
Belfast

Percentage of Respondents

- Never Worked: 5.3%
- Substance Misuse Problem: 80%
- Dual Diagnosis: 65%

- Homeless as a Child
- Not Homeless as a Child
• 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
Seeds of Exclusion

- Social identity
- Genetic vulnerability
- Nutrition
- Housing
- Attitude/perceptions
- Life events

Hopelessness
Suicide ideation
Suicide planning
Suicide act
Impulsivity/restraint
Life events
Nutrition
Housing
Attitude/perceptions
Social identity
Genetic vulnerability
Seeds of Exclusion

Social identity  Genetic vulnerability  Nutrition  Housing

Attitude/perceptions  Life events

Alcohol/drug dependency
Smoking
Head injury
Seeds of Exclusion

- Attitude/perceptions
- Social identity
- Genetic vulnerability
- Nutrition
- Housing
- Life events
- Mental health issues
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- Smoking
- Head injury
Seeds of Exclusion

Social identity
Genetic vulnerability
Nutrition
Housing
Attitude/perceptions
Life events

Mental health issues

Hopelessness
Suicide Ideation
Suicide planning
Impulsivity / restraint

Brain chemistry
Hormones

Aggression

Alcohol/drug dependency
Smoking
Head injury
Seeds of Exclusion

- Social identity
- Genetic vulnerability
- Nutrition
- Housing
- Life events
- brain chemistry hormones
- Aggression
- Impaired problem solving
  - Poor set changing
  - Cognitive rigidity
  - Negative perceptual sets
- Objective state
- Subjective state
- Low serotonin activity
- Alcohol/drug dependency
  - Smoking
  - Head injury
- Mental health issues
  - Hopelessness
  - Suicide Ideation
  - Suicide planning
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Seeds of Exclusion

Social identity

Genetic vulnerability

Nutrition

Housing

Objective state

Subjective state

Low serotonin activity

Alcohol/drug dependency
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Head injury

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Negative perceptual sets

Life events

brain chemistry hormones

Suicide act

brain chemistry

hormones

Low serotonin activity

Cognitive rigidity

Negative perceptual sets
Seeds of Exclusion

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

MA – Meaningful Activity; MH – Mental Health; PH – Physical Health; A – Addiction; LS - Life skills; IP – Interpersonal Skills; CC – Capacity to change; S – Spirituality
- Meaningful Activity; MH – Mental Health; PH – Physical Health; A – Addiction; LS - Life skills; IP – Interpersonal Skills; CC – Capacity to change; S – Spirituality
Keyworking conducted in conjunction with care planning phase of treatment delivery

1. Client makes contact
2. Screening and brief initial Risk Assessment
3. Initial Personal Development Plan
4. Comprehensive Assessment and Risk Assessment
5. Comprehensive PDP developed with goals in relevant domains
6. Delivery Phase
7. PDP Review
8. Treatment completion/Maintenance
9. Discharge Plan created
10. Discharge Plan implemented
11. Discharge
Health
Biomedical Service

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
Seeds of Exclusion

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