Overview of the session

- Overview of peer research

- Our mental health peer research

- Our campaign to tackle stigma
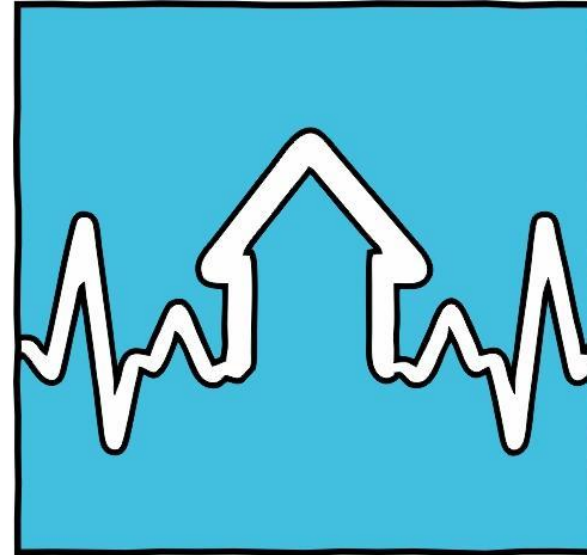
What is Peer Research?

People who have experience of the thing being investigated are **involved in elements** of the process including:

- Deciding what to investigate
- How to investigate
- Undertaking investigations
- Analysing results
- Developing recommendations
- Implementing changes

Change

Research

Planning
(or Policy)
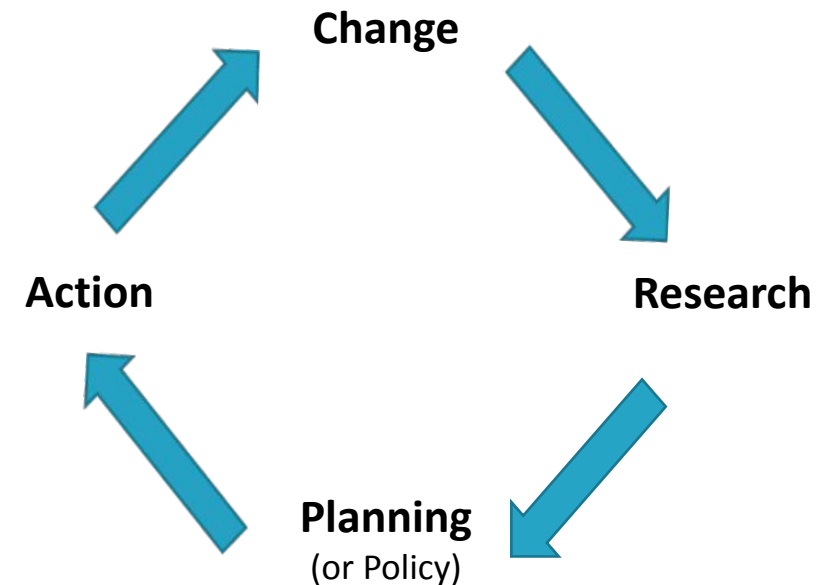
Action

Why peer research?

Why its much better!

- less power imbalance: bad experiences with professionals
- recruit participants/easier
- trust, empathy and sensitivity
- more likely to talk/ be honest
- more likely solutions/action to be more appropriate/actually implemented
- participants see people like themselves: inspiring/ empowering for both
- breaking stigma
- flexibility: adapt to communities
- move away from idea of being objective: forces us to address bias/subjectivity
- signposting – better connected to services/how to navigate system
- benefits for participant/researcher

Things to consider

- timing issues
- ensure consistency
- bias and conflicts of interest
- not asking too much/not asking enough
- rely too much on own experience
- changes takes years: frustrating
- saving people
- wearing all the hats
- researchers being in places/ situations they may want to forget about
- concern about repercussions for own life

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Our #HealthNow approach

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Crisis Together we will end homelessness

SHELTER

COMMUNITY FUND

Peer led research **+** Homeless Health Peer Advocacy **+** Peer led campaigns **+** #HealthNow Alliances **=** Health equality

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Background

- In 2020-21 peer researchers carried out semi-structured interviews with 164 people experiencing homelessness in Greater Manchester, Newcastle and Birmingham.
- Three local reports and action plans were devised to ensure changes to the system and good practice could be used to inform change locally.
- Research illustrated that mental health was the most significant health priority for the majority of people we heard from. However, mental health services were also rated the lowest across all three areas.
- Mental health was prioritised as a focus for deep-dive thematic research at a national level.
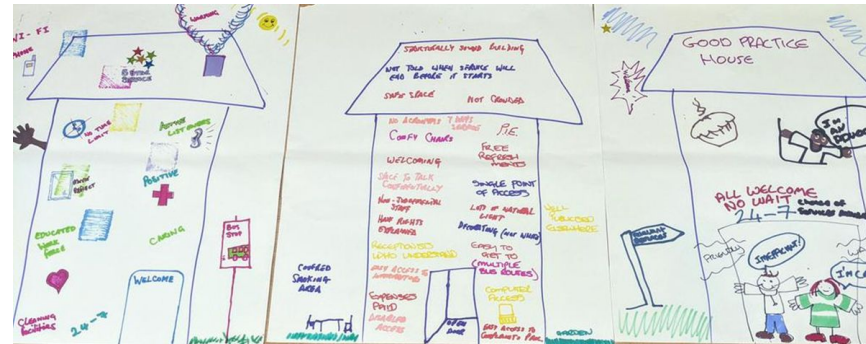
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Aim

We carried out thematic research to better understand these issues, with a specific focus on:

- Access to mental health services and support

- What works and what do people want?

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Research approach

- Peer-led process of deciding research topic
- Workshops to collaboratively draft tools
- Peer-led interviews with people experiencing homelessness and stakeholders
- Workshop to interpret data and draft findings

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Who we heard from

Newcastle: 27
London: 6
Greater Manchester: 30
Birmingham: 10

Age	Female	Male
20-29	1	2
30-39	3	12
40-49	4	13
50-59	0	16
Over 60	2	4

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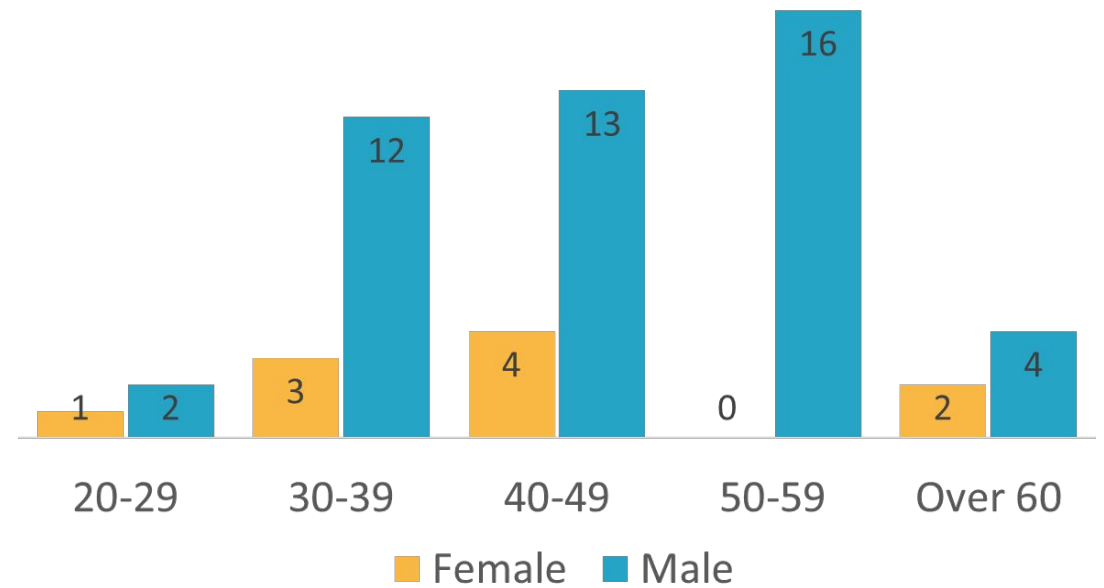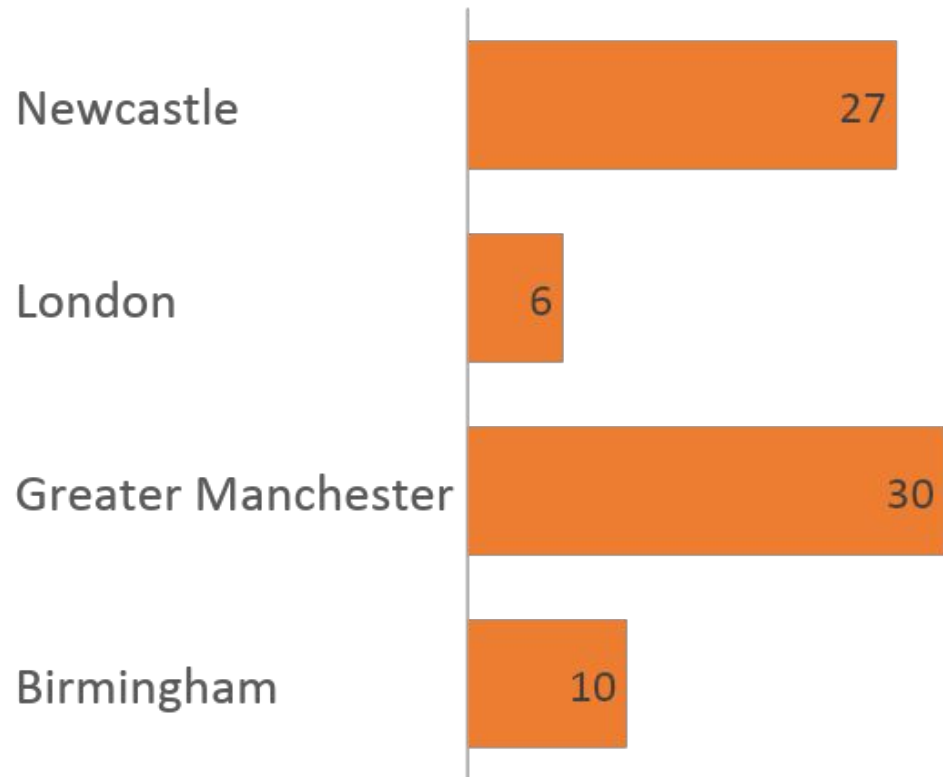
Key findings - stigma

"You feel so ashamed going to your family saying that you need help. And you don't go and ask for that help. So, you are stuck. And you think, where do you go next?"

"[Healthcare professionals] judge you...
All day I get judged."

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Key findings – other things take priority

"My life is in chaos; I am on the streets."

"When I was homeless, I didn't see the doctor once. The only thing I could think of... What do I do to get off the street? What do I do? And I didn't know what to do."

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Key findings –being listened to

"It's just about listening. It's just about listening and not feeling that if you say the truth you are going to be judged for it."

"I have been telling them [GP] for ages, man. But it just felt like I was banging my head off the wall basically. Because I wasn't getting nowhere. And they weren't giving us nothing… Aye not listening… that's how it felt to me.

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Key findings – getting support

"I don't know how to access [services] anyway, because I can't read and write. I haven't got a clue. I can't go on the computer."

"Nothing helps. Doesn't matter what you say, doesn't matter what you do. You have to be nuts; you have to be crazy to get anywhere. Or in some cases you have to be slightly aggressive."
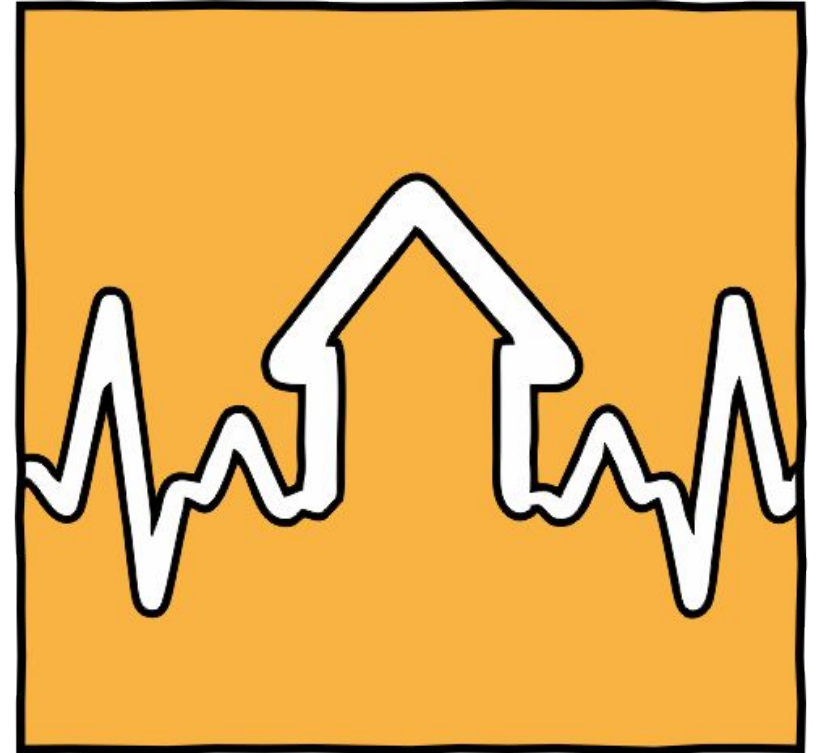
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Key findings – getting support

"*Well, the real thing that was…when I got out of prison, I started going through the whole wash again of, going through my GP, him telling me that I had to refer myself to talking therapies… Having phone call assessment with them. But then luckily at the same time I was contacted by Crisis, and they were like: "Oh, we've got a psychiatric worker, therapist here".*"

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Recommendations

1. **Ensure everyone can access a safe, suitable and secure home**

The UK Government and Local Authorities must ensure everyone can access a safe, suitable and secure home, with the income and support they need to maintain their tenancy.

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Recommendations

2. Address the stigma of mental health issues and homelessness

Healthcare services and commissioners must address stigma through training and support for staff and by incentivising person-centred working.

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Recommendations

3. Prioritise peer involvement in the design and delivery of mental health services

Government, Integrated Care Boards (ICBs) and local services must prioritise peer involvement when they plan, design and commission support.

Recommendations

4. Remove barriers for people using drugs and alcohol

Commissioners and support services must remove barriers for people using drugs and alcohol while experiencing both homelessness and mental ill health.

5. Ensure people experiencing homelessness can access support with their mental health

The UK Government, ICBs and local areas must all ensure that people experiencing homelessness can access support with their mental health, addressing critical shortages in support and ensuring local systems and pathways work together smoothly.
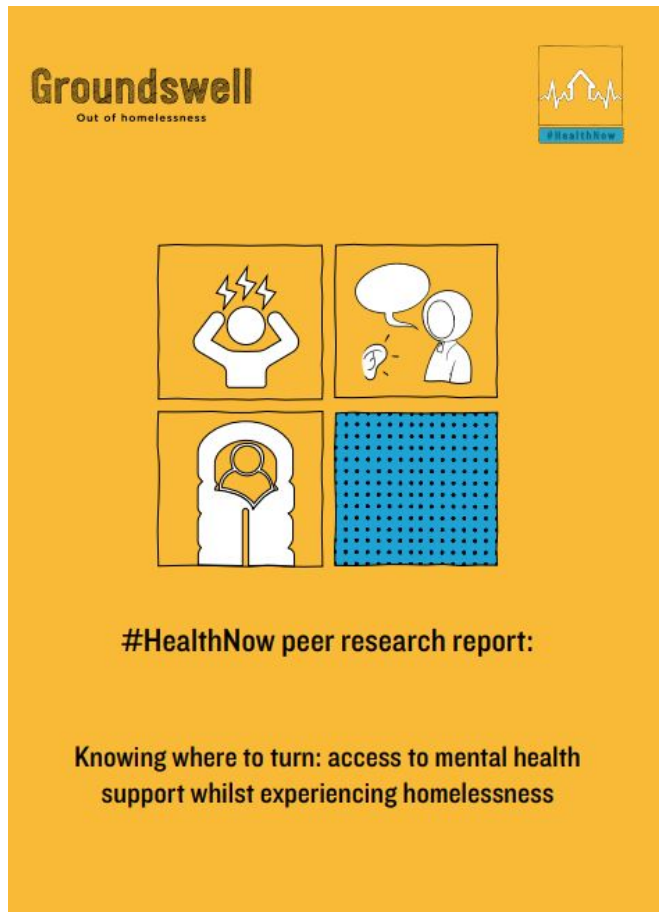
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'*Knowing where to turn*'
*A*ccess to mental health support whilst experiencing homelessness.

Together we will campaign for change!

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campaign

noun [C]

UK 🔊 /kæmˈpeɪn/ US 🔊 /kæmˈpeɪn/

C1

a planned group of especially political, business, or military activities that are intended to achieve a particular aim:

- *The protests were part of their campaign **against** the proposed building development in the area.*

- *This is the latest act of terrorism in a long-standing and bloody campaign **of violence**.*

- *The endless public appearances are an inevitable part of an **election** campaign.*

- *She's the campaign **organizer** for the Labour Party.*

- *The government have just **launched** (= begun) their annual Christmas campaign **to** stop drunken driving.*

- *a controversial new **advertising** campaign*

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A campaign to create change

- **Issue** – what's the problem?

- **Aim** – what is the change we want to create?

- **Objectives** – what needs to happen to create that change?

- **Audiences** – who has the **power** to create the change?

- **Messages** – what are our key messages or **asks**? (And what **evidence** backs them up?)

- **Tactics** – through what **actions** do we persuade people to change?

- **Monitoring and Evaluation** – how do we know it's worked?

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Campaign proposal

A Groundswell and #HealthNow campaign to tackle the multiple stigma faced by people experiencing homelessness who also experience mental ill health.

1. Recognise the multiple stigma people face when experiencing both homelessness and mental health issues

2. Learn to recognise your own role in dismantling this stigma and shame

3. Help others around you to do better

#SeeTheRealMe
Lucy, keen gardener

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Campaign proposal

Listen Up! Insight 1: Mental Health

Welcome. This is the first in a series of Insights from Listen Up! Our lived experience-led project seeks to tackle homeless health inequalities by amplifying the voices of people experiencing homelessness to:

1. increase key decision makers' awareness of the barriers to healthcare faced by people experiencing homelessness across the country.

2. create a movement of people experiencing homelessness, influencing decision makers and holding them to account for changes in practice and policy.

Each themed Insight will be accompanied by a webinar where we will co-design a list of recommended actions to be featured on our Action Hub.

This Insight draws on nationwide research interviews with **44** people experiencing homelessness and a selection of stories from our **14** community reporters, who have lived experience of homelessness. We have included extracts from reporter stories and quotes from participant interviews to illustrate our key findings. Some sections draw more heavily on reporter stories or research data, and this is explained.
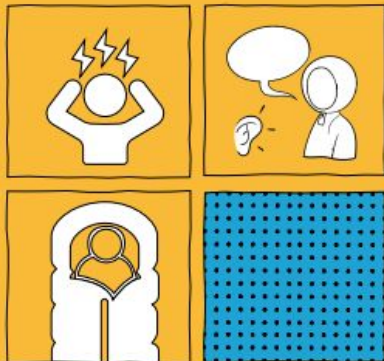
Summary

- Homelessness and poor housing affect mental health in many ways, including causing feelings of loneliness, insecurity, worthlessness, fear of harm and lack of control.
- Poor mental health can be a major barrier to accessing help with accommodation.
- Supported accommodation (like hostels) which offers talking therapies onsite, meaningful activities and supportive staff can be beneficial to mental health.
- Lack of communication and homelessness create barriers to accessing mental health services.
- People's experiences of mental health services varied. Negative experiences included feeling stigmatised and not being listened to, which could have a detrimental impact on building trust.
- Positive experiences included support through advocacy, receiving good advice and feeling listened to.
- Some informal ways of promoting good mental health include caring for pets, hobbies, volunteering, and support from friends and families. However, we recognise that these ways of supporting wellbeing may be less accessible to people sleeping rough with more pressing priorities.

This Insight and the reporter stories within it cover issues of suicide and mental health experiences. If you need to talk to someone, call the Samaritans on 116 123 or email jo@samaritans.org - any time, any day.

Listen Up! Insight 1   1   Groundswell

#HealthNow peer research report:

Knowing where to turn: access to mental health support whilst experiencing homelessness

Next steps

- To get involved, talk to us today

- Come and have your photo taken

- Share the report and recommendations in your area

- Watch this space!

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Out of homelessness