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Co-producing understanding around access to mental health and substance use services for people experiencing homelessness

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Full paper is available open access

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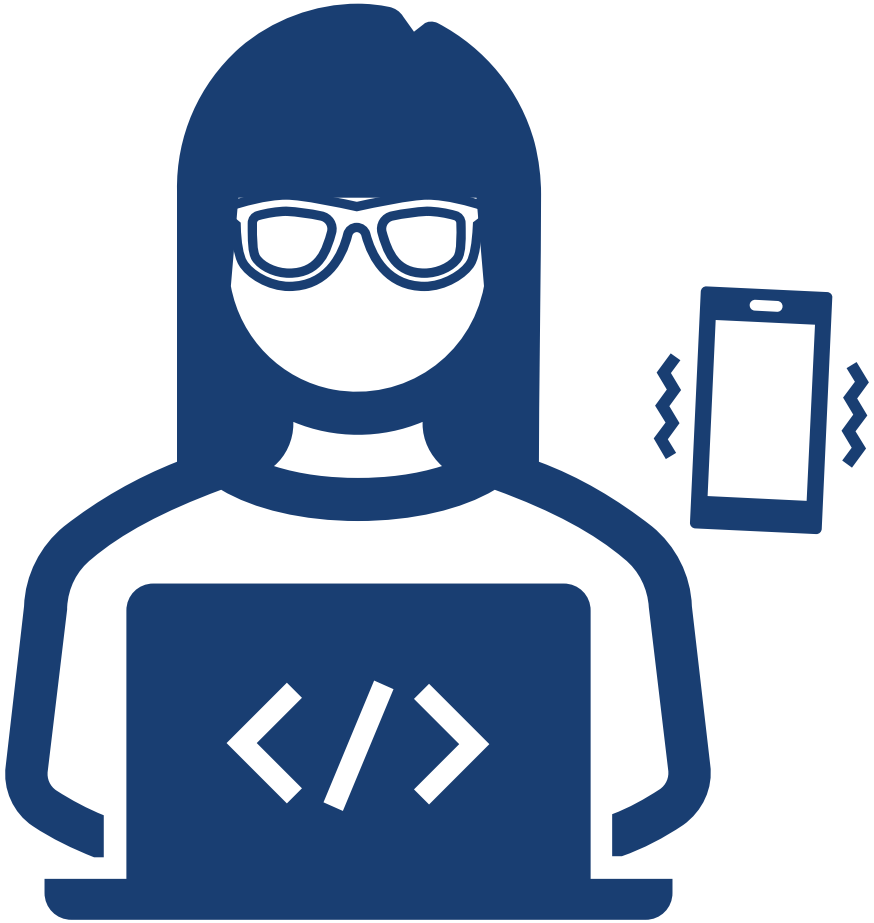
Andy's Story

Disclaimer:
Andy's story is not based on any one person's lived experience and is an illustrative story for this presentation

Aim

- To explore and understand access to community mental health, drinking, and drugs support within Newcastle and Gateshead for people experiencing homelessness during the pandemic

How did we do this?



26 telephone interviews with people who experience(d) homelessness

Co-production

What did we learn?

Themes

Inadvertent exclusion

Barriers to recovery

A system responsive to need

Inadvertent exclusion

- Mental health isn’t 9 to 5

Aye, it should be open when you are feeling the worst. Sometimes when you are feeling your worst it is very late. Ya know, it’s dark, and it’s that’s when you feel your most loneliness. Like after 10 o’clock at night ya know, when there is no one around.

Inadvertent exclusion

- Mental health isn’t 9 to 5
- Digital exclusion
- Awareness of what support is out there

Barriers to recovery

- Lack of space for recovery

[treatment location] it’s not a nice place to go when you’re trying to recover from drugs. They’re trying to sell you things outside, and inside the building to be honest.

Barriers to recovery

- Lack of space for recovery
- Disjointed care and repetition of recovery stories
- Not ready for recovery
- Prioritisation when resources are scarce

Barriers to recovery

- Prioritisation when resources are scarce

I rung the Crisis team a lot. I was on the phone to them nine times in one night before they actually came out. [. . . later explains] the Crisis team is pretty much the wrong name for them I would say.

Building a system responsive to need

- Disconnect between service provision and needs
- Choice and an active voice

Why does this matter?

Scan me to visit the study site and see a full list of outputs

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Thank you for listening

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