



**Submission to inform the
National Framework for Suicide Prevention
from the Simon Communities in Ireland**

Date: June 2014

Introduction

There are many different reasons why a person becomes homeless, but generally the explanation lies in a combination of structural factors (such as poverty or unemployment) and personal factors (such as family breakdown or health problems). What is clear is that once a person becomes homeless, the deterioration in their physical and mental health can be both rapid and debilitating.

In Ireland there is a lack of specific information about the health of people who are homeless. In 2011 we undertook a Health Snapshot Study which attempts to address this deficit in relation to some of the people who use Simon services around the country. This study included 603 people who use Simon projects and services all around the country; 75% of participants were male and 25% of them were female. The average age was 43 years.

The study also found significantly higher levels of attempted suicide and/or suicide ideation and self harm behaviours among respondents when compared with national statistics¹.

Key Findings			
Physical Health - at least one diagnosed physical health condition			65%
Mental health - at least one diagnosed mental health condition			47%
At least one diagnosed physical health condition AND one diagnosed mental health condition			46%
Intellectual disability			12%
Alcohol use	50%	Drug use	31%
Self harm	19%	Attempted suicide (last six months)	17%
Used Accident and Emergency services			55%

This study demonstrates that homelessness is not just about housing; health and mental health are significant factors and needs to be addressed in tandem with housing. Access to appropriate healthcare and mental health care is critical to ensure that people remain as healthy as possible and that they get the supports that they need. Homelessness and people who are homeless must be on the agenda of the *National Framework for Suicide Prevention*.

¹ National Strategy for Action on Suicide Prevention 2005-2014 estimated that suicide mortality rates were approximately 12.9 per 100,000 of our population, with higher rates of youth suicide and indeed suicide among those in their 20s and early 30s, with men under 35 years accounting for approximately 40% of all Irish suicides. National deliberate self harm rates are 241 per 100,000 population for women and 177 per 100,000 for men.

Recommendations

Homelessness and the National Framework for Suicide Prevention

- Homelessness and people who are homeless must be on the agenda of the National Framework for Suicide Prevention. It is essential that homelessness and mental health and the complexities e.g. when you add problematic drug and/or alcohol use (complex needs) onto the agenda of the National Framework.
- People who are homeless must be seen as a 'at risk' of suicide group. This may be due to the issues that may have led to homelessness and the experience of actually being homeless.
- Need to explore the link between problematic drug and/or alcohol use and suicidality.
- Need to examine what conditions are no longer being treated as psychiatric illnesses (e.g. behavioural disorders, problematic drug and/or alcohol use (especially alcohol), personality disorders, borderline personality disorders) and where are these clients ending up and what support are they getting. Where should they go and what interventions do they need. In other words what are the conditions which need intervention which are being excluded?

Possible Solutions

- Need to channel suicide prevention resources (crisis counsellors, mental health nurses) in to existing drug and alcohol services.
- Train clients up as ambassadors to work amongst the homeless population on anti stigma (seachange.ie do this).
- For those who are suicidal (intent, attempt, behaviour) but don't have a psychiatric diagnosis-we need therapeutic systems, follow up support, crisis interventions. This should be in the community and divert people away from hospital setting if not needed.
- Essential to explore what is underlying the suicidal behaviour/ self destructive behaviours (problematic drug and/or alcohol use and other risky behaviour) - PTSD, trauma laden on top of trauma, childhood neglect and abuse. Including homelessness itself and all that goes with it e.g. isolation, loneliness, violence, risky behaviour etc.
- Day service that can undertake a crisis assessment and crisis management and give advice to service providers and work out a plan to keep client safe.
- Need to be careful not to funnel all people with various psychiatric conditions into the same place as this will create a backlog/ waiting list that also contribute to keeping those most at risk out.
- We need to build up onsite mental health/addiction interventions in homeless settings.

Research and data Collection

- Key role of further research both qualitative and quantitative research on homelessness and suicidality.
- Need to look at the links between homelessness and mental health and problematic drug and alcohol use research.
- There needs to be consideration of including homelessness as an indicator in the national self harm stats collected by National Suicide Research Foundation.
- Need to improve method of collecting and collating data e.g. understanding of intentional overdoses as compared to un-intentional amongst coroners.

Conclusion

As our Health Snapshot Study showed homelessness is about more than housing and that a person's mental health can be both a cause and a consequence of homelessness. The percentage of people who had attempted suicide or self-harmed in the six months prior to the study shows that people who are homeless must be seen as an 'at-risk' suicide group and that there is a section within the framework specifically for this group.

We have outlined some possible solutions above on the prevention of suicide among people who are homeless. Resources and the efficient use of these resources are essential along with the development of onsite services. A person with mental health who may be suicidal must be assessed on an individual basis and a care plan drawn up specific to that person's needs. Homelessness needs be included as an indicator in national statistics on self harm and suicide. Further research and robust data will ensure a better understanding of the link between homelessness, addiction and mental health.

Simon Communities in Ireland

Simon Communities in Ireland are made up of a network of eight regionally based independent communities. Each Community is a separate legal entity, individually governed and managed and are all funded separately. All eight Simon Communities work collectively through a National Office to conduct valuable research and to inform and influence national policy.

This structure is one of the key strengths of Simon – it enables us to respond most effectively to the issues of homelessness that are particular to each region; mobilising local support, responding to local issues using local expertise and local resources.

Services range from

- **Housing provision, tenancy sustainment & settlement services, housing advice & information services** helping people to make the move out of homelessness & working with households at risk;
- **Specialist health & treatment services** addressing some of the issues which may have contributed to homelessness occurring or may be a consequence;
- **Emergency accommodation & support** providing people with a place of welcome, warmth & safety;
- **Soup runs & rough sleeper teams** who are often the first point of contact for people sleeping rough.

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