An aerial photograph of a historic European city, likely Gdansk, Poland, featuring a dense cluster of buildings with red-tiled roofs and a prominent church spire. A river flows through the city, with a large crowd gathered on a bridge in the foreground. The sky is filled with soft, golden light, suggesting a sunset or sunrise. A semi-transparent blue triangle is overlaid on the top right of the image.

Complex trauma of homeless persons with severe mental illness

Recovery-oriented
practices in an outreach
team

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Gdańsk, Poland

Equipe MARS - Mouvement et Action pour le Rétablissement Sanitaire Social et Citoyen



Who are our clients ?

- Long-term homeless persons
- With severe mental illness
 - Often with an history of traumatic events
 - Often too with addiction (80%) – “Dual diagnosis”
- And no access to care or social workers
 - Refusing or being refused by

Who are our clients ?

Long-term homeless persons

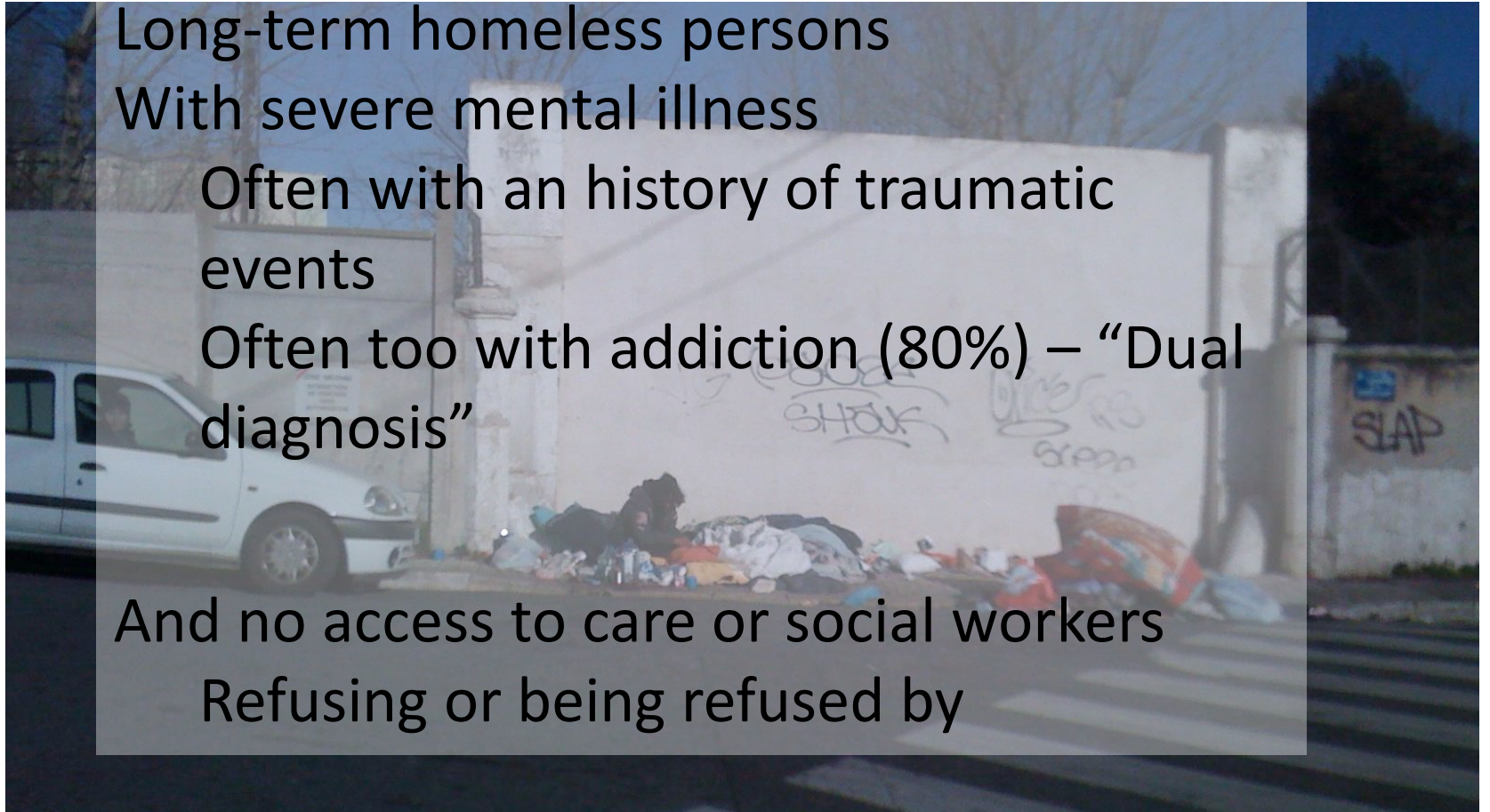
With severe mental illness

Often with an history of traumatic events

Often too with addiction (80%) – “Dual diagnosis”

And no access to care or social workers

Refusing or being refused by



Why traumatic issues are always complex for homeless persons ?

Needs to recover from trauma

- SECURITY
- SOCIAL SUPPORT
- EARLY MANAGEMENT

Living conditions of homeless persons

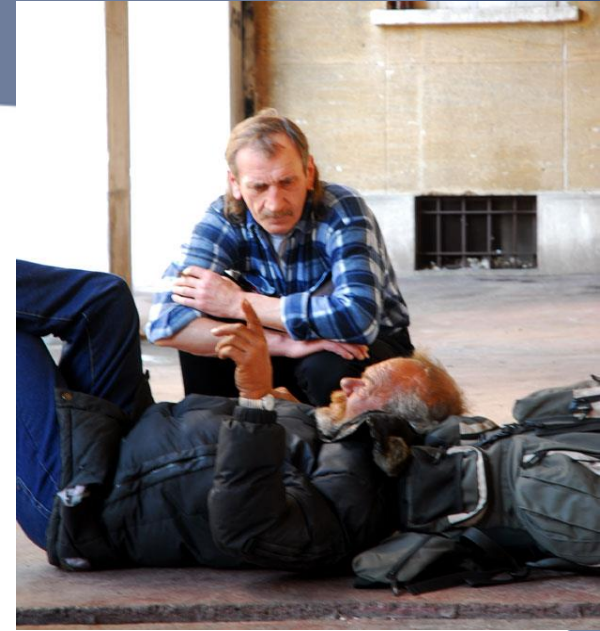
- NO SECURITY
- EXCLUSION
 - Loss of everyday habits
 - Loss of self esteem
 - Loss of confidence in oneself, in others, in institutions and in society
 - Delay to identify trauma (ex: alcohol - complication, behavioural problems - hypervigilance)
- TIME
 - Duration of exclusion > complexification of trauma

Principles of recovery

- Hope : catalysis
- Person-driven : self-determination and self-direction
- Recovery pathways are highly personalized
- Holistic : mind, body, spirit and community
- Peer support : mutual support and mutual aid groups
- Relational : relationship and social networks
- Culture : personalization to individual's unique needs
- Adresses Trauma
- Strenght / Responsibility
- Respect

Recovery-oriented approach for an outreach team

- “Here and now”
- Respect, openness and curiosity
- Flexibility, tolerance
- Respect of the temporality and priorities of the person
 - Engagement is necessary
- Taking time +++
- Trying to work with ACT model



What kind of care do we provide ?

- To take time to understand, talk, and spend time with
- To help person to eat something (better if the person like it, if he choose it, and/or if you share it with), or to sleep, or to feel safe
- To know the environment of the person, and work with it
- To try to connect, to build relationship: attentive listening, orientation, network



What kind of care do we provide ?

- “Step care” :
 - Papers (compilation of dossiers, filling out of forms...)
 - Paying attention with somatic demands even for “minor cases” : subjectivity +
- Attention to somatic illnesses
 - Life expectancy scandalously low
 - Psychiatric diagnosis and homeless = diagnostic overshadowing
 - Multimorbidity
 - Interlinked with trauma too

What kind of care do we provide ?

- Psychiatric harm reduction, prevention but also “cure”
 - Hostel, handiwork in living places
 - HOME : “ontological security”
 - It can be medications, hospitalization too

MARSS recovery-oriented approach

- Reassurance and hope
- Importance of choice > opening solutions
- Empowerment : explain symptoms, coping skills, strenght-based approach
- Recognition of the existential dimension of the psychotic crisis
- Anti-stigma approach

What means participation in MARSS team ?

- Peer-workers are plainly part of the team
 - Two are working in the street
 - One is now data manager
 - One is now part of the “Working First” team
- Our clients can help us as voluntary members : preparation of the meal or client reception
- Ethics: Co-construction of a chart signed by all professionals working in the team
 - This chart is organized thanks to the principles of recovery
- Co-construction of a peer-run respite center

“Lieu de répit”





“Requisition”
3 rue Socrate

“Peers-workers”

- It’s a person “having been in the same shoes he or she is now” (Davidson, 2012)
- Alternative overview
- Social/political

Challenges for them :

- Re-traumatisation

Barriers :

- Fear to work with persons with SMI (stigma)
- Hostility of institutions
- New profession : not well known, hard to describe



Recognition

Recognition process :

- 1) recognition of our existence
- 2) confirmation of our moral value

Two forms of failure in recognition

- Rejection = disagreement on the substance
- Denial = lack of recognition (more serious)

Recognition

- Hanna Arendt « one's *identity* cannot be *confirmed* alone »
- Lack of recognition is taking us in a spiral of fear and failure
- Human beings pursue symbolic recognitions more than satisfaction of the senses

Recognition

- Stigma of people living in poverty is doubled if they have mental health problems (Darcourt, 2007)
- Impairment, discrimination, diminished social role, lack of economic and social participation and disability are interlocked and mutually compounded (Mc All, 2008)
- **Recognition of skills and potentials of persons +++**

Trauma-informed approach

- Trauma or not, we have the same approach : encourage to move and to go out from sideration
- What is specific :
 - Information about PTSD symptoms, about trauma and homelessness, discussions about articles or cases
 - Systematic evaluation of adverses experiences (scientific framework)
 - Supervision ++

ILLUSTRATION



Marcel P.

- 40 years old
- From Romania
- Mental retardation, agitation+++ , delusions, depression
- Facial deformation > rejected from his younger age
- Had pancreatitis when we meet (hard to follow a regim in street !!!)
- Does not understand at all why he is rejected : why he can't work in particular, why he has no money at all (he does not want to beg or to steal) ;
- It drives him to agitation and angry, and he fears all partners when we meet

Marcel P.

- Active listening
- Recognition of the harm suffered
- Acceptance of his claims

- Housed in “3 rue Socrate” requisition
- Hospitalization for somatic reasons + psychiatric medication
- Involvement in an associativ bar
- Recognition of his talent of artist
- Inscription in Working first : several missions
 - Thanks to work, he will have rights very soon

The art of Marcel



Barbara C.

- 45 years old
- Living in the public space since more than 20 years
- Hate of psychiatry : 3 hospitalizations without consent by order of the representant of the State
- “Incurie”, insults +++, psychic acceleration and delusions

Barbara C.

- Lots of time to connect
- Negotiation around allowances : was not sure to deserve 800 euros of the disability allowance
- Negotiation with a bank so she can have a visa card
- 1 month in a private room of an homeless structure but too hard for her
- Speak about her great childhood adversity and rapes from her husband

Barbara C.

- Lots of travels around the world with the money of allowance
- Link by e-mails... and calls when she has problems very far
- Yesterday she told me that she want to join the parisian HF program ...

Jules H.

- 22 years old
- From Cameroun
- Very hard migratory experience – 3 years
- Paranoid decompensation in a shelter with grandiose ideas of death and religion
- Undocumented migrant

Jules H.

- Talk about his traumatic experiences in a safe place
- Hearing voices group to understand
- Maintain a positive self-concept
- Very resourcefull
- Help to buy a tatoo machine
- Hip-hop +++

“Working First”

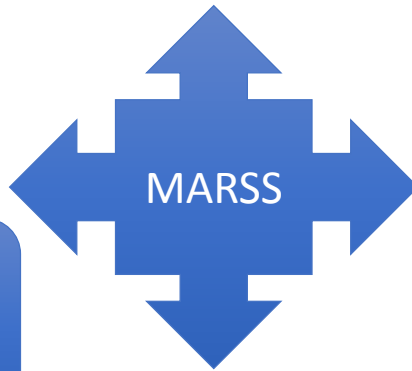


Social recognition

Housing First



“Safe place”



Specific therapies:
- EMDR or hypnosis (CUMP)
- Transcultural therapies (OSIRIS)

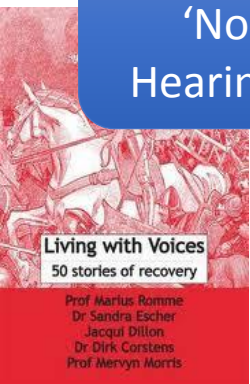


Social inclusion
Coping strategies



Hope

Self-help groups:
“Nomades célestes”
Hearing voices groups ++



Special (growing) situations

- Persons without solutions :
 - Rejected asylum seekers
 - > major need of security (PTSD), families
 - “Illegal” immigrants
 - European out of work
 - > social allowance has to be paid in the country
- Propositions :
 - Precarious occupation agreement to avoid degradation of situations, requisitions
 - European Allowance

AURELIE 
18|10|2016 

Thank you !

