Case Study: Preventing a Gap in Mental Health Support for a Homeless Patient

Background

A male patient experiencing homelessness was identified as being at risk of losing access to mental health support following a recent move. Previously, he had received consistent care at the York Road Project, where he found the support beneficial to his mental health and overall wellbeing. However, since relocating to new accommodation, no mental health services had yet been arranged, raising concerns that he could become lost in the system.

In addition to his mental health challenges, the patient is a functioning alcoholic and had been engaging with i-Access, a drug and alcohol reduction programme. Recognising the urgency of maintaining continuity of care, we worked with his support worker to ensure that his mental health and substance misuse support remained in place.

What We Did

Securing Mental Health Support

With the patient's consent, we contacted his support worker to determine whether any plans had been made for his mental health care. We established that he was due to start the COBI (Compulsive and Obsessive Behaviour Intervention) programme, a specialist psychotherapeutic intervention designed to help individuals regulate emotional responses in relationships and social situations. However, as he was still awaiting a start date, we worked with the support worker to escalate access to more immediate support.

Together, we arranged for:

- Contact with York Road Project to gather details on the mental health support he had previously received, with the aim of replicating or transferring similar services.
- Engagement with local mental health services available within his new accommodation.
- Exploration of additional specialist mental health support to provide more immediate intervention while awaiting the COBI programme.

Ensuring Access to Healthcare and Additional Services

The patient was also not registered with a GP in his new location, further limiting his access to healthcare. To address this, we:

- Completed his GP registration documents with him.

- Arranged for his support worker to submit them to his new GP Practice the same day, ensuring timely registration.

Further interventions included:

- Referral to Catalyst, which is currently assessing him for one-to-one counselling.
- Engagement in Virtual Reality therapy at his supporting housing, where he is working with a specialist support worker to practice handling anxiety inducing social situations in a safe, virtual environment.
- Connection with Work Wise, a Surrey County Council and DWP-funded initiative that helps individuals with mental health challenges find and sustain part time employment. The programme will support him through job applications and provide ongoing in work support once he secures a role.

Impact

Through early intervention and coordinated care, we ensured that the patient did not lose access to essential support following his move. Since our involvement:

- He has been fully registered with a GP, enabling access to routine and specialist healthcare.
- His support worker has confirmed that mental health services are now in place, preventing a lapse in care.
- He is engaged in VR therapy, helping him build confidence in managing social anxiety.
- He has been referred for one-to-one counselling with Catalyst.
- Work Wise is actively supporting him towards re-entering employment, helping him regain independence and stability.

This case study highlights the importance of proactive, multi-agency collaboration in ensuring that individuals experiencing homelessness and mental health challenges receive the ongoing care and support they need. By acting quickly and working in partnership with health, social care and employment services, we helped this patient stay engaged with vital support networks, reducing the risk of deterioration and further exclusion.