



Ceann Seirbhíse, Meabhairshláinte  
Baile Átha Cliath Theas, Cill Dara & Iarthar Chill Mhantáin  
– Cúram Sláinte Pobail

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**Jennifer Murnane O' Connor TD,  
Leinster House,  
Kildare Street,  
Dublin 2**

**23<sup>rd</sup> July 2024**

**PQ 26937/24**

**To ask the Minister for Health for an update on mental health supports for those experiencing homelessness, given a report (details supplied) which found a rise in the numbers of those seeking supports.**

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Dear Deputy Murnane O' Connor,

I have examined the matter and the following outlines the position.

In May 2024, the Dublin Regional Homeless Executive (DRHE) reported 4,534 single adults accessing emergency accommodation, a 29% increase over the last 2 years.

Guidance from the expert group in the College of Psychiatrists of Ireland, emphasises the role of specialist Mental Health Services to focus on the people in homelessness with the most complex needs, usually a combination of mental illness at the severe end of the spectrum (i.e. psychosis, bipolar disorder, severe personality disorder), comorbid addiction and high social needs (usually people in rough sleeping or entrenched, long-term homelessness).

Dublin's Spring Rough Sleeper Count 2024 was 128 individuals, a 41% increase over 2 years. We estimate that within this group, roughly one-third have current psychosis, one third have addiction and at least one-tenth have both.

It is well-established that people in homelessness access most of their specialist healthcare through crisis pathways. They utilise Emergency Department (ED) care at almost 30 times the rate of housed people in Ireland, and are 2.5 times more likely to leave without being seen or against medical advice. Taking St James's Hospital as an example, well over 3000 ED attendances per year are by homeless people, and in 2022 about 1000 of these required crisis Psychiatric assessment and care. The rate of crisis psychiatric admission of homeless people to the unit at St. James's hospital is 10 times the national average. Increasingly these admissions are under the Mental Health Act 2001. Between 2016 and 2021, 230 individuals required one or more admissions from homelessness and the rate of involuntary admission rose from 15% to 55% over that time, an index of severity and complexity of illness at time of presentation. For several, their admission was on a background of over 100 ED visits.

The first staff of the South City Inclusion Mental Health Team were appointed in February 2023 and, after a period of stakeholder engagement and research, our proposed Model of Care was agreed with HSE Senior Management Group for CHO7. We opened our doors in July 2023.

Our main role is similar to the other specialist teams in that we provide a multi-disciplinary, assertive, trauma-informed psychiatric service to people with serious mental illness, comorbid addiction and complex social care needs. Pending the development of our Day Hospital service (when staffing allows), we operate mainly via Assertive Community Engagement and Treatment, and seeing most of our patients wherever they are, including rough sleeping. Once patients are able to progress to scheduled care, we offer person-led goal-setting and care-planning via the Recovery STAR and CHIME Recovery model and engage people in individual and group psychosocial interventions.

We have a good and growing working relationship with the voluntary sector providers and homeless primary care doctors and in most cases could not provide a service without their support and facilitation to access people in need of care. We try to reciprocate by offering meaningful support via innovations such as our Community Liaison Service.

Our Outreach pillar includes a pilot Nurse-led Community Liaison service which launched in Nov 2023. We provide a dedicated phone number and email address for any clinician (doctor or nurse) working with a homeless person with concerns about their mental health to seek specialist advice. This gives clinicians access to a rapid response to their queries, particularly where the severity of the mental condition might not meet the threshold for referral to our main Community Team. Consults can include a face-to-face diagnostic assessment, chart review, prescribing advice, and risk assessment, support navigating community services or admitting a person to the appropriate hospital. We also have embedded clinics where we sit in with services where homeless people are likely to attend e.g. the Inclusion Health Outpatient Clinic at St. James's Hospital. We are also working to set up a regular joint clinic at a local voluntary sector Day Service. To date we have consulted on 65 individual cases, over half to acute hospital Inclusion Health Teams, 30% to GPs and the remainder to voluntary sector staff.

It also incorporates an educational element and we have provided approximately 40 hours of formal teaching, training and support to a wide variety of health and social care staff, from voluntary sector keyworkers to Hospital Consultants and management and we are working with the local Inclusion Health team to develop and facilitate a monthly Community of Practice via Trinity College, Dublin which would allow clinicians nationally to develop their Inclusion Health skills and consult on best practice as in a rapidly developing field.

Our Social Work-led In-reach pillar provides In-reach to the local acute psychiatric unit, and the acute medical wards at St. James's Hospital, as well as to the prison services and residential addiction on a case by case basis. We support colleagues providing inpatient care by developing a relationship as early as possible with newly admitted patients. We try to make sure their medical, detoxification and personal care needs are met since they often are in poor physical health and may have little or no family support while in hospital. We help develop a safe discharge plan, supporting people to access accommodation, payments, medications and follow-on care after they leave hospital. To patients staying in the city, we offer an intensive 3-week Post-Hospital Care (PHC) plan since this is a high risk period for relapse to drug use, stopping prescribed medications, loss to follow-up and suicide. 100% of the patients who accepted the offer of PHC are still engaged with our community service.

We are very pleased with the progress in our first year but there is a lot to work on. If allowed adequate staff and scope for development, homeless Mental Health Services could provide enhanced Day Hospital and Drop-in services, including a 7/7 service. We could lower the severity threshold at which we accept community referrals. We could expand our community liaison supports for voluntary sector and primary care clinicians, and establish dedicated outreach clinics based in voluntary sector sites where people needing our service spend a lot of their day and could be opportunistically picked up for assessment/treatment.

The specialist staff resources across the city as of June 2024 are summarised in the following table:

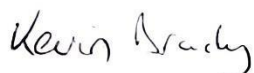
	Medical		Nursing		Psychology		Occupational Therapist		Social Work		Support staff	
	Total	In post	Total	In post	Total	In post	Total	In post	Total	In post	Total	In post
<b>Northside</b>												
Programme for the Homeless (Central) Est. 1979	3	3	7	6	1	1	3	2	1	1	3.75	3.75
Programme for the Homeless (Peripheral) Est. 2021	2	2	2	1	1	0	1	0	1	1	1	0
<b>Southside</b>												
ACCES Est. 2006	1.7	1.7	3	3	1	1	1	1	2	2	1	1
IMHT Est. 2023	2	2	6	3	1	1	1	0	1	1	1	0
<b>Total for Dublin</b>	<b>8.7</b>	<b>8.7</b>	<b>18</b>	<b>13</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>6.75</b>	<b>4.75</b>

Table 2: WTEs across homeless mental health teams in Dublin June 2024

These services combined receive approximately 400 new referrals per year and carry an active community caseload of about 300. The newest expansion of the Northside Programme for the Homeless also takes care of homeless inpatients across the north city hospitals and has had about 60 admissions over the past 2 years. Currently only the Northside Program has a specialist Day Hospital. Recruitment of the Day Hospital staff for the Southside service could not progress due to recent recruitment pause. This is a significant disadvantage in terms of patient engagement. Within this patient group, a welcoming, trauma-informed environment, with facilities for personal care, hot food and peer support are essential to build trust and long-term relationships.

I trust this information is of assistance to you.

Yours sincerely,



Mr. Kevin Brady,  
 Head of Service Mental Health,  
 HSE Dublin South, Kildare West Wicklow Community Healthcare