

# 4

## SESSION

### Mental health and recovery



## 4.1 Introduction

There is a higher rate of mental health problems amongst the homeless population than the general population. Poor mental health is both a cause and a consequence of homelessness. The onset of mental illness can trigger, or be part of a series of events that can lead to homelessness. Additionally, mental health issues might be exacerbated or caused by the stresses associated with being homeless.

This module aims to induce reflection about stigma, a dimension that affects both homelessness and mental illness. Through an exercise on the prejudice and its function the participants will increase their knowledge on the stigma as a barrier to the recovery process. Through the technique of self-learning, the participants deepen their knowledge of mental illnesses: its main categories, its main effects on psychic functioning.

According to the recovery approach, the best way to recover is self-directed, this is why we will conclude the training session with a reflection on the personal experiences that helped participants advance along their own recovery process.

## 4.2 Learning outcomes

- Increase awareness about prejudice and stigma
- Highlight how stigma is a common condition in homelessness and mental health illnesses
- Increase knowledge on basic mental illnesses and their effect on functioning
- Understand the value of own personal recovery process

## 4.3 Training session plan

### DURATION

2,5 h

### MATERIALS

- ATL Trainer Curriculum
- JCS Manual (it includes worksheets, case scenarios and self-assessment exercises)
- Worksheets and case scenario
- Stationery (paper in different sizes, cardboard, pens, pencils, markers, sticky notes, etc.)
- Flipchart/whiteboard

- Power Point presentations of the contents (optional)
- Computer (optional)
- Projector/TV (optional)

## CONCEPTUAL CONTENTS

- ATL Trainer Curriculum, Unit 5, Mental Health and recovery
- JCS Manual, Unit 4. Mental health and recovery



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| <b>ACTIVITY 1</b>          | An experience on prejudice   |
| <b>DURATION</b>            | 40 min   |
| <b>WORKSHEET REFERENCE</b> | N/A  |
| <b>PROCEDURE</b>           | <ul style="list-style-type: none"> <li>• Ask the participants to sit in a circle.</li> <li>• Hand out sheets of paper (one per participant) and ask the participants to divide the sheet into two columns.</li> <li>• Ask them to think about the first time they met each other, possibly on the person sitting on their right-hand side (if they don't recall anything about that specific person, they may choose any other person from the group or even you, the trainer)</li> <li>• Ask them to write             <ol style="list-style-type: none"> <li>a. in the first column of the sheet: some adjectives describing the person, according to their first impression about her</li> <li>b. in the second column: the adjectives they would use to describe that person today</li> </ol> </li> <li>• Each participant will read their note, while the trainer will register it on the flip chart</li> <li>• Evaluate the contrast between the first impression and the current perception: How many adjectives remained the same? How many are different or even opposed?</li> <li>• The trainer will underline with the same marker colour those that remained the same, and with different colours those that differed and those that were opposite.</li> </ul> <p>The trainer should explain that prejudice is a shortcut to approach new situations, by building on our past experiences— it would be uneconomic to reset our knowledge of the surrounding environment and start from scratch every time we face new situations or meet new people.</p> <p>It is important to underline that, however, prejudice may lead to stigma, when it is rigid, not compared with reality, not evidence based.</p> |

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| <b>ACTIVITY 2</b>          | Increasing knowledge on mental illnesses  |
| <b>DURATION</b>            | 40 min  |
| <b>WORKSHEET REFERENCE</b> | JCS Manual, Unit 5, Worksheet “Mental conditions”   |
| <b>PROCEDURE</b>           | <p>Split the big group into small groups of 3 to 5 persons:</p> <ul style="list-style-type: none"> <li>• Ask each group to write on a cardboard sheet which are the main mental illnesses they know and to assign a color to each one, corresponding to the colors of the post-it they have been provided with.</li> <li>• The groups are invited to write on the post-it with the corresponding colors, the main symptoms they know, for each illness.</li> <li>• A participant for each group will present the results of the working group in plenary, showing the cardboard sheet.</li> <li>• The trainer presents to the classroom the main mental illnesses as described in the JCS manual.</li> <li>• The class will compare the data elaborated by them with the one in the manual; the trainer will emphasize those characteristics that match.</li> </ul> |
| <b>ALTERNATIVES/ TIPS</b>  | <p>A particular focus should be given to the ADHD column, that might be left empty or neglected. While working with information from the handout, the trainer may ask the participant if they identify with any of the ADHD symptoms. He may explain that this condition may have affected some of them, due to the strong stress they may have experienced in their childhood and might have even supposed one of the first causes of their social failures and exclusion.</p>   |



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| <b>ACTIVITY 3</b>          | The process of recovery: what was the most important in your experience?   |
| <b>DURATION</b>            | 30 min   |
| <b>WORKSHEET REFERENCE</b> | N/A  |
| <b>PROCEDURE</b>           | <p>Introduce the group to the concept of recovery as presented in the ATL Trainer Curriculum (Unit 5) with specific attention to the five stages of recovery.</p> <p>Ask each participant to describe his recovery process trying to identify the five stages described in the manual. Write all the answers on a paperboard and rank the answers, finding out what was the most common and/or the most important.</p> <p>If any time left, open a discussion on some personal experience.</p> |

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| <b>ACTIVITY 4</b>          | Case scenario analysis   |
| <b>DURATION</b>            | 30-40 min  |
| <b>WORKSHEET REFERENCE</b> | Story of Mateo   |
| <b>PROCEDURE</b>           | Read the case scenario to the group or ask one of the participants to read it aloud. Ask participants to respond collectively to the questions or do it in small groups. In this case, then, ask each group to share their conclusions.                      |
| <b>ALTERNATIVES/ TIPS</b>  | Alternatively, you can divide the participants into smaller groups of 3-4 persons and ask them to read the scenario and conduct the initial analysis within the small group. Then, the groups can share their responses and observations with the big group. |

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| <b>CLOSURE OF THE SESSION</b> | At the end of the session, ask reflection questions, such as: “How do you think today’s session brings you closer to becoming a peer supporter? Then invite participants to note what caught their attention, what they have learned and what they want to keep as a point of reference from today’s session, as well as to ask any related questions. |
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## 4.4 Bibliography

- Crisis UK (2009) [Mental Ill Health in the Adult Single Homeless Population](#)
- Lyon S. (2020) [The Recovery Model in Mental Health Care](#)

# 4

## SESSION

**worksheet and case scenario**



Accommodating a travelling **life**



## Worksheet 1 - Mental conditions

Think of some of the common symptoms of mental illnesses written in the table below. Write them down.

| CONDITION                                       | SYMPTOM |
|---|---------|
| Anxiety disorder                                |         |
| Attention Deficit Hyperactivity Disorder (ADHD) |         |
| Bipolar disorder                                |         |
| Depression                                      |         |
| Personality Disorder                            |         |
| Post-Traumatic Stress Disorder                  |         |
| Schizophrenia and other psychotic disorders     |         |
| Addiction and substance abuse                   |         |



## CASE SCENARIO – Story of Mateo

Mateo is in his late fifties and has been homeless for 5 years. He was once married but his wife filed for a divorce because of his problems with alcohol and gambling. After that, he went back to living with his mother. He had been working as a concierge until his mother passed away. After that, his gambling and alcohol problems got totally out of control and he started spending entire nights at the casino. He was dismissed from work and, a few years after his mother's death, a creditor seized the apartment.

Since he became homeless, he became a regular at the city shelter. The staff at the shelter found him kind, eager to collaborate and help others, and tidy and organized as long as he was sober. He was on good terms with the other clients at the shelter.

Eventually, thanks to the collaboration of a local NGO and social services, Mateo was granted a monthly dependency benefit. Finally, he could afford a studio, so he started searching for a place to rent. He called several homeowners and everything seemed to run smoothly, until the day of the visit to the flat. Once the visit was over, the owners seemed to search for an excuse to deny Mateo the rent: one owner asked for a three months' deposit, another said that she changed her mind and would not rent the apartment, yet another stopped answering the phone. Finally, after an intervention of the social workers from the NGO, Mateo was able to find an apartment. However, it was placed on the outskirts of the town, far away from the day center and services Mateo had frequented up until that date. After he was housed, he attended the day center less frequently. He used to stay at home alone most of the day. Since he was housed, his former acquaintances at the shelter didn't consider him "one of them" anymore. He had no family, and had long since lost contact with people from his "prior life".

Mateo has been struggling to find a job. He went to several interviews referred by the NGO employment services but no one called him back. His insecurity grew and he started to get anxious about going to interviews. Eventually, he stopped going to the day center at all. He has gone back to drinking. He feels lonely. He lacks motivation to move on and every day feels harder. The walls of the apartment seem to be closing in around him but, at the same time, he has become too afraid to leave the house as he has developed an idea that the government is intending to track him down to pay for his old gambling debts. He no longer wants the social services professionals to come to his house. The apartment is in a poor condition. He often refuses to answer the phone and when he does, he has to do it in the kitchen, as he believes it to be the only place in the apartment that isn't monitored by the government.

### Questions for reflection

1. What has made Mateo come to the present situation of loneliness and social phobia, in your opinion? What could have been done in a different way?
2. What might be Mateo's needs right now?
3. Do you think Mateo is aware of his needs? If you were in his place what would you think?
4. What kind of services could help Mateo?
5. Do you think peer support could be helpful to Mateo? If so, in what way?
6. Think of an action(s) that, as a peer support agent, you could carry out to support Mateo and help him engage in the recovery process.



Accommodating a travelling **life**

# 4

*end of session*

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