Homelessness: A trauma contagion?

MEGAN MCGINLEY

ASSISTANT PSYCHOLOGIST

CHILD AND FAMILY PRIMARY CARE PSYCHOLOGY



Masters of Arts in Applied Psychology (Mental Health), University College Cork, Supervised by: Dr. Sharon Lambert

Challenges faced by frontline staff

Increasing population of homeless

(Simon Community, 2018; McVerry, Carroll, & Burns, 2017; Central Statistics Office, 2017; Focus Ireland, 2018)

Profile of homeless population

(Ceannt, Macdonald, Fenton, & Larkan, 2016; Fazel et al., 2014; O'Reilly et al., 2015; Padgett, Gulcur, & Tsemberis, 2006)

Changing patterns of drug use

(O'Reilly et al., 2015; Schmitz, 2016; Wall, Lambert, & Horan, 2017)

Daily interactions with trauma survivors

(Hopper, Bassuk, & Olivet, 2010; Taylor & Sharpe, 2008)

The Contagion Effect

(Gill-Emerson, 2015; Lambert, Gill-Emerson, Horan, Naughton, 2017).

Vicarious trauma

Secondary trauma

Methods

- ► Ethical approval was granted by the UCC School of Applied Psychology Ethics Committee
- Qualitative semi-structured interviews
- ▶ 9 interviews with staff from the Cork Simon Community carried out between Feb-April 2018
- ► Analysed using deductive thematic analysis (Braun & Clarke, 2006)

Themes and Subthemes

- Frontline work is hard
 - ➤ Burning out
- The nature of the work
- Fighting fires
- Trauma contagion



'Frontline work is hard'

I do need time to recover, I need like a day of frickin' sleep after you know three days on

Just from looking at a building and looking at the amount of people coming in to the building, no we're not equipped. It's not safe

We get funded on people with complex needs and we get funded on the high support clients that other organisations are unwilling to work with or aren't equipped to work with maybe would be the best thing to say

'Burning out'

Managing them from one crisis to the next. We're not getting them anywhere in their lives, it can be frustrating

"We haven't got the room, we haven't got the staff really to be dealing with the numbers of people we're dealing with"

I remember there was a couple of months where between overdoses and between kind of a shortage of staff and between a lot of different factors it all came together but for a prolonged period of time, it was one of the most draining periods I've ever experienced, that really took a toll

'The nature of the work'

I always find that at the back of a lot of it is that yes we kind of accept that this is hard work but you kinda have to get on with it you know?

Because we do get funded on complex needs we seem to brush the needs of the staff under the carpet

I think that is the biggest issue at the moment is just the housing crisis"

[the public] see somebody outside a homeless shelter and they're harassing the staff

'Fighting fires'

You're always putting out fires, you're always responding to incidents

It's worse than prison because at least in prison there's a release date but when you're in emergency shelter and there's nothing available, I mean there's no pathway out, it's like you don't know when you're coming out. It's almost like you're almost in limbo"

If you see some of the people that we work with and the kind of state of mind that they're in when they come in the door and you imagine putting that person in almost the worst possible environment... That is the environment that we have

'Trauma contagion'

I've had experiences... people did die, did kill themselves, I did find bodies on more than one occasion, people that were dead or there was a murder in one situation outside the shelter.

11

One shift that I was on where I refused someone at the door and the person then committed suicide, they jumped into the river and they died.

"when you're just after seeing probably one of your clients goin' away that you'd... had a care plan for, and had a good relationship with, going off in the back of the hearse and thinking "How am I gonna keep going for the rest of the shift?""

Where to go from here?

- ► Housing First
- ► Government involvement
- ➤ Trauma-informed care

