

*Nursing at the*  
**EDGE**



*Big man on a mission*

MARTIN MURRAY



Royal College  
of Nursing  
Scotland



The first floor day room at the Inverclyde Homelessness Centre is a starkly functional space. There's a table on which a kettle, mugs and tea and coffee have been laid out, and no-frills chairs line the walls. Out of the windows there's a panoramic view of the Clyde estuary, backed by the hills of Argyll. It's a sunny day, and Greenock looks beautiful.

"Aye, people would pay a bomb to look at that every day, wouldn't they?" says Gemma, one of the centre's residents. "We're lucky, I suppose."

Luck is not a word usually associated with the residents of 98 Dalrymple Street. An austere building situated on the corner of a busy roundabout, just up the road from Greenock police station, it was built in 1944 to accommodate the merchant seamen who crewed the wartime Atlantic convoys.

These days, its rooms give temporary shelter to people who have nowhere else to go. Gemma, aged 35, is one of them. Recently released from prison having served a 14-month sentence for shoplifting, she is trying to mend a broken life. "It puts a roof over my head," she says. "And there's people here who'll help you."

One of them is nurse Martin Murray who has been tending to Gemma's health needs since she came to the centre just before Christmas. A deep vein thrombosis in one of her legs has been causing a particular problem. "Martin comes with me to doctors' appointments and gives me that bit of confidence and extra support," says Gemma, who bears a long slash scar across her left cheek. "When I cannae understand something he breaks it down for me. Most people talk to me like I'm a piece of s\*\*t."

**"Just because I'm on this side of the desk doesn't mean I'm any better than the homeless people I see, just more fortunate." MARTIN MURRAY**

Gemma, who has been in and out of prison since she was 16, is on methadone. It's not her first time in the homeless centre, but she is hoping it might be her last. Having been chucked out of her family home at 14 because of drugs, she's trying to rebuild her relationship with her mother. "It's hard trusting people," she says. "Martin's dead straight, and you know he's rooting for you. There should be more people like that."

Unusually for a health worker, Martin knows what it's like to be homeless. He once spent six weeks living on the streets of central London, as part of a project when he was a Franciscan Friar. "Just because I'm on this side of the desk doesn't mean I'm any better than the homeless people I see, just more fortunate," he says. "I am here as their servant, and they appreciate that."

Growing up in Glasgow, Martin cannot remember a time when he wasn't aware that he felt a strong sense of social justice. He recalls walking out of a cinema during a screening of the film *Oliver* when he was aged three, so offended was he by the treatment of the boys in the workhouse.

After studying applied physics in Aberdeen, working for the Department of Agriculture and Fisheries, and a stint



**“Having a nurse here makes it much easier for homeless people to access health services.” MARTIN MURRAY**

them quickly and get people the help they need. Being in the same building means we meet face-to-face, and it’s excellent to be based where vulnerable people are actually living.”

The nurse’s room is on the ground floor of the centre, down a long corridor accessed through a series of locked doors. Posters showing graphic images of health problems caused by heroin, cocaine, inhalants, marijuana and tobacco line the walls.



It is here that residents come for general health checks, and for nurse consultations. There’s an examination couch, scales, a blood pressure monitor and the usual accoutrements of a clinic. Above Martin’s desk hangs a drawing of him in a kilt by his young son, and on the window ledge there’s a photograph of his wife Claire, now a community psychiatric nurse in Govan. She used to work at Low Moss Prison, otherwise known as ‘the ranch’. “I’ll get patients in here who recognise Claire from the ranch, and that brings me lots of street cred,” says Martin. “People tell me ‘you must be alright if you’re married to her, big man’. It helps break down barriers if people see you’re human.”

Martin says that most of the people he meets at the centre have a very poor experience of health workers. “They are usually mistrustful. They’ve come to expect poor service, and have low expectations. They may not have the skills to articulate, and are often shunned.”

This can cause disengagement, which may mean that treatable conditions go untreated until homeless people present as emergencies at A&E. “Having a nurse here makes it much easier for homeless people to access health services,” says Martin. “Having the same nurse for several years has enabled therapeutic relationships to be established, and trust to be built up. Homeless people living in the centre know that they can come down stairs to see me, that I’ll listen to them and I won’t be judgemental.”

Inverclyde Council has an obligation to accommodate homeless people and the homelessness centre is a temporary step on the road to a permanent tenancy. The residents here are all over 16 and the majority are male. People are accommodated for anything up to eight months in 28 units, each of which has a bed, an ensuite shower room and cooking facilities. Homeless people with children are housed elsewhere.

On admission, Martin will make residents aware that he’s there for them, and offers health checks and screening.

in NHS nuclear medicine, Martin joined the Franciscan Order. It was while he was living as a Brother in Canterbury that he started working with homeless people in a day centre.

Before he left the Franciscans because he “wasn’t too good at celibacy”, Martin had already started training as an adult nurse, and he worked in A&E in Kent prior to coming back to Scotland and widening his clinical experience at the Royal Alexandra Hospital in Paisley. He qualified as a mental health nurse in 2002, then worked with homeless people in Dunoon, on a drugs team in Dumbarton, as health and homelessness project manager for Argyll & Clyde Health Board, and manned telephones for NHS24 until he took up his current post as community nurse for homeless people in Inverclyde nearly seven years ago.

The only nurse at the centre, Martin is an NHS Greater Glasgow & Clyde employee. He works closely with Inverclyde Council drugs outreach worker Gillian Paton and council alcohol worker Mark Stephenson. “Between us, we try to see everyone who presents here,” says Martin. “That way if we identify any problems we can share



**“Everyone who comes here has been stripped of their dignity, so as well as trying to improve things clinically, I want to build their wellbeing and sense of self-worth.” MARTIN MURRAY**

He has access to limited patient information via the NHS computer system, and wishes that the local authority and NHS IT systems were linked so that essential information could be shared. “Some people come in and out of the centre, and have very thick paper files,” says Martin. “Others just turn up, and you have to try to work out whether they have issues that are not being addressed. One thing’s for sure – being homeless is bad for your health.

“Everyone who comes here has been stripped of their dignity, so as well as trying to improve things clinically I want to build their wellbeing and sense of self-worth,” says Martin.

A big issue is ensuring that repeat prescriptions are up-to-date, and that residents are registered with a GP. Ex-prisoners, for example, may be no longer registered in the community, and Martin makes it his job to get them on a local list.

Greenock Health Centre is where most local homeless people are seen, and Martin says that the majority of GPs there deliver a fantastic service to them: “Although sometimes it’s a bit of an effort to get an appointment.”

In his job Martin sees a great deal of health need: diabetes, tuberculosis, heart disease, thrombosis, stroke and cellulitis are common among his patient group. With his training and clinical experience he can assess the seriousness of a situation. If necessary, he can persuade a homeless person to see a doctor, accompany them and advocate for them. If a situation isn’t serious enough to justify onward referral, Martin can offer reassurance and treat minor injuries.

“Having me there is clinically more effective, and saves the health service money in the long run,” he says. “It’s also



**“Martin’s one of the good guys. I avoid doctors as much as I can, but he has a way of putting me at ease.”**

**GRAHAM LANG**

good for the homeless people to know that someone is looking out for them.”

Martin, who has recently passed his second Masters degree and is about to start a doctorate, trains fellow workers and the centre’s residents in the administration of Naloxone, a drug that saves lives after overdose, and he also teaches nursing students at the University of the West of Scotland about working with homeless people. His experience as a psychiatric nurse means he’s well placed to identify and support people who have problems with anxiety, depression and suicidal thoughts.

He cites a case that touched him deeply: a young man came to see him on a Friday afternoon having taken something he shouldn’t have. “He sat down right there,” says Martin, pointing to the edge of the examination couch, “and told me about how he had lost his father three months before. He wasn’t making much sense, so I suggested that he go and sleep it off for an hour or two before we talked more.

“As he left the room, he said ‘all I really need is a cuddle’. That was the last time I saw him. He died in his room before we could speak again.”

It takes professionals from a wide range of agencies, working in partnership, to support homeless people properly. Martin regularly interacts with colleagues from housing, social workers, public health, and hospital and community-based health workers as well as the police: there are frequently adult protection issues as homeless people can be particularly vulnerable to abuse.

The risk of violence, sexual assault and drug dealing is high, and the homelessness centre takes security extremely seriously. One consequence of that is that residents are not allowed to socialise in their rooms and can only meet up during weekly drop-in sessions in the day room. This is when Martin and his drug and alcohol co-workers can chat with residents.

Over a mug of tea ex-Army Medical Corps nurse Sandy Erskine, aged 60, talks about his life. He served in Belfast, Scandinavia and Germany, and when his relationship broke down he lived rough for eight years.

Sandy has no issues with alcohol or drugs, but he has suffered a mini-stroke. He lived at the centre for a while,



and has since been re-housed, although he continues to drop in to offer his company to the residents. “If you’ve a problem you can usually handle it with a laugh and a joke,” he says. “Martin’s great at that.”

Forty three-year-old Graham Lang, who has been in the centre for three weeks “this time” says: “Martin’s one of the good guys. I avoid doctors as much as I can, but he has a way of putting me at my ease.”

Arthur Burnside, aged 60, came to the centre when he was evicted from his home following a family fall-out. Five months on, Martin has helped him to source new spectacles and sort out his teeth. “I don’t want a lecture, I just want treatment and Martin understands that,” says Arthur. “Now all I need is a flat of my own. Then I can get a job and get on with my life.”

For Martin, that’s a real measure of success. “If someone looks after you, you’re more likely to look after yourself,” he says. “People who are homeless are no less worthy of care than the rest of us. I never forget that I’m just one of the lucky ones.” ■

*Nursing at the*  
**EDGE**

[www.rcn.org.uk/nursingattheedge](http://www.rcn.org.uk/nursingattheedge)

