Stop the scandal: Can people living in homelessness accommodation access mental health services?



Briefing | May 2016

It's not right that anyone should be without a home, and it's nothing short of a scandal that people with mental health problems are stuck sleeping rough.

St Mungo's has uncovered a rising number of people with mental health problems sleeping rough in England. Our Stop the Scandal research has shown that people with mental health problems are sleeping rough for longer, and that rough sleeping makes it harder to access mental health services.

To stop the scandal of people with mental health problems stuck sleeping rough, the government must **protect the** long term future of supported housing. Supported housing prevents rough sleeping by supporting vulnerable people who are at risk of homelessness and by providing beds for people sleeping rough to move into.

When people move into supported housing, they should have access to the mental health support they need. Access to NHS mental health services is vital for people living in supported accommodation who are at risk of rough sleeping or have slept rough in the past.

Our new evidence

St Mungo's has conducted new research to find out if people living in homelessness supported housing can access NHS mental health support. We conducted a survey completed by 90 St Mungo's staff working with clients in hostels and supported housing services across 24 local authority areas.

Our results provide worrying evidence about the mental health services available to people living in hostels and supported housing. Survey respondents commented that many of the mental health services they work with have faced budget cuts in recent years, leading to higher thresholds for accessing support, longer waiting lists and reduced levels of intervention once accepted.

Staff commented that it was increasingly difficult for clients to access preventative support, and highlighted examples of clients who were only able to access support once their mental health had deteriorated to crisis point.

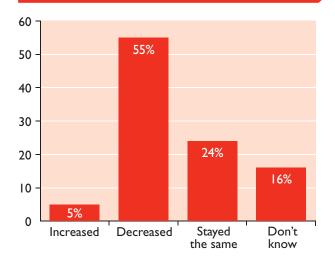
Access

People who are homeless have worse health than most, yet they find it harder to get help. Barriers to healthcare include stigma, a limited understanding of the close link between homelessness and poor health and a lack of services for people with complex needs.²

St Mungo's staff working in hostels and supported housing services were asked about their clients' access to statutory mental health services. Overall, 44% agreed that clients were able to access NHS mental health services, while 35% disagreed.

The majority of staff (55%) reported that the availability of NHS mental health services for their clients decreased in the last twelve months. Just 5% thought that availability had increased in their area.

Overall, do you think that the availability of NHS mental health services available to your clients has increased, decreased or stayed the same over the last 12 months?



St Mungo's (2016) Stop the Scandal: an investigation into mental health and rough sleeping http://www.mungos.org/documents/7021/7021.pdf
St Mungo's (2014) Homeless Health Matters: the case for change http://www.mungos.org/documents/5390/5390.pdf

Asked how their clients accessed mental health services, three-quarters (75%) of staff said that clients had accessed services via their GP. However, many indicated that clients were accessing mental health services via emergency healthcare or in crisis via detention under the Mental Health Act (57% of respondents) or after attending A&E (45%).

"The threshold for statutory mental health support has been raised to the point where effectively serious harm has to have happened and large risks have to have been ignored before services will offer support."

"Unless clients are considered a threat to themselves or others or are assessed as having a severe and ongoing mental illness there are few treatment options available."

57%

of respondents said clients access mental health services via detention under the Mental Health Act



45%

said clients access mental health services after attending A&E



Staff identified significant barriers to clients accessing NHS mental health services. Staff most commonly indicated that waiting lists and delays (76%) were barriers to access, and some indicated a lack of service provision (51%), a lack of integrated care (49%) and clients not meeting service thresholds (46%).

"Clients are often left without specialist mental health support for months, during which time their condition worsens. There seems to be a problem with clients having to reach crisis point before services will take notice of them."

A number of respondents noted that it is particularly difficult for clients to access NHS mental health services if they also have problems with drugs or alcohol.

"If you present to the mental health services but you also have substance misuse issues then they will insist that you deal with the substance misuse issues first before you access mental health services."

Clients may find themselves in a vicious cycle of mental health problems and substance use, excluded from both services without support or a clear referral pathway. Only 27% of staff reported that clients had accessed mental health services after being referred on by a substance use team. 72% of St Mungo's residents who have problems with drugs or alcohol also have a mental health problem.³

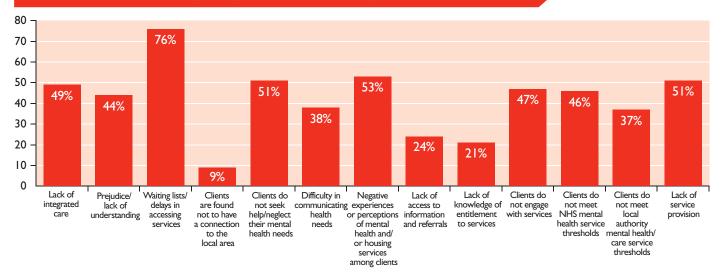
Some staff reported that clients were not always willing to access services. Some may have had poor experiences: 53% said that clients' negative experiences or perceptions of mental health services were a barrier. 51% said that clients did not seek out support or neglected their mental health needs and 47% identified that clients not engaging with services was a barrier to access.

Clients in our hostels and supported housing services face multiple and overlapping problems, often rooted in traumatic experiences in their past. People with complex needs, and in particular complex trauma, often find it difficult to manage their emotions and can exhibit challenging behaviours and poor compliance with appointments and treatment.

Mental health services should work to keep the people who most need their support engaged. Services should adopt an assertive outreach approach and enable people to access support and treatment in community settings, including hostel and supported accommodation settings. NHS staff should also work closely with other agencies, including housing providers, to make it easier to understand a patient's situation and help them to stay engaged in mental health services.

³ St Mungo's Client Needs Survey of 1,940 clients supported by St Mungo's in a residential service on 1 May 2015; n=1077 clients use alcohol problematically and/or misuse prescribed drugs or use illicit drugs, of those, 773 clients have a mental health need.

What are the main barriers that prevent your clients from accessing NHS mental health services?



Choice

Staff were asked how likely it was that clients with mental health needs could access different types of support. Average ratings indicate that clients were most likely to be able to access prescribed medication and appointments with their GP⁴. 88% of respondents reported that clients are likely or very likely to be able to access prescribed medication and 83% to access appointments with their GP.

However, clients were reported to be less likely to be able to access other types of support, including talking therapies. Only 28% of staff said that clients were likely or very likely to be able to access talking therapies.

"Access is available to all. The issue for us is that the services available do not respond to all needs. No-one is excluded from NHS services, but the availability of support for mood disorders (anxiety, depression etc) and personality disorder in particular is very poor."

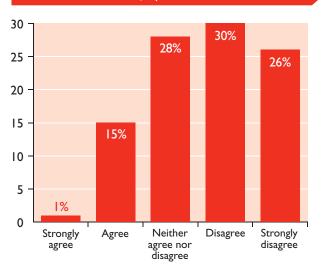
Access to a choice of support and treatment options, including psychological therapies, is vital in making sure that people who are homeless can manage and improve their mental health. A full range of services should be available for everyone who needs them.

While the Improving Access to Psychological Therapies (IAPT) programme has expanded access to psychological therapies for people with anxiety and depression, there is still a gap in NHS services for people with the highest level of need. IAPT services are often short term and cannot provide the intensive and long term support required by many homeless people who face multiple problems and have experienced complex trauma.

The NHS should learn from third sector providers of psychological therapies that work effectively for marginalised groups, including St Mungo's Lifeworks service providing psychodynamic psychotherapy for homeless people.

Overall, only 16% of staff reported that NHS mental health services in their area met the needs of clients who accessed them. 56% reported that they did not.

Please indicate the degree to which you agree with the following statement: "In the area I work, NHS mental health services meet the needs of my clients who access them"



46% of respondents thought that the quality of NHS mental health services available to their clients had decreased over the last 12 months, compared to 34% who thought quality had remained the same and just 2% who thought that quality had increased.

Responses were collected using a 5-point scale where 1=very likely and 5=very unlikely. Selected average ratings: prescribed medication (1.89); GP appointments (1.91); talking therapies (3.45).

Our recommendations for national government and the NHS

Living in supported accommodation should provide an opportunity for people to address the issues that caused them to become homeless or put them at risk of homelessness. Residents in homelessness accommodation may have slept rough in the past, or be at risk of sleeping rough in future. Access to the right mental health support is important to prevent people sleeping rough or returning to the streets by helping them to rebuild their lives.

St Mungo's is calling on government to stop the scandal of people stuck sleeping rough by protecting people's route off the streets and making sure there is access to the right mental health support when people move into supported accommodation.

 Protect funding for supported housing, including specialist mental health supported housing services

We believe the long term future of supported housing requires urgent attention from the government. The future of this specialist housing is increasingly uncertain and there is already a significant, existing shortfall in bed spaces. The government must remove the threat of the Local Housing Allowance cap on housing benefit payments for tenants in supported housing. The proposed cap will severely limit the availability of housing benefit to cover the necessary housing costs needed to run supported housing. As a result existing schemes will be forced to close leaving many vulnerable people with nowhere to live.

The government should work closely with providers and service users to put in place a sustainable funding system that will ensure sufficient supported accommodation, including specialist mental health supported accommodation, is available where it is needed.

 Fair access to NHS mental health services for vulnerable homeless people living in supported housing

Everyone should have access to mental health support when they need it, and it is vital for people who are homeless or at risk of homelessness. Action is needed to improve access to mental health services for people who are homeless, including access to crisis support services.

NHS commissioners and providers should ensure mental health services do not exclude people because of coexisting mental health and substance use problems (dual diagnosis), experiences of complex trauma, Personality Disorder or unreliable attendance.

A full choice of support and treatment options is particularly important for people with the most complex needs, for whom the services currently available may not be suitable.

To find out more and join our Stop the Scandal campaign, please visit www.mungos.org/stopthescandal





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For more information contact: St Mungo's, Fifth Floor, 3 Thomas More Square, London EIW IYW

Tel: 020 3856 6000 Fax: 020 3856 6001 www.mungos.org

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