

A GOOD PRACTICE GUIDE

GETTING THROUGH

ACCESS TO MENTAL HEALTH SERVICES
FOR PEOPLE WHO ARE HOMELESS OR LIVING IN
TEMPORARY OR INSECURE ACCOMMODATION

The full report '*Getting Through – Access to mental health services for people who are homeless or living in temporary or insecure accommodation: A good practice guide*' can be accessed at www.socialinclusion.org.uk

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On 5th May 2006 the Office of the Deputy Prime Minister (ODPM) became the Department for Communities and Local Government (DCLG).

The research team consisted of Jill Britton, Susan Brown and Geoffrey Randall.

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The views expressed in this report are those of the authors, not necessarily those of the DH, DCLG or CSIP.

Case examples and quotes are taken from interviews with service users. Names have been changed to protect confidentiality.

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Executive summary

**SERVICE USER: HOMELESSNESS
MENTAL HEALTH TEAM**

“There’s not enough services for people like us on the street – we get chucked out of society. The CPN talks to me like I’m a person, it’s normal to have these thoughts. He listens to you as an individual... A lot of CPNs have only given me medication.

[It’s good to have] somewhere where you can just go and talk to someone, or they’ll come to you, instead of being taken to hospital and being interrogated.”

1 Introduction

The purpose of this guide is to improve access to mental health services for people who are homeless or living in temporary or insecure accommodation. It is designed for use by practitioners in the mental health and housing and homelessness field, as well as managers, commissioners and policy makers. The guide identifies practical solutions and models of good practice, based on information from mental health and homelessness services around the country.

The following sections summarise the chapters contained in the main guide. The bullet points highlight examples of good practice.

2 The support needs of people who are homeless or living in temporary or insecure accommodation

Mental health problems are more prevalent among homeless people than among the general population. Mental health problems can be a contributory factor that leads to homelessness and can also arise as a result of, or be compounded by, the experience of homelessness and time spent in insecure or temporary accommodation. People who are homeless or living in temporary or insecure accommodation may also have additional support needs, which make accessing mental health services more difficult. This guide helps to develop an understanding of the needs and associated problems of such people, taking account of the different needs of different groups, for example, families, people without children, young people, rough sleepers and others.

3 Identifying mental health problems

Many people who are homeless or living in temporary or insecure accommodation experience difficulty in accessing mental health services. Delay in receiving support or treatment can both exacerbate their condition and put additional pressure on other services which are not designed to meet the needs of people with mental health problems. Identifying mental health problems and addressing them before there is a crisis is key to improving accessibility. This requires:

- ➔ training and support for frontline staff in identifying the symptoms of mental health problems
- ➔ ensuring that housing departments can direct people with mental health problems to support services.

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4 Targeting mental health services

There are a number of reasons why people who are homeless or living in temporary or insecure accommodation may have difficulty in accessing mental health services. These include problems accessing services if they have had to move to accommodation in a new area, if they are not registered with a GP, as well as fear and low expectations of services. There are a number of ways of ensuring that mental health services can reach people in these circumstances:

- ➔ health promotion activities
- ➔ care navigators
- ➔ mental health services based in homelessness agencies
- ➔ open-access mental health services
- ➔ 'street-based' services
- ➔ dedicated specialist homelessness mental health practitioners and teams.

5 Working together and continuity of care

People with mental health problems who are homeless or living in temporary or insecure accommodation may need support from a number of different agencies, including those in the voluntary and statutory sectors. It is essential, therefore, that these agencies work together to meet needs. This involves:

- ➔ information exchange between agencies about their services
- ➔ joint training of staff
- ➔ protocols for common procedures for assessing and referring clients, or carrying out joint assessments
- ➔ joint case conferences
- ➔ ensuring service users' case records are accessible to other agencies.

6 Access to primary care

Many mental health problems can be treated in primary care services, which are often also the gateway to specialist secondary care. However access to primary care, both for physical and mental health problems, can be problematic for people who are homeless or living in temporary or insecure accommodation. Primary care services can be developed in a number of ways to improve both the service itself and its accessibility to such people. These include:

- ➔ implementation of the Royal College of General Practitioners' guidance on homelessness and primary care
- ➔ Primary Care Trusts (PCTs) ensuring that local general practices will register people who do not have a settled address
- ➔ PCTs directing enhanced services funding at services for these client groups

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- ➔ specialist workers for these client groups within primary care teams
- ➔ specialist primary care teams for these client groups.

7 Accessing and exiting secondary care

There can be many barriers to accessing specialist mental health services for people who are homeless or living in temporary or insecure accommodation. Inadequate access to primary care, as described above, can exacerbate this problem. In addition, some services may apply restrictive criteria, which homelessness agencies may find difficult to understand. Inadequate discharge arrangements from inpatient care can lead to repeat homelessness and further mental health problems. This chapter offers examples of ways to design and manage secondary care provision to improve accessibility, such as:

- ➔ standard assessment procedures
- ➔ clear criteria for referral and eligibility
- ➔ information-sharing protocols
- ➔ protocols for homelessness agencies to make direct referrals to Community Mental Health Teams (CMHTs) and other mental health services in areas where there are no specialist services for people who are homeless or living in temporary or insecure accommodation
- ➔ directories of local mental health services
- ➔ implementing the Department of Health guidance on the discharge of homeless people from hospital
- ➔ a specific hospital admission and discharge protocol for people who are homeless or living in temporary or insecure accommodation
- ➔ specialist discharge workers to work with people who may be at risk of homelessness after hospital discharge.

8 Improving services for people with dual diagnosis and personality disorder

This chapter examines the complex issues that can make accessing mental health services especially difficult. It focuses on dual diagnosis of substance misuse and mental health problems and personality disorder. Their incidence amongst homeless people, particularly rough sleepers, may be higher than the general population and, combined with the other support needs, create barriers to services. Solutions include:

- ➔ increasing accessibility for those with a dual diagnosis of mental health and substance misuse, with mental health services taking responsibility for these clients
- ➔ specialist services for those with personality disorder.

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9 Support services for particular groups of people who are homeless or living in temporary or insecure accommodation

This chapter looks at services for specific groups of people who are homeless or living in temporary or insecure accommodation. It aims to identify additional ways of helping these groups to access mental health services. The services include:

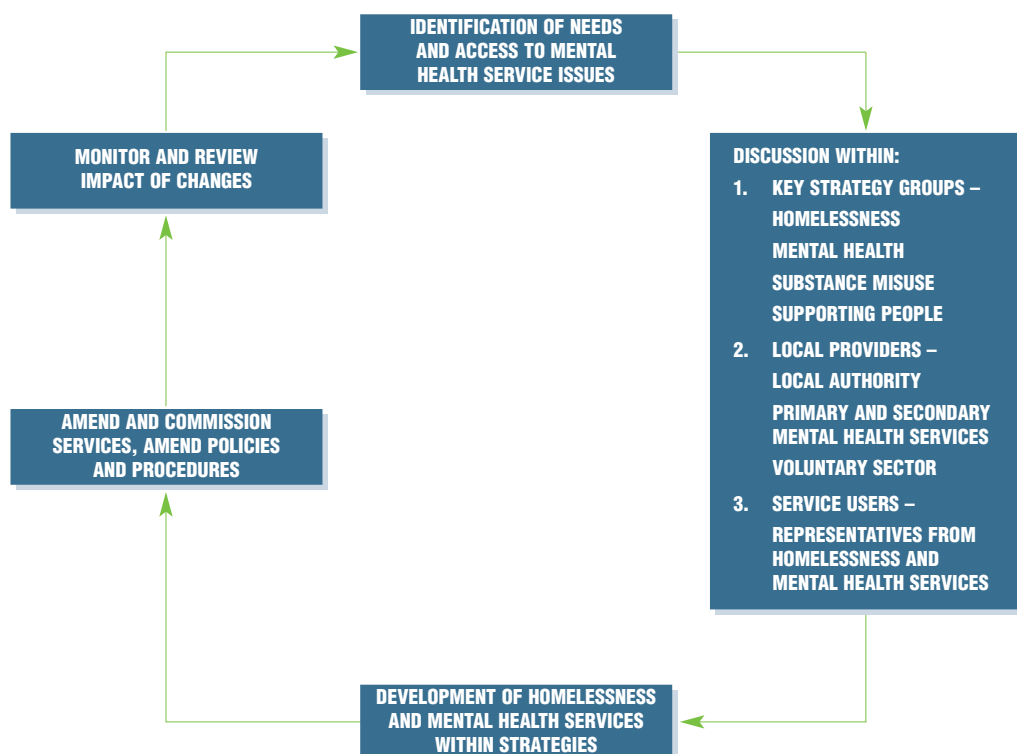
- ➔ support for families with children
- ➔ specialist support for young people to improve access to services, family cohesion and access to education, training and employment
- ➔ support for ethnic minority communities
- ➔ diverting people with mental health problems away from the criminal justice system.

10 Strategic planning of accessible services

The identification and review of needs and services is a key element in plans to improve accessibility to mental health services for homeless people. This chapter describes a range of strategies and partnerships that planners may wish to consider. It also identifies measures to review arrangements to ensure they are effective. The measures include:

- ➔ collaboration between mental health services, housing, substance misuse and Supporting People commissioners
- ➔ effective arrangements for consulting and involving service users, including joint arrangements with homelessness services
- ➔ performance assessment and outcome measures.

STRATEGIC PLANNING



Research for this guide

The evidence in the full guide and this executive summary is drawn from a review of published research on mental health and homelessness, interviews with agencies working in the homelessness and mental health sectors, and service users. The guide does not report in detail on the research process, but its examples of good practice are based on research for the report, except where referenced to another publication.

The methods used to develop this evidence base are listed below:

- ➔ A review of published research on mental health and homelessness
- ➔ Nine regional seminars attended by over 300 delegates including staff from agencies working with homeless people with mental health problems, service users and carers, organised in conjunction with the Care Services Improvement Partnership (CSIP) Regional Development Centres
- ➔ Six interviews with national agencies concerned with homelessness and with mental health services
- ➔ A postal questionnaire to local authorities and PCTs asking for contact details of local mental health services for homeless people
- ➔ A postal survey to 381 individual projects in England thought to provide specialist mental health services to homeless people. Of the 185 responses, 86 agencies were found to provide such services and gave details of their operations
- ➔ Interviews and focus groups with 73 staff in agencies in six case study areas which provided examples of innovative and effective practice
- ➔ An additional sixteen telephone interviews with specialist agencies in other areas of the country
- ➔ A review of internal and published reports produced by interviewed agencies
- ➔ In-depth qualitative interviews with 55 homeless people with mental health problems
- ➔ Expert advice from an advisory group.

Eight regional databases of agencies considered to be providing specialist mental health services to homeless people, or routes to mental health services were developed. CSIP Regional Development Centres can provide contact details of these services.

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CSIP Eastern Mental Health Development Partnership

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Telephone: 01206 287541
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