



# Mental Health Reform

## Promoting Improved Mental Health Services

### Homelessness and mental health services/supports Proposed policy position: submission to the review of *A Vision for Change* August 2015

#### Introduction

This briefing note provides a basis for Mental Health Reform's submission to the review of *A Vision for Change* with respect to mental health support for people who are homeless or at risk of homelessness. It identifies the current prevalence of mental health difficulties among the homeless population and reports on the housing needs of people with mental health difficulties. It sets out the current statements in Irish policy that support the housing needs of this cohort of individuals and outlines current service provision. The briefing note identifies the current gaps in service provision for people who are homeless and/or people who are at risk of becoming homeless, setting out the continuing barriers for individuals who have some of the highest risk of mental health difficulties in accessing services. It makes recommendations for addressing some of these service gaps, with the aim of developing more specific, up-to-date policy in the area of mental health service provision for people who are homeless and/or require housing supports.

#### Homelessness and mental health

In 2006, *A Vision for Change*, the national mental health policy, identified that homelessness is both a cause and a consequence of mental health difficulties.

The prevalence of mental health difficulties among the homeless population has been reported in recent research. In a study carried out in 2013 among 599 people experiencing homelessness in Dublin and Limerick, 58% said they had been diagnosed by a doctor with at least one mental health condition, including anxiety, depression, schizophrenia or psychosis.<sup>1</sup>

This study also found that dual diagnosis with substance/alcohol misuse was the "norm rather than the exception" among the homeless population surveyed, and suicidality was highly prevalent in this group of people.

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<sup>1</sup> O'Reilly, F., Barror, S., Hannigan, A., Scriver, S., Ruane, L., MacFarlane, A. and O'Carroll, A. (2015) Homelessness: An Unhealthy State. Health status, risk behaviours and service utilisation among homeless people in two Irish cities. Dublin: The Partnership for Health Equity

In a study published by Dublin Simon Community in 2014, 71% of a representative sample of individuals accessing Dublin Simon services reported having mental health difficulties. Importantly, 11% of individuals reported having a diagnosis of schizophrenia and a further 11% of individuals reported having a diagnosis of psychosis.

The number of families with dependent children experiencing homelessness is significant and continues to grow. The latest figures from the Dublin Region Homeless Executive show that in the week of May 18th-24th there were 1,034 children in 490 families in emergency accommodation. This compares with 970 children in 442 families in emergency hotel-type accommodation in April 2015.<sup>2</sup> It is recognised that homelessness can have a negative impact on the emotional and behavioural development of children.<sup>3</sup>

The level of housing need among people with mental health difficulties has also been reported. The Housing Agency's housing assessment report, 2013 identified that 1,034 households in Ireland have a household member where the main need for social housing support is as a result of having a mental health disability.<sup>4</sup> It is likely that this number is significantly higher, and that many people have not reported housing need based on a mental health difficulty due to the stigma attached to such difficulties.

Between 2012 and 2013 an audit was carried out in an acute mental health unit in Tallaght Hospital in relation to housing need.<sup>5</sup> The study found that:

- On average, 38% of patients had accommodation related needs at any one time
- 98% of the long stay/delayed discharge inpatients had accommodation related needs
- Long stay/delayed discharge inpatients with accommodation needs accounted for 28% of all inpatients and for 72% of all inpatients with accommodation related needs and
- There was a discharge to homeless service every 9.4 days (39 individuals in total). Notably, this represents a male: female ratio of 12:1

The number of individuals admitted to psychiatric hospitals, with no fixed abode has increased significantly in recent years. In 2006, there were 179 admissions of people with no fixed abode to psychiatric units and hospitals across the country. In 2013, there were 245 people admitted with no fixed abode, which represents a 37% increase.<sup>6</sup>

There is no doubt that the high prevalence of mental health difficulties among the homeless population represents an urgent need for the development of specialist services for this group of

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<sup>2</sup> The last national assessment of homeless took place in March 2011 in partnership with the Central Statistics Office. This was the first time that homelessness had been included in the census. A special census report was published in September 2012 on Homeless Persons in Ireland. The total figure is 3,808. The figure for Dublin was 2,375.

<sup>3</sup> Vostains, P., Grattan, E., and Cumella, S. (1998) 'Mental health problems of homeless children and families: Longitudinal study', *British Medical Journal*, Vol. 316, pp. 899-902.

<sup>4</sup> Housing Agency (2013) Summary of Social Housing Assessments 2013: Key Findings, p. 10.

<sup>5</sup> John Cowman (2013) Prevalence of housing needs among inpatients: An audit of housing needs, over one year, in the acute mental health unit in Tallaght Hospital, unpublished report, p.1

<sup>6</sup>

individuals. In addition, the housing need among people with mental health difficulties illustrates the risk of homelessness among this group and the need for long term dedicated housing supports. In 2014, there were approximately 625 residents in HSE medium and low supported accommodation<sup>7</sup> who could probably live in local-authority controlled accommodation, given the right support.

### **Current legal and policy context**

There are a number of commitments within the current Irish policy framework to meet the mental health needs of people who are homeless and/or are in need of housing supports.

*A Vision for Change* includes a dedicated chapter on special categories of mental health service provision. The Expert Group recommended the development of mental health services for people who need supports not typically provided by generic mental health services, including homeless people. Specifically, the Expert Group recommended the following;

- The CMHT team with responsibility and accountability for the homeless population in each catchment area should be clearly identified
- Two dedicated multidisciplinary CMHTs for homeless people should be established - one for North Dublin and one for South Dublin
- Homeless CMHT teams should be based in, and operate from, community mental health centres
- Homeless CMHT teams should provide assessment, treatment and care on an assertive outreach basis
- Two day centres and one day hospital should also be provided for these teams
- One crisis house of ten beds for those not requiring admission to acute psychiatric beds should be established
- The use of acute psychiatric beds if required, from the overall complement for the Dublin area
- The establishment of a database in order to explore the issue of homelessness, analyse how services are currently dealing with it, and make recommendations as to requirements for effective service provision and implementation of same

*A Vision for Change* also set out specific recommendations to ensure the housing needs of people with mental health difficulties are met, including;

- The implementation of the Action Plan on Homelessness and reinforcement of the statutory responsibility of housing authorities in this area [15.2.3]
- A range of suitable, affordable housing options should be available to prevent the mentally ill [*sic*] becoming homeless. Local authorities must fulfil their obligations under the Housing Act to provide housing to people in their area who require it [15.2.4]
- Community mental health teams should adopt practices to help prevent service users becoming homeless, such as guidelines for the discharge of people from psychiatric in-

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<sup>7</sup> Information received from the HSE Mental Health Division.

patient care and an assessment of housing need/living circumstances for all people referred to mental health services [15.2.6]

- Integration and coordination between statutory and voluntary housing bodies and mental health services at catchment area level should be encouraged. Continued support by mental health services for individuals in securing their tenancy should be maintained [15.2.7]

The national mental health policy also recognises that many individuals with mental health difficulties who are homeless have severe mental health difficulties. While first contact with the mental health services may be through a mental health service for the homeless, a proportion of individuals will benefit from transfer to a dedicated rehabilitation service.

The Housing Strategy for People with Disabilities 2011-2016 contains a dedicated chapter on people with a mental health disability with specific actions that address the need for better access to local authority housing supports, the transfer of HSE supported accommodation to local authority control and the need for social supports for people with mental health difficulties living in the community.<sup>8</sup> Some of these actions include that;

- The specific and complex housing needs of people with a mental health disability be identified and addressed effectively in order to assist in the promotion and sustainment of recovery [9.2]
- The transfer of current HSE medium and low support accommodation to local authority management [9.18]
- Local authority sourced accommodation is considered for those with low and medium support needs living in high support residences, who are assessed to be suitable to live in such accommodation [9.18]
- Local authority sourced accommodation is considered for the new long-stay population in psychiatric hospitals or acute units, who have low and medium support needs and are assessed to be suitable to live in such accommodation [9.18]
- An appropriate management framework is developed between DECLG, Department of Health, housing authorities and HSE in order to facilitate the process [9.19]
- In order to support the accommodation needs of people in transition from HSE mental health facilities, a funding stream must be identified.[9.21]
- The provision of appropriate housing options is supported by the provision of tenancy supports [9.22]
- Applicants and their advocates, where appropriate, should be informed that disability, including a mental health disability, is one of the grounds under which housing needs can be considered. [9.28]
- Housing authorities should make appropriate arrangements to assist a person with a mental health disability through the housing application process. [9.31]

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<sup>8</sup> A pilot project to transfer HSE accommodation to local authority ownership is underway in the Midlands. Several projects around the country, funded by Genio, have successfully supported people living in mental health residences and other arrangements, to move to independent living arrangements.

- Security of tenure is a critical issue for people with mental health disabilities. Housing schemes such as RAS and long term leasing, given the length of contract involved and the diversity of locations, may be particularly suitable for people with mental health disabilities. Tenancy sustainment services and early intervention mechanisms are crucial in assisting people with mental health disabilities to manage and resolve tenancy difficulties. [9.32]
- To be conducive to recovery, housing for people with a mental health disability should be secure, amenable, reflect customer choice, in so far as is possible, integrated into local communities and incorporate flexible, individualised and accessible supports. Choice, location and design of dwellings are of paramount importance in assisting in the management of a mental health disability. [9.34]
- People with a mental health disability can be particularly vulnerable to anti-social behaviour and this should be taken into account when allocating housing. It is recommended that relevant disability organisations are also consulted in the preparation of anti-social behaviour strategies. [9.35]
- Local authority personnel should receive formal training on the specifics and complexity of mental health related housing needs. [9.38]
- It may be necessary to recognise and endeavour to address fears, perceptions and prejudices which can exist in communities in relation to people with a mental health disability and the effect such attitudes may have as regards provision of housing. [9.39]

The National Implementation Framework for the Housing Strategy for People with Disabilities includes a strategic aim to implement the housing needs of people with a mental health disability, as set out in the strategy. Some of the actions identified under this strategic aim include the following;

- National guidance on delivering effective responses to support the housing needs of people with mental health disabilities will be developed and will support statutory and voluntary agencies in the provision of housing services. [5.1.1]
- Housing authorities will put a framework in place to ensure that applicants for social housing supports are provided with information regarding the implications of disclosure of a mental health disability, in the context of the effective assessment of housing support needs and appropriate prioritisation. [5.1.2]
- Engagement processes will be undertaken by housing authorities, HSE and disability organisations to improve awareness within local communities regarding people with mental health disabilities and to facilitate successful integration. This is also a key issue in the context of transitioning people with mental health disabilities from institutional care [5.2.2]
- Housing authorities will liaise with relevant mental health disability organisations in the preparation of anti-social behaviour strategies. 5.2.3
- Promote continued support for befriending services to facilitate social inclusion within communities for people with mental health disabilities [5.2.3]
- The transitioning of people with low and medium support needs, from HSE mental health facilities to more appropriate community based arrangements, will be supported through an effective inter agency management structure, in line with a person centred planning approach and individual choice. [5.3.1]

- A targeted scheme of tapered supports, based on the ‘Housing Led’ approach, will be developed for individuals with low and medium support needs, transitioning from HSE mental health institutional facilities. [5.4.1]

A pilot project to transfer HSE accommodation to local authority ownership is underway in the Midlands. Several projects around the country, funded by Genio, have successfully supported people living in mental health residences and other arrangements, to move to independent living arrangements.

In December 2014, the Department of Environment, Community and Local Government made commitments to ensure in-reach mental health services into all emergency accommodation settings across the Dublin Region and to implement a formal discharge protocol with Dublin hospitals and homeless services to ensure that, as far as possible, no patient will be discharged into homelessness.<sup>9</sup> The HSE is working to finalise a discharge protocol with homeless services so that no patient will be discharged into homelessness.<sup>10</sup> In its Operational Plan, 2015, the HSE Mental Health Division commits to extending specialist services for homeless people with mental health difficulties in Dublin and other cities.

There are additional policies in place to help prevent people accessing mental health services from becoming homeless, including the Mental Health Commission’s Code of Practice on Admission, Transfer and Discharge from an Approved Centre. This standard places an obligation on approved centres to work with the relevant social, housing and homeless agencies to develop a protocol for information sharing and discharge planning for homeless persons with mental health difficulties admitted to approved centres. The protocol makes reference to joint working at the earliest possible opportunity following the admission of a homeless person and to the management of his/her discharge.

In 2012 the HSE published a guidance paper entitled ‘Addressing the Housing Needs of People Using Mental Health Services’. The document aims to assist mental health services in developing appropriate policies and procedures for addressing the housing needs of service users. It encourages services to identify the potential housing needs of people with mental health difficulties, alongside other areas of need/care for both those who currently reside in residences provided by or through the HSE and those who are newly presenting to mental health services.<sup>11</sup>

Despite, the publication of the aforementioned policies, they have yet to be fully translated into practice.

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<sup>9</sup> Department of Environment, Community and Local Government (2014) Action Plan on Homelessness, p. 4-5.

<sup>10</sup> Department of Environment (2015), Action Plan to Address Homelessness Progress Report for Cabinet Committee on Social Policy & Public Service Reform – Meeting of 30 March 2015, p. 7.

<sup>11</sup> HSE National Vision for Change Working Group (2012) Addressing the Housing Needs of People using Mental Health Services: A Guidance paper, Dublin: HSE

## **Current service provision**

There are currently four community mental health teams for people who are homeless and have a mental health difficulty; two in Dublin, one in Cork and one in Waterford. The total staff complement of these teams is 13.84 WTEs. A further 7.5 new posts were approved under Budget 2014 to provide for the further development of these services in Dublin South Central, Dublin North City and in the South of Ireland.<sup>12</sup>

The full complement of recommendations on homelessness and mental health, as set out in *A Vision for Change*, has yet to be realised. There is still no crisis house available for people who are homeless and experiencing mental health difficulties and this vulnerable group of individuals are still not receiving the housing supports that are required. Despite the establishment of dedicated homeless CMHT teams, the full complement of staff for such teams is wholly underdeveloped.

## **Gaps in service provision/ difficulties experienced on the ground**

In April 2014, Mental Health Reform's Homeless Sector Advisory Group identified a number of gaps in services and supports for people who are homeless with mental health difficulties. Such gaps included;

- An absence of tenancy sustainment supports, particularly longer term, ongoing supports
- A lack of ring-fenced housing supports
- Time limits on support which can often be stressful and can increase the risk of relapse;
- Inappropriate housing placements
- A lack of crisis supports (inappropriate channels to crisis supports) for people who are homeless
- The absence of follow up plans for people discharged from hospital or released from prison at risk of becoming homeless
- Difficulties in accessing mental health services for individuals who also have an addiction issue. There is anecdotal evidence to suggest that mental health services regularly advise individuals that they must address their addiction issue before they can get support from mental health services.

More recent feedback from DePaul Ireland, one of our member organisations includes the following;

- There are catchment area problems for people who are homeless i.e. often homeless people are unable to avail of mental health services as they do not have a postal address that falls under that particular catchment area.
- There is over-medication of homeless people as a solution to their mental health difficulty.
- Homeless people are often told by mental health services that they cannot avail of support/treatment as they have a behavioural problem as opposed to a mental health difficulty.

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<sup>12</sup> Information provided through correspondence from the HSE.

- Mental health services continuously refer individuals back to homeless sector groups (including after self-harm/suicide presentations), despite the fact that such groups do not have the capacity to address such needs.

In its submission on budget 2016, Mental Health Reform identifies that the national housing crisis continues to impact very negatively on the ability of mental health service users to find and secure appropriate accommodation, increasing the individuals' risk of homelessness. This also applies to individuals with mental health difficulties who are currently homeless in securing accommodation.

Focus Ireland has reported that "the disparity between rent supplement and the market rate is resulting in families losing their tenancies and becoming seriously at risk of homelessness". A total of 71 families were referred to the Focus Ireland family homeless team in April 2015. An inability to meet rental payments constitutes the largest factor in the increase in families accessing Focus Ireland services. Current rent supplement rates were set in June 2013, and have not been reviewed since this date. However, rents in Dublin have increased by approximately 10% each year. The current rent supplement limit for a couple or single parent with two qualified children in Dublin is €975. A Daft report from Q1 2015 found that the average rents in Dublin range from €1,194 to €1,690.

Feedback provided by a number of mental health social workers across the country highlighted the difficulties for people with mental health difficulties (and in receipt of rent allowance) in securing accommodation in the private rental market. Social workers consulted agreed that rent supplement caps are out of line with market rates. Rental tenants are competing for limited housing stock and rent allowance tenants are at a greater disadvantage in competing for remaining properties due to such caps. Mental Health Reform has called on Government to reform rent supplement policies, in addition to increasing the supply of social housing, moving into 2016.

### **Recommendations for enhanced service provision**

Mental Health Reform considers that the full complement of recommendations, as set out in *A Vision for Change* in terms of homelessness and mental health, as well those relating to the housing needs of people with mental health difficulties should be implemented as a matter of priority.

Mental Health Reform also recommends that the commitments set out under current policy, including the Department of Environment, Community and Local Governments' 20 Point Action Plan on Homelessness, the Mental Health Commission's Code of Practice on Admission, Transfer and Discharge from an Approved Centre, the Housing Strategy for People with Disabilities 2011-2016, in addition to the HSE's guidance paper on 'Addressing the Housing Needs of People Using Mental Health Services' should be translated into action.

Additional recommendations proposed by Mental Health Reform in order to enhance mental health service provision for people who are homeless include the following;

- The development of appropriate referral pathways between homeless sector services and mental health services for people who have different types of mental health difficulties, including people with dual diagnosis (mental health and substance misuse difficulties) and people with severe behavioural difficulties
- The provision of dual diagnosis services/supports for homeless people
- The registration of Safety-net as a primary care centre – individuals would be eligible for more robust, coordinated and ongoing care
- The establishment of peer support groups in homeless sector services
- The delivery of WRAP training in homeless sector groups
- The appointment of mental health support workers in homeless sector services
- The appointment of a mental health nurse in homeless sector services
- The provision of dedicated housing supports for homeless people experiencing mental health difficulties (including long-term, ongoing tenancy sustainment supports, through a dedicated funding stream)
- The transfer of individuals from HSE supported accommodation to local authority controlled housing
- Ensure rent supplement caps and the Housing Assistance Payment are in line with private rental market rates
- In order to ensure that people with mental health difficulties will be able to secure accommodation, housing stock must be increased
- Individuals should be placed in accommodation that is appropriate to their needs and will aid recovery