COMMISSIONING FOR MENTAL HEALTH & HOMELESSNESS
OPPORTUNITIES IN THE NEW HEALTH LANDSCAPE

Over four times as many homeless people experience mental health problems, compared to those with stable accommodation.[1] Mental health problems can deepen exclusion and make it harder to escape cycles of poor health and homelessness. At the same time, homeless people often face significant barriers when trying to get the right help at the right time with their mental health needs. Many of the policy and structural changes in health offer unparalleled opportunities to meet the mental health needs of people who are homeless. It is essential that commissioners and their local partners build on these foundations as the new arrangements are implemented.

Our vision is for timely, appropriate and accessible mental health services that meet the needs of people who are homeless.

This paper outlines the issues involved and gives some practical actions that those with commissioning responsibilities can take to understand, address and commission services to improve the mental health of homeless people and fulfil their objectives around mental health and tackling health inequalities.

UNDERSTANDING HOMELESSNESS & MENTAL HEALTH

"A safe and secure place to live is essential for everybody's health and wellbeing. For many people however, poor mental health is linked to insecure, poor quality and overcrowded housing and homelessness."
– No Health Without Mental Health: Implementation Framework

Homeless people are more likely to experience mental health difficulties than the general population, yet can receive limited support for their problems. Whether a condition pre-exists the loss of stable housing, or develops afterwards, the harsh living and social conditions that homeless people experience only serve to exacerbate mental health needs. Many choose to self-medicate with drugs or alcohol in order to cope with the difficult realities of having a mental health problem alongside homelessness.

While there is no single statistic that shows the extent of homelessness in England, current data suggests the number of people without appropriate, secure accommodation is increasing. Due to the strong links between homelessness and mental health, this is likely to increase demand on mental health services.

A national audit carried out by homeless link asked homeless people whether they had experienced a mental health need:

- **72% of people using homelessness service reported that they had one or more mental health need**
- **61% of these people stated that this had been an issue for longer than 12 months.**
- **44% stated that they used drugs and alcohol to alleviate the effects of their mental health issue.**
- **Only 10% received support from mental health services.**
- **27% of homeless clients attending A&E did so due to a mental health problem, over five times that of the general population.**

Find out about homelessness in your area at: http://homeless.org.uk/statutoryupdates or http://england.shelter.org.uk/professional_resources/housing_databank

The Department of Health, the Ministerial Working Group on Homelessness and the Public Health Outcomes Framework have all explicitly acknowledged in recent **key national policy documents** the strong links between homelessness and mental health.

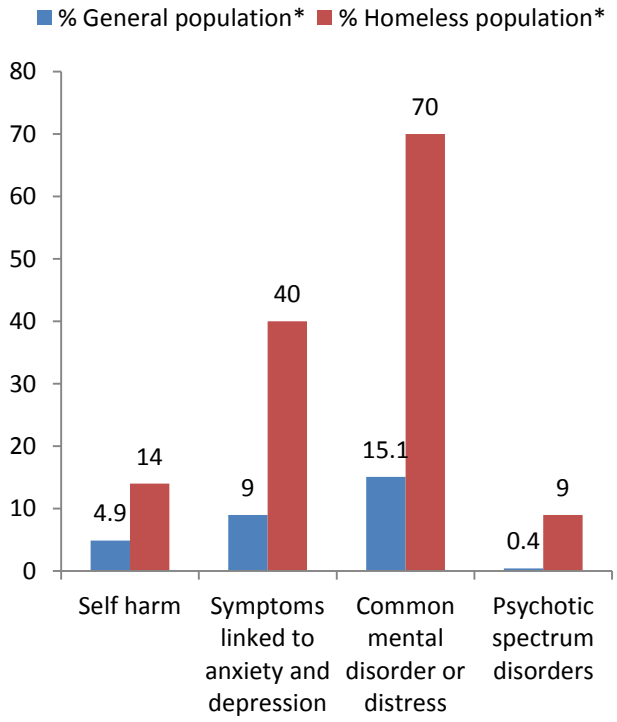
ACCESSING MENTAL HEALTH SUPPORT

"We all work as a team. The social workers, mental health worker and my keyworker, they work together."
All quotations are from services user focus groups held at hostels in London in September 2012.

Some services in England demonstrate good practice in working with homeless people with mental health needs.[4] The experience of our members and their clients tells us that characteristically these projects:

- have **integrated working** protocols
- take a **multi-agency approach**
- have a flexible **patient-centred** ethos
- are **accessible** at each stage of the client journey

As the graph below highlights, there is a need to consider the specialist needs of the people who are homeless.



Practical Homeless Link's national audit found that over a third of homeless people with a mental health need would like more support with their mental health[5]. There are a number of reasons which may prevent or make it harder for homeless people to access these services:

"If you miss an appointment your case is closed"
There can be a lack of understanding of the often chaotic and challenging situations homeless people face. Inflexible appointment times and services being too far away can result in homeless people being excluded from services,

"Sometimes you feel like you're in a factory: you're just being passed through"
Services are often designed around traditional definitions of diagnosis and service thresholds, rather than the individual. For many this can leave their health needs unmet as they fall through the gaps between service boundaries because of the complexity of their needs. .

"You get fed up of repeating yourself so in the end you just don't go"
Many homeless people experience complex needs and have several professionals involved in their wider support package. Poor joint working between agencies can leave clients feeling confused, devalued and demotivated.

"I would like to know that I can make a phone call or go to an office and there'd be someone there for me so that I don't have to self-medicate"
Waiting times and lack of specialist provision can lead to clients' conditions deteriorating or choosing to self-medicate with drugs or alcohol. As many mental health services will not work with those misusing substances this frequently leads to people not receiving the support they need.

USING YOUR INFLUENCE

Under the Health and Social Care Act 2012 the Secretary of State, NHS Commissioning Board and Clinical Commissioning Groups (CCGs) have **legal duties** to reduce inequalities in both access to health services and the outcomes achieved for patients. CCGs have further duties around integration of health services, health-related services or social care services where they consider this would reduce inequalities.

Practical steps staff can take within existing and new health structures to fulfil objectives around mental health and tackling health inequalities are outlined in the following recommendations:

*General population (self-harm n =7381; anxiety and depression, common mental disorder and distress and psychotic symptom disorders n = 7393), National Centre for Social Research and the University of Leicester (Department of Health Sciences) for The NHS Information Centre for health and social care (2009) 'Adult psychiatric morbidity in England, 2007 Results of a household survey'
Homeless population (n = 727), Homeless Link, (2010) 'The Health and wellbeing of people who are homeless: evidence from a national audit'

CLINICAL COMMISSIONING GROUPS (CCGS)

CCGs need to meet inequalities duties under the Health and Social Care Act 2012 in terms of **access** to health services and **outcomes** achieved (Section 14T and 14Z1). Commissioning processes that take into account the needs of homeless and vulnerably housed people will contribute to achieving reductions in health inequalities in an area. CCGs have the freedom to re-shape local mental health services to address many of the barriers that have been experienced by homeless people to date.

OPPORTUNITIES:

- To require in commissioning specifications that tackling homelessness be included as a key indicator for community mental health services. For example, depending on local need indicators, reducing rates of street homelessness for people with mental health needs, or improved tenancy sustainment for people with mental health needs.
- To design and commission for community mental health services to take the lead on identifying and working with local homelessness services. Cost effective options include regular contact across teams to improve communication and mainstreaming inclusion homelessness and housing support staff in multi-agency support planning. .
- To require in commissioning specifications that services include assessment of the risk of homelessness for all individuals in contact with mental health services as a matter of routine, and have signposting routes into accommodation and tenancy support services.
- For commissioners to facilitate a hospital discharge protocol between providers of acute mental health services and local homelessness services including multi-agency support planning.
- The group can seek expertise from housing and homelessness services and people with experience of homelessness in the development of CCG commissioning plans.

HEALTH AND WELLBEING BOARDS

Health and Wellbeing Boards (HWBs) are at the heart of understanding local need. The Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) will be indispensable intelligence for CCGs and Public Health. HWBs are uniquely positioned to ensure that the mental health needs of the whole local population are understood and prioritised appropriately in local commissioning.

OPPORTUNITIES:

- For the JSNA Lead to provide, through the JSNA, detailed information on homelessness, across a range of local homelessness data sources including statutory figures (those owed a housing duty by the council), rough sleeping statistics and numbers of units of service provision.
- For the JSNA Lead and Public Health Director to evidence, through the JSNA, the impact of mental health needs on housing, and of housing needs on mental health.
- For Board members writing the JHWS to enable integrated working between mental health, social care and homelessness services, particularly to improve joint outcomes and integration.
- For the HWB Chair to take into account the contribution of housing services in local health outcomes, by ensuring housing is represented on the HWB and JSNAs are aligned with housing assessments.

HEALTHWATCH

As the platform through which citizens and communities will influence and challenge how health and social care services are provided in their area, Healthwatch has the potential to be a champion for those whose voices are not heard in the local area.

OPPORTUNITIES:

- To promote Healthwatch to local homelessness services and encourage their active participation in feedback to health and social care commissioners.

LOCAL COUNCILLORS

With increased levels of involvement and powers sitting at a local level, the changing structures present a new opportunity for local councillors to ensure that the mental health needs of their constituents, including the most vulnerable, are being met. As representatives of the community, councillors can promote the needs and concerns of the homeless population in their area regarding access to appropriate mental health provision.

OPPORTUNITIES

- To share this briefing with local health bodies and highlight the recommendations.
- To meet with the Director of Public Health to discuss how they will be taking into account the mental health needs of homeless people in the area, and how they will prevent homelessness in those with mental health support needs.
- To ask local CCGs to appoint a mental health lead to guide service provision.
- To identify and encourage homeless service providers in your area to proactively engage with the new health structures.

PUBLIC HEALTH

Public Health's remit to reduce health inequalities and provide preventative health services and health promotion for the local population will be well received by local homelessness services. Those with the greatest health inequalities are often those hardest to reach, and homeless people are often the most excluded in our communities.

OPPORTUNITIES:

- To work with local homelessness services to ensure public health messages and programmes reach their service users.
- To develop preventative services around mental ill-health that take into account that poor mental health is both a cause and a result of homelessness.

THE ROLE OF HOMELESS LINK

Homeless Link is the national membership body for frontline homelessness agencies in England, with more than 500 member organisations. As part of our work to end homelessness we support the Department of Health to deliver their Inclusion Health programme, and work with local health partners to ensure the health needs of homeless people are identified and acted upon through a range of guides, tools and resources.

We also work with the homeless sector to ensure staff are skilled in understanding and working with mental health problems and services. This includes delivering training on engaging with the new health structures.

- A free web resource[6] for agencies working with homeless people around their mental health. The web guide includes template working protocols and tools to enable positive referral pathways.
- Our JSNA Briefing[7] outlines how commissioners can ensure the needs of homeless people are meaningfully accounted in the assessment
- The Homeless Health Needs Audit Toolkit[8] is a free resource to help local partners understand the needs and services accessed by homeless and vulnerably housed people in their area. More than 20 local authorities have undertaken this audit in partnership with local homelessness services.

[1] Homeless Link, (2010) 'The Health and wellbeing of people who are homeless: evidence from a national audit'
[4] See example case studies in http://www.homelessagency.ie/Research-and-Policy/Library/Mental-Health/Good-Practice-Guidelines-for-meeting-homeless-peop.aspx
[5] Homeless Link, op cit.
[6] www.homeless.org.uk/mental-health-guide
[7] www.homeless.org.uk/jsna
[8] www.homeless.org.uk/toolkits-and-handbooks/health-needs-audit