

Submission on behalf of The Shelter Trust in connection with the ‘Assessment of Mental Health Services’ by the Health and Social Security Panel.

October 2018

1) Background

- 1.1 The Shelter Trust was established more than 25 years ago. The Trust provides accommodation, support and a way forwards for up to 100 homeless people per night across four sites; at Aztec House, (Emergency Shelter) 37 Kensington Place, Evans House, 6-7 Springfield Terrace, Resettlement Project, 19 Midvale Road, as well as Strathmore, 80 St Marks Road which offers services for young people aged 16 – 25 years.
- 1.2 In 2017, The Trust supported 364 individuals who stayed at least one night. In addition, a further 108 vulnerably housed people sought other forms of support from the Trust. If the recent trends continue it is anticipated that the Trust will support nearer 500 people in 2018.
- 1.3 Care experienced people are disproportionately represented in The Shelter Trust community.
- 1.4 In recent years, The Shelter Trust has seen a significant increase in the number of young people (aged 16 – 25yrs) becoming homeless.
- 1.5 A significant percentage of Shelter Trust service users, including young people have reported that they are experiencing mental health problems or that they had been treated for a mental illness prior to becoming, and whilst homeless. Some service users have been dually diagnosed with mental illness and substance misuse problems. Sometimes that situation is complicated by general poor health, histories of trauma/abuse, behavioural problems (including sometimes violence), learning difficulties, skills deficit, etc.
- 1.6 In recent years, some individuals who have been treated for mental health problems as in-patients have been discharged to reside with the Trust.
- 1.7 Shelter Trust staff are a professional and dedicated group who are trained ‘Support Workers’. However, they are NOT – Social Workers, Police Officers, Probation Officers, Doctors, Nurses or Care Workers, but of course, staff will endeavour to connect service users with appropriate agencies/services in support of their needs.

2) Research Material

- 2.1 In focusing on the issue of homelessness one cannot ignore the issue of mental health. In this regard, attention is drawn to an extract from a recent report on mental health and homelessness:

Mental Health

People with poor mental health are more susceptible to the three main factors that can lead to homelessness: poverty, disassociation with everyday life, and personal vulnerability. Because they often lack the capacity to sustain employment, they have little income. Delusional thinking may lead them to withdraw from friends, family and other people. This loss of support leaves them fewer coping resources in times of trouble. Mental illness can also impair a person’s ability to be resilient and resourceful; it can cloud thinking and impair judgment. For all these reasons, people with mental illness are at greater risk of experiencing homelessness.

Homelessness, in turn, amplifies poor mental health. The stress of experiencing homelessness may exacerbate previous mental illness and encourage anxiety, fear, depression, sleeplessness and substance misuse.

The needs of people experiencing homelessness with mental illnesses are similar to those without mental illnesses: i.e. shelter, physical safety, nourishing food, social life, education, transportation, affordable housing, employment or purposeful use of time and affordable medical/dental treatment. When providing support to those experiencing homelessness, it is essential to create a non-threatening and supportive atmosphere, address basic needs (e.g. food and shelter), and **provide accessible care.**

Community-based mental health services play an important role. **Homelessness could be significantly reduced if people with severe mental illness were able to access supportive housing as well as other necessary community supports.** They encounter barriers to employment and tend to be in poorer health than other people experiencing homelessness. Housing outreach services that provide a safe place to live are a vital component of stabilizing the illness and helping individuals on their journey to recovery.

- 2.2 Attention is also drawn to an extract from a document produced in 2017 by the ‘Local Government Association’ in the UK.

‘The impact of homelessness on health – a guide for local authorities’

Mental ill health can be both a cause and a consequence of homelessness.

There are correlations between:

- financial problems and mental health
- housing insecurity and anxiety, stress, loss of confidence and worry about the future
- overcrowding and mental health, particularly for children and young people
- stress, anxiety, depression and other mental health problems and poor housing conditions
- self-medication with alcohol and drugs.

For people who experience mental health problems the importance of safe, secure and affordable housing is well evidenced.

Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high.

3) The Problem

- 3.1 When The Shelter Trust was first established more than 25 years ago, The Trust supported between 20 and 30 homeless males per night and it was not uncommon for 20 or more individuals to be found sleeping rough in multi-storey car parks etc. At that time the Trust rarely encountered young homeless people. Through the efforts of the Jersey Homeless Outreach Group in conjunction with The Shelter Trust rough sleeping is now a comparatively rare event. Over the last 25 years, the number of homeless people being supported by the Shelter Trust has increased to between 70 and 100 per day/night. 15 to 20 of those individuals are likely to be aged between 16 and 25.
- 3.2 It is the view of The Shelter Trust that the current level of homelessness in Jersey is unacceptably high.
- 3.3 The growth in the number of homeless young people, aged between 16 and 25 who are turning to The Shelter Trust for support is alarming.

- 3.4 The Shelter Trust has campaigned for a Homelessness Strategy in place of the well-intentioned ad hoc measures recently deployed.
- 3.5 On the basis of a wide range of recent credible studies there is significant evidence that mental health problems are causation factors, and a consequence of homelessness. The risk of mental health problems is ever present, problems can impact to a greater or lesser degree on individuals before, during or following periods of homelessness.
- 3.6 Based on the experience of staff at The Shelter Trust it is apparent that the causes of homelessness in Jersey, including mental health problems are similar to those highlighted in studies conducted in the U.K. and elsewhere.
- 3.7 The existing Shelter Trust services are not sufficient for a person who is suffering from serious mental health problems. Improvements across accommodation, training and close collaborative working with Mental Health Services are long overdue.
- 3.8 The Shelter Trust is further concerned that homeless people trying to access Mental Health Services are faced with difficulties.

4) Recommendations

- 4.1 The Shelter Trust holds the view that with immediate effect significant emphasis should be given to preventing individuals becoming homeless, particularly in respect of young people.
- 4.2 A renewed focus on preventative work with vulnerably housed people is required. We would like to see the Housing Ministry, in the form of the Strategic Housing Unit lead these efforts.
- 4.3 Set out below are a series of Mental Health specific recommendations:
- a) The Mental Health Service should develop broad strategies that include enhanced pre and post-discharge MOU's, taking account of the evidence that discharged patients have higher risks of dying unnaturally.
 - b) The Mental Health Service to enhance the liaison and maintain effective patient specific information flows between inpatient services and the Third Sector or others engaged in the support of recently discharged patients, and/or those in continuing treatment to ensure awareness of the increased risk of suicide.
 - c) The Mental Health Service to review and update training packages, and in collaboration with the Third Sector develop training schedules that ensure appropriate levels of awareness and also takes account of current and foreseeable staff turnover rates.
 - d) The Mental Health Service to implement 'recommendations', and action 'learning points' highlighted in Serious Case Reviews, especially reviews that have not been published.
 - e) The Mental Health Service, in conjunction with the Children's Service and the third sector should develop strategies to address the mental health issues and other difficulties, pressures etc. experienced by young adults:
 - Individuals who are care experienced; or
 - victims of sexual and physical abuse;
 - f) The Mental Health Service, in conjunction with the Children's Service and the third sector should initiate a supported housing scheme for the individuals identified in paragraph 4.3(a) above, and

other young vulnerable individuals, or young people with complex emotional and behavioral issues.

See the 'Inspire Community Services' web site at:

<http://www.inspirecommunityservices.org/care-leavers/>

- g) The Mental Health Service, in collaboration with the Third Sector should develop a user friendly drop-in centre (remote from a Hospital setting) where people experiencing mental health issues could, in an informal/relaxed setting, seek reassurance, guidance, and support etc.
- h) In collaboration with other agencies and the Third Sector – The Mental Health Service should develop robust intervention strategies to prevent individuals (particularly young people) from becoming homeless, i.e. address the mental health and other issues that cause or contribute to individuals becoming homeless;
- i) The Mental Health Services to provide regular case review information, guidance and advice to agencies (including individuals in a private setting) who are supporting/caring for people who have been discharged, or are suffering from mental ill health (e.g. Mental Health professional – outreach support);
- j) Mental Health Service to improve access to, and reduce or even eliminate the potential delays in accessing a professional mental health assessment/diagnosis and treatment;
- k) The States of Jersey to provide adequate human, material and training resources to enable The Mental Health service, in collaboration with a third sector partner to establish a medium to long term supported housing project focused primarily, but not exclusively on supporting individuals when they are discharged from in-patient care. As outlined in:

<https://www.nhsconfed.org/-/media/Confederation/Files/Networks/MentalHealth/Mental-Health-Network--Innovation-in-housing-care-and-support.PDF>

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