

How the current system is falling short for individuals with complex needs in terms of both individual outcomes and system-wide efficiencies

An overview of the key issues:

1. Most people experiencing mental ill-health have a suitable home to live in or return to but for those who do not the current approach is falling short in terms of individual outcomes and system-wide efficiencies in the following ways:

2. The 'revolving door' is institutionalisation for the post 'care in the

Community' age. People moving between hospital, prison and unstable or hostel-based accommodation are likely to lose the skills associated with living in a stable and independent home, to become increasingly reliant on support, and to have greater reliance on high-cost interventions such as hospitalisation and prison.

3. The links between homelessness and mental health are complex and nonlinear.

However, without a stable home people are more likely to miss appointments, lose skills, self-medicate with alcohol or illicit substances, have poorer physical health outcomes, have poorer mental health outcomes, and use acute, rather than prevention based, health services.

4. Inappropriate placements in accommodation with lower levels of support or

in homeless accommodation. There is a high rate of exclusion or eviction associated with this, as well as local case studies demonstrating specific harm to individuals through self-harm or harm to others.

5. Homeless hostels, and lower-level Mental Health supported accommodation,

do not have staff with specialist mental health training. People with complex needs are more likely to have unstructured lifestyles which mean that they engage badly with appointment-based services. However, the reactive support they can access in hostels is unable to meet their need due to the lack of specialism in the

accommodation and staffing.

6. Some people with mental ill-health may find it difficult living in the shared

environment of a hostel, which may cause them to be particularly vulnerable, or in some cases (especially if they have complex/multiple needs) may have a particular impact on others. A homeless hostel can be a very stimulating environment due to the variety of individuals and needs it must accommodate, and if the balance is disrupted by attempting to accommodate someone who is not able to engage in the resettlement program this can impact on the recovery and progress of a number of individuals.

7. Some people with mental ill-health may be very vulnerable to abuse

(financial, verbal etc) from others, and there may be some geographic areas where this is a higher risk due to demographics etc. There is currently not a co-ordinated approach to managing and reducing this across partner agencies, (e.g. through telecare solutions, concierge type blocks etc).

8. There are currently a small number of people in CYC general needs

housing with disproportionate needs, causing significant neighbour issues and anti-social behaviour. Paranoid thoughts, disordered thoughts, and delusions have a particular impact on neighbour relations and ASB. Current services are appointment based, focussed on one aspect of the person (health/housing/crime). This leads to heavy staff input across partners, with current gaps in the joint working process between the ASB hub and mental health/social work teams. This leads to poor outcomes for the individuals as well as affected neighbours, to dissatisfaction and increased stigma in communities, and, in the worst cases, to eviction.

9. The formal support provided to people who have moved into a general needs tenancy but who are struggling is likely to come from a range of providers (mental health community team, floating support, housing provider, community addiction services). It is likely to be largely or exclusively appointment based, focused on one area or some areas of the individual's life, and be provided via different teams. Communication between teams is not consistent.

10. Individuals who do not engage (or do not attend appointments) are likely to be signed off services. There are no shared non-engagement protocols across partners to ensure that those who have stopped engaging due to worsening health are able to re-engage with support easily/in other ways, or to prevent admissions and other negative outcomes.

11. Inappropriate placements in homeless accommodation lead to 'blocking' the resettlement route, as individuals are unable to progress through the resettlement program. This also prevents or slows vital access to the resettlement route for newly homeless people - it is well documented that every night of rough sleeping significantly increases the challenges in helping someone to get out of homelessness.

12. Delayed discharge from hospital while accommodation with the appropriate level of support is sought, with associated negative outcomes and high cost.

13. Higher use of out of area placements for specialist accommodation. With associated high costs, and difficulty in maintaining support.