MEAM Making Every Adult Matter

St Mungo's Call 4 Evidence: Mental Health and Street Homelessness
Response from Making Every Adult Matter (MEAM)

Introduction to MEAM

MEAM is a coalition of four national charities – Clinks, DrugScope, Homeless Link and Mind – formed to influence policy and services for adults with multiple needs.

Together the charities represent over 1600 frontline organisations working in the criminal justice, drug and drug treatment, homelessness and mental health sectors. The coalition is supported by the Calouste Gulbenkian Foundation.

The MEAM vision is of a society where every adult matters, regardless of the complexity of their needs:

- Where people with multiple needs are explicitly recognised in government policy as a group requiring specific help to achieve positive outcomes; and where
- Every adult who needs it is appropriately supported by a range of services (statutory and voluntary) to achieve their part in the rights, roles and responsibilities of society.

MEAM is calling for:

- Political leaders and central and local government to explicitly recognise this group in policy (for example forthcoming manifestos) and to put in place mechanisms to track their progress towards positive outcomes (for example, a new Public Service Agreement)
- Local services (statutory and voluntary) to work together to improve service delivery to this group, make public investment in such services more effective and increase positive outcomes for individuals

Our response

MEAM welcomes the St Mungo's Call 4 Evidence on mental health and street homelessness as we recognise that many of the individuals experiencing homelessness and mental ill health will also be suffering from a range of other issues that would classify them as having multiple needs.

We are pleased that a broad definition of mental ill health has been applied by St Mungo's as it is important that all forms of mental distress are recognised and addressed.

Many of the frontline agencies represented by MEAM organisations will have been in a position to provide detailed information to this call for evidence. This brief submission is intended to introduce MEAM's programme of work to St Mungo's; highlight some of the key issues from MEAM's perspective; and point to areas of good practice that the St Mungo's report may wish to examine in more detail.

Causes of homelessness among people with mental health problems (question 1)

MEAM concurs with St Mungos that the number of people with mental health needs sleeping rough or in hostels/supported housing remains unacceptably high. Homeless Link's Survey of Needs and Provision 2009 suggests that 32% of clients in an average homelessness project in England have mental health needs and CHAIN reports a figure of 35% for contacts made on the street in London.

These figures are likely to be an under-estimate once un-diagnosed mental illness or other issues, such as personality disorder or low-level mental health needs, are included.

The statistics also suggest that homeless people rarely have a mental health need in isolation. Only 12% of clients on CHAIN were classified as having a 'mental health need only' with the remaining 23% having a mental health need concurrently with alcohol, drug, or alcohol and drug needs, suggesting that in reality, most have multiple needs.[1]

Stigma and discrimination - both actual and anticipated – are also issues for this group, in particular the potential for people to face multiple stigma and discrimination because of their multiple needs. The Stigma Shout survey, completed as part of the Time to Change campaign, found that 87% of mental health service users reported the negative effects of stigma and discrimination on their lives. It also suggested a complicated interplay between stigma and discrimination and other issues for individuals such as low self esteem and lack of motivation.[2]

The complexity and interplay of needs is perhaps the primary reason why people with multiple needs are so at risk of slipping through the safety net of services and sleeping rough.

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[1] Broadway (2008) *Street to Home Annual Report 2007/8*, Broadway, London
[2] Time to Change (2008) *Stigma Shout: Service user and carer experiences of stigma and discrimination*, Time to Change, p.6 and 7

Access to services (question 2)

The complexity of needs is also the primary reason why this group are so often excluded from accessing appropriate services around housing, healthcare, mental health services, social care and education, training and employment.

The problems

This exclusion occurs across both statutory and voluntary sector services. In work commissioned by the Social Exclusion Task Force, Schneider has helpfully classified such exclusion intro three types:[3]

- Boundary exclusion: where an individual has a need or needs that do not reach the level set for access to services. For example, learning disability services may set a strict IQ level around access to services, which is problematic for borderline cases. This is a particular issue for people with multiple needs, where no need is seen as severe enough for a service response, but the number of issues combines to cause a serious problem.

- Exclusion by neglect: where an individual has a combination of needs that meet criteria for services, but not one need that stands out as the primary issue. This can cause a number of different agencies to shy away from working with that individual leaving no service available. This is most often reported around combined substance misuse and mental health needs (dual-diagnosis) but can be caused by any combination of needs including difficult or challenging behaviour: *'services do not respond simultaneously to multiple conditions but wait for another agency to act first. Consequently no service takes responsibility'*[4] This occurs regularly and must be addressed. [5]

- Exclusion by omission: when there is a lack of service for people with specific needs. For example, it is widely accepted that there is limited provision of services around personality disorder and dual diagnosis; a lack of access to psychological, talking therapies and counselling, especially for those with low-level mental health needs; and that homeless people with multiple needs have difficulty accessing mainstream CMHT services.

In addition, the St Mungo's call for evidence has already made reference to a fourth form of exclusion:

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[3] Schneider (2007) *Better Outcomes for the Most Excluded*, University of Nottingham and Nottinghamshire Healthcare NHS Trust, Nottingham.
[4] Matrix (2009) *ACE Evaluation Interim Report*, Matrix, London. Quote from a case study – p.14
[5] Disputes between primary and secondary care about who is responsible for certain individuals is also mentioned by Schneider and is a mix of boundary exclusion and exclusion by neglect.

- Self-exclusion: where many individuals with poor mental health or multiple needs shy away from services that are there to help them. Given that many services are not particularly assertive in their approach, clients then become disconnected from the help that may be available. Understanding stigma and discrimination – actual and anticipated – and the other factors described above, such as low self-esteem and lack of motivation, are important in addressing this issue.

The potential solutions

To combat this exclusion from services, a range of agencies need to work more closely together – supported by commissioners, and with incentives from government policy - to better understand the services required and to implement appropriate solutions.

Cross-government policy must promote mental health among those with multiple needs:

- PSA 16 has helped develop a policy focus on people with multiple needs across government departments. However, its focus on four specific client groups – care leavers at age 19, offenders under probation supervision, adults receiving secondary mental health services and adults with learning disabilities known to councils - misses a core group of people with multiple needs (including many homeless people with mental health issues) who do not fit these definitions and suffer from the exclusions outlined above. A new PSA focussed on clients with multiple needs outside these groups is needed.
- The New Horizons strategy that will replace the National Service Framework for Mental Health is a welcome development. It should make mental health among those with multiple needs a clear cross-government priority, particularly in the areas of criminal justice, drug treatment and homelessness.

Around practice, MEAM has identified a number of issues that would need to be addressed in local areas, and it is the intention of the coalition to undertake work in this area in the future. The issues include:[6]

1. Who (which agencies) need to be invited to sit down and consider these questions in each local area?
2. How do you talk about the issue locally to reduce stigma and discrimination and help people feel less negative effects as a result?
3. How do you make the social justice and cost benefit case for action?
4. How do you define the group with multiple needs?
5. How do you refer, engage, assess and plan support for individuals – including personalisation of services, local 'system change' and service development where necessary?

[6] Many of these issues come from MEAM's initial report MEAM (2008) *In From the Margins: Making Every Adult Matter*, MEAM, London

6. How can early intervention by services help prevent the development of multiple needs in the future?
7. What is the right balance between rights and responsibilities – how do you avoid excluding people?
8. What do you view as 'success' i.e. how do you define/recognise the concepts of 'recovery' and 'integration?'
9. How do you involve service users, ensure that their voice and experience helps to shape all aspects of service development, and empower them to take decisions on which types of services they want to receive?
10. How do you get the community on board?
11. How do you make links to families and support networks?

Service users describe cross-government policy and effective practice like this:

> *'Homelessness and other related problems should be seen as ONE problem.'*
>
> *'There should be a government body that takes you as an individual and puts your story on paper and with that one story you can go to get help from all the organisations that you need rather than you going to the organisations and them sitting you down and having to go through it all again and again and again.'*
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> *'See my addiction service over the road there - they're dealing with mental health and addiction now because mental health and addiction go together. I've been on drugs for 30 years - I'm seeing a psychologist up there and it's helping me – everything's starting to come together – what with the [voluntary organisation] I've got 2 good key workers and I've got my drug worker and the psychologist – all in the same place – I'm starting to get around all the shit in my brain.'*[7]

Examples of practice

Many member organisations of Clinks, DrugScope, Homeless Link and Mind serve clients with multiple needs on a daily basis and are involved in work at the local level that considers some of the practice questions outlined above. MEAM intends to collect and disseminate information on this in the future.

Nationally, the Adults Facing Chronic Exclusion Pilots (ACE) and the Revolving Doors Agency National Development Programme are already looking in some depth at some of these questions, to inform the development of services, including those for people with mental health needs who are homeless or at risk of homelessness.

For example, the ACE pilots are collectively looking at the development of new services (combating exclusion by omission); changes to the 'system' of

[7] Focus group participants quoted from Carter (2007) Towards an ESRC research programme on multiple exclusion homelessness: consultation report for the homelessness research forum, Homeless Link, London

services in local areas (combating boundary exclusion and exclusion by neglect) and at supporting services and clients to engage with each other (combating self-exclusion and also exclusion by neglect). The pilots define these different focuses as: system change, individual support, and transition support. More detail can be found in the interim evaluation of the pilots.[8]

The Revolving Doors Agency National Development Programme is looking at twelve projects that address different aspects of the questions above – for example, one in the South East that is looking at developing a new approach to coordinating support for short term prisoners with complex problems in partnership with HMP Lewes and Brighton & Hove Council.[9]

3. Conclusion

The issues identified above show that policy and practice must both change to enable homeless people with mental health issues, and those with multiple needs, to access appropriate services.

Neither changing on its own will lead to the fundamental change that is required to ensure that national policy, local commissioning decisions, and the attitudes of frontline staff (in statutory and voluntary agencies) create a real focus on the hardest to help that can be maintained as a 'systematic focus' rather than something driven by dedicated individuals in local services.

MEAM looks forward to making its contribution to this change, and to a time when people with multiple needs receive the coordinated services they deserve to enable them to reach their full potential and play their full part in our society.

Please let us know if we can be of further assistance in the Call 4 Evidence.

Oliver Hilbery
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Making Every Adult Matter

[8] Matrix (2009) *ACE Evaluation Interim Report,* Matrix, London.
[9] For more information please see: http://www.revolving-doors.org.uk/Partnerships.htm