

# Submission to the Mental Health Taskforce on Multiple Needs

## Introduction

Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind, formed to improve policy and services for people facing multiple needs. Together the charities represent over 1,300 frontline organisations and have an interest in the criminal justice, substance misuse, homelessness and mental health sectors.

We welcome the work of the Taskforce and the development of a new five-year “lifecourse” strategy for mental health. We are particularly pleased to see the focus on multiple needs and the clear recognition from the Taskforce that this will be vital if the strategy is to turn around mental health outcomes by 2020.

Our priority outcomes for the new strategy would be that:

- The strategy is shaped by the voices of people experiencing mental health problems and multiple needs, and policymakers and services commit to listening to these voices as they work towards 2020.
- The strategy recognises the important health inequalities for people with multiple needs and makes reducing these a priority.
- By 2020, high-quality, holistic, primary mental health support (including talking therapies) is available to all 58,000 people with multiple needs and the further 164,000 who experience an overlap of any two issues.
- By 2020, secondary mental health providers – in hospital and the community - do not put unwarranted conditions on supporting people with other multiple needs, in line with the recommendations of current government guidance.
- The Department of Health and the new mental health strategy are part of a clear

“Over 90% of all of our clients [have a] dual diagnosis that is not being met. And it really, really pisses me off, [...] the fact that you’ve got to have a primary issue to access services in this country. I believe everyone should be able to access mental health services, no matter what.”

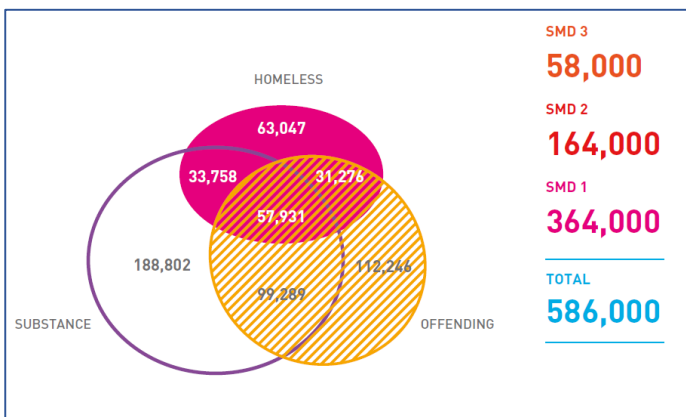
Frontline worker, to MEAM’s Voices from the Frontline project

### Life sequences of people with multiple needs

In 2010, a team at Heriot-Watt University looked at the sequence of events in the lives of people with multiple needs. They found four broad phases:

- 1. Substance misuse:** Experiences of abusing solvents, glue or gas; leaving home or care; using hard drugs; developing a problematic relationship with alcohol and/or street drinking.
- 2. Transition to street lifestyles:** Becoming anxious or depressed; survival shoplifting; engagement in survival sex work; being the victim of a violent crime; sofa-surfing; spending time in prison; being made redundant.
- 3. Confirmed street lifestyle:** Sleeping rough; begging; and injecting drug use. Being admitted to hospital with a mental health issue; becoming bankrupt and getting divorced.
- 4. ‘Official’ homelessness:** Applying to the council as homeless, and staying in hostels or other temporary accommodation; being evicted or repossessed and the death of a partner.

Source: Fitzpatrick, Bramley and Johnsen (2012) Multiple Exclusion Homelessness in the UK: An Overview of Key Findings, [www.sbe.hw.ac.uk/documents/MEH\\_Briefing\\_No\\_1\\_2012.pdf](http://www.sbe.hw.ac.uk/documents/MEH_Briefing_No_1_2012.pdf)



Source: Fitzpatrick, S; Bramley, G et al (2014) Hard Edges: Mapping severe and multiple disadvantage – England, LankellyChase Foundation, London.

cross-government commitment to multiple needs, playing an active part in any new national focus on this group.<sup>1</sup>

Below we present further information around multiple needs that may be helpful to the Taskforce as it develops the new strategy.

## What we mean by multiple needs

Nine out of ten (92%) people who have co-occurring experience substance use, homelessness and criminal justice issues report having a mental health issue; and over half (55%) have been diagnosed by a professional.<sup>2</sup>

People facing multiple needs and exclusions are in every community in Britain. They experience several problems at the same time, such as mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown. They may have one main need complicated by others, or a combination of lower level issues which together are a cause for concern. These problems often develop after traumatic experiences such as abuse or bereavement. They live in poverty and experience stigma and discrimination.

They are often characterised by ineffective contact with services. People facing multiple needs usually look for help, but most public services are designed to deal with one problem at a time and to support people with single, severe conditions. As a result, professionals often see people with multiple needs (some of which may fall below service thresholds) as 'hard to reach' or 'not my problem'. For the person seeking help this can make services seem unhelpful and uncaring.

The severity of the individual issues they face seems to be less important than the cumulative impact that having the range of problems creates.

Facing multiple problems that exacerbate each other, and lacking effective support from services, people easily end up in a downward spiral of mental ill health, drug and alcohol problems, crime and homelessness. They become trapped, living chaotic lives where escape seems impossible, with no one offering a way out.

## Prevalence

Recent research published by the LankellyChase Foundation has for the first time provided a robust statistical profile of severe and multiple disadvantage in England. By triangulating data from three national sources, *Hard Edges*<sup>3</sup> found that 58,000 people in England face problems of homelessness, substance misuse and offending in any one year and 164,000 people experience an overlap of any two of these.

In addition the authors of the *Hard Edges* report estimate 55% of those experiencing the three severe and multiple disadvantages (SMD3) have a mental health issue which has been diagnosed by a professional, while 92% of that group have a self-identified issue.

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<sup>1</sup> MEAM and the Gulbenkian Foundation (2015) Individuals with multiple needs – the case for a national focus, London <http://bit.ly/1GVFuar>

<sup>2</sup> Fitzpatrick, S; Bramley, G et al (2014) *Hard Edges: Mapping severe and multiple disadvantage – England*, LankellyChase Foundation, London.

<sup>3</sup> Fitzpatrick, S; Bramley, G et al (2014) *Hard Edges: Mapping severe and multiple disadvantage – England*, LankellyChase Foundation, London.

The report has strong messages about the importance of childhood events as a contributor to multiple needs later in life. They found that of those with all three severe and multiple disadvantages 85% had experienced a traumatic experience, including 42% who had run away from home, and 29% who had grown up in families where parents had drug or alcohol problems, and 17% where the parents had a mental health issue.

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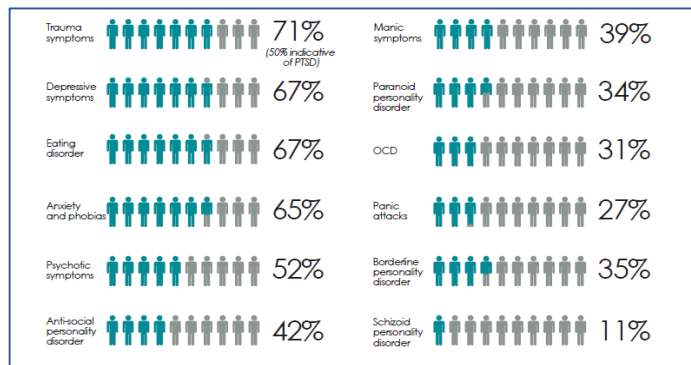


Other sources confirm the view that poor mental health is pervasive in this population, and that there is particularly high levels of co-morbidity amongst those with substance use issues<sup>4</sup>.

Around substance misuse services a wider understanding and treatment of depression seems to be a critical element in the long term outcomes for heroin users. A recent Australian paper<sup>5</sup> found that over 10 years, major depression was a significant predictor over whether heroin users continue to use the drug.

Research carried out looking at the causes of death of heroin users<sup>6</sup> – still a considerable proportion of all those being engaged by drug and alcohol treatment services – suggest that their mental health conditions are a considerable cause for concern. With suicide amongst this group being three times higher than would be expected in the general population.

For example RAPt (the Rehabilitation for Addicted Prisoners trust) have undertaken a full mental health screen on all inmates participating in their treatment programmes since 2006. They have recently published results<sup>7</sup>, which show that prisoners they have treated for drug and/or alcohol problems tend to have even higher levels of mental health problems than the rest of the prison population. On average those they had treated had 3.4 mental health problems each, the most prevalent of which are either a history of trauma or symptoms which indicate Post Traumatic Stress Disorder (PTSD). They go on to cite research on the same group of prisoners which shows that depression (found in over two thirds of their service users) is associated with higher rates of reoffending<sup>8</sup>.



There is an above average incidence of mental ill-health amongst offenders both in prison and the community.

Mental health needs among those in contact with the criminal justice system are often complex, with co-morbidity the norm: 72% of male, and 71% of female prisoners have two or more mental ill-health problems

<sup>4</sup> Mental health and substance misuse, (2015) DrugScope, London

<sup>5</sup> Teesson, M., Maree, C., Darke, S., Ross, J., Slade, T., Burns, L., Lynskey, M., Memedovic, S., White, J., and Mills, K. L. (2015), *Long-term mortality, remission, criminality and psychiatric comorbidity of heroin dependence: 11-year findings from the Australian Treatment Outcome Study*. *Addiction*, 110, 986–993. doi: 10.1111/add.12860.

<sup>6</sup> Pierce, Matthias et al. *National record linkage study of mortality for a large cohort of opioid users ascertained by drug treatment or criminal justice sources in England, 2005–2009*, *Drug & Alcohol Dependence*, Volume 146, 17 - 23

<sup>7</sup> Substance misuse and mental health in prison, (2015) RAPt, London

<sup>8</sup> Breedvelt, J. J. F., Dean, L. V., Jones, G. Y., Cole, C. and Moyes, H. C. A. (2014) *Predicting recidivism for offenders in UK substance dependence treatment: do mental health symptoms matter?* *Journal of Criminal Psychology*, Volume 4, Issue 2, pp. 102-115. Link: <http://www.emeraldinsight.com/doi/abs/10.1108/JCP-02-2014-0006>

(including schizophrenia, bi-polar, depression, anxiety, personality disorder, alcohol misuse and drug dependence), against 5% and 2% respectively for the general population; 20% (mixed gender) have four mental ill-health problems.<sup>9</sup> In 2013, 46% of women and 40% of all those aged 40 or older serving community sentences had a mental health condition.<sup>10</sup> The Bradley Report, which reviewed mental health problems or learning disabilities in the criminal justice system, highlighted a number of areas where mental health needs all too often go unmet and, amongst many other recommendations, referred to a lack of talking therapies for prisoners.<sup>11</sup>

After leaving prison, people with mental health difficulties still require support to avoid relapses, and to make sure they can comply with the conditions of their release and any supervision requirements. The rising suicide rate has been noted as an indication that better support is required for prisoners suffering from mental ill-health.<sup>12</sup> The Bradley Report also notes a further challenge with services for people serving short-term custodial sentences, highlighting an additional risk that people may be released from prison before the diagnostic process has been completed by healthcare staff.<sup>13</sup>

Gender is an important factor in the way mental health issues manifest amongst the offender population with 20-24% of female prisoners self-harming every year, compared to 5-6% of male prisoners.<sup>14</sup> Clinks' recent research into the experience of women offender services in the community found that service user need has become more complex. Many women were self-harming, and experiencing poor mental health was cited as being a crisis point for service users<sup>15</sup>. A lack of support for women with low level Mental Health needs and dual diagnosis was also identified in Clinks recent survey of voluntary sector organisations providing health and care services to women in the Criminal Justice System.<sup>16</sup>

Similarly, the Bradley Commission notes that people from Black, Asian and Minority Ethnic communities tend to follow unduly 'coercive pathways' into mental health services via the CJS gateway.<sup>17</sup>

Poor physical and mental health and substance misuse issues are prevalent among the homelessness population at levels much higher than the general population. According to research by Homeless Link, 80% of homeless people reported some form of mental health issue, and 45% had been diagnosed with a mental health issue, which is nearly double that of the general population (around 25%).

In addition, 12% of those homeless people diagnosed with mental health issues also reported drug and alcohol issues. This often restricts homeless people from accessing support, as mental health services are unable or unwilling to provide support around mental health while still using drugs or alcohol. 41% of

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<sup>9</sup> Revolving Doors Agency (2013) - *Balancing Act: Addressing health inequalities among people in contact with the criminal justice system* <http://www.revolving-doors.org.uk/documents/balancing-act/> [last accessed 03.06.15]

<sup>10</sup> NICE (2014), 'Mental health of people in prison: draft scope', <http://www.nice.org.uk/guidance/gidcgwave0726/documents/mental-health-of-people-in-prison-draft-scope2> [last accessed 15.04.2015]

<sup>11</sup> Department of Health (2009), 'The Bradley Report on people with mental health problems or learning disabilities in the criminal justice system', [http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_report\\_2009.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_2009.pdf) [last accessed 15.04.2015]

<sup>12</sup> [http://www.clinks.org/sites/default/files/basic/files-downloads/members\\_briefing\\_-\\_health\\_commissioning\\_-\\_an\\_engagement\\_approach.pdf](http://www.clinks.org/sites/default/files/basic/files-downloads/members_briefing_-_health_commissioning_-_an_engagement_approach.pdf)

<sup>13</sup> Department of Health (2009), 'The Bradley Report on people with mental health problems or learning disabilities in the criminal justice system', [http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_report\\_2009.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_2009.pdf) [last accessed 15.04.2015]

<sup>14</sup> Hawton, Keith et al. (2014) *Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide* The Lancet, Volume 383, Issue 9923, 1147 - 1154

<sup>15</sup> <http://www.clinks.org/resources-reports/who-cares-where-next-women-offender-services>

<sup>16</sup> <http://www.clinks.org/resources-reports-mapping/health-and-care-services-women-offenders>

<sup>17</sup> Centre for Mental Health (2013) 'The Bradley Commission: Black and Minority Ethnic communities, mental health and criminal justice', <http://www.centreformentalhealth.org.uk/bradley-briefing1> [last accessed 02.06.15]

homeless people reported using drugs or alcohol to cope with their mental health issues which shows the high cost of being unable to access the right support.<sup>18</sup>

## Current policy and guidance

Below we set some of the main policy and guidance affecting services for this group. We welcome the ambition of the strategy to create better links across these issues.

### Dual diagnosis

A range of terminology is currently used to describe individuals facing a combination of issues such as substance misuse and mental health problems. Terms like 'dual diagnosis' 'co-morbidity' and 'co-existing' needs are used differently across sectors and the presence of different needs is often used to exclude people from services. This is particularly the case around substance misuse and mental health. As shown by the statistics on mental health from *Hard Edges* (see page 2) it will be important for the new mental health strategy to ensure access to mental health services for everyone with a mental health problem, regardless of its severity or other co-existing needs. A review of the terminology may help achieve this.

The most recent guidance for those with coexisting mental health and substance use issues is unambiguous in saying:<sup>19</sup>

Substance misuse is usual rather than exceptional amongst people with severe mental health problems and the relationship between the two is complex. Individuals with these dual problems deserve high quality, patient focused and integrated care. ***This should be delivered within mental health services.*** [Emphasis in original]. This policy is referred to as "mainstreaming". Patients should not be shunted between different sets of services or put at risk of dropping out of care completely. "Mainstreaming" will not reduce the role of drug and alcohol services which will continue to treat the majority of people with substance misuse problems and to advise on substance misuse issues. Unless people with a dual diagnosis are dealt with effectively by mental health and substance misuse services these services as a whole will fail to work effectively.

There is work being undertaken to update this guidance by Public Health England, but there is little to suggest that the advice the current guidance offers is out of date, it is however not widely practiced.

There have, however, been new entrants to the mental health field since the guidance was produced, most notably in the form of the Improving Access to Psychological Therapies programme (IAPT). Access to IAPT for people with multiple needs has been very limited, a DrugScope briefing on Mental Health observed:<sup>20</sup>

There is limited evidence so far that people with mental health problems associated with alcohol use are benefiting from IAPT either in terms of the numbers accessing the service or the proportion of people who do access it benefiting from their engagement. The Health and Social Care Information Centre's annual Report on the use of IAPT services in England<sup>21</sup> suggests that not only are there very few referrals compared to other cohorts, but also that those who do are the least likely to derive a successful outcome from their engagement. People with mental health disorders relating to substances other than alcohol were omitted entirely due to referral numbers which were lower again.<sup>22</sup>

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<sup>18</sup> Homeless Link, *The Unhealthy State of Homelessness: Health audit results*, 2014

<sup>19</sup> Department of Health (2002) *Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide*

<sup>20</sup> DrugScope (2015) *Mental Health and Substance Misuse*

<sup>21</sup> Health and Social Care Centre (2014) *Psychological Therapies, Annual Report on the use of IAPT services: England– 2013/14*

<sup>22</sup> Email from HSCIC to DrugScope, September 2014.

The current clinical guidelines for substance use treatment (also currently under review) are clear about the need for drug and alcohol treatment services to assess and take account of the mental health needs of their service users:<sup>23</sup>

Proper assessment is the key to establishing a comprehensive care plan. Adequate risk assessment of mental health should be undertaken at initiation of treatment and at appropriate times during management. There needs to be a culture of identifying these mental health needs, for example, assessing risks of suicide, self-harm and violence. In addition, there needs to be adequate care planning and interventions with an emphasis on assertive outreach, engagement and retention in treatment, specific psychological management in line with appropriate guidance, such as NICE and other psychiatric and drug misuse guidelines, and pharmacological interventions (for example, psychosocial interventions (NICE, 2007a), anxiety (NICE, 2007b), self-harm (NICE, 2004a), bipolar disorder (NICE, 2006) and depression (NICE, 2007c)). Other key features of service provision are early intervention, provision of broad-based interventions, interventions based on need and advocacy.

There is evidence of much unmet need and high prevalence. Substance misuse services need to ensure all individuals have appropriate identification and management of their difficulties and appropriate care pathways in place, with specialist addiction psychiatric services and mainstream mental health services that work jointly and flexibly with these individuals.

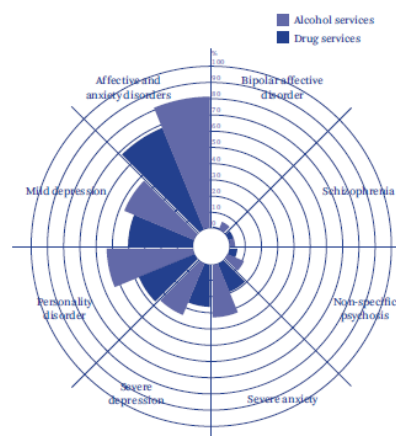
## Homelessness

Homelessness is an extreme form of social exclusion resulting in a massive impact on the health of individuals, yet homeless people have great difficulty accessing and utilising health care. In particular, homeless people face great inequalities in accessing mental health services, yet their mental health can be impaired and worsen as a result of their being homeless and too often severe mental ill health can lead to homelessness.

While there are significant structural issues that lead to homelessness, for example, unemployment and impact of the housing market, there is a growing recognition in homelessness policy around the range of interlinking problems faced by homeless people and in particular the issues that can be caused by adverse experiences including abuse, childhood trauma, violence and bereavement. Dual diagnosis (in its broadest sense), as mentioned above, is a major barrier in homeless people accessing the mental health and substance misuse support services that they need.

The Ministerial working group on preventing and tackling homelessness has published three papers in the last five years focused on a more joined-up approach to tackling homelessness across government departments.

People in drug and alcohol services with a mental health problem at the same time (dual diagnosis)



Source: Department of Health (2007), *Drug Misuse and Dependence: UK Guidelines on Clinical Management (the 'Orange Book')*

<sup>23</sup> Department of Health (England) and the devolved administrations (2007). *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive

The most recent, *Addressing Complex Needs: Improving services for vulnerable homeless people*, looks specifically at the group's vision for better coordinated services in local areas and how this can be achieved.<sup>24</sup>

Following work by government and partners in 2012, a wide range of services are now developing Psychologically Informed Environments (PIEs) in homelessness services to help tackle the effects of trauma.<sup>25</sup>

Having a safe and stable and affordable home is critical for promoting positive mental health and wellbeing and for enabling individuals with complex and multiple needs to move on positively with their lives. Support with housing can improve the health of individuals and help reduce overall demands for health and social care services. Without a settled place to live, access to treatment, enabling genuine recovery and encouraging social inclusion can be impeded. One of the key challenge to supporting individual who are homeless with multiple needs to move on positively with their lives is the current shortage of affordable accommodation.

## Criminal justice

The national best practice guidance for dual diagnosis in prison settings argues that responsibility to respond where prisoners have a co-existent mental health and substance misuse problem falls on all service providers in criminal justice settings, and outlines different models of working.<sup>26</sup>

The national partnership agreement on co-commissioning and delivery of healthcare services in prisons in England, signed by the National Offender Management Service, NHS England, and Public Health England seeks to build on that guidance and ensure that services are integrated between custody and the community, including through the development of Liaison and Diversion services.<sup>27</sup> Liaison and Diversion services seek to identify offenders in courts and custody suites with mental health, learning disabilities, substance misuse and other vulnerabilities, and refer them to appropriate treatment or support services. This may be as an alternative, or in addition, to a criminal justice disposal.

There are a range of community orders available to divert offenders from custodial sentences, these include specific ones for mental health, drug rehabilitation, and alcohol treatment. Guidance on Drug Rehabilitation Requirement requirements suggests:<sup>28</sup>

Issues around dual diagnosis (i.e. both enduring mental health and drug problems present) need to be addressed at the assessment stage. As much information as possible should be obtained about an offender's mental health if this appears to be an issue e.g. contact with relevant mental health professionals, access to psychiatric reports etc., in order to fully assess if a DRR is a suitable requirement.

Similar points are made in the alcohol treatment section, however, no advice is given in the section on Mental Health Treatment Requirements to assess for substance use issues alongside the mental health assessment.

## National focus

In the budget of 18 March 2015, the Government committed to exploring options to integrate spending around vulnerable groups of people, including those with multiple needs. This is a welcome announcement, supported by a range of charities.

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<sup>24</sup> See: <http://bit.ly/1FWCNnu>

<sup>25</sup> For more information see: <http://bit.ly/1M0Ah0k>

<sup>26</sup> A guide for the management of dual diagnosis for prisons, Department of Health (2009)

<sup>27</sup> National Partnership Agreement between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England 2015-2016, NHS England Publications

<sup>28</sup> Supporting Community Order Treatment Requirements, National Offender Management Service (2014)

The Budget announcement in March was preceded by commitments in the Autumn Statement and the Government's response to the Service Transformation Challenge Panel report. These included a pledge to extend the principles underpinning the Troubled Families programme to other groups of individuals with multiple needs and a commitment to undertake work on integrating funding, commissioning, delivery and accountability regimes.

In response to these policy announcements, MEAM and the Gulbenkian Foundation recently published a briefing paper that details how a new national focus for individuals experiencing multiple needs could operate.<sup>29</sup>

As outlined in the recommendations of this submission, there is potential for the Department of Health and the new mental health strategy to play a key role in this new national focus.

## Other issues

### New Psychoactive Substances

The emerging use of New Psychoactive Substances (NPS, sometimes known as 'legal' highs) pose another area of concern.

The Royal College of Psychiatrists<sup>30</sup> have highlighted the mental health problems associated with the emerging use of NPS and club drugs. They say:

club drugs and NPS can produce a range of psychological problems that may present as acute or long-term mental health disorders including depression, anxiety or psychosis. Currently, mental health services have no system to record psychological harm related to club drugs and NPS. Psychiatric liaison services, which provide management in physical healthcare settings, are particularly important due to the higher levels of club drug and NPS problems they are likely to encounter.

"A concern for us is that we are seeing higher levels of mental health problems, particularly around drug-induced psychosis. It's the strong stimulants being used, like crystal meth and long-term use of mephedrone over a period of days."

Monty Moncrieff, CEO London Friend, in DrugScope's *State of the Sector 2014/15*

There is significant concern about the level of NPS use inside prison, with two in five prisons (37%) inspected last year citing use of NPS as a cause for concern<sup>31</sup>. DrugScope's 2014 *Street Drug Survey*<sup>32</sup> suggested widespread use of NPS amongst people with multiple needs including those in homelessness services, existing drug users and people in prison. Their use is also being recorded by the National Poisons Information Service<sup>33</sup> where clinicians in A&E are increasingly seeking advice on synthetic cannabinoids with 13-fold more telephone enquiries and 2.5-fold more accessing their online database compared to the previous year.

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<sup>29</sup> MEAM and the Gulbenkian Foundation (2015) Individuals with multiple needs – the case for a national focus, London <http://bit.ly/1GVFuar>

<sup>30</sup> Faculty of Addictions Psychiatry (2014), *One new drug a week; Why novel psychoactive substances and club drugs need a different response from UK treatment providers*, Royal College of Psychiatrists

<sup>31</sup> HM Chief Inspector of Prisons for England and Wales, *Annual Report 2013–14*

<sup>32</sup> DrugScope (2015) *Further down a stony road*, Link <http://druglinkmagazine.org.uk/2015/02/09/further-down-a-stony-road-enhancing-the-2014-drugscope-street-drug-survey/>

<sup>33</sup> National Poisons Information Service (2014), *Annual Report 2013/14*, Public Health England



## Local work

Last year the MEAM coalition supported eight local areas across the country to design and deliver better coordinated interventions for people facing multiple needs, using the MEAM Approach. The Approach is a non-prescriptive, practical, seven-stage framework, which local areas can adapt to local circumstances.

Evaluation of the work that led to the development of the MEAM Approach found that areas could significantly improve wellbeing and reduce wider service use costs by supporting individuals using better coordinated services. An independent evaluation showed statistically significant improvements in wellbeing for nearly all clients and a reduction in wider service use costs of up to 26.4%.<sup>34</sup>

The MEAM Approach has been recognised by the European Monitoring Centre for Drugs and Drug Addiction as a model of good practice.<sup>35</sup>

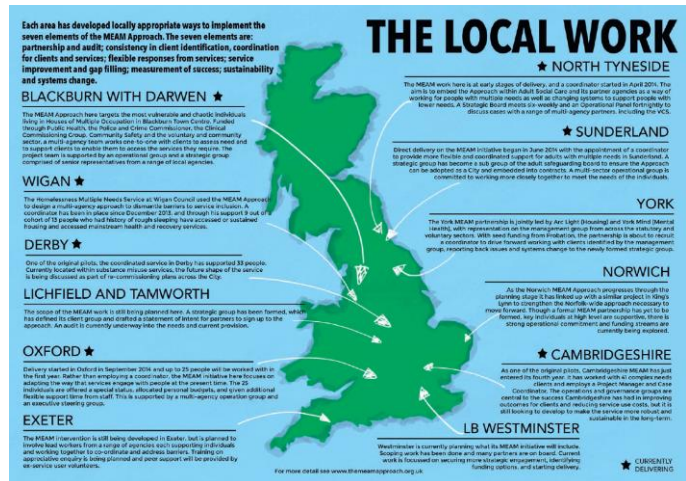
The number of areas using the MEAM Approach in England continues to grow this year. For more information on the work happening across the country please see: [www.theMEAMApproach.org.uk](http://www.theMEAMApproach.org.uk)

In addition, MEAM is providing support and development services to the Big Lottery Fund’s Fulfilling Lives programme, which has invested £112m in twelve areas across the country to tackle multiple needs and change the way that services are configured and delivered.

## Current state of frontline services and people with lived experience

MEAM is able to draw on three significant recent surveys describing the state of sectors delivering services to people with substance use issues, those who are homeless and who are engaged in the criminal justice system. All had something to say about mental health:

- Clinks<sup>36</sup> found that 58% of their respondents were working with clients with mental health needs;
- 22% of respondents to DrugScope’s<sup>37</sup> survey thought that access to mental health services had worsened over the last year; and
- Homeless Link<sup>38</sup> reported that 44% of day centres experienced difficulties for clients accessing mental health services.



"A resident, he's identified himself that he would benefit from a talking therapy. I've had to be explicitly clear, but without putting words in his mouth, that if he discloses any cannabis use, he is likely to be refused a service with talking therapies – because this happens a lot – and he'll be batted back to the drug and alcohol agency, which I personally don't feel he needs at the moment."

Frontline worker, to MEAM's Voices from the Frontline project

<sup>34</sup> For the evaluation please see: <http://bit.ly/1bcvMCA>

<sup>35</sup> [http://www.emcdda.europa.eu/html.cfm/index52035EN.html?project\\_id=14UK02&tab=overview](http://www.emcdda.europa.eu/html.cfm/index52035EN.html?project_id=14UK02&tab=overview)

<sup>36</sup> *The state of the sector*, (2015) Clinks, London - <http://www.clinks.org/eco-downturn>

<sup>37</sup> *State of the Sector 2014/15* (2015), DrugScope, London

<sup>38</sup> *Support for Single Homeless People in England*, (2015), Homeless Link, London

In addition the Voices from the Frontline project has highlighted how often services for this vulnerable group of multiply disadvantaged people fail to join up, making engagement, treatment and recovery more difficult and relapse more prevalent.

It is also clear that what happens in one system has the potential to have a profound effect on other aspects of the lives of this group, most obviously affecting their mental health.

In a survey of services providing support with multiple needs 88% reported welfare changes had a negative effect on their clients' overall well-being, and 86% on their mental health.<sup>39</sup> Many services cited a direct link between the withdrawal of people's benefits and difficulty managing their mental health problems, and – perhaps most worryingly – several perceived an increased risk of suicide as a result. With one specialist service saying:

"[The biggest impact is] on their mental wellbeing – these welfare changes are having a very, very negative impact. There also appears to be very little support especially for those threatening suicide."

Others too have captured the direct experience of people with multiple needs in a range of settings. For example the IPPR's recent report on temporary accommodation suggested that the lack of safe, secure and stable accommodation alongside other problems exacerbated mental health issues.<sup>40</sup> One of the participants in their research said:

'When I first went into the B&B I only used to drink at weekends because I was working. Then my daughter died, then I lost my job ... By that time I was over in that B&B. And everyone around me ... they all had a drink and all that, they're all drinking, drinking, drinking ... then they all took drugs, and then I just got worse and worse.'

MEAM has published a series of reports stemming from our Voices from the Frontline project, the latest of which sets out a set of recommendations that have been developed with and by practitioners and people experiencing multiple needs.<sup>41</sup>

"I've returned to alcohol now, because I'm so stressed. I've got a court case going on with my children, who are going to be removed from this country ... nothing to do with me, but that's the way it's going. It's just got to the point where all of these things have just come into a massive great big circle. [...] You're banging your head against a brick wall."

Person with lived experience, to MEAM's Voices from the Frontline project

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<sup>39</sup> MEAM (2014) *Evidence from the Frontline*

<sup>40</sup> Rose, A. & Davis, B. *Not home: The lives of hidden homeless households in unsupported temporary accommodation in England* Institute for Public Policy Research (2014)

<sup>41</sup> MEAM (2015) *Solutions from the Frontline*

## Contact and further information

This brief provides a snapshot of issues for people with multiple needs. We would be happy to expand on any issues that are of interest to the Taskforce.

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