Mental health discharge and multiple disadvantage

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Making Every Adult Matter

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Introduction

This briefing explores the experience of discharge from inpatient mental health care for people experiencing multiple disadvantage and those who support them. It is based on the experiences of interviewees from across the MEAM Approach and Fulfilling Lives networks and focuses on hospitals rather than the secure estate.

For many people experiencing multiple disadvantage, accessing appropriate mental health support remains a significant problem. We know, for example, that while almost all (93%) of Fulfilling Lives beneficiaries report facing mental health problems, research has shown that only 17% received counselling or therapy within their first three months of the programme.[1]

For some individuals, appropriately managing and addressing their mental health will at times require inpatient care and support and access to this is also difficult. Interviews conducted with MEAM Approach areas suggest that on average only 10-20% of individuals had ever received inpatient care from their local mental health trust. A lack of support available at an early stage can often lead to extended periods of crisis and use of sectioning under the Mental Health Act, which may otherwise have been avoided.[2]

For individuals experiencing multiple disadvantage who do require inpatient care, considerable planning should go into the process of discharge, particularly in relation to the personal support that will be required back in the community including access to suitable accommodation. Ensuring appropriate support is in place when individuals leave inpatient care can be complex and require lengthy discussion and negotiation across multiple services.

Unfortunately, despite a growing understanding and recognition of what is needed, a range of areas within the MEAM Approach network reported that discharge for people facing multiple disadvantage is still frequently problematic and at times deeply concerning. Individuals can be discharged as homeless with little to no community support available for their mental health or other issues, or face the opposing issue of having their discharge significantly delayed while that support is

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[1] Fulfilling Lives Evaluation, 'Improving access to mental health support for people experiencing multiple disadvantage', January 2020

[2] For further information on these issues please see the Year 4 MEAM evaluation thematic report and CFE report in footnote 1.

sought. This is despite the duty on inpatient facilities to refer patients they believe to be homeless or at risk of losing their home within 56 days to the relevant local authority.[3] This short briefing further highlights this issue, some of the reasons behind it and the actions that can be taken to address it.

Impact on individuals

To inform this briefing, we carried out a survey of local areas across the MEAM Approach and Fulfilling Lives networks along with in-depth discussions with professionals working directly with individuals experiencing multiple disadvantage.[4]

Professionals across the networks stated that the discharge process from inpatient mental health care can have a substantial impact on an individual's health and wellbeing. It regularly caused concern for individuals as well as local support services and staff. Over half the areas across the networks said that there were 'always' or 'very frequent' problems with mental health discharge for their clients.

Respondents suggested that people ready to be discharged have usually made significant progress stabilising their mental health and generally improving their wellbeing. This can have significant positive impact on other aspects of their lives, placing them in a better position to begin to tackle problems which may have been caused or exasperated by their poor mental health, such as coming into contact with the criminal justice system or substance use.

However, it was felt that maintaining this progress is reliant on a successful transition back into community settings. Unless this proceeds in a planned and supportive manner there is a risk that any long term improvement will be jeopardised.

Reported problems with the discharge process

Our conversations with MEAM Approach and Fulfilling Lives areas identified a series of problems with the discharge process:

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[3] Section 10, Homelessness Reduction Act 2017

[4] We surveyed the 42 areas within England that are part of the MEAM Approach and Fulfilling Lives networks and held in-depth conversations with 10 programme leads. Additionally, we spoke to a range of mental health practitioners that are involved in supporting people experiencing multiple disadvantage in the network areas.

- *Discharge with little to no support*

Respondents reported that individuals facing multiple disadvantage were regularly discharged from mental health inpatient care with little or no support put in place. Research carried out by Mind on individuals' experiences of discharge from mental health inpatient care has shown that only 21 per cent of people said they had all the support they needed, and we expect this figure to be lower for people experiencing multiple disadvantage.[5] There were particular concerns about how frequently and repeatedly people are released to 'no fixed abode' with no appropriate housing arranged.[6]

There is extensive best practice and national guidance on discharge and transition from inpatient to community support.[7] Unfortunately, there are very few statistics available to evidence whether this is being followed and specifically if individuals are being discharged as homeless. As a result, there is a lack of statistical information available and much of the evidence within this briefing has been drawn from the views and experiences of frontline practitioners. Encouraging mental health trusts and local support services to record more information related to discharge (and the period afterwards) would help build evidence to inform local processes and future strategies to ensure people have access to suitable support.

During our discussions with local areas, numerous examples were provided of individuals being given some links to local community services in advance of discharge but little more than that, with minimal advance preparation. Many respondents had examples of individuals not being provided with any continuity of mental health care within the community when discharged.[8] Several areas suggested that this results in people struggling to cope in the community, mental health issues re-escalating, and ultimately leading to behaviour which can result either in imprisonment or readmission to mental health inpatient support. This

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[5] Mind has carried extensive surveys of and based briefings on individuals' experiences of discharge from mental health inpatient care. Only 21 per cent of people said they had all the support they needed. However, this was focused on the general population and not those facing multiple disadvantage.

[6] Evidence suggests that despite the Homelessness Reduction Act the number of people being discharged as homeless across all hospitals has increased over recent years https://www.theguardian.com/society/2019/mar/13/nhs-data-shows-rise-in-homeless-patients-returning-to-streets

[7] https://www.nice.org.uk/guidance/qs159

[8] Community mental health teams can be unwilling to support people experiencing multiple disadvantage, while other services may be unsuitable to support specific needs.

period of time can be extremely distressing for the individual and those around them[9] with a risk that the individual's wellbeing will worsen.

John's discharge experience

John experienced mental health issues, substance misuse and periodic rough sleeping for several years. After considerable advocacy, support staff managed to get John assessed for mental health treatment. As a result, he was admitted to inpatient support for several weeks.

Unfortunately, staff struggled to deal with his presenting behaviour, although he was said to be making progress in addressing his mental health issues. After an incident with staff on a Friday evening he was excluded and discharged from inpatient support for behavioural issues. No support was put in place in advance.

Voluntary sector services were informed and were able to find emergency accommodation. Otherwise John would have been left to sleep rough for the night. No plan was made to continue to provide any mental health support within the community. There are concerns in the local area regarding the reliance on voluntary services, that any progress made will soon be lost and that John's trust in services will have diminished from this experience.

- *Delayed discharge*

Whilst unplanned and unsupported discharges are a major concern, so too are delayed discharges. The cause of these delays are often to allow more time to put in place suitable community support plans. In some cases, this might include finding appropriate accommodation or identifying an agency willing to provide continued intensive support in the community, such as adult social care services.

While delayed discharge can be necessary and well-intentioned, it can also represent a poor use of mental health beds and have a significant impact on patients' health and wellbeing. Research has shown that individuals who are kept in inpatient care longer than medically necessary can begin presenting with increased and worsening aggression, depression, decreased engagement with staff and reduced feelings of self-worth. They can quickly become institutionalised, rely more

[9] There were at times similarities made between discharge from inpatient support and the process of being released from prison.

on medication and generally become less independent. All of these have a lasting effect on an individual's long-term wellbeing and can make discharge more difficult to manage when it eventually occurs.

Several areas mentioned that long delays lead to individuals feeling uncomfortable back in the community and can cause an immediate desire to return to inpatient support. It was thought that this may be the reason for sometimes erratic behaviour on the first few days or weeks back in the community.

Dave's discharge experience

Dave received inpatient support from his local mental health trust for two months, during which time he made significant progress. Unfortunately, despite doctors believing he was medically fit to be released his discharge was significantly delayed due to concerns about support available to him in the community.

Discussions were held to get assessments and support from adult social care, but staff struggled to progress these plans. The local mental health trust did not want Dave to return to the community without support in place. Support was finally arranged through a combination of adult social care and a local voluntary sector organisation. However, this was six months after Dave was deemed medically fit to leave inpatient care.

This case demonstrates that professionals are having to manage a tension between discharging people with an appropriate level of aftercare support and delaying discharge for longer than is medically needed.

The impact of problems with discharge

Our conversations with MEAM Approach and Fulfilling Lives areas also identified the impact of problems with discharge on individuals and those who support them:

- *Limits to recovery*

Discharging individuals facing multiple disadvantage without support plans in place can jeopardise any mental health progress that has been made. In some cases, it can place them at elevated risk of harm. Without support people can quickly feel isolated and overwhelmed, leading to a range of difficulties.

Respondents felt that if time is not given to prepare this support, there is a routine cycle that many individuals go through which involves being discharged, mental health issues quickly escalating, leading to a return to inpatient care or interaction with the police and short terms in prison.

- *Mental health trust capacity*

Delays to discharge due to lack of support in the community and/or housing can mean individuals are unnecessarily occupying valuable bed space. At a time when resources are stretched across mental health services, there is an imperative for mental health trusts to reduce this as much as possible without inappropriately discharging individuals without community support in place.

Delays caused by seeking appropriate support for people experiencing multiple disadvantage can make up a considerable proportion of overall delayed discharges within mental health trusts. One area we interviewed estimated that this was the reason for 33% of the reportable delayed transfers of care and that over the course of a year the cost to the local mental health trust was several hundred thousand pounds.[10]

Mental Health Trusts generally don't want to discharge individuals facing multiple disadvantage into the community without appropriate support in place. They are well aware of the risk that people may return in more distress and with higher levels of need in the future. Many trusts are also acutely mindful of the risks that vulnerable individuals discharged from care face, particularly around drug overdose and suicide. However, respondents suggested that mental health trusts can feel isolated and removed from other local support services and so struggle to build the necessary relationships and pathways of support to help them build and implement discharge plans.

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[10] Anecdotally, in two MEAM Approach areas we heard that individuals facing multiple disadvantage make up a much higher proportion of delayed discharges for mental health trusts than compared to acute physical health trusts. In general, studies have found that mental health trusts have more delayed discharges than acute trusts. However, a smaller proportion of them are attributed to the NHS, which researchers suggest might possibly indicate a greater lack of adequate community care for mental health patients. https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP133_discharges_hospital_NHS.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=7303753_HMP%202016-07-12&dm_i=21A8,4CJM1,M6IG14,FYEML,1

- *Local support systems*

Discharging individuals without support can place sudden pressure on local support services and their staff, for example requiring them to quickly find accommodation for individuals, put in place substance misuse or other treatment, and be ready to support people in a personalised way without having full information on their needs. This puts greater demand on services that already struggle to meet the needs of people experiencing multiple disadvantage.[11]

Positive practice

The issue of poorly planned and delayed discharges for people facing multiple disadvantage is something mental health trusts and local support services have been aware of for some time.

One of the first steps that local areas can take in addressing this problem is to gather information and evidence about the numbers of poor and delayed discharges for people facing multiple disadvantage in their area. This can help the issue to be seen as intrinsic and systemic rather than 'anecdotal' or a rare outlying occurrence.

We are also aware that mental health trusts across the country have been trying to take proactive steps to address the issues covered in this briefing, and are actively seeking solutions. Below we outline some examples of positive practice that were highlighted in our conversations with network areas

- *Patient involvement*

Involving individuals in their own discharge planning early on to identify the support they want to access back in the community should be integral to any process. It will help determine their previous experience of support services and anticipate any issues they might have once back in the community. Keeping individuals involved in discharge plans can also help improve the amount of choice and control people have over how and when they engage with their discharge and support plans.

- *Local multi–agency partnerships*

[11] Fulfilling Lives Evaluation, 'Improving access to mental health support for people experiencing multiple disadvantage', January 2020

Building an integrated approach to discharge planning for people facing multiple disadvantage between mental health trusts and other local organisations should be prioritised. Viewing discharge and transition to community care as a shared issue across all local support agencies is vital.

In order to appropriately address the issue mental health trusts should be encouraged to become involved with local partnerships of voluntary and statutory organisations addressing issues experienced by people facing multiple disadvantage (such as MEAM Approach partnerships) and become integral partners in this work. Discharge planning is generally complex, made more so when patients face multiple disadvantage. Taking a system wide approach will help secure more successful and supportive processes for the long term.

- *Specialist discharge staff*

Local areas we spoke to provided examples of local authorities working together with clinical commissioning groups and mental health trusts to address discharge problems through the formation of specialist teams that support people facing multiple disadvantage.

Staff on these teams have experience of working with people facing multiple disadvantage and strong knowledge of treatment pathways. They have an excellent understanding of the processes and referral mechanisms for community services and good links with housing, adult social care and wider statutory and voluntary support agencies. Having a specific discharge team frees up much needed time for the clinical teams to expedite other individuals' discharge plans. Mental health staff can refer patients facing multiple disadvantage to the discharge team early in their care to ensure appropriate planning can take place with the involvement of the individual and the professionals and services they trust.

There is a strong incentive for both CCGs and local authorities to provide funding as these specialist teams help reduce the likelihood of individuals returning to mental health inpatient care in the future as well as reduce the likelihood of rough sleeping. Local areas taking this approach hope that it will allow more successful discharge planning and an enhanced level of support for patients with long term mental health needs.

- *Housing First support*

Housing First pilots are being developed in several areas across the MEAM Approach and Fulfilling Lives networks to support individuals being discharged from inpatient

care.[12] Single accommodation units have been made available as part of the discharge process with key workers providing substantial dedicated support to small caseloads of individuals. This helps to prevent delays in discharge and reduces the likelihood that individuals will return to inpatient care in the future. Examples across the networks have been predominantly funded by CCGs with the plan that money spent on this additional support will be recouped through freeing up bed space and resources elsewhere in the health system.

- *Inpatient in-reach*

Encouraging and facilitating statutory and voluntary community support services to work with individuals facing multiple disadvantage while in inpatient care can improve the discharge process and enable local services to become involved in the process at an earlier stage. For example, in one area we spoke to, substance misuse providers are working with individuals while in inpatient settings and understanding their support needs to enable better transition to community services. Such schemes help individuals to begin to prepare for support back in the community while also making the mental health service feel more connected to the wider system.

Conclusion

The pandemic has widened mental health inequities. Those with the poorest mental health outcomes pre-crisis also had the largest deterioration in mental health during the initial lockdown.[13] This, coupled with other evidence showing an increased demand for mental health services as a result of the pandemic,[14] suggests there may be greater demand for inpatient support for people facing multiple disadvantage in the years ahead. If this is the case, bed spaces will become even more valuable and there will be a greater need to make sure people are effectively discharged at the medically optimal time with appropriate support in place.

While accessing appropriate mental health support in the first instance is vital, it is equally important that discharge is managed effectively to give the best possible outcome for people experiencing multiple disadvantage. Being discharged from mental health inpatient support can be very difficult for the individual, mental health

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[12] https://www.homeless.org.uk/our-work/national-projects/housing-first-england
[13] Institute for Fiscal Studies (2020) 'The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK'
[14] https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_COVID_MH_Forecasting4_May21.pdf

staff and services around them. Getting it right can have a significant impact on helping individuals maintain the progress that they have made and set the foundation for them to continue to improve their health and wellbeing. Getting it wrong places them at increased risk of harm and relapse.

Local areas should look to take proactive steps – as outlined in the positive practice section - to ensure that when someone facing multiple disadvantage is being discharged from mental health inpatient care, there is a clear process in place to ensure that discharge is managed effectively to give the best possible long-term outcome. MEAM Approach and Fulfilling Lives areas should contact their partnership manager if they would like to discuss support for this or related work.