

Issue for consideration of Priorities Panel

For official use only:

Issue ID Number: 026

Date received by Operational Director

: __ 19 __ / __ 11 __ / __ 2009 __

Date to Priorities Panel

10/02/2010

Office use:

Name:

(JJ, RA, KT, All)

Date completed and initials:

Date of referral to LINK	__ 18 __ / __ 11 __ / __ 2009 __
Date issue arose	__ 22 __ / __ 10 __ / __ 2009 __
Title (Headline/short title of issue)	Inadequate mental health provision to support rough sleepers and homeless people. .
Nature of interest/standing of person in relation to issue:	
Recipient of service <input checked="" type="checkbox"/> Family Friend Advocate/Campaigner Other If other, please state what their standing is in relation to the issue:	
Is the person raising the issue a:	
<input type="checkbox"/> LINK participant? <input type="checkbox"/> Member of the public? <input type="checkbox"/> Priorities Panel Member? <input type="checkbox"/> Governor Group Member <input type="checkbox"/> LINK Development Worker <input checked="" type="checkbox"/> <input type="checkbox"/> Part of an organisation	

<p>If raising issue on behalf of an organisation, state name and brief details of what they do</p>	<p>On behalf of 9 individuals who have contacted the LINK and have experienced homelessness due to mental health problems and have identified the need for increased provision of preventative service from Mental Health providers.</p>
<p>Summarise issue (no more than 100 words). If necessary, a more detailed account may be submitted on page three with additional pages attached if necessary</p>	<p>Attention should be paid to those at risk of homelessness. Vulnerable adults or young people with either existing mental health problems or at risk due to traumatic childhoods, in order to possibly prevent the onset of mental health problems. In addition to the services to those already homeless who are difficult to help because of their mental health problems. In particular the former as it is strongly believed that money invested in prevention of mental health problems or means of coping with them can save the health and social care system considerable expenditure.</p>
<p>Please use this space to give a detailed account of the issue to be raised with the Priorities Panel. (N.B: Form will expand to accommodate additional text – other documentation can be appended, as necessary)</p> <p>As highlighted in the Kent LINK bulletin 16, considerable evidence has been gathered to show that 1/3 of rough sleepers experience mental health problems Charities such as The Bridges Trust in West Kent and Porchlight covering mostly East Kent with a number of centres and outreach services across the County have helped numerous people, for example - in 2008/09 Porchlight helped over 1,600 vulnerable people. Despite the services provided by existing organisations a huge shortfall of preventative services has been identified.</p> <p>The true scale of the problem is hard to quantify as many people do not appear on statistics as they “sofa surf” or sleep rough in tents and make shift accommodation such as cars, these people are termed the hidden homeless.</p> <p>Floating support: This is a preventative service that provides support to vulnerable people in their own home who are at risk of becoming homeless. Many of these clients have been through the hostel system and are almost ready to live independently but still need some ongoing support to deal with their mental health issues.</p> <p>Homelessness is still stigmatised and many people have little sympathy for homeless people because they feel it is self inflicted. But this is not really the case; ‘the street homeless’ only account for a very small percentage of the total homeless problem, but of course it is the most visible.</p> <p>Some are ex-servicemen, ex-offenders, young people who have had to leave their family home sometimes due to abuse, others who have lived in the community with mental health or physical disabilities, or simply a relationship has broken down.</p>	

The homeless scene has changed drastically since the mid 80s when homeless people were branded 'alcoholics'. The Bridges Trust sees many more youngsters and females now, with more ethnic diversity, refugees and sufferers of domestic abuse. Mental health is being supported now and the focus has shifted to planning and working with people towards a positive outcome, but still more is needed on preventative measures to help people before they get to this stage.

Street volunteers from the Bridges Trust operating from one car park in Tunbridge Wells can see on average 10 homeless people every night. Organisations such as The Bridges Trust need around £400,000 a year to operate, with half of this being raised from the local community, little funding comes from statutory services.

Two people emailed their views, 7 others were contacted by telephone, but did not want to give their names. Please see attached evidence.

Is the issue currently under investigation, via a complaint or inquiry or being dealt with by somebody else (this includes being part of a wider campaign on the issue)?

Yes No

If yes, give details of actions already taken including contact details of others dealing with the issue:

In the article the organisations stated as doing research are mostly London based; we are unaware of any such work being undertaken in Kent, though obviously those organisations mentioned based in Kent are fully aware of the problem.

Is there a timescale/deadline/circumstance affecting this issue which may mean the LINK will have to act quickly, e.g. closure of a unit, change of service, a particular urgency?

Yes No

If yes, what is that circumstance and what is the timescale by which action has to be taken?

Although no timescale has been allocated to this work, it is generally felt that some action should be taken immediately to assess the level of this problem in Kent.

What expectation does the person raising the issue have of the LINK, i.e. what does that person want the LINK to do/what action does it want it to take?

Charity organisations such as Porchlight and the Bridges Trust would like the

<p>LINK to raise the profile of Mental Health and Homeless People with those who commission and plan our services to invest more in preventative measures, and support and treat those with mental health problems before they get to this critical stage, thus reducing the numbers of homeless people across the County. By including this in their Mental Health Strategy and by committing more funding to the preventative measures to help reduce the numbers of homeless people in Kent, to enable people to cope during this difficult period in their lives, thus saving the health and social care system funds they would have needed to find if such problems were left untreated.</p>
<p>What would be a good outcome from the perspective of the person raising the issue?</p> <p>During K&MPT ongoing redesign of services, commitment made to address the issue by preventative measures and listen to this group of society who have little or no voice. Visible evidence of a reduction in homeless people with mental health problems. Provision of adequate mental health support for those who cannot be prevented from becoming homeless. With most importantly a commitment that no one with a diagnosed mental illness (as the article says) should be left rough sleeping by 2012.</p>
<p>What evidence does the person raising the issue have to support the case they are putting for the LINK to take action? List or attach evidence and sources, if available.</p> <p>Community Care Article Emails from two participants Extracts from The Bridges Trust and Porchlight</p>
<p>How widely does this issue affect other people?</p> <p>As those organisations mention it affects a very diverse group of people all ages, and all walks of life. Numbers cannot be accurate as many are the 'hidden' homeless.</p>
<p>In what ways are other people affected by this issue.</p> <p>Families and friends are affected by the trauma of someone disappearing to sleep rough. NHS and social care resources could be used in a more beneficial way to assist people and keep them off the streets. Those who are homeless suffer from depression, loneliness, isolation, stigma, cold and discomfort, lacking all basic human needs, which contributes to an early death.</p>
<p>Signed.....Elayne Oxley</p>
<p>Date 18 November 2009.....</p>

Mental Health and homeless people
Letter of the Week – Community Care 19 October 2009

In the wake of World Mental Health Day we want to highlight the continuing lack of adequate mental health support services for rough sleepers and homeless people in the UK.

Research paints a bleak picture. A third of rough sleepers in London are recognized as having mental health problems. The Seeds of Exclusion research from the Salvation Army revealed that more than a third of homeless clients they surveyed nationally had attempted suicide at least once, with around six out of 10 having paranoid personality disorder.

Homeless Link's Survey of Needs of Provision shows that a third of clients in homelessness services experience poor mental health, with this rising to 43% of day centre clients. St Mungo's research points to this being the tip of the iceberg if significant psychological disorders are also taken into account.

How can we continue to allow people with a mental illness to sleep on our pavements? Why do those recovering from traumatic childhoods of physical, emotional or sexual abuse make up such a high proportion of rough sleepers and homeless hostel residents. Why aren't we able to offer the best mental health treatment?

We urge the government to include in the New Horizons mental health strategy a commitment that specifically recognizes the needs of homeless people – and a commitment that no-one with a diagnosed mental illness should be left rough sleeping by 2012.

Charles Fraser, St Mungo's
Leslie Morphy, Crisis
Jenny Edwards, Homeless Link
Howard Sinclair, Broadway
Jeremy Swain, Thames Reach
Major Ray Irving, Salvation Army

Email from LINK participant regarding mental health and homeless people

In response to the question in this month's Kent LINK Bulletin, I definitely think that the LINK should be pursuing this issue. I think it should be focusing both on the services that should be available to people at risk of homelessness (vulnerable adults or young people with either existing mental health problems or at risk because of traumatic childhoods) in order to possibly prevent mental health problems in the first place; and then services to those already homeless who are difficult to help because of their mental health problems. In particular the former, because I strongly believe that money invested in prevention of

mental health problems, or means of coping with them, can save the health and social care system a lot more money later in the day dealing with the outcomes of such problems if untreated.

Email from LINK participant expressing an interest in mental health and homeless people

I did want to respond to your newsletter featuring a whole page on rough sleepers and mental health. I have some voluntary work experience in a CAB so know that homelessness doesn't necessarily mean sleeping in a car park or open air. It can in fact amount to 'sofa surfing' (staying with different friends but having no home of your own), living in emergency accommodation such as B&B while more permanent housing is found through local authorities, sleeping in a car, or in hostels. Someone may also be in unsuitable housing or face issues with domestic violence. I know that at one time (probably still applies) local councils had a pledge to reduce if not eliminate rough sleeping in their area and would do head counts on a certain night – but again this does not always reflect the true figures.

Mental illness can at times put housing at risk – where symptoms are acute or behaviour is seen as anti-social - in turn bad housing conditions can aggravate someone's mental state. Those who have mental health problems may be owed a housing duty by a local authority if applying for housing, and be offered interim accommodation until this is found. But not everyone may be able to hold down a tenancy or keep up with rent payments, and so this can lead to eviction. There are some supported housing options for those with mental health problems though this depends on the area.

I feel that the priority for the LINK should be to address mental health in a wider sense than (to begin with) focusing on homelessness and mental health. However, I say this only unless you have evidence from homelessness charities that this is a current threat. The Bridge Trust in Tonbridge would be a good source. I think there is another organisation called Porchlight and no doubt charities in East Kent. They will be able to give you the best picture that may reinforce concerns in the report. In that case I would be supportive of any project. I know that emergency hostel places are hard to come by in West Kent but this is a much wider social concern and it seems as though answers are hard to come by. Some of those without housing may have 'personality disorders' – a diagnosis that can cause all sorts of difficulties including access to good treatment services. Other at risk groups (as I understand) would be those who are ex-services and separately ex-offenders. Those on Care Programme Approach in mental health services should already be receiving help around housing issue – in fact this is a government priority along with employment. However, I know this may be reality and as with those who end up in the criminal justice system there may be many who are not in permanent housing and have substance abuse problems as well as mental health ones.

**Recommendation proforma
ID 026**

No	Recommended action	Please tick	If additional information required, please specify	Additional comments, if any
1.	No further action			
2.	Watching brief			
3.	Letter to Trust/Social Care calling for comment before taking any further			
4.	Urgent action as issue concerns patient/client safety			
5.	Further information required, please specify			
6.	Consult/ survey participants to check level of interest/concern before proceeding to any other action			
7.	Start discussion on LINK web site/through LINK Bulletin			
8.	Question to Citizen Jury			
9.	Topic for local meeting			
10.	Urgent unscheduled visit –specify purpose of visit in comments column			
11	Refer to regulator, e.g. Care Quality Commission, Ofsted, Health and Safety Executive, Royal Colleges, etc –please specify			
12	Potential to develop as possible LINK project			
13	Any other recommended actions			