Outcomes for homeless people with mental health problems who are resettled

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Presentation

- Design of Rebuilding Lives study
- Characteristics of Rebuilding Lives participants
- Participants with mental health problems:
  a. Housing outcomes during first five years
  b. Experiences of those still housed
  c. Help and support from services
- Conclusions and recommendations
Two studies

FOR-HOME Study

- Funded by Economic and Social Research Council
- Outcomes over 18 months for 400 homeless people resettled into independent housing in London, Nottingham, Leeds, Sheffield
- Interviewed at time of resettlement, and after 6 and 18 months

Rebuilding Lives study

- Funded by NIHR School for Social Care Research
- Outcomes after five years for 297 FOR-HOME participants. Also interviewed 46 support workers.
Disclaimer

The views expressed in this presentation are those of the presenters and not necessarily those of the ESRC, NIHR School for Social Care Research, Department of Health, NIHR or NHS.
Collaborating homelessness sector organisations

centre point
give homeless young people a future

framework
opening doors to homeless and vulnerable people

St. Anne's Community Services

St Mungo's Broadway
Rebuilding lives, day by day

Thames Reach
Rebuilding Lives participants
(N = 297)
Characteristics

- 215 men and 82 women, aged 17+ (when resettled)
- 58% White British; 42% other ethnic groups
- Length of time homeless varied greatly:
  - 24% less than 12 months
  - 25% longer than 5 years
- 38% homeless 2+ times
- 50% had never previously lived alone in a tenancy
- 87% in social housing; 13% in private-rented sector
Mental health, alcohol and drug problems

At the time of resettlement:

- 49% mental health problems, mainly depression or anxiety
- 28% mental health + alcohol problems; 40% mental health + drug problems
- 51% of men and 43% of women had mental health problems
- Mental health problems most common among those aged 30-59
Housing outcomes during first five years
## Housing outcomes at five years (%)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Mental health problems</th>
<th>No mental health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed</td>
<td>80</td>
<td>79</td>
</tr>
<tr>
<td>Homeless</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Died, prison, rehab</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td><strong>Number of participants</strong></td>
<td>144</td>
<td>149</td>
</tr>
</tbody>
</table>
Housing outcomes over the five years

- 16% became homeless at some time during the five years. Some were rehoused again.

- No significant difference in housing outcomes for:
  a. people with mental health problems
  b. people with mental health and substance misuse problems

- Reasons for tenancies ending: financial problems / rent arrears; difficulty coping; problems with neighbours / local people; participant’s anti-social behaviour.

- 9% whose tenancy ended said mental health problems contributed to this.
**Case study 1: Mike**

- Became homeless due to family relationship breakdown – in early 30s
- Over five years spent homeless before resettlement. Spent time in prison
- Depression for many years – on medication. Smoked cannabis
- Moved into social housing tenancy

<table>
<thead>
<tr>
<th>Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>Rent arrears as JSA suspended for two months. No longer on antidepressant. Cannabis use decreased. <strong>Weekly support from TST worker - increased since resettlement.</strong> No threats of eviction.</td>
</tr>
<tr>
<td>18 months</td>
<td>Had some work for a while. Back on JSA and HB but had arrears of £2000 and threatened with eviction. Depressed and on medication. <strong>Tenancy support sporadic and unhelpful.</strong></td>
</tr>
<tr>
<td>3 years</td>
<td>Depression got worse and didn’t go out to sign on. HB and JSA stopped and had £4000 rent arrears - evicted. <strong>No support for last six months of tenancy – worker had left and not replaced.</strong> Didn’t have contact details for tenancy support team.</td>
</tr>
<tr>
<td>5 years</td>
<td>Homeless for over two years - staying with friends.</td>
</tr>
</tbody>
</table>
Experiences of participants who were housed and interviewed at five years (N = 224)
Increase in reported mental health problems

- Increase over time in reports of mental health problems. Among this cohort, 51% had mental health problems when resettled and 60% after five years.

- At five years, 42% reported depression; 23% anxiety / panic attacks; 10% schizophrenia / paranoia / hearing voices; 3% bipolar disorder. Some reported more than one problem.

- Largest increase in mental health problems among young people. Also increases among those aged in their forties and fifties.
Mental health problems over time by age at five years

Percentage of participants

- 20-24: 9 (When resettled) 38 (At 5 years)
- 25-29: 40 (When resettled) 33 (At 5 years)
- 30-39: 52 (When resettled) 59 (At 5 years)
- 40-49: 59 (When resettled) 73 (At 5 years)
- 50-59: 64 (When resettled) 81 (At 5 years)
- 60+: 53 (When resettled) 31 (At 5 years)
Factors contributing to increase in mental health problems

- Stresses and challenges after being resettled:
  a. exacerbated longstanding mental health problems
  b. triggered onset of mental health problems

- Stresses and challenges included: coping with household tasks; loneliness; financial worries; problems with neighbours; specific events, such as burglary, death of relative, friend or pet.

- Increase in mental health problems among young people mainly related to financial problems and debts.
Managing at home

People with mental health problems:

- Less likely to be coping at home – 54% reported difficulty doing household tasks (cf. 19% of others)
- More likely to be in accommodation that was dirty / squalid (30%). 9% were hoarders. Also 41% in accommodation in serious disrepair (dampness, mould, faulty heating or wiring).
- Several not eating well – 36% had a meal three times a week or less (cf. 12% of others)
Managing finances

- 85% with mental health problems in receipt of social security benefits (cf. 64% of others). No difference in median weekly income between them (many employed were in irregular jobs).

- Yet people with mental health problems more likely to:
  a. report difficulties managing finances, and not enough money for food or heating
  b. report difficulties dealing with utility bills

- NO difference between those with and without mental health problems according to whether accrued rent arrears or other debts.
Activities and social contacts

People with mental health problems:

- 31% participating in training, volunteering or employment (7% working full-time and 8% part-time or casually)
- 21% attending day centre / community centre
- 81% see relative, partner or friend at least weekly – smaller social networks than those without mental health problems
- For some, mental health problems contributing to inactivity and poor socialisation
## Case study 2: Shirley

- **Homeless 5 years; rehoused in flat aged late 30s**
- **Mental health problems 8 years – hears voices and paranoia**
- **No substance misuse problems**

<table>
<thead>
<tr>
<th>Time</th>
<th>Details</th>
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<tbody>
<tr>
<td>6 months</td>
<td>Likes flat. Mental health problems have worsened. Scared to go out as paranoid about local people. Isolated and wanting to move. Treatment from mental health services. <strong>Support worker visits fortnightly.</strong></td>
</tr>
<tr>
<td>18 months</td>
<td>No change. Mental health problems still bad. Stays at home most of time as ‘its safer’. Does shopping online. Treatment from mental health services. Looking for other accommodation with help from support worker. <strong>Support worker visits fortnightly.</strong></td>
</tr>
<tr>
<td>3 years</td>
<td>Rehoused in another area. <strong>Arranged by support worker who assisted with the move.</strong></td>
</tr>
<tr>
<td>5 years</td>
<td>Prefers new location. Still does not go out much. Feels anxious if goes out. ‘I’ve become an indoor recluse’. No contact with family. Irregular visits from one friend. Sees CPN every 2 weeks. <strong>Support worker visits fortnightly.</strong></td>
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Morale and quality of life

People with mental health problems:

- Majority felt settled (78%) and regarded accommodation as ‘home’ (67%). 50% rated their quality of life as ‘good’ or ‘very good’.

- 81% worried about how things were going (cf. 43% without mental health problems).

- More likely to report loneliness and poor motivation than rest of sample.

- 40% regarded the future as hopeful most of the time (cf. 67% of others). Common aspirations for next 12 months were to do more activities, training or get a job (53%).
Help and support from services
Treatment for mental health problems

Among people with mental health problems:

- 56% receiving treatment, mainly medication from GP
- 15% under care of mental health team
- 6% having counselling
- 33% identified help / treatment needed but not receiving – mainly counselling or ‘talking therapy’. Several wanted help to resolve past traumas and difficulties.
- Young people less likely than those aged 30+ to be receiving treatment.
Treatment for mental health problems (people with problems)

<table>
<thead>
<tr>
<th>Age when interviewed</th>
<th>Percentage of participants</th>
</tr>
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<tbody>
<tr>
<td>20-24</td>
<td>25</td>
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<tr>
<td>25-29</td>
<td>33</td>
</tr>
<tr>
<td>30-39</td>
<td>52</td>
</tr>
<tr>
<td>40-49</td>
<td>71</td>
</tr>
<tr>
<td>50+</td>
<td>50</td>
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</table>
Housing-related support

People with mental health problems:

- More likely to be receiving housing-related support: 39% having this help at five years (cf. 13% of others).
- Support mainly provided by tenancy / housing support workers, drugs workers, homeless sector staff, and wardens / housing officers.
- Help with social security benefit claims; budgeting, paperwork and paying bills; housing problems; attending health appointments; linking into training and other activities; emotional problems.
- 44% identified unmet needs. Wanted help with finances, and linking into work / other activities.
## Case study 3: Stephen

- Psychotic illness, supported by Community Mental Health Team when first rehoused
- Homeless for five years before resettlement in hostels and sleeping rough
- History of heavy drinking, but not drinking at resettlement
- In same social housing tenancy for five years

<table>
<thead>
<tr>
<th>Duration</th>
<th>Status and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>Attended college and did voluntary work. No alcohol or drug use. Heavy smoker. Taking medication for mental illness. Problems with noisy neighbours. On DLA and income support. No debts. <strong>Monthly support from tenancy support worker.</strong></td>
</tr>
<tr>
<td>18 months</td>
<td>Coping OK. Neighbour problems resolved. No rent arrears or debts. Not drinking or using drugs. Trying to reduce smoking. Continued with college, but stopped voluntary work. Contact with mental health services when needed. <strong>Monthly contact from tenancy support worker.</strong></td>
</tr>
<tr>
<td>5 years</td>
<td>Had to stop college due to relapse of mental health. Cut down smoking but started drinking and didn’t take medication when drank. Attended day centre and a church and had regular contact with friends. No rent arrears but debts over £1000. Two weekly support from CMHT. <strong>Tenancy support worker monthly.</strong></td>
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</tbody>
</table>
Conclusions and recommendations
After being resettled, homeless people with mental health problems are as likely to sustain a tenancy as other people. However, they were more likely than others to struggle to live independently and cope with everyday tasks. Their morale was also lower.

Some formerly homeless people have mental health problems that are severe and disabling. They require a great deal of help to sustain a tenancy and rebuild their life.

Independent living and the associated stresses / challenges can also trigger or exacerbate mental health problems among vulnerable people.
What is needed

- Regular, long-term tenancy support for those with enduring problems and needs; flexible and easily-accessible support for others at times of difficulties and crises.

- Support workers / local housing advice services should advocate on behalf of those in housing in disrepair. For those in squalid / risky conditions, support workers should collaborate with local authority safeguarding teams to plan support.

- Specialist training and work preparation schemes to prepare vulnerable people for entry into employment.

- Treatment / help for those with untreated mental health problems, particularly young people.
Our warm thanks to …

The study participants who have been involved throughout the five years, and have willingly invited us into their homes and shared their experiences.

The tenancy support workers and other staff who participated in Rebuilding Lives. Also members of the Advisory Group and Experts by Experience.

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Rebuilding Lives summary report:
www.kcl.ac.uk/scwru/res/hrp/hrp-studies/rebuilding.aspx

Full report will be available late November