Supporting People Sector Briefing
Services for people with mental health problems

Priority system improvements

- Flexible services able to respond to varying levels of need;
- A ‘sector system’ better able to facilitate move on, increasing the availability of provision for those with intensive or high needs, as well as facilitating move-on into mainstream accommodation where appropriate;
- Greater clarity about the differences and similarities between services;
- Services able to provide short-term / crises support;
- Formalise existing structures via a mental health ‘hub’ to improve access to services and respond to early warning triggers;
- Services able to respond to BME issues.

Contents

1. Service users  page 3
An overview of the needs of the individuals and families served by this sector

2. The sector system  page 6
How the existing services fit together and how they connect to non-SP funded services (statutory and voluntary)

3. System improvements  page 8
Commentary on any problems, gaps or blockages affecting the sector system and, where appropriate, plans to address these. (Our future plans also appear in priority order at the top of this page.)

4. Sector map  page 9
A visual impression of the current system and identified required improvements

5. Sector toolbox  page 10
A review of the tools, processes and protocols relevant to this sector

6. Opportunities for involvement  page 11
How to contribute to the proposed improvements

7. Directory  page 12
Information about services in the sector

About this document
This briefing is about services for people with mental health problems. It is part of Newcastle’s Supporting People strategy for 2008/09-2012/13. This document includes information on services funded by Supporting People as well as the wider context in which they operate. For more information about the role of Supporting People, or to download the other parts of the strategy, please visit www.newcastle.gov.uk/supportingpeople

About Supporting People
Supporting People is the government’s long term policy to enable local authorities to plan, commission and provide housing-related support services that help vulnerable people to live independently. It provides the means through which national and local Government ensure that the most vulnerable members of our community get the help and support they need.

The ability to access and maintain a stable home underpins every individual’s capacity to participate in the City’s and Government’s vision of prosperous and cohesive communities, which offer safe, healthy and sustainable environments for everybody. Supporting People is therefore a critical vehicle for social inclusion, promoting employability, reducing reoffending and addressing anti-social behaviour.

For more information about Supporting People, read our Operational Document or visit our website: www.newcastle.gov.uk/supportingpeople
If you would like this document in large print, in Braille or on audio tape, please phone 0191 277 7456.

This document is about services for people with mental health problems and forms part of Newcastle’s 5-year Supporting People Strategy 2007/08-2012/13. If you would like a copy in another language or you would like to talk about it in your own language, please come to Newcastle Civic Centre where we have a telephone interpreting service. Or, you can phone 0191 277 7456 where there are English speaking staff.
1. Service Users

The term mental health is one that encompasses a range of experiences and situations, from mental well-being through to a severe and enduring mental illness. Research shows that one in four consultations with a GP concern mental health problems (DoH, Our Health, Our Care, Our Say, 2006), with one in six people experiencing one diagnosable mental health problem at any given time (ONS Psychiatric Morbidity Report, 2001). However, people with mental health problems remain one of the most socially excluded groups in society.

The Social Exclusion Unit report Mental Health and Social Exclusion (2004) identifies that ‘increasing number of adults with mental health problems are homeless or have housing difficulties’ and highlights through their new Public Service Agreements delivery agreement the importance of ensuring appropriate housing, care and support for people with mental health problems as a key part of enabling them to live independently.

There is a wide range of circumstances in which people with mental health problems may require housing-related supported services. These include:

- People who are leaving hospital or prison and require help settling into new accommodation;
- People who are experiencing crisis, or who are struggling to manage their tenancy and are at risk of becoming homeless, and need some short-term support at a particular time;
- People who have lost their home or tenancy and require immediate refuge or emergency accommodation;
- People who are living in temporary accommodation as a result of being homeless, who need support to settle into mainstream housing;
- People who need longer-term/permanent support to maintain their tenancy to help them live independently in the community.

Within these circumstances variable levels of need exist. People with low levels of need who do not require specialist mental health services are typically “people with short-term mental health needs or those reacting to a major life event, rather than those with severe and enduring problems”1. People with high needs are typically people with ongoing mental health problems who require specialist mental health services and/or complex packages of support from health, care and housing professionals.

For many people, their mental health needs may be variable within this spectrum, with periods of mental ill health followed by potentially long periods of well-being. Services must be able to anticipate and respond to crisis and fluctuating levels of need.

Research indicates that people with mental health problems may have a wide range of support needs which can make it difficult to access mental health services and/or to sustain support and treatment programmes. There are often links between mental health problems, homelessness, experience of domestic violence, substance misuse, learning disabilities and offending.

Dual diagnosis

Dual diagnosis refers to people diagnosed with mental health problems, who also use illicit drugs or alcohol. People with this combination of problems often have a lot of additional difficulties which aren’t solely health related. They are more likely to present in crisis, with problems relating to housing, income, employment and social isolation. Research indicates that 30% – 50% of people with mental health problems also have current drug or alcohol issues, and as many as 50-75% of people who come into contact with substance misuse treatment services may also have some kind of mental health problem. This latter group will not necessarily have contact with mental health services.

Community Mental Health Teams (CHMTs) typically report that between 8%-15% of their clients have dual diagnosis problems (meaning that they have both drug-related and mental health needs). People with dual diagnosis have traditionally been regarded as difficult to treat, with service users being at higher risk of relapse, readmission to hospital and suicide (DoH, Dual Diagnosis Good Practice Guide). Service users often experience barriers in accessing services; one of the problems for people with dual diagnosis is finding somewhere to live as many supported housing providers and landlords will not accept drug users. An additional complication surrounds people with no formal diagnosis whose conditions do not meet the threshold for specialist care and support.

Integrated care and support from mental health and substance misuse professionals is essential in ensuring that service users are not put at risk of losing contact with services. Department of Health guidance illustrates that integrated packages of care appear to deliver better outcomes than serial or parallel programmes of care.

Mental health and offending

More than 70% of the prison population has two or more mental health disorders (Social Exclusion Unit 2006), with one in six people experiencing one diagnosable mental health problem at any given time (ONS Psychiatric Morbidity Report, 2001).

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1 Supporting People guide to accommodation and support options for people with mental health problems, ODPM, March 2005

In 2005, Home Office records indicate that 1,133 restricted patients were discharged from hospital, of whom 41% were discharged into the community. This is the highest figure of the last decade (Home Office Bulletin March 2007).

Specialist services, as well as generic services, will need to be equipped to recognise and respond to the needs of mentally disordered offenders.

**Mental Health and Homelessness**

The good practice guide *Getting Through* (2007) highlights that mental health problems are more prevalent among homeless people than among the general population.

However, research shows that people who are homeless, or living in temporary or insecure accommodation, often have difficulty accessing primary care services and therefore their mental health needs may not be assessed.

Standard five of the National Service Framework describes the service models which local health and social care communities should focus on, and includes focus on integrated arrangements to prevent and manage crisis and engagement through assertive outreach of service users at risk if they lose contact with services.

**Supporting People Client Record Form data**

Supporting People Client Record Form (CRF) data submitted to the Centre for Housing Research during 2006/07 revealed that, of clients accessing a Supporting People service in Newcastle in 2006/7, 321 had mental health recorded as their primary need, and 294 as a secondary need; these clients represent nearly half of all people with mental health as a primary need or secondary need who accessed a Supporting People service in the North East region during 2006/07.

Around three quarters of clients with mental health recorded as their primary need were aged between 25 and 55; 10% were over 55, and 17% were aged 25 or under. Of these:

- 136 were male and 180 were female (5 clients had no gender recorded); mainstreaming gender and women’s health is a key theme in the NHS modernisation programme for mental health services;
- less than 4% defined their ethnic origin as different from white British; the needs of people with a mental illness from BME communities is considered in more detail below;
- over 70% were living in local authority tenancies immediately prior to accessing a SP service;
- 76 were accepted as requiring services under statutory frameworks; however, this figure doesn’t account for previous engagement with statutory services.

Research shows that there are increasing numbers presenting as homeless following domestic breakdown caused by mental illness. CRF data reveals that during 2006/07, 15% of clients who had single homeless as their primary need had mental health recorded as a secondary need. Data from the Newcastle Homeless Liaison Project for 2006/07 supports these figures, with 15% of all referrals received for temporary and supported accommodation from people with mental health recorded as a primary need (an increase of 4% from 2004/5).

The Socially Excluded Adults PSA Delivery Agreement (October 2007) includes adults with secondary mental health problems as a group who are particularly vulnerable of falling into persistent exclusion.

**Black and Minority Ethnic groups**

People from BME communities are more likely to experience social and economic circumstances which are associated with higher rates of mental health. However, the 2003 Government report ‘Inside Outside’ identified that people from BME communities can suffer inequalities in access to mental health services and in their experience of them. People from black and ethnic minority communities often have

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2 Reflecting the needs and concerns of black and minority ethnic communities in Supporting People, ODPM, 2002
difficulty accessing mental health services, including language barriers, cultural barriers to assessment, lack of knowledge about statutory services and lack of access to bilingual health professionals. This means that there are often delays in accessing services until a crisis is reached. ‘Inside Outside’ identifies three basic objectives for improving mental health services for BME communities: to reduce and eliminate ethnic inequalities in mental health service experience and outcome; to develop a mental health work force that is capable of delivering effective mental health services to a multicultural population; and, to enhance or build capacity within BME communities and the voluntary sector for dealing with mental health and mental ill health

2. The Sector System

Details of the services which currently make up the sector appear below. The illustration includes how SP-funded services connect to non-SP funded services.
Services for people with mental health problems in Newcastle are provided by Newcastle Primary Care Trust, Northumberland, Tyne and Wear NHS Trust, Newcastle City Council and the voluntary and community sector.

A range of service type, from acute psychiatric services providing in-patient and community care, through to home treatment-based services providing an alternative to hospital admission, primarily meet the mental health need, rather than the housing need, of people with mental health problems. Access to these services is primarily via referral from primary care services or social care professionals at a point of crisis.

This current sector system means that people may be at risk of experiencing a ‘revolving door’ situation, where they are admitted to hospital when at crisis point, but services may be withdrawn when they appear well, leaving them at risk and vulnerable to further admissions to hospital if their needs increase again. A range of community-based services provide ongoing support at a ‘maintenance ’ level for people leaving hospital via Community Mental Health Teams and Community Mental Health Resource Centres via their outreach teams.

Two resource centres provide 39 accommodation-based units for rehabilitation and support for people primarily leaving hospital. These centres must move people on into other supported housing or settled accommodation in order to free up space for new hospital discharges. Supporting People performance data for 2006/7 indicates a throughput of 307% for resource centre provision. However, an audit of delayed discharge within Newcastle Adult Acute Inpatient Services for the period September 2006 to February 2007 revealed that 284 bed days were attributed to delayed discharge due to unavailability of bed spaces at the resource centres. In addition, 317 bed days were attributed due to delays in accessing suitable accommodation, including access to supported housing. However, these findings included people who were not well enough to move on, and others who had been identified as potentially suitable, but had not been referred.

In addition to short-term respite in Newcastle’s resource centres, Supporting People currently purchase 78 accommodation-based units, and 132 units of floating support.

The majority of Supporting People accommodation-based support for people with mental health problems is long term, permanent provision. Throughput for these services during 2006/7 was 108%; limited move means that there are often difficulties in obtaining suitable supported accommodation which often leads to people being discharged into inappropriate accommodation and/or support. Supporting People performance data reveals that 146 people were supported during 2006/7 through SP floating support services specifically for people with mental health problems.

There is an acknowledged shortfall of services providing short-term or ‘transitional’ support, which represents an independent alternative to long-term support services not always required by service users.

3. System Improvements

The government’s National Service Framework for mental health sets out seven standards for better mental health care, and forms part of the government’s modernisation programme for mental health services. The Framework highlights the need for ‘a range of mental health services to prevent or anticipate crisis where appropriate, ensure prompt and effective help if a crisis does occur, and ensure access to appropriate and safe mental health places or hospital beds…should this be needed’

We have described that the current ‘sector system’ has limited ‘move on’ systems for services operating within the sector, as well as a shortfall of services providing short-term or ‘transitional’ support, which represents an independent alternative to long-term support services not always required by service users.

In order to better maximise the potential for independent living amongst service users with mental health problems, we intend to work with commissioning and provider partners to develop a ‘sector system’ which can respond to varying levels of need and facilitate move-on. A range of service type, providing appropriate support at the right time, will include:

- Crisis support: providing intensive very short-term/assessment/signposting support, with clear links to mental health professionals and treatment services, to people experiencing crisis, with the aim of avoiding hospital admission and/or preventing homelessness through people being unable to cope in their own homes;

- Short-term supported housing: providing transitional accommodation for people leaving acute hospital who need to regain skills and self-confidence and prepare themselves for returning home; people who have been homeless or require short-term accommodation to help them through a difficult period before moving into settled accommodation.
Supporting People Sector Briefing 2008/9-2012/2013
Services for people with mental health problems

- Long-term supported housing: providing support to people with enduring mental health problems with high support needs

The ‘sector system’ will help facilitate a continuum of care and support, ranging from low-level housing support for people who do not require specialist mental health services, through to complex packages of care and support for people with high-levels of need. The continuum will enable service users to access the right services to meet varying levels of need, with the potential to move between higher and lower intensity services.

Limited move on means that there are often difficulties in obtaining suitable supported accommodation, especially after discharge from hospital. This often leads to people being discharged into inappropriate accommodation and support, and leads to people losing contact with services. A comprehensive range of services will facilitate move-on and increase the availability of resource centre beds and accommodation-based provision for those with intensive or high needs, as well as facilitating move on into mainstream accommodation where appropriate.

A continuum of support will better enable people to receive support before they reach crisis point, and therefore help to reduce repeated hospital admission.

Mental health ‘hub’

In order to better respond to people’s needs and maximise the effectiveness of mental health provision in Newcastle, a mental health ‘hub’ comprising mental health welfare rights workers and mental health advice and support workers will help to improve access to housing-related support for people with mental health problems.

The key roles of the ‘Hub’ will be to:
- provide very short-term housing support directly to people with mental health problems living across tenure
- provide financial advice and work on behalf of people with mental health problems to help them achieve stable financial circumstances which promote independence (there is a strong link between income and health, independence and quality of life - active assistance will make a valuable contribution to enable people with mental health problems to achieve and maintain independence)
- signpost people with mental health problems to other relevant services, including those with ongoing support where necessary
- advise service providers how best to navigate the housing system to the advantage of individual service users
- promote effective working between housing-related services and CPNs

The hub service will help to improve access to housing advice and support services across all tenures which is able to respond early warning system triggers. It is our aspiration that the hub mental health Advice and Support Workers and Welfare Rights workers will work with mental health professionals, including community psychiatric nurses and Mental Health Trust staff to identify suitable options for independent and supported living and support access to support packages and care coordination activity.
4. Sector map

The diagram below shows how the sector system improvements described in Section 3 will facilitate a range of support levels, at the core of which, a range of professionals will form a mental health ‘hub’ to help improve access to appropriate services and support. Details of the individual services which make up the sector can be found at the end of this document.
5. Sector toolbox

The following tools, processes and protocols will support providers in supporting their service users into sustainable housing arrangements.

**Newcastle Mental Health “Hub”**

The mental health ‘hub’ comprises mental health welfare rights workers, mental health advice and support workers, and health professionals. The ‘hub’ formalises existing structures and partnership working in order to improve access to housing advice and support services across all tenures, providing response to early warning triggers.

**Newcastle Homelessness Prevention Project: Pathways to Independence for under 18s**

Pathway aimed at helping people aged 16 and 17, who are homeless or in urgent housing need, to gain settled accommodation.

**Newcastle Homelessness Prevention Project: Pathways to Independence for over 18s**

Pathway aimed at helping people 18 or over who are staying in supported accommodation gain settled housing. The Pathway helps people move on from supported accommodation, addressing the reasons why people may be excluded from mainstream housing, and provides guidance for agencies to help address problems that may lead to people being ineligible under Your Choice Homes.

**Newcastle Homelessness Prevention Project: Preventing repeat homelessness and evictions protocol**

This protocol sets out a series of good practice principles for staff to help identify when someone moving into a Your Homes Newcastle property is vulnerable, and what should be put in place to give them the best chance of sustaining their tenancy and preventing homelessness, including how to establish other agency involvement and suggests ways of working together if problems do arise.

**Newcastle Homelessness Prevention Project: Hospital Discharge and Homelessness Prevention Project**

This protocol aims to prevent homelessness for people leaving hospital. The Protocol and accompanying Resource Pack includes information on how the housing system in Newcastle works and where to find housing advice and support for patients. It sets out a set of guiding principles for agencies to adhere to in order to help prevent episodes of homelessness.

**Newcastle Clean Homes Protocol**

This protocol is one of a number of initiatives which aims to prevent homelessness amongst vulnerable people. It sets out the process, as well as good practice principles, for agencies in managing the clean-up of homes of vulnerable people in Newcastle.

**Newcastle Homelessness Prevention Project: Guide to Accessing independent public housing**

A guide to help anyone advising people who require independent Council or Housing Association accommodation in Newcastle.

**Newcastle Homelessness Prevention Project: Newcastle Rent Deposit Scheme**

This scheme, run by Newcastle Private Rented Project, can help to provide a deposit, or rent in advance, to help people access accommodation in the private rented sector. It is for people on low incomes who would otherwise have difficulty accessing private rented accommodation.

**Newcastle Homelessness Prevention Project: Guide on eligibility for Your Choice Homes**

This guidance is designed to help agencies working with vulnerable people needing settled housing to address problems that lead to them being seen as not eligible for Your Choice Homes. It explains the way that these decisions are arrived at, and what can be done to achieve either a review, or a reversal because the applicant can demonstrate that the circumstances no longer merit that decision.

**Newcastle Homelessness Prevention Project: Newcastle Debt Rehabilitation Scheme**

This project is aimed at people who have significant debts which are acting as a barrier to successfully sustaining an independent tenancy and problem free life. The project can provide funds and support to facilitate debt rehabilitation for vulnerable people.

**Patient Information Centre: Mental Health Service Directory**

The directory provides information about services available from statutory and voluntary organisations across Newcastle, North Tyneside and Northumberland, as well as self-help services.

**Newcastle Gateway**

The Gateway, based at Newcastle Housing Advice Centre, should be used to access supported and temporary homelessness accommodation in Newcastle.
6. Opportunities for involvement

The diagram below shows the current groups and forums in this sector through which direct and indirect service users can be involved in Supporting People in Newcastle. We have identified those groups at which this briefing paper will be presented for consultation (*) – please see our other sector briefings for groups relevant to those sectors. However, comments on the strategy can be made at any time by emailing supporting.people@newcastle.gov.uk.

The Supporting People team continue to work to improve opportunities for service users to participate in planning, developing and reviewing Supporting People services at a range of levels. The Supporting People Involvement and Communication Strategy, available at www.newcastle.gov.uk/supportingpeople, sets out these plans in more detail, and includes specific areas for action.
7. Service Directory

The table below contains information about Supporting People services in the mental health sector. Please visit Newcastle’s Supporting People on-line service directory at [www.newcastle.gov.uk/supportingpeople](http://www.newcastle.gov.uk/supportingpeople) for more information about these services, including information on how to access services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service ID</th>
<th>Provider</th>
<th>Primary Client Group</th>
<th>Age group</th>
<th>Service Type</th>
<th>Service Delivery</th>
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<td>SP167</td>
<td>Nomad E5</td>
<td>People with mental health problems</td>
<td>All age groups</td>
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<td>Nomad E5</td>
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<td>All age groups</td>
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<td>All age groups</td>
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<td>Mental Health Matters</td>
<td>People with mental health problems</td>
<td>All age groups</td>
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