

January 2016

### About St Mungo's

Our vision is that everyone has a place to call home and can fulfil their hopes and ambitions. As a homelessness charity and housing association our clients are at the heart of what we do. We provide a bed and support to more than 2,500 people a night who are either homeless or at risk, and work to prevent homelessness, helping about 25,000 people a year. We support men and women through more than 300 projects including emergency, hostel and supported housing services, outreach services for people sleeping rough, advice services and specialist health, skills and employment services.

We currently work across London and the south of England. We influence and campaign nationally to help people to rebuild their lives.

In February 2015, St Mungo's made a written submission to NICE on severe mental health and substance use (dual diagnosis). This summary of our expert testimony to PHAC provides further information about our work with clients who need support with their mental health and substance use.

Our expert testimony is based on input from a wide range of St Mungo's services supporting people with mental health and substance use issues:

- Complex needs workers based in direct access homeless hostels in Hackney, Haringey and Camden.
- Assertive Contact and Engagement (ACE) mental health service in Bristol
- Staff from a dual diagnosis residential project
- Staff at the Wellbeing Centre in west London
- Outreach team working with rough sleepers in West London
- In-house psychotherapy team (LifeWorks)

### 1. Working with clients who need support with their mental health and substance use

St Mungo's provides services to people who are homeless and a wider group of clients with complex needs. Our evidence draws on both these areas of experience.

In our experience, it is important to view clients not just in terms of mental health and substance use, but as a whole person facing a range of challenges and barriers to recovery. Frontline staff identified key principles that inform their work, which aims to be **tailored, recovery based and client centred**.

- **Client centred support** with a key working or care coordinator approach. Clients with complex needs may require consistent, long term support to navigate different services, maintain engagement and make progress. Clients with an active care co-ordinator that celebrates success tend to do better in our dual diagnosis residential service. Access to flexible budgets to support care plans can also be helpful.
- **An integrated, multidisciplinary approach.** Integrated services with a single point of access work better in engaging clients and keeping them engaged. Clients with complex needs present a myriad of issues which can rarely be managed by one service. It is therefore essential to establish a consistent multidisciplinary approach linking services together. This can be achieved through co-delivery, for example our group in Haringey for people with dual diagnosis is co-facilitated by our complex needs worker and the community mental health team (CMHT) dual diagnosis senior practitioner.
- **Building trust.** Services must ensure that clients feel safe and able to voice fears and anxieties. Workers should establish a relationship based on trust and clear expectations, where clients feel they are in control and can make informed decisions.
- **Creativity** and thinking outside the box can help to engage clients. For example, a simple current affairs group can be a way of touching upon issues which affect clients and barriers to engagement.
- **Informal settings.** In our experience clients with complex needs/dual diagnosis do not respond well to formal settings. Group work with a social/relational/wellbeing focus is often used for engagement with positive results.

- **Accompanying clients to appointments** is a simple but effective way to ensure that clients are attending services and a way to establish a positive relationship. This can also be achieved through **befriending or peer support schemes**.
- **Good monitoring and follow up across services** so that information can be traced and clients can access services at the right time, avoiding duplication and asking the same questions repeatedly.
- **Psychologically informed working** fosters a good understanding of psychological processes and interventions and helps teams to understand the reasons behind the behaviours our clients present. It provides a reflective structure where staff can consider the impact of their work.
- **Psychological therapies** can be useful and effective for clients with dual diagnosis. Active substance use often excludes clients from statutory services. Our in-house LifeWorks psychological therapies programme offers flexible support for clients regardless of substance use, as referenced in [our earlier submission to the committee](#).
- **Combining abstinence and harm minimisation**. A combination of abstinence based and harm minimisation options with some flexibility of moving back and forth.
- **Support for treatment**. In-house/satellite clinics work well in encouraging treatment adherence and in maintaining clients with complex needs on scripts, e.g. for Methadone. Staff can also monitor compliance with medication.
- **Specialist services for female clients**, particularly those focussing on trauma. For example, My Body Back at St Bart's Hospital is a sexual health service tailored for women that have experienced rape.

### Physical health

Our clients with severe mental health and substance use issues are more likely to have physical health needs than our client group as a whole. According to a 2014 survey 83% of residents with substance use and severe mental health issues had physical health needs, compared to 70% of all residents.<sup>1</sup>

Of residents with substance use and severe mental health issues:

- 71% required prescription medication
- 55% had a significant medical condition
- 16% suffered from short term memory loss or other significant memory failure
- 8% were visually impaired
- 8% were obese or unhealthily overweight
- 2% were hearing impaired.

## 2. Accessing mainstream services

Accessing mainstream mental health services in addition to substance support can be extremely challenging for our clients, particularly for those who do not have a diagnosed condition or previous history of mental ill-health. This is a particular problem for clients with a possible diagnosis of antisocial or borderline personality disorder, as community mental health teams (CMHTs) do not always agree that they can play a role in treatment.

Working closely with statutory services is vital, for example by building good relationships with GPs, often the main access point to CMHTs. At the referral stage, it is important for workers to collate previous history and to be able to articulate the mental health and substance use needs of the clients clearly.

Staff agreed that the best way to support clients to access mainstream services is by establishing strategic partnerships. For example, we undertake joint outreach assessment work between our Compass outreach team in Westminster and the local homelessness and mental health team (JHT). In Haringey, our complex needs worker runs a joint group with the dual diagnosis practitioner from the CMHT.

### Groups at risk of mental ill-health and substance use

**People who are homeless** are at risk of experiencing concurrent substance use and mental health issues. According to 2015 survey data, 56% of St Mungo's residential clients have problems with alcohol or drug use. Mental health conditions are common among this group: 38% have diagnosed depression, 16% schizophrenia, 9%

<sup>1</sup> St Mungo's Broadway response to NICE Consultation: Severe mental illness and substance misuse (dual diagnosis), February 2015. <http://www.mungos.org/documents/6172/6172.pdf>

personality disorders and 4% bipolar disorder. People who are homeless face barriers to mental health diagnosis, and these figures are likely underreport the true scale of mental health need among our clients.

**Black, Asian, Minority Ethnic and Refugee (BAMER)** groups may find it difficult to seek mental health support due to the stigma attached to these issues. This makes them susceptible to manage their mental health problems through substance use.

### 3. Key challenges

The way local services are configured can present challenges for people seeking support with their mental health and substance use.

- **Exclusion and division**

In areas with no specialist dual diagnosis service, clients with mental health and substance misuse issues may be excluded by CMHTs until they have addressed their substance use issues by engaging with drug and alcohol teams. Where substance use is used as coping mechanism or linked to mental ill-health through traumatic experiences, clients may find themselves unable to move forward and remain excluded indefinitely.

- **Poor communication**

There is distrust by some statutory services towards the voluntary sector, which leads to a lack of information sharing and inconsistencies between services. In our experience, close collaborative working generates an atmosphere where statutory providers have greater trust in the information and decision making of their voluntary sector colleagues.

- **Poor or inappropriate housing**

Inappropriate housing can exacerbate poor mental health. For example, clients with antisocial personality disorder may struggle to live in hostels or shared accommodation where chaotic interactions and conflict take place.

#### **In focus: Bristol Assertive Contact and Engagement (ACE) service**

The St Mungo's Assertive Contact and Engagement (ACE) service is commissioned by Bristol Clinical Commissioning Group to improve contact with individuals with chaotic lifestyles, and those that come from certain groups (e.g. drug and alcohol users, particular BME groups). Following contact and engagement, the aim is to improve access to mainstream services and improve psychological wellbeing. The service sits within the local NHS Mental Health system 'Bristol Mental Health' which brings together diverse dimensions of mental health provision from both the statutory and voluntary sectors.

The service employs engagement staff as well as a psychologist and two part-time therapists.

Referrals are made through our duty line (0117 2398969), staffed Monday to Friday 8-8 and 10-4 at weekends. Referrals are made by clients self-referring, carers, other involved services, or concerned others. Staff also reach out into hostels and other community settings, there are open access and drop-in groups that clients can attend that are facilitated by staff.

The service has been operational for 6 months, and data on engagement for this period is available on request. An external evaluation by the Revolving Doors Agency will determine whether the service is meeting a number of critical success factors for working with people who have a dual diagnosis:

- Effective response to the needs of different client groups
- Effective partnership with local health agencies
- Service is accessible without being 'catch all for complex needs'
- Staff are supported to build effective relationships with clients
- Support is personalised to service users' specific needs and goals

Further information will be available on request as the service continues to develop.

#### **Case study: Client A**

Client A is 25 years old. On referral to ACE she was living in a hostel after 18 months in prison. A has a history of abusive relationships going back to her childhood, and presented with signs of complex trauma, difficulty regulating her emotions and suicidal ideation. She had been seen by secondary mental health services but did not meet their threshold. She was having difficulties managing her accommodation and was engaged in drug use and sex working.

ACE provided support to Client A though:

