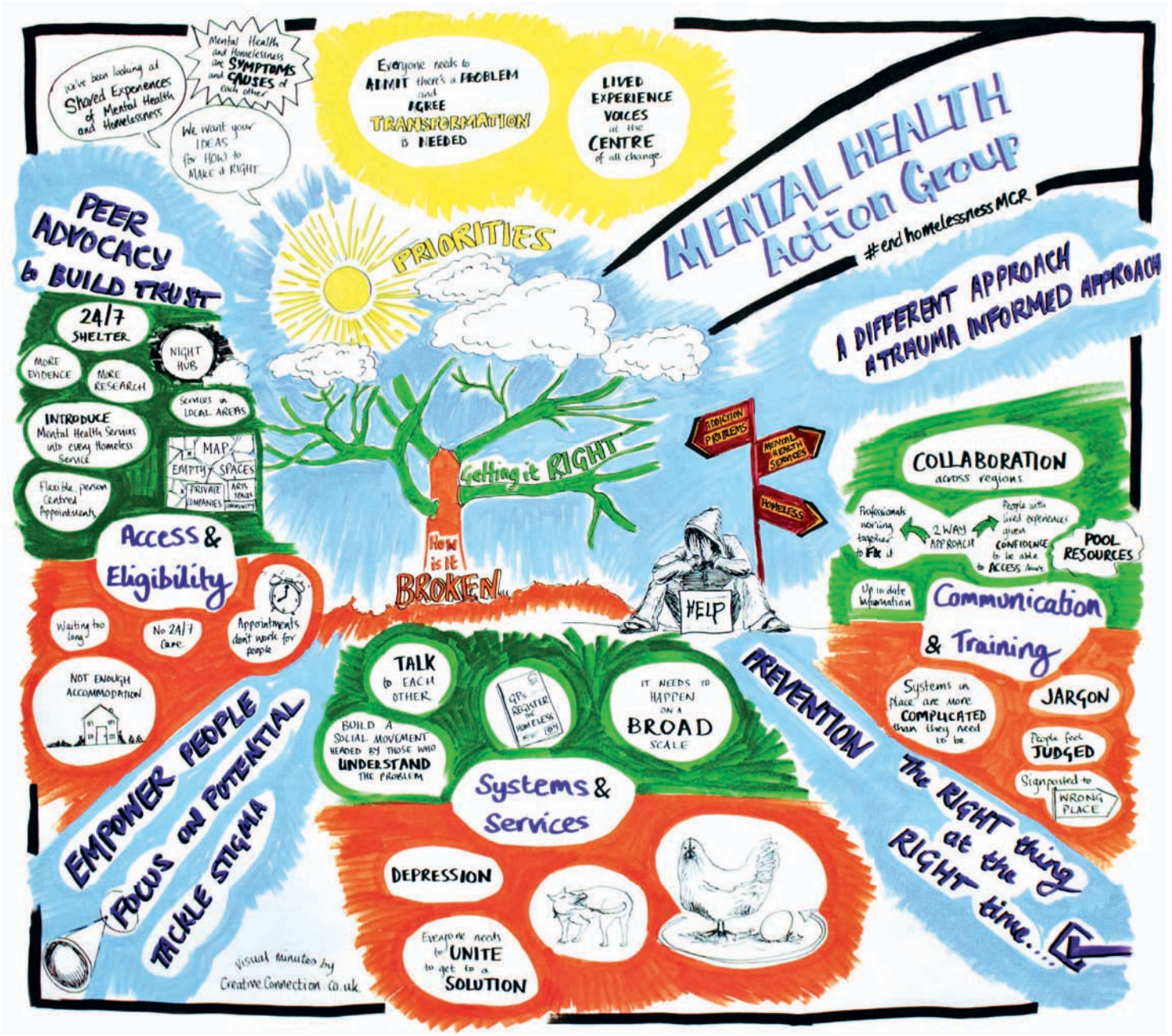
Inspiring Change Manchester

NATIONAL LOTTERY FUNDED Shelter



Cause & Consequence

Mental Health and Homelessness in Manchester

Acknowledgements

Many thanks to all the people and organisations who have been involved in the making of this report, including:

Contents

Foreword

The Right Reverend David Walker, Bishop of Manchester and Chair of the Manchester Homelessness Charter

Many of us will have mental health issues to deal with at some point. It's as natural and normal as are issues around our physical health.

But like all other health problems, when they are combined with having no safe, secure and permanent place to live, the risks and consequences are multiplied. What's worse, having a mental health condition is often either the cause or consequence of having no home.

I'm hugely impressed by the work of the Homeless Charter Mental Health Action Group. Along with our other Action Groups, it is pioneering an approach led by coproduction. Those who have the lived experience of homelessness and mental health issues are the people best placed to know what will and won't work.

Today we are able to see some of the fruits of that work, and to think about how we can get our priorities right so that the vicious cycle of homelessness and mental illness can be broken.

I truly believe that Manchester can lead the way in this, just as our great city has done in so many fields of work over the last two hundred years.

Introduction

The relationship between mental health and homelessness is cyclic.

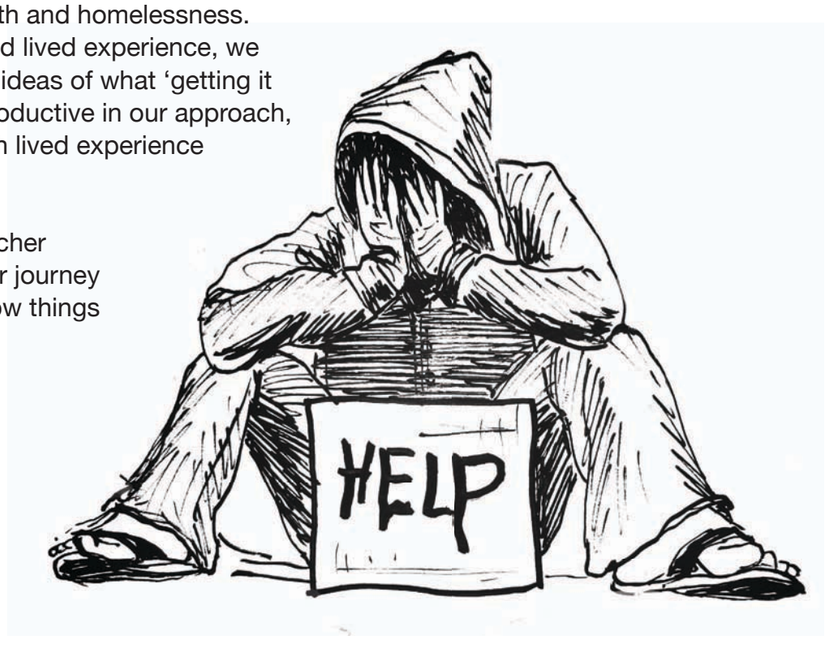
Trying to deal with poor mental health and challenges, such as poor housing and debt, can contribute to being homeless – and dealing with poor housing or homelessness can cause poor mental health.

We need to break the cycle.

The Mental Health Action Group is part of Manchester's Homelessness Charter which aims to end homelessness in our city. The Mental Health Action Group brings together individuals with lived experience (present and past), with professionals representing organisations which deliver (or can influence) system change, or service delivery.

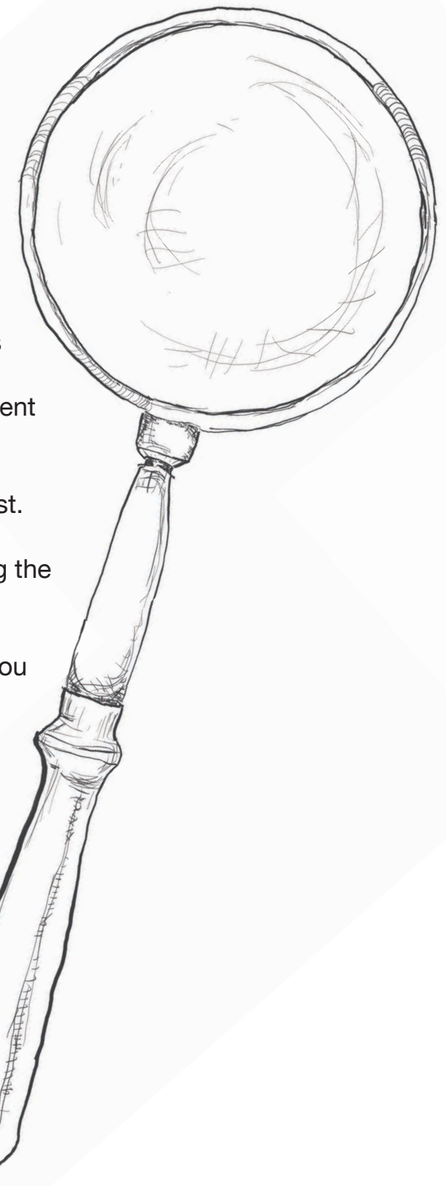
The group focus is on influencing and implementing change, specifically around mental health and homelessness. Although some of our group had lived experience, we wanted to challenge our group ideas of what 'getting it right' means. To be truly co-productive in our approach, we invited more individuals with lived experience to share their ideas.

Working with Carmen, a researcher storyteller this report shares our journey and provides evidence as to how things can be better.



Top Priorities

- The decision to be discharged from services and/or hospital should be made jointly with the service user. The process should be fully explained and there should be cohesion between services with a care plan in place.
- Mental health support should be provided in temporary accommodation/hostels.
- More peer mentor support, alongside better community interventions.
- Introducing information cards which prove and explain diagnosis. Also including other useful information such as medication, allergies, emergency contacts. These can be used when in crisis or as a reference when talking to different services.
- Services not using jargon while also being open and honest.
- Stop the stigma culture around mental health by educating the public and frontline staff.
- Support being provided when you need it, not just when you hit rock bottom.
- To change the approach enabling better communication between different teams and services ensuring they are working together and listening to service users.
- To make sure individuals experiencing mental health issues and homelessness know their rights.



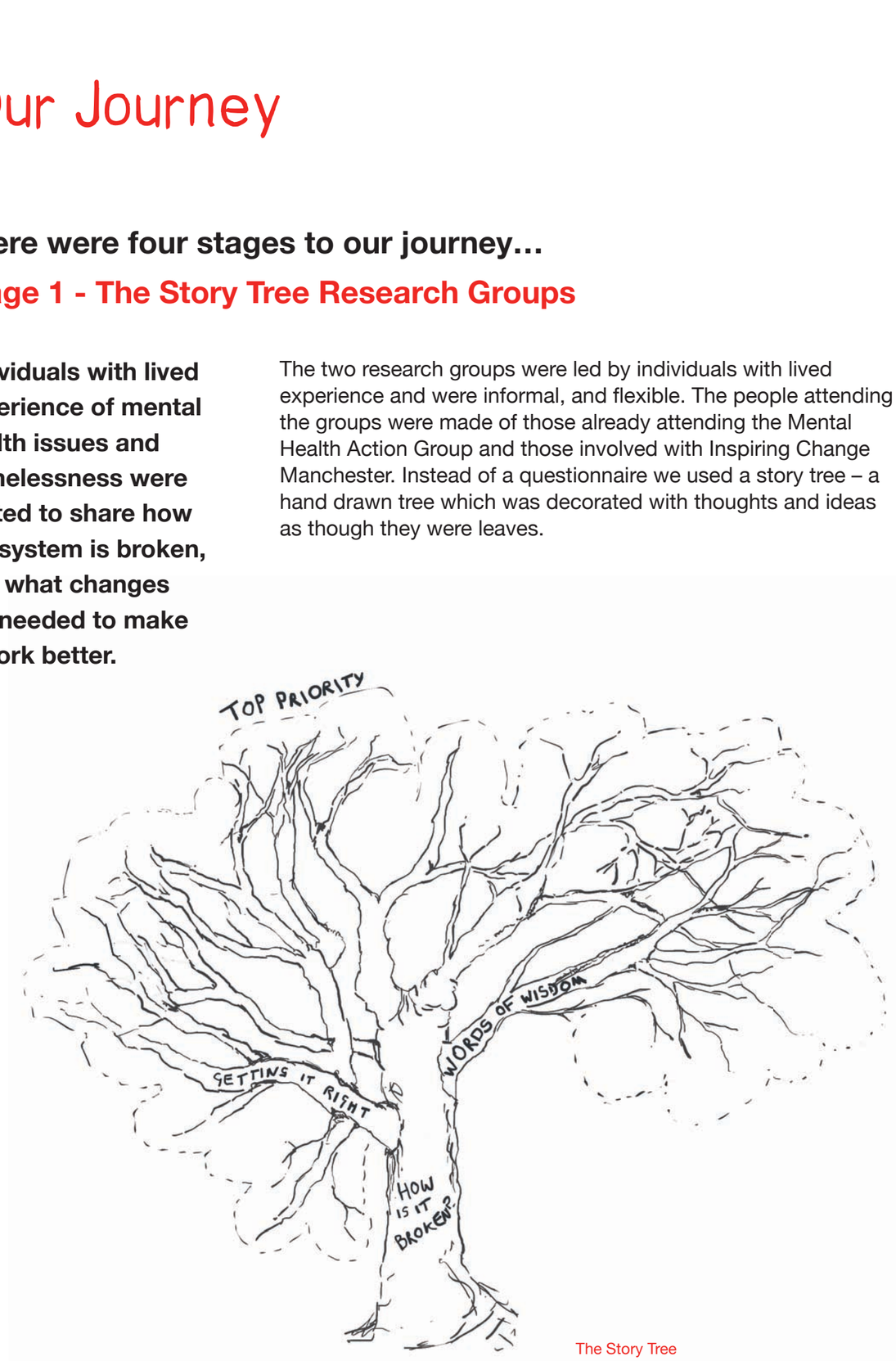
Our Journey

There were four stages to our journey…

Stage 1 - The Story Tree Research Groups

Individuals with lived experience of mental health issues and homelessness were invited to share how the system is broken, and what changes are needed to make it work better.

The two research groups were led by individuals with lived experience and were informal, and flexible. The people attending the groups were made of those already attending the Mental Health Action Group and those involved with Inspiring Change Manchester. Instead of a questionnaire we used a story tree – a hand drawn tree which was decorated with thoughts and ideas as though they were leaves.



The Story Tree

Using the tree as a focus for sharing ideas was a way to respect that individuals may prefer to engage in different ways – writing or drawing, as well as speaking. Decorating the tree and seeing other ideas also helps encourage discussion and extra thoughts.

Each section of the story tree related to an area of discussion. To get things going we asked a few broad questions around these topics:

"What isn't working in services for people who are experiencing mental health issues and homelessness?"

"What are the missed opportunities by services?"

"Getting it right: What needs to happen to make the system and services work better for people experiencing mental health issues and homelessness?"

"What do you want services to do/have in the future?"

"How is it broken?"

"What advice would you give to other people who might be going through similar experiences?"

"Words of wisdom: What do decision makers and staff running services need to know about mental health and homelessness?"

Our Journey (continued)

Stage 2 - Grouping thoughts together

By looking at all the different thoughts shared in the story tree research groups, three themes were identified:

Access and eligibility
focuses on an individual's right, or eligibility to access services or support.

Communication and training
focuses on how services and staff communicate, as well as any training requirements.

Systems and services
focuses on processes/systems and the details around service provision.

Stage 3 - Discussing ideas with the Mental Health Action Group

Stage three brought the themes and thoughts shared by individuals with lived experience, back to the Mental Health Action Group. As a group we focussed on what had been identified in the story tree research groups, and added further ideas and solutions.

A close look at what was shared in the action group discussion meant we could compare it to the thoughts shared in the story tree research groups.

Comparisons showed a lot of agreement on what changes need to happen. This was when the minutes tree was produced, illustrating what we thought and how we are all together on our journey to getting things right.

Where the story tree facilitated the bringing together of lived experience stories and thoughts, the minutes tree became a visual representation of the views of the combined expertise within the Mental Health Action Group.

Stage 3 Minutes Tree illustrated right

The Minutes Tree

Stage 4 - Our co-produced vision

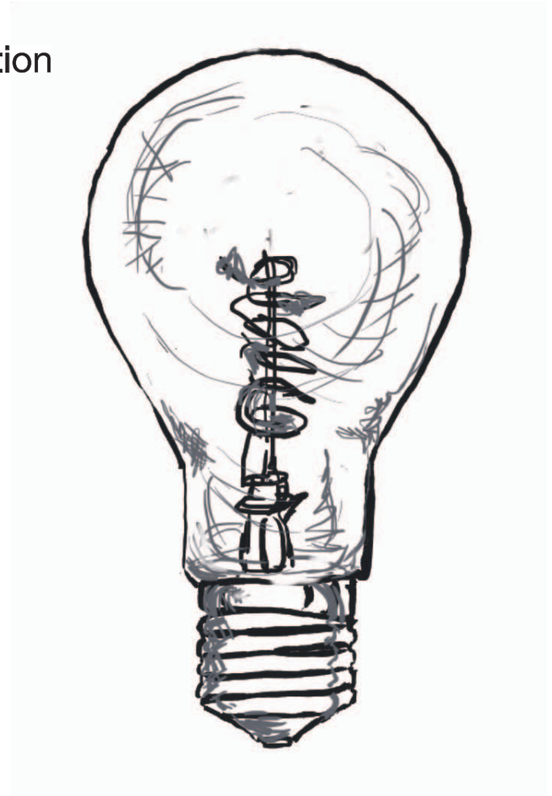
With all the information gathered the group found they had a fully co-produced vision of what 'getting it right' means in terms of mental health and homelessness. These became the priorities for improving support for people experiencing mental health and homelessness.

A Co-produced Future

While developing the key priorities listed earlier, a more comprehensive list of solutions were agreed upon.

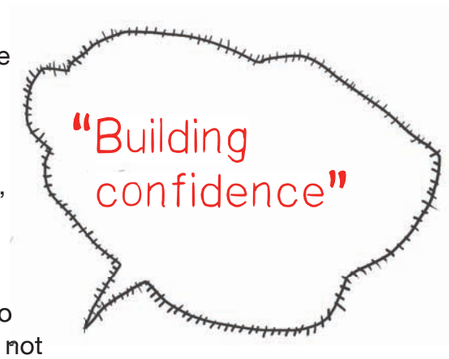
In the next few pages these solutions are listed, broken into eight categories:

- Human Rights
- Peer Support
- Approach
- Place
- Addiction, Diagnosis and Medication
- Appointments
- Training
- Communication



Human Rights

- Always treating people experiencing mental health issues and homelessness as individuals. Showing empathy and not making judgements.
- Protecting the rights of individuals to access consistently good quality homeless mental health care taking into account that the needs and requirements of those who are homeless may differ from those in more stable accommodation.
- Being committed to a Statement of Rights which supports the right to be treated well and to have access to support when it's needed with all organisations/services involved with mental health and homelessness to make a commitment to support this.
- Recognising the right of individuals experiencing mental health issues and homelessness to access support 24/7 as "homelessness is not part-time" (quote from a service user currently receiving support).
- Respecting and empowering individuals with lived experience.
- Ensuring individuals are clear what their rights are.
- Individuals with lived experience to have the option to share important information easily by carrying an information card. This card proves and explains diagnosis, and includes details such as medication, allergies, emergency contacts. Sharing information easily is useful when in crisis, or when a reminder of details is needed.



- Listening to and involving a collective voice by having people with lived experience involved in all levels of service delivery and decision making.
- Having no postcode limitations – being able to access a service should not be determined by where an individual sleeps.
- Building confidence in service users that if they disagree with a services' opinions (diagnosis, process etc) it won't lead to a punishment (for example, discharge or referral or being blocked from services).

Peer Support

- Involving more peer mentors and individuals with lived experience in support at different levels, depending on the needs of the person.
- Peer led support being available through informal meet-ups and local user groups (for example: wellbeing sessions like arts, writing, gardening) led by individuals with lived experience.
- Easily accessible peer support which also runs training, gives guidance to organisations (including being on decision making panels) builds relationships between people and organisations, and campaigns for change.

Approach

- Systems and services are simplified and connected so it's easier to navigate them.
- All services and organisations connected to mental health and homelessness having the same approach to providing care.
- Making the process of 'presenting' as homeless for everyone quicker and simpler, including no longer requiring an individual to prove vulnerability.
- Having mental health specialists at police stations, hostels and attaching specialist units to hospitals for 24/7 access.
- Being transparent about decisions made affecting an individual's care.
- Giving better resources to community mental health teams and increasing their accessibility.
- More care workers, care coordinators and support workers working to a job role which has been co-produced.
- Having a person centred approach where individual with lived experience is at the centre of the support they receive.
- Less involvement from police and better support from specialist services.
- Being able to check information without having to request letters for evidence and not being charged for letters when it is necessary.
- Using information hubs to share up-to-date information about support, services and rights, so it's clear what's available, what to do next and where to go.
- Sharing information and resources, including research, across NHS, charities, services and other organisations.
- Organisations sharing and replicating examples of good practice and holding each other to account.
- Frontline staff take responsibility ensuring there is no more insistences of being told "it's not my job".
- Having a simplified referral process which is jargon free and gives feedback.

Systems and services are simplified and connected so it's easier to navigate them.

Place

- Having safe places available, and working together to make sure the Section 135 (being taken to a safe place from a private place) and Section 136 (being taken to a safe place from a public place) have an impact.
- Making sure all accommodation is welcoming, secure and feels safe.
- Having more emergency accommodation and social housing which include support for individuals with mental health needs.
- Offering alternative options, for example, support may be available in a different area.
- Using empty buildings effectively and flexibly.
- Housing associations offering preventative support around mental health.
- Having better and more secure tenancy agreements.
- Never discharging people from facilities (such as detox, rehab, psychiatric wards, prisons) when there's no fixed address for them to go to.

Addiction / Diagnosis / Medication

- Recognising that addiction, mental health and homelessness are connected and affect each other with a clearer link and understanding that detox is part of the bigger picture around mental health and homelessness.
- Involving the individual with lived experience in their diagnosis and medication reviews to make sure labels are clearly explained and the diagnosis feels right.
- Recognising that things change - a diagnosis today, might not be relevant in 6 months.
- Understanding that although a medication side effect may appear small it could have a great impact on an individual's wellbeing.
- Properly describing diagnosis when they are shared with other services to avoid judgements and stigma if the diagnosis is not understood. Or avoiding diagnostic terms and use symptoms instead.
- Giving a full support package, not just offering medication.
- Receiving support which is not reliant on the friends or family of an individual experiencing mental health issues as not everyone has this network available.

Giving a full support package, not just offering medication.

Appointments

- Having appointments which last as long, and are as frequent, as each individual needs.
- Having the option of combined appointments between different services allowing everything to be straightforward and preventing miscommunication.
- Having different types of support available from different people, at different times.
- Being flexible about appointment locations (this includes crisis teams) as some people may not be able to get the most from support offered if the appointments are in a formal environment, a certain area or in their own accommodation.
- Preventing automatic discharge if someone does not attend (DNA). The cause of non-attendance should be investigated first as not attending is usually an indicator of a person requiring more support, not less.
- Providing support to help individuals get to appointments if it's needed.

Training

- Longer and more in-depth mental health training for all frontline staff, including the police.
- Training to help frontline staff identify when it's appropriate to contact the police.
- Training to help frontline staff manage their own mental health (self– care).
- Providing training for friends and family, when available and/or appropriate. This can include providing access to carer groups and peer mentors to help prevent feelings of isolation.

Communication

- Managing expectations by being open and honest to the individual using the service. For example, sharing true timescales for support and not being afraid to discuss tendering processes if it may affect them in the future.
- Raising awareness of mental health crisis and reducing the stigma of certain diagnoses.
- Sharing details about what happens in services so there's no fear, for example, about being sectioned.
- Information available in different forms so it's easily accessible (not just online). This would be further enhanced by information hubs.
- Communicating helpfully with no jargon, acronyms, or talking down to people. Mail being personalised, so it's clear who sent it, and who it's for with information about who to contact if something doesn't make sense.
- Phone calls being returned by organisations and not from unknown/withheld numbers.
- Appointments are confirmed in writing even if already agreed over the phone.

Sharing details about what happens in services so there's no fear.

What Next?

This report has identified what 'getting it right' means in terms of mental health and homelessness and now it's vital we all make a commitment to achieving this vision.

In terms, of the Mental Health Action Group, we will be encouraging each other to bring our co-produced vision to life. We hope that by sharing our journey many more individuals, groups, communities and organisations will also commit to real action.

Commitment might be different, depending on whether you're an individual with lived experience, or work in organisations delivering or influencing services but equally valuable.

To find out more about the work of the Manchester Homelessness Charter, the developments of the other action groups and to follow the Mental Health Action Group as it continues to grow please go to https://charter.streetsupport.net/

Afterword

Six years ago, I found myself homeless as a direct result of my mental health.
I'd lost my job, also due to mental health, and things had spiralled downwards until I was convinced my only escape was suicide. Fortunately, the emergency services intervened in time but it was too late to save my tenancy and to rehouse me before I was evicted.

After a period of sofa-surfing I was placed in a council flat but the events had a deep impact – to this day I find it almost impossible to allow even those I trust into my home for fear of being judged or be told to leave, I struggle to open letters which may concern my tenancy and I can't open my front door to people.

Much of what happened then, and what continues to happen, could have been prevented if even some of the recommendations in this report were in place.

I was put on mandatory sick leave from my job and the loss of my routine left me unsure what to do with my time...

...So I slept. Sometimes I would sleep for 18 to 20 hours a day. I would barely eat, sleep or wash...

...I missed a psychiatrist appointment and after much effort managed to ring and explain what was happening but the next appointment came through for the start of a morning clinic and my alarm failed to wake me...

...I was discharged. My GP did what he could – he took my prescription off repeat so I would have to go and see him, he only gave me two weeks of tablets at a time so the contact should be regular...

...But there wasn't the option to book appointments in advance which meant I had to phone the practice at 8:30am when I needed more medication and hope I could get into to see that particular GP as I was too dazed and sluggish to even attempt to explain my story to someone else. It felt as though I was trapped in fog and my body encased in concrete. The world didn't seem real and I felt like I was always moving in slow motion, with every move taking much more effort than the last...

...The effort of phoning meant I would only take my medication every other day, then every three days. So, on top everything else, I was in constant withdrawal...

...Getting re-referred to a psychiatrist was problematic. Although I'd been discharged less than a year before, the process had to start from scratch. But the process couldn't start again because of the question of where I would be sleeping after I was evicted. I lived on the edge of a catchment area division and it was likely I was going to be housed less than two miles away but that area fell in the other catchment. Until my housing was agreed and I had moved, the paperwork couldn't be processed despite my attempting suicide twice in one day and my imminent homelessness."

Stories like mine are common.

Predictable decline in mental health is met with an uncoordinated withdrawal of services and escalating barriers to re-entry.

When you are battling with yourself to stay alive, it's almost impossible to ask for help as you don't feel worthy of anything good, let alone support.

With every systematic knockback, every unreturned phone call, every piece of wrong information, the "proof" that you aren't worthy increases and it becomes increasingly difficult to fight for something you aren't entirely sure you deserve.

Fortunately, the tide is turning and, even in the process of this report being published, we are seeing changes: the Greater Manchester Mental Health Trust has taken our recommendations on board and have an operational group specifically focussed on making them happen, and more and more organisations have been contacting the Mental Health Action Group asking if they can be involved. It feels like everyone is ready for change.

I hope this report will be the beginning of something we've needed for a long time – fairness and equality for those who need help.

Tess Tainton
Co-Chair of Mental Health and Homelessness Action Group

For more information:
https://inspiringchangemanchester.shelter.org.uk
https://charter.streetsupport.net
email: icm@shelter.org.uk

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