

St Mungo's

Evidence to the Mayor of London's
Health Inequalities Strategy

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Overview

St Mungo's is London's leading provider of accommodation and support to vulnerable adults with multiple needs who are homeless or at risk of homelessness. We work with many of the most excluded members of London's community. We have long been aware of the huge health problems – physical health, mental health, and substance use – that our clients live with. We have extensive practical experience, and considerable research evidence, on what those needs are, and on where existing healthcare provision is or is not effective, or simply does not exist.

We enclose as part of our submission of evidence a draft version of a research project we have undertaken in the past nine months into the health of our hostel residents, our draft health strategy which outlines ways to tackle the physical health needs of our clients, and the results of our 2005 survey of 1500 single homeless people's physical health needs.

For this overview, we would like to break the subject down into four headings - physical health, mental health, and health determinants – and for the sake of brevity limit our comments to a few bullet points on each. Most of our clients have issues in two or more of these areas. The distinctions made by this categorisation are of course largely artificial, and in fact part of the problem: health and social care services are designed to treat parts of a whole, but the treatment is rarely joined up because the services aren't. More in-depth analysis is available in the accompanying documents, or in discussion should you wish to take the matter further.

Our perspective is as an agency that works with the homeless in particular and vulnerable adults with multiple needs in general.

Physical Health

- A key point is that *health inequalities* means exactly that. One person will get good treatment and the next will not. What determines this is the area/local authority/PCT they happen to be in, what social class they come from, and what their circumstances are.

Firstly, the area. Different PCT's provide different services. Where there are specialised services for homeless people, these provide different services in every PCT. **Recommendation: an accepted standard of care** – every primary healthcare service for homeless people should include, for example, podiatry and counselling – **and for the formation of a single primary care service for homeless people for London.**

Secondly, social class and circumstances. Some homeless people still face blatant discrimination: they are treated with disrespect, and given different/worse treatment than their housed counterparts. A more subtle form of discrimination is the application of inappropriate treatments (e.g. someone with an alcohol dependency discharged to a B&B and expected to attend three-times-weekly dialysis as an outpatient) or advice (“go home and put your feet up for a couple of weeks”, as one rough sleeper was advised). **Recommendation: a broad training programme for medical staff in London on how to work with homeless people, and for discharge and treatment plans for all homeless people and people with complex needs.**

- Health care for people with multiple conditions (one resident in our 2002 hostel survey had 13 treatable physical health conditions as well as poly-

substance dependency and mental health disorders) is a complex business. It cannot be effective when each treatment component is managed separately, and often in opposition to each other (the old problem of mental health services not working with substance users, and substance use services not working with people who have mental health disorders and are not 'motivated' to become abstinent remains embarrassingly common). **Recommendation: care pathways are established for homeless people and for people with complex needs, with a single named care navigator in charge of each case. Ideally, these would sit within the single London-wide homeless health team.**

- Lack of appropriate facility. Most people can go home after hospital treatment or minor surgery at their GP's, and be looked after by someone, and visited regularly by nurses etc. This is not an option for homeless people. Supporting People funding specifically prohibits the giving of 'care' to clients; most hostel staff are not trained in providing care to sick people. This means homeless people face unsafe discharges, or unnecessary hospitalisations; existing intermediate care facilities cannot meet the needs of this population which frequently has comorbid mental health, substance use and/or behavioural difficulties. **Recommendation: two 'hospital at home' projects - hostels with nursing care - for homeless people in London.**
- Lack of appropriate support. As mentioned above, Supporting People funding specifically prohibits providing care as well as support: it can only fund housing-related support. What are needed are health-related support workers who can help homeless people and people with complex needs use hospital and GP services more effectively so that treatments are completed or are accessed in a timely fashion. **Recommendation: that a Health-Related Support funding stream is developed by the Dept of Health to work alongside the social care funded through Supporting People.**

Mental Health

- There is a dire lack of provision of treatment for homeless people, or for people with comorbid substance use, of any mental health disorders other than the major psychiatric illnesses (schizophrenia and bipolar disorder), and even that is restricted to (often enforced) hospitalisation and drug treatment. Surveys show very high levels of personality, anxiety and depressive disorders among this client group, as well as high levels of post-traumatic stress disorder and avoidant engagement patterns. **Recommendation: the establishment of psychological therapy services to work with this client group where they are, i.e. in hostels, day centres, hospital wards etc**
- Too often people with substance use issues are not allowed access to mental health treatment because of their substance use: statutory agencies say they cannot assess them. Many of these people will not accept abstinence as their substance use is their coping strategy for their psychological disorders; and if they do do a detox or rehab, they often develop serious mental health problems, including psychoses, while doing so or relapse quickly afterwards when they are out in the world again. **Recommendations: that it is no longer acceptable to refuse to assess someone because they also have substance use problems; and that staff working with this client group, including medical staff and social workers, need training to understand**

the links between substance use, psychological disorders, and mental illness.

- There is a lack of specialised rehab projects for people with complex needs, and a lack of willingness to fund longterm rehab for people who may have twenty or thirty-year histories of substance dependency. There is strong evidence that the longer the treatment, the more enduring the outcome. Treatment is often refused to people who have 'failed' before, when the failure is often because of inappropriate referrals to short-term resources with inadequately skilled staff. These are often caused by budget-led rather than clinically-led assessment. **Recommendation: the commissioning of more rehab spaces for people with complex needs, and of longer-term (year plus) rehab for people with longterm dependency issues.**
- People with mental health problems and complex needs have the same difficulties others have in using a fragmented and often autocratic health and social care system, only exacerbated by their mental disorders. They need a single focus of support. Those on CPA or enhanced CPA's usually have this through their named keyworker, but those who do not fit within this system – i.e all those without major psychiatric diagnoses – are excluded from it. **Recommendation: the establishment of a system of 'care navigators' for people with mental health problems and complex needs to enable them to make most effective use of existing services.**

Health Determinants

St Mungo's has long recognised that there is more to life than just 'needs' – people need something worthwhile to do, someone to love and somewhere to live. Those we work with are disproportionately denied all three of these things: they are homeless, they usually have a history of broken relationships and often of abuse, and they are largely underskilled and unemployed.

- We established Europe's most extensive network of services to provide vocational training, basic employability skills, and specialised jobsearch for these clients. Most of the funding for this has disappeared, and again Supporting People funding specifically excludes supporting training or employment functions. **Recommendation: that a funding stream is established by the DWP for the provision of specialised support around basic employability skills for people facing chronic exclusion, including those with mental health problems.**
- People with mental health problems face enormous discrimination in returning to work, even after relatively short periods of illness; most people who have been out of work for more than six months for mental health reasons never work again. **Recommendation: that a national minimum standard be set of, e.g. 10% of staff, to have histories of mental health problems for all organisations with more than, e.g. 100 employees.**
- There isn't enough affordable housing in London, but for those affected by the complex health issues outlined above there is a terrible shortage of housing with support. Many people remain in frontline hostels because of the lack of medium-high supported move-on accommodation. **Recommendation: some of the funding recently transferred to low-support floating support**

schemes be redeployed to provide more intensively supported accommodation for those with complex health needs.

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About St Mungo's

St Mungo's is opening doors for London's homeless. Every year we help more than 5000 homeless and vulnerable people find responsive and integrated solutions for problems with housing, employment, training and health.

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Many vulnerable people have had difficult childhoods, experienced traumatic events and have complex problems. We offer a range of specialist help to address their needs - from mental health and drug use, to setting up a new home.

Our staff, volunteers and supporters help homeless people unlock their potential for a better life.