Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar anghydraddoldebau iechyd meddwl

This response was submitted to the Health and Social Care Committee consultation on mental health inequalities

MHI 89

Ymateb gan: | Response from: Cymorth Cymru

Senedd Health and Social Care Committee

Call for evidence: Mental health inequalities

A response from Cymorth Cymru

February 2022

About Cymorth Cymru:

Cymorth Cymru is the representative body for providers of homelessness, housing and support services in Wales.

Our members provide a wide range of services that support people to overcome tough times, rebuild their confidence and live independently in their own homes. This includes people experiencing or at risk of homelessness, young people and care leavers, older people, people fleeing violence against women, domestic abuse or sexual violence, people living with a learning disability, people experiencing mental health problems, people with substance misuse issues and many more.

We act as the voice of the sector, influencing the development and implementation of policy, legislation and practice that affects our members and the people they support. We are committed to working with people who use services, our members and partners to effect change. We believe that together, we can have a greater impact on people's lives.

We want to be part of a social movement that **ends homelessness** and creates a Wales where everyone can **live safely and independently** in their own homes and **thrive in their communities**.

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1. Introduction

1.1 Cymorth Cymru welcomes the opportunity to contribute to the Committee's inquiry into mental health inequalities in Wales. In particular, we value the opportunity to share perspectives from the homelessness and housing support sector.

1.2 This response is based on our engagement with a wide range of people providing and using homelessness and housing support services. This includes people with lived experience of homelessness, the frontline staff who attend our Frontline Network Wales meetings, as well as more senior staff who attend our Regional Provider Forums and the Third Sector Substance Misuse Network. A combination of our knowledge of these settings alongside empirical data and reports undertaken by our member organisations and others has led us to the conclusions as presented in this response.

1.3 Our response is structured in line with the questions presented in the consultation.

2. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

2.1 Research has indicated that people with experience of homelessness are more likely to experience poor mental health.

2.2 Our Health Matters report[1], published in 2017, explored the health needs of the homeless population and was based on 322 surveys of people experiencing homelessness in Wales. The research found that on average, each homeless person had 2.28 mental health problems. For those who reported a mental health problem, nearly 70% had experienced depression, over 50% had experienced anxiety, nearly 30% had a dual diagnosis, and 15% had experienced psychosis.

2.3 Homeless Link has published data from 27 Health Needs Audits across England[2], which shows that 86% of respondents reported a mental health difficulty. 22% said they had experienced depression for 12 months or longer, with 12% having had depression for less than 12 months.

2.4 The Centre for Mental Health[3] describes the 'triple barrier' of mental health inequality, highlighting how the risk of poor mental health affects the population in different ways, and the groups who experience the most disproportionate risk are those who deal with other societal inequalities.

2.5 These groups can experience difficulties accessing and benefiting from services intended to support them. This was already the case prior to the Covid-19 pandemic, which has exacerbated many risk factors for these groups.

2.6 The groups highlighted by the Centre for Mental Health as experiencing this disproportionate risk are mirrored in much of the data surrounding which groups can be considered most at risk of homelessness – yet people experiencing homelessness are not listed as a group at risk of poor mental health. Although the resource is likely not intended as an exhaustive list, the omission of people experiencing homelessness is surprising - especially when considering the stresses inherent to homelessness, as well as the steep increase in households dealing with homelessness due to the Covid-19 pandemic.[4]

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[1] Cymorth Cymru, Health Matter report, 2017
[2] Homeless Link, Health Needs Audit
[3] Centre for Mental Health, *Mental health inequalities: factsheet*, 2020
[4] Welsh Government, *Homelessness: April 2020 to March 2021*, 2021

2.7 Once you consider that many people experiencing homelessness have already experienced multiple societal inequalities or traumas such as poverty, health problems or disability, abuse, or discrimination, this risk becomes even higher:

- Research from Shelter Cymru found that particular groups were prominent among people rough sleeping, including prison leavers, care leavers and people with complex or unmet needs - such as poor mental health, substance use disorders, being a prison leaver, having learning difficulties, or fleeing abuse.[5]
- Half of people with lived experience of homelessness in Wales have experienced four or more Adverse Childhood Experiences (ACEs) – substantially higher than the rest of the general population, and an enormous risk factor for poor physical and mental health outcomes throughout a person's lifetime.[6]
- Nearly a third of people with lived experience of homelessness in Wales during the Covid-19 pandemic had a long-term health issue before being formally identified as homeless – with the three most common of those health issues being alcohol dependency, depression, and drug dependency.[7]
- Research from akt in England showed that 61% of LGBT+ young people experiencing homelessness felt frightened or threatened by their family members before becoming homeless.[8] Supporting this, data from Llamau shows that LGBT young people are more likely to be made homeless due to family breakdown than their non-LGBT peers – and LGBT young people in supported housing face a significantly higher incidence of mental health issues than their non-LGBT peers.[9]
- Research from Shelter in England found that one in 23 black households became homeless or were threatened with homelessness pre-Covid-19 pandemic compared to just one in 83 households from all other ethnicities combined. Plus, a quarter of the homelessness applications that local authorities received were from Black, Asian and Minority Ethnic (BAME) households making them disproportionately affected in the statistics when they are understood to make up just a tenth of all households in England.[10]

2.8 The overlap of trauma, ill health, social inequality and discrimination faced by many people experiencing homelessness means that this group is at particularly disproportionate risk of developing poor mental health, and often face barriers to getting the support they need.

3. For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

3.1 Firstly, we want to state our support for staff working within mental health services, who face huge challenges with capacity and vicarious trauma. The barriers we outline below are predominantly systemic rather than the fault of individuals. However, it is clear that many people with experience of homelessness are facing barriers that impact not only on their mental health but also on their ability to exit homelessness and/or maintain a home.

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[5] Shelter Cymru, *Trapped on the Streets,* 2018
[6] Public Health Wales, *Homelessness and Childhood Adversity*, 2019
[7] Public Health Wales, *Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic*, 2021
[8] akt, *The LGBTQ+ Youth Homelessness Report*, 2021
[9] End Youth Homelessness Cymru, *Out on the Streets,* 2019
[10] Big Issue, *Black people in UK 'three times as likely to experience homelessness'*, 2020

3.2 Health Matters research

3.3 Our Health Matters[11] research asked people experiencing homelessness about the barriers they faced when accessing healthcare services. For those experiencing mental health problems, the most common reasons were 'waiting lists' (26%), 'couldn't get an appointment' (16%), 'wanted to wait and see if the problem got better on its own' (14%) and 'due to my drug or alcohol use' (13%).

3.4 Feedback from service providers

3.5 **Waiting lists:** While this issue is not specific to people experiencing homelessness, a common complaint is that waiting lists for mental health services are too long. This can have a significant impact on someone who may already be precariously housed, or is trying to exit homelessness or maintain a tenancy. The health consequences – for the person and the public purse – are exacerbated if someone becomes homeless because they weren't able to access timely mental health support.

3.6 **Practical barriers:** Some of the barriers facing people who are experiencing homelessness from accessing mental health services are purely logistical. For example, a person with no fixed address or reliable access to technology may struggle to sign up to a GP surgery or receive notice of upcoming appointments or assessments – which is often sent via letter, text or phone call. If that person changes location often, different health boards or NHS trusts may not be aware and will struggle to transfer relevant health information to the appropriate bodies. The uncertainty and instability of homelessness can also make it very difficult to keep appointments, and some services remove people from their patient list if they do not turn up for appointments, preventing them from being able to get the help they need. An unwell person with no secure living space or ability to check-in with a support provider may struggle with accessing and adhering to prescription medications.

3.7 **Co-occurring mental health and substance use issues:** Again, while this issue is not unique to people experiencing homelessness, we commonly hear complaints about the barriers that people experiencing homelessness, mental health problems and substance use problems face, due to co-occurring nature of these issues. We have been told by people and services that they been passed between mental health and substance use services, with disagreements about lead needs resulting in the person not being able to get the treatment and support they need. The Welsh Government's Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem[12] is clear that mental health and substance use services should work in partnership to ensure that people get timely, person centred, holistic treatment and support. However, this is not the experience of many people with experience of homelessness, mental health and substance use issues.

3.8 **Lack of trauma informed approaches:** Research by Public Health Wales found that 87% of people with experience of homelessness had experienced at least one Adverse Childhood Experience (ACE) compared with a Welsh average of 46%. Half of those with experience of homelessness reported they had experienced four or more ACEs, compared to just 11% in the wider population. We know this can impact on people's ability to trust services and regulate their emotions, which can lead to frustration, verbal or physical outbursts, and people being removed from, or denied access to, services. In addition, if people are using substances to cope with trauma, and this isn't understood as a coping mechanism, then the person may face judgement and additional barriers to services.

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[11] Cymorth Cymru, Health Matter report, 2017
[12] Welsh Government, Service Framework for People with Co-Occurring MH and SM Problem, 2015

3.9 **Stigma:** People using and delivering services have told us about the stigma and judgement that people can face from health professionals due to their experience of homelessness. They talk about not being listened to or taken seriously, and not being able to access the support they need. This can lead to a lack of trust or confidence in the system which can lead to disengagement. This stigma can be even greater if people are experiencing homelessness and using substances.

3.10 **Crisis presentation to other services:** Someone experiencing homelessness and a mental health crisis may not access mental health services through traditional routes, such as calling their GP. Instead, this crisis may be encountered by other public services such as the police, social workers or housing officers, who may not be trained in how to deal with trauma or mental health crises. People might end up being dismissed due to their homelessness, or being taken into custody if there has been disruption in public places or homelessness services. This can delay or prevent access to the treatment and support that people need for their mental health. While positive work has been undertaken to improve public services' understanding of mental health, and on the Mental Health Crisis Care Concordat for Wales[13], the views from our members indicate that more needs to be done.

3.11 **Funding barriers:** Sometimes, the barrier is financial, or tied to commissioning and procurement of services. Once a medical professional, support worker or other public servant can correctly identify and work to improve the mental health of someone experiencing homelessness, it can be hard to find the right services to help them and NHS waiting lists are a huge issue[14]. While some people might be able to pay for private treatment, it is highly unlikely that someone experiencing homelessness will have access to this level of resource. Although it is possible to access funding for private treatment, the treatments available and the grants given for them are often very specific. For example, if a person has a serious mental health condition with a concurrent substance use disorder, it may be difficult to find a service that will treat both at the same time. If a service is found, it may be impossible to secure funding to cover both treatments.

3.12 Feedback from people with lived experience

3.13 In February 2020 we met with approximately 80 people with experience of homelessness and/or housing support services in Wales and asked them what a variety of public services should do to prevent and homelessness in Wales. While lots has changed during the pandemic, the following paragraphs provide a summary of their comments, and direct quotes can be found on page 9 of the resulting report[15].

3.14 **Mental health:** The largest proportion of comments about health services were related to mental health, with a particular focus on access to services. People commented on the need to reduce waiting times for appointments and referrals to services, as well as calling for more mental health support groups in the community. People also called for more mental health support to be provided in supported accommodation schemes. Some people suggested that the threshold for accessing services should be lowered, to enable more people to access services without seeing their mental health deteriorate further. Others called for more sympathy within mental health services, while recognising that they were understaffed and needed more resources.

3.15 **Substance use issues:** A number of people called for more training for GPs and other health professionals about alcohol, drugs and mental health. A particular point was made about understanding the use of substances as a coping mechanism and ensuring that this

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[13] Welsh Government, Mental Health Crisis Care Concordat, 2019
[14] Mind Cymru, *Too Long to Wait*, 2021
[15] Cymorth Cymru, Experts by Experience, 2021

wasn't used to prevent access to mental health services. People advocated for quicker access to treatment and for a greater focus on preventing substance use problems. Several people called for more funding and support for harm reduction approaches such as needle exchanges and safe injecting spaces, as well as calling for more training for professionals to administer naloxone.

3.16 **Access to health services:** People called for GP registration to be made easier, citing the need for ID, photos and a fixed address as barriers they had faced. Some people talked about how the physical environment in health settings can cause anxiety for people, suggesting that more thought could be put into making this experience less stressful for people. They also called for more flexibility and understanding of their circumstances, saying that doctors and dentists shouldn't write people off if they miss appointments. Some people highlighted positive examples of doctors and dentists working with supported accommodation providers to ensure access to health services. Others said that people experiencing homelessness should be regarded as a priority for healthcare. People also talked about the importance of support services in helping them to engage with health services.

3.17 **Compassion, consistency and listening to people:** People called for GPs to be active listeners, pointing out that people don't want to attend appointments if they don't feel listened to - and that some people worry about not being heard if they are not a good communicator. People wanted to be treated with respect and as 'equals', and to see the stigma of 'them and us' reduced. They didn't want to concentrate on negative experiences and issues, and valued having the consistency of the same GP so they didn't have to repeat their history and past traumas to lots of different people.

3.18 **Working in partnership:** Several people talked about the importance of health, social services and housing working together effectively. They said that release from hospital into homelessness should not be permitted, regardless of whether people were in hospital for physical or mental health issues. Communication and information sharing between and within organisations was also raised by a number of people. They called for health services to communicate more effectively with housing and support providers and commented on the need for housing to be treated as 'equal partners' by health. People also called for more doctors and substance misuse services to pro-actively refer to housing services, highlighting the impact of homelessness on people's mental and physical health.

4. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

4.1 National policy join-up

4.2 Over the past few years we have seen increased join-up between homelessness policy and mental health / substance use policy within the Welsh Government.

4.3 The Welsh Government has repeatedly emphasised that homelessness is not just a housing issue, but a cross-government, and public service issue. There has been a greater recognition of the importance of partnerships between homelessness and health services, with a particular focus on mental health and substance use services.

4.4 This has been reflected within Welsh Government strategies and delivery plans, with homelessness and Housing First featuring in in the Substance Misuse Delivery Plan[16] 2019-2022 and the Together for Mental Health Delivery Plan 2019-2022[17].

4.5 Funding has also been made available from the Welsh Government's health budget to support people with 'complex needs', including homelessness, mental health problems, and substance use issues. This funding has supported partnership approaches between homelessness, mental health, and substance use services, including supporting the delivery of Housing First.

4.6 During the Covid-19 pandemic there were further examples of close partnership working, particularly between homelessness and substance use services, both in the development of national pandemic guidance and at regional and local service delivery, providing support to the thousands of people in emergency accommodation. The 'Everyone In' approach provided a unique opportunity for people who had previously struggled to engage with services to access support for their mental health and substance use issues.

4.7 The Welsh Government has recently published its Ending Homelessness Action Plan[18], which includes specific actions relating to improving practice and provision for people with mental health and/or substance use issues. The transition towards Rapid Rehousing, also referenced in the Action Plan and Programme for Government[19] is being led by the housing directorate, but working in partnership with officials responsible for mental health and substance use policy.

4.8 All of these developments have been very positive, but there is still more to do to ensure that policy intent at a national level has an impact on service delivery locally. In our view, the Welsh Government should continue to work to work in partnership at the highest level and consider how to ensure that services at local and regional levels can turn policy intent into practice.

4.9 Trauma informed policy and practice

4.10 As referenced above, research by Public Health Wales found that people with experience of homelessness had much greater experiences of ACEs that the general public. From our engagement with people using and providing homelessness and housing related support services, we know that experience of trauma in both childhood and adulthood is common, and this is often accompanied by system failures that can leave people struggling to trust or build relationships with services. For many years we have advocated a psychologically-informed, or trauma-informed approach to service delivery within homelessness services and we have developed and delivered training in partnership with the Adverse Childhood Experiences Support Hub in Wales.

4.11 Welsh Government policy has increasingly recognised and referenced the importance of trauma informed approaches, although this varies across different policy areas. This includes trauma informed support delivery, psychologically informed physical environments, reflective practice and psychological support for frontline staff, and making sure that this approach is supported by leadership, service design and commissioning processes. In our view, it is critical that all public services develop this approach, including mental health services. Some of the accounts from people with experience of homelessness who have tried to access mental health treatment and support indicate that more needs to be done to ensure a trauma informed approach in these settings.

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[16] Welsh Government, Substance Misuse Delivery Plan, 2019
[17] Welsh Government, Mental Health Delivery Plan, 2019
[18] Welsh Government, Ending Homelessness Action Plan, 2021
[19] Welsh Government, Programme for Government, 2021

5. What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

5.1 **We recommend the following actions:**

5.2 Continued join-up across Welsh Government housing, mental health and substance use policy.

5.3 Continued complex needs funding from the Welsh Government health directorate to fund multi-disciplinary support for people experiencing homelessness, mental health and/or substance use issues.

5.4 Consideration of how to fast-track access to NHS mental health services for people experiencing homelessness, including people in Housing First projects.

5.5 Continued investment in multi-disciplinary homelessness teams, to ensure that people experiencing homelessness have immediate access to mental health and substance use support without having to navigate mainstream services.

5.6 Continued investment in specialist housing support services for people with experience of mental health and/or substance use issues.

5.7 Continued commitment to funding Housing First projects and maintaining high fidelity to the Housing First Wales principles, including involvement and rapid access to mental health services.

5.8 Continued commitment to embedding psychologically informed and trauma informed policy and practice across all Welsh Government departments and public services in Wales.