Case Study 2 from Homeless and Inclusion Health Nursing Case Studies – Rough Sleeping Project
Raising awareness and understanding of Homeless and Inclusion Health Nursing and demonstrating the value of this specialist role. DHSC and QNI

Full report can be found here: Case studies - Happy Healthy Lives

Mental Health Nurse: Rough Sleeping Project

A project working with an identified cohort of people who have been rough sleeping for long periods of time and accommodation and health services have not been successful at engagement with accommodation and health services; the assumption being that it is emotional distress/mental health problems that underly their situation.

By Mental Health Outreach Nurse

Context

A cohort of people, mostly known to services but whom services have failed to engage.

• Sometimes the people identified are very visible, well known and supported by the public (often being provided with food, drink and other support).

• Sometimes the people concerned are very hidden due to a high level of distrust of services, (Kings Fund 2020).

• Research shows that the longer people stay in their situation of distress, the harder it is for them to find a way out of the situation.

• It is also commonly known that rough sleeping is incredibly detrimental to physical and mental health and reduces a person's life span.

• Prior to this intervention, services were not able to spend the time necessary to build engagement with people who are so mistrustful. Services have not traditionally had the flexibility or the longevity or the understanding to carry out this highly specialized work.

• People have been discharged for 'non-engagement' and left in their situation, often due to the belief that they are actively choosing this way of life; without anyone having been able to truly understand that very pro-active intervention is often necessary and can have very positive outcomes.

Solution

Proposed change: the provision of services for this specific group of people and an enhanced understanding and ability to support people to change their situation.

Action

This service is set up using a person-centred, trauma and psychologically informed approach.

A highly experienced nurse, who has worked in homelessness services for over 14 years and who is registered in both general and mental health nursing, works flexibly, over a long period of time, to get to know the person they are hoping to work with in an entirely person-centered way.

The time spent together is client led and focused on the client's priorities; this can be as wide ranging as buying a new pair of shoes, liaising with asylum seeker services, support to set up a methadone prescription.

This period of extended engagement is also an extended assessment period, allowing for gentle interventions where appropriate such as harm reduction suggestions, anxiety management strategies, physical health advice and referral to the secondary mental health services if deemed appropriate.

This approach means that people who have previously been unable to benefit from any services will have their needs better understood and will be supported to access what they need to achieve for a more meaningful life by a professional advocate who will be alongside them as they negotiate the systems that are currently in place.

This may mean accessing supported accommodation or mental health inpatient stay followed by supported accommodation.

The amount of contact a client needs varies during the different stages of their 'journey' but the client will not be discharged from the service until the nurse is satisfied that they have adequate and appropriate support to continue to work towards their goals.

In the future it is hoped that the client will be able to contact the nurse when necessary in the hope that periods of crisis can be avoided or resolved promptly.

Outcome and Impact

Actual Outcome:

• People have been helped out of their rough sleeping situation.

• People are being supported/treated by the mental health services

• People are now receiving benefits, attending to their physical health needs and have re-established contact with their families

• Reduced A&E admissions.

Actual Difference:

• People are now accommodated and/or receiving treatment/support for their mental health

• Services are working better together, better understanding of the breadth of need for this client group.

Quantitative:

10 people on initial caseload

The highly experienced nurse, who has worked in homelessness services for over 14 years, will work flexibly, over a long period of time, to get to know the person who they are hoping to work with. '

• 2 people are in supported accommodation following mental health inpatient stay

• 3 people are in their own flats with visiting support services

• 1 person in a hostel has funding for supported accommodation but a reduced drug use is required for this, with intensive support in place to achieve this goal and to attend assessment with the mental health team

• 1 person is in emergency accommodation who has attended assessment with the autism service and is now being supported to achieve a goal to live in their own flat

• 1 person actively decided to stop working with the nurse but the understanding gained during the initial assessment has enabled the nurse to continue to liaise with other services and has been able to suggest other support that could be offered

• 1 person has left Bristol – presumed to have returned to Wales

• 1 person was supported to engage with immigration services and is currently in London, doing so.

Two years later; 28% of outreach service clients required MHN input.

Qualitative

Feedback:

A client with learning difficulties, who did not communicate with anyone apart from attending A&E, now regularly texts several individuals from different services.

A client, currently in mental health supported accommodation, received support from the Early Intervention with Psychosis team for a total of 3 years. He also turns up to the office of this service if he has any concerns, because he feels safe and understood.

Financial:

Of the initial caseload of 10 people, this project enabled 6 former rough sleepers to move successfully into their own accommodation, with appropriate support. Cost data from Pleace and Culhane (2016) estimated the total public sector costs of a person experiencing homelessness to be as much as £38,736 per person per year in England (based on 2019/20 prices).

This included NHS costs (£4,298), mental health services (£2,099), drug and alcohol services (£1,320), criminal justice sector costs (£11,991) and homelessness services (£14,808).

On average, they estimated that preventing homelessness for 1 year would reduce the public expenditure by approximately £10,000 per person.

With the complex history and health and social care needs of these clients and the inputs from the team, it is reasonable to assume that this project has potentially avoided similar costs: 6 x £10,00= £60,000 for 6 clients. This success can be scaled, with indications that more clients are likely to achieve similar positive housing outcomes over the next year.

Further significant cost avoidances are indicated:

As a result of the project's actions, it can be asserted that a client in specialist housing with long term engagement with Early Intervention with Psychosis Team is likely to avoid in-patient mental health admission(s). These have not been modelled or quantified, but we can suggest a potential cost avoided for treatment - Longer Term - Psychotic Crisis

(Medium / High Risk) at a unit cost of £600.40

Avoided presentations at A&E, where the average unit cost for A&E Mental Health Liaison Services, Adult and Elderly is £239 (National schedule of NHS cost 2019/20) which frees up capacity for urgent cases.

Lessons Learned and Recommendations

Worked well:

• Flexibility, longevity, stickability (reference from UCL inclusion health module)

• Supervision from psychologist

• Access to budget for drinks, I.D, bus passes etc.

Could be done differently:

• Being part of a multi-disciplinary team

• Closer links with secondary mental health services

How to sustain change over time:

• Collection of evidence in order to prove necessity of long-term funding to secure this service

• Continued liaison with related services to share understanding

• Continued liaison with commissioners to highlight the difficulties that this client group have in navigating the system and accessing services; provide evidence to support system change.

Quotes:

'I thought I was going to die in that tent.'

'She's the only person who has ever believed in me.'

References

• Cream, J. Fenney, D. Williams, E. Baylis, A. Dahir, S. Wyatt, H. 2020 Delivering health and care for people who sleep rough Going above and beyond. The Kings Fund https://www.kingsfund.org.uk/sites/default/files/2020-02/Delivering-health-care-people-sleep-rough.pdf Accessed March 23rd 2022

• National Schedule of NHS Costs FY 2019/20. https://www.england.nhs.uk/costing-in-the-nhs/national-costcollection/)

• Pleace and Culhane (2016) report Better than cure? Published by Crisis. Cited in NICE: Integrated health and care for people experiencing homelessness. Guidance. 2022