A Supported Housing Project in Early Psychosis: Implications for Inter-agency Collaboration

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Introduction

In 2004, the Early Intervention in Psychosis (EIP) service for Newcastle and North Tyneside was commissioned; it is now one of a number of well-established EIP teams in the North East of England (Dodgson et al, 2008). Mental Health Concern (MHC) is a not-for-profit registered charity, established in 1986. It provides a wide range of mental health services, primarily in the North East of England, commissioned by the NHS and local authorities.

This paper describes an innovative response to the challenge of providing appropriate support in housing for young people whose development has been arrested by psychosis, often in combination with co-occurring substance misuse and social disadvantage (Bird 2010). Outcomes from the EIP/MHC Supported Housing project 2009-11 and case studies are described.

Early Intervention in Psychosis

The development of EIP teams was an expectation of the NHS Plan and was described in the National Service Framework for Mental Health (DoH, 1999); targets were set and implemented (Selbie 2006). The Newcastle and North Tyneside team was developed to ensure it met the expected targets for the population, but also took seriously the transformational agenda. We claim major successes in the areas of integrating psychological therapies into routine practice in psychosis, and also in the ability to provide a response to the needs of adolescents who experience early psychosis.

One area described by the Department of Health (DoH) which most EIP services have failed to establish is the provision of specialist in-patient beds. This particular development was less concerned with meeting the demands of crisis or acute in-patient care; rather it was a response to widening the alternative options.

The EIP/MHC Supported Housing project described here was a direct response to the frustrations of attempting to match the needs of young people with agencies whose experience was limited to managing adults rather than young people. The limitations of these standard housing responses were especially evident when developing strategies in coping with substance misuse and associated challenging behaviour. This was the case even in some specialist mental health housing providers, where highly complex combinations of problems were poorly tolerated.

Supported housing in mental health

Description of the Supported Housing project: Mental Health Concern was actively interested in entering into a collaborative project with the EIP team. MHC's already established RMN-led supported housing service had expertise in working with service users that have complex needs. This would prove to be an important factor in the success of the project, as staff were more likely to understand and manage the significant challenges posed by this client group than more mainstream 'social landlords'.

In response, the EIP/MHC Supported Housing project was established to provide an intensive supported housing service in Newcastle-Upon-Tyne for young adults recently diagnosed with a first episode of psychiatric illness/ often drug and alcohol related problems /significant risk of disengagement from services, and homelessness.

The created project continues to be commissioned via Newcastle PCT and Supporting People, remaining a successful example of partnership working between Mental Health Concern and the Early

Intervention in Psychosis team as part of the Northumberland Tyne and Wear (NTW) NHS Foundation Trust. It caters for the specific housing and support needs of this vulnerable client group, who easily disengage from their families and communities.

The EIP/MHC Supported Housing project assists and complements the work of other agencies/services already involved with the client, ultimately reducing the levels of intervention needed from:

- **inpatient/A&E/crisis services**
- **drug and alcohol services**
- **police**
- **youth offending teams**
- **debt management**
- **homelessness services**

The service is cross-cutting in nature, as its purpose relates to issues that tackle mental health problems, social exclusion, 'access' to services, 'choice agenda', personalisation, and health promotion.

The EIP/Supported Housing project aims to increase engagement of those at risk of social exclusion and to promote the active involvement of clients in meaningful activities, ensuring that young people remain in – or have the opportunity to return to – training, education, and employment. The service impacts on those with long-term conditions by offering individualised packages of care in a stable environment, reducing potential for hospital admission. It aims for physical as well as mental wellbeing, promoting the use of mainstream leisure, sporting, and cultural resources. It supports individual clients to make 'healthier' life choices, particularly in relation to the use of alcohol and drugs

The project reflects the DoH Dual Diagnosis Good Practice Guide (2002), and the Newcastle Drug, Alcohol and Housing Strategy (2006), which meets the housing and support needs of drug and alcohol users in Newcastle.

Due largely to drug and alcohol use, together with the complex risk factors this brings, most housing and support providers are less likely to cater for this client group. Problems of exclusion criteria and the tolerance of risk elsewhere in the housing system result in this client group being excluded from services, rendering them homeless or admitted to hospital.

A joint working partnership protocol was agreed and entered into by EIP, MHC, and the local authority's housing department, with some input from the area's crisis assessment team. The protocol included specific service aims:

- **To provide high quality well maintained housing for four young adults with issues related to mental health, drugs, and alcohol.**
- **To provide 'ordinary' living accommodation in dispersed settings and opportunities for independence.**
- **Reduce potential of hospital admission and/or homelessness for this client group**
- **Deliver a caring and professional service based on listening to clients' needs.**
- **Working in partnership - MHC/EIP/LA Housing Department in identifying, assessing, and supporting clients to maintain their tenancy in the community.**
- **Provide expertise in mental health support, tailored to meet the individual changing needs of this client group.**
- **Offer structured programmes of support/care that will lead to self-development and greater independence, within or without the project.**
- **Provide supportive pathways into further education/employment by working with the client and other mental health and mainstream agencies to enable access to training, employment, and/or meaningful activity.**

- **Create closer working with the individuals, family, and other link teams (e.g. drug and alcohol services; youth offending).**

Outcomes from EIP/MHC supported housing project 2009-11

Admissions and discharges

Number of people admitted to EIP supported housing scheme, either from hospital or at risk of admission to hospital	Number of people discharged from EIP supported housing scheme
10	7

When people were discharged where did they go?

Mainstream tenancy	Supported housing (low-level)	Hospital nursing care	Other
3	1	2	1

Other recovery outcomes

Number of people accessing training/employment/ meaningful activity	Number of people improving financial stability	Physical Improvements	
9	10	Registered with GP	10
		Annual Health Check	10
		Walking Group	3
		Five-a-side football	2
		Local gym	1
		Basketball	1

Case studies

1. **Fred is a man aged 20 years** who was living in an isolated housing development in Newcastle. He had become very unwell and had set a fire in his original flat, apparently unaware of the dangers to himself and his neighbours. He had no reciprocal friendships and, although fiercely independent, he was living a marginal existence not paying bills or eating properly.

   The project has now allowed Fred to move into more appropriate housing and through collaborative joint approaches between clinicians, support workers, and housing staff, he has been enabled to increase levels of social inclusion at both service level and in the wider community (e.g. attending supported employment placements; organised football groups). He is managing his affairs in a more coordinated manner, taking greater care of himself with increased awareness of risk management regarding his own and others' wellbeing. He is currently in the position of making applications to move on from the project into mainstream accommodation services. He aspires to return to employment in the future.

2. **Mark was 19** and living with his mum when referred to EIP. He resisted initial engagement efforts and was drinking to hazardous levels. His relationship with his family was becoming strained and he refused to consider that he might be mentally unwell. Only after an

emergency hospital admission did he reluctantly agree to consider being housed in the project.

Mark's initial six months in the project were extremely chaotic, with continuing binge drinking and development of relationships with people with criminal backgrounds. At one stage, police were monitoring the property. A number of different people were preying on Mark's vulnerabilities and staying or living at the accommodation with him for periods of time. There were also complaints regarding anti-social behaviour from local residents. Both teams worked closely with him during this period, simply to necessitate engagement with EIP/MHC supported housing project for his safety and protection. Clinicians also worked on enhancing his awareness of risks associated with his alcohol intake.

Much intense and proactive joint effort led to some life-changing events for Mark. He gradually dismissed certain people from his daily life as he became aware of the negative effects they had on him and his family and girlfriend. This led to a strengthening of relationships important to him and a considerable decrease in alcohol consumption. Mark moved on to mainstream accommodation after approximately 1.5 years within the EIP/MHC supported housing project. He had developed a caring relationship with his girlfriend, valued his family, and commenced employment in his uncle's construction firm shortly afterward.

3. **Jim is a 27 year-old man** referred to EIP Supported Housing whilst residing in a local authority hostel, following a recent hospital admission. Jim had held numerous tenancies for very short periods of time, and had given up the tenancy of his flat on his admission to hospital. He aspires to live on his own, however each time he has attempted this, it has resulted very quickly in him becoming suspicious and frightened that his neighbours would harm him. This has led to deterioration in his mental health; hospital admission and him terminating his tenancy, not wishing to return to his flat.

   His care coordinator and MHC keyworker set up a support programme with him, which involved a staged transition: respite periods, working through his thoughts and fears and enabling him to rationalise his beliefs, developing coping strategies when feeling vulnerable/unsafe, and support to increase his meaningful leisure activities, particularly at the crucial stressful times of the evening.

   This intensive input lasted for a three-month period and enabled Jim to break the cycle of re-admissions/tenancy breakdowns. He has now held his tenancy for a six month period. He feels safe in his community and there has been no need for re-admission or other statutory service involvement.

Conclusion

The project described is a tightly collaborative arrangement between two motivated teams, engaged in the pragmatic business of providing practical responses to managing serious mental illness in the community. Our experience is described here supported by data.

The innovative and flexible nature of the project has allowed and enabled a statutory and a not-for-profit agency to work closely together, complementing each other's' work and specialities for the benefit of individual service users. The relationship between MHC's clinical team at Supported Housing, MHC's management team, and NTW NHS Foundation Trust's EIP team is central to ensuring a 'shared culture of care', philosophy, and approach to service users.

Future joint training and engagement events are also planned to enable this work and the culture of this provision to grow and become more robust.

In summary the EIP/MHC Supported Housing project is proving to be a valuable much needed service. The continued success of the scheme will help to promote the independence of individuals at

risk of social exclusion and in need of considerable support to establish the skills necessary to maintain long term independence and community living.

References

Bird, E (2010) Can housing care and support provide solutions to health challenges? *Housing, Care and Support vol 13 issue 4*

Dodgson, G et al (2008) Early intervention in psychosis service and psychiatric admissions *The Psychiatrist vol32 p413-416*

Department of Health Dual Diagnosis Good Practice Guide (2002),

Chilvers R, Macdonald GM and Hayes AA. (2002) Supported housing for people with severe mental disorders. *Cochrane Database of Systematic Reviews* 2002, Issue 2. Art. No.: CD000453. DOI: 10.1002/14651858.CD000453.pub2

MacPherson, R., Shepherd, G. and Edwards, T. (2004) Supported accommodation for people with severe mental illness: a review. *Advances in Psychiatric Treatment*, 10, 180-188.

Mosher LR, Hendrix V and Fort D (2004) *Soteria: Through Madness to Deliverance*. XLibris Corporation: Philadelphia ISBN 1 4134 6523 4

Reid Y, and Garety P, (1996) A hostel ward for new long stay patients: sixteen years progress. *Journal of Mental Health*, 5, 77-89

Selbie D, (2006) Local Delivery Plans – Mental Health Early Intervention Services Accessed15/11/11 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127697.pdf

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