

Homelessness and Mental Health Services: Dublin Region 2017



SMES Europa Seminar hosted by Sophia / Midlands Simon Community

Sophia Wisdom Centre

Wednesday, October 25th 2017



Presentation Outline

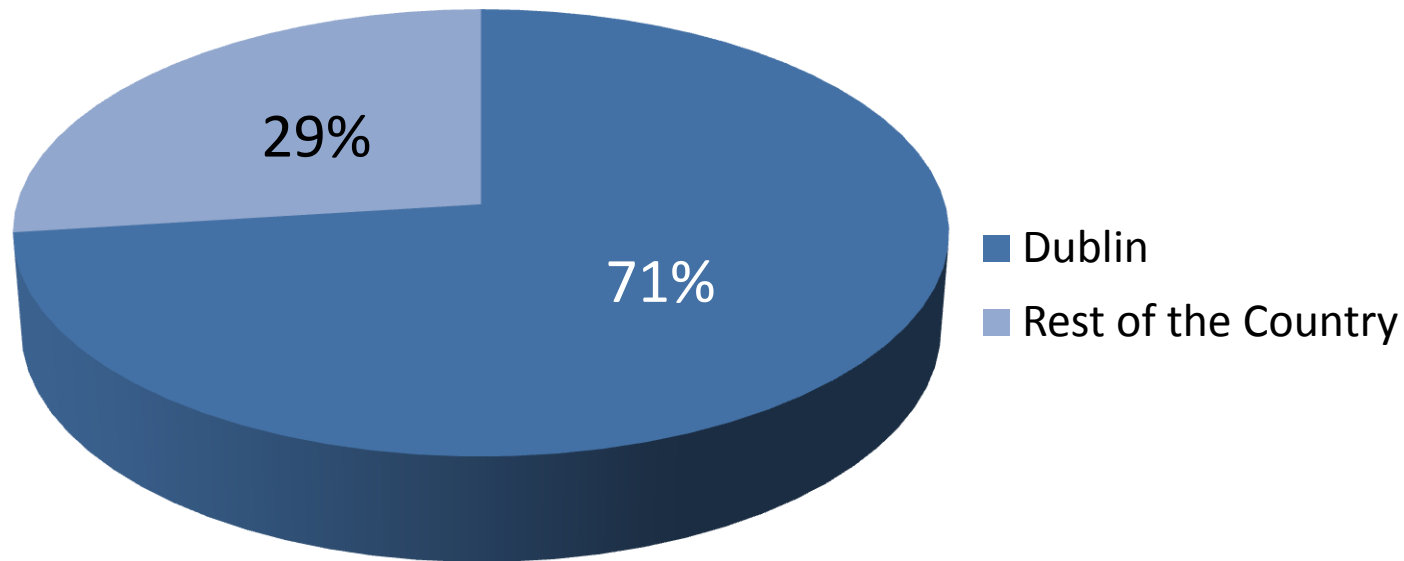
1. How many use homeless services?
2. What do we know about mental health and homelessness?
3. Who to target?
4. Will Housing First work in Dublin?
5. What about the others?
6. Conclusion

1. How many people use homeless services?

What the data tells us.....

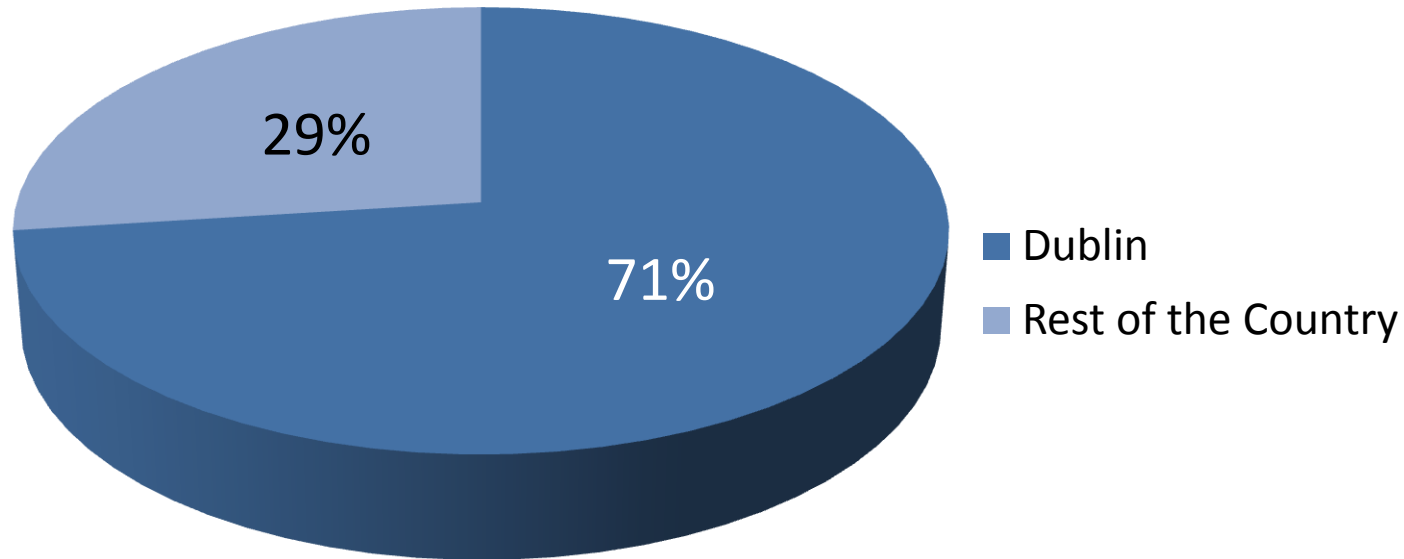
1. Homelessness in Ireland – August 2017

National Homeless: 8,270



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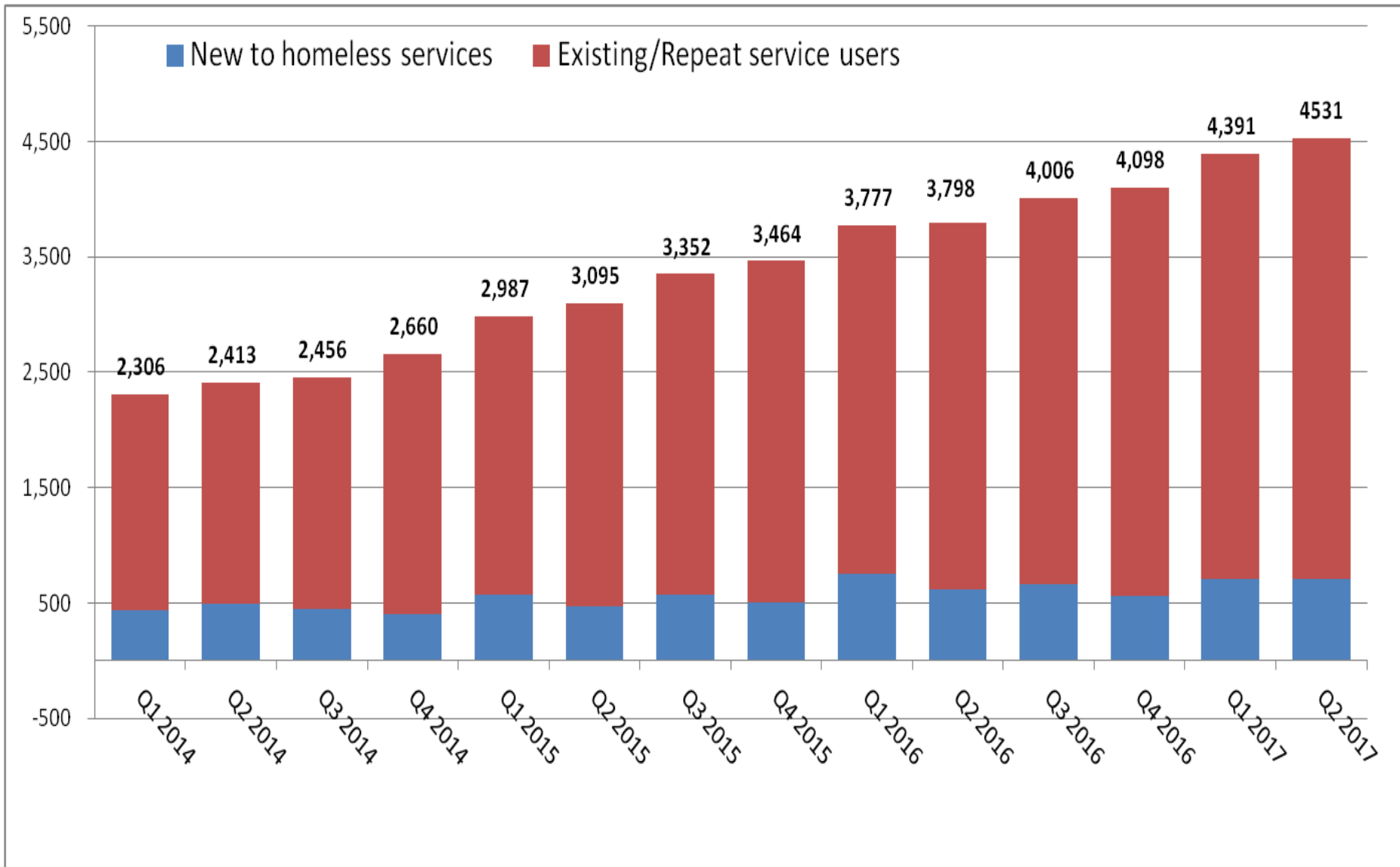
National Homeless: 8,270



Dublin = 68% **adults** (3,527); 78% **children** (2,379) = 5,906

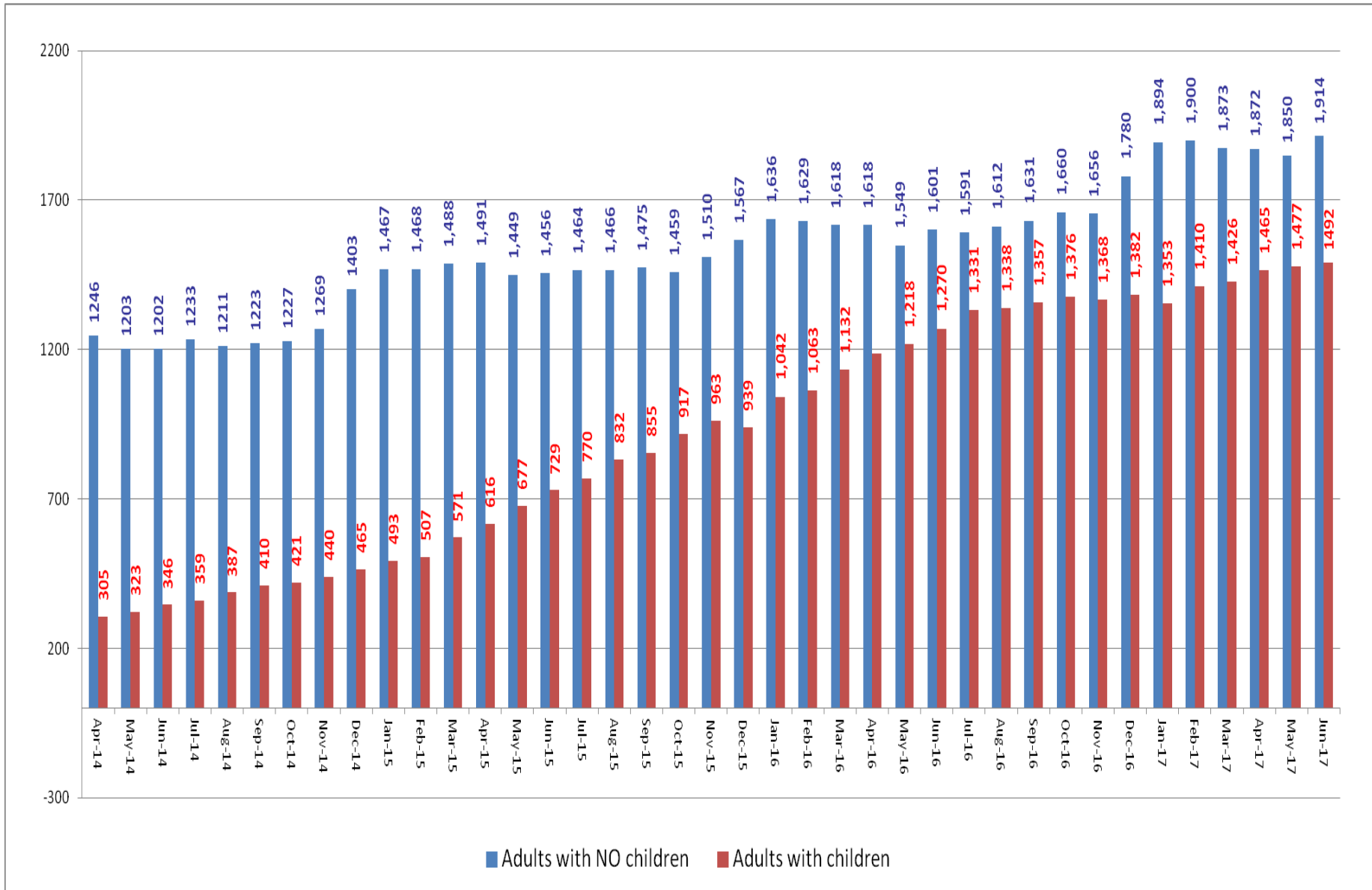
(increase of 110 nationally but decrease 45 in Dublin compared with July 2017)

Adult Emergency Accommodation Use in Dublin Region – Quarter 2 2017



Adult Emergency Accommodation Use in Dublin Region

(Monthly – based on a single week’s activity)



2. What do we know about mental health and homelessness?

What the research tells us....

Homelessness: An Unhealthy State (O'Reilly et al, 2015)

Table 25: Self-report of diagnosed and treated mental health conditions

	Dublin	Limerick	Total
n	530	63	593
Diagnosed with anxiety	38.7%	47.6%	39.6%
Treated for anxiety	31.5%	41.3%	32.5%
n	533	63	596
Diagnosed with depression	52.3%	52.4%	52.3%
Treated for depression	43.7%	46.0%	44.0%
n	531	63	594
Diagnosed with schizophrenia or psychosis	12.4%	12.7%	12.5%
Treated for schizophrenia or psychosis	11.3%	12.7%	11.4%
n	509	63	572
Mental health diagnosis and self-diagnosed addiction problem	47.2%	44.4%	46.9%
n	533	63	596
Mental health diagnosis and currently illicit drug use	34.9%	31.7%	34.6%

Homelessness: An Unhealthy State (O'Reilly et al, 2015)

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3. Who to target?

What the research tells us....

How do we know who has mental health issues?

- Kuhn and Culhane (1998) *Patterns of Service Use Typology*
- Typical Pattern (International evidence US/Canada/ EU)
- **Transitional [80%]:** young; least likely to medical/mental health/addiction; precarious housing; catastrophic event (i.e., unemployment, separation, death of householder, utility disconnection, fire)
- **Episodic [10%]:** young, but often experience medical, mental health, and substance abuse problems, and are often chronically unemployed. Much of the periods they spend outside of the shelter may be spent in hospitals, jails, detoxification centers, or on the street.
- **Chronic [10%]:** older than other clients, and consist of the hard-core unemployed, often suffering from disabilities and substance abuse problems.

How do we target those with high support needs?

Housing First: ending homelessness for individuals with mental illness and addiction (Tsemberis 2010)

- 2011: Significant history of rough sleeping and resistant to engaging with services
- 2017: Extended to include those in emergency accommodation for long periods of time – evidence informed decision based on cluster analysis carried out by Dr. Declan Redmond and Dr. Richard Waldron, University College Dublin

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Typical pattern:

- ‘transition’ through services
- ‘episodically’ engage with services
- ‘chronic’ levels of engagement

Housing First Target Group in Dublin

What size is the population in Dublin?

Patterns of Service Use – all adults accessing emergency accommodation 2012 – 2016 inclusive

	Temporary	Episodic	Long-stay	Total
Sample Size (n)	9,967	978	1,587	12,532*
Percentage of Clients	80%	7.5%	12.5%	100%
Average No. of Episodes	1.4	6.5	2.3	1.7
Percentage of bed-nights	36%	15%	49%	

* 2,517 of these individual also engaged in Rough Sleeping during the same period

Findings: Dublin Region

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Findings: Dublin Region

Rough Sleeping Patterns of Engagement

	Temporary	Episodic	Long-stay	<i>Total</i>
Sample Size (n)	2,743	359	70	3,172*
Percentage of Clients	86%	11.5%	2.5%	
Average No. of contact nights	3.6	33.2	204.5	11.4

* 655 of these individual engaged in Rough Sleeping only – did not access emergency accommodation

4. Will Housing First work in Dublin?

What the research tells us....

What impact does Housing First have in Dublin?

- Evaluation: 26 Housing First participants and 26 Comparison 'treatment as usual' participants (Greenwood, 2015)

Stable housing

At every time point, Housing First participants spent more time stably housed than did Comparison Group participants. After 12 months, Housing First participants were spending over 67% of their time in stable housing, compared to 5% for Comparison Group participants.

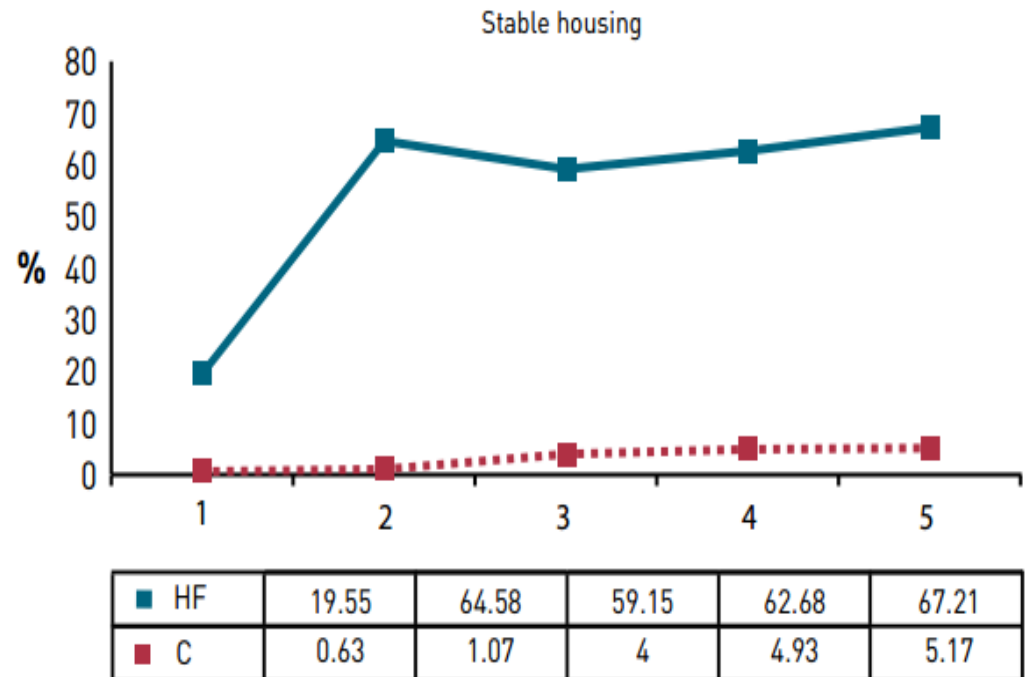


Figure 1: Participants rate of accessing stable housing

- Evaluation (26 Housing First participants and 26 Comparison ‘treatment as usual’ participants)

Rough sleeping

At Time 1, both groups reported spending about 30% of their time rough sleeping. Across time points 2 through 5, Housing First participants spent less time rough sleeping than did Comparison Group participants.

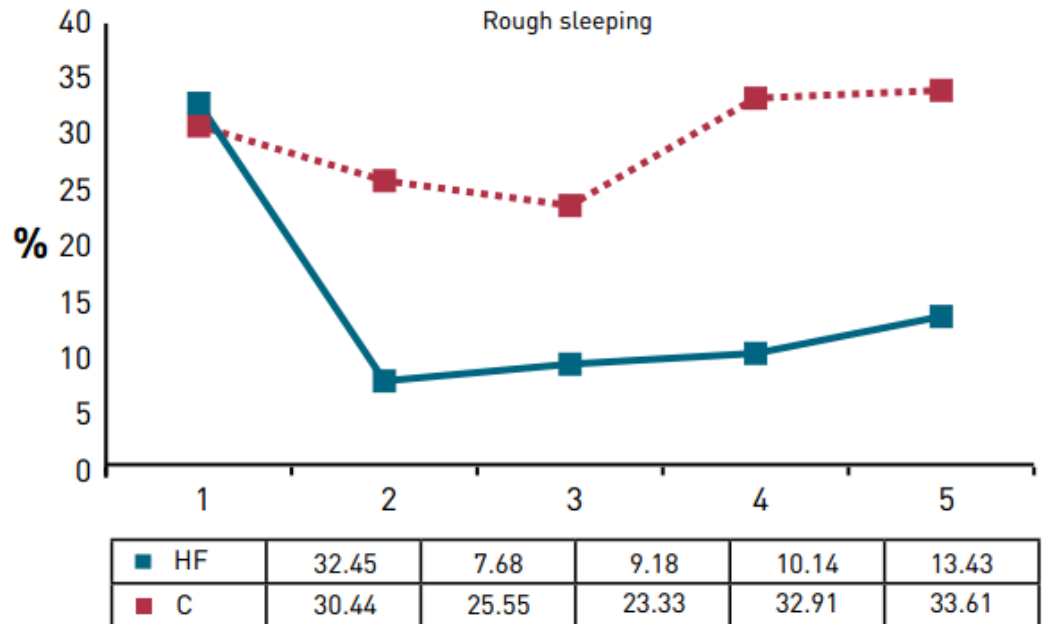


Figure 9: Participants rate of rough sleeping

- Evaluation (26 Housing First participants and 26 Comparison ‘treatment as usual’ participants)

General health

Participants were asked to report their overall general health, using a scale from 1 = Poor to 5 = Excellent. Housing First’s participants average score for the five assessments was 2.69, between Fair and Good answers. In contrast, Comparison Group’s average score was 1.97, corresponding to the answer Fair.

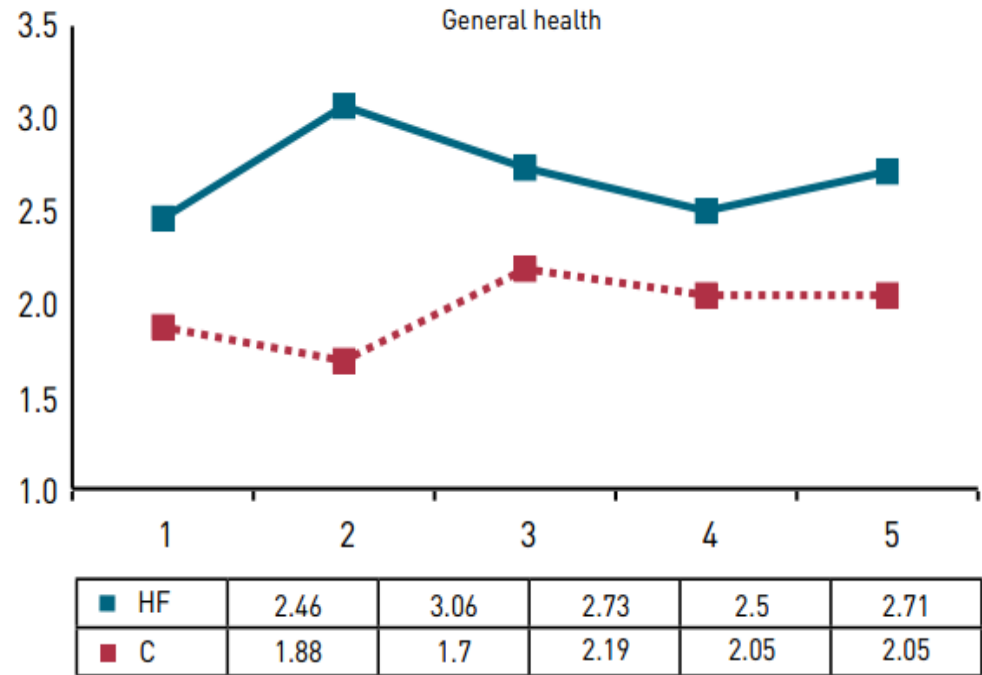


Figure 10: Participants rate of general health

- Evaluation (26 Housing First participants and 26 Comparison ‘treatment as usual’ participants)

Mental health services

At Time 5, 73% of Housing First participants reported receiving at least one mental service during the preceding three months, compared to 61% of Comparison Group participants.

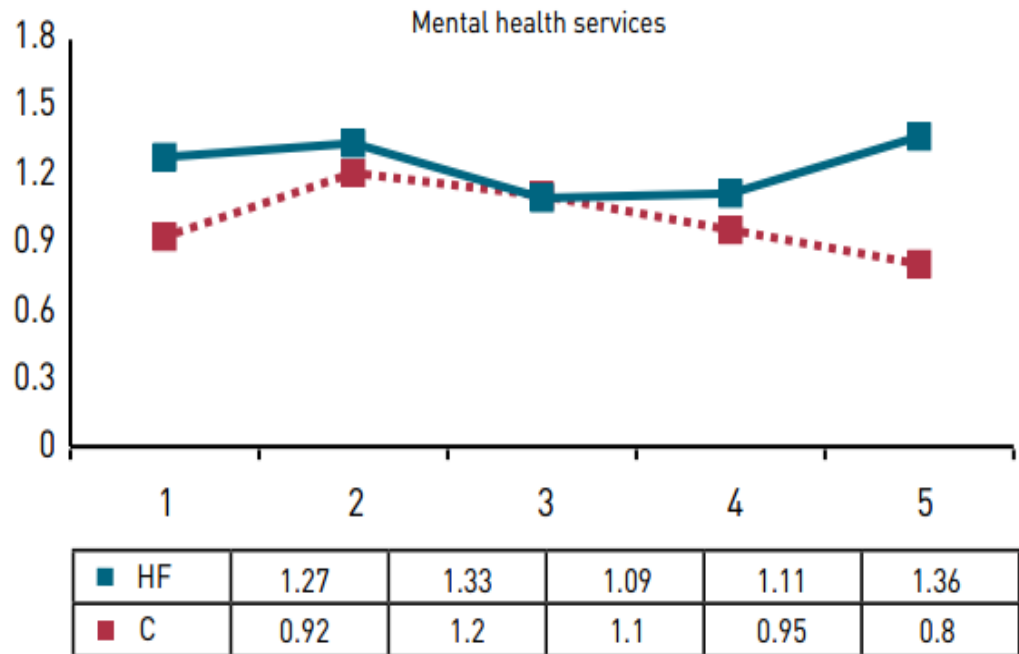


Figure 14: Participants rate of accessing mental health services

- Evaluation (26 Housing First participants and 26 Comparison ‘treatment as usual’ participants)

Psychiatric symptoms

On average, Housing First participants reported less frequent psychiatric symptoms (average = 1.19) than Comparison Group participants (average = 1.94).

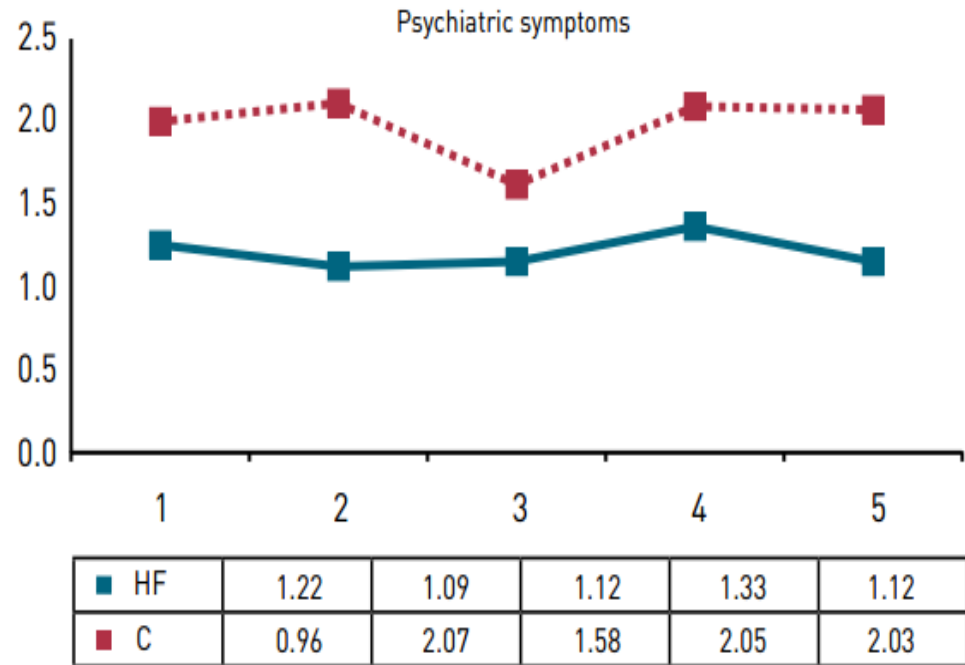


Figure 15: Participants rate of psychiatric symptoms

- Evaluation (26 Housing First participants and 26 Comparison ‘treatment as usual’ participants)

Alcohol and substance-related problems

Participants were asked to report the severity of problems they experienced as a result of alcohol and drug use. The trajectories for the two groups are similar across the five assessments, with average scores falling between 2 = in the past year and 3 = more than a year ago.

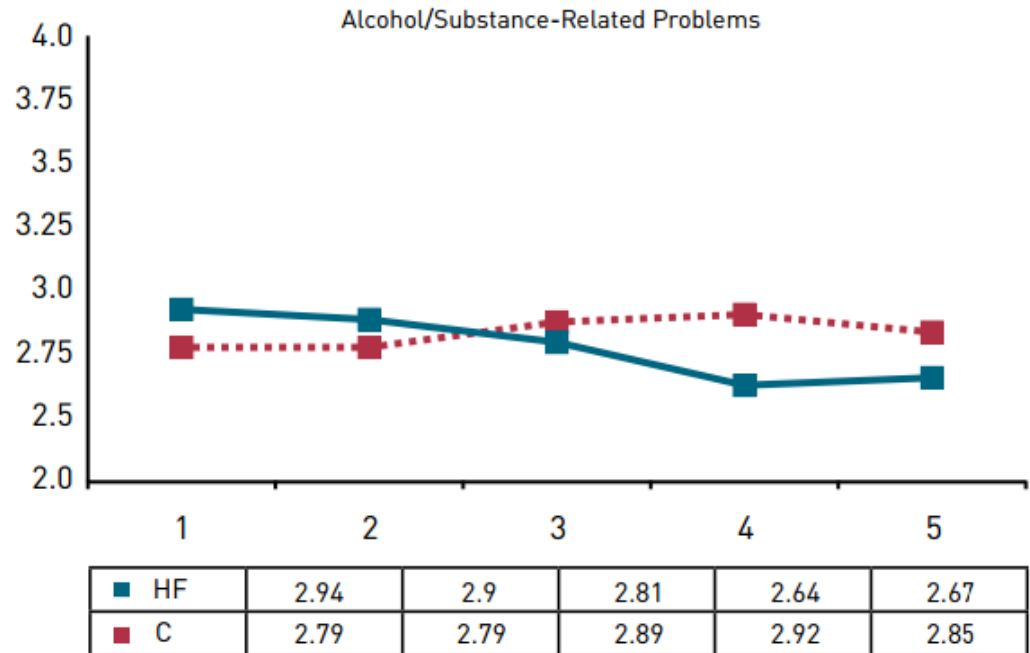


Figure 17: Participants rate of alcohol and substance-related problems.

- Evaluation (26 Housing First participants and 26 Comparison ‘treatment as usual’ participants)

Recovery from psychiatric problems

Participants were only included in this analysis if at the Time 1 interview they indicated that at some point, they had received a psychiatric diagnosis. Both groups experienced some ups and downs in their recovery experience; at the 12 month assessment period; however, Housing First participants were reporting higher levels of recovery than Comparison Group participants.

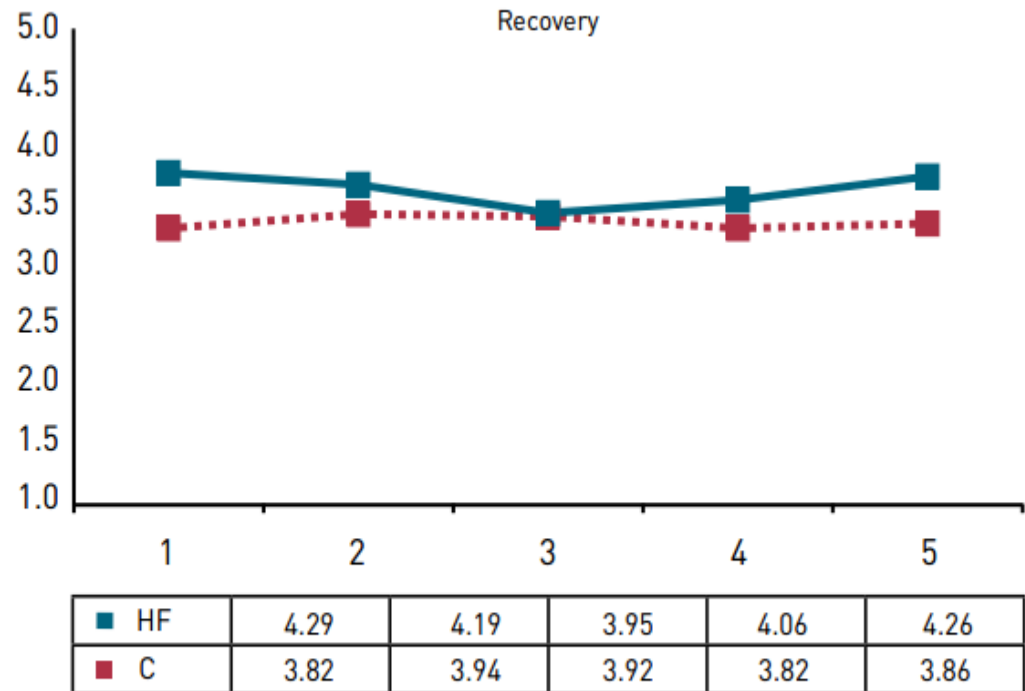


Figure 30: Participants rate of recovery from psychiatric problems

5. What about the others?

Services for those in emergency accommodation and those who leave emergency accommodation....

Adults with Support Plans in Dublin Region Q2 2017

	Number of Adults accessing services Q2 2017 *	Number with a Support Plan**	Percentage with Support Plan Q2 2017
Supported Temporary Accommodation (Service Provider on-site 24 hours)	1,838	1,286	70%
Supported Temporary Accommodation (Service Provider on-site night-only)	1,039	503	48%
Temporary Emergency Accommodation (Service Provider on-site: low support needs)	109	103	94%
Private Emergency Accommodation: Hotel / B&B (Visiting Support Homeless Action Teams)	2,395	1,027	43%
Detox/Residential Alcohol Services	67	53	79%

* 873 persons accessed multiple services during the quarter

** 422 persons accessed multiple services during the quarter

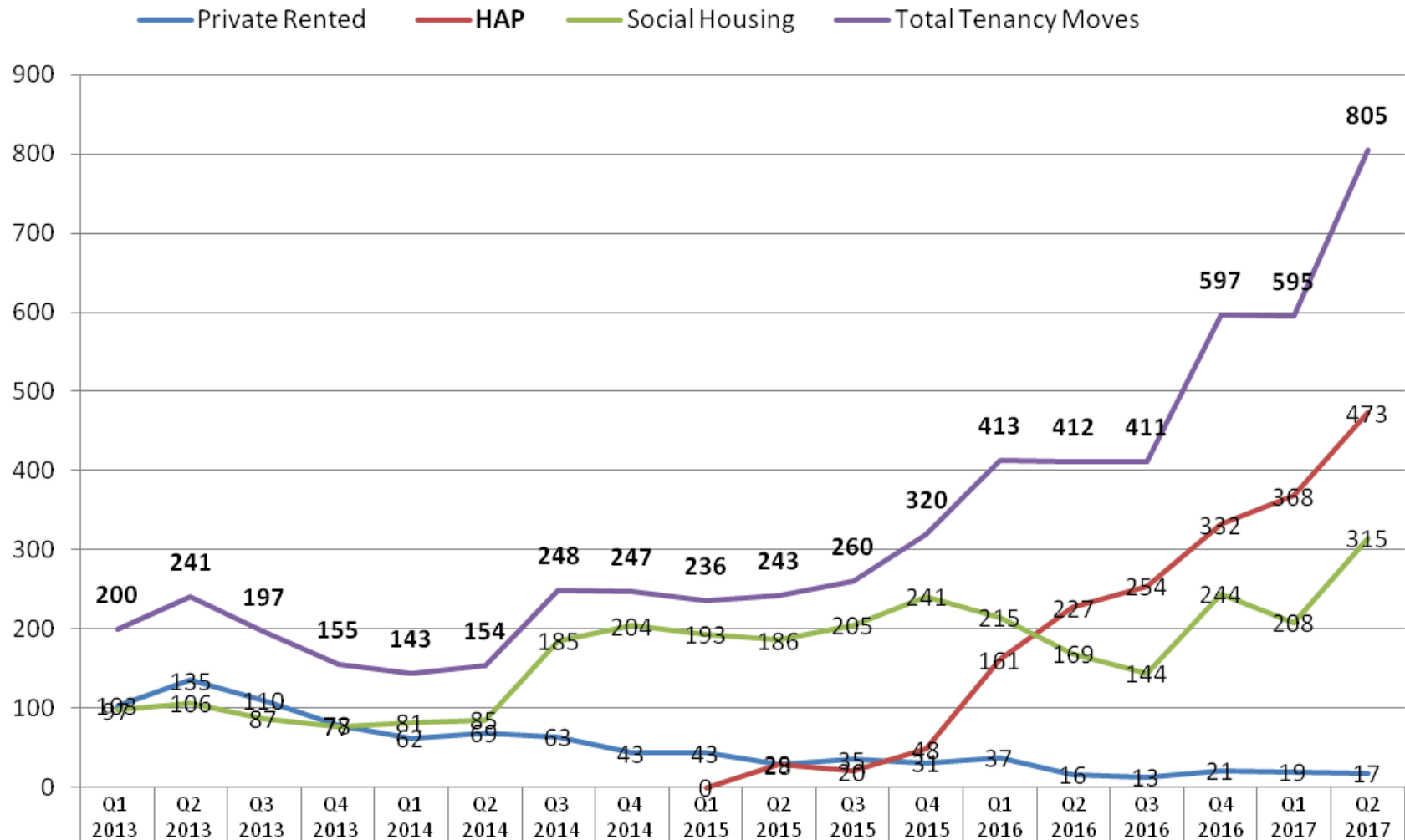
In addition to Housing First, additional supports to those in emergency accommodation

Access to mental health supports when in services

1. Health Service Executive: Homeless Mental Health Services
 - South City multi-disciplinary team: criteria severe and enduring mental illness; caseload of approximately 65
 - North City multi-disciplinary team: larger team so can take those with less severe diagnosis and more cases
2. Safetynet – Primary Healthcare for Homeless People
 - Clinics (Outreach)/ Mobile Health Unit (In-reach)
 - Basic Mental Health Care
3. Service specific: Simon detox services / Merchants Quay Ireland.....

Moves to tenancy – Trend Q2 2017

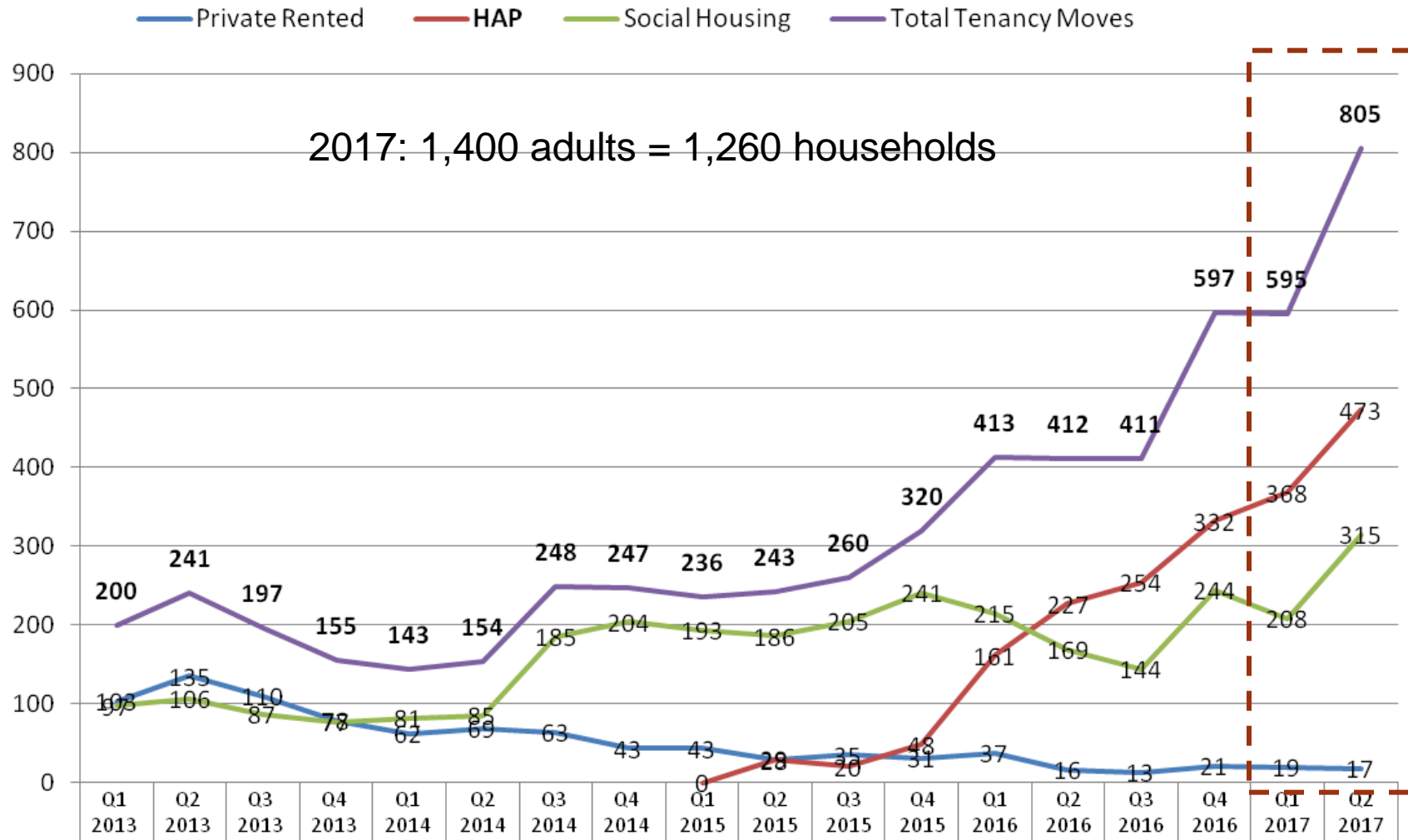
(adult individuals)



Private Rented	103	135	110	78	62	69	63	43	43	28	35	31	37	16	13	21	19	17
HAP									0	29	20	48	161	227	254	332	368	473
Social Housing	97	106	87	77	81	85	185	204	193	186	205	241	215	169	144	244	208	315
Total Tenancy Moves	200	241	197	155	143	154	248	247	236	243	260	320	413	412	411	597	595	805

Moves to tenancy – Trend Q2 2017

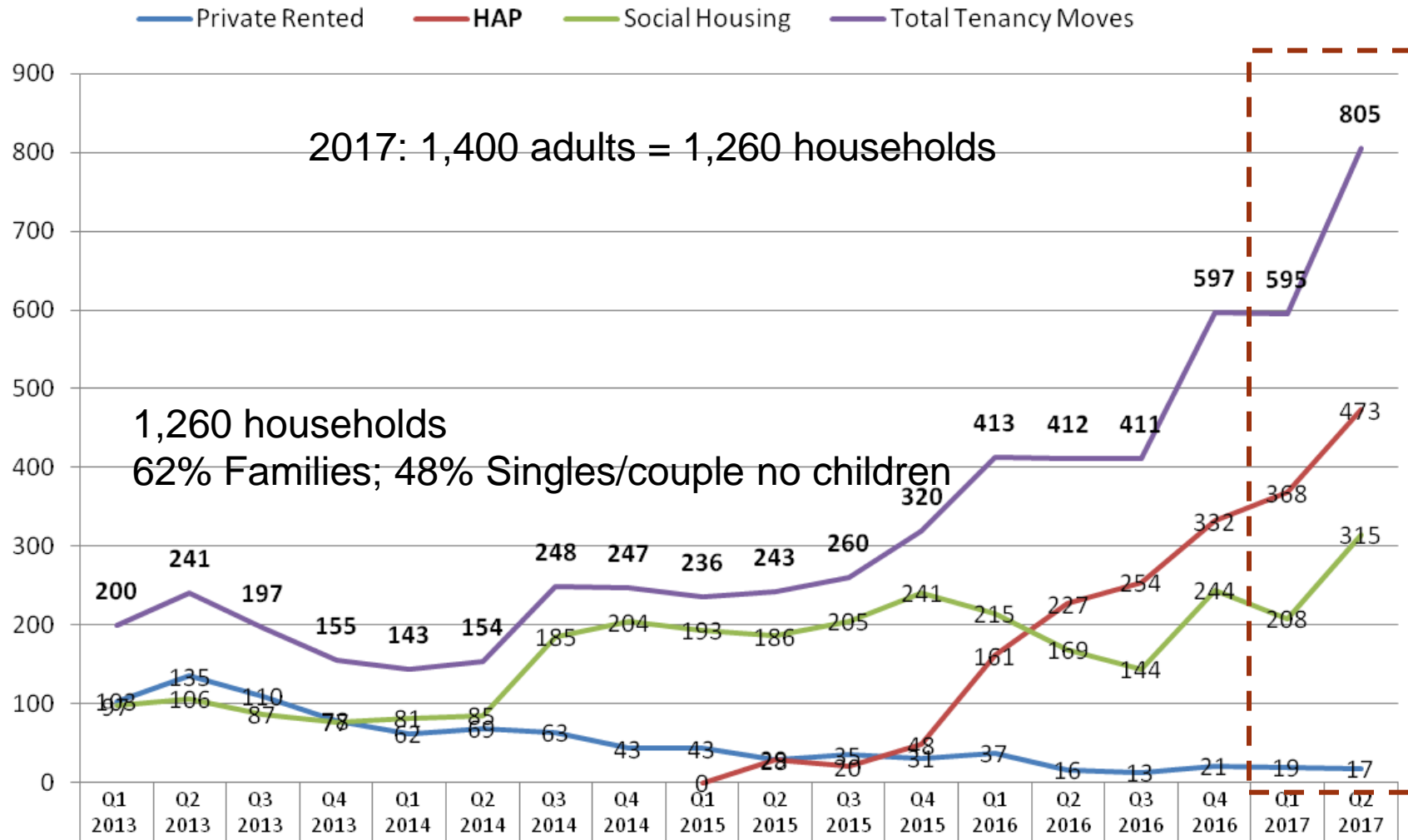
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	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017
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Post Settlement Supports

Type of service	Number of Persons Currently Supported in tenancy Q2 2017	Number of Persons Previously Supported	Total Cases by Service Provider as at 30/06/2017
Sli visiting support (low-medium support needs)	312	2769	3081
HAIL - <i>Mental Health Specialists</i> – (high / medium / episodic support needs)	33	289	322
Housing First (High support needs)	94	12	106
Total All Services	439	3070	3509

6. Conclusion

- There are a patch work of mental health services available but a more comprehensive approach and earlier intervention / diagnosis / referral needed to prevent persons experiencing long-term homelessness.
 - Current mental health services need to be expanded (HSE)
 - Additional mental health specialists needed for Safetynet
- Extension of Housing First into emergency accommodation a positive move
- Dual – diagnosis: Additional detox services and ‘dry’ beds needed in tandem
- Hospital discharge protocol

Questions?

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