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Faculty for Homeless and Inclusion Health, 1 March 2017

Professor Dame Sue Bailey DBE FRCPsych
Chair
Academy of Medical Royal Colleges

‘Health, Fairness, Protection, Autonomy’

We entered the 21st Century with a positive 20-20 vision. During the first decade of this millennium, public services such as health, education “received largesse in unprecedented quantities" and then in a strange slow motion show, the world economy fell off the cliff “
Aaronovitch 2009

Trends and Facts and suggestions from Centre for Mental Health

- Mental ill health & homelessness closely linked (in both directions):
  - People with mental health problems 2.8 times as likely to be homeless
  - 35% of people using mental health services not in settled accommodation
  - 62% of homeless people also have a mental health problem

- Children living in poverty 4x as likely to have a mental health problem by age 11
- Insecure housing a major risk factor for conduct disorder (and future mental ill health, offending, substance misuse and suicide)
- Growing evidence children in social housing have higher risk of emotional problems during adolescence (linked to high levels of stress, income inequality & low social mobility)

- University of York estimated 80,000 homeless people aged 16-24 (2008)
- 88% homeless young people have at least one mental health problem, including:
  - 49% anxiety
  - 35% PTSD
  - 7% psychosis
- But only 30% homeless young people access any kind of mental health service

- National housing policies disproportionately affect people using mental health services:
  - 50% more likely to rent than average (ie less likely to homeowners)
  - 20% live in supported housing
  - Only 10% are in paid work (ie more likely to receive Housing Benefit)

- Housing difficulties a major cause of hospital admissions and delayed discharges:
  - A single relapse of psychosis costs the NHS £18,000
  - Homelessness costs the public sector £24,000 per person
  - Delayed discharges resulting from housing problems cost the NHS £19m in London alone in 2009

- Provide people using mental health services with high quality housing, welfare & debt advice
- Ensure local housing policies and practices treat people with mental health problems fairly
- Train housing officers and social housing staff in mental health
- Include housing in JSNAs and mental health in local housing market assessments

- Ensure all Government housing policies consider impact on mental health
- Encourage Housing First approaches to homelessness and mental health
- Require mental health services to assess and support people's housing needs

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Homelessness

- AOMRC - My current family
- Values Based Practice
- Social Identity Approach to Healthcare
- Rights based approach to Parity for Mental Health
- A Parity approach to Recovery and Prevention
- Conclusions

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Who We Are – Family

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Enabling Enabled Healthcare Professionals

- How we learn
- How we think
- How we act
- Values Based Practice
- WHO Long Term Conditions - classification

Diagnosis ⇆ Functioning ⇆ Social Context of Homelessness

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Values based care across whole system

How does this play out for homelessness?

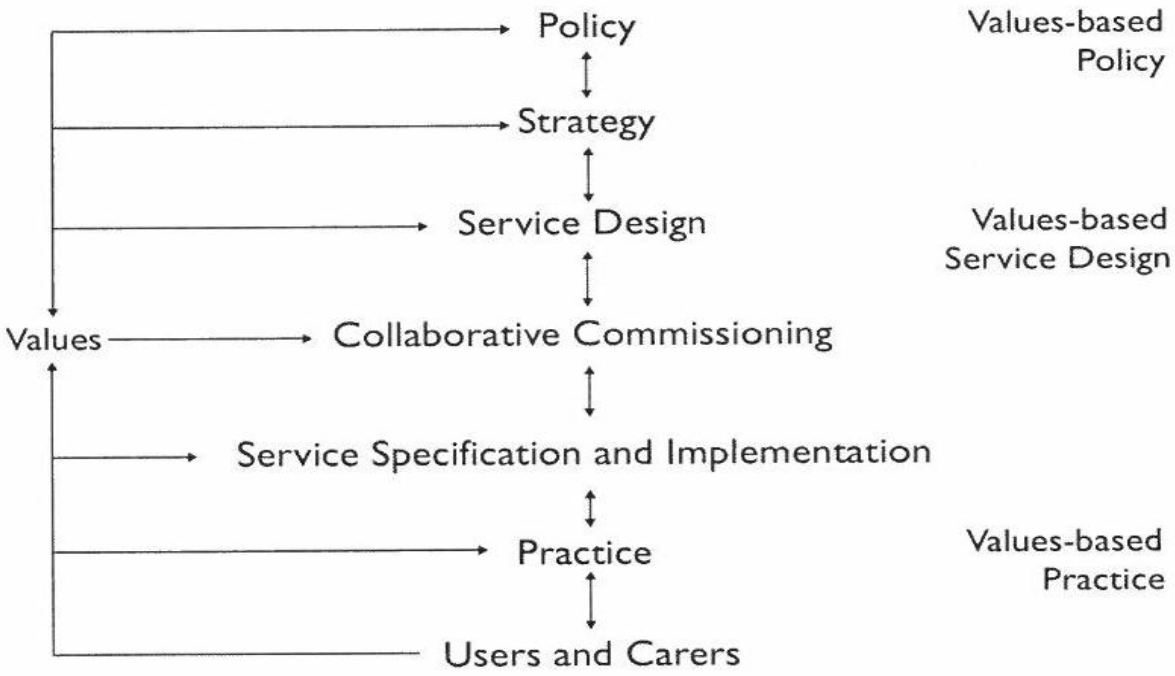

Figure 4.
(Reproduced from p. 32 in chapter 1 (Part 1) 'Setting the scene' by Williams et al. from *Child and adolescent mental health services: Strategy, planning, delivery and evaluation* edited by Williams & Kerfoot (2005), by permission of Oxford University Press).

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Understanding Homelessness: Horizontal Epidemiology

Recognises:

The quality of people's lives

and

The circumstances in which they live

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Being homeless:
Psychosocial resilience

Recognises that people's personal and collective strengths may surface in times of adversity

(APT: Bailey S and Williams R, 2014)

Existing:

The three concepts of recovery, horizontal epidemiology and psychosocial resilience turn on trying to alter the circumstances in which people relate, live and work, in order to provide them with the opportunity to achieve satisfying social identifies and drive support from membership of networks and groups.

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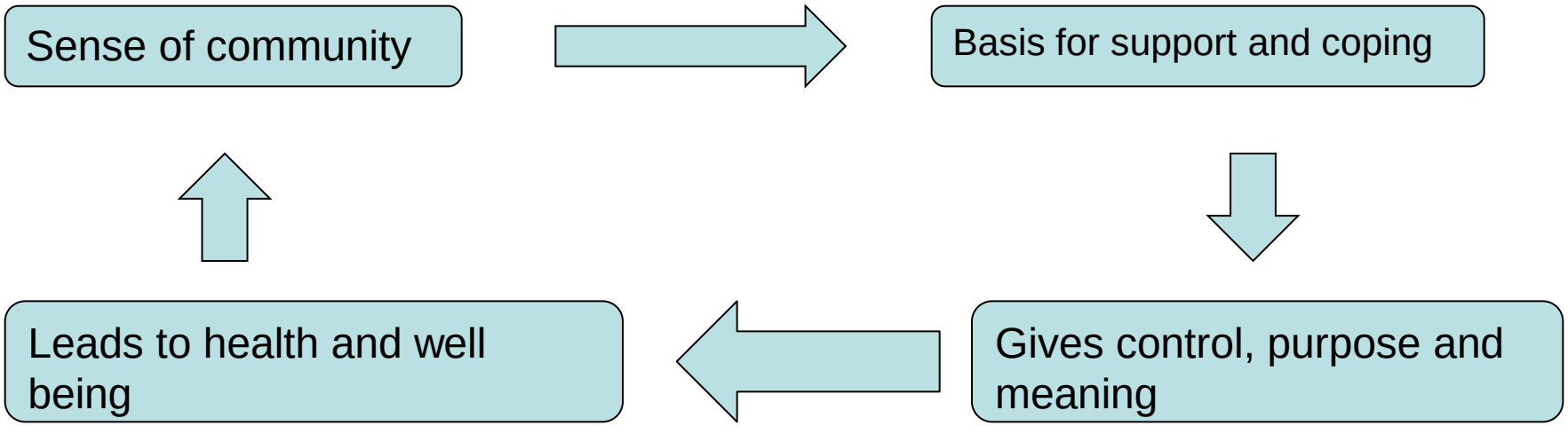
Is this understood by Governments for those who are homeless?

- Social groups and identity
- Potential to ameliorate mental disorders such as depression
- In the society we live in we have evolved to function in social groups
- Social Identification – cognitive mechanism which makes group behaviour possible
- Virtuous circle of social identity (Haslam 2006)



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Delivering the best mental health care, communities, primary and secondary care for those who are homeless

Social identity

Schooling
Needs to give practitioners training as to why groups matter. Family, school, work leisure, faith.

Sourcing
What skills individuals with mental illness need to maintain connections with and to reconnect with groups people value and train effective engagements.

Scaffolding
Support individuals to build new social connections

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Sustainability in Mental Health

Future proofing both psychiatry and communities that care requires us to maintain a broader focus as finances continue to be limited, energy prices rise, the population continues to increase, demographics change, and society itself changes.

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Sustainability in Mental Health

Clinical transformation needs to occur to improve sustainability in health care settings.

4 Principles:

1. Disease prevention
2. Patient empowerments and self care – How is this provided for those who are homeless?
3. Lean service delivery (wanton wastage)
4. Preferential use of low carbon technologies

People live in society.

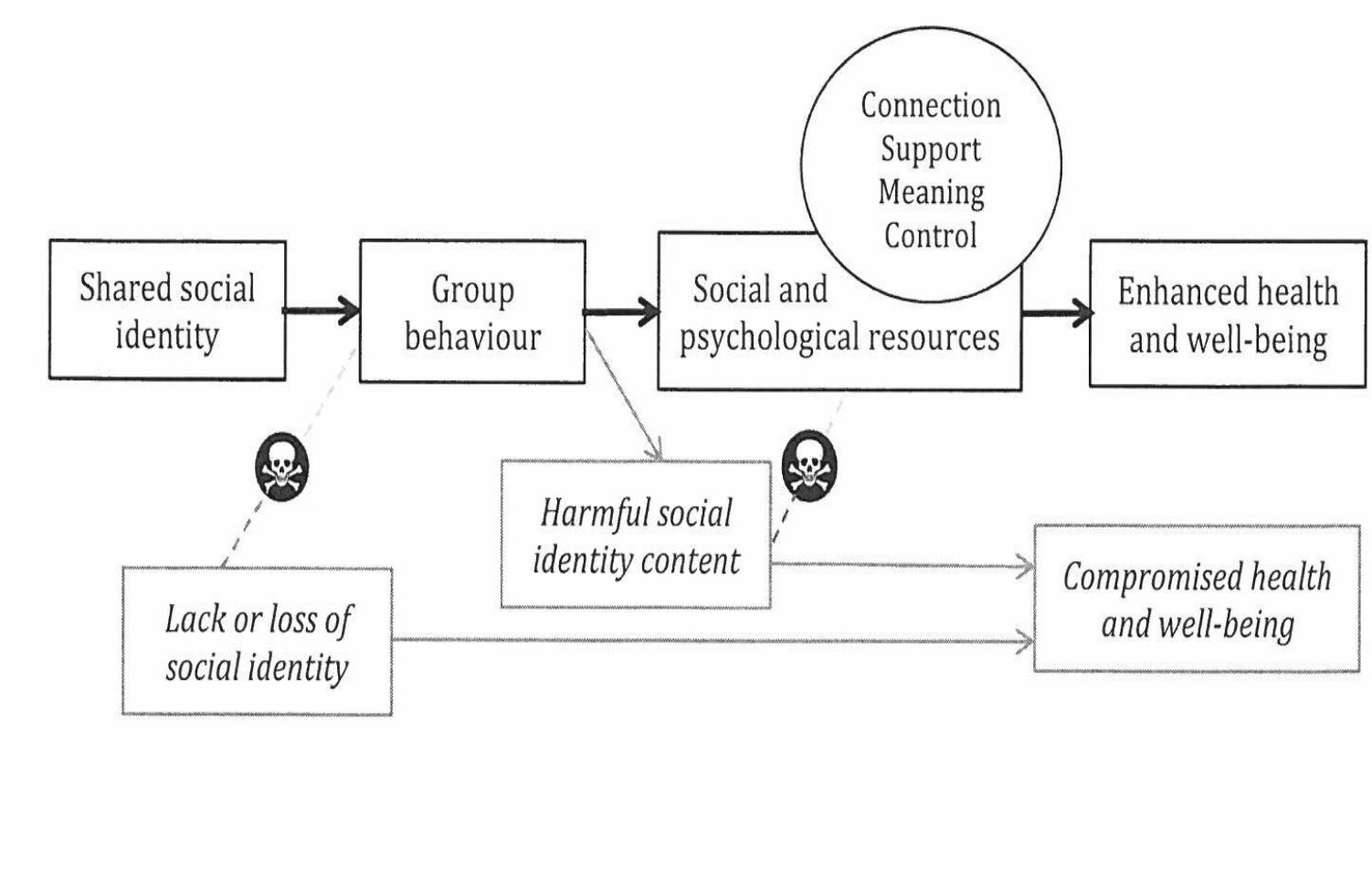
They don’t live in mental health services.

They should not have to live on the street, in a shed, under railway arches.

Social Identity approach to healthcare

There are important interconnections between social identity group behaviour and health

- The capacity for social identity to deliver positive health outcomes rests on its capacity to give individuals access to important resources
- Resources both psychological and material
- Relate not only to people's sense of support meaning and control but to the social realities of life
- Groups are fundamental to a sense of self but also to our capacity to do things in the world
- Collective action for social change for those who are homeless
- Basis on which to help those who are disadvantaged and in need
- To build hospitals care homes as enabling environments for staff and patients
- To make progress in science and society
- The right to safe place to live.


Connection
Support
Meaning
Control
Shared social identity
Group behaviour
Social and psychological resources
Enhanced health and well-being
Harmful social identity content
Lack or loss of social identity
Compromised health and well-being

The instrumental issues which underpin substantive freedoms for humanity include:

- -political and civil liberty
- -social inclusion
- - literacy
- -and economic place security for those with mental illness

- The capability to live without shame;
- The capability to participate in the activities of the community;
- The capability of enjoying self –respect;
- The associated risks with relative poverty;
- Endowing those with mental illness the capability that allows them the freedom to live their lives in ways that have real meaning and real value;

Parity

The Health and Social Care Act 2O12 explicitly recognised the Secretary of State's duties in relation to both physical and mental health with the relevant amendment becoming synonymous with the principle of parity.

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Where is Parity for the homeless?

'Parity of Esteem ' is thus best described as valuing mental health equally with physical health‘. The national working group produced a report " Whole Person Care ; from Rhetoric to reality. When compared with physical health care mental health care is characterised by :

- Equal access to the most effective and safest care and treatment;
- Equal efforts to improve the quality of care;
- The allocation of time and effort and resources on a basis commensurate with need;
- Equal status within health care education and practice;
- Equally high aspirations for service users;
- Equal status In the measurements of health outcomes ;

(Royal College of Psychiatrists 2013)

The ‘stigma’ of being a homeless person – a ‘person of interest’

•The stigma gap in 1960 Goffman (1968) gave us this salutary definition of stigma "an attribute that is deeply discrediting and that reduces the bearer as a whole and usual person to a tainted discounted one.

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Recovery

- Aligning the work done to address the issues of disadvantage in indigenous populations of Canada and Australia *(Robert Parker) ;*
- Parker applies the same building blocks and pillars to consider a similar economic strategy with the aim of effectively funding Recovery in mental illness;
- Physical health services to address the 17 year gap in life expectancy for those affected by severe mental illness;
- Primary care models recent work of Academy of Medical Royal Colleges (2016) ;
- Social inclusion addressing reduction of stigma and meaningful work;
- Education as important component in health empowerment both for those enduring episodes of mental illness and those caring for them;
- Curricula in schools, mental health literacy programmes for adults in addition to mental health education for services such as the police (HEE);

Effective treatments

- Across physical treatment good medicines management and the growing range of psychological treatments and psychosocial interventions;
- Collaborative psychopharmacology family psychosocial education integrated dual diagnosis treatment;
- Interventions for those with substance misuse problems;
- Response to disaster and trauma informed care;
- The exposure of populations to disaster has been demonstrated to have significant ongoing influences on mental health in the effected population together with recent recognition of intergenerational trauma and how this has significant destructive effects on communities;
- **Housing** as an important concept for developing mental health;
- Ontological security;
- Constancy daily routines privacy and a secure base for identity construction;

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Get well soon - on the street?

- We are not short of perspectives on the future of health and social care in England and now we are struggling for consensus about the things that would help our system to reach sustainability - *(Adebowale)*

- We have a disconnect between policy and practice perverse incentives undermine progressive intentions prioritising organisational integrity over system accountability

- What health services do you want?
- What would help you enjoy life more?

- Lived experience at home, in the community at work, hopes for the future
-
- NHS broaden focus build bridges with people

In summary

- Being able to take a whole person whole systems approach to what is often seen as a complex area such as recovery;
- Sets a marker for what can be done across all mental health care delivery;
- So whether early childhood prevention building whole schools approaches to mental health well-being and resilience or enabling the journey to recovery for those with severe mental illness brings with it a values based social identity approach to policy service design and practice which should be embedded within a rights based parity framework;
- Core to this is having a safe, secure place in and from which to live;

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‘Health is where the home is?’

Thank you

10 Dallington Street
London EC1V 0DB

T +44 (0) 20 7490 6810
F +44 (0) 20 7490 6811

www.aomrc.org.uk
academy@aomrc.org.uk

Registered Charity
Number 1056565