

Stop the scandal: an investigation into mental health and rough sleeping



Summary | February 2016

It's not right that anyone should be without a home, and it's nothing short of a scandal that people with mental health problems are stuck sleeping rough.

St Mungo's has investigated the issue of mental health and rough sleeping to improve our understanding of the problem and propose some solutions. Our research is based on analysis of data on people sleeping rough, a national street outreach survey¹ and interviews with homelessness and mental health professionals.

Our findings

The number of people with mental health problems sleeping rough is rising

- ➔ In London the number of people recorded as sleeping rough with an identified mental health support need has more than tripled over the last five years from 711 in 2009-10 to 2,342 in 2014-15.²
- ➔ 62 per cent of the homelessness professionals who responded to our national survey said that the number of people sleeping rough with a mental health problem was increasing in the area that they work in.

Four in ten rough sleepers have a mental health problem, rising to over half of rough sleepers from the UK

- ➔ Available evidence suggests that, out of all nationalities, four out of ten people who sleep rough need support for a mental health problem. Over half of all UK nationals who sleep rough need support for a mental health problem.
- ➔ The data also suggests that women who are sleeping rough are more likely than men to need support for mental health problems. In Oxford, 76 per cent of the women sleeping rough who had their needs assessed by street outreach workers were found to have a mental health need. In London, 60 per cent of the women sleeping rough who had their needs assessed had a mental health need.

People with mental health problems spend longer sleeping rough and are dying on the streets

- ➔ People sleeping rough with a mental health problem are around 50 per cent more likely to have spent over a year sleeping rough than those without a mental health problem.

- ➔ In 2014-15, 17 out of the 25 people seen sleeping in London who had their support needs assessed and who died during the year were found to have a mental health need.
- ➔ People can struggle to escape the street because mental health problems make it harder for them to engage with homelessness services. Street outreach workers told us that sometimes they are unable to engage properly with people sleeping rough for months or years due to mental health problems.

CASE STUDY – Brian

Brian is now in his 70s and became homeless in the 1990s. He has a diagnosis of schizophrenia and has never accepted that he is unwell. Brian declined multiple offers of accommodation due to long standing delusional beliefs. Brian depended on street outreach, a specialist homelessness mental health team and members of the public for food and basic protection from the elements. In the winter of 2013-14 Brian started sleeping on buses, making it harder for the people he relied on to find him. The following summer he was found in a park; he was taken to hospital for treatment of an intestinal blockage caused by a hernia and his feet, which were infested with maggots.

To prevent Brian from returning to the streets after this stay in hospital, the specialist homeless mental health team made extensive use of mental health legislation to place him under guardianship and ensure that he remained in a specialist care home where he was able to receive treatment for his mental health.

Names have been changed in case studies in this report.

¹ In December 2015 St Mungo's undertook a national street outreach survey on rough sleeping and mental health problems. The survey was targeted at street outreach professionals, there were a total of 225 respondents from every region of England. Data from this survey is used to identify national trends and challenges in accessing services.

² These recorded increases may partly be explained by increased awareness of mental health problems among street outreach workers.

- ➔ Professionals also suggested depression and post-traumatic stress disorder can contribute to a lack of motivation and sense of hopelessness around addressing housing situations. However, we know accessing accommodation can require considerable persistence and patience with appointments and paper work.

Rough sleeping makes it harder to access mental health services and there is a lack of suitable, specialist support

- ➔ Rough sleeping makes it harder to access mental health services for several reasons. These include stigma, a lack of services that will work with people facing multiple problems including drug and alcohol use, difficulties getting an assessment or referral to secondary care without being registered with a GP and trouble making and keeping appointments while sleeping on the street.

CASE STUDY – Colin

Colin was living in private rented accommodation when he lost his job. He stayed on a friend's sofa for a few months while unsuccessfully applying for jobs, but the friendship broke down and Colin began sleeping rough. While sleeping rough Colin says he developed depression and suicidal ideation. He went to A&E while feeling suicidal, but he was not offered immediate care and was told to make an appointment with his GP in order to access the range of mental health treatment that he needed.

- ➔ Only 26 per cent of homelessness professionals surveyed think that people sleeping rough are able to access the mental health services that they need. This is partly because specialist homelessness mental health teams have been subject to major funding cuts or have disappeared entirely.
- ➔ There is not enough accommodation available for people to move into off the streets. 86 per cent of survey respondents believe that there are not enough specialist mental health supported accommodation beds available for their clients.

CASE STUDY – James

James was affected by depression that got worse when his mother died. He abandoned his flat and started to sleep rough. While he was sleeping rough his mental health deteriorated and James developed psychosis. St Mungo's street outreach services asked a GP and Community Mental Health Team (CMHT) to assess James on the street, but they felt unable to do so. James spent at least five months living on the street. He is now detained in a hospital under Section 3 of the Mental Health Act. A psychiatrist who worked with James believes that it is very unlikely that James will ever live in the community again.

People are sleeping rough soon after leaving a mental health hospital

- ➔ 78 per cent of the homelessness professionals who responded to our national survey said that in the last 12 months they had met at least one person sleeping rough who had recently been discharged from a mental health hospital.
- ➔ 44 per cent of survey respondents said that the number of people in this situation is increasing. Only seven per cent said the number is decreasing.

CASE STUDY – Anne

Anne was detained by police under Section 136 of the Mental Health Act while sleeping rough. She was self-harming and suicidal. Anne was taken to a mental health hospital and assessed. She was then discharged into the care of a crisis resolution home treatment team and placed in a B&B.

Four days later, Anne was brought to a local homelessness shelter at an hour's notice by care staff from the mental health hospital. It was immediately clear to shelter staff that Anne's referral to the shelter was inappropriate and she required a much higher level of support than they could provide. After hearing that she could not be offered a bed, Anne left the shelter.

Later in the day, Anne returned to the shelter in a highly distressed state. She caused serious injury to herself in the entrance. Staff administered first aid and called an ambulance.

Anne hears voices and has diagnosed bipolar disorder and personality disorder. Sleeping rough left her highly vulnerable – she reported being raped and mugged while street homeless.

Our recommendations for national government

Local voluntary and statutory organisations should continue to work together to try and reverse the rise in the number of people with mental health problems sleeping rough. However, national government must take a lead by effectively supporting and enabling them to do so.

St Mungo's is calling on the government to:

1) Publish a new, ambitious national rough sleeping strategy

The Prime Minister should ask the cross-government ministerial working group on tackling and preventing homelessness to set out a new national rough sleeping strategy. This should include clearly stated objectives for reducing the number of people sleeping rough. The strategy should also include commitments to take the actions we set out below.

2) Invest in specialist homelessness mental health support

We believe there is a clear case for investment in specialist homelessness mental health services. Many such services were established during the 1990s as part of the Homeless and Mentally Ill Initiative, but have since been subject to major budget cuts or have been lost entirely. Specialist teams can coordinate and carry out mental health assessments with people sleeping rough, on the street if necessary. They can also provide treatment, including medication and talking therapies, to people who are sleeping rough. These teams are desperately needed in areas with a high number of people sleeping rough. In areas where fewer people sleep rough, street outreach teams should be able to draw on support from mental health workers from within the NHS when they need to.

3) Protect the long term future of supported housing, including specialist mental health supported housing services

We believe the long term future of supported housing requires urgent attention from the government. Supported housing prevents rough sleeping by supporting vulnerable people who are at risk of homelessness and providing beds for people sleeping rough to move into. However, the future of this specialist housing is increasingly uncertain and there is already a significant, existing shortfall in bed spaces. The government should put in place a sustainable funding system to ensure sufficient supported accommodation, including specialist mental health supported accommodation, is available where it is needed.

4) Require the NHS to ensure that people do not sleep rough after being discharged from mental health hospitals

We believe the government should build on the legacy of the Homeless Hospital Discharge Fund to ensure that people do not sleep rough after being discharged from mental health hospitals. This approach, with adequate funding, should be rolled out across the country. Currently, opportunities to support people who are unwell to enter or remain in accommodation are being missed.

5) Improve homelessness legislation to prevent more rough sleeping

The government should improve homelessness legislation. Current legal duties designed to prevent rough sleeping are limited by intentionality and priority need criteria. Too many people, including those with mental health problems, are not getting sufficient help to avoid sleeping rough. We are encouraged that the government has committed to consider legislative changes and alongside Homeless Link, Crisis and others, we are calling for a new, universal prevention and relief duty to ensure that anyone threatened with homelessness can access help.

To read the full report and join our Stop the Scandal campaign, please visit

www.mungos.org/stopthescandal

Follow news about the campaign on Twitter [@StMungos](https://twitter.com/StMungos) and Facebook



For more information contact:

St Mungo's, Fifth Floor, 3 Thomas More Square, London E1W 1YW

Tel: 020 3856 6000 Fax: 020 3856 6001

www.mungos.org

St Mungo Community Housing Association is a registered charity and a limited company registered in England and Wales
Registered Charity No. 1149085 Company No. 8225808 Housing Association No. LH0279

St Mungo's
Ending homelessness
Rebuilding lives