Accommodation types, pre and post admission, for inpatients with unmet housing needs on an acute mental health unit in Dublin.

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Thank you to SWAMH

Although Housing Coordinators may work differently in each CHO, according to locally based priorities, we have a lot in common with the interests and concerns of mental health social workers when it comes to service users with housing needs.

We are particularly concerned with building and embedding housing pathways in partnership with local authorities, through the implementation of the local and national Housing Disability Strategies.

This can't be done without working with you, the local mental health social workers. The findings of the survey is a good example. We are interested in working strategically with you to help address these findings, like the prevalence of local housing needs and the barriers you experience.

We really appreciate the opportunity to be here at the SWAMH conference and hopefully this is the start of future collaborations; both locally with your local Housing Coordinator and also as two like minded groups. We welcome opportunities to work together in the future, and thank you Linda and the other SWAMH members for inviting us to present here today.

Literature review - Research problem.

- Measurement of homeless and housing exclusion (HHE) is contested.
- 3 official measures of HHE (RS, H/L hostels, SSHAs).
- Homelessness is possibly 4 times & housing exclusion is possibly 10 times, more than official figures.
- MHS suspected of being a ‘flow’ into homelessness.
- Flow from MHS to homelessness is not routinely reported.
- “No such data available”
- Proper statistics inform policy to meet housing need.

Research questions

- What accommodation types were individuals with accommodation needs admitted from?

- What accommodation types were these individuals discharged to?

Methodology

- Quantitative, repeat measure Cross-sectional design.
- Approved by Tallaght and St James's Research Ethics Committee.
- Weekly from March to November 2018 (eight months).
- Senior ward staff provided information regarding pre and post admission accommodation.
- A convenience sampling strategy.
- European Typology on Homelessness and Housing Exclusion (ETHOS) framework used to categorise the housing types.
- Analysis run by SPSS.

Is the mental health acute unit: a flow into homelessness?

An admission from homelessness every 11 days [20% (n=22) of those with housing needs],

A discharge to homelessness every 9 days. [26% (n=28) of those with housing needs].

Transitions on the acute unit provide important information on homeless pathways.

- Of the 22 admitted from homeless services, 12 (55%) returned to homeless settings and only 5 (23%) were discharged to improved settings.
- Of the 28 discharged to homeless services, 12 (43%) were admitted from there and 16 (57%) were ‘new homeless’.

Acute Unit: Hidden Homelessness
80% (n=85) admitted & 77% (n=81) discharged

Institutional settings

20% (n22) admitted & 34% (n36) discharged.

Transitions, new Discharges,

- 7 Transfers
- 4 Specialist MH
- 4 Nursing Homes
- 4 AMA
- 3 MH High Support
- 2 Custodial / Direct Provision

Insecure settings

60% (n65) admitted & 42% (n44) discharged.

	Admitted	Not discharged to pre-admission accommodation type	Discharge to pre-admission accommodation type (from other type)
Parental Home	25	9	23 (7)
Family / Friends	15	10	6 (2)
Own Home	14	8	6
LA & AHB	6	1	6 (1)
Private Rented	6	3	3

Main accommodation types at discharge, including gender and length of time on the ward.

Discharged to	No. (%)	Length of stay (days) (%)	Gender & length of stay			
			Male (%)	Length of stay (days) (%) (average stay)	Female (%)	Length of stay (days)(%) (average stay)
Institutions Mental Health/ Medical/ Prison/ Nursing home	33 (30%)	10161 (73%)	16 (48%)	6533 (47%) (ave 408 days)	17 (52%)	3628 (26%) (ave 213 days)
Parental home, family / friends, NFA	33 (30%)	1062 (8%)	22 (67%)	808 (6%) (ave 37 days)	11 (33%)	254 (2%) (ave 23 days)
Homeless	28 (26%)	1449 (10%)	20 (71%)	797 (6%) (ave 40 days)	8 (29%)	652 (5%) (ave 82 days)
Own home, LA, AHB, private rented	15 (14%)	1341 (10%)	9 (60%)	705 (5%) (ave 78 days)	6 (40%)	636 (5%) (ave 106 days)
total	109 (100%)	14013 (101%)	67 (61%)	8843 (63%) (ave 131 days)	42 (39%)	5170 (37%) (ave 123 days)

Overall findings of Pre and Post admission accommodation types applied to the ETHOS framework

Table X1: Pre and post admission accommodation types using the ETHOS classification system.

	Operational Categories	Pre-Admission Accommodation (%)		Accommodation Post-Discharge	% Change
Roofless	1.Public spaces / external spaces	Rough sleeping 2 (2%) **Total 2 (2%)**		Rough sleeping 0 **Total 0 (0%)**	-100%
	2.Overnight shelters[1]				
Houseless	3.Homeless hostels. Temporary / Transitional accommodation	Homeless Hostels 18 (16%) Low budget hostels 2 (2%) **Total 20 (18%)**		Homeless Hostels 28 (26%) Low budget hostels 0 **Total 28 (26%)**	+40%
	4.Women's shelters				
	5. refuge accommodation			Asylum hostel 1 (1%) **Total 1 (1%)**	+100%
	6. People to be released from institutions (Penal, medical children's)	Mental Health hostels 12(11%) Nursing Home[2] 4 (4%) Penal 6 (6%) **Total 22 (20%)**		Mental Health hostels 12 (11%) MH Intensive Care Unit 1 (1%) MH Specialist Nursing Home 1 (1%) MH Special Rehab Unit 2 (2%) Transfer to local acute unit 5 (5%) Transfer to private hospital 2 (2%) AMA to NFA 4 (4%) Nursing Home 8 (7%) Penal 1 (1%) **Total 36 (34%)**	+64%
Insecure	7. People receiving long term support due to homelessness				
	8. People living in insecure accommodation . Temporarily with family or friends.[3]	Parental Home 25 (23%) Family/Friends 14 (13%) Own Home 14 (13%) Local Authority / AHB 6 (6%) Private Rented 6 (6%) **Total 65 (60%)**		Parental Home 23 (21%) Family/Friends 6 (6%) Own Home 6 (6%) Local Authority / AHB 6 (6%) Private Rented 3 (3%) **Total 44 (42%)**	-32%
	9. People living under threat of eviction				
	10. People living under threat of violence				
Inadequate	11. People living in temporary / non-conventional structure / mobile homes.				
	12 People living in unfit housing				
	13. People living in extreme overcrowding				
		Full Total 109 (100%)		**Full Total 109 (100%)**	

Comparing findings with other studies.

Comparing findings: Rough Sleepers (as proportion of homeless, i.e. first three ETHOS categories)

Our Study (2018)	Official Statistics			'Counted In' (2008) (greater Dublin area)	Siersback et al (2020) (Inner-city general hospital A&E dept)
	Nov 2018	April 2021	Oct 2021		
9% of the homeless identified were rough sleepers.	**2.4%** of the official homeless nationally were rough sleepers.	**2.1%** of the official homeless nationally were rough sleepers.	**1.4%** of the official homeless nationally were rough sleepers.	**10%** of the homeless in the greater Dublin area were rough sleepers.	**27%** of homeless presenting to A&E were rough sleepers.

Comparing findings: Homeless

Our Study (2018)	Forchuk et al (2013) London, Ontario, Canada	Laliberte et al (2020) Ontario, Canada	Keogh, Roche and Walsh (1999) 'We have no beds'	HRB (2018) NPIRS national psychiatric in-patient annual figures	Moloney et al (2022) Two mental Health Acute Units in Mid West Ireland
7.4% of all discharges (n375) over eight months, were to homeless services.	**6%** of all discharges (n1588) from psychiatric acute wards to shelters or NFA in 2002	**2.3%** of all discharges (n91,023) over three years were homeless.	**15%** of all acute psychiatric beds (n558) in EHB were inappropriately occupied by homeless individuals.	**1.8%** of all admissions (n17,000) to psychiatric beds in Ireland in 2018 were no fixed abode (NFA)	**16%** of admissions (n50) are homeless and a further 14% had experienced homelessness at some point in the past.

Summary of key findings and discussion

→ Overall, 53% (n=58) of those with housing need did not return to their pre-admission accommodation
→ Discharged to homeless accommodation every 9 days. 16 ‘new homeless discharges’.
→ Discharge to hidden homeless every 3 days.
→ Largest accommodation type at admission was the parental home.
→ Largest accommodation type at discharge was homeless services.
→ Positive stories: 4 to new local authority homes and 1 to new private rented.
→ The acute unit is a flow into homelessness.

→ Important not to normalise homeless discharge,
- A failed transition of care, a devastating outcome
- Indicates structural systemic failing

→ The ETHOS framework can
- classify a range of homeless and housing exclusion,
- identify transitions and changes over time,
- identify if an intervention is working,
- routinely collect level of homeless discharge.

Limitations

- Convenience sampling
- Small sample
- Single site
- The ETHOS framework provides the possibility of making reasonably accurate comparisons (O’Sullivan 2020).
- Convenience sampling using the ETHOS framework have a clearer degree of generalisability relative to convenience sampling which do not use the ETHOS.

Implications for Practice

- Acute units should routinely collect and report HHE data.
- The ETHOS framework should be used to measure HHE.
- It could be incorporated into the ‘Admissions and Discharge’ ledger currently used on each ward.
- Adapted to gather relevant data like admissions from and discharges to mental health settings.
- In particular collect and report discharge to homeless accommodation.

Summary

- The literature review identified that mental health services are not measuring service users housing need, and that local authorities only have limited data.
- For policies and responses to be effective, an acceptable understanding and measurement of the true scale of the need is essential.
- Acute mental health services should routinely use the ETHOS framework to report the prevalence and type of homelessness and housing exclusion experienced on an acute mental health unit. Particularly homeless discharge.
- This data can inform housing strategies and allow for the efficient planning, of housing to meet the need.
- Thank you. Q&A