



**STOP**  
the scandal

People with mental  
ill health are stuck  
sleeping rough

Stop the Scandal: an investigation into  
mental health and rough sleeping  
February 2016

**St Mungo's**  
Ending homelessness  
Rebuilding lives

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# I. Executive summary of our findings and recommendations

## 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.<sup>1</sup>
- ➔ 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, across 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.*

<sup>1</sup> 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.

## St Mungo's is calling on national 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.

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### **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 homelessness 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.

## 2. Introduction

Over the last five years, rough sleeping in England has begun to rise again. The number of people sleeping rough on any one night in England increased by 102 per cent between 2010 and 2015;<sup>2</sup> and the total number recorded as sleeping rough in London during 2014-15 was 34 per cent higher than in 2011-12.<sup>3</sup> These figures are likely to be due in part to better recording, but there is no doubt that they also reflect a real rise in the number of people sleeping on the streets.

Since 2005, detailed data on people sleeping rough in London has been stored on the CHAIN database which is now commissioned by the Mayor of London. Outside of London, there is much less information publicly available about people who sleep rough, including around their mental health. However, St Mungo's and other homelessness service providers do gather data on people using rough sleeping services throughout England, which can and should be used to inform policy and practice decisions.

As more evidence becomes available, it is becoming ever more apparent that across England a significant number of people who are sleeping rough also experience mental health problems. St Mungo's street outreach teams, who support people to get off the streets into accommodation, have become increasingly concerned about the challenges that are faced by their clients with mental health problems.

This report considers previous approaches to reducing rough sleeping as well as factors that explain the recent increase. The report then analyses available data and draws on the expertise of professionals to explore the issue of mental health and rough sleeping.

### 2.1. Information used for this report

This report presents an analysis of information on people who are sleeping rough held on three databases: St Mungo's client information system (OPAL); the Combined Homelessness and Information Network (CHAIN) database administered by St Mungo's on behalf of the Greater London Authority and Oxford CHAIN administered by Real Systems<sup>4</sup> on behalf of Oxford City Council.

Information from these databases is used to indicate the number of people sleeping rough with mental health problems in the areas that they cover. Information on demographics, support needs and past experiences is also drawn from these databases.

As well as analysing this casework data, we interviewed 13 street outreach and specialist homelessness mental health professionals from organisations and areas across England. The interviews explore the challenges that people sleeping rough with mental health problems face in accessing accommodation and mental health services. We also discussed these issues with street outreach and homelessness professionals at a meeting of the Pan London Women's Outreach Network.

In December 2015 we also carried out the largest ever 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 covering all regions of England.<sup>5</sup> Data from this survey is used to identify national trends and challenges in accessing services.

<sup>2</sup> Department for Communities and Local Government (2016) Rough Sleeping in England 2015

<https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2015>

<sup>3</sup> CHAIN (2015) Annual Report: Greater London April 2014-March 2015

<http://data.london.gov.uk/dataset/chain-reports/resource/dd12fe65-0a44-465d-96e6-5339fc5c505d>

<sup>4</sup> Real Systems is a social enterprise owned by St Mungo's which supports areas to develop client data systems similar to CHAIN.

<sup>5</sup> The authors wish to express their thanks to Homeless Link for providing a contact list used to disseminate the survey.

## 3. Rough Sleeping – the policy context

Successive Prime Ministers and London Mayors have made it a public ambition to dramatically reduce or end rough sleeping, and over the last three decades there have been a number of developments in homelessness policy in England. This section highlights some of these developments, which are referred to throughout the report.

### 3.1. The Rough Sleepers Initiative and the Homeless Mentally Ill Initiative

The Rough Sleepers Initiative (RSI) was initiated by John Major's Conservative government and operated throughout the 1990s. Originally developed as a short term response to the dramatic increase in the numbers of people sleeping rough in London, the programme was supported by several rounds of funding and in 1997 was rolled out to 36 areas across England.

The original aim of the RSI was to make it unnecessary for people to sleep rough on the streets of London. It incorporated a broad range of initiatives and programmes in a multi agency approach to tackling rough sleeping. Through the initiative, the government funded direct hostel provision, outreach and advice workers, emergency shelters and move on accommodation. Over a nine year period, around 5,500 people were housed in 3,500 units of permanent accommodation in London.<sup>6</sup>

The Homeless Mentally Ill Initiative (HMII) was launched by the Department of Health in 1990 in response to the high numbers of people sleeping rough with mental health problems in London. This coincided with growing concerns that people were falling through the cracks in the transition to the Care in the Community model for mental health provision and ending up on the streets.

The initiative used £20 million of funding over a three year period to pay for specialist outreach teams, supported accommodation and move on housing. The official evaluation of the initiative found that it succeeded in bringing specialist services to severely mentally ill people who were homeless, and that over half of the clients of four of the specialist outreach teams had an improved accommodation status after 12 months.<sup>7</sup>

### 3.2. Rough Sleepers Unit and the two thirds target

Rough sleeping was identified as a top priority for the Social Exclusion Unit, set up in 1997 by Labour Prime Minister Tony Blair. In 1999 the government produced *Coming in from the cold*, in which Blair set out a target to reduce rough sleeping by two thirds over three years. The Rough Sleepers Unit was established and tasked with meeting the 2002 target.

The 2002 target was met a year earlier than planned. However, the government acknowledged that more had to be done to tackle rough sleeping, particularly in London. The recognition that rough sleeping was a product of a wide range of problems led to a new focus on prevention and recovery. In 2002, the legal definition of households in 'priority need' to be housed by local authorities was expanded to include care leavers, people leaving institutions and people at risk of experiencing domestic violence.<sup>8</sup> In addition, local authorities were required to develop local strategies to tackle rough sleeping and homelessness, which were to be reviewed every five years.

<sup>6</sup> Randall, Geoffrey and Brown, Susan (1999) Homes for Street Homeless People: An evaluation of the Rough Sleepers Initiative, Department for Communities and Local Government

<sup>7</sup> Craig, T., Baylis, E., Klein, O., Manning, P. and Reader, L. (1995) The Homeless Mentally Ill Initiative: An evaluation of four clinical teams. Department of Health

<sup>8</sup> 2002 The Homelessness (Priority Need for Accommodation) (England) Order 2002



### 3.3. Supporting People

The Supporting People programme was launched in 2003 as a £1.8 billion ringfenced grant to local authorities. This brought together several existing funding streams as well as some new funding to meet local need. Supporting People paid for accommodation-based services and interventions aimed at helping vulnerable people, including people who had been sleeping rough, to live independently. Much of the funding was used to commission charities and other organisations to deliver supported accommodation, where people could receive support to address the problems that put them at risk of repeated incidents of homelessness or need for more expensive emergency services.

In subsequent years, the level of funding for Supporting People was reduced, and in 2009, the ringfence around the programme was removed. As funding to local authorities was reduced following the financial crisis of 2008, many local authorities have reduced spending on supported accommodation. On average, local authority funding for Supporting People type services reduced by 45 per cent between 2009-10 and 2014-15.<sup>9</sup>

Uncertainty around the future funding for the sector was exacerbated in 2015 by government announcements that social housing rents would be reduced and social housing benefit payments would be capped at Local Housing Allowance rates. These policies have the potential to make many supported housing projects unviable. In January 2016, the government partially responded to the concerns of supported accommodation providers by announcing that it would be deferring the reduction of social housing rents for a year while it completed a review of the sector.

### 3.4. Ending rough sleeping and No Second Night Out

In 2008 the government produced a rough sleeping strategy, *No One Left Out*, in which Prime Minister Gordon Brown included a goal to end rough sleeping 'once and for all' by 2012. The strategy included plans to prevent rough sleeping by improving access to health and social care services for people with multiple needs. A £200 million homelessness grant was allocated to local authorities and voluntary organisations to pay for specialist services for people sleeping rough, as well as programmes targeted at homelessness prevention.

In the same year London Mayor Boris Johnson set up the London Delivery Board and tasked it to end rough sleeping in the capital by 2012. The Mayor of London also announced a grant of £750,000 for No Second Night Out (NSNO), a project targeted at new rough sleepers to ensure that they did not spend a second night on the streets.

Following the formation of the coalition government in 2010, a ministerial working group on homelessness was formed comprising of representatives from several relevant government departments. In its 2011 report *Vision to end rough sleeping: No Second Night Out nationwide*, the ministerial working group detailed a plan to build upon the principles of No Second Night Out across England, supported by a £20 million Homelessness Transition Fund. Prime Minister David Cameron also set out his ambition 'to end the uncertainty, indignity and suffering of rough sleeping.'

<sup>9</sup> National Audit Office (2014) The impact of funding reductions on local authorities  
<https://www.nao.org.uk/wp-content/uploads/2014/11/Impact-of-funding-reductions-on-local-authorities.pdf>

## 4. The number of people recorded as sleeping rough has increased significantly since 2010

While thousands of people have been helped to move off the streets, ambitions to end rough sleeping have not been met. In fact, over the last five years, the number of people recorded as sleeping rough in England has increased dramatically.

The government's annual rough sleeping statistics show that the number of people sleeping rough in England on any one night increased by 102 per cent between 2010 and 2015.<sup>10</sup> In 2010, due to concerns that the previous counting methodology underestimated the real extent of rough sleeping, the government introduced a new approach for measuring the number of people sleeping rough in England. These methodological changes altered the way in which street counts were undertaken and estimates were included by local councils in areas which did not undertake an actual count. Since these major changes there has been a continued increase in the number of rough sleepers counted and estimated to be sleeping rough.

The London CHAIN database shows that the total number of people found sleeping rough by outreach workers in London from April 2014 to March 2015 was 34 per cent higher than in the same period in 2011 and 2012.<sup>11</sup> The increase early in this period is likely to be in part due to changes in service delivery and ongoing improvements in recording. However, homelessness professionals we talked to were in no doubt that they also reflected a significant real increase in the number of people who are sleeping rough. According to the government's annual rough sleeping statistics, the number of people sleeping rough on any one night in London increased by 111 per cent between autumn 2011 and autumn 2015.

This section identifies key factors that have contributed to this increase across England:

- ➔ Increasing housing costs and welfare reform leading to homelessness
- ➔ A shortage of supported housing
- ➔ Homelessness services 'silting up'
- ➔ More people from Central and Eastern Europe sleeping rough.

Additional factors that explain the increase in the number of people with mental health problems sleeping rough, including higher thresholds for mental health and other services, are set out in section 11 of this report.

### 4.1. Housing costs and welfare reform leading to homelessness

Rents increased by 12 per cent in England between January 2011 and December 2015, and by 20 per cent in London over the same period.<sup>12</sup> At the same time welfare reforms initiated by the coalition government have included cuts and caps to housing benefit. Local authorities from across England believe that welfare reforms have increased the incidence of homelessness.<sup>13</sup>

The increases in rents and aspects of welfare reform partly explain why the end of a private tenancy is now the most common reason for people who are rehoused under homelessness legislation to have lost their home;<sup>14</sup> tenancies come to an end, the rent is increased and people cannot afford to pay it or find any other housing. Private rented accommodation is also the most common category of previous accommodation for new rough sleepers accessing the London NSNO service between April 2011 and June 2015; 37 per cent of all new rough sleepers accessing the service over this period had private rented accommodation recorded as their last settled base.<sup>15</sup>

<sup>10</sup> Department for Communities and local Government (2016) Rough Sleeping in England 2015  
<https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2015>

<sup>11</sup> CHAIN (Combined Homelessness and Information Network) Annual Report: Greater London April 2014-March 2015  
<http://data.london.gov.uk/dataset/chain-reports/resource/dd12fe65-0a44-465d-96e6-5339fc5c505d>

<sup>12</sup> Office for National Statistics (2014) Index of Private Housing Rental Prices, January to March 2015 (Data section)  
<http://www.ons.gov.uk/ons/rel/hpi/index-of-private-housing-rental-prices/january-to-march-2014-results/iphrp-stb-jantomar14.html>

<sup>13</sup> Suzanne Fitzpatrick, Hal Pawson, Glen Bramley, Steve Wilcox and Beth Watts, (2015) The homelessness monitor: England 2015, published by Crisis [http://www.crisis.org.uk/data/files/publications/Homelessness\\_Monitor\\_England\\_2015\\_final\\_web.pdf](http://www.crisis.org.uk/data/files/publications/Homelessness_Monitor_England_2015_final_web.pdf)

<sup>14</sup> Department for Communities and Local Government (2015) Statutory Homelessness in England, National Statistics  
<https://www.gov.uk/government/collections/homelessness-statistics#statutory-homelessness>

<sup>15</sup> From a forthcoming St Mungo's report

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## 4.2. A shortage of supported housing

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. Staff in supported housing enable people to make a sustained recovery from homelessness and connected issues, such as poor physical and mental health, drug or alcohol misuse and experiences of violence, trauma and abuse.

As we outlined earlier, significant cuts to local authority spending on housing related support, formerly known as Supporting People services, have resulted in a reduction in supported housing services.<sup>16</sup> Research by Sitra for the National Housing Federation identified a shortfall of 15,640 available places in supported housing for people of working age in 2015-16.<sup>17</sup>

## 4.3. Homelessness services are ‘silting up’

St Mungo’s staff say it is becoming more difficult for people to move on from supported accommodation when they are ready to live independently, especially in London and other areas with high housing costs. There is less private rented accommodation available for our clients to move into at levels that people claiming housing benefit can afford. In 2015, 59 per cent of 357 homelessness supported accommodation providers said that a lack of affordable accommodation was a barrier to their clients moving on.<sup>18</sup>

If people take longer to move on, bed spaces become less available to other people who need them, including people who are sleeping rough, and waiting lists grow. These pressures have led to an increase in the time taken by new rough sleepers using London NSNO to find a bed in supported accommodation.

London NSNO is an assessment and reconnection service that aims to help new and existing rough sleepers to move off the streets as quickly as possible. The service provides assessment hubs where clients stay until a longer term solution can be found. The average length of stay at the NSNO assessment hubs has increased from under five days in 2011-12 to over 12 days in 2014-15. This in turn has led to an increase in the frequency of NSNO being unavailable to new clients because they are full to capacity.

## 4.4. More rough sleepers from Central and Eastern Europe

The number of UK nationals recorded sleeping rough in London during one year has increased by 28 per cent from 2,513 in 2011-12 to 3,212 in 2014-15. Over the same period, the number of people from Central and Eastern Europe recorded as sleeping rough in London has increased by 77 per cent from 1,526 to 2,695. Anecdotal evidence from street outreach workers across England suggests that the number of people from these countries sleeping rough is also increasing outside of London.

EU migrants now have very limited access to housing benefit, meaning that if they are not working it can be extremely difficult for them to pay any rent. St Mungo’s street outreach teams meet migrants from Central and Eastern Europe who sleep rough in order to avoid paying accommodation costs. The teams also encounter people from these countries who are sleeping rough after having been exploited by traffickers and illegal employers.

The remainder of this report explores the issue of mental health and rough sleeping. However, St Mungo’s continues to work on building awareness, understanding and solutions to the other issues highlighted above.

<sup>16</sup> In 2014 the National Audit Office reported that local authorities’ spending on Supporting People services had decreased on average by 45 per cent since 2010-11. National Audit Office (2014) The Impact of Funding Reductions on Local Authorities <http://www.nao.org.uk/wp-content/uploads/2014/11/Impact-of-funding-reductions-on-local-authorities.pdf>

<sup>17</sup> National Housing Federation (2015) Supported Housing: Understanding needs and supply [https://www.housing.org.uk/resource-library/browse/supported\\_housing\\_understanding\\_need\\_and\\_supply/](https://www.housing.org.uk/resource-library/browse/supported_housing_understanding_need_and_supply/)

<sup>18</sup> Homeless Link (2015) Support for single homeless people in England: Annual review <http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

## 5. Available data suggests that around four out of ten people, and around half of UK nationals sleeping rough, need support for a mental health problem

There is no national dataset or agreed methodology for recording the mental health needs of rough sleepers. This section therefore draws on data that was available to St Mungo's at the time of writing this report and on our own research with professional outreach workers across the country.<sup>19</sup>

The analysis below reflects street outreach workers' informal assessment of whether individual people sleeping rough have a mental health support need. Many street outreach workers are trained in mental health to varying degrees and in some areas work closely with mental health professionals.

The analysis does not show the number and proportion of people sleeping rough with a diagnosed mental health condition. Nor does it provide information on the types of mental health problems that affect this group.

Street outreach and specialist mental health teams that were contacted for this report suggest that schizophrenia, depression, anxiety, post-traumatic stress disorder and personality disorders are all common among people who are sleeping rough. Personality disorders often result from complex trauma; a review of the literature has found strong and consistent evidence supporting an association between homelessness and complex trauma.<sup>20</sup> Complex trauma refers to sustained exposure to traumatic events such as neglect and abuse in childhood and adolescence.<sup>21</sup>

People sleeping rough may also have mental health problems linked to ongoing trauma that they experience in adult life. This trauma can be connected to substance use, physical health problems, housing and experiences of violence or abuse.

### 5.1. People sleeping rough in Brighton, Bristol, Gloucestershire, South Essex and Sussex

This analysis looks at a snapshot of the issues across five areas: Brighton, Bristol, Gloucestershire, South Essex and Sussex where St Mungo's delivers street outreach services. In these areas 344 people recorded as 'rough sleeping' were engaging with St Mungo's street outreach teams on 1 November 2015. Many of these people move in and out of insecure accommodation and do not all sleep rough on anyone night, so these figures are not comparable with official DCLG rough sleeping statistics. The figures reflect St Mungo's street outreach teams' caseloads, so they cannot be used to compare the total number of people sleeping rough in a given period in different areas.

42 per cent these clients were identified as having a mental health need by our street outreach workers.

In areas where St Mungo's was working with more than 25 people sleeping rough, the proportion with a mental health need varied between 31 per cent in South Essex to 47 per cent in Brighton.

**Table 1:**

St Mungo's street outreach service	Total clients recorded as sleeping rough	Clients with a mental health need	% of total with a mental health need
Brighton SOS	64	30	47%
Bristol SPOT	158	60	38%
Gloucestershire Outreach	25	19	76%
South Essex HART	59	18	31%
Sussex Outreach Services	38	18	47%
<b>Total for above projects</b>	<b>344</b>	<b>145</b>	<b>42%</b>
<i>of which are UK nationals:</i>	251	121	48%

<sup>19</sup> In London, since 2000, every person seen rough sleeping by a publicly funded street outreach team has been recorded on the CHAIN database, which is commissioned by the GLA and currently maintained by St Mungo's. A similar CHAIN database is commissioned by Oxford City Council and managed by Real Systems. Data held on St Mungo's client information system, OPAL, on people sleeping rough who the organisation had worked with in a number of other towns and cities in southern England was also analysed for this report. The data used in this report has been collected by a variety of organisations with different methods of collecting the data and covers different time periods. We have therefore not attempted analysis based on combining the data sets.

<sup>20</sup> Maguire, Nick et al (2009) Homelessness and Complex Trauma: A Review of the Literature <http://homelesspages.org.uk/node/24195>

<sup>21</sup> Ibid

## 5.2. People recorded as sleeping rough on the Oxford City CHAIN database

Data from the Oxford City CHAIN database shows that from April 2014 to March 2015, 421 people were seen sleeping rough in Oxford. Of these 253 people had their support needs assessed, and 165, or 65 per cent, of those assessed were found to need support for their mental health.

**Table 2:**

Total number of people seen sleeping rough in Oxford, 2014-15	People who had needs assessed	People with an identified mental health need	% of those assessed with a mental health need
421	253	165	65%

## 5.3. People recorded as sleeping rough on the London CHAIN database

Between April 2014 and March 2015, 7,581 people were seen sleeping rough in London. Of these, 5,197 had been assessed for support needs by a street outreach worker; 45 per cent (2,342) of the people who had their needs assessed had a mental health need.

**Table 3:**

Total number of people seen sleeping rough in London, 2014-15	People who had needs assessed	People with an identified mental health need	% of those assessed with a mental health need
7,581	5,197	2,342	45%

**Table 4:**

Total number of UK nationals seen sleeping rough in London, 2014-15	UK nationals who had needs assessed	UK nationals who had an identified mental health need	% of those assessed with a mental health need
3,212	2,532	1,513	60%

## 5.4. Nationality, sleeping rough and mental health

In 2014-15, 65 per cent (1,513) of people seen sleeping rough in London with an identified mental health need were UK nationals, and 86 per cent of people sleeping rough in Brighton, Bristol, Gloucestershire, South Essex and Sussex with a recorded mental health need were UK nationals.

31 per cent of non-UK nationals seen sleeping rough in London in 2014-15 who had their needs assessed had an identified mental health support need.

London CHAIN data shows that non-UK nationals are far more likely to have left their last settled base to seek work, and that overall people sleeping rough who left their last settled base to seek work are less likely to have mental health needs than those who left for other reasons. London CHAIN also shows that non-UK nationals are less likely to be seen sleeping rough for more than four quarters. As detailed in section 8, people with mental health problems are more likely to have been on the streets for longer periods of time.

Caution is required, however, when drawing conclusions about the number and proportion of non-UK nationals sleeping rough with recorded mental health needs. The London CHAIN data shows that a far higher proportion of non-UK nationals have not had their mental health or other support needs assessed by street outreach workers. Street outreach workers suggest that there are linguistic and cultural barriers to assessing non-UK nationals' support needs, including their mental health.



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## 5.5. Female rough sleepers and mental health

Women who sleep rough are more likely to have mental health needs than men. 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 were assessed had mental health needs.<sup>22</sup>

A group of street outreach workers who work with women in London told us that women are more likely to sleep rough as a result of traumatic experiences, which may partly explain why mental health problems are more common. This view is supported by NSPCC research showing women are more likely to have experienced childhood abuse and severe maltreatment than men.<sup>23</sup>

An Agenda report found that 1.2 million women in England are experiencing extensive physical and sexual abuse and violence, and are at high risk of experiencing post-traumatic stress as a result.<sup>24</sup>

<sup>22</sup> For more information on women who are homeless and mental health see St Mungo's (2014) Rebuilding Shattered Lives [http://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives\\_Final-Report.pdf](http://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives_Final-Report.pdf)

<sup>23</sup> Radford, L, Corral, S; Bradley, C; Fisher; Bassett, H; Howat, N; and Collishaw, S (2011) Childhood Abuse and Neglect in the UK Today [http://www.nspcc.org.uk/Inform/research/findings/child\\_abuse\\_neglect\\_research\\_PDF\\_wdf84181.pdf](http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf)

<sup>24</sup> DMSS Research for Agenda (2016) Hidden Hurt: Violence, abuse and wider disadvantage in the lives of women <http://weareagenda.org/hidden-violence-blighting-womens-lives/>

## 6. Reasons people with mental health problems sleep rough include eviction, leaving prison and discharge from mental health hospitals

### 6.1. Losing independent accommodation and relationship breakdown

Eviction and relationship breakdown are the most common reasons for becoming homeless given by St Mungo's clients sleeping rough with a mental health need in Brighton, Bristol, Gloucestershire, South Essex and Sussex. 18 per cent said that they started to sleep rough because of an eviction from independent accommodation and 20 per cent because of a relationship breakdown with family, friends or a partner.

According to CHAIN data about people with a mental health problem who slept rough for the first time in London in 2014-15, the three most common reasons for them losing their last settled base were eviction, being asked to leave and relationship breakdown. 20 per cent lost it because they were evicted, 18 per cent because they were asked to leave and 13 per cent because of a relationship breakdown.

A private tenancy was the most common type of last settled base for the 2,088 new rough sleepers who arrived at London NSNO with a medium to high mental health support need between April 2011 and June 2015.<sup>25</sup> Where their last settled base was known, a third had a private rented tenancy recorded as their last settled base. Another 11 per cent were living in social housing or owner occupied accommodation, and 12 per cent were living in a family home or staying with friends.

The increase in the cost of housing and housing benefit cuts and caps outlined in section 4 is likely to partly explain why people start to sleep rough after an eviction or at the end of a tenancy. Section 8 sets out local authority legal duties to people who have become homeless, and explains why people with mental health problems may sleep rough despite these duties.

### 6.2. Hostels, prisons, hospitals and temporary accommodation

The evidence suggests that a significant number of people with mental health problems are starting to sleep rough after leaving an institution or housing where they accessed treatment, care or support.

17 per cent of St Mungo's clients sleeping rough with a mental health need in Brighton, Bristol, Gloucestershire, South Essex and Sussex lost their last settled base because they were evicted from a hostel. Eight per cent of new rough sleepers using London NSNO between April 2011 and June 2015 with medium to high mental health needs had a hostel recorded as their last settled base.

A lack of specialist supported housing may partly explain why people with mental health problems sleep rough after being evicted from hostels. People with severe mental health or multiple support needs may require specialist supported accommodation, where staff trained to work with people who exhibit difficult and disruptive behaviour can provide intensive support. They may be evicted from hostels or supported accommodation projects that cannot meet these needs if they exhibit behaviour that is considered threatening or difficult for other residents.

Five per cent of the 145 St Mungo's clients sleeping rough with mental health needs in Brighton, Bristol, Gloucestershire, South Essex and Sussex had prison as their last settled base, and three per cent had become homeless after leaving psychiatric hospital. As table 5 on the following page shows, 166 people arriving at London NSNO between April 2011 and June 2015 with medium or high mental health needs had hospital, prison or temporary accommodation as their last settled base.

<sup>25</sup> From a forthcoming St Mungo's report

**Table 5: Last settled base of new rough sleepers arriving at London NSNO with a medium to high mental health need, April 2011 – June 2015.**

CHAIN data, table taken from a forthcoming St Mungo's report

Last settled base	New rough sleepers with a medium to high mental health support need	
	No.	%
Private rented accommodation	612	32.80%
Other – specify in other base	420	22.50%
LA accommodation	182	9.70%
Family home	154	8.20%
Hostel	152	8.10%
Prison	92	4.90%
Staying with friends	66	3.50%
Temporary accommodation (LA)	48	2.60%
Owner occupied	28	1.50%
Hospital	26	1.40%
Housing Association accommodation	25	1.30%
Temporary accommodation (non LA)	19	1.00%
Squat	17	0.90%
Asylum support accommodation	13	0.70%
Tied accommodation	9	0.50%
Newly arrived in UK – homeless in home country	3	0.20%
Newly arrived in UK – not homeless in home country	1	0.10%
Outhouse	1	0.10%
Unknown	220	
<b>Grand total</b>	<b>2,088</b>	

### 6.3. Discharge from mental health hospitals

In 2010 Homeless Link and NHS London published a good practice checklist for NHS staff when discharging homeless mental health in-patients.<sup>26</sup> Evidence suggests that in many cases this good practice is not being followed on the ground.

Street outreach workers from across the UK told us that some people started to sleep rough soon after being discharged from mental health inpatient wards. 78 per cent of survey respondents 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 inpatient service. 44 per cent of respondents said that the number of people who sleep rough soon after being discharged from a mental health inpatient service is increasing; only seven per cent said it was decreasing.

Several professionals who we interviewed for this report said that there is a lack of coordination between services when someone with housing needs is discharged from a mental health hospital. A referral to a street outreach or other homelessness service may be made, but in some cases this is done at or very near the point of discharge, without time for services to process the referral. A street outreach professional told us that they sometimes have to go onto the streets to find people who they are told have been recently discharged by a mental health hospital. As Anne's case study below shows, where referrals are made people may be discharged into inappropriate accommodation.

<sup>26</sup> Homeless Link and NHS London (2010) Fact sheet 5: Developing accommodation pathways for mental health in-patients who are homeless [http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Factsheet\\_Developing-accommodation-pathways-for-homeless-mental-health-inpatients.pdf](http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Factsheet_Developing-accommodation-pathways-for-homeless-mental-health-inpatients.pdf)

## 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 a B&B hotel.*

*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 because her level of need was too high. Anne was loud, disruptive and had clearly been drinking. Care workers from the hospital and shelter staff told Anne that she could not be offered a bed, and she 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 and staff administered first aid and called an ambulance.*

*Anne hears voices and has diagnosed bipolar disorder and a personality disorder. Sleeping rough left her highly vulnerable – she reported being raped and mugged while street homeless. Staff at the shelter believe that she required a much higher level of support than can be safely provided at the shelter.*

Further evidence of unsafe hospital discharge was revealed in research by Healthwatch England in 2015 into experience of hospital discharge for people who are homeless and people with mental health problems.<sup>27</sup> The report found that people were discharged straight to the street, experienced a lack of coordination between services, were left without the support they needed after discharge and did not have their housing situation taken into consideration.

The Mental Health Taskforce also highlights problems with hospital discharge. St Mungo's supports the Taskforce's recommendation that inspections of mental health services reflect the extent to which discharge and future planning are integrated with services including housing.<sup>28</sup>

The problem of homeless people being discharged without appropriate accommodation has been recognised by central government. In 2013-14 the Department of Health invested £10 million in 52 homeless hospital discharge programmes. Some of this funding was used to support people who were discharged from mental health hospitals. St Mungo's Hospital Discharge Network, which received some funding under the scheme, provides safe accommodation and clinical support for clients leaving hospital to have fewer emergency admissions and become more engaged with and community health and social care services.<sup>29</sup> Nationally, data from 33 of the discharge programmes shows that 69 per cent of patients were subsequently moved into appropriate accommodation.

However, most of these services were unable to secure continuation funding. Only 17 out of 41 homeless hospital discharge projects that responded to a survey reported receiving funding to continue delivering services after the central government grant expired.<sup>30</sup>

<sup>27</sup> Healthwatch England (2015) Safely home: What happens when people leave hospital and care settings? [http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715\\_healthwatch\\_special\\_inquiry\\_2015\\_1.pdf](http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715_healthwatch_special_inquiry_2015_1.pdf)

<sup>28</sup> Independent Mental Health Taskforce to the NHS in England (2016) The five year forward view for mental health <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>29</sup> St Mungo's (2016) Hospital Discharge Network recovery results briefing [http://www.mungos.org/homelessness/publications/latest\\_publications\\_and\\_research/2468\\_hospital-discharge-network-recovery-results](http://www.mungos.org/homelessness/publications/latest_publications_and_research/2468_hospital-discharge-network-recovery-results)

<sup>30</sup> Homeless Link (2015) Evaluation of the homeless hospital discharge fund <http://www.homeless.org.uk/sites/default/files/site-attachments/Evaluation%20of%20the%20Homeless%20Hospital%20Discharge%20Fund%20FINAL.pdf>

## 7. People's mental health deteriorates on the street

### 7.1. People's mental health deteriorates when they are sleeping rough

Professionals interviewed for this report told us that people's mental health deteriorated while they were sleeping rough. Stress caused by the physical hardship and lack of sleep associated with sleeping rough could partly explain this deterioration, and that feelings of guilt, shame and isolation from friends and family could also contribute to deterioration in the mental health of people sleeping rough.

Substance use causes and exacerbates mental health problems. People sleeping rough may use alcohol and drugs to self-medicate for their mental health problems, and they may also use substances to help them sleep and feel less cold. More details on the interaction between substance use, rough sleeping and mental health are provided in section 9.

### 7.2. People are dying on the streets

It has been known for some years that life expectancy for homeless people is much worse than the rest of the population. The average age of death for men who die while homeless is 47, for women it's just 43.<sup>31</sup> Data from London CHAIN also suggests that people sleeping rough with a mental health need are more likely to die than those without a mental health need. From 2009-10 to 2014-15, a total of 127 people who were seen sleeping rough in London were recorded to have died in a year within which they were seen rough sleeping. Of the 105 who received a support needs assessment, 54, or 51 per cent were found to have a mental health need. In 2014-15, 17 out of the 25 people seen sleeping rough in London who had their support needs assessed and who died were found to have a mental health need.

### CASE STUDY – Colin

*Colin was living in private rented accommodation when he lost his job at a local manufacturing centre. He could no longer afford to pay his rent and surrendered his tenancy. Colin had always been in full time employment and did not know how to claim Jobseekers Allowance or Housing Benefit.*

*Colin stayed on a friend's sofa for a few months while unsuccessfully applying for jobs. The friendship broke down and Colin had to leave and began sleeping rough. A member of the public saw Colin sleeping rough and contacted StreetLink, the national rough sleeper referral line. StreetLink contacted the local outreach team who went out to look for him. The outreach workers found Colin exposed to the elements and without shelter.*

*Colin states that while sleeping rough 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.*

*Colin applied to be housed by his local authority housing team but was found not to be in priority need. St Mungo's street outreach services supported Colin to register at a GP. The outreach team also supported Colin to move into shared private rented accommodation and to claim benefits. Colin has now accessed mental health treatment, is happy in his new home and is building a new support network in his area.*

<sup>31</sup> St Mungo's (2014) Homeless Health Matters: the case for change <http://www.mungos.org/documents/5390/5390.pdf>



## 8. Mental health problems make it harder to move off the streets and into accommodation

People with mental health problems sleep rough for longer. Evidence suggests that 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. 21 per cent of the people recorded by St Mungo's as sleeping rough with a mental health need in Brighton, Bristol, Gloucestershire, South Essex and Sussex reported that they had been sleeping rough for over a year, compared to 13 per cent of those without a mental health need.

London CHAIN data for 2014-15 provides additional evidence to suggest that people with mental health problems sleep rough for longer; 23 per cent of people sleeping rough who had an identified mental health need had been seen bedded down at some point in more than four separate quarters, compared to 15 per cent of those with no mental health need.

If adopted, the Mental Health Taskforce's recommendation that settled housing outcomes for people with mental health problems are transparently monitored may encourage local and national bodies to address this issue.<sup>32</sup>

### 8.1. Mental health problems are a barrier to engaging with housing services

Professionals told us that mental health problems can make people reluctant to engage with street outreach services. Psychosis, delusional disorders and paranoia lead people to mistrust street outreach workers and other professionals. Street outreach workers told us that they sometimes are unable to engage properly with people sleeping rough for months or years due mental health problems. It was also suggested that depression and post-traumatic stress disorder can contribute to a lack of motivation and sense of hopelessness around addressing housing situations.

Street outreach workers also told us that accessing accommodation can require considerable persistence and patience, for example attending several appointments and presenting specific pieces of paperwork. Mental health problems can make it more difficult for people to fulfil these requirements for similar reasons to those given in section 9 around engaging with mental health services.

The legal system acknowledges that people with mental health problems sometimes lack the capacity to make decisions that are in their best interests.<sup>33</sup> Street outreach and specialist mental health professionals told us that in some cases mental health problems lead to delusional beliefs that can cause people to remain on the streets even when accommodation is available and remaining on their streets is clearly damaging their health. This issue is explored further in section 9.

#### CASE STUDY – Brian

*Brian is now 74 and became homeless in 1995. 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, centred on returning to his country of origin with unseen acquaintances. Brian also refused to be involved in any way in his own financial affairs.*

*Brian depended on street outreach, a specialist homelessness mental health team and members of the public for food and basic protection from the elements. Three hospital admissions and two protracted attempts to treat Brian's psychosis had little beneficial effect. He returned to rough sleeping following each of these admissions.*

*In the winter of 2013-14 Brian started sleeping on buses, making it harder for the people he relied on to find him. In the summer of 2014 Brian was found in a park; he was taken to hospital for treatment for an intestinal blockage caused by a hernia and his feet, which were infested with maggots.*

*Brian was keen to return to the streets after this stay in hospital. In order to prevent this, which would have clearly put his health at risk, 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.*

*After almost a year in the care home Brian is no longer under guardianship. He is reported to be comfortably settled in the care home and has recently been on a holiday with other residents.*

<sup>32</sup> Independent Mental Health Taskforce to the NHS in England (2016) The five year forward view for mental health <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>33</sup> Mental Capacity Act 2005

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## **8.2. There is a lack of suitable accommodation for people sleeping rough with mental health problems**

People sleeping rough with severe and enduring mental health problems and those with additional support needs, for example around substance use, often find it difficult to sustain an independent tenancy. Supported accommodation can allow people to escape rough sleeping and address the problems which caused them to become homeless.

Most homelessness professionals we surveyed said that there was not enough supported accommodation available in their area for people sleeping rough with mental health problems.

86 per cent of survey respondents said that there was insufficient specialist mental health supported accommodation available for their clients, and 78 per cent said that there was not enough supported accommodation in general available. Supported accommodation projects are commissioned by local authorities, but funding for them has been under significant pressure and bed spaces have reduced in recent years (see section 11).

One street outreach professional told us that it is often difficult to keep clients, including those with mental health problems, engaged in finding accommodation. For many, the only realistic option is to wait weeks or months for a private tenancy that is affordable while claiming housing benefit.

## **8.3. People sleeping rough with mental health problems are not housed by local authorities because they are found not to meet intentionality, priority need and local connection criteria**

Local authorities have a statutory duty to secure accommodation for people who are unintentionally homeless, who meet priority need criteria and who are UK citizens or whose immigration status makes them eligible. People with mental health problems who are sleeping rough or at risk of rough sleeping are sometimes found to be owed this duty, but many are considered by local authorities as not meeting these criteria or are unable to make an effective application for assistance.

National government has committed to consider changes to the homelessness legislation to ensure that local authorities prevent more people from becoming homeless. Evidence from street outreach workers suggests that changes are urgently needed.

### **8.3.1. Intentionality**

Street outreach workers said that their clients with mental health problems often leave rented accommodation without formal eviction processes being brought against them. The lack of a formal eviction leads to them being found intentionally homeless and therefore not qualifying under the homelessness duty. Others are evicted for rent arrears which may have built up when they were suffering from mental health problem, which can also lead to them being found intentionally homeless.

### 8.3.2. Priority need

Under homelessness legislation, a person who is vulnerable as a result of mental illness must be considered as being in priority need.<sup>34</sup> Nevertheless, street outreach workers told us that even people sleeping rough with severe and enduring mental health problems were often considered by local authorities not to be vulnerable enough to be in priority need.

Local authorities have drawn on case law to require someone to meet extremely high thresholds of vulnerability as a result of mental illness in order to be assessed as being in priority need. In 2015 a ruling by the Supreme Court clarified that people should not have to reach such a high threshold of vulnerability to be found to be in priority need.<sup>35</sup> However, the extent to which this ruling has changed local authority practice is unclear.

There is also evidence that some local authority assessments can be superficial and appear to be more concerned with demonstrating that a person does not meet priority need criteria than with recognising that the individual may need support to resolve their homelessness.<sup>36</sup> People with mental health problems that affect their day to day functioning and ability to communicate are likely to find it particularly hard to advocate on their own behalf during these assessments.

### 8.3.3. Local connection

Under homelessness legislation, local authorities look at an individual's 'local connection' to an area where they have lived, worked or have family to determine which local authority is responsible for providing them with long term accommodation. Supported accommodation projects house people who are not necessarily owed a duty under the homelessness legislation, but are usually commissioned by local authorities. These also often operate local connection policies in terms of who can be referred into the service, excluding people who cannot prove a local connection.<sup>37</sup>

People often end up sleeping rough in areas where they do not have a local connection. Street outreach workers told us that people sleeping rough were often reluctant to move back to their area of local connection, which they may associate with traumatic experiences. Some believe that they can have a better life elsewhere.

Determining a person's local connection can be difficult if they frequently cross local authority boundaries and sleep rough in different areas. This is a particular problem in London as local authorities cover relatively small geographical areas. Local authorities may disagree with each other over who is responsible for housing 'wanderers' who frequently cross these boundaries. Street outreach workers suggested that wandering can be linked to mental health problems; for example, paranoia can mean people are reluctant to stay in the same place.

<sup>34</sup> Housing Act 1996; The Homelessness (Priority Need for Accommodation) (England) Order 2002

<sup>35</sup> Hotak v London Borough of Southwark, Kanu v London Borough of Southwark, Johnson v Solihull Metropolitan Borough Council [2015] UKSC 30 <https://www.supremecourt.uk/cases/docs/uksc-2013-0234-judgment.pdf>

<sup>36</sup> Crisis (2014) Turned Away: The treatment of single homeless people by local authority homelessness services in England [http://www.crisis.org.uk/data/files/publications/MysteryShopping\\_Report\\_FINAL\\_web.pdf](http://www.crisis.org.uk/data/files/publications/MysteryShopping_Report_FINAL_web.pdf)

<sup>37</sup> Homeless Link (2015) Support for single homeless people in England: Annual Review 2015 <http://www.homeless.org.uk/sites/default/files/site-attachments/Full%20report%20-%20Single%20homelessness%20support%20in%20England%202015.pdf>

## 9. People sleeping rough can find it particularly hard to access mental health treatment

The government's most recent mandate to the NHS states that homeless people should receive 'high quality, integrated services that meet their health needs.'<sup>38</sup> Evidence suggests that significant work is needed to meet this standard for people sleeping rough with mental health problems.

Only 26 per cent of the homelessness professionals we surveyed thought that people sleeping rough in their area were able to access appropriate mental health services if they needed them. Several street outreach professionals told us that people sleeping rough sometimes went to A&E because it was the only way they felt able to access mental health treatment.

48 per cent of the homelessness professionals we surveyed said that the availability of mental health services for their clients who sleep rough had reduced over the last 12 months. 39 per cent said that the quality of mental health services available to their clients who sleep rough had decreased over the last 12 months.

### 9.1. Accessing treatment

People sleeping rough can face particular challenges accessing the mental health services they need.

#### 9.1.1. Referrals to mainstream mental health services

Street outreach teams often find that they are unsuccessful in referring people sleeping rough with a suspected mental health problem to mainstream mental health services. This may be because mainstream mental health services sometimes attach less weight to the opinion of street outreach professionals who are not clinicians, or because referrals do not contain enough evidence to demonstrate that a person may have a mental health problem.

Street outreach professionals working in several areas suggest that statutory mental health teams would usually only accept referrals if they came from a GP. This was viewed as a barrier because of the difficulties that people sleeping rough can encounter in accessing GP services. People sleeping rough are sometimes incorrectly told that they cannot register with a GP as they do not have an address. Street outreach professionals also told us that people sleeping rough can be put off from engaging with GP services due to the discrimination that they feel they face from surgery staff as a result of being homeless.

#### 9.1.2. Assessments

There are a number of assessments that mental health professionals can undertake with people sleeping rough, including initial assessments, Mental Capacity Act assessments, and assessments under the Mental Health Act. Street outreach workers told us that securing mental health assessments for people sleeping rough is particularly problematic in areas without specialist mental health teams, as non-specialist teams are often unwilling or unable to do any sort of assessment on the street.

Specialist mental health professionals who we interviewed told us that knowledge of the realities of homelessness and working relationships with street outreach professionals are often required to accurately assess the mental health of a person sleeping rough. Mental health professionals who are not homelessness specialists often do not have these relationships or knowledge, so when they do assess people who are sleeping rough, mental health problems may not be identified and their impact not fully understood. As a result, people who are continuing to sleep rough as a result of delusional beliefs are sometimes repeatedly found to have the capacity to decide to sleep rough as a 'lifestyle choice'.

<sup>38</sup> Department of Health (2016) The Government's mandate to NHS England 2016-17  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/486674/nhse-mandate16-17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486674/nhse-mandate16-17.pdf), p.10

Assessments under the Mental Health Act are sometimes required in order to prevent people who are sleeping rough with severe mental health problems from harming themselves or others. These assessments are particularly hard to organise. A rough sleeper's location at a certain time must be known in advance and police, approved mental health professionals, the ambulance service and other professionals may have to attend.

The difficulties in carrying out mental health assessments can mean that people sleeping rough are sometimes not assessed by mental health services until the police detain them in an emergency. The police have powers to remove someone to a place of safety if they are in a public place, are suffering from a mental disorder and are in immediate need of care or control.<sup>39</sup> Street outreach workers we interviewed expressed frustration that in some cases people's mental health had to deteriorate to this level before they could access a mental health assessment.

Specialist homelessness mental health teams can take the lead in setting up assessments under the Mental Health Act, as well as other types of assessments, on the street.

## CASE STUDY – James

*James was affected by depression that got worse when his mother died, leading to James being sectioned. He was prescribed medication and was receiving home visits from the Community Mental Health Team (CMHT). However, these visits stopped after James did not answer the door to the CMHT on three occasions.*

*James 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 CMHT to assess James on the street, but they felt unable to do so.*

*After James had lived on the streets for at least five months, street outreach services contacted the police and requested that James was removed from the streets and assessed under the Mental Health Act. By this point James was experiencing severe psychosis, was habitually covered in blood and was believed to have received repeated death threats from local residents.*

*James is now detained in a hospital under Section 3 of the Mental Health Act. A street outreach coordinator and psychiatrist who worked with James believe that it is very unlikely that James will ever live in the community again.*

*The coordinator suggests that James' psychosis may not have become so severe if he had been able to access mental health services at an earlier point while sleeping rough. He might not have suffered so much, and hundreds of thousands of pounds that it will now cost to care for and treat James could have been saved.*

<sup>39</sup> Section 136, Mental Health Act 1983



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## 9.2. Engaging in treatment

Professionals told us that sleeping rough can make it extremely hard for someone to engage in mental health treatment.<sup>40</sup> The uncertainty around where, or if, they will be able to sleep means that attending appointments can be very difficult for people sleeping rough. Therapists may be unwilling to discuss traumatic past experiences with people who are sleeping rough and at risk of new trauma. Mental health professionals may refuse to prescribe medication to someone sleeping rough because they believe the medication is likely to be sold or exchanged.

The types of mental health problems experienced by people sleeping rough may also help explain the difficulties that they encounter in accessing treatment. Studies have found that up to 70 per cent of homeless populations have personality disorders.<sup>41</sup> In 2003, personality disorder was recognised by government as a 'diagnosis of exclusion', because people with that diagnosis were frequently unable to access the care that they needed.<sup>42</sup> Clinicians have increasingly come to accept that personality disorders can be treated,<sup>43</sup> but people still face long waits to access treatment. Analysis of official data undertaken by the Mental Health Foundation shows that in 2013-14, one in five people referred directly to personality disorder services were likely to have waited longer than a year to start accessing treatment.<sup>44</sup>

## 9.3. Substance use can form an additional barrier to accessing mental health services

A considerable proportion of people who sleep rough have substance use problems. People sleeping rough are more likely to have substance use problems if they have mental health problems.

69 per cent of the rough sleepers who St Mungo's works with in Brighton, Bristol, Gloucestershire, South Essex and Sussex who had mental health needs also have substance use needs, compared to 54 per cent of those without mental health needs.

In London, 64 per cent of people seen sleeping rough in 2014-15 with an identified mental health need also had a substance use need, compared to 43 per cent of those without a mental health need. In Oxford, 65 per cent of people sleeping rough with a mental health need have a substance use need, compared to 27 per cent of those without a mental health need.

Outreach and mental health professionals we interviewed suggested that it is common for people sleeping rough to use alcohol and drugs to 'self-medicate' for mental health problems, as well as to aid sleep and avoid feeling cold. A number of studies have shown that people use alcohol and drugs in an effort to alleviate the symptoms of anxiety and depression,<sup>45</sup> and that the use of substances to self-medicate can become cyclical and self-perpetuating.<sup>46</sup>

<sup>40</sup> For an overview of the effectiveness of interventions and service delivery see Brodie, C's literature review in NHS North West London (2013) Rough sleepers: health and healthcare A review of the health needs and healthcare costs of rough sleepers in the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster (Annex) <http://www.jsna.info/sites/default/files/Rough%20Sleepers%20Health%20and%20Healthcare%20Annex.pdf>

<sup>41</sup> Fazel, Khosla, Doll & Geddes (2008), accessed via Homelessness and Complex Trauma, A Review of the Literature

<sup>42</sup> National Institute for Mental Health in England (2003) Personality disorder: No longer a diagnosis of exclusion <http://personalitydisorder.org.uk/wp-content/uploads/2015/04/PD-No-longer-a-diagnosis-of-exclusion.pdf>

<sup>43</sup> Pickersgill, Martyn (2013) How personality became treatable: The mutual constitution of clinical knowledge and mental health law <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652711/>

<sup>44</sup> Dormon, Felicity (2015) Is Mental Health Care Improving? Mental Health Foundation <http://www.health.org.uk/publication/mental-health-care-improving>

<sup>45</sup> For a summary of evidence see Phillips, Peter; McKeown, Oliver; Sandford, Tom (ed) (2010) Dual Diagnosis: Practice in Context Chichester, West Sussex; Blackwell

<sup>46</sup> Mental health Foundation (2006) Cheers? Understanding the relationship between alcohol and mental health [http://www.mentalhealth.org.uk/content/assets/PDF/publications/cheers\\_report.pdf?view=Standard](http://www.mentalhealth.org.uk/content/assets/PDF/publications/cheers_report.pdf?view=Standard)

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A substance use problem can create an additional barrier to accessing mental health services for people sleeping rough. 84 per cent of homelessness professionals who responded to our survey indicated that it is particularly hard for people who sleep rough who have drug or alcohol problems to access mental health services. People in the general population with a dual diagnosis of substance use and mental health problems often have a poor experience of health and care services.<sup>47</sup>

Several street outreach professionals told us that mainstream mental health professionals are often unwilling to work with people sleeping rough who have substance use issues. Mental health professionals may identify substance use as a primary need, and require people sleeping rough to reduce or cease substance use before working with them to address mental health problems.

People sleeping rough with a dual diagnosis may therefore find themselves in a vicious cycle of mental health problems and substance use. They are unable to access mental health treatment because they are using substances. Their mental health problems may at least partly explain why they are using substances, and without access to mental health services, they are likely to continue to self-medicate with alcohol and drugs, meaning they will continue to be excluded from mental health services.

Specialist homelessness mental health teams believe that they are able to provide effective treatment to people sleeping rough with a dual diagnosis. St Mungo's Lifeworks counselling service has had promising results with homeless people with a dual diagnosis.<sup>48</sup>

<sup>47</sup> National Institute for Health and Care Excellence (NICE) Severe mental illness and substance misuse (dual diagnosis): community health and social care services <http://www.nice.org.uk/guidance/GID-PHG87/documents/severe-mental-illness-and-substance-misuse-dual-diagnosis-community-health-and-social-care-services-final-scope2>

<sup>48</sup> For more information see [http://www.mungos.org/services/health/specialist\\_mental\\_health\\_services/lifeworks](http://www.mungos.org/services/health/specialist_mental_health_services/lifeworks)

## 10. Specialist homelessness mental health support enables people sleeping rough to access accommodation and mental health treatment

Street outreach workers we surveyed and interviewed highlighted the great contribution made by specialist homelessness mental health teams where they exist. They said that these teams play an important role in enabling people sleeping rough to access accommodation and mental health care.

Specialist mental health teams for people who are homeless exist in a number of areas in England, particularly in London and areas with a relatively high number of identified rough sleepers. Often established during the 1990s as part of the HMII, these teams are generally comprised of specialist doctors, nurses and social workers. They are delivered by mental health trusts and funded by local authorities, the NHS or a combination of the two.

The teams accept referrals from a range of sources, including street outreach teams, and work with people who are unable or unwilling to access mainstream mental health services. They undertake and coordinate various types of mental health assessments with people sleeping rough, sometimes on the street if necessary.

Specialist mental health teams can provide treatment, including medication and talking therapies, to people who are sleeping rough. They aim to stabilise people's mental health conditions and enable them to move into accommodation. Although trials are limited, there is evidence in the academic literature that coordinated treatment programmes lead to better outcomes for people who are homeless and have mental health problems.<sup>49</sup>

Specialist homelessness mental health teams usually aim to transfer people to local mainstream mental health services once they are in stable accommodation. They also link up and advocate for patients to be given access to accommodation through housing legislation and local authority commissioned supported accommodation. Details of the START specialist homelessness mental health team are set out in a case study on page 27 of this report.

A 'psychologically informed outreach' approach may be effective in areas with relatively small populations of people sleeping rough. Thames Reach used a Homelessness Transition Fund grant to embed a specialist mental health outreach worker in street outreach teams mainly working in outer London. This was combined with spot purchasing of support from a specialist homelessness mental health team, Enabling Assessment Service (EASL), for the most challenging cases. As a result of this programme, 37 people with serious mental health issues were moved off the streets and into accommodation in two years.<sup>50</sup>

Street triage services also enable people sleeping rough to access mental health services. These services are designed to ensure that people with possible mental health problems who come into contact with the police can be more quickly assessed by mental health services. However, street triage services on their own are unlikely to be sufficient to address the mental health needs of people sleeping rough. Some people sleeping rough with mental health problems may not come into contact with the police, and others may benefit from accessing mental health services before their problems become so severe that they come to the attention of the police.

<sup>49</sup> NHS North West London (2013) Rough sleepers: health and healthcare A review of the health needs and healthcare costs of rough sleepers in the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster(Annex) <http://www.jsna.info/sites/default/files/Rough%20Sleepers%20Health%20and%20Healthcare%20Annex.pdf>

<sup>50</sup> Homeless Link (2015) Three years of transition: The Homelessness Transition Fund 2011 to 2014 Evaluation summary & case studies <http://www.homeless.org.uk/sites/default/files/site-attachments/Three%20Years%20of%20Transition%20-%20summary%20evaluation%20report%20%26%20case%20studies.pdf>

## 10.1. Specialist mental health teams have been cut in number and size

Several specialist homelessness mental health teams that were set up in London as part of the HMII have now been disbanded. Specialist statutory teams used to but no longer cover Hammersmith and Fulham, Kensington and Chelsea, Islington and Hackney. As a result of these cuts there are now more areas, including areas with a high number of people sleeping rough, that are not covered by a specialist homelessness mental health team.

Two of the specialist homelessness mental health teams that we talked to had experienced dramatic budget cuts, one was in London (see case study opposite) and one outside of London. They had both adapted to budget cuts by significantly reducing staffing levels. One of the teams has reduced the scope of its activity, working with patients for shorter periods of time, and is now less able to support people to access and engage with mainstream health and housing services.

Both teams have significantly reduced their caseloads, meaning that people have to reach higher thresholds of mental health need to access the service. A staff member from one of the teams said that they now were even forced to turn away referrals for people sleeping rough who were suicidal because they did not reach a sufficiently high level of acute psychotic need.

Cuts to specialist homelessness mental health services mean that they work with fewer people who are sleeping rough. People sleeping rough who urgently need support are left without an assessment or access to treatment. As a result, people's mental health problems are not addressed and continue to prevent them from entering accommodation, meaning they are stuck on the streets for longer.

### CASE STUDY – START

*START, a specialist mental health service provided by the South London and Maudsley NHS Foundation Trust (SLaM), was set up in 1990 as part of the Homeless Mentally Ill Initiative. The START team focuses on engaging with, and undertaking assessments, for street homeless people in Lambeth, Southwark and Lewisham.*

*START takes referrals from a wide range of sources, including voluntary sector street outreach teams. The team is comprised of doctors, nurses, social workers, psychologists and a psychotherapist.*

*The team aims to work with patients until they are able to engage with mainstream mental health services. START coordinates mental health assessments, provides a wide range of treatment and support options and works with street outreach services, the voluntary sector and local housing departments to get people off the street and into accommodation.*

*Since 2012, financial pressures across the local health and social care system have had a significant impact. The team used to operate with a caseload of over 200 clients, but can now only see 130. START's staffing has reduced by 50 per cent to only 5.5 care coordinators to cover three boroughs, while the number of people sleeping rough in the areas it works in has increased.*

*The team no longer officially coordinates care and is expected to assess and move clients on swiftly although long waiting lists for mainstream CMHTs mean that the team often still undertakes care coordination functions for many years, thus limiting the number of new rough sleepers they can see.*

*The reduction in staffing also means that the threshold for accessing START has increased. The team is now able only to work with people sleeping rough who have an acute clinical need due to severe and enduring mental health issues. START used to also work with people in supported and temporary accommodation, people who were 'hidden homeless' and people who had shorter term problems related to stress, anxiety and depression. The START team has to turn down referrals every week because they do not meet the threshold for the service.*

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## 10.2. Rough sleeping, mental health and social impact bonds

St Mungo's delivers part of the London homelessness social impact bond (SIB). The SIB uses private investment to fund a programme that supports rough sleepers in London to make a long term move off the streets. The government pays investors for outcomes that the programme achieves for its clients. The government's evaluation of the SIB notes a concern that some specialist mental health teams do not have sufficient capacity to provide the support required by people sleeping rough who the SIB is targeted at. The availability of specialist homelessness mental health teams is a barrier to improving the health of people sleeping rough.<sup>51</sup>

The evaluation quotes a St Mungo's outreach worker involved in the SIB who states that mental health services are 'stretched and their funding inadequate'.<sup>52</sup> Any further roll out of programmes similar to the SIB will be less effective if there are insufficient specialist mental health services available in the areas where they operate.

- <sup>51</sup> Department for Communities and Local Government (2015) Qualitative evaluation of the London homelessness social impact bond: Second interim report  
<https://www.gov.uk/government/publications/qualitative-evaluation-of-the-london-homelessness-social-impact-bond-second-interim-report>  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414787/Qualitative\\_evaluation\\_of\\_the\\_London\\_homelessness\\_SIB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414787/Qualitative_evaluation_of_the_London_homelessness_SIB.pdf)
- <sup>52</sup> Department for Communities and Local Government (2015) Qualitative evaluation of the London homelessness social impact bond: Second interim report  
<https://www.gov.uk/government/publications/qualitative-evaluation-of-the-london-homelessness-social-impact-bond-second-interim-report>  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414787/Qualitative\\_evaluation\\_of\\_the\\_London\\_homelessness\\_SIB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414787/Qualitative_evaluation_of_the_London_homelessness_SIB.pdf)

# 11. The number of people sleeping rough with a mental health problem is increasing in many areas of England

Overall, 62 per cent of the homelessness professionals surveyed thought the number of people rough sleeping with mental health problems had increased in the last 12 months in the area they work in; just one per cent thought that the number had decreased.

London CHAIN shows the number of people sleeping rough in London with an identified mental health support need has increased from 711 in 2009-10 to 2,342 in 2014-15. Over this period the proportion of people sleeping rough who had a mental health need increased from 33 to 46 per cent.

Chart 1: Number of people sleeping rough in London with recorded mental health support needs

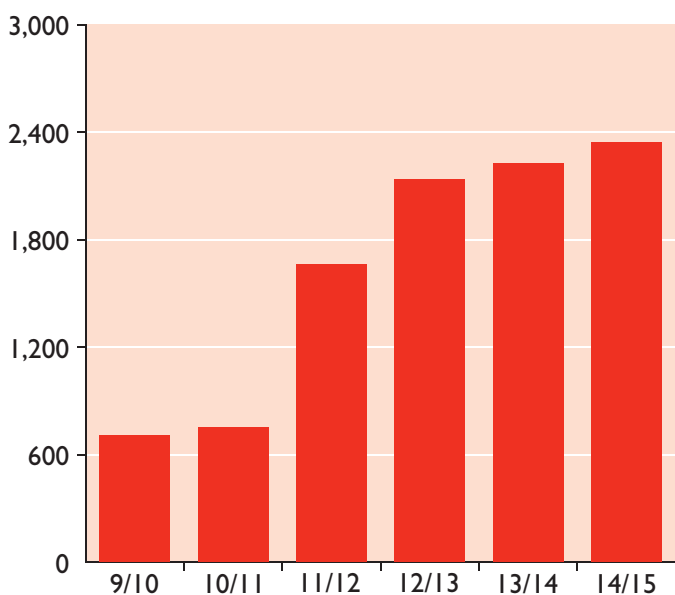
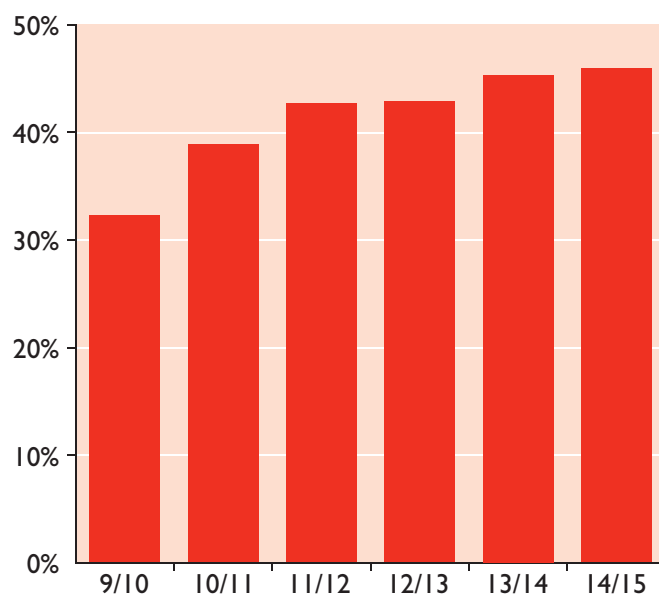


Chart 2: Proportion of people sleeping rough in London with recorded mental health support needs



Oxford CHAIN shows that the number of people sleeping rough with a mental health support need has increased from 160 in 2013-14 to 165 in 2014-15.

These recorded increases may partly be explained by increased awareness of mental health problems among street outreach workers. Street outreach workers we interviewed said they are now more likely to identify mental health problems in their clients than previously. However, the dramatic nature of the increases shown above suggests that improved recording is not the only explanation.

The increases can also be explained by the factors leading to an increase in rough sleeping more generally outlined in section 4, as well as cuts to specialist homelessness mental health teams. The following sections identify additional factors that are likely to be causing an increase in the number of people with mental health problems sleeping rough.



### 11.1. Cuts to mainstream NHS and other mental health services

The increase in the number of people sleeping rough with mental health problems may be partly explained by changes to the broader mental health system. Mental health trusts in the UK are under 'huge pressure'; in many areas their funding has been reduced, there is widespread evidence of poor quality care and a lack of available beds.<sup>53</sup> This pressure may be exacerbating issues with mainstream mental health services detailed elsewhere in this report.

Mental health services are attempting to ensure that decreasing resources are directed only towards those with the very highest needs by increasing thresholds for entry into services. Several street outreach workers commented that thresholds for mainstream mental health services were getting higher in their areas, and that these increases in thresholds were stopping people who are sleeping rough from accessing mental health treatment.

The number of people who receive social care for mental health problems has fallen by 25 per cent since 2009-10.<sup>54</sup> Nearly a third of local authorities reduced the number of individuals with mental health problems receiving care services by at least 50 per cent between 2005-6 and 2012-13. There is no evidence to suggest that demand for these services has fallen.<sup>55</sup>

Social care can support people with mental health problems to live independently, for example through helping with paying bills and shopping.<sup>56</sup> The fall in the number of people with mental problems receiving this type of care may have led to an increase in the number of people who become homeless as a result of being unable to sustain their accommodation.

### 11.2. Cuts to supported accommodation

86 per cent of homelessness professionals surveyed said there were not enough specialist mental health supported accommodation beds available for their clients. Specialist mental health teams report that they have lost many of the supported accommodation bed spaces that were allocated specifically to their clients; the number of people with mental health problems living in supported accommodation for people who are homeless is lower than it was in 2012.<sup>57</sup>

78 per cent of the survey respondents did not think there were sufficient supported accommodation beds in general available for their clients to move into. People sleeping rough with relatively low level mental health problems may benefit from spending some time in more generic supported accommodation before they are ready to live independently.

A recent report has estimated that there is a shortfall of 15,640 places in supported housing in England.<sup>58</sup> Supported accommodation provides beds for people sleeping rough to move into off the streets. It is designed to enable people to address issues that may have contributed to their becoming and remaining homeless, such as mental health and substance use. People sleeping rough with mental health problems may be unable to maintain an independent tenancy without support. They may therefore find themselves stuck sleeping rough if no supported accommodation is available.

<sup>53</sup> The King's Fund (2015) Mental Health Under Pressure, <http://www.kingsfund.org.uk/publications/mental-health-under-pressure>

<sup>54</sup> Dormon, Felicity (2015) Is Mental Health Care Improving? Mental Health Foundation <http://www.health.org.uk/publication/mental-health-care-improving>

<sup>55</sup> Jose-Luis Fernandez, Tom Snell and Gerald Wistow, (2013) Changes in the Patterns of Social Care Provision in England: 2005/6 to 2012/13, published by the Personal Social Services Research Unit <http://www.pssru.ac.uk/archive/pdf/dp2867.pdf>

<sup>56</sup> Dormon, Felicity (2015) Is Mental Health Care Improving? Mental Health Foundation

<sup>57</sup> Homeless Link (2013) Survey of Needs and Provision (SNAP) and Homeless Link Annual Reviews 2014-15 <http://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>

<sup>58</sup> Sitra (2015) Supported Housing: Understanding need and supply [http://www.sitra.org/news/supported-housing-understanding-needs-and-supply/?dm\\_i=F3O,3WT8T,4DN5W8,E3IPH,I](http://www.sitra.org/news/supported-housing-understanding-needs-and-supply/?dm_i=F3O,3WT8T,4DN5W8,E3IPH,I)

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St Mungo's welcomes the Mental Health Taskforce's recommendation that government uses the current review of supported accommodation to ensure that housing benefit provides sufficient protections for people who require specialist supported housing. We also support the Taskforce's recommendations that government build an evidence base for specialist mental health housing support and explores the case for using NHS land to make more supported accommodation available.<sup>59</sup>

### **11.3. An increase in the number of people sleeping rough**

As outlined in section 4 of this report, welfare reform, the high cost of housing, migration, the lack of supported housing and the silting up of homelessness services are all likely to be contributing to an increase in the number of people who are sleeping rough.

The increase in the number of people sleeping rough reported in section 4 may have in itself contributed to the reported increase in the number of people sleeping rough with mental health problems. Rough sleeping very often causes people's mental health to deteriorate. The fact that more people are sleeping rough is likely to mean that more people are developing mental health problems as a result.

<sup>59</sup> Independent Mental Health Taskforce to the NHS in England (2016) The five year forward view for mental health <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

## 12. Stopping the scandal – what government can do to reduce the number of people with mental health problems sleeping rough

This report has shown that the number of people with mental health problems sleeping rough is increasing across England. This is unacceptable. We believe it is a scandal which the government must act urgently to address.

Local voluntary organisations, the NHS, councils and other statutory organisations must continue to work together to reverse this increase, but national government must take a lead by effectively supporting and enabling them to do so.

Below we set out the action national government should take to dramatically reduce the number of people with mental health problems sleeping rough; action that would help to deliver the Prime Minister's commitments to transform mental health services and to '*end the uncertainty, indignity and suffering of rough sleeping*'.<sup>60</sup>

### Recommendations for national government:

#### 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. The services that remain cover a smaller geographical area. Services have also reduced the scope of their activity by working with patients for shorter periods of time and raising the threshold for providing support. This is extremely concerning.

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.

NHS England, clinical commissioning groups, directors of public health, local authorities and mental health trusts should work together to ensure that these specialist services and workers are available where they are needed. National government should make dedicated funding available to commission this specialist support.

<sup>60</sup> HM Government (2011) Vision to end rough sleeping: No Second Night Out nationwide <https://www.gov.uk/government/publications/vision-to-end-rough-sleeping--2>

### **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 is currently undertaking a review which will help develop policy for the future funding of supported accommodation in England. 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**

We believe the government should improve homelessness legislation. Current legal duties designed to prevent homelessness 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.

Additionally, mental health problems must be identified by local authorities when they are conducting housing assessments and this must lead to effective action taken to link people with mental health services. Local statutory services including the NHS and councils must work together more effectively to prevent rough sleeping.

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