

Counting housing needs among individuals with mental health difficulties in a mental health inpatient unit in Dublin.

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Larger study

Research Questions

1. Prevalence of housing need?
2. Accommodation type pre and post discharge?
3. Differences between inpatient and key nurse preferences for housing and support?

Phases of the study

1. Weekly data collection.
2. Inpatient preference survey
3. Key nurse preference survey

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No tradition of recording housing need



Housing need data from MHS are not available.

- “little evidence of the extent to which residential accommodations were needed for the mentally ill” (Ministry for Health UK, 1966).
- In UK, NHS does not collect data on the rate at which people leaving hospital or psychiatric units become homeless (Jones and Pleace, 2010).
- In Northern Ireland, no data on potentially homeless people in health care settings, such as psychiatric wards (Pleace and Bertherton, 2013).
- In a review of 35 European countries’ homeless strategies (Baptista and Marlier, 2019), only Luxembourg produced data relating to homeless discharge from psychiatric hospitals (see Urbé, 2019).
- In Ireland, “Information on the type of accommodation to which patients are discharged is not collected” (Parliamentary Question, 2012, reply from Minister for Mental Health).

Database 1: Summary Social Housing Assessments.

Total Households and Mental Health as a Basis of Need in South Dublin County Council 2017 to 2023.

	Total Households	Mental Health as a Basis of Need.
2023	3,878	3 (.08%)
2022	4,894	2 (.04%)
2021	5,062	30 (1%)
2020	4,764	33 (1%)
2019	4,938	58 (1%)
2018	4,846	53 (1%)
2017	5,869	42 (1%)

Database 2: National Psychiatric In-patient Reporting System (NPIRS)

	All Admissions to adult acute mental health units	Admissions from No Fixed Abode	% of admissions from NFA
2022	15,790	291	1.8%
2021	15,723	284	1.8%
2020	15,391	312	2.0%
2019	16,710	297	1.8%
2018	17,000	306	1.8%
2017	16,743	243	1.5%
2016	17,290	271	1.6%
2015	17,860	281	1.6%
2014	17,797	253	1.4%
2013	18,457	246	1.3%
2012	18,173	174	1.0%

Some findings from Irish dedicated studies

Study	Findings	Note / Comment
Eastern Health Board report (Keogh et al., 1999).	45%	of acute beds in the EHB area occupied by non-acute patients.
	55%	of inappropriately occupied acute beds in St Loman's Hospital.
Pathways reports (Western Health Board, 2002 and Wynne et al., 2004)	45% and 69%	of service users felt that their illness had been exacerbated by lack of adequate accommodation.
Tallaght Psychiatric Unit (Cowman and Whitty, 2016).	38%	considered to have accommodation needs.
	28%	considered to be delayed discharge.
Audits of delayed discharges from acute psychiatric units (McDonnell & Murphy, 2017)	2015 = 26.8% 2016 = 24.4% 2017 = 21.9%	Considered delayed discharge across 13 psychiatric units in Dublin, Wicklow and Kildare.
Twelve-month audit (Irish Social Work, 2018)	52%	of beds occupied by patients whose discharge was delayed due to accommodation issues.
Two acute units in West of Ireland (Moloney et al., 2022)	16%	of the 50 participants (inpatients) interviewed were "currently homeless,"

Study	Prevalence Rate
Jalilzadeh Masah et al. (2023) Central Berlin.	5.2% in 2008, 19.8% in 2021
Hausleiter et al. (2022) North Rhine-Westphalia, Germany.	2.4% (<i>n</i> = 8636)
Schreiter et al. (2019) Berlin Germany.	13% (<i>n</i> = 62)
Tulloch et al. (2012) London.	16% (<i>n</i> = 719)
Lauber et al. (2005) Canton Zurich, Switzerland.	1.6% (<i>n</i> = 257)
Ash et al. (2003) Adelaide, Australia.	27% (<i>n</i> = 32)
Koffman & Fulop (1999) London, UK.	20.5% (<i>n</i> = 817)
Rosenheck and Seibyl (1998) USA.	35% (<i>n</i> = 3177)
Nordentoft et al. (1992) Copenhagen, Denmark.	22% (<i>n</i> = 342)
Whiteley (1955) South London.	8.4% (<i>n</i> = 130)

Research questions

- What is the prevalence of housing need among inpatients on the acute inpatient unit?
- Has the level of need changed since the study six years earlier?

Methodology

- Quantitative, repeat measure Cross-sectional design.
- Approved by Tallaght and St James's Research Ethics Committee.
- Weekly from March 2018 to March 2019 (52 weeks).
- Meeting with senior ward staff weekly to collect the data.
- Repeated a study from six years before.
- Developed our own constructs (Delayed discharge, specialised placements, discharged NFA, etc)
- Analysis run by SPSS.

Findings

- 55% of inpatients had accommodation related needs
- 15 (32%) individuals were considered delayed discharge and
 - 97% of these had accommodation related needs
- 46 individuals discharged to NFA (every eight days)
- 29 individuals discharged to homeless services (every 13 days)
 - and this represents a male: female ratio of more than 3:1.
- 12 individuals (26%) were waiting for a particular mental health or care placement
 - 25% (n = 3) of these could live in independent accommodation if appropriate supports were available.

Comparison with study six years earlier

	6 years earlier	Current study	% Change
Average number of inpatients with accommodation related needs at any one time.	18 (38%)	26 (55%)	+44%
Average number delayed discharge	13 28% of all inpatients 72% of inpatients with accommodation needs	15 32% of all inpatients 58% of inpatients with accommodation needs	+15%
Proportion of delayed discharge inpatients with accommodation related needs.	98%	97%	-1%
Discharged to homeless services	39 (every 9.4 days) 36 males 3 females	29 (every 13 days) 22 males 7 females	-26% -39% +133%

- High findings partly explained by national housing / homeless crisis.
 - Individual studies appear to show higher findings than official figures.
 - Asking Nurses who know the inpatients well, appear to have higher findings than studies using databases.
- We should have used the ETHOS framework.
- Housing and homeless need among individuals using the MHS are almost invisible.
- MHS should be routinely reporting housing need data to local authorities.

Limitations

- Results not generalisable, although the cross-section design was repeated over 52 weeks.
- Developed our own constructs (Delayed discharge, waiting for specialised placements, discharged NFA, etc).
- Similar and overlapping constructs resulted in high correlations, resulting in limitations for multiple regression analysis.
- Preferable to use European Typology Homelessness and Housing Exclusion (ETHOS).

Implications for practice: some hopeful signs

- ‘National Housing Strategy for Disabled People Implementation Plan’.
- Local authorities want to know the mental health housing need.
- MH Housing Coordinators developing a ‘Housing Needs Record’.
- Increasing awareness of ETHOS.
- Some Irish mental health acute units are included in the new ‘European Homeless Count Project’.

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Thank you very much for listening.

Feedback and questions are welcome

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