



Briefing: Impact on mental health services WY-FI Project

August 2019

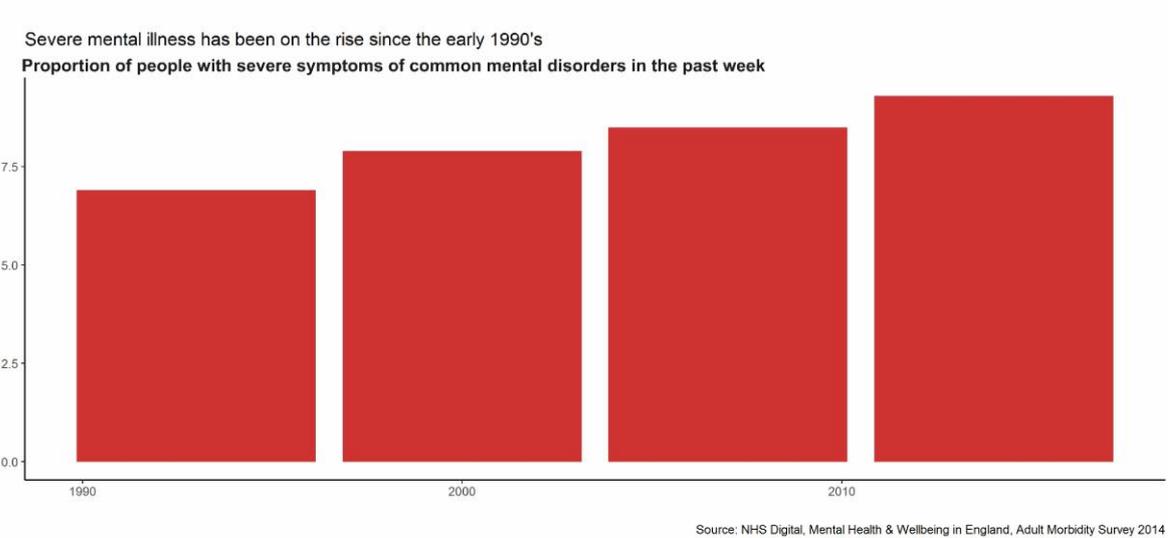


Consequences of the lack of support

There is a significant impact on services and communities as a result of the lack of effective engagement with people experiencing multiple needs and exclusion, whose pre-existing needs and chaotic circumstances have not been addressed. WY-FI research shows that services are often being used at the point of crisis. This means effective care cannot be planned and delivered to people experiencing multiple needs but also puts added pressure on services in ways which consequently affects the other service users and communities.

Prevalence of mental ill health

Mental health problems are not disappearing. In fact, it appears that the experience of mental ill-health is becoming more common. The chart below shows that the percentage of people experiencing severe mental health issues has been increasing since the early 1990's. Undoubtedly some of this increase is due to more people being willing to admit their mental health problems, however it is clear that this issue is not going away.



The following table shows the percentage of adults experiencing long-term mental health problems in the different West Yorkshire local authority districts:

	Bradford	Calderdale	Kirklees	Leeds	Wakefield
Long term mental health problems	7.45%	11.40%	7.70%	10.90%	9.80%

Data 2017 – 2018 Long-term mental health problems (GP Patient Survey): % of respondents (aged 18+)

Relevant factors

- According to the National GP Patient Survey around 15% of people over the age of 18 suffer with depression and anxiety; 9% of people suffer with long-term mental health problems on average in West Yorkshire.
- There were 3,180 hospital admissions from people with multiple needs in 2017-18, approximately a sevenfold increase from 2008-9. (Hospital episode statistics/applying Hard Edges1 estimates).
- Life expectancy of people with a severe mental illness can be up to 20 years less than the general population; life expectancy for people experiencing tri-morbidity (homelessness, addiction and mental ill-health) can be 40 years less than the general population.

¹ Bramley, G, Fitzpatrick, S et al (2015) Hard Edges: Mapping Severe and Multiple Disadvantage in England. Lankelly Chase Foundation

The long-term aims of the NHS acknowledge the importance of the focus on mental health and the general wellbeing of those with complex lives in tackling health inequalities.

WY-FI Multiple Needs Navigators' evidence about their experience accessing mental health services

- Services need a more holistic approach, not the disjointed system currently in place. Beneficiaries are told “to get addiction issues sorted out before they get mental health support”. However, this is often unmanageable for WY-FI beneficiaries. Drugs and alcohol can be used as a coping mechanism for their mental health issues; they are frequently heavily interlinked.
 - Bradford appears to be the only area that seems to have an accessible dual diagnosis service, with the Community Psychiatric Nurses (CPNs) and addiction workers treating people together.
- The general feeling is that service cuts have made accessing mental health services much harder. WY-FI Multiple Needs Navigators give people advantages to gaining access.
- Mental health services are stretched to their limits. Patients feel that they are being pushed as fast as possible either into another service or to be discharged.
- Inconsistent aid, the experiences of the beneficiaries are very dependent on the people within the system. If someone is very determined to help, they will over-ride the rigidity of the system and make a real difference.
- It is worrying that services are seen as better and easier to access in prison. Life is felt to be easier and less chaotic for beneficiaries when they are in prison.

WY-FI beneficiaries

813 people have become WY-FI beneficiaries over the past five years. 760 (97%) of WY-FI beneficiaries have a mental ill health need. Of the 760 beneficiaries with a mental health need:

- 97% have an addiction need.
- 77% have a homelessness need.
- 81% have a re-offending need.

People with a mental health need are not getting the treatment they require. During their first three months with the project:

- Only 10% of WY-FI beneficiaries received counselling or psychotherapy.
- Only 15% had any contact with a community mental health team.
- Only 8% attended a mental health outpatient appointment.

97% of those with mental ill health have an addiction need. They are also not getting access to the services that could aid their addiction issues. For those with a mental ill health need, in their first three months with the project:

- Only 58% had contact with drug and alcohol services.
- Only 3% spent some time in detox services.
- Only 1% entered residential rehabilitation.

Only 45% of beneficiaries with a mental health need gained access to mental health in-patients, mental health out-patients, a community mental health team, psychotherapy, cognitive behavioural therapy or counselling during their completed journey with WY-FI, *even with Navigator support*. Those that do get support have better than expected outcomes.

Planned (successful) exits by mental health support

Type of support	Count	Planned exit
Counselling	75	64%
Cognitive behavioural therapy	57	63%
Psychotherapy	46	54%

At the start of their journey, WY-FI beneficiaries are falling between the rigid categories of the systems in place. Their needs are too complex for general services, yet they may not meet the criteria for specialist help.

Baseline assessments – the beginning of a beneficiary’s journey

Using the Homelessness Outcomes Star (HOS) and the Chaos Index² we are able to get a deeper insight into WY-FI beneficiaries’ status.

HOS baseline scores for those with a mental health need:

- Physical health on average is poor for WY-FI beneficiaries, they received an average score of 3.16/10.
- They struggle severely with finding meaningful uses of time, scoring 2.26/10.
- Emotional and mental health is very low, scoring 2.26/10.

Chaos Index baseline scores for those with a mental health need:

- High drug and alcohol use, average score of 3.48/4. (A score of four indicates daily abuse of alcohol that can cause significant impairment).
- High stress and anxiety, scoring 3.44/4.

Relationship to other complex needs

Beneficiaries may be excluded from services, due to their behaviour, missed appointments or limited experience/understanding. Therefore, it is difficult for them to navigate the system.

Lack of support also has social impacts for these beneficiaries. Those with a mental health need, in their first three months with the project:

- 28% were arrested at least once - one beneficiary was arrested 11 times. Estimates put the cost of an arrest at £720, meaning this one beneficiary cost £7,920 in one quarter.
- 12% received a police caution.
- 17% stayed at least one night in police custody.
- 13% stayed in prison.
- 15% admit to begging.

Beneficiaries also put themselves at risk to obtain money. Of those with a mental ill health need, in their first three months with the project:

- 19% reported getting money from an illegal source.
- 6% reported undertaking sex work.

Accommodation is also uncertain for WY-FI beneficiaries with a mental health need. Of those with a mental ill health need, in their first three months with the project:

- 20% reported rough sleeping.
- Only 30% have their own social housing tenancy and 14% have their own private tenancy.
- 14% get evicted.

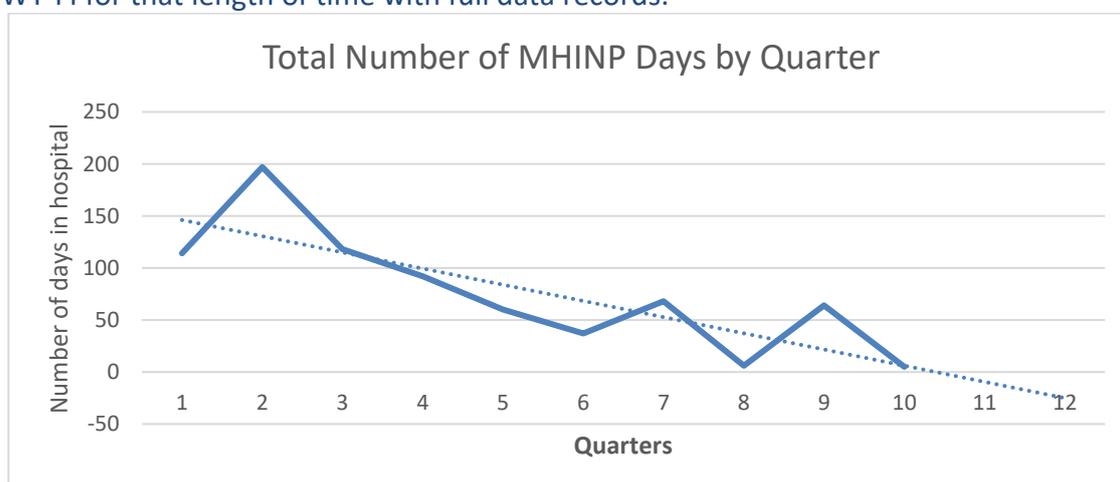
² For ongoing beneficiary assessment WY-FI navigators use the New Directions Team Assessment (NDTA or Chaos Index see <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>) and Homelessness Outcomes Star (see <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/>) data is gathered continuously throughout the beneficiary journey and used to measure the impact of interventions.

- 16% stayed in temporary accommodation.
- Accommodation is not stable and secure for these individuals. 71% of these beneficiaries show a reduction in arrests when they are housed in more stable accommodation.

Progress of WY-FI beneficiaries

- Of the 813 beneficiaries on the project, 633 beneficiaries have exited.
 - 54% have had planned exits (i.e. successful)
 - 13 of whom subsequently relapsed and needed further support.
 - Only 6 people were excluded for aggressive or inappropriate behaviour.
- Beneficiaries with a mental health need are more likely to improve their emotional and mental health the longer they stay on the project. A WY-FI beneficiary's HOS scores and Chaos Index scores are re-assessed every six months.
 - Around 50% of beneficiaries improve their emotional and mental health by their second set of scores.
 - By the end of their second year with the Project, around 70% of beneficiaries have improved their emotional and mental health scores.
- Similarly stress and anxiety scores improve over time.
 - Around 32% of beneficiaries improve by their second score.
 - Around 60% improve at their fourth score.
- 53% improve their physical health, 33% maintain and only 13% decrease their physical health when they exit.
- In the first 18 months, 60% show an improvement in their HOS scores and 65% show an improvement in their Chaos Index scores.
- After 18 months, 73% show an improvement in their HOS scores and 82% show an improvement in their Chaos Index scores.
- After 30 months, 83% show an improvement in their HOS scores and 88% show an improvement in their Chaos Index scores.
- This highlights the importance of a multi-year offer of service.
- We find that beneficiaries show an average saving of £5,230 per beneficiary in the 18 service user areas when we compare first year service use to second year service use.
- A large proportion of these cost savings (£2,002) come from the reduction in mental health in-patient services. Very few beneficiaries access the mental health in-patient (MHIN-P) services in both quarter 1 and quarter 2 of their WY-FI journey, for example.

The graph below shows the total MHIN-P service usage quarter by quarter for all beneficiaries. It should be noted that after quarter 6 the volume of data is much lower as there are fewer people with WY-FI for that length of time with full data records.



Calderdale pilot project

In Calderdale, WY-FI ran a pilot project with Insight Healthcare to provide targeted support on mental health issues to WY-FI beneficiaries (this is the subject of a separate report). By looking at the access rate to the mental health services in Calderdale, there is a consistent spike correlating to the period of the pilot project showing it was possible to engage beneficiaries in mental health services that were appropriately targeted. It also showed that **beneficiaries with complex needs could be assessed and supported to access mainstream mental health services.**

Useful notes and definitions

Demonstrating impact

The WY-FI Project follows the national Fulfilling Lives methodology when demonstrating local impact. Much of the information in this briefing is based on the data captured in the first three months of a beneficiary's journey. This information is treated as a baseline. Data gathered after this three month period can then be compared to the individual or group's baseline to clearly show the impact of the WY-FI Project.

Homelessness Outcomes Star

Homelessness Outcomes Star Score is a self-assessment tool for beneficiaries to measure their distance travelled.

New Directions Team Assessment (NDTA) or Chaos Index Score

Chaos Index Score (also known as NDTA score) is an assessment undertaken by a Navigator to establish whether an individual will benefit from WY-FI support against a series of need criteria. This is repeated regularly to measure progress.

Dual diagnosis

When a person is experiencing mental ill health and addiction.

Tri-morbidity

When a person is experiencing homelessness, mental and/or physical ill health and addiction.

Other briefings in this series

- WY-FI evidence and outcomes
- Impact on homelessness services
- Impact on addiction services
- Impact on re-offending services
- Impact on emergency service use
- Future demand for multiple disadvantage services

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The WY-FI Project is part of [Fulfilling Lives](#), a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Fulfilling Lives works with people who have first-hand experience of substance misuse, homelessness, offending, and mental ill-health to make services and support better connected, easier to access and tailored to the needs of individuals. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

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