Young Devon Evaluation Project

An evaluation of the mental health housing worker service: its effect on clients and other housing professionals

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

The executive summary provides a condensed record of the main aspects of the study, its findings and conclusions. The full text, which follows, provides a more in-depth discussion of the issues that emerged.

Introduction

The purpose of this evaluation is to investigate the impact of a pilot mental health support worker (MHSW) post developed by Young Devon Services.

Background

National statistics on Statutory Homelessness by the Communities and Local Government, state that 40% of acceptances in England are aged between 16 – 24 years old. It has been demonstrated that young people who are homeless display greater levels of mental health issues that individuals who are domiciled. In particular they are at risk of mental health problems such as depression, anxiety, posttraumatic distress, alcohol and drug use/abuse, and self-harm. Thus an applicable mental health assessment ensures the provision of the most appropriate service.

Methods and analysis used to evaluate the MHSW post

In order to gain insight into the experiences of the service as a whole with particular reference to the effectiveness of the MHSW, three focus groups and two face-to-face interviews were held. These were recorded, transcribed and then manually analysed for themes.

Findings of interviews and focus groups

The primary themes that emerged from the 'Young People' group established the headings of discussion. The main themes were:

- o Communication;
- o Continuity;
- o Accessibility;
- o Features and management of role;
- o Personal skills and qualities required for the position.

Recommendations

- A clinical supervisor for the full training period of the MHSW would be advantageous.

- The age range covered by the MHSW could be an area of further development.

- The commencement date of the MHSW job should coincide with the required educational courses as this could potentially alleviate a restricted role.

- A review of the workload during training may be required which could also verify the amount of holidays actually taken.

- Clarification of accountability is needed.

Conclusion
- The pilot scheme had an extremely positive impact on the clients and peers.

- Communication and accessibility was improved between professionals and with the clients themselves.

- The MHSW provided a continual point of contact for the clients resulting with an open case load, this however potentiated an exponential workload and accountability issues for the sole MHSW.

- Overall, the consensus was undeniably to continue the post and develop the role in other disability fields and geographical locations.

An evaluation of the mental health housing worker service: its effect on clients and other housing professionals

Introduction

The purpose of this evaluation was to investigate the impact of a pilot mental health support worker (MHSW) post developed by Young Devon Services and to examine the influence this post has produced on clients and other housing professionals. Final recommendations from the findings have been included for consideration by all stakeholders and although these may not be immediately implemented by all partners, the broadest intention has been to stimulate debate, to trigger reflection and to seek to increase a more general, questioning and 'evaluative' way of thinking and working.

Background

The latest national statistics on Statutory Homelessness for the first quarter (January to March) 2008 England were released on 12th June by the Communities and Local Government (CLG). The majority of acceptances (n = 55350; 88%) were applicants under the age of 45 years old (CLG, 2008). Of these 48% (n = 30100) were aged between 25 and 44, and 40% (n = 25250) were between 16 and 24. It has been shown that young people who are homeless display greater levels of mental health issues than those living in stable accommodation (Unger et al., 1997). An Australian review indicated that young people had significantly higher rates of psychological and psychiatric disorders, and suicidal tendencies than their homed counterparts (Kamieniecki, 2001).   It is evident that young people have complex social and health needs and are at particular risk of mental health problems such as depression, anxiety, posttraumatic distress, alcohol and drug use/abuse, and self-harm (Tyler et al., 2003; Whitebeck et al., 2004).   The table below defines three 'levels' of mental health need as determined by Taylor and colleagues in their research in 2006. This provides an indication of the range of mental health issues that may present themselves to housing support workers. An appropriate mental health assessment, drawing on these levels of needs, will make a strong contribution to the provision of appropriate services (Taylor et al., 2006).

Table 1: Level of mental health need (modified from Taylor et al., 2006, p496)

Level of Need	Criteria	Examples
Low	Unclear whether treatment/ referral to Mental Health specialist required.	Low self-esteem, behavioral problems.
Medium	Intervention/ referral to Mental Health specialist required.	Anxiety, depression, self-harm.
High	Intervention/ referral to Mental Health professional vital.	Psychotic disorders, severe presentation of previous categories.

Despite high levels of need, it has been reported that young people are not always able to access mental health services readily (Commander et al., 2002). Stigma, poor inter-agency collaboration and failing to meet specified criteria for mental illness (Ensign & Gittelsohn, 1998) are among the obstacles which have been identified. Having recognised this potential 'gap' in service provision, one focus for the MHSW role was to take direct referrals of young people with housing needs who may also have mental health concerns. This led to a number of detailed mental health assessments in order to determine the most appropriate approach for intervention and support.

Methods and analysis used to evaluate the MHSW post

In order to gain insight into the experiences of the service as a whole with particular reference to the effectiveness of the MHSW, three focus groups and two face-to-face interviews were held. Focus groups were held for young people (n = 3); housing providers who made referrals to Young Devon (n = 2) and finally housing providers who received referrals (n = 4). Individual interviews were held with the post holder and the line manager. All the focus groups and interviews were recorded, transcribed and then coded manually to draw out key themes.

Findings of interviews and focus groups

The primary themes that emerged are considered under the following headings:

- o Communication;
- o Continuity;
- o Accessibility;
- o Features and management of role;
- o Personal skills and qualities required for the position.

The first three themes represent a mutually beneficial relationship, in which each can affect the next.

Communication

Young people were invited to be part of the interview panel for the appointment of the MHSW post. In line with general agency policy, their feedback was considered to be an invaluable part of the decision-making process. Finding a worker who the young person felt they could engage with was an important criterion in the selection process, together with someone who was able to empathise with the client group. A non-judgemental atmosphere and a comfortable, non-clinical and welcoming environment was important in encouraging the young people to confide in and trust their support worker.

> " I opened up a lot to [post holder] and I trust her a lot and with some people in here, yeah I do trust them, but because I have got to know [post holder] I think I would prefer to talk to [post holder] if I could sort of thing." (Service User)

> "...some people, like in professions like that they're not very good, let's put it that way {laughs}. You just don't feel like you can talk to them and you feel like it's about a specific thing and with here it's not." (Service User)

A key approach within the service was that no pressure was imparted to the young person by housing providers or support worker. If they are not ready to communicate they are given the time to disclose issues. This understanding and genuine interest in their circumstances produced a solid relationship with their worker and opened up avenues of support, without which the young people believed their situations would have deteriorated.

> " ...[post holder] was sort of my life sort of line when it happened, she was always there to talk to me..." (Service User)

> " I don't think I would have got through it without her support" (Service User)

The creation of the MHSW post was felt by the service providers to have stimulated communication between other housing providers, thus enhancing their professional relationships and improving networking. The complexities of accessing other mental health services were also discussed by these housing providers. This bane was alleviated through accessing an individual with that specialized mental health role, and this was recognized as making a "massive difference" by the centre manager. The post was seen by all to enforce prompt and continual support and to establish a better link with other mental health agencies.

The new post's title was also an area of discussion among the interviewees. Some housing providers chose occasionally to eliminate the phrase 'mental health' when the post holder was introduced to a client, in order to prevent potential stigma. Other housing providers felt the post's specific job title could be used alongside a clear explanation of the role. They believed that having their own MHSW would be seen by the client as an additional advantage. Dealt with in this way, labeling did not become an issue. Generally, a mental health professional title such as Community Psychiatric Nurse (CPN) was not deemed as appropriate by any of the participants. It was felt the MHSW could provide support with a sufficiently clinical focus without stunting the open communication process.

Continuity
The stable relationship formed between the young person and the post holder was seen by all as a vital element of cohesion. These providers recognized this bond as sending a clear message to the young person that the MHSW would be someone who would be with them throughout and this was a cherished priority by the young people. Without this continuum, the service users commented there would be a constant stream of reassessments and the disclosure of information, which they found to be extremely exhausting and stressful.

> " to have one person that you can open up to and tell everything and then that specific person knows everything about you, it's a lot less stressful on you because you don't have to go over everything all the time with different people" (Service User)

> " ...they [Alcohol Service Workers]seemed to change every few months and the people would leave and they'd replace them and it did my nut in the end, because it's like um, it is the kind of thing you only ever want to go over once..." (Service User)

Among the trained staff interviewed, the general consensus was that a young person could be lost in the system, particularly while waiting for any assessed service or support to start. This period of delay was viewed as a pivotal point of care. Using the descriptions from Table 1, these clients would incorporate those assessed with low or medium mental health needs. Those with the highest level of need would tend to be involved directly with the statutory services. The housing providers considered that the MHSW was ideally placed to "...bridge that gap", maintaining contact and ensuring continued support on the journey to accessing necessary services. Again, good communications with other organizations was seen by the service providers as advantageous. Additionally, the young people commented that any unexpected contact from their MHSW was always appreciated, as this helped to sustain a strong link.

Multiagency team meetings were seen by all the service providers as an essential focus for the continuity of care. They saw this as a means to re-emphasize advice supplied by the MHSW, building on a sense of mutual concern to minimize any feelings of desertion, which might occur to young people without the benefit of such an on-going service.

> "If we're all working from the same you know, hymn book, then we can meet the needs of that client so much better and so much more effectively" (Housing Provider)

An open-ended caseload demonstrated that the MHSW does not have a time limit for each client. This 'open door' policy fostered the continuation of relationships, giving the young person best access to services. Even when the MHSW is temporarily unavailable, clients are seen and supported by colleagues working together. Additionally, if the client's case was eventually closed, for whatever reason, they still had the opportunity to visit the drop-in centre. On an individual basis, the young people felt they were never made to feel that they were a burden. Rather, open meetings without appointment, on a drop-in basis, best met their needs.

> "...it wasn't just er, you like my time's up now, see you later or um, that's not my area, you know what I mean" (Service User)

Accessibility
In order to produce a continuous support service the interviewees felt that not only did it require good communication skills with the client and peers, but also it was essential to be readily accessible. This encompassed the physical ease of locating the service and the promotion of the support service itself. This ease of access was a fundamental feature for the young people:

"every now and again I'll pop in";
"just came in" ;
"always be here during the week";
"even if I haven't booked an appointment, as long as she's not busy, she'll still have a chat if she's got time and stuff...";
"she's always here to help". (Service Users)

The line manager commented that actually getting the young person into the building was considered the first hurdle. Having an informal environment promoted the chances of success.

Young people found out about the service in a number of ways. In particular they described using information available at local schools and colleges, word of mouth between friends, more formal council housing referrals and through using the Internet. The housing providers' awareness of the post was initially increased through internal advertisement in conjunction with multi-professional and informal meetings, and word of mouth. Initially there appeared to be some confusion over the specific role of the MHSW with some presuming that it would provide a direct link with mental health services, which was not the case. The post holder felt that initially there may have been a perception of encroachment amongst the key workers already employed in each housing project to offer general support services. However, once the role was firmly established the mental health specialism was harnessed for the more complex cases and was seen as an invaluable role by all the service providers.

Features and management of the role
Despite the main priority of the post being to focus on housing provision and mental health needs, the young people believed the supplementary features of the role were fundamental.   The emotional, peer and administrative support given by the post holder were praised:

"...actually come to the court case with me and gave me support, because I was extremely nervous at the time";
"...there were countless things, basically everything in the end that I knew would help and she was helping me with";
"...anything that I had a problem with, I knew that I had someone on my side";
"I brought in all my paperwork and I mean years and years worth and she helped me go through every bit of it". (Service User)

This advocacy role was seen by all the staff interviewed as a means of sustaining the individual throughout their time with the service. Going further one housing provider considered that it allowed behaviour to be challenged when it was not deemed to be acceptable.

Adequate clinical and emotional support was recognised as an important element of the post. The provision of regular management supervision allowed timely review of the post holders' workload and an opportunity for reflection and support from her line manager. Clinical supervision provided by a mental health specialist was also

needed. The post holder felt that she held direct, first responsibility for the cases and recognised that it was important to disconnect from the role at the end of the working day. The post holder also felt that good administrative skills were necessary to cope with the burden of recording and report writing at an appropriate standard.

The future development of the post was a marked discussion point. As an initial pilot, it was acknowledged that there was an element of freedom to develop and extend the role as necessary. The ability to encompass a wider range of ages and the potential to broaden into other fields such as learning disability, were suggestions given by the post holder and the housing providers for the future. The post holder and line manager felt that other support workers would need to be appointed to fulfil the specialism demand. For the MHSW post, they both considered a period of consolidation over the coming year was going to be a priority.

Personal skills and qualities required for the position
The job specification established desirable characteristics of the person to fulfil the MHSW role. The essential criterion described by the housing providers and the line manager was their ability to interact with the young people and it was noted that as a matter of policy in Young Devon, a service user was always a member of the interview panel. Phrases used by the young people to describe the desirable personal qualities of a potential post holder were:

> "relaxed"; "laid back"; "easy to talk to"; "genuine"; "total commitment"; "someone quite young, who can relate to a lot of things that younger people are going through";
> "...it's more about an attitude rather than the actual age". (Service Users)

A background and understanding in mental health was felt by some housing providers to be an essential requisite for the post and a condition of the post was to complete a Primary Mental Health diploma. Training to the level of for instance a CPN qualification was felt to be unnecessary. On taking up the post, the post holder's skills were restricted until she commenced the course. One day a week study leave was made available including extra for the examination period. However, the same caseload was maintained i.e.

> "...still kind of five days work in four days and then doing uni stuff". (Post Holder)

Initially this task was seen by the post holder as quite daunting, but due to tremendous time and organisation skills it was achieved.   The thought of completing such training was felt by her to be pivotal for the job despite the fact it required more work to achieve it than originally contemplated. With the completion of the course the post holder considered that:

> "...doing a lot more, kind of, assessments and um, interventions with them, which um it was on the job description but perhaps I'm doing it in a more depth than probably was expected, which is, is quite good for me really". (Post Holder)

Findings of a brief statistical analysis
To indicate the workload of the MHSW during the period January 2007 until May 2008, 48 cases were registered of which 33 are now closed and 15 remain open. The average age of the individuals seen was 18.5 years old. When considering the period up to the 29th May 2008, the average length of cases spanned 124 days and the average actual length of time spent with each client averaged at 7 hours 50 minutes.

In the six months prior to the introduction of the MHSW 18 cases attended the unit. Three of these (15.8%) were self referrals and eight (42.1%) were referred by Connexions. In the 17 month period after the introduction of the MHSW 18.8% (n = 9) were self referrals and 6.3% (n = 3) were referred by Connexions. Thus the number of self-referrals increased and those from Connexions decreased.

Prior to the MHSW 31.6% of clients (n = 6) were in the age range 16 – 17 and 68.4% (n = 13) were in the 18+ category. Similarly, after the MHSW post 41.7% (n = 20) were 16 – 17 and 56.3% (n = 27) were 18+. Please note for 2.1% (n = 1) no date of birth was provided.

Recommendations

- **A clinical supervisor for the full training period of the MHSW would be advantageous.**

  The support available for the post holder is extremely evident amongst work colleagues. However, due to unavoidable circumstances the clinical supervisor was absent for the period from June 2007 until June 2008. The post holder was able to find alternative support methods but periods were noted when specific clinical support was required.

- **The age range covered by the MHSW could be an area of further development.**

  In the research period covered 48 cases were undertaken by the post holder and an increased number of self referrals were made. Additionally, the average age of the MHSW's clients was 18.5 years old and this reflected the majority age range of clients prior to her role. Therefore, the MHSW's role appears to be swaying more towards the older clientele.

- **The commencement date of the MHSW job should coincide with the required educational courses as this could potentially alleviate a restricted role.**

  Desirable qualities of the post holder did not include a specific mental health background. Instead it was essential for the new post holder to attend, in this case, a diploma in Primary Mental Health. The post holder's job commenced in January 2007 with the earliest available course starting in September 2007. This left a gap of approximately nine months when the post holder was unable to fully achieve their described role. This could have been frustrating for the

post holder and potentially leave them in a vulnerable position, particularly in this instance there were gaps in the clinical supervision.

- **A review of the workload during training may be required which could also verify the amount of holidays actually taken.**

  During training, study leave was generously made available for the MHSW. However, the caseload proportion did not alter, resulting in the workload being completed in a four day week. With excellent peer support and superb time management and organisational skills the post holder was able to attain this target. However these demands may not necessarily by achieved by future MHSWs, and due to the nature of an open-ended caseload, the numbers could increase exponentially.

- **Clarification of accountability is needed.**

  Due to the nature of a pilot post, no other employee conducts exactly the same role. Therefore, despite advice and support being found in other colleagues, the question of accountability raises one area of concern for the post holder.

Limitations

Throughout interviews/ focus groups participants were requested to review the impact of the MHSW position rather than the individual currently holding the post. It was difficult for many to separate these two aspects and it is acknowledged that the views of some participants will have been influenced by their own relationship with the current post holder.

Statistics provided only give a general idea of the client frequency following the introduction of the MHSW role. The time span is different for each category and the months in question are not comparable. Additionally, three clients were actually 15 years old at their point of referral but for the purpose of continuity they were included in the 16 – 17 range.

This evaluation is of a small pilot scheme for the introduction of new MHSW post. Therefore the limited sample size means it is not possible to generalise the findings beyond the boundaries of this particular study. Nonetheless, the themes that emerged across our own sample were consistent and we are confident that the conclusions are robust and no significant conflict would be found should a larger sample been investigated.

Conclusion

- The pilot scheme had an extremely positive impact on the clients and peers.

- Communication and accessibility was improved between professionals and with the clients themselves.

- The MHSW provided a continual point of contact for the clients resulting with an open case load. This gave rise to a potential increase in workload and accountability issues for the sole MHSW.

- Overall, the findings clearly support the continuance of the post and point to the desirability of developing the role in other disability fields and geographical locations.

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