A recovery focused housing approach: supporting mental health service users with their choice of housing and supports

John Cowman, Clare O’Toole

Department of Psychiatry, Tallaght Adult Mental Health Service

INTRODUCTION
The literature on recovery and housing indicates that 'one size does not fit all' and that subjective preferences should drive care planning.

"If community services are to achieve the goals of integration, highest possible level of functioning and good quality of life for people with psychiatric disabilities, then the perspectives of consumers themselves on issues which impact on their lives constitute a crucial source of information" (1)

This pilot study we are reporting on here is part of a larger study in the Dublin South Central Mental Health Service. The larger study uses a recovery oriented housing care pathway we developed. This approach uses a specific instrument designed to help individuals with housing needs to describe their individual preferences for housing and support – the ‘Housing Preference and Assessment Survey’ (2), or HPAS for short. This instrument is a key feature of a person-centred assessment and uniquely individualised, housing and support care plan".

AIMS
Our aim for this pilot study was to report on the individual experiences of three individuals with a serious mental illness, who attend our service. They had specific housing and support needs and they used the housing care pathway we developed. We aim to describe their experience of this housing care pathway one year on. The objectives were: 1) to assist individuals in describing their own preferences for housing and support and to allow these preferences to drive their housing and support care plans, and 2) to facilitate three individuals in using this approach to source their preferred choice of shared private rented accommodation.

"Apart from expressed preferences, there is little evidence to assist in the judgement as to which service users will fare well in which different kinds of accommodation" (3)

METHODS
A survey approach was employed. Data collection used the HPAS, psychiatric review as well as Quality of Life, and carer interviews. Ethical approval has been granted as part of a larger study using the HPAS in the service.

RESULTS
All 3 individuals preferred not to live on their own. Following initial introductions based on their preference to share accommodation, we supported them to source shared private rented accommodation of their choice. Preliminary findings indicate that this approach supports housing stability, community integration, and a reduction in the use of inpatient care and specialised placements.

"I like the freedom here and it feels safe" (person C)

All three individuals remain stably housed in private rented accommodation of their choosing. They are each managing their own bills and have no rent arrears. There has been a significant change in mental health service use for two of the individuals since their move to this accommodation. In terms of community integration, all three are partaking in different vocational training programmes appropriate to their individual training needs.

"I’m doing better here than I’ve ever done before" (person B)

DISCUSSION
Evidence based housing models like ‘permanent supportive housing’ and ‘housing first’ are underpinned by recovery values. Our findings support the growing body of evidence in the housing and recovery literature which suggest a move away from a ‘treatment first’ approach and towards a ‘housing first’ approach.

TREATMENT FIRST - THE RESIDENTIAL CONTINUUM

Adopted by the intellectual disability, mental health and homelessness services.

Housing First Linear Model

Turns the traditional continuum of care provided by the homeless and mental health services on its head.

CONCLUSION
Addressing individual’s housing and support needs early and paying particular attention to the individual’s preferences for housing and support can lead to increased housing stability, community integration and a reduction in mental health bed use. This approach is in keeping with current mental health, disability and housing policy. Further research may indicate levels of satisfaction for the individuals and carer, quality of life, and recovery.

REFERENCES