

The Northern Healthcare model of enhanced supported living

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ABSTRACT

This article explains the need for many people with serious and enduring mental ill health, who are in receipt of community mental health care, to receive support with housing and activities of daily living. The article goes on to argue that those in this population deserve to be recognised as autonomous tenants in their accommodation, rather than as 'patients receiving support'. This is an important distinction as although many people with long-term mental ill health are discharged from hospital to 'supported accommodation', in practice this often means that the landlord is just a landlord and property owner and nothing more, and that the 'support' received is often minimal. This article describes a UK-wide network of 'enhanced supported living' facilities that has been developed to meet the needs that will inevitably arise with this population. Because of the presence of this infrastructure, the responsible clinicians and commissioners can be confident that the tenant is being provided with an optimum level of support and that an agreed support plan is in place that addresses all identified needs. Communication with clinicians and commissioners is facilitated by a bespoke IT system. In addition, each tenant is assessed, in respect of met and unmet needs, quality of life and other important variables. The resulting datasets are being collated and analysed, with the intention of publishing long-term outcomes. The outcome data will be unique, as research on this topic has been very limited.

Introduction

There are now less than 18 000 beds for those with acute mental health problems in England, compared with 133 000 in 1966 and 39 000 in 1995 (Goldberg and Gournay, 1997). Crisis response home treatment teams now provide care for those who, two or three decades ago, would have inevitably been admitted to hospital for lengthy periods. The great majority

of people with serious and enduring mental health problems are now cared for within community mental health teams, or their variants. People with common mental health issues, such as anxiety and mild to moderate depression, are treated within an ever-enlarging Improving Access to Psychological Therapies programme. However, this picture does not convey, in any detail, the lives of the several hundred thousand of the UK population, with serious and enduring mental ill health such as schizophrenia and bipolar disorders, who now live in the community (Thorncroft et al, 2011). An increasing number of this population have added challenges connected with drug and alcohol use (Gournay, 2016) and many people in this population may have also received the diagnosis of 'personality disorder'.

Recovery rates

Only a minority of those with serious and enduring mental ill health make a total recovery. For example, most people with schizophrenia live with a range of social handicaps and are rarely in full time employment. The report by the Schizophrenia Commission (2012), *The Abandoned Illness*, showed

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that only 8% of people with schizophrenia were in employment. People with schizophrenia have a life expectancy of 15–20 years less than other citizens (Public Health England, 2018). In all probability, this reduced expectation of life is as a result of a poor diet, lack of exercise and physical conditions that are poorly managed within our health services (Scheewe et al, 2019). Poverty and mental health problems are inextricably linked (Mental Health Foundation, 2016). Poverty leads to housing problems and homelessness (Joseph Rowntree Foundation, 2013).

Deinstitutionalism

It is also important to note that ‘deinstitutionalisation’ has led to problems, which Stein and Test (1978) warned of more than 40 years ago. Stein and Test argued that, unless decent community services were put in place, many of those discharged from hospital would end up in prison; very often for minor offences connected to their background condition. This has been confirmed, as 26% of women and 16% of men in prison in the UK received treatment for a mental health problem in the year before custody (Prison Reform Trust, 2019). As a corollary of this, those whose mental health problems are diagnosed in prison are often released without any permanent housing, or any follow-up mental health care (Piper et al, 2019).

Revolving door phenomenon

Another phenomenon is that of the ‘revolving door’, wherein people who are treated for short periods in hospital and discharged in a reasonably stable state, break down again quickly because of unilateral discontinuation of medication and various events of social adversity. These events include little or no social support, poor opportunities for occupation and social activities and last but by no means least, inadequate housing.

Support

Confusingly, there are a number of terms in use to describe how people with mental health problems in the community may be ‘supported’; the terms ‘supported housing’, ‘supported accommodation’ and ‘supported living’ are all used. However, the terms have never adequately been defined and can mean different things to different people. This was confirmed in a study by McPherson et al (2018) who conducted a systematic review of the topic and looked at 82 articles in the final review. They found the lack of definition of these terms presented an insurmountable obstacle to evaluation.

‘Support’, in whatever form, may include support provided to an individual who has social housing and has the benefit of weekly or fortnightly visits from a

care coordinator. This person may receive a handful of hours from a support worker to assist with activities of daily living and help with money management.

At the other end of the spectrum, ‘support’ may mean that the person lives in a facility owned and operated by a mental health Trust. That person will have no tenancy rights and will live within a highly supervised and structured regime, that people often find to be very restrictive.

Between these two ends of the spectrum, there are numerous variants, thus confirming why evaluation of the outcome of all varieties of ‘support’ is impossible. An influential group of researchers (Killaspy et al, 2019) concluded that the use of conventional research methods, such as the randomised controlled trial, was not feasible for this population.

Enhanced supported living: the Northern Healthcare model

As the reader will note, in the description that follows, the Northern Healthcare model of Enhanced Supported Living is unique – people are first and foremost tenants, rather than ‘patients’. In addition, because they continue to be vulnerable to the effects of a long term mental health condition, they also require access to a level of professional and social support that will enable them to recover to their potential. The model is also unique as the system uses measures of outcome (clinical, social, economic and qualitative) that ensure maximum transparency. Although the term ‘enhanced supported living’ is yet another term, the difference between this and the other terms mentioned above, is that the Northern Healthcare model is clearly defined and outcomes are transparent for all to see.

Northern Healthcare was founded in 2013, with the modest aim of providing bespoke accommodation for a relatively small number of people with serious and enduring mental health problems. This population comprises those who have lengthy histories of contact with mental health services; many of these individuals form part of the all too common ‘revolving door’ population and all are characterised by challenges with activities of daily living and a wide range of characteristics of social and economic adversity.

Northern Healthcare has now evolved to become a national organisation. Northern Healthcare presently has 11 ‘enhanced supported living’ settings nationwide and a number of other settings are about to open, or currently under development. Each setting contains a number of individual bedrooms or flats and shared or communal gardens, lounges, kitchens and dining areas (*Figures 1–3*). The service provides 24-hour support from mental health professionals, including registered mental health nurses, occupational



therapists, a cognitive behavioural therapist and support workers.

Originally, accommodation was located in buildings that were used for other purposes and were then refurbished and converted to units of accommodation. However, it quickly became apparent that in order to provide accommodation of a standard that anyone would be pleased to occupy, there was a need to build either new bespoke facilities, or to purchase facilities that had been designed for similar use.

Characteristics of enhanced supported living

The characteristics of the Northern Healthcare model of enhanced supported living include the following:

- Tenant, not patient
- Quality accommodation
- Around-the-clock staffing and professional support
- Bespoke support plans
- Specifically designed IT system
- Use of outcome measures.

Tenant, not patient

The most important characteristic is that the person is a tenant and they are, first and foremost, considered as a person whose level of independence will grow over time and whose recovery is the prime objective. Alongside recovery, the matter of personal choice is paramount; exercising personal choice is something that is fostered from the outset and continues throughout the tenancy.

Referrals may come from many sources. However, principally, referrals come from commissioners of mental health services. Commissioners recognise that there is a population who do not require long-term treatment as an inpatient, but who – at the same time – require decent accommodation and a robust system of professional and social support.

This system is designed to contribute to the long-term objective of recovery and obtaining an optimum quality of life. Following a referral, a detailed assessment process follows that involves all parties, including the person who is the prospective tenant, their family and/or significant others and the care coordinator. This pre-tenancy assessment is conducted by an experienced mental health professional – either a registered occupational therapist or a registered nurse.

Each person has an individual tenancy agreement. Support is provided in respect of application for housing benefits. The rent for the accommodation covers all housing-related costs, with the individual only required to make a contribution towards utilities.



Figure 1. Tenants are encouraged to decorate their bedrooms



Figure 2. Shared communal kitchen



Figure 3. External view of enhanced supported living accommodation

Quality accommodation

The standard of accommodation is, arguably, the best available in the supported living arena. From the outset, the aspiration has been to provide accommodation that any member of the general public would deem to be of excellent quality and fit for independent living.

Around-the-clock staffing and professional support

There is no one level of support provided for all tenants and, as this article has indicated, tenants may have a wide range of needs. It is also recognised that in the process of recovery, needs for support may fluctuate over time.

Each scheme employs a full time registered mental health nurse and a registered occupational therapist. The service manager is a registered health care professional with significant health or social care management experience. Support staff, all with an appropriate level of training, are also employed. Northern Healthcare is also fortunate in having access to specialist advice, for example in cognitive behaviour therapy.

This is particularly important in respect of tenants who may need to build on (for example) coping skills in respect of their voice hearing, or tenants who have difficulties with using social skills or who experience social anxieties. Such individuals benefit from simple cognitive behavioural interventions delivered by staff with appropriate supervision, from a qualified cognitive behaviour therapist. Support staff can also assist tenants to access many of the online resources that provide evidence-based interventions for a wide array of mental health issues.

One of the important characteristics of Northern Healthcare is that every facility employs a qualified occupational therapist, who is able to design a bespoke programme. At one end of the spectrum, some tenants require only a minimal structure and are well able to choose a range of activities and are independent in respect of cooking, laundry and self-care. For these individuals, the security of a tenancy with the prospect of not slipping out of the net of care when this is required is the most important matter. At the other end of the spectrum, some tenants require a detailed programme.

Bespoke support plans

Each tenant has a comprehensive support plan. As part of the support planning process, every tenant who enters the Northern Healthcare Enhanced Supported Living framework will have a number of long-term objectives defined. Essentially, these will include entering gainful employment, improving independent

living and self-care and becoming increasingly socially included. One might argue that gaining employment and achieving a higher level of social inclusion and the benefits of increasing self-esteem and self-worth may be as beneficial as any of the psychosocial treatments offered within statutory services.

Ongoing assessments

The ongoing assessment process will focus on not only mental health status and care and treatment plans, but also on a detailed evaluation of the ability to live independently – thus requiring an individual assessment of activities of daily living. There is a recognition that this population are very vulnerable to physical health problems. Many tenants, at the pre-tenancy stage, will already have physical problems, ranging from being obese and lacking reasonable exercise to, at the other end of the spectrum, type 2 diabetes, high blood pressure or a combination of the common, physical problems known to be common in those with serious and enduring mental ill health.

There is, therefore, considerable emphasis on meeting physical health needs, the beginning of the course involves registering with a local GP. Many of the existing population of tenants have begun to take up exercise as part of their support plan, ranging from a regular game of golf on the local nine-hole public course, to attendance at the local gym.

Diet is another important matter for attention and, while independent choice is of course encouraged, at the same time, professional staff are able to educate, inform and assist with obtaining a well-balanced diet for all tenants. The important presence of an occupational therapist in every facility contributes in many ways but, particularly, in this area in respect of the skills needed for budgeting and cooking.

Managing risk

Support plans also need to consider the matter of risk and its management. At the pre-tenancy stage, close collaboration with the tenant's care coordinator and/or responsible clinician is essential. The matter of risk is, of course, something that requires continuing review. The support plan will always include an element relating to risk management and to address the matter of how to manage any crisis that might occur. This is, of course, in accord with tenants' needs if they remain under the umbrella of the Care Programme Approach.

Reviewing support plans

All tenants' support plans are formally reviewed on a monthly basis and regular reviews are scheduled with the care coordinator and significant others are invited to these reviews. The reviews are informed not only by



feedback from professional and support staff, but also the results of outcome measurement.

Specifically designed IT system

Northern Healthcare is unique in using an up-to-date, bespoke IT system that is, arguably, more sophisticated than any used within the NHS or other health care organisations. The system was designed by a team of health care professionals and IT experts and has been designed to meet the needs of this particular population, rather than being a generic system for those with mental health problems.

All support staff and professionals use a mobile tablet system, which will record (for example) daily activities, support plans and assessments. The system is also designed so that, rather than the simple 'slept well' or 'good day' that one often sees in healthcare records, those responsible for entering daily notes are prompted, by the system, to provide appropriate narrative when needed.

Outcome measures

All tenants are assessed using valid and reliable measures of mental state, cognitive abilities and activities of daily living.

Camberwell Assessment of Need

Importantly, the Camberwell Assessment of Need, which is a brief but very well regarded measure of met and unmet needs is employed. This measure is used across the English speaking world and is available in other languages (Phelan et al, 1995).

The Camberwell Assessment of Need has become perhaps the most important outcome measure for those with serious and enduring mental health problems because, rather than concentrating on any particular diagnosis, it simply identifies the most common areas of need for this population and whether or not these needs are being met. The Camberwell Assessment of Need is completed by both the professional and the tenant. As a long-term measure of whether the Northern Healthcare Model of Enhanced Supported Living is successful, this measure will provide the answer, insofar as it will identify progress towards each tenant having their needs met.

Recovering Quality of Life (ReQOL) and Model of Human Occupational Screening

Each tenant is also assessed on an easy-to-use quality of life measure, the Recovering Quality of Life (ReQOL) (Keetharuth et al, 2018).

One of Northern Healthcare's registered occupational therapist assesses occupational functioning using a standardised measure; the Model

of Human Occupational Screening (Kielhofner et al, 2009), which is known to be helpful in inpatient mental health settings. That is not to say that matters concerning important issues, such as medication adherence, mood levels or anxiety levels, are in any way disregarded. Outcome measures in these areas are collected as appropriate.

Feedback from tenants

Feedback from each tenant is considered by the Northern Healthcare team as of central importance. Tenants are able to provide feedback at the monthly reviews, but are also encouraged to voice any concerns or to make requests at any time.

Relationship with commissioners

Since Northern Healthcare was founded, it has become clear that the commissioners of mental health services and the clinicians originally involved in the tenants care and treatment need to be involved – albeit with 'a light touch' – with the client's progress and recovery.

Commissioners may be reassured in the knowledge that Northern Healthcare has a robust clinical governance framework, using independent mental health professionals to take part in a comprehensive and rigorous process of ensuring that services meet the highest standards of the Care Quality Commission. Indeed, the Care Quality Commission's (2019) report based on an inspection in August 2019 provided the Northern Healthcare team (at all levels, from senior managers to those working with tenants on a daily basis) with great encouragement.

Long-term outcome evaluation

As noted previously, Northern Healthcare is collecting outcome information on every tenant across a number of domains. This outcome data is collected at regular intervals. Northern Healthcare has now invested in the employment of a research worker and has developed a formal relationship with the University of Bolton.

By the end of 2019, the Northern Healthcare team will begin publishing the results of the analyses of outcome data. There is now the real prospect that this data may be very helpful in informing the mental health community at large with objective information about the model.

Conclusion

The Northern Healthcare model of Supported Living is an exciting innovation, developed for a most disadvantaged population with enduring mental health problems. For further information, go to: <https://www.northernhealthcare.org.uk>



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