Accommodation types, pre and post admission, for inpatients with unmet housing needs on an acute mental health unit in Dublin.

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Literature review - Research problem.

- Measurement of homeless and housing exclusion (HHE) is contested.
- 3 official measures of HHE (RS, H/L hostels, SSHAs).
- Homelessness is possibly 4 times & housing exclusion is possibly 10 times, more than official figures.
- MHS suspected of being a 'flow' into homelessness.
- Flow from MHS to homelessness is not routinely reported.
- "No such data available"
- Proper statistics inform policy to meet housing need.

Research questions

- ➢• What accommodation types were individuals with accommodation needs admitted from?

- ➢• What accommodation types were these individuals discharged to?

Methodology

- Quantitative, repeat measure Cross-sectional design.
- Approved by Tallaght and St James's Research Ethics Committee.
- Weekly from March to November 2018 (eight months).
- Senior ward staff provided information regarding pre and post admission accommodation.
- A convenience sampling strategy.
- European Typology on Homelessness and Housing Exclusion (ETHOS) framework used to categorise the housing types.
- Analysis run by SPSS.

Overall findings of Pre and Post admission accommodation types applied to the ETHOS framework

Table X1: Pre and post admission accommodation types using the ETHOS classification system.					
	Operational Categories	Pre-Admission Accommodation (%)		Accommodation Post-Discharge	% Change
Roofless	1.Public spaces / external spaces	Rough sleeping 2 (2%) **Total 2 (2%)**		Rough sleeping 0 **Total 0 (0%)**	–100%
	2.Overnight shelters[1]				
Houseless	3.Homeless hostels. Temporary / Transitional accommodation	Homeless Hostels 18 (16%) Low budget hostels 2 (2%) **Total 20 (18%)**		Homeless Hostels 28 (26%) Low budget hostels 0 **Total 28 (26%)**	+40%
	4.Women's shelters				
	5. refuge accommodation			Asylum hostel 1 (1%) **Total 1 (1%)**	+100%
	6. People to be released from institutions (Penal, medical children's)	Mental Health hostels 12(11%) Nursing Home[2] 4 (4%) Penal 6 (6%) **Total 22 (20%)**		Mental Health hostels 12 (11%) MH Intensive Care Unit 1 (1%) MH Specialist Nursing Home 1 (1%) MH Special Rehab Unit 2 (2%) Transfer to local acute unit 5 (5%) Transfer to private hospital 2 (2%) AMA to NFA 4 (4%) Nursing Home 8 (7%) Penal 1 (1%) **Total 36 (34%)**	+64%
Insecure	7. People receiving long term support due to homelessness				
	8. People living in insecure accommodation. Temporarily with family or friends.[3]	Parental Home 25 (23%) Family/Friends 14 (13%) Own Home 14 (13%) Local Authority / AHB 6 (6%) Private Rented 6 (6%) **Total 65 (60%)**		Parental Home 23 (21%) Family/Friends 6 (6%) Own Home 6 (6%) Local Authority / AHB 6 (6%) Private Rented 3 (3%) **Total 44 (42%)**	–32%
	9. People living under threat of eviction				
	10. People living under threat of violence				
Inadequate	11. People living in temporary / non-conventional structure / mobile homes.				
	12 People living in unfit housing				
	13. People living in extreme overcrowding				
		Full Total 109 (100%)		**Full Total 109 (100%)**	

Key Finding 1: Comparing findings with other studies.

Comparing findings: Rough Sleepers (as proportion of homeless, i.e. first three ETHOS categories)

Our Study (2018)	Official Statistics			'Counted In' (2008) (greater Dublin area)	Siersback et al (2020) (Inner-city general hospital A&E dept)
	Nov 2018	April 2021	Oct 2021		
9% of the homeless identified were rough sleepers.	**2.4%** of the official homeless nationally were rough sleepers.	**2.1%** of the official homeless nationally were rough sleepers.	**1.4%** of the official homeless nationally were rough sleepers.	**10%** of the homeless in the greater Dublin area were rough sleepers.	**27%** of homeless presenting to A&E were rough sleepers.

Comparing findings: Homeless

Our Study (2018)	Forchuk et al (2013) London, Ontario, Canada	Laliberte et al (2020) Ontario, Canada	Keogh, Roche and Walsh (1999) 'We have no beds'	HRB (2018) NPIRS national psychiatric in-patient annual figures	Moloney et al (2022) Two mental Health Acute Units in Mid West Ireland
7.4% of all discharges (n375) over eight months, were to homeless services.	**6%** of all discharges (n1588) from psychiatric acute wards to shelters or NFA in 2002	**2.3%** of all discharges (n91,023) over three years were homeless.	**15%** of all acute psychiatric beds (n558) in EHB were inappropriately occupied by homeless individuals.	**1.8%** of all admissions (n17,000) to psychiatric beds in Ireland in 2018 were no fixed abode (NFA)	**16%** of admissions (n50) are homeless and a further 14% had experienced homelessness at some point in the past.

Key finding 2: More than two thirds who did not return to the accommodation they were admitted from were discharged to homeless accommodation

25 (23%) discharged to a different operational category.
- [20 (18%) transferred to various mh, care, or medical settings, 60 (55%) returned to the same operational category, 4 (4%) discharged AMA].

❖ 8 (7%) discharged to a **less extreme** type of operational category (e.g. 1 from h/l to new LA home)

❖ 17 (16%) discharged to a **more extreme** form of operational category (16 to H/L & 1 to custodial setting)

Positive stories: 4 to new local authority homes (1 from h/l, 3 transferred from other LA homes).

1 to new private rented (from other private rented).

Flow into homelessness: more than twice as likely to be discharged to homelessness

on average admission from RS / h/l every 12 days, & discharge to h/l every 9 days.

'New' homeless discharge every 14 days.

Agrees with other findings: Mental health acute services has limited capacity to address homeless and housing need.

Limitations and Advantages

- Convenience sampling
- Small sample
- Single site
- The ETHOS framework provides the possibility of making reasonably accurate comparisons (O'Sullivan 2020).
- Convenience sampling using the ETHOS framework have a clearer degree of generalisability relative to convenience sampling which do not use the ETHOS.
- Repeated use of ETHOS provides insights into the dynamic nature of homelessness

Implications for Practice/Summary

- Acute units should routinely collect and report HHE data.

- The ETHOS framework should be used to measure HHE.

- It could be incorporated into the 'Admissions and Discharge' ledger currently used on each ward.

- Adapted to gather relevant data like admissions from and discharges to mental health settings.

- In particular collect and report discharge to homeless accommodation.