

# The differences between inpatient and staff housing and support preferences, for individuals with housing need on an Irish acute mental health unit.

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1. Larger study
2. Research problem
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## Research Questions

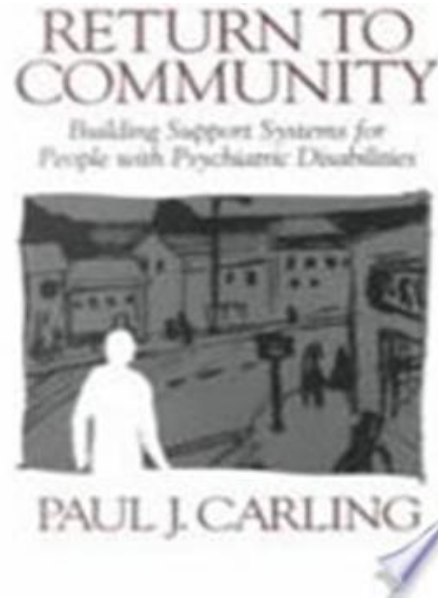
1. Prevalence of housing need?
2. Accommodation type pre and post discharge?
3. Differences between inpatient and key nurse preferences for housing and support?

## Phases of the study

1. Weekly data collection.
2. Inpatient preference survey
3. Key nurse preference survey

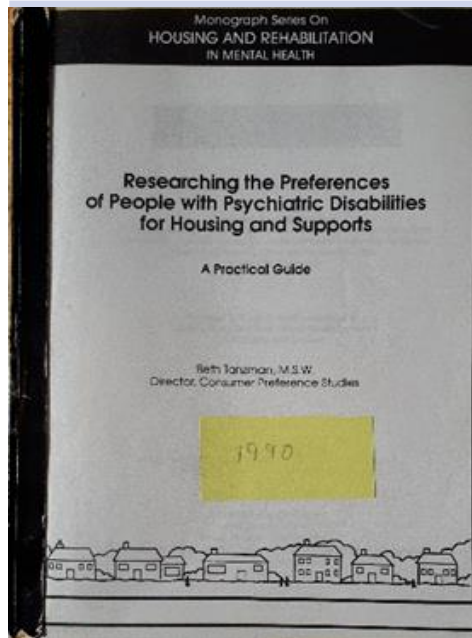
# Literature review - Research problem

- Preferences do matter
  - Indicator of housing success (sustained tenancy).
  - Indicator of satisfaction in housing.
  - Choice is central to the Housing First model and recovery model.
- Consumer housing preference studies from 1980s in United States.
- There is a difference between patient /client preferences and staff / carer preferences.
- No preference studies from an Irish acute mental health unit.



## Paul Carling

- Director of 'The Centre for Community Change through Housing and Support' (1984 to 1999).
- articulated 'Supported Housing' approach, based on consumer choice (precursor to Housing First model).
- Carling, P.J. (1993) 'Housing and supports for persons with mental illness: Emerging approaches to research and practice'. *Hospital and Community Psychiatry* 44 (5) pp. 439-449.



## Beth Tanzman

- Director of Consumer Preferences at the CCCTHS.
- 'Consumer Housing Preference Survey'.
- Tanzman, B. (1993) 'An overview of surveys of mental health consumers' preferences for housing and support services'. *Hospital and Community Psychiatry* 44, pp. 450-455.

# Consumer preference studies main finding.

“Consumer consistently reported that they would prefer to live in their own housing or apartment, to live alone or with a spouse or romantic partner, and not to live with other mental health consumers” (Tanzman 1993:450).

Nelson et al., (2003) South-western Ontario.	(n = 300)	79% preferred independent living
Harvey et al., (2012) five Australian states.	(n = 1,825)	83% preferred own home.
Richter and Hoffmann, (2017) Switzerland.	(n = 3,134) (Sys Review)	84% preferred to live in their own apartment, with their family or with persons of their own choice.

Most individuals prefer least restrictive options.

Most staff prefer accommodation with support attached.

Study	Participants	Patient Preference	Staff preference for these patients
Minsky et al. (1995). New Jersey state psychiatric facility	N= 80. Random sample.  Pt interviewed over 2 days by four interviewers (2 people with lived experience).  Staff answered collectively from team meetings.	24 (30%) alone  21 (26%) family, 22 (27.5%) roommates of their choice.  5 (6%) living with others  8 (22.5%) did not respond.	By contrast, the teams thought that more than three-quarters of the patients (62, or 77.5%) needed to live with others not of their choosing.
Mohan, A., Hevey, D. & Brogan, A. (2009).  Dublin	All current long-stay patients (n = 71) in St Brendan's Mental Hospital.	46% Staffed home (low) 17% Independent living 15% With family 13% Hostel 9% Hospital 0% Staffed home (high) 0% Rehabilitation unit	5% Staffed home (low) 0% Independent living 3% With family 3% Hostel 40% Hospital 33% Staffed home (high) 16% Rehabilitation unit
Rapisarda et al. (2020)  Montreal.	(N = 194) Survey targeted two acute psychiatric hospitals, nine general hospital psychiatric wards and one forensic mental health hospital.	47% (n=82) Own Apartment 18% (n=32) Apartment with support 27% (n=47) Group resource 8% (n=14) Institution	2% (n=4) Own Apartment 9% (n=15) Apartment with support 67% (N=118) Group resource 22% (n=38) Institution

# Research question

- What are the differences between inpatient and key nurse preferences for housing and support?



# Methodology

- Mixed methods survey, Cross-sectional design.
- Approved by Tallaght and St James's Research Ethics Committee.
- From March 2018 to February 2020 (23 months).
- A convenience and purposive sampling strategy.
- Structured interview with researcher who wrote the answers.
- Mainly quantitative questions and included many open ended and satisfaction questions.
- Quantitative analysis run by SPSS.
- Braun and Clarke (2006) model of thematic analysis and NVivo 12

# Demographic findings. A disadvantaged group

- N = 110 inpatients with unmet housing need
  - The mean inpatient age was 39 years,
  - predominantly male: (n = 76, 69%)
  - single (n = 91, 83%) **National average = 43% (CSO, 2022)**
  - Irish (n = 97, 88%),
  - paid employment (n = 9, 8%), **National ave unemployment rate 8%, (CSO, 2022)**
  - daily activity outside house: (n = 17, 15%)
  - time on the ward: >12 months (n = 6, 5%), <2 days (n = 16, 15%).

## N = 40 key nurses

- Female (n = 25, 63%)
- Time qualified: range 1-308 mts, Md = 40 mts.
- Time working on this ward: range 1-194 mts, Md = 12 mts.
- Time looking after this inpatient: range 1-24 mts, Md = 1 mt.

# Comparing demographic findings

## Reasonable convergence of views

- on most practical or factual items like;
  - legal status at admission and at time of interview;
  - diagnosis (with the sole exception of schizophrenia diagnosis);
  - attending daily activity outside the house;
  - general health;
  - source of income;
  - weekly income amount;
  - those who do not control their own money.

## Notable differences

- Urgency about their housing situation (79% v 62%),
- impact on admission (45% v 28%)
- Dx of Schizophrenia (27% v 41%)
- satisfaction other people managing their money for some inpatients. inpatients (38% v 89%)

# Housing preference and living with others

	Inpatients	Key nurses
Independent Living	N = 86, 78%	N = 39, 36%
Live alone	N = 69, 63%	N = 44, 40%

## Inpatients

- Inpatients strongly preferred independent living accommodation types (79%), for reasons of control, autonomy, and freedom to make choices.
- They favoured residing in the same area (51%) for reasons of familiarity, belonging and connection.
- Most also chose living alone (63%).

## Key nurses

- Key nurses' preferences were equally divided between independent living (47%) and more structured type arrangements with built-in supports (47%).
- Reasons for choices were due to the inpatient's level of functioning and skills, and to have supports available.
- Key nurses' main preferences were for inpatients to live with others (60%).

## Why is independent living important to you? (n = 86)

**Inpatients** Control, freedom, and autonomy.

“To have a family in the future”.

“I could cater for myself and manage to look after it”.

“I would not like stairs.... a suitable place to have my daughter come visit”,

“To be able to come and go as I please”,

“A place to close the door behind me”.

“A place of your own”

**Key nurses** tended to assess inpatient's level of functioning and skills.

“Highly functioning”.

“He has skills to manage independently”.

“Independent living but he would need supports”

“He could manage to live independently with some supports”.

“but with mental health visiting support”.

# Limitations

- Convenience / purposive sampling. No database to allow randomised sampling.
- Small sample and single site means the findings cannot be generalised.
- The 'Consumer Housing Preference Survey' has a high inter-rater reliability, however many other factors like the current housing situation, makes comparisons with other studies challenging.

# Implications

- For planners: single apartments, in the right areas.
- For MHS: - location where does the person feel safe?  
- what supports does the person say they need?
- Care planning and resource allocation: More independent living situations with supports of their choice and less restrictive settings.
- Professional's narrow view can restrict the individual's potential and contribute to social exclusion.
- The right and dignity to make mistakes.
- Individuals with mental health difficulties make good research participants.



# Summary

- Quantitative findings:
  - 63% of inpatients preferred independent living, compared to 36% key nurses.
  - 78% of inpatients preferred living alone compared to 40% of key nurses.
- Qualitative findings:
  - Inpatient appeared to value accommodation which increased control, freedom, and autonomy. Stability, security and privacy in everyday life was also valued. Key nurses tended to assess the patient's ability to live independently and prefer supports along with the accommodation.
- It is important to acknowledge the difference between inpatient and staff preferences. Other studies show the best indicator of successful housing is individual preferences for housing and support.
- People with mental health difficulties can tell us what they need in terms of housing and support.

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Thank you very much for listening.

Feedback and questions are welcome

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