OUTLINES

A RESEARCH AND EVIDENCE SUMMARY SERIES

Accommodation based support for adults with mental health conditions

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Background

Around 10-20% of people diagnosed with severe mental health problems will develop longer term and complex needs that impact on their ability to live independently (Killaspy, 2016; Chan et al, 2021). These people often have major negative and ongoing positive symptoms in addition to other mental, social and physical health problems, and require supported housing facilities or residential care (Bitter et al, 2020).

Appropriate housing is a key component of community mental health care. Krotofil et al (2018) define mental health-supported accommodation as 'any service that provides support, delivered predominately by non-professionally qualified staff, to people with mental health problems living in community-based accommodation, either alone or in shared settings'.

Fundamentally, it provides a place to live for people whose illness impacts on their self-care, social, occupational, and cognitive functioning, and provides opportunities to maintain a tenancy with varying levels of staff support provided to manage risk, develop and maintain living skills and engage in social and work activities (Harrison et al, 2020).

Deinstitutionalisation over recent decades led to many countries developing supported accommodation services to enable people with mental health problems to live in the community. Most of these facilities were originally communal group homes or residences, but a range of services evolved, including 24 hour highly staffed facilities (such as residential care homes); shared group homes and hostels that are less intensively staffed; apartments with private tenancy but on-site staff at least part of the day; and floating or outreach models where people in their own or shared home are supported by off-site staff (Killaspy, 2016; Isaacs et al, 2019).

Despite the spread of these different housing services, the number of people supported by them, and the costs involved, there is limited research on their effectiveness, in terms of social functioning, quality of life, psychopathology

and hospitalisation (Dalton-Locke et al, 2018; McPherson, 2018; Bitter et al, 2020; Killaspy and Priebe, 2020; Dehn et al, 2022).

The assumption that, with proper staged support, people with severe mental illness progress from higher to lower levels of supported accommodation (Isaacs et al, 2019) is not seen in the literature. More generally, the lack of coordination and a coherent view as to what are the most effective models of supported accommodation, what constitutes best practice, and a lack of sound research and evaluation (Centre For Mental Health, 2016) make evaluation or measuring of impact incredibly difficult.

There is however less uncertainty that support needs to be supplied by specialist providers that are locally based, in stable organisations, and provide high standard services over a prolonged period using well trained and experienced staff (Centre For Mental Health, 2016).

Supported accommodation

What is it?

There have been many attempts to provide a definition or system for classifying it but there remains no clear definition of what constitutes supported accommodation. At a basic level the term is usually used to cover services that combine accommodation and support to vulnerable people to help them live more independently (Rethink Mental Illness, 2016). This may include: hostels, sheltered housing, shared homes, support to people living in their own homes,nursing and residential care homes, group homes, community-based rehabilitation units, step down units, blocks of individual or shared tenancies with staff on-site, independent tenancies with staff off-site, outreach support, and temporary accommodation such as crisis houses and short-stay hostels (Centre For Mental Health, 2016; Killaspy 2016).

Terms such as supported housing, supported accommodation, and supported living, are all used with little thought around definition or

differentiation, which presents a significant obstacle to evaluation (Gournay et a, 2020) and synthesis of any supporting literature.

Pleace and Wallace (2011) outlined three broad types of housing support services:

- Staircase models - a series of types of accommodation or stages that provide less support at each stage, with the aim of progression to independent living
- Accommodation-based services - the provision of purpose built supported housing with on-site staffing, often to provide a halfway house between institutional care and ordinary housing
- Mobile support workers (or floating support) - usually provided in independent accommodation with the aim of preventing problems related to sustaining a tenancy or maintaining stable housing

Killaspy et al (2016b) similarly identifies 3 main types of mental health supported accommodation: residential care, supported housing, and floating outreach. Residential care and supported housing provide varying levels of on-site support, Floating outreach staff visit people in their own homes.

Rethink Mental Illness (2017) identify six mental health supported housing typologies:

- Group or peer support homes: Low support, average length of stay 2-5 years, paid with housing benefit, not part of a defined NHS pathway
- Individual flats: Short term low support or very long term high support, paid with housing benefit, part of acute pathway
- Therapeutic communities: High support, average length of stay 2 years, paid with housing benefit, part of the rehabilitation pathway
- Temporary move-on flats: Low support, average length of stay 6-18+ months, paid with housing benefit, after hostel or therapeutic community, not part of a defined NHS pathway

- Mental health hostel: Low to high support, average length of stay 1-2 years, paid with housing benefit, part of the acute care pathway
- Forensic Hostel: High support, length of stay 18-24 months, paid with housing benefit, part of acute care, rehabilitation, or secure care pathways

STAX-SA (simple taxonomy for supported accommodation) highlights 5 types, based on 4 domains - staffing location, level of support, emphasis on move-on, and physical setting (Macpherson et al, 2018).

There are difficulties establishing the use of supported housing, with definitional issues, multiple providers involved, and limited data gathering (Centre For Mental Health, 2016). In England it's estimated around 30,000 adults with mental health conditions live in a residential care home, around 29,500 in supported housing, and around 24,000 receive a specialist mental health floating outreach service (Killaspy and Priebe, 2021).

Why is it needed?

Social policies relying on community care need to be backed by effective housing provision and support. Many argue that housing is one of the most important factors affecting people with severe, complex mental health problems, and the starting point for rehabilitation and recovery. Having somewhere to live is stabilising, allowing people to establish routines, receive support and access services, and allows them to develop a sense of security and control over their lives. Having on-site staff, including mental health support workers, and fellow residents who understand their needs can make the difference to someone achieving and maintaining recovery (Centre For Mental Health, 2016; Killaspy, 2016; Rethink Mental Illness, 2016).

The provision of supported housing can have a significant economic impact on services, reducing the costs of tenancy breakdown and homelessness, hospital admissions, the number of people in institutional care, and the costs of out-of-area placements. Housing support and stable accommodation can

also lower the length of time spent in hospital by reducing transfer delays from hospital to home (Centre For Mental Health, 2016).

An international systematic review of supportive housing (Farkas and Coe, 2019) indicates that people who have moved from long-term psychiatric hospitals to such housing programs demonstrate improvement or non-deterioration in psychiatric symptoms, social functioning, and reduced rates of rehospitalisation. Outcomes for individuals who never had extended hospital stays are more mixed due to the complexity of designing these studies and the lack of them carried out.

Research and evidence

Despite the major investment in services it is widely accepted that there is a real lack of good quality research and evidence on supported housing (Pleace and Wallace, 2011; Killaspy, 2016). What evidence there is, is limited and inconsistent. For example, the Centre For Mental Health review (2016) of supported accommodation struggled to find evidence to base its conclusions on.

The NDTI research (2017) on the effectiveness of supported housing and accommodation for people with mental health problems highlighted:

- most evidence reviews are from early 2000s and refer to 1990s research
- a tendency to focus on comparing supported accommodation to long-stay hospitals
- little exploration of which type of supported housing works best, and for whom
- a Cochrane review of randomised or quasi-randomised trials of the impact of supported housing compared to outreach support schemes or standard care in 2006 found no trials which met the inclusion criteria
- limited research on cost-effectiveness of different types of supported housing

- the most common research methods are mixed methods combining interviews with service data or measured scale

Research focussing on the recovery dimensions of severe mental illness who live in supported accommodations is also limited (Bitter et al, 2020). Available studies are mainly with motivated participants who live independently with a relatively small amount of support.

An immediate problem for research lies in the fact that both mental health and housing are highly complex and composite concepts (Johnson, 2013) and evidencing outcomes is especially difficult for multifactorial problems with multi-factorial inputs.

Killaspy et al (2019) findings highlight the difficulties of using a randomised trial to compare models of mental health supported accommodation, failing to convince staff and patients that it was ethical and safe to be recruited to the trial. Availability of supported accommodation places also influenced participation. Some argue that local knowledge and interpretation of data in context may be more reliable than context-blind studies (Johnson, 2013) but this information is rarely collated and not represented in formal research literature.

Terminology, definitional issues, and the lack of clearly defined models adds to the complexity of comparing the effectiveness of different types of supported housing or accommodation, and has hampered research (Centre For Mental Health, 2016; NDTI, 2017).

Evidence of cost effectiveness has also been especially difficult for mental health services, which struggle to develop an accepted form of payment by results (Johnson, 2011).

Despite this, supported housing is not evidence-free and what evidence there is can inform the development of better services. Some models of community-based supported housing are associated with positive outcomes including improved quality of life; social integration and inclusion; reduced

negative symptoms; increased participation in work and education; increased autonomy; improved self-esteem and happiness; reduced challenging behaviour; increased confidence; and relapse prevention. However, little is known about the factors that lead to these outcomes, and of the characteristics that make for the most effective types of support (NDTI, 2017).

Low intensity support

A 2005 review finds evidence to support the development of low intensity support services for some people with mental health problems, although there are dangers in assuming that it is adequate for all types of patients particularly in terms of the 'revolving door' pattern that can result from providing inappropriate levels of care to people (Centre For Mental Health, 2016).

Floating outreach accommodation provides the greatest opportunity for people with serious mental illness to have choice and control of their life. They can be more socially isolated as a result of living alone and involved in less social activity, leading to feeling less safe and secure. It has also been reported that initial gains in social functioning made by people with serious mental illness in supported housing are generally maintained but do not increase over time, which could help explain the lack of significant difference between social functioning outcomes (Harrison et al, 2020).

Hybrid models

Some supported accommodation providers have started to implement hybrid models that include both support workers and clinical staff to facilitate patients' discharge from in-patient rehabilitation units. Although these may represent a more efficient use of resources and potentially reflect the political desire for greater integration of the different sectors providing services, logistical problems have been reported, which may pose serious risks to client and staff safety. These include a lack of clarity about decision-making, and difficulties accessing clinical records on-site owing to incompatible

computer systems. Again these new models lack robust evaluation (Killaspy and Priebe, 2021).

Rehabilitation services

While there has been little research focusing on community rehabilitation teams there is increasing evidence for the effectiveness of rehabilitation services in producing desirable outcomes, such as increased independence and autonomy (Centre For Mental Health, 2016).

Mental health rehabilitation services support recovery by stabilising symptoms and enabling skills for successful community living. These rehabilitation services include inpatient rehabilitation services and community rehabilitation teams, supported accommodation services, and other voluntary sector services that facilitate social inclusion and progression from inpatient to community settings and from more to less supported accommodation (Chan et al, 2021).

Housing First / Homlessness

Much of the better quality research into the outcomes of supported housing has been done in North America, mostly through evaluation of Housing First (Centre For Mental Health, 2016; Farkas and Coe, 2019). Studies in this area demonstrate consistent evidence for improvements in housing retention and stability, and appropriate use of clinical services over time. There is also some indication that this form of support for this group is associated with improvements in symptoms, quality of life and social functioning, but this evidence is inconsistent (Macpherson et al, 2018b).

Typical strategies for engaging people with complex needs, including homelessness, tend to follow a linear 'treatment first' approach, which means progression through different housing services with the aim of achieving independent living. This can be problematic for people with complex needs as there may be a variable process of recovery (Centre for Mental Health Foundation, 2016). The Housing First approach bypasses the progressive

stages and places homeless people into permanent and independent tenancies. Key elements include:

- immediate provision of independent accommodation
- no requirement of 'housing readiness'
- provision of permanent housing
- open-ended access to support
- respect for choice and self-determination
- personalised approach targeting the most vulnerable people
- provision of integrated and comprehensive community-based support
- harm-reduction approach to substance misuse

Evaluations of the Housing First approach (and other supported housing), have used sustainment of tenancy as the main outcome factor and some have measured the knock-on effects on other services, usually health, social care and criminal justice. Good supported housing can also bring additional benefits to health and wellbeing, quality of life, a sense of security, and a means by which people can engage in their communities and in health and education.

The evidence for the effectiveness of Housing First has been criticised and only a few rigorous studies have been undertaken in the UK. The evidence for health and social outcomes across studies is mixed, but overall there is little evidence for deterioration in mental health or substance use, with some studies showing an improvement. Engagement with health and support services generally improves, as do quality of life and satisfaction measures (Centre For Mental Health, 2016).

High-support accommodation

High-support accommodation is typically provided for people who are experiencing a high level of symptoms impacting their ability to look after themselves. Twenty-four-hour care is provided to create a safe environment to manage risk with staff delivering routine daily living activities. There are

mixed experiences of this type of support, with some identifying it is helpful in providing safety and stability and others experiencing it as restrictive and reducing autonomy.

A meta-analysis (Harrison et al, 2020) found this offered the least favourable quality of life in comparison to both supported housing and floating outreach, that offer increased choices about how people manage their living environment and organise their daily routine.

In Australia, clinically operated community-based residential rehabilitation units are resource intensive services supporting a small proportion of the people with severe and persistent mental illness who experience difficulties living in the community. Parker et al review (2019) attempted to generate a typology of service models, describe the characteristics of those accessing the services, and synthesise evidence around service user experiences and outcomes. Qualitative evidence suggests users value the support, but there is an absence of strong quantitative research about the outcomes achieved.

Length of stay / support

Users of supported housing and floating outreach services are expected to move to less supported accommodation or manage with less support within 2 years, but Killaspy et al (2016b) found the system is more complex than a simple step-down process - with some users moving from more independent to more supported accommodation and vice versa, and some moving between accommodation services with a similar level of support. Considering that the English pathway of mental health-supported accommodation is not a one-way road, the impact of remaining in supported housing and floating outreach services longer than the usual two years appears to have a major negative influence on service performance (Almeda et al, 2022).

Chan et al (2021) study found most supported accommodation services aim to offer time-limited support, but most service users do not progress

successfully to more independent accommodation within 4 years showing a clear divergence between expected support time-frames and reality.

Martinelli et al (2019) looked at English and Italian mental health supported accommodation pathways and also found individuals tend to require longer than expected at each stage. The fact that the mean actual length of stay exceeded the expected length of stay across all supported accommodation services in both countries, suggests either a lack of appropriate places for people to move on to, or that the expected length of stay is too short and individuals need longer to gain the skills to enable them to progress to more independent settings.

Examples

Care Support Plus is a model of supported housing designed to accommodate people with high levels of mental health support needs who might otherwise be in hospital or residential care, and who might often be excluded from supported accommodation. The approach has proven successful, including recovery of customers and improved quality of life. It was able to tackle a local problem across several areas of concern - a high number of people being placed in expensive out of area care; care that was not particularly suitable for the client group; a system lacking rehabilitation work; and concerns over the quality of care being received. There is also an economic case with an overall annual saving per customer estimated at around £450,000 (Mental Health Foundation, 2016).

Together for Mental Wellbeing transformed some of its residential services for people with complex mental health needs into personalised accommodation-based support that uses self-directed support to progressively move individuals towards independence. The Mental Health Foundation conducted a three-year evaluation (Chakkalackal, 2016) of the Progression Together model and found:

- statistically significant increases in wellbeing
- statistically significant increases in overall health scores and on the subscales of general health and social life
- in terms of goal achievement, mixed outcomes were observed
- overall experience of the service was deemed very positive, staff were highly regarded and valued

The Northern Healthcare model of Enhanced Supported Living puts people first and foremost as tenants, rather than patients, while providing access to professional and social support. It uses measures of outcome (clinical, social, economic and qualitative) to ensure transparency (Gournay et al, 2020).

Look Ahead's service (2021) offers five key housing models: crisis and recovery houses, rehabilitation services, forensic step-down, housing and advice workers, and community-based support. A key feature is the integration of housing support with clinical and social care, enabling individuals to receive tailored treatment, interventions, and care closer to home within the least institutionalised environment.

- the crisis and recovery houses offer high quality support with clinical input, less time spent in the crisis house than would be required in hospital, lower readmission rates, reduced patient costs over the long-term, adn cost efficiencies enabled by lower bed-day costs
- rehabilitation services offer specialist support and treatment, accomodation that is safe, supporting and empowering, occupational therapy services to support individuals' independence, that is less costly than other long-term mental health rehabilitation services
- forensic step-down builds important life skills and confidence, offers support provided for individuals with substance misuse issues, with lower cost per-stay than NHS low-secure units, and lower recall rates compared with NHS forensic units

Evaluation

The Almeda et al (2022) study investigated the quality and effectiveness of three main types of services: residential care homes, supported housing and floating outreach. Users of residential care and supported housing are more likely to have a diagnosis of schizophrenia or other psychosis, whereas users of floating outreach are more likely to have a diagnosis of a common mental disorder, but the level of needs of people using supported housing and floating outreach is similar. The study found that the quality of care was higher in mental health-supported housing than in residential care or floating outreach services. The ideal integration of supported accommodation services in a mental health care pathway is unfortunately difficult to determine outside of highly integrated care systems.

Of the three main types of supported accommodation provided in the UK residential care provides support to people with the highest needs and is the most expensive. Floating outreach services are cheapest and provide support to people with the least severe needs. Killaspy et al (2016b) found the mean annual budget was £466,687 for residential care, compared with £365,452 for supported housing, and £172,114 for floating outreach. Supported housing provided the highest quality services, scoring above residential care and floating outreach on six of the seven QuIRC-SA domains. People in supported housing and floating outreach were more socially included but experienced more crime than those in residential care. After adjustment for service quality and service user sociodemographic and clinical factors, quality of life was similar for service users in residential care and supported housing and lower for those in floating outreach than in residential care. However, autonomy was greater for those in supported housing than for those in residential care. Satisfaction with care was similar across services.

There is no clear evidence on the most effective model(s) of mental health supported accommodation (Killaspy et al, 2019b). Their feasibility study

suggests that trials comparing effectiveness cannot be conducted in this country and a range of options are required to provide appropriate support.

A recent international review of the experiences of housing support for people with severe mental health conditions (Gonzalez & Andvig, 2015) identified key aspects of their support, neighbourhood and community experiences. They concluded: “The findings underline the importance of continually available staff that offers emotional, therapeutic, educational, and practical support. Achieving autonomy and experiencing having respect and choices were highly valued and contributed positively to recovery and integrational processes for tenants with severe mental illness.” (Centre For Mental Health, 2016).

Outcomes

The threshold of success for this population is different than for other groups. Due to the severity of clinical presentations and duration of institutionalised care, most researchers and clinicians consider the absence of deterioration as indicative of successful transition to community care (Macpherson et al, 2018b). Research on outcomes in supported accommodation for deinstitutionalised populations provides good evidence for improvement or non-deterioration in psychiatric symptoms, social functioning and rates of rehospitalisation. There was limited evidence for improvement in QoL and employment. A number of studies highlight a consistent association between more restrictive settings and poorer outcomes, across psychiatric, social and QoL outcomes.

Richter and Hoffman’s (2017) systematic review of randomised and non-randomised controlled trials of publications that analyse the outcomes of living in independent settings versus institutionalised accommodation suggest that independent housing and support-settings provide similar outcomes to residential care (though the study quality was sufficient only for publications with homeless people). Dehn et al findings (2022) also show that

supported housing and residential care achieve the same clinical and psychosocial outcomes across a 2-year period.

Research from Australia (Sims et al, 2017) found people with severe or persistent mental illness who reside in supported accommodation services are more likely to maintain or improve their quality of life and mental health outcomes compared to those who have never entered supported accommodation. They also experience reduced hospitalisations after the service than before.

The QuEST study - Quality and Effectiveness of Supported Tenancies for people with mental health problems - was a five year programme in England investigating the provision, quality, clinical and cost-effectiveness of different forms of mental health supported accommodation services and a feasibility trial comparing supported housing and floating outreach services. 41% of service users successfully moved on to more independent accommodation within 30 months. This was associated with two aspects of service quality, the promotion of people's human rights and the degree to which the service was recovery oriented. Service users with fewer unmet needs, fewer incidents of risk in their history and shorter lengths of stay in the supported accommodation service were more likely to achieve successful move-on (Chan et al, 2021).

Social functioning outcomes were also better in supported housing than high-support accommodation (Harrison et al, 2020). The increased rehabilitative focus of supported housing focuses on increasing participation in social and leisure activities, and satisfaction with activities is shown to be positively related to level of participation in activities. Lengthy stays in high-support accommodation can increase dependency on staff and services and result in reduced opportunities to participate in social and leisure activities outside the high-support environment. Wellbeing outcomes were not significant between high support and the other types of supported accommodation.

Jose et al (2021) review found people living in accommodation with medium support participated in more community occupations, more activities, and had a higher level of personal empowerment than those with high support. Previous research suggests this may be due to a range of factors including how services are structured, particularly facility size, whether staff are based on or off site, intensity of support provided, and if there is a focus on moving to more independent living (Macpherson et al, 2012; Dalton-Locke et al, 2018).

A Swedish study (Eklund et al, 2017), comparing people with psychiatric disabilities living in supported housing (SH) and ordinary housing with support (OHS) found:

- the SH group expressed more psychological problems, but better health, quality of life and personal recovery compared to the OHS residents
- both groups rated themselves as under-occupied in the domains of work, leisure, home management and self-care, but the SH residents less so regarding home management and self-care chores
- both groups reported similar levels of activity, but the SH group were more satisfied with everyday activities and rated their housing higher on possibilities for social interaction and personal development
- those who wanted more personal development in the OHS group outnumbered those who stated they received enough

Generally, there are observed benefits to:

- supporting individuals achieve maximum independence through graduated supported accommodation pathways and outreach models (Killaspy et al, 2016b)
- policies that accentuate empowerment at individual and community levels, early intervention, locality or place-based interventions, and integrated working practice (Johnson, 2013)

- a focus on improving social functioning and wellbeing outcomes (Harrison et al, 2020)

Given general service user preference for supported housing over residential care this suggests the use of affordable housing and expansion of supported housing approaches should continue.

Resident and staff views

The importance of user preferences should not be underestimated, because studies have shown the positive effects of choice on psychosocial outcomes in mental health supported housing (Dehn et al, 2022). Currently, however, qualitative studies on supported accommodation are largely overlooked by care providers and policy makers (Krotofil et al, 2018).

A number of studies have identified divergences between different "stakeholder" views about the support required. Service users tend to prefer more independent accommodation, while staff and family members tend to prefer their relatives to live in staffed environments. Whilst communal, staffed settings can reproduce institutional regimes, some service users have found more independent accommodation, such as supported apartments, to make them feel lonely (Macpherson et al, 2012; Killaspy, 2016; Centre For Mental Health, 2016).

In general, residents prefer independent living in ordinary housing and value flexible support rather than living with staff (MacPherson et al, 2012). Service user experiences of supported accommodation are influenced by a range of factors, including the characteristics of the service, relationships with staff and other service users, the intensity and nature of support, and the physical environment itself (Krotofil et al, 2018).

The Centre For Mental Health (2016) found residents' opinions split on whether accommodation should be integrated with mainstream housing or

provided in clusters with others who have experience of mental health problems.

Sandhu et al (2017) interviewed staff and clients from the three main types of supported accommodation in England (residential care, supported housing, floating outreach) to explore their perspectives on the purpose of the services, and the components of care considered most helpful. Themes on the experience of what aided effective practice centred on the supportive presence of others; incremental steps to progress; working together to avoid deskilling and dependency; feeling known and personally understood; tailoring support for social and community engagement; and building confidence through encouragement. They also highlight a common tension between providing safe and supportive living environments, whilst also promoting independence and facilitating rehabilitative change.

Factors for success

Qualitative studies suggest that successful approaches to supported housing involve a person-centred, personalised approach which is flexible and respectful of choice and autonomy, and which employs a range of supports and develops high quality relationships between staff and tenants. Residents value stability and the permanence of tenancies (Centre For Mental Health, 2016). They highlight key characteristics of successful supported housing:

- choice, autonomy and flexibility, with active participation in decisions about housing and in everyday life
- quality of relationships between residents and staff - person-centred, individualised approach, with continued access to a support worker and long term case management
- provision of a range of structured and flexible support - independent living, preventing and managing a crisis, pursuing work and education, creating and maintaining social connections, physical and mental health

- tenancy and environment - maintaining tenancy that's secure and private

Chan et al (2021) identified three service user characteristics that were associated with successful move-on:

- being in a community rehabilitation unit - this system is highly focussed on moving people on to supported accommodation at the earliest opportunity, and these units provide more intensive and specialist support than residential care and supported housing services
- having no history of severe physical health problems - this could be due to the need for additional support to manage their physical health in addition to the support they need for their mental health
- having higher functioning - individuals who have better skills in managing their daily lives would be more likely to progress to more independent living

The Mental Health Foundation (NHS Confederation, 2017) put forward five key recommendations for providers of supported housing:

- investment in quality in both environments and services
- co-production in the design and development of buildings and services
- investment to recruit, train and motivate committed staff
- staff supported to engage with and implement approaches in line with national policy
- appropriately resourced, suitable accommodation, designed and resourced to meet service user needs.

Future research

The Centre For Mental Health (2016) suggests a national programme of research should be developed to evaluate supported housing schemes and build an evidence base, examining the effectiveness of new developments

and monitoring the spread and diversity of existing schemes and the quality of their work.

Although findings suggest large scale randomised trials may not be feasible in the UK, alternatives to trials - comprehensive and coordinated surveys, cohort studies and smaller scale evaluations of well-defined approaches, more qualitative research - are possible (Centre For Mental Health, 2016; Killaspy et al, 2019b).

Working with policy makers and service providers to collect and publish data on all services in the country (types of residents, provision, length of stay, outcomes, experiences and quality of life) could provide a starting point for more specific longitudinal studies (Killaspy and Priebe, 2021).

Whatever research methods are found to be feasible, providing better evidence for which type of housing support is beneficial for different groups of people with mental illnesses remains a major challenge to the research community (Killaspy, 2021).

References

Abrahamson, D. (2014) Shared housing and long-term mental illness Housing, Care and Support, Vol. 17 No. 1, pp. 41-47

Almeda, N. García-Alonso, C.R., Killaspy, H., Gutiérrez-Colosía, M.R., & Salvador-Carulla, L. (2022) The critical factor: The role of quality in the performance of supported accommodation services for complex mental illness in england PLoS One, 17(3)

Bitter, N., Roeg, D., van Nieuwenhuizen, C., et al. (2020) Recovery in Supported Accommodations: A Scoping Review and Synthesis of Interventions for People with Severe Mental Illness Community Ment Health J 56, 1053–1076

Börjesson, U. et al (2021) It's about Living Like Everyone Else: Dichotomies of Housing Support in Swedish Mental Health Care Social Inclusion 9 (2021): 276-285.

Bullen, J. & Fisher, K. (2015) Is Housing First for Mental Health Community Support Possible During a Housing Shortage? Social Policy & Administration. 49

Centre For Mental Health (2016) More than shelter: supported accommodation and mental health

Chakkalackal, L., Foye, U., Breedvelt, J.J.F., Graham, C., Elliott, I. and Morgan, K. (2016) Progression Together: An evaluation of a model of personalised residential care developed by Together for Mental Wellbeing Mental Health Foundation: London

Chan, K.P.K., Kathryn, K., Igoumenou, A. et al (2021) Predictors of successful move-on to more independent accommodation amongst users of the community mental health rehabilitation team: a prospective cohort study in inner London Soc Psychiatry Psychiatr Epidemiol 56, 75–84

Dalton-Locke et al (2018) Predictors of quality of care in mental health supported accommodation services in England: a multiple regression modelling study BMC Psychiatry (2018) 18:344

Dehn, L.B., Beblo, T., Richter, D. et al (2022) Effectiveness of supported housing versus residential care in severe mental illness: a multicenter, quasi-experimental study Soc Psychiatry Psychiatr Epidemiol 57, 927–937

Eklund, M. et al (2017) Wellbeing, activity and housing satisfaction – comparing residents with psychiatric disabilities in supported housing and ordinary housing with support BMC Psychiatry (2017) 17:315

Eklund, M. and Tjörnstrand, C. (2022) Resident and staff perceptions of an activity and recovery-based intervention in supported housing for people with severe mental illness – a longitudinal pilot study BMC Psychiatry (2022) 22:404

Farkas, M. and Coe, S. (2019) From Residential Care to Supportive Housing for People With Psychiatric Disabilities: Past, Present, and Future Front. Psychiatry, 22 November 2019 Sec. Social Psychiatry and Psychiatric Rehabilitation

Gonzalez, M. T. & Andvig, E. (2015) The lived experience of getting and having a home of one's own: A meta-synthesis Issues in Mental Health Nursing, 36(11), 905–919

Gournay, K. et al (2020) The Northern Healthcare model of enhanced supported living

Harrison, M., Singh Roy, A., Hultqvist, J. et al (2020) Quality of life outcomes for people with serious mental illness living in supported accommodation: systematic review and meta-analysis Soc Psychiatry Psychiatr Epidemiol 55, 977–988

Isaacs, AN., Beauchamp, A., Sutton, K., Maybery, D., (2019) Unmet needs of persons with a severe and persistent mental illness and their relationship to

unmet accommodation needs Health Soc Care Community. 2019 Jul;27(4):e246-e256

Johnson, R. (2011) A commentary on: Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems Housing, Care and Support, Vol. 14 No. 4, pp. 127-133

Johnson, R. (2013) Pervasive interactions: a purposive best evidence review with methodological observations on the impact of housing circumstances and housing interventions on adult mental health and well-being Housing, Care and Support, Vol. 16 No. 1, pp. 32-49

Jose, AL., Harrison, M., Roy, AS., Fitzpatrick, LI., Forsyth, K. (2021) The level of formal support received by people with severe mental illness living in supported accommodation and participation: A systematic review International Journal of Social Psychiatry. 2021;67(7):854-866

Killaspy, H. (2016) Supported accommodation for people with mental health problems World Psychiatry. 2016 Feb;15(1):74-5

Killaspy, H. et al (2016b) Quality of life, autonomy, satisfaction, and costs associated with mental health supported accommodation services in England: a national survey Lancet Psychiatry, The, 2016-12-01, Volume 3, Issue 12, Pages 1129-1137

Killaspy, H. et al (2019) Feasibility Randomised Trial Comparing Two Forms of Mental Health Supported Accommodation (Supported Housing and Floating Outreach); a Component of the QuEST Study Front. Psychiatry 10:258

Killaspy, H., Priebe, S., King, M., Eldridge, S., McCrone, P., Shepherd, G., Arbuthnott, M., Leavey, G., Curtis, S., McPherson, P., Dowling, S. (2019b) Supported accommodation for people with mental health problems: the QuEST research programme with feasibility RCT Southampton (UK): NIHR Journals Library; 2019 Sep. PMID: 31553550

Killaspy, H. and Priebe, S. (2021) Research into mental health supported accommodation – desperately needed but challenging to deliver The British Journal of Psychiatry (2021) 218, 179–181

Krotofil, J., McPherson, P., Killaspy, H. (2018) Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis Health Soc Care Community. 2018; 26: 787– 800

Look Ahead (2021) The financial case for integrated mental health services and supported housing pathways

Martinelli, A., Iozzino, L., Ruggeri, M. et al. (2019) Mental health supported accommodation services in England and in Italy: a comparison Soc Psychiatry Psychiatr Epidemiol 54, 1419–1427

Macpherson, R., Shepherd, G., & Thyarappa, P. (2012) Supported accommodation for people with severe mental illness: An update Advances in Psychiatric Treatment, 18(5), 381-391

McPherson, P., Krotofil, J., & Killaspy, H. (2018) What works? toward a new classification system for mental health supported accommodation services: The simple taxonomy for supported accommodation (STAX-SA) International Journal of Environmental Research and Public Health, 15(2), 190

McPherson, P. et al (2018b) Mental health supported accommodation services: a systematic review of mental health and psychosocial outcomes BMC Psychiatry (2018) 18:12

Mental Health Foundation (2016) Mental health and housing

Motelli, S. et al (2022) Independent Supported Housing for Non-homeless People With Serious Mental Illness: A Pragmatic Randomized Controlled Trial Front. Psychiatry, 21 January 2022 Sec. Social Psychiatry and Psychiatric Rehabilitation

NDTI (2017) Introduction to the research on: the effectiveness of supported housing and accommodation for people with mental health problems

NHS Confederation (2017) Innovation in housing, care and support

NHS Confederation (2020) Supported housing: improving outcomes in mental health patient pathways

Parker, S., Hopkins, G., Siskind, D., Harris, M., McKeon, G., Dark, F., Whiteford, H. (2019) A systematic review of service models and evidence relating to the clinically operated community-based residential mental health rehabilitation for adults with severe and persisting mental illness in Australia BMC Psychiatry. 2019 Feb 4;19(1):55

Pleace, N. & Wallace, A. (2011) Demonstrating the effectiveness of housing support services for people with mental health problems: a review

Rethink Mental Illness (2016) A place to call home Housing and support for people with mental illness

Rethink Mental Illness (2017) Mental health supported housing: securing financial stability, supply and quality

Richter, D. Hoffmann, H. (2017) Independent housing and support for people with severe mental illness: systematic review Acta Psychiatr Scand. 2017 Sep;136(3):269-279

Sandhu, S. et al (2016) Development and psychometric properties of the client's assessment of treatment scale for supported accommodation (CAT-SA) BMC Psychiatry (2016) 16:43

Sandhu, S. et al (2017) Intentions and experiences of effective practice in mental health specific supported accommodation services: a qualitative interview study BMC Health Services Research (2017) 17:471

Sims, S., Lima, F., Moltoni, M., Harrison, A. and Glauert, R. (2017) Assessing mental health outcomes for residents of supported accommodation services:

IJPDS (2017) Issue 1, Vol 1:204 Proceedings of the IPDLN Conference (August 2016) International Journal of Population Data Science, 1(1)

University Of York (2011) Demonstrating the effectiveness of housing support services for people with mental health problems: a review

Watson, J., Fossey, E., Harvey, C. (2019) A home but how to connect with others? A qualitative meta-synthesis of experiences of people with mental illness living in supported housing Health Soc Care Community. 2019; 27: 546– 564

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