BRIEFING 61

SOCIAL NEEDS AMONG PEOPLE LIVING WITH MENTAL HEALTH DIFFICULITIES

Summary

- Social interventions provide people with support on matters such as housing, work, education, and citizenship. They can be just as important to people with mental health difficulties as clinical services.
- The NIHR Mental Health Policy Research Unit (MHPRU) at University College London (UCL) and King's College London (KCL) reviewed research about the effectiveness of social interventions for people using mental health services. This briefing paper summarises their findings and explores the policy implications. Understanding how well mental health services are meeting people's needs starts with knowing what good support *feels like* to the people using it.
- The social interventions with the strongest evidence base from research are Individual Placement and Support employment services, and Housing First support for homeless people. Both have robust evidence of their effectiveness in supporting people with mental health difficulties into work and homes respectively.
- There is also clear evidence that social security policies have a major impact on people with mental health difficulties. Policies that restrict access to benefits or reduce entitlements worsen people's mental health, and vice versa. Repeated assessments and the use of sanctions are especially damaging.
- There is a wealth of other social interventions, from peer support and social prescribing to money advice and skills development, that have not been well researched. These may offer similar value, but opportunity or resources for robust research or evaluation have been lacking.
- National government should draw on the evidence that is in place to inform future mental health policies and put mental health into other areas of policy, especially social security.
- Local systems can also use this evidence to ensure they are commissioning effective support with work, housing and benefits, and coproducing the full range of social interventions with service users, carers and communities.

INTRODUCTION

The NIHR Mental Health Policy Research Unit (MHPRU) at University College London (UCL) and King's College London (KCL) was established in 2017. It is commissioned to help the Department of Health and Social Care (DHSC) and others involved in making nationwide plans for mental health services to make decisions based on good evidence. It responds to requests from DHSC and arm's-length bodies including NHS England and the Office of Health Improvement and Disparities (OHID) to make expert views and evidence available to policymakers in a timely way, and carries out research that is directly useful for policy. The MHPRU is managed by academics at UCL and KCL in partnership with the University of Greenwich. Centre for Mental Health and The Mental Elf work alongside the Unit to ensure its work is accessible and relevant to policymakers, practitioners and the public. The MHPRU's Lived Experience Working Group (LEWG), a diverse group of people with personal experience of mental health issues and involvement in research, contributes to all its work.

The MHPRU explored evidence about how mental health services can best support the social needs of people living with mental health difficulties. Social needs include support with housing, work, education, social relationships, citizenship and finances: aspects of mental health care that clinical interventions have limited success in helping people with, yet which are consistently regarded as important by people using mental health services. The review was commissioned to inform the UK Government about what interventions should be available more widely to improve people's lives. It resulted in three published pieces of research whose findings and implications for policy are summarised and discussed in this briefing paper:

A rapid evidence synthesis of reports on randomised controlled trials of interventions to improve social circumstances across eight social domains among adults with mental health conditions (Barnett *et al*., 2022).

A conceptual framework for social interventions designed to help guide future service development and evaluation (Appleton *et al*., 2023), based on wider scoping of published literature and consultation with a range of experts.

A review of the impacts of the UK social security system on people's mental health and wellbeing (Appleton *et al*., 2022), which involved updating a recent systematic review (Simpson *et al*., 2021) and reviewing policy guidance and reports.

IDENTIFYING SOCIAL NEEDS

The research team identified eight 'domains' in which people's social needs could be explored through consultation with government policymakers and a range of stakeholders, including people with personal experience of mental health difficulties, health and social care practitioners, and academics.

The eight domains, and the questions posed by them, were:

- **Housing and homelessness:** What are the effects of interventions for people with mental health difficulties aimed at improving housing and reducing homelessness?
- **Money and basic needs:** What are the effects of interventions for people with mental health difficulties aimed at alleviating poverty and debt?
- **Work and education:** What are the effects of interventions for people with mental health difficulties aimed at improving work and education?
- **Social isolation and connectedness:** What are the effects of interventions for people with mental health difficulties aimed at preventing or reducing social isolation and improving connectedness?
- **Family, intimate and caring relationships:** What are the effects of interventions for people with mental health difficulties aimed at maintaining desired family and caring relationships?
- **Victimisation and exploitation:** What are the effects of interventions for people with mental health difficulties aimed at reducing victimisation and exploitation?
- **Offending:** What are the effects of interventions for people with mental health difficulties who are also offenders aimed at reducing offending?
- **Rights, inclusion and citizenship:** What are the effects of interventions for people with mental health difficulties aimed at improving rights, inclusion and citizenship?

The research team then sought systematic reviews incorporating randomised controlled trials (RCTs) of any interventions relevant to any of the domains. Through this process, one comprehensive systematic review (which incorporated 48 RCTs) and a further 102 individual RCT studies were found. The systematic review related to Individual Placement and Support (IPS) approaches to supporting people with mental health difficulties into paid employment. Employment studies also comprised 28 of the RCTs, while the housing domain accounted for 18, demonstrating the predominance of these two domains within existing research and the absence of major studies into the other six.

KEY FINDINGS

The research found that by far the most robust and compelling evidence available from RCTs related to gaining paid employment and to tackling homelessness, with some important additional findings relating to social security benefits.

EMPLOYMENT

In the case of employment, Individual Placement and Support came out as a clear leader in terms of evidence of its effectiveness, particularly for people with a severe mental illness but also among people with depression or anxiety. IPS emphasises rapid job search based on a person's preferences, with support that continues when they start working.

IPS is based on eight key principles:

1. Focus on open paid employment
2. Eligibility is a choice and a right
3. Integration of IPS with mental health or other clinical and support services
4. Finding a preferred role
5. Personalised benefits advice
6. Rapid job search
7. Employer engagement and job development
8. Time-unlimited and individualised in-work support.

International studies of employment support for people with mental health conditions have consistently pointed to IPS as the most effective approach by far in supporting those who wish to work in the open market to gain employment. It is also clear that fidelity to all of the eight principles is important for successful employment outcomes.

More information about IPS can be found in **Centre for Mental Health's briefing** to help integrated care systems understand and implement this approach locally (Hutchinson, 2022).

HOUSING AND HOMELESSNESS

For housing and homelessness, the **Housing First model** provided the strongest evidence, where it was found to bring long-term (for over two years) benefits to homeless people with severe mental illness diagnoses. The Housing First approach emphasises rapid placement in a tenancy, with wraparound support provided according to need (including for mental health or substance use). It has seven principles (Homeless Link, 2017):

1. People have a right to a home
2. Flexible support is provided for as long as it is needed
3. Housing and support are separated: a person's housing is not conditional on engaging with support
4. Individuals have choice and control
5. An active engagement approach is used
6. The service is based on people's strengths, goals and aspirations
7. A harm reduction approach is used.

Homeless Link have also produced a guide to Housing First for mental health professionals (Homeless Link, 2023).

SOCIAL SECURITY

The MHPRU's report on the impacts of changes in social security policy on mental health and wellbeing identified some very strong connections between social security policies and mental health (Appleton *et al*., 2022). Reviewing research from countries around the world, the MHPRU found a clear link between changes to social security systems and consequent effects on the mental health and wellbeing of people claiming benefits. In summary, it found that:

"[…] policies which led to more generous social security benefits were associated with improvements in mental health and reduced inequalities, whilst policies which resulted in stricter eligibility criteria or lower generosity of support were associated with a worsening of mental health, and greater inequalities."

This included links between changes in UK social security policy and rates of suicide and anxiety and depression. This finding is consistent with evidence reviewed in 2022 by Centre for Mental Health in relation to poverty and its effects on population mental health (Davie, 2022).

OTHER SOCIAL INTERVENTIONS

The other domains explored by the MHPRU provided less certainty for policymakers or commissioners of mental health services, despite there being a wide range of interventions available – including peer support, social prescribing, debt advice and many more. This appears to reflect a dearth of high-quality research trials to explore or evaluate the social needs of people with mental health difficulties beyond housing and employment. An absence of evidence does not, of course, mean that many interventions in the other domains are not effective or found helpful by service users. Many promising approaches have been tried but not properly evaluated, leaving us without an evidence base. While these domains have received less attention from research organisations, they are of importance to people using mental health services, and support with them is just as important to enable people to live well.

The MHPRU team's broader scoping of social interventions in mental health (Appleton *et al*., 2023) identified a range of different sources of support utilised by interventions across different life domains. These include:

- Upskilling the existing health and social care workforce
- Augmenting teams with topic experts (for example, welfare rights advisors or community link workers)
- Government action to provide access to support (for example, legislation or enhanced financial support)
- Enlisting support from local communities and the public.

These sources of enhanced support could result in better knowledge about and access to support; more care and support from services, or support to acquire new self-management skills; direct receipt of money or resources; and enhanced social networks and social support.

There is a range of innovative approaches being used in practice to meet the social needs of people living with mental health problems, many of which academic research has yet to catch up with. Many of these interventions have evolved organically in communities and the voluntary sector, and as a result they haven't been manualised or subjected to formal evaluations or trials. This absence of formal evidence can make these social interventions vulnerable to funding cuts and hard to sustain long-term.

IMPLICATIONS FOR POLICY

This research underlines the powerful case for the adoption at scale of IPS, especially but not solely within secondary mental health services. The NHS Long Term Plan has already committed to expanding IPS nationwide so that more than 50,000 people are able to benefit from this intervention annually by 2024 (Hutchinson, 2022) and the 2023 Budget pledged a further expansion after that. It is now up to integrated care systems across England to ensure that they grasp this window of opportunity to build up their IPS services so that no one is denied the best chance to get into paid employment if and when they want to take it.

The study also makes it clear that Housing First has unfulfilled potential to support homeless people with mental health difficulties. Whether this approach, or a modified version of it, might also be applicable for people with mental health difficulties who are facing housing insecurity but not street homelessness is also worthy of consideration.

Given the similarities of approach between IPS and Housing First, Barnett and colleagues (2022) identify three important points that can be drawn from their success:

"First, [...] interventions which directly target the desired social circumstance, rather than providing an interim staged approach may result in greater benefit."

In other words, effective interventions seek to bring about rapid change in a person's circumstances (in these cases with housing and with employment), rather than relying on gradual changes or behavioural incentives to enable people to progress. This is a significant departure from traditional approaches to both unemployment and homelessness, where people are rewarded incrementally for progress and sanctioned for non-compliance.

"Second, successful interventions identified in this review suggest that high-intensity support may be required to achieve improvements in social circumstances."

Effective implementation of both IPS and Housing First relies on staff members having small enough caseloads that they can work intensively with individuals and be responsive to their distinctive needs and wishes. Expanding caseloads to cut costs risks undermining the very principles that make these interventions effective – it is a false economy. In both cases, these interventions must be funded and staffed adequately to work to their potential.

"Third, [...] there is an indication that the enhanced and comprehensive care integration typical of both Housing First and IPS are important in producing positive outcomes."

In both IPS and Housing First, people are supported holistically, with clinical care provided alongside the housing or employment intervention, but personalised to the individual's needs and preferences.

It is also noteworthy that both IPS and Housing First have a strong rights-based value set – beginning with the premise that people have a right to a home and a job, and support should not be conditional on specific behaviours.

The findings relating to social security benefits (Appleton *et al*., 2022) build on this a step further. They are a powerful reminder that policies made outside the health and care system – in this case in the Department for Work and Pensions and HM Treasury – have profound effects on the health and wellbeing of people with mental health problems. The ways the social security system works and its generosity have a major influence on people's lives. In particular, the harms caused by repeated or inaccurate benefit assessments and the use of sanctions put people at risk of losing vital income and of poorer mental health.

This underlines the case for a 'mental health in all policies' approach to government – and not just nationally, but locally and in combined authorities too.

Drawing all three of these issues together, it is clear that enhancing a person's material circumstances boosts their wellbeing. A large proportion of people with long-term mental health difficulties live in poverty, face financial precarity, and lack housing security. Poverty and discrimination are toxic to mental health, and financial difficulties are major causes of relapse for people with long-term mental health conditions. Addressing these 'basic needs' is fundamental to good mental health support – not an added extra to high quality clinical care. While mental health services are not responsible for social security policies, they can still support people to secure benefits they are entitled to and cope with financial difficulties by providing high-quality welfare advice.

It is also likely that interventions focusing on people's other social needs – for example, relating to social connectedness, personal safety, citizenship, and sustaining desired relationships and caring roles – will bring significant benefits. While these have not yet been tested at a scale necessary for formal research to have built a robust evidence base, they should not be sidelined or neglected. There is a compelling case, therefore, for research funding to be targeted towards coproduced development and testing of interventions and approaches that respond to these social needs and that are designed in partnership with people and communities so that they are more effective, engaging and equitable.

In the meantime, the development of social prescribing has the potential to support people with mental health difficulties to boost their social connectedness. This, and many of the other social interventions in these domains, is predominantly in the realm of voluntary, community and social enterprise (VCSE) organisations. There is compelling evidence that VCSE organisations meet needs that statutory services do not tend to meet well. They are also more trusted by groups of people whose experiences of public services are poorer (Wilton and Allwood, 2021). Yet such organisations are frequently funded precariously and inadequately, especially smaller community-led groups that cannot compete at the scale of an integrated care system for contracts and commissions (Bell and Allwood, 2019).

RECOMMENDATIONS

1. **The Government should commit to a long-term mental health plan** that covers all government departments and executive agencies with a clear ambition to boost the public's mental health and improve mental health support. Each of the eight domains in the MHPRU study should be included within the plan to improve the support offered to people living with mental health difficulties.
2. **The Government should adopt a 'mental health policy test'** to ensure that policies made in any department of state have the best chance of improving population mental health and addressing the inequalities in life chances facing people with mental health difficulties. This must include policies relating to social security benefits and the ways they are administered.
3. **The Department of Health and Social Care, NHS England, and the Department for Work and Pensions should commit to extending access to Individual Placement and Support** to anyone with a mental health difficulty who would like help with employment.
4. **The Department of Health and Social Care, NHS England, and the Department for Levelling Up, Housing and Communities should seek to expand Housing First** provision to anyone who is homeless and has complex support needs.
5. **Integrated Care Boards and Partnerships should ensure that they are providing IPS, Housing First and welfare advice services at a sufficient scale** to meet the levels of need in their areas. Where this is not the case, integrated care strategies and Joint Forward Plans should set out how the system intends to close the gaps and ensure equitable provision of these essential interventions. Systems can also ensure they are meeting people's wider social needs through voluntary and community sector organisations, providing them with secure and adequate funding.
6. **Mental health service providers should ensure that their support covers all eight of the domains identified by the MHPRU**. Where evidence of effective interventions is limited, codesign and coproduction with people and communities will help to improve support at a local level, especially with groups that have been poorly served.
7. **Research organisations and funding bodies should support coproduced research into social interventions** in domains with a less well developed evidence base.

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CENTRE FOR MENTAL HEALTH

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