

## SUMMARY

# Improving access to mental health support for people experiencing multiple disadvantage

**Evaluation of Fulfilling Lives:**  
Supporting people with multiple needs

January 2020  
CFE Research and The University of Sheffield,  
with the Systems Change Action Network



The background of the page is composed of several overlapping, semi-transparent teal shapes. A large, dark teal triangle points downwards from the top left corner. Overlapping this is a lighter teal shape that also points downwards but is more horizontally oriented. The overall effect is a modern, abstract geometric design.

Fulfilling Lives is a National Lottery Community Fund supported programme helping people with experience of multiple disadvantage to access more joined-up services tailored to their needs. This is a summary of a more detailed report on access to mental health services, which brings together independent evaluation findings with insights and recommendations from the Systems Change Action Network (SCAN). SCAN comprises the programme leads from each of the Fulfilling Lives partnerships.



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## Key messages

### Mental health and multiple disadvantage

Mental ill-health is both a cause and a consequence of multiple disadvantage. Almost all (93 per cent, n = 3,152) of Fulfilling Lives beneficiaries experience mental health problems. Evidence from the national and local evaluations indicates that **getting help with mental health, and in particular counselling and psychological therapies, is linked to people making better progress.** But very few people receive this kind of help. All 12 Fulfilling Lives partnerships report difficulties in accessing appropriate mental health support and have collectively identified this as a strategic priority for systemic change.

### Navigating the system

The system of mental health services, agencies, professionals and referral routes can be complex to find your way through. For people affected by multiple disadvantage this is magnified due to the sheer number and variety of different services they need to connect with. **Fulfilling Lives navigators play an important role in advocating for beneficiaries.** In order to do this effectively, navigators need to be equipped with up to date knowledge of legal rights and entitlements and referral pathways and procedures. They also need the time, skills and confidence to be patient and persistent. Access can be reliant on personal relationships with professionals and the attitudes of individual staff members. Fulfilling Lives partnerships have helped to formalise this by providing opportunities for professionals from a variety of sectors and disciplines to come together to enhance understanding of multiple disadvantage, different roles and how they can work more collaboratively.

### Getting appropriate support

The hard work of partnerships has resulted in some successes in getting beneficiaries treatment and support services. However, a navigator can only take you so far. People experiencing multiple disadvantage are often denied

access to primary care and the assessments required for a diagnosis and treatment. 90 per cent of beneficiaries with mental health problems also have a substance misuse need. Despite national best practice guidance to the contrary, people are frequently required to address substance misuse before they can access mental health treatment. People experiencing multiple needs are often considered by mainstream services as too complex, too chaotic, too high risk to support and unlikely to benefit from treatment available. However, several of the Fulfilling Lives partnerships have commissioned bespoke mental health support services that demonstrate that this group can be engaged and effectively supported.

## What makes a difference

Evidence from Fulfilling Lives suggests that the key is **providing treatment in a way that is flexible and person-centred**, taking time to build trust between therapist and beneficiary, delivering services where beneficiaries are comfortable and acknowledging and allowing for the other factors (such as homelessness, poor physical health, addiction, poverty etc.) that affect people's ability to engage with treatment. **Approaches that are psychologically- and trauma-informed,<sup>1</sup>** and which take into account people's past experience, provide useful frameworks for working with this group. Help with mental health also needs to be provided alongside support to address other issues, such as accessing correct benefit entitlements and securing appropriate accommodation.



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**Psychologically-  
and trauma-  
informed  
approaches  
are important.**

## A different way of working

By paying for bespoke, specialist services, Fulfilling Lives shows what can be achieved, but this approach is essentially by-passing the statutory mental health system. What is needed is to incorporate the learning from the programme at all levels so that statutory mental health services effectively provide for this group of people. Involving people with lived experience from the start in strategy development and service redesign should ensure that services are built with their needs in mind. **Educating the wide range of professionals whose work affects people experiencing multiple disadvantage** is important in developing understanding of why people behave the way they do and how best to support them. Co-producing

**Support that is more flexible, specialised and targeted is often needed to meet the needs of people affected by multiple disadvantage**

training and awareness raising activities with people with lived experience of multiple disadvantage ensures their authentic voice is heard. Personal testimony can be powerful in creating understanding and empathy. Fulfilling Lives partnerships provide a wealth of experience in how to involve people with lived experience in a meaningful way.

For people with experience of multiple disadvantage, getting appropriate help with mental health is challenging, but Fulfilling Lives partnerships have demonstrated that it is possible. The full report shows how they have done this, the impact of their work, what they have learned and the challenges that remain, which require further action at national and local level.

## Recommendations

Based on the findings of this report the Systems Change Action Network (SCAN – a group representing the programme leads from each of the Fulfilling Lives partnerships) offers the following recommendations to national and local decision makers in order to improve mental health provision for people experiencing multiple disadvantage. These recommendations are the collective view of the SCAN members and not of CFE Research, The University of Sheffield or the National Lottery Community Fund.

### Difficulty in accessing mental health support

The report identifies barriers around primary healthcare registration, the complexity of the mental health system, unsuitable assessments, the exclusion of people with co-occurring needs and a lack of understanding from staff leading to stigma and discrimination.

SCAN makes the following priority recommendations:

- 1. The Department of Health and Social Care and its associated agencies, in particular Health Education England, should lead a national programme of work to embed the principles of psychologically- and trauma-informed care in mental health assessment processes.**

There should be a national programme of work to inform the mental health workforce about psychologically- and trauma-informed care and embed a trauma-informed approach into assessment processes. This would enable better assessment and help individuals to engage with the mental health support they need. The workforce require sufficient support, supervision, training and space for reflection in order to be able to deliver psychologically- and trauma-informed care.

**2. The Department of Health and Social Care, NHS England, Public Health England and the Care Quality Commission should ensure that national guidance on co-occurring mental ill-health and substance misuse is followed locally.**

Staff at all levels of the mental health system should be supported and challenged to ensure assessment and the provision of services for people with co-occurring issues, in line with the national guidance from NICE and Public Health England. Good practice in Fulfilling Lives and other areas has demonstrated that mental health support can be provided to individuals facing co-occurring issues and that it can be effective. The Care Quality Commission should investigate when guidance is not being followed.

**3. Local commissioners, statutory bodies and voluntary sector support providers should work collaboratively, taking a whole systems approach to addressing multiple disadvantage.**

Local authority and health commissioners, statutory agencies and voluntary sector support providers should work together to improve access to mental health support for people affected by multiple disadvantage. It is essential that representatives of mental health services are involved in partnership approaches to addressing multiple disadvantage. Sustainability and Transformation Partnerships and Integrated Care Systems will have an important role to play. A systems-thinking approach is needed to consider how decisions and changes in one part of the system may affect outcomes in another. Referral and care pathways, which often involve multiple organisations, need to be easier to navigate with varied points of access. This could be achieved through the use of common assessment and monitoring tools, which can reduce the number of times that people explain why they are seeking to access services and provide a fuller picture for service providers.

## Unsuitable mental health support

The report identifies barriers around services struggling to deal with complex issues and behaviours, traditional 'appointment' models of healthcare excluding people and services that are not provided in a gender-informed way.

SCAN makes the following priority recommendations:

- 4. Commissioners and support providers should ensure that mental health support is suitable for people affected by multiple disadvantage. National commissioning guidelines on mental health services should support the development of flexible and specialised services.**

Support that is more flexible, specialised and targeted is often needed to meet the needs of people affected by multiple disadvantage. This includes appropriate pathways that are gender and culturally informed. The need for pre-treatment/stabilisation support and the role of peer support programmes should be considered. The use of personal budgets could be explored for people experiencing multiple disadvantage to co-produce their journeys through the mental health system. Clinical intervention may not always be required and community-based services may be more appropriate.

Government should develop national commissioning guidelines that make the case for these interventions and support local commissioners to put services in place. These guidelines should encourage trauma-informed approaches and psychologically-informed environments in all services.

## A mental health system that is not designed or resourced to meet the needs of people experiencing multiple disadvantage

The report identifies barriers around local mental health strategies not reflecting the needs of people experiencing multiple disadvantage, people not being consulted about the design and delivery of services, the commissioning cycle inhibiting innovation, a lack of specialist services and a gap between service thresholds.

SCAN makes the following priority recommendations:

**5. Joint Strategic Needs Assessments should include analysis of individuals experiencing multiple disadvantage.**

Joint Strategic Needs Assessments should take a wider view of social determinants of health in order to improve Joint Health and Wellbeing Strategies. National guidance should be refreshed to support Health and Wellbeing Boards to develop health and wellbeing metrics for people experiencing multiple disadvantage. This would help encourage the commissioning of health services that are suitable to the needs and circumstance of these individuals.

**6. Commissioners and support providers should ensure that people with experience of multiple disadvantage are involved in designing all aspects of mental health strategy, policy and services, as well as monitoring success. Government guidance should promote this approach.**

Local Integrated Care System (ICS) plans and mental health strategies should be co-produced with people experiencing multiple disadvantage. Plans should reflect the specific needs of these individuals and ensure the provision of a range of support that meets their needs. The strategies should address the identified issues around eligibility thresholds and the provision of specialist services.

Local commissioning should ensure that people experiencing multiple disadvantage are involved in the design, delivery and evaluation of services, involving them at all stages of the commissioning cycle. Government guidance to commissioners should promote this approach.

**Fulfilling Lives has  
shown how people  
affected by multiple  
disadvantage can  
be supported**

## Endnotes

1. Psychologically informed environments are “services that are designed and delivered in a way that takes into account the emotional and psychological needs of the individuals using them.” (Homeless Link (2017) *An introduction to Psychologically Informed Environments and Trauma Informed Care* [https://www.homeless.org.uk/sites/default/files/site-attachments/TIC%20PIE%20briefing%20March%202017\\_0.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/TIC%20PIE%20briefing%20March%202017_0.pdf)). Trauma-informed approaches can be defined as “a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service user’s neurological, biological, psychological and social development” (Paterson, 2014 cited in Sweeney, A. Clement, C. Filson, B. and Kennedy, A (2016) Trauma-informed mental healthcare in the UK: what is it and how can we further its development? *Mental Health Review Journal* vol. 21, 3, pp. 174–192 <http://dx.doi.org/10.1108/MHRJ-01-2015-0006>)

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