EXECUTIVE SUMMARY

The Effects of COVID-19 on People Experiencing Mental Ill-health, Substance Use Disorder and Homelessness or Housing Insecurity in the Dublin Region: A Qualitative Exploration

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INTRODUCTION

This qualitative research study explores the psychological effects of changes that ensued in service delivery as a result of COVID-19 for people living in Dublin experiencing mental-ill health, substance use disorder or homelessness/housing insecurity.

The research focusses on the lives of ten participants who are engaged in two services that provide care to people experiencing mental ill-health, substance misuse and homelessness in the Dublin area. One service, Merchants Quay Ireland (MQI), is an NGO which provides a range of support services for those experiencing homelessness, those in substance use and their families. MQI provides day programmes, drug-free rehabilitation services, needle exchange as well health and counselling services and food.

The other service, HSE ACCES, is a statutory mental health service for homeless people that uses a multidisciplinary approach. Established in 2004, it has a team which comprises of a social worker, occupational therapist and psychologist as well as mental health nurses and psychiatrists. The goal is to treat homeless people with severe mental ill-health (such as Schizoaffective Disorder) who may also be experiencing substance use issues.

Both services experienced substantial changes in service delivery as a result of the COVID-19 pandemic, and this research aims to explore the impact that this has had on the day-to-day lives of the people that both organisations support.

OVERVIEW

Policy and Prevalence of Mental Health, Substance Misuse and Homelessness in Ireland

The implementation of mental health policy in Ireland has suffered from lack of funding as well as the reorganisation of the health service during the economic downturn. National spend on mental health is half of that in the UK at a time when there is a noted increase in mental ill-health within the population. The newest mental health policy 'Sharing the Vision' prioritises mental health as a major societal issue, and takes a life cycle approach.

National drug strategies, initially evolving from a criminal justice approach, have developed and the most recent strategy 'Reducing Harm, Supporting Recovery', aims to provide a continuum of care model for the first time. This integrated approach has at its core social care – family, housing, educational, criminal justice and healthcare supports.

Homelessness in Ireland has been a major political issue for a number of years, with the availability of social housing extremely limited, leading to a continuous rise in numbers of people experiencing homelessness year on year. Recent housing policy 'Rebuilding Ireland' centres on a whole of Government approach. However, even though Ireland has a Housing First policy, there is little evidence of its implementation.

The prevalence of mental ill-health and substance use disorder, as well as true figures for homelessness, is difficult to estimate. For those experiencing mental ill-health, there is both a lack of a coherent pathway for engaging with services and a stigma around mental ill-health. For people with substance use disorders, analysis is provided by figures for those accessing treatment only, and excludes those who do not seek treatment. Homelessness prevalence is also difficult to determine,

with the actual numbers thought to be much higher than those provided by statutory agencies as a result of both changes in enumeration methods and the limited definition of homelessness used by the state.

The Complexity of Mental Health, Substance Misuse and Homelessness

Mental ill-health, substance misuse and homelessness issues are, in many cases, inextricably linked. While difficulty in one area may trigger the onset of another (ie homelessness may lead to substance use) there is evidence that, once in motion, there is a non-linear relationship between mental health, substance use and homelessness. Prior to the latest mental health strategy, there has been a lack of access to treatment for those experiencing mental ill-health and substance misuse (dual diagnosis), with most services in a position to provide treatment for one aspect only (substance misuse or mental ill-health) leaving those presenting with both unable to access treatment for either.

COVID-19 Declaration of a Pandemic and Service Response

The World Health Organisation declared COVID-19 as a pandemic on March 11th 2020, and a wide range of COVID-related restrictions were introduced by the Irish Government (27.03.2020). Particularly vulnerable individuals were identified (people with underlying health conditions, the elderly) as well as those living homeless, due to their living conditions and high morbidity levels, often accompanied by substance misuse.

The response to the threat that COVID-19 posed to this group was to form a cohesive strategy comprising specialised homeless GP services, harm reduction and homeless services. This approach worked in that the number of confirmed cases of coronavirus in this population was much lower than expected.

However, while the homeless and substance use response could be said to be successful, there was limited awareness of the impact that the restrictions would have on the mental health of the nation as a whole, and particularly those asked to self-isolate as part of a vulnerable group. Restrictions meant that services experienced considerable interruption, with most services unable to provide supports in the way that they had prior to the pandemic. This has led to reduced social interaction for a group of people already experiencing social exclusion, and there is already evidence of higher risks to mental health and increased substance use as a result of this isolation.

A Safe Return to Services and the Digital Divide

A safe return to previous service delivery envisaged a three-phase reintroduction of health and social care services within a COVID-19 environment. However, continued restrictions mean that it is unclear when this will actually happen. In the meantime, many services have moved on-line or by phone – telemedicine and telepsychiatry as two examples – and this has met with mixed results. It also gives rise to the problem of technological exclusion. This 'digital divide' underlines the disadvantage of those who have no regular (or any) access to phones and/or the internet, meaning that such services are only available to certain groups within the population.

Study Aims and Objectives

This research aims to explore the lived experiences of the COVID-19 pandemic for people engaging in services with MQI and HSE ACCES. It's key objectives are:

- *To identify challenges experienced by people with issues around mental health, substance use or homelessness (or any combination of all three) that have arisen from the COVD-19 pandemic;*
- *To examine the factors associated with participants' service experiences, especially at the time of the first lockdown and following partial re-opening of services*
- *To understand the perceived impact of the reduction in services in terms of the mental health of the service uses.*

METHODOLOGY

Study Design

The study uses a qualitative approach, allowing participants to articulate their own personal perspectives on the effects of COVID-19 on their lives, particularly in relation to their mental health. In doing so, it reflects the move in recent Irish policy towards engaging service users in the planning and delivery of services going forward.

Sampling and Inclusion/Exclusion Criteria

Purposive sampling was used to provide a sample which reflected the broad demographic of service users for both MQI and HSE ACCES. Participants had to be over 18 years of age, be in receipt of services from either organisation and have experience of mental ill-health, substance misuse and/or homelessness, both before and after March 2020. They also had to have the capacity to give informed consent.

Recruitment, Consent and Data Collection

MQI and HSE ACCES acted as 'gatekeepers' for the study, ensuring that only people with the capacity to give informed consent would be approached to partake in the study. All participants were given a participant information letter, outlining the purpose of the study and what would be expected of them. They were also given a copy of the consent form to read in advance. They were given a period or one week to decide whether or not to participate.

Data collection took place over October and November 2020. Five participants from HSE ACCES were interviewed face-to-face and opted to do so without the presence of the service provider. However, the move to a higher level of restriction meant that the remaining five interviews could not be conducted in person. Two of these interviews were facilitated by MQI at Riverbank via a Zoom call (attended by their case worker) and a further three were conducted by phone without the presence of their case worker.

Data Analysis, Data Protection, Ethical Issues and Payment

Interviews were transcribed verbatim and potentially identifying information removed. Each participant was assigned an alpha-numeric code for the purpose of data storage and interviews were held in accordance with GDPR regulations.

In the absence of an accessible and expedient pathway to formal ethics approval, a number of experts in the field of research, mental health, homelessness and substance use were invited to form a Scientific Advisory Committee (SAC) to oversee the study and provide feedback. A Data Protection Impact Assessment and an Ethics form were drawn up to provide a framework for the ethical conduct of the research study.

While participants were not paid to participate, a gift voucher for an Irish-owned supermarket to the value of €20.00 was given to each participant to acknowledge their time in taking part. This gift was not signalled in advance of the interview.

Challenges with the Study

Recruitment of participants engaging with HSE ACCES was relatively smooth as the interviews took place during a time of lower restrictions. Recruitment of those linked in with MQI proved more challenging as Level 5 restrictions had been introduced following the initial two interviews.

While sampling had suggested that the study should have a ratio of 6:4 (male:female) reflecting service use, in the event more women than men participated, reflecting previous findings on low male engagement in health research.

PARTICIPANT PROFILE

Of the participants, four were male and six were female. They ranged in age from 32 to 58 years, with an average age of 40.5 years. Three participants had achieved education to primary school level only, while three had completed their Leaving Certificate. Four had started tertiary education but only one achieved their primary degree. All were unemployed at the time of the study. Six of the participants were single, three were separated and one was widowed. Five participants (all female) had children.

Five participants reported a severe mental illness and of these, the majority (n=4) had been diagnosed with Schizoaffective Disorder. The remaining five participants had experienced depressive illness throughout their lives. Two participants had a severe mental health issue with no co-presenting substance use history. Four had a mental health issue co-presenting with alcohol use and the remaining four co-presented with substance use either at the time of the study or in the past. Reported substance use included cocaine and MDMA (in the past), heroin, benzodiazepines and crack cocaine (at the time of the study).

All of the participants had, or were at the time of the study, experiencing homelessness. Three were housed, a further two were street homeless and the remaining (n=5) participants were living in hostels. The majority (n=8) had entered into homelessness as a result of family/relationship breakdown which arose as a result of severe mental health difficulties and/or substance use. They had been homeless for between 9 months and 18 years, with an average duration of homelessness of five years.

FINDINGS

The Threat of COVID-19

Social isolation, housing and limitations around access to services as well as services needed for daily life (food, shelter, washing facilities etc) were the main concern of all of the participants when asked about their experience of COVID-19. There was little discussion by them around the threat that contracting COVID-19 presented, with only three of the ten referring to the possibility of a direct threat to their own health.

Mental Ill-Health, Substance Use and Homelessness

Of the ten participants, half present with enduring mental ill health and five with depressive illness. Eight participants co-present with substance use, and in total seven are experiencing homelessness (5 are in hostels and 2 are street homeless).

Pre-COVID Service Use

Participants (n=5) who were linked into HSE ACCES report a welcoming service, structured but with an informal element.

Participants (n=5) who were linked into MQI report that it felt 'like home' an enjoyed unstructured access.

Post-COVID Service Use

As a result of service restrictions, participants found their service use to be more formal, clinical and structured. Both groups felt that outreach services were essential.

Loneliness/ Lack of Social Capital

All of the participants reported feelings of loneliness, abandonment and isolation. The majority (n=8) have limited contact with family and eight also report having no friendships.

Effects of restrictions on Mental Health

Of the five participants with enduring mental illness, 2 have required hospitalisation and one reports increased depression and anxiety. Of the five participants with depressive illness, all report increased depression, the majority (n=4) report increased anxiety and 3 report suicidal ideation.

Effects of restrictions on Substance Use

While two participants report reduced alcohol consumption due to closure of pubs, one reports increased alcohol intake. Four participants, who had been in recovery or drug free, report a return to substance use.

Capacity for Online support

Less than a third (n=3) have internet access, four have mobile phones with no capacity for internet access. Three participants have phones with internet capacity, but no access.

DISCUSSION

Challenges to People with Issues Around Mental Health, Substance Use and Homelessness

It is clear that mental health, substance use and homelessness are inextricably linked, with all of the participants having experienced homelessness at some point in their lives, as well as a substance use and/or mental health issue.

For those with severe mental ill-health, diagnosis had come late in their lives and they discuss lack of support and understanding in their earlier years. Those experiencing depressive illness had done so throughout their lives. This finding reflects poor investment in mental health services at statutory level in Ireland.

The majority (n=8) of participants reported the use of substances (drugs and/or alcohol) as well as mental ill-health. These participants report having been referred for substance use issues while experiencing severe mental ill-health, pointing to a lack of dual diagnosis service provision.

All ten participants had experienced homelessness at some point in their lives. As a group, they had been homeless for an average of just over 5 years. They are representative of a group with a complex history of mental ill-health and/or substance use, and therefore in need to considerable levels of support and a key target group for Housing First initiatives, an approach that has seen limited implementation in Ireland.

Drivers for homelessness within this group were associated with family or relationship breakdown as a result of their severe mental ill-health (n=5) and a further three because of their substance use issues. A further two (both female) had surrendered their rental properties because of anti-social behaviour in the area.

Homelessness as a result of substance use has increased, and participants in this study also report widespread prevalence of illicit substances both on the street and in hostels.

The COVID-19 Pandemic and Changes in Service Delivery

The necessity of healthcare services to focus on the physical health implications of COVID-19 has meant that the significant mental health impact of the pandemic was largely left unaddressed. The neglect of psychiatric and psychological care is of urgent concern, especially for vulnerable populations, such as the homeless, people with disabilities and the chronically ill. All of the participants are part of a vulnerable population under this definition.

The Effects of Restrictions on Mental Health and Substance Use

The changes in healthcare delivery, from informal to highly structured has affected this group negatively. In the absence of other support networks (family and friends) participants have expressed feelings of abandonment, intense loneliness and isolation. This exacerbation of social isolation, necessitated by the onset of the pandemic, can be directly linked to a deterioration in their mental health.

The closure of services initially, and the move to more formal access to services, has meant that of those with severe mental ill-health, two have required hospitalisation and one reports increased depression and anxiety. Of those with depressive illness, all report increased depression with the majority (n=4) reporting increased anxiety and three reporting suicidal ideation.

Reversion to substance use is also referred to by the participants, and while two participants reported reducing alcohol intake (due to the closure of pubs) one reported an increased alcohol intake. Four participants who had been in recovery or drug-free, report a return to substance use.

Forward Planning for COVID-19

Telepsychiatry and telemedicine is not a viable option for the majority (n=7) of the participants in this study. In the context of being able to access online support, or make appointments by phone, their digital capacity is limited. Less than one-third have internet access, and a further four have mobile phones with no capacity for internet access. Three participants have phones with internet capability but no way of gaining internet access.

CONCLUSION

Prior to the onset of the pandemic, the participants in this group already experienced social exclusion, and the level of isolation required to manage COVID-19 has served to increase that loneliness leading to a marked deterioration in their mental well-being and their ability to manage their substance use.

Both MQI and HSE ACCES has acted as a substitute for their absent social supports and in many cases can be seen to be, as it were 'in loco familia' – providing the support that is otherwise not present in their lives. This is not a support that can easily be substituted by technology.

RECOMMENDATIONS

While not generalisable to an entire population, the findings of this study resonate with existing and emerging literature on the very real need to attend to the psychological impact of the pandemic, particularly for vulnerable groups – those with mental ill-health, substance use disorders and those experiencing homelessness.

The recommendations include:

Ring fenced funding for mental health support at statutory, voluntary and community level

- This will allow mental health services to adapt and build capacity to better respond to needs during emergency situations such as COVID-19
- It will also allow services such as MQI to gain direct access to counselling services for those most in need as identified by staff.
- Needs to ensure that mechanisms are put in place to facilitate face to face engagement of health care practitioners with service users
- Need to ensure that service users can engage with health care professionals without the requirement to have mobile phone or internet coverage - ie to make an appointment to see a key worker

Increased Outreach Staffing and Funding

- The levels of isolation experienced because of COVID-19, and the success of the existing outreach work both in MQI and at HSE Access, suggests that both staffing of and funding for outreach services needs to be increased in the immediate term
- There is also a need for services such (community/voluntary and statutory) to provide an in-reach based service to hostels or those in private emergency accommodation

Establishment of Substance Free/Recovery Support Hostels

- Participants, particularly those with poor mental health, are in need of drug and alcohol-free hostels which support recovery which would provide more stability for service users
- Establishment of safe spaces for homeless women
- Gender specific services for women who use substances

Further Research

- Any and all planning for the development and delivery of services should have at its core the direct input of service users through formal consultation
- This research was carried out after the first lockdown and at the beginning stages of the second lockdown and the onset of winter. An extension to this study to follow up with the same participants would provide an invaluable insight into how they manage as the COVID-19 pandemic and related restrictions continue.