

HTHC Network, 6/12/16

Case study workshop notes: Hope Project

Stephen Joseph from the Hope Project introduced a case study drawn from the work of the project so far.

Stephen explained that the Hope Project, based in Tooting, supports people recovering from mental health crises. They provide therapeutic activities like arts and crafts. People they help face lots of issues.

The case study involved a man with autism and learning difficulties who faced eviction from a privately rented flat he had lived in for over six years. The [full case study](#) has been written-up with the person's consent.

Stephen explained that the case study raised lots of issues:

- How people are connected to local services – the man had found it difficult to access help and advice.
- It can take time to build a trusting relationship with a vulnerable person but this trust is critical to making an effective intervention. Many (statutory, institutional) services don't have the time or skills to build this trust.
- Vulnerable people can find themselves in a revolving door – never getting the right service and being bounced from agency to agency. Tailored and coordinated interventions are needed. Ultimately better services will save money. There is a high cost of failure to act and intervene effectively.
- The vulnerability of people with learning difficulties and mental health problems within a housing system that often affords little security of tenure. The stress of eviction and homelessness can be too much to bear for an already vulnerable person.

The group discussed the triggers and causes of crisis:

- The housing system – insecurity and rising rents: the private sector not catering for vulnerable tenants.
- Mental health services sometimes being too distant from communities and not located in the places that people trust
- Access to advice and support can be difficult – it too being sometimes distant from communities and places of trust.
- For people discharged from mental health hospitals, the support available can often be too little and too short, with just 6 weeks' support from community mental health teams and then it's over to the GP.

The group felt that success in addressing the issues raised by the case study would involve:

- Embedding mental health services in community, social and faith agencies that people trust
- Providing better support for people on discharge from hospital
- Providing wrap-around, multi-disciplinary services: from crisis intervention to on-going support
- Demonstrating the cost effectiveness of a preventative, tailored approach to helping vulnerable people