

# Evidence for Practice Guide

## Understanding high mortality rates among people with multiple and complex needs

Individuals experiencing multiple and complex needs (MCN) may face issues of homelessness, substance misuse, repeat offending, and/or mental ill-health. Individuals facing these issues experience disproportionate levels of health inequalities and mortality rates. Furthermore, there is little evidence on strategies to prevent the high mortality rates.

Through a peer-informed qualitative study, the underlying reasons for the high mortality rates among those with MCN were explored. Additionally, the study aimed to:

1. Pinpoint opportunities to identify people at risk
2. Explore potential interventions to prevent these unnecessary early deaths

### Individuals Involved

Co-led by Fuse and Fulfilling Lives Newcastle Gateshead

3 Focus Groups (21 people):

- Lived experience of MCN
- Frontline Staff
- Managers and Commissioners

A regional event for stakeholders across the North-East

### 1) Understanding Premature Mortality

The following were identified as factors contributing to mortality rates:

- Double burden of mental health conditions and substance misuse
- Poor service provision and multi-agency collaboration
- Lack of hope for change and acceptance that death was common



*I am facing this maze of doors and every time I open a door, there's another door, set of doors. There's no coherent structure within the system that says, "Here's a person who is asking for help, who's engaging with everything that we're giving, can we please pull this together so we can actually provide the help that this person needs."— Person with lived experience*

### 2) Identifying Opportunities to Intervene

Windows of opportunity are brief and not always easy to target, but with the right support in place **critical life events** (bereavement and relationship breakdown) and **significant transitions** (completion of treatment, release from prison, or service discharge) could be targeted.

### 3) Possible Interventions to Reduce High Mortality Rates

Four areas for intervention were suggested:

- Introducing holistic, person-centred approaches
- Developing communities
- Improving connections and supports across the system
- Placing a focus on prevention



*I think there needs to be a focus on it being really a person-centred approach and say, "This isn't working at the moment and that's how I would like things to be," and giving them that sense of responsibility. – Frontline staff*

### 4 Main Recommendations for Policy, Practice and Research



Actions to prioritise prevention and health promotion:

- Make every contact count not just those in health and social care
- Target preventive interventions at 'critical life events'
- Ensure timely and effective access to support services



Actions to assist in focusing on the individual:

- Collaborate with people with lived experience for service provision/development and research
- Create a tiered person-centred treatment/care pathway that is trauma informed and free of stigma



Actions to implement a whole-system approach:

- Improve collaboration and communication across all areas of service provision (especially mental health and substance use)
- Improve service continuity and navigation
- Introduce whole system commissioning models



Actions to explore opportunities to support supporters:

- Create supportive work environments to ensure the MCN workforce has the required supports to continue providing exceptional care
- Ensure families and carers of people with MCN have access to support to prevent burn-out and improve early recognition of support
- Create conditions that empower community led peer support services