Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis.

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Abstract

Specialist supported accommodation services have become a key component of most community based mental health care systems. While mental health policies highlight the importance of service user involvement in service development and care-planning, there are no comprehensive literature reviews synthetizing services users' perspectives on, or experiences of, supported accommodation services. This systematic review was undertaken to fill this gap. We searched electronic databases (January 2015, updated June 2017), conducted hand searches and used forward-backward snowballing to identify 13678 papers. We inspected the full-text of 110 papers and included 50 of these in the final review. Data extraction and quality assessments were conducted. We used narrative synthesis to develop a conceptual model of service users' experiences that included structural, process, relational and contextual factors such as the characteristics of the service, relationships with staff and other service users, the intensity and nature of support, the physical environment, social and community integration. . The review highlights the complex interplay of individual, service-level and community factors in shaping the lived experience of service users, and their impact on personal identity and recovery. Our approach d addressed some of the widely reported limitations of the quantitative research in this field, providing a conceptual model relevant to service user experiences across supported accommodation service types, population groups and countries.

Key words: *Mental health; Supported accommodation; Supported housing; Service user experience; Recovery*

What is known about this topic:

- Supported accommodation services are an integral component of most community-based mental health care systems, however little is known about the user experience in these services and how this relates to personal recovery.
- Contemporary mental health policy emphasises the importance of incorporating service user views into service development and care-planning.

What this paper adds:

- Service user experiences of supported accommodation are influenced by a range of factors, including the characteristics of the service, relationships with staff and other service users, the intensity and nature of support, the physical environment itself and various social and community factors.
- Service user narratives are linked by an emphasis on the concept of 'home'.
- We present a new conceptual model, offering a coherent summary of service user experiences across service types, population groups and countries.

Introduction

Specialist supported accommodation services are an integral component of most community based mental health care systems (Department of Health, 2014). Although secure housing is known to be an essential

contributor to the recovery process for people with severe mental health problems (Boardman, 2016), the literature is fragmented and incomplete. There is a paucity of high quality evidence on the quality and effectiveness of mental health supported accommodation services and on service users' experiences (Chilvers, Macdonald, & Hayes, 2006; Fakhoury, Murray, Shepherd, & Priebe, 2002). Owing to the diversity of methodological approaches, and problems related to categorising service types and describing service provision, it is difficult to understand what works, for whom and why (Pleace & Wallace, 2011). Existing reviews of supported accommodation have focused on specific issues such as homelessness (Rog et al., 2014), housing stability or housing preferences (Tanzman, 1993), specific study designs (Chilvers et al., 2006), populations or localities (Burgoyne, 2014). Notably, these reviews do not attempt to articulate services users' perspectives on, or experiences of supported accommodation services and how these relate to personal recovery.

While it is important to provide empirical evidence on effectiveness, service users' experiences of supported accommodation must also be considered; contemporary mental health policies highlight the importance of service user involvement in service development and care-planning (Department of Health, 2008). Currently, however, qualitative studies on supported accommodation are largely overlooked by care providers and policy makers. There is an urgent need to assess and integrate these findings in order to increase their accessibility, relevance and impact. In order to address this problem, we undertook a systematic review of relevant published qualitative research in order to answer the following research question:

What are the experiences of users of mental health supported accommodation services?

It is anticipated that these findings will be relevant to those involved in planning and commissioning of these services, and clinicians and support workers supporting service users. This review follows the PRISMA guidelines (see supporting material table). The review protocol is available and can be requested directly from the authors

Methods

This review was designed as a part of a broader systematic review examining outcomes associated with specialist mental health supported accommodation services. The quantitative component is published separately (McPherson, Krotofil, & Killaspy, 2017).

Inclusion criteria

This review included studies using qualitative methods to explore service users' experiences of specialist mental health supported accommodation published in peer-reviewed journals. As the majority of supported accommodation services were established post-deinstitutionalisation, this review considers articles published from January 1990 to June 2017. All relevant internationally published papers written in English and other Latin alphabet languages were considered.

Definition of supported accommodation

Definitions of supported accommodation vary widely. For the purpose of this review, we defined mental health supported accommodation as any service that provided support delivered by non-professionally qualified staff to people with mental health problems living in community-based accommodation, either alone or in shared

settings. The components of this definition are common in the literature, and aim to differentiate supported accommodation from other clinically-focussed rehabilitation services, such as community-based rehabilitation units or assertive outreach services. All studies that considered service user's experiences in these settings were included.

Study design

The reviewed studies used a broad range of qualitative methods including open-ended and semi-structured interviews, focus groups and participant observation. Systematic reviews, reports, clinical guidance, and general commentaries were excluded.

Population

The population of interest were individuals with a primary mental health diagnosis aged 18 to 65. Studies focusing on experiences of service users with a primary diagnosis of dementia, learning disability, personality disorder, substance misuse, eating disorder, dual diagnosis or physical disability were excluded.

Search strategy

The search strategy was designed as part of the broader systematic review described above, and aimed to identify studies focusing on service users' experiences of supported accommodation, and all outcome studies carried out in these settings. An electronic database search was conducted in January 2015, using MEDLINE, EMBASE, PsycINFO, CINAHL Plus, IBSS, ASSIA, Sociological Abstracts, Web of Science and The Cochrane Library. Terms and concepts relating to 'mental illness', 'supported accommodation' and psychosocial outcomes were combined with MeSH terms or subject headings (see supporting material table for full search strategy). Limits relating to age (18-65 years) and publication date (>1990) were applied. All searches were updated in June 2017. Hand searches of key journals, and forward-backward snowballing with selected papers were also performed. An expert panel, comprised of the Programme Management Group of the Quality and Effectiveness of Supported Tenancies (QuEST) research project (a national programme of research into mental health supported accommodation funded by the National Institute of Health Research [NIHR], Ref. RP-PG-0610-10,097), was also contacted to provide key publications.

Selection of articles

After all initial search results were collated, and duplicates omitted, a relevance review of 10% of articles (*n*=1066) was conducted by two authors (JK, PM) to ensure fidelity to the inclusion criteria. There was 2.5% discrepancy between the two raters (*n*=27 articles). These 27 publications were reviewed and discussed until consensus regarding inclusion was reached. At the final stage of the exclusion process, studies applying qualitative methods to explore service users' experiences were separated from the quantitative studies, and data extraction and quality appraisal undertaken.

Quality appraisal

All studies included were independently appraised by two researchers (JK, PM) using the Critical Appraisal Skills Programme tool (Critical Appraisal Skills Programme, 2017). This tool produces a quality rating for each study

from the assessment of ten items relating to rigour, credibility and relevance, and is used widely in appraising qualitative studies in systematic reviews (Dixon-Woods et al., 2007). All discrepancies in rating were discussed and consensus reached. Studies receiving low rating were given less weight in the synthesis of results.

Data analysis

Methods for reviewing qualitative studies are not as well developed as those used in quantitative reviews, and are currently the subject of ongoing debate (Thomas & Harden, 2008). In this review, narrative synthesis was used to allow inclusion of findings from studies carried out across a range of diverse settings (Popay et al., 2007).

Synthesis

Initially, a theoretical framework was formulated by JK and PM describing how supported accommodation shapes the experiences of people with mental problems. The framework included initial assumptions regarding how supported accommodation works, why and for whom, and thus represented preliminary 'theory of change'(Popay et al., 2007). This framework was developed and expanded iteratively as the analysis progressed. Next, an initial description of the results of all studies included in the review was prepared. For each included paper, the following data were extracted: study location; methodological approach; participant information; inclusion criteria; summary of main findings.

All reported results and primary data provided by authors of reviewed studies were included in the analysis. Specialist software (NVIVO QSR International Version 10 for Windows) (NVivo, 2015) was used to analyse the data. The preliminary conceptual model was developed based on the initial inspection of the data. It included categories capturing contextual factors of supported accommodation, forms of support and experiences of service users. The model provided our initial coding framework which was applied to the initial data sample from studies identified in the original database search in 2015 and refined through inductive open coding carried out by JK and PM. Any additional categories that were generated through this process were merged with the initial framework. The results were reviewed by a third researcher (HK) and consensus between all three authors was reached. The modified framework was then reapplied to the data.

Patterns emerging across studies were explored to identify factors that might explain the diversity of experiences reported within and across the included studies. At this point of the synthesis, characteristics of individual studies, including their appraisal ratings were considered to explore the relationship between study results and their quality. Studies with the fewest occurring themes and categories were examined for specific characteristics, such as population, settings, and explicit or implicit theoretical orientation, in order to identify potential sources of unique service user experiences.

The robustness of the synthesis was assessed in two ways. The conceptual model was applied to the analysis of new data from hand searches, snowballing and re-run electronic database searches and proved a good fit. In addition, the conceptual model was reviewed by the Programme Management Group of the QuEST project, comprised of senior academics and clinicians with expertise in mental health supported accommodation, to check its conceptual validity. The preliminary conceptual model was modified in response to their comments; some of the categories have been merged, and one new category was added to the model.

Results

Study selection

The initial database search returned 16080 papers, with an additional 601 papers identified through other sources. After duplicates were removed, 13678 titles were reviewed for relevance (see Fig.1 for PRISMA flowchart). Of the final pool of 110 studies, retained after applying exclusion criteria, 50 papers were identified as using qualitative methods to investigate services users' experiences of mental health supported accommodation and included in this review. A summary of these 50 studies is provided (see Supplematary Table 1)

(Figure 1. Study flow chart, somewhere here)

Study characteristics

The 50 studies included in the review were of mixed quality; 18 were rated as high quality, 29 as medium quality and 3 as low quality. The 3 studies were rated as low quality due to lack of transparency regarding data analysis; findings from these studies did not generate additional categories for our conceptual model and therefore had limited impact on the results of our synthesis. The majority of studies were Canadian (*n*=19), with smaller numbers investigating Australian (*n*=9), American (*n*=7), Swedish (*n*=5), Norwegian (*n*=3), British (*n*=3), Danish (*n*=2), Belgian (*n*=1), and Spanish (*n*=1) contexts. The population focus of the studies varied and included individuals with serious mental illness (SMI) (*n*=35), individuals with SMI and a history of homelessness (*n*=13) and ex-long stay patients (*n*=2). Although all included studies investigated service users experiences of supported accommodation, the services described were diverse, varying widely in terms of the length of stay (permanent vs. continuum models), level of staff support and the physical environment (individual and congregate settings). Despite the differences in country, population and accommodation types, the analysis revealed considerable areas of thematic convergence.

Conceptual model representing service users' experiences of supported accommodation

The results of the 50 studies were synthetized and organized into a conceptual model representing service users' experiences of supported accommodation (Fig. 2). The model captures key social, psychological and physical elements of supported accommodation: service characteristics; service inputs; service user experiences; long term outcomes (recovery and identity); and social and community factors.

(*Figure 2. Conceptual model of supported accommodation, somewhere here*)

Service characteristics

Service characteristics, deemed important by service users, included structural features of supported accommodation, as well as the service ethos and culture. The following four categories summarise service characteristics that were identified by service users: *person-centred approach*; *emphasis on move-on*; *restrictiveness of the environment*; and *integration of mental health and housing services*.

Person-centred approach

Participants expressed a strong preference for individually tailored services, that offer both choice and control (Forchuk, Nelson, & Hall, 2006; Kirkpatrick & Byrne, 2009; Kirkpatrick & Byrne, 2011; Kirsh et al., 2009; Lindström, Lindberg, & Sjöström, 2011; Pyke & Lowe, 1996). Service users appreciated services that promote their autonomy through a flexible approach, enabling decisions about everyday activities (Carpenter-Song, Hipolito, & Whitley, 2012; Chesters, Fletcher, & Jones, 2005). Service users valued being involved in service planning (Browne, Hemsley, & St. John, 2008; Kowlessar & Corbett, 2009), however some studies show that service users' involvement in service planning changes over time. There was also some evidence that, even within service models emphasising 'consumer driven care planning', not all service users were aware of their care plans, had any involvement in drawing them up, or felt able to challenge goals suggested by staff (Dadich, Fisher, & Muir, 2013).

Emphasis on 'move-on'

The expected length of stay and the emphasis on 'move-on' within a service had significant impact on individuals' recovery (Browne et al., 2008; Bryant, Craik, & Mckay, 2005; Chesters et al., 2005; Chopra & Herrman, 2011; Dorvil, Morin, Beaulieu, & Robert, 2005; Goering, Sylph, Foster, Boyles, & Babiak, 1992; Henwood, Derejko, Couture, & Padgett, 2015; Kirkpatrick & Byrne, 2009; Newton, Rosen, Tennant, & Hobbs, C., 2001; Kowlessar & Corbett, 2009; Piat, Ricard, Sabetti, & Beauvais, 2008; Rønning & Bjørkly, 2017). In permanent housing, 'move-on' was experienced as gaining independence, accessing resources, learning new skills and achieving goals (Kirkpatrick & Byrne, 2009), whereas, in time-limited accommodation, 'move-on' also meant the physical process of moving to more independent accommodation and was often associated with disruption and upheaval (Browne et al., 2008; Henwood et al., 2015; Piat et al., 2004), stress (Goering et al., 1992), uncertainty (Chopra & Herrman, 2011) and the experience of loss (Newton, Rosen, Tennant, & Hobbs, 2001). Frequent moves between housing settings sometimes led to a loss of connection with the local community and staff, and compromised continuity of care (Chopra & Herrman, 2011). Conversely, in supported accommodation services with high levels of support, a lack of emphasis on rehabilitation and 'move-on' led to service users being 'stuck' in sub-standard conditions and unable to formulate expectations for their future (Cleary, Woolford, & Meehan, 1998). Moving physically from more supported to less supported accommodation signified improvement and the achievement of more 'normal' housing (Dorvil et al., 2005).

Restrictiveness of the environment

Restrictiveness of the environment was strongly dependent on the intensity of staff support and the service ethos, with recovery orientated services being generally less restrictive. Restrictions could manifest in rigid practices such as curfew times, set meal times, bed times, locking the fridge or other communal facilities, strict visiting rules or not providing service users with keys or free access to come and go through the front door (Forchuk, Nelson, et al., 2006; Goering et al., 1992; Henwood et al., 2015; Nelson, Hall, & Walsh-Bowers, 1997). Unsurprisingly, service users preferred less restrictive settings (Carpenter-Song et al., 2012). Facilities with 24-hour staff cover were perceived as the most restrictive, especially by younger and more able service users (Jervis, 2002). For some who had experienced prolonged periods of hospitalisation, dependence on support staff, together with a limited awareness of their rights and responsibilities, diminished the impact of the restrictiveness of the environment. For the majority of service users, however, too many restrictions led to tensions (Jervis, 2002), disempowerment and frustration (Brolin, Brunt, Rask, Syrén, & Sandgren, 2016; Chopra

& Herrman, 2011) and were considered unhelpful (Goering et al., 1992; McCrea & Spravka, 2008; Rønning & Bjørkly, 2017).

Integration of mental health and housing services

For some service users, strong links between housing and mental health services facilitated recovery and increased their housing stability (Carpenter-Song et al., 2012; Dorvil et al., 2005; Forchuk, Nelson, et al., 2006; Piat et al., 2004). For others, services where engagement with mental health professionals was not compulsory were more desirable (Henwood et al., 2015; Kowlessar & Corbett, 2009). This preference was frequently linked with the aspiration of living in 'normal' housing (Kowlessar & Corbett, 2009). Nevertheless, service users appreciated supported housing services that facilitated access to mental health services and support with arranging and keeping appointments with mental health professionals (Kirkpatrick & Byrne, 2009; Rønning & Bjørkly, 2017; Roos, Bjerkeset, Søndenaa, Antonsen, & Steinsbekk, 2016).

Relationships, support and physical environment

Service characteristics influence the more tangible elements of supported accommodation: *staff-service user relationships*; *service user relationships*; *support*; and the *physical environment*.

Staff-service user relationships

Supportive relationships with staff appeared to be one of the most important themes in service users' narratives. Most service users were able to develop close and friendly relationships with staff (Andersson, 2016; Bengtsson-Tops, Ericsson, & Ehliasson, 2014; Chesters et al., 2005; Chopra & Herrman, 2011; Goering et al., 1992; Kirkpatrick & Byrne, 2011; Nelson, Clarke, Febbraro, & Hatzipantelis, 2005; Kowlessar & Corbett, 2009; Pejlert, Asplund, & Norberg, 1999; Petersen, Hounsgaard, Borg, & Nielsen, 2012; Rønning & Bjørkly, 2017; Roos et al., 2016). These relationships were particularly important in validating service users experiences, something that was associated with the recovery orientation of a service (Browne et al., 2008; Chesters et al., 2005; Goering et al., 1992; Nelson et al., 2005). Service users appreciated being believed and understood (Andersson, 2015; Bengtsson-Tops et al., 2014).

Staff treating service users with respect and dignity, and as individuals with unique needs, were very important in shaping service users' experiences of supported accommodation (Andersson, 2016; Kirkpatrick & Byrne, 2011; Kirsh et al., 2009; K. Petersen et al., 2012; Rønning & Bjørkly, 2017; Verhaeghe et al., 2013). Service users' dependence on staff and asymmetric power dynamics were cited by some as negative aspects of their relationship with staff (Bengtsson-Tops et al., 2014; Forchuk et al., 2006; Pejlert et al., 1999; Petersen et al., 2012; Rønning & Bjørkly, 2017; Yanos, Barrow, & Tsemberis, 2004).

Service user relationships

Service users described a range of relationships with other service users, from friendships, both casual and intense (Bengtsson-Tops et al., 2014; Brolin et al., 2016; Carpenter-Song et al., 2012; Goering et al., 1992; Jervis, 2002; Nelson et al., 1997; Kowlessar & Corbett, 2009; Petersen et al., 2012; Piat et al., 2008), to conflictual relationships, ranging from minor fractions to prolonged, serious conflicts (Jervis, 2002; Lindström et al., 2011; McCrea & Spravka, 2008; Nelson et al., 1997; Kowlessar & Corbett, 2009; Pejlert et al., 1999; Piat et

al., 2008; Pyke & Lowe, 1996; Roos et al., 2016). Many service users reported that their whole social network comprised other residents of their supported accommodation (Cleary et al., 1998; Roos et al., 2016). Being able to interact with people with similar experiences also provided a sense of support, comfort and acceptance, and was felt to be hard to achieve in more independent settings (Granerud & Severinsson, 2003; Nelson et al., 1997; Piat et al., 2008; Roos et al., 2016). Service users also stressed the importance of having someone to talk to who had had similar problems, broadening their perspectives on their problems through interactions with other service users, and how these interactions sometimes increased their awareness of their mental health (Carpenter-Song et al., 2012; Kirsh et al., 2009; Lindström et al., 2011; McCrea & Spravka, 2008).

Although living in shared accommodation provided service users with the opportunity, sharing the same space did not necessarily lead to establishing close relationships. Some residents felt they didn't have much in common with others living in the same service; they were unable to identify positive role models amongst other residents and did not perceive relations with them as important (Bengtsson-Tops et al., 2014; Nelson et al., 1997; Kowlessar & Corbett, 2009; Pejlert et al., 1999; Petersen et al., 2012). Service users living in communal supported accommodation were, however, mostly tolerant of other residents (Bengtsson-Tops et al., 2014; Boydell, Gladstone, Crawford, & Trainor, 1999; Cleary et al., 1998; Piat et al., 2008) and learnt 'how to take criticism', 'get along' with others, and 'be patient' (Goering et al., 1992)

Conflicts arising between residents were stressful, but could also serve as important learning experiences, facilitating the development of social skills, the ability to adapt and to experience mutuality (Lindström et al., 2011). The pros and cons of communal settings were described in terms of a tension between interactions that could be demanding and tiring, but also meaningful and rewarding (Goering et al., 1992; Lindström et al., 2011; Piat et al., 2008). At times, mental illness and fatigue experienced by service users impacted negatively on their ability to relate to others, and to deal with their own reactions (Pejlert et al., 1999) and with the problems and behaviours of those who were more seriously ill (Goering et al., 1992; Jervis, 2002; Petersen et al., 2012; Piat et al., 2008; Roos et al., 2016).

Support

Service users expressed needs for diverse forms of support, ranging from help with practical matters such as budgeting, filling out forms, medication management, development of daily living skills, providing information (Andersson, 2016; Kirkpatrick, Younger, & Links, 1995; McCrea & Spravka, 2008) and assistance in gaining employment (Forchuk et al., 2006; Kowlessar & Corbett, 2009) to less tangible support with organising activities, providing daily structure (Browne et al., 2008; Jervis, 2002; Kirkpatrick & Byrne, 2009; Johnson, 2001; Nelson et al., 2005; OA & KP, 2009; Piat et al., 2008; Yanos et al., 2004) and gaining independence (Bryant et al., 2005; Goering et al., 1992; Petersen, Friis, Haxholm, Nielsen, & Wind, 2014). Service users valued encouragement (Kirsh et al., 2009), and staff efforts to promote confidence and sense of hope.

In more highly supported settings, service users relied on staff to organise and facilitate activities. Some service users were unable to motivate themselves to engage in activities and, where these were not provided on site, they resigned themselves to boredom and idleness (Bryant et al., 2005; Kirkpatrick & Byrne, 2009; Piat et al., 2004). Activities need to be designed with service users' abilities in mind, creating possibilities for service users to participate at different levels, build their confidence and eventually become involved, not only by

participating, but also in planning and organising activities (Jervis, 2002; Kirkpatrick & Byrne, 2011; Lindström et al., 2011). A study comparing experiences of service users living in private homes with those living in boarding homes suggested that the quality of housing and availability of suitable space enabled those in private homes to participate in a range of activities such gardening, playing instruments, socialising, whereas the only type of activities that residents of boarding houses were engaged in was housework (Browne & Courtney, 2005).

Many service users felt that the staff should support them in developing skills and gaining independence, rather than doing everything for them (Bryant et al., 2005; Goering et al., 1992; Kirkpatrick et al., 1995). In settings where cleaning and cooking services were provided, these skills could not be developed and, as a result, some service users felt they had become deskilled in these areas (Lindström et al., 2011).

Physical environment

The most important aspects of physical environment of supported accommodation cited by service users included location, cleanliness, maintenance, and the availability of private space (Chesters et al., 2005; Forchuk et al., 2006; Granerud & Severinsson, 2003; Henwood et al., 2015; H Kirkpatrick et al., 1995; Kirsh et al., 2009; Johnson, 2001; Nelson et al., 1997; Piat et al., 2008). In a study where participants were asked to design a building where they would like to live, service users wanted: natural light, good ventilation, good storage facilities, accessibility for the physically disabled, privacy and security, and a building image compatible with surrounding buildings (Johnson, 2001). A shortage of affordable, good quality housing meant that many service users often lived in sub-standard accommodation (Forchuk, Ward-Griffin, Csiernik, & Turner, 2006). In services offering larger, cleaner spaces, the facility was felt to be a place of comfort and rest, and a space for enjoyable everyday activities (Kirsh et al., 2009). There was some evidence suggesting that, although service users are aware of the quality of their living conditions and its impact on their mental health, they are much more interested in the relationships they build in their supported accommodation (Browne & Courtney, 2005).

The physical structure of the building, in particular whether it was shared/congregate, self-contained accommodation or standalone, independent apartment, had a strong impact on service users' relationships with other residents. Living in a communal settings gave a stronger sense of belonging, companionship and community (Chesters et al., 2005; Dorvil et al., 2005; Goering et al., 1992; Kirsh et al., 2009; Nelson et al., 2005).

Supported accommodation was perceived to provide a physical barrier from the dangers of outside world, particularly for those service users who experienced homelessness in the past (Yanos et al., 2004). The sense of safety was largely determined by the quality of neighbourhood, the crime and antisocial behaviour and perceived fit with the neighbours (Boydell et al., 1999; Henwood et al., 2015; Yanos et al., 2004).

Subjective, lived experiences

While staff-service user relationships, service user relationships, support and the physical environment are directly informed by service characteristics, these factors influence, and are influenced by, service user experience. The main subthemes summarising subjective, lived experiences reported by service users include:

loneliness and isolation, *privacy*, *security*, *freedom*, and the experience of supported accommodation as an *'in-between place'*.

Loneliness and isolation

Supported accommodation is a base for daily interactions with other service users, and thus facilitates a sense of companionship and provides an opportunity for service users to establish friendships. Many service users however expressed varying degrees of social isolation and loneliness (Chesters et al., 2005; Granerud & Severinsson, 2003; Kirkpatrick et al., 1995; Muir et al., 2010; Nelson et al., 1997; Pejlert et al., 1999; Rønning & Bjørkly, 2017; Stergiopoulos et al., 2014). Loneliness and isolation were more common in services providing individual apartments or private housing (Kirst et al., 2014; Lindström et al., 2011; Stergiopoulos et al., 2014; Yanos et al., 2004) but also affected service users in communal settings, particularly those who were unable to establish meaningful relationships with other residents (Lindström et al., 2011; Kowlessar & Corbett, 2009; Rønning & Bjørkly, 2017).

Service users living alongside mainstream housing sometimes chose to self-isolate in order not to be identified as someone with mental health problems, but this increased their loneliness (Granerud & Severinsson, 2003). In models where service users move to new settings as their mental health and needs change, individuals often lose established social networks and supportive relationships. This is particularly salient when move-on requires relocating to a new neighbourhood or location; service users frequently report feeling displaced and find it difficult to maintain old friendships (Chopra & Herrman, 2011; Kirsh et al., 2009; Kowlessar & Corbett, 2009).

One way of overcoming this problem was to put more emphasis on social interaction and the development of strong social networks (Forchuk, Nelson, et al., 2006). Often services users relied on interactions with staff to overcome isolation and loneliness (McCrea & Spravka, 2008). Loneliness was exacerbated by lack of family support (Chopra & Herrman, 2011; Kralik, 2003; Forchuk et al., 2006). However, sometimes being in supported accommodation created an opportunity to re-establish family relationships (Henwood et al., 2015; Kirst et al., 2014; Nelson et al., 1997). A stable housing environment provided a safe space for family interactions and alleviated the shame associated with homelessness (Kirkpatrick & Byrne, 2009; Nelson et al., 2005).

Privacy

Service users often stated that they needed private space, their own apartment, or room to provide a refuge where they could escape the demands of others (Bengtsson-Tops et al., 2014; Chesters et al., 2005; Goering et al., 1992; Johnson, 2001; Piat et al., 2004). They preferred smaller settings to those where many people live together (Forchuk, Nelson, et al., 2006). The degree to which service users perceived their accommodation as facilitating privacy depended on past experiences and personal trajectories. Those who came to supported accommodation from homelessness experienced it as much more private then their previous environment (Kirkpatrick et al., 1995; Kirsh et al., 2009). Privacy could be compromised by the presence of both other service users and staff (Kowlessar & Corbett, 2009). Service users were aware of the difficulty in achieving balance between having staff on-site for support and their independence. While service users appreciated being able to approach staff and ask for assistance whenever they needed it, some living in 24hr staffed accommodation felt that this compromised their privacy and fostered dependence (Henwood et al., 2015; Lindström et al., 2011;

Kowlessar & Corbett, 2009; Petersen et al., 2012; Rønning & Bjørkly, 2017; Yanos et al., 2004). Some studies suggest that service users were aware that greater privacy can lead to greater isolation; they wanted 'privacy by choice, not by trap' (Johnson, 2001).

Security

Supported accommodation provided a sense of physical security by creating a barrier from 'the street' (Yanos et al., 2004), the temptations and dangers present in urban neighbourhoods. It also gave a sense of existential security associated with having a 'home' (Carpenter-Song et al., 2012; Kirst et al., 2014). These experiences were influenced by the service model; those in permanent supported housing valued the security of having their place, but some expressed anxiety over their ability to sustain the tenancy. This experience was often juxtaposed with the desire and aspiration to own a house (Chesters et al., 2005).

Similar to privacy, the experience of security depends on individual trajectories; some service users moving from hospitals, or other institutional settings, to their own apartment reported a heightened sense of insecurity or felt their sense of safety was worse (Yanos et al., 2004), particularly those in bad neighbourhoods (Henwood et al., 2015).

Freedom

Freedom is one of the key features of 'home'. In supported accommodation services the experience of freedom was closely connected to the level of staff support; the more support provided, the less freedom service users experienced (Bengtsson-Tops et al., 2014; Yanos et al., 2004). Matching staff support to service users' needs is of key importance; service users were aware that lower functioning individuals benefit from more structured, highly-supported settings, whereas those who have more skills and fewer mental health problems may experience this as impeding their freedom and independence (Goering et al., 1992). Higher functioning service users experienced more freedom if they could organise their daily chores in a personalised way (Kirsh et al., 2009; Newton, Rosen, Tennant, & Hobbs, 2001; Kowlessar & Corbett, 2009).

'In-between place'

Many service users noted that their current supported accommodation was of better quality than previous housing (Boydell et al., 1999). Supported accommodation may be experienced as imperfect, or a 'grey environment', but is frequently perceived as better than a hospital ward or life on the street (Lindström et al., 2011; Yanos et al., 2004). Service users are aware of their disadvantaged situation, as compared to those who live in mainstream housing. The disparities are related to the physical qualities of the accommodation, ownership, experiences of monotony, passivity, lack of autonomy and security (Bengtsson-Tops et al., 2014).

Recovery and identity

The dimensions of supported accommodation discussed above are interlinked and form a basis for recovery. From the service user perspective the most important aspects of recovery related to supported accommodation were: *autonomy and independence*, *identity and belonging*, and *disability and illness*. In the service users' narratives these elements of categories appear as outcomes, or aspirations; the aims and goals they strive to achieve.

Autonomy and independence

Supported accommodation can facilitate or undermine service users' autonomy. Service users' ability to make choices and exercise agency was contingent on the service ethos and structure, the quality of relationships between staff and services users (Pejlert et al., 1999). Perceived self-competence and the ability to make good decisions or accept responsibility for their own actions also influenced autonomy (Pejlert et al., 1999). Service users experienced a sense of autonomy through having control over their lives, the ability to access their accommodation independently (Kirst et al., 2014; Nelson et al., 1997; Piat et al., 2004) and by deciding who could come in to their home (Chesters et al., 2005). That was strongly associated with having 'influence over yourself' in different aspects of life: everyday decisions, decisions about the support and treatment received, and in relation to future goals (Petersen et al., 2012). The sense of autonomy was greater for service users who had previous experience of more restrictive settings (Newton, Rosen, Tennant, & Hobbs, 2001).

Identity and sense of belonging

Experiences of supported accommodation were intimately linked with identity. Good, stable accommodation was needed to develop a positive identity, as opposed to an identity based on diagnosis and a sense of loss. For many service users, supported accommodation was a 'home' and provided a basis for identity renegotiation, through which service users were able to regain agency and develop autonomy, a sense belonging, control and hope (Dorvil et al., 2005; Henwood et al., 2015; Nelson et al., 1997; Saavedra, 2009; Yanos et al., 2004). Service users who experienced supported accommodation settings as non-judgmental were more able to accept their mental health problems as part of themselves (Dorvil et al., 2005). Those living in independent accommodation were able to re-negotiate their identities by making choices about if, how and when they disclosed their mental health problems (Granerud & Severinsson, 2003).

Disability and illness

For many service users being placed together with other people experiencing mental health problems reinforced their sense of dependency and need for support (Bengtsson-Tops et al., 2014; Lindström et al., 2011). On the other hand, through interactions with other service users, people living in supported accommodation settings were sometimes able to come to terms with, and develop a better understanding of, their mental illness (Dorvil et al., 2005; Lindström et al., 2011; McCrea & Spravka, 2008; Pejlert et al., 1999; Saavedra, 2009). When service users were aware of the continuum of housing support, being in highly supported settings was sometimes perceived as a marker of low status and greater disability (Dorvil et al., 2005). Some participants reported that they felt labelled through being users of supported accommodation (Kowlessar & Corbett, 2009).

Social context and community

The concepts and processes reported above do not exist in a vacuum; social context and community factors influence service users experience of both supported accommodation services and of themselves. Two related themes emerged in relation to the social context of supported accommodation; *stigma* and *social integration* with local community.

Stigma

The experience of stigma is one of the most prevalent themes in studies focusing on experiences of people using mental health services. This was also evident in research on service users' experiences of supported accommodation (Boydell et al., 1999; Browne et al., 2008; Chesters et al., 2005; Forchuk, Nelson, et al., 2006; Granerud & Severinsson, 2003; Jervis, 2002; Verhaeghe et al., 2013). Service users reported hostile attitudes, and a lack of acceptance, from landlords, estate agents, neighbours and health professionals, and the negative impact these had on their identities (Boydell et al., 1999). A commonly utilised strategy to try to overcome stigma was 'blending in'; service users reported not drawing attention to themselves (Boydell et al., 1999) or concealing their mental health problems and trying to appear 'ordinary' (Dorvil et al., 2005; Granerud & Severinsson, 2003; Rønning & Bjørkly, 2017).

Social integration

The theme of social integration highlights the paradoxical experience of many service users. On one hand, service users strived to overcome stigma and integrate (Bengtsson-Tops et al., 2014; Chesters et al., 2005; Kirst et al., 2014; Nelson et al., 1997; Yanos et al., 2004), but in order to do so, very often they withdrew from contacts in their immediate social environment and became more isolated. Service users wanted to appear 'normal' (Rønning & Bjørkly, 2017). Location was an important factor; some services were located in deprived neighbourhoods with high rates of poverty, crime and drug use, which prevented service from integrating with the local community, enhanced their sense of disparity and were experienced as unsafe (Bengtsson-Tops et al., 2014; Boydell et al., 1999; Henwood et al., 2015; Kirsh et al., 2009). Service users wanted to be housed close to their established support networks (Kirsh et al., 2009). To be able to be fully participate in everyday activities in their local community, service users preferred accommodation in neighbourhoods that had good access to public transport, provided amenities such as banks, grocery stores and religious congregations, and allowed for opportunities to meet other people (Kirsh et al., 2009; Johnson, 2001; Newton, Rosen, Tennant, & Hobbs, 2001).

Supported accommodation as 'home'

The category linking all elements of service users' experiences is 'home'. There was a strong and repeated emphasis on feeling at home in supported accommodation (Carpenter-Song et al., 2012; Dorvil et al., 2005; Granerud & Severinsson, 2003; Kirkpatrick & Byrne, 2009; Petersen et al., 2014) and the aspiration to create a 'home' (Chesters et al., 2005; Kirkpatrick et al., 1995; Nelson et al., 1997). This was true for service users in both, permanent and transitional settings. Ownership or permanent lease were not perceived as necessary to being able to create a home, and service users were able to experience supported accommodation as a home regardless of the degree of control they had over the physical space (Dorvil et al., 2005). This concept, although difficult to define, is of value, as it uniquely encompasses the social, psychological and cultural aspects of domestic living (Kellett & Moore, 2003) and can be applied to all types of supported accommodation. Home is a 'highly complex system of ordered relations with place, an order that orientates individuals in space, in time, and in society' (Dovey, 1985, p39). It contains all elements of supported accommodation identified in our model; the structure of the service, the support, relationships, physical environment and lived experiences of service users and is shaped by socio-cultural factors, such as stigma.

Discussion

This review sought to answer the review question 'What are service users' experiences of mental health supported accommodation services?' We found that service user experiences are influenced by a range of structural, process, relational and contextual factors, including the characteristics of the service, relationships with staff and other service users, the intensity and nature of support, the physical environment and various social and community factors. These factors interact to influence the lived experiences of service users and can positively or negatively influence key outcomes such as recovery and identity renegotiation. Notably, all elements seem to be related to service users' desire to create a 'home', permanent or otherwise, within these different types of supported accommodation services.

In order to articulate these varied relationships, we developed a conceptual model describing service users' experiences of supported accommodation services. Within the model, service characteristics dictate the nature of all subsequent relationships. Variation within factors such as *person-centred approach*, *emphasis on 'move-on'*, the *restrictiveness of the environment* and the level of *integration between mental health and housing services* have a unidirectional effect the nature of *support* and the *relationships between staff and service users, and service user peers*. These, in turn, impact service users lived experience, altering individual perceptions of *loneliness*-connectedness, *privacy*-exposure, *security*-insecurity and *freedom*-constraint. However, these experiences occur within, and interact with, a range of social and community factors; perceptions of *stigma* and *social integration* (or otherwise) interact with all the factors in the model, thus also influencing service users' lived experience. The complex interaction between these factors can lead to positive outcomes such as increased *autonomy*, a renegotiation of *identity* and changes in perceptions of *disability and illness*. Although having different foci, our model shares some similarities with a model of housing stability for people with SMI at risk of homelessness, published by the CMHA (2002); both consider the interaction between the individual, housing, provision of support and the social/community context of the service.

As mentioned, the concept of 'home' was a common feature in reviewed papers. Indeed, many of the categories in the conceptual model are congruent with the categories representing the meaning of home for people living in 'traditional households': security and control, a reflection of one's ideas and values, a diversity of relationships, a centre of activities, a refuge, an indicator of personal status, a material structure and a place to own (Després, 1991). As a home, supported accommodation can function as a base for recovery, operating as an 'individual ideal, which can both inspire and constrain (Kellett & Moore, 2003). Without stable housing, people may not have the resources to maintain supportive relationships, attain their goals, exercise control and rebuild their identity. Home-making and recovery, therefore, are closely linked processes. Supported accommodation which becomes a home can be a foundation for recovery, however where it is missing important components, such as positive supportive relationships or support matched to individual needs it can be experienced as a static, inadequate environment that disrupts, rather than facilitates, recovery.

The elements represented in our conceptual model are those that are deemed important by service users and should therefore be considered in the assessment of quality of supported accommodation services. Indeed, the domains of the only validated quality assessment tool in this sector, the Quality Indicator for Rehabilitative Care for use in mental health supported accommodation services (QuIRC-SA) (Killaspy et al., 2016), reflect many components in our conceptual model: Living Environment, Therapeutic Environment, Treatments and

Interventions, Self-management and Autonomy, Social Interface, Human Rights, and Recovery-based Practice. This overlap validates our model but also emphasises the need to incorporate service user views when assessing quality and designing services. The diversity of service users' subjective experiences reinforces the need for a personalised approach that tailors housing and support to individual's needs and preferences.

Due to the international focus of this review, it is challenging to provide any specific recommendations in relation to broader structural or policy issues; funding approaches and statutory responsibility for care vary widely between the countries represented in this synthesis. It is clear, however, that supported accommodation services must prioritise the basic human rights of those they support; service user narratives address many core human rights associated with community-based care, such as individualised treatment, promotion of autonomy, 'least restrictive services' and the protection of human dignity (Caldas de Almeida & Killaspy, 2011). How these aspirational targets are met will depend largely on local context and resource availability, however, in almost all cases, it will necessitate clarity regarding integration; the provision of high-quality supported accommodation services requires close collaboration between government, statutory services (including health, social care, housing) and the 'third sector', with a particular emphasis funding arrangements, staffing and infrastructure, and the nature and extent of information sharing. In the UK, initiatives, such as the "Learning Network on Integrated Housing, Care and Health" (The King's Fund, 2017) have been established to promote this work.

Regardless of location, all supported accommodation services share the same primary goal: facilitating the recovery and independence of service users. A recent qualitative investigation into effective practice within supported accommodation services found a high level of congruence between staff views in residential care, supported housing and floating outreach services (see paper for model definitions; Sandhu et al., 2017). As such, practice-focussed recommendations may be more relevant here than broader, policy recommendations. Service user narratives repeatedly return to concepts relating to recovery-based practice; references to identity, choice and supportive, rather than invalidating, relationships are present throughout this synthesis. However, research suggests that there is persistent confusion amongst mental health staff as to the meaning of recovery and how it should be applied to practice (Le Boutillier et al., 2015). Our results highlight the need for continued emphasis on embedding recovery-based practice within supported accommodation services; existing, team-focussed toolkits and training programs, such as REFOCUS (Slade et al., 2015) and TRIP (Repper & Perkins, 2013), may be appropriate for use in these settings. Any intervention, however, must be undertaken with an emphasis on sustaining change; collaborative action planning, explicit management endorsement and modifying organizational structures will be essential to ensure that recovery-orientation is firmly embedded within an existing culture (see Gee, Bhanbhro, Cook, & Killaspy, 2017).

Strengths and limitations

The current review was strengthened by a thorough formal search strategy, the utilisation of a large number of databases, and the additional search processes, such as hand-searching and forward-backward snowballing. We used multiple reviewers and validation strategies. These decisions enable us to be confident in the synthesised data.

One of the strengths of the conceptual model is the congruence of themes across varied supported accommodation settings (e.g. permanent/transitional, high/low support), population groups (homeless, deinstitutionalisation, general SMI) and countries. This suggests that the findings reported here may be applicable to large proportion of current supported accommodation service users, highlighting the utility of the model in better understanding individual experiences of these settings.

To reduce the risk of bias, we decided to focus on peer-reviewed papers only; however, by omitting grey literature, we may have overlooked potentially valuable material. Additionally, some of the data extracted from the papers should be interpreted with caution. Research suggests that, when reflecting on their accommodation, service users with mental health problems are less likely to report inadequate conditions (Newman, 1995); indeed, some of the studies included in this review did not report, or were unable to elicit, negative views (Lindström et al., 2011), and a considerable proportion of participants were unable to suggest service improvements (Goering et al., 1992) . The experiences of supported accommodation reported here might therefore be overly positive. Additionally, it is possible that the inclusion of diverse models of supported accommodation may have diluted our findings; however, as noted, there was considerable thematic convergence between studies, suggesting that this had little impact on our conclusions.

Relatedly, it would have been useful to consider the influence of specific supported accommodation models on the experiences of service users. Attempts to compare service types were disrupted model ambiguity and poor definitions in the literature. This issue is well-documented, however, recently a new taxonomy, designed to facilitate synthesis of the effectiveness literature, has been developed (The Simple Taxonomy for Supported Accommodation [STAX-SA]; McPherson, Krotofil, & Killaspy, 2018). Future research should consider using this tool to compare service user experience across service models, thus providing a clearer understanding of service user experience.

We chose to exclude papers focussing on groups with specific diagnoses. This may be considered a limitation; however the decision was informed by the specialist nature of accommodation services for particular groups (e.g. integrated mental health-substance misuse treatment for dual diagnosis) and the likely impact of these settings on service user experience. Our aim was to understand experiences of 'generic' mental health supported accommodation services only.

Conclusion

This review synthesises a diverse literature to provide an overview of service users' experience of mental health supported accommodation services. It highlights the complex interplay of individual, service-level and community factors in shaping the lived experience of service users, and the subsequent impact on identity and personal recovery. This paper demonstrates that, by emphasising service users' perspectives, a synthesis of qualitative research can address some of the widely reported limitations of the quantitative research in this field (e.g. wide variation in populations, service models, terminology, and severity of presentations); the presented conceptual model is a coherent summary of service user experiences across service types, population groups and countries. While this paper cannot comment on the effectiveness of supported accommodation services, it can shed light onto contributors to service user experience, which may influence

long-term outcomes for this group. The reported findings should be seen as complementary to quantitative investigations into effectiveness.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data and material

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study. All reviewed articles are accessible through the electronic databases and journals cited above.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

JK designed the study, undertook searches, extracted data and drafted the manuscript. PM designed the study, undertook searches, extracted data and contributed to drafts of the manuscript. HK conceived and supervised the study, contributed to interpretation of the data, and critically commented on drafts of the manuscript.

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Abbreviations

ASSIA - Applied Social Sciences Index and Abstracts

NIHR – National Institute of Health Research

PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses

QuEST – Quality and effectiveness of supported tenancies for people with mental health problems

QuIRC-SA – Quality Indicator for Rehabilitative Care for use in mental health supported accommodation services

SMI – Severe mental illness

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Supporting Material

1. PRISMA checklist
2. Complete search strategy
3. Data extraction: summary table

Figure 1. PRISMA flow diagram describing identification, screening, exclusion and retention detail.

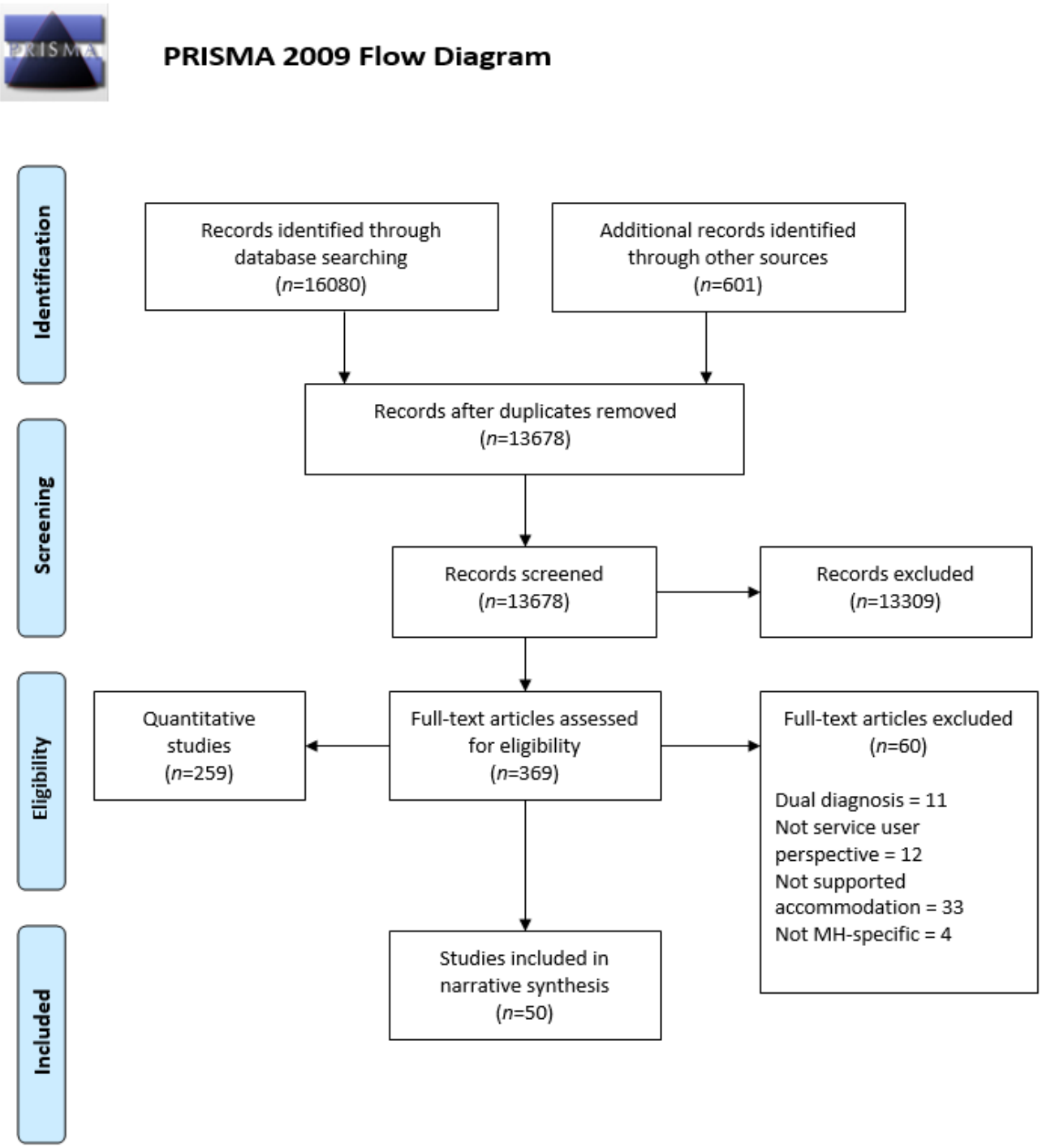
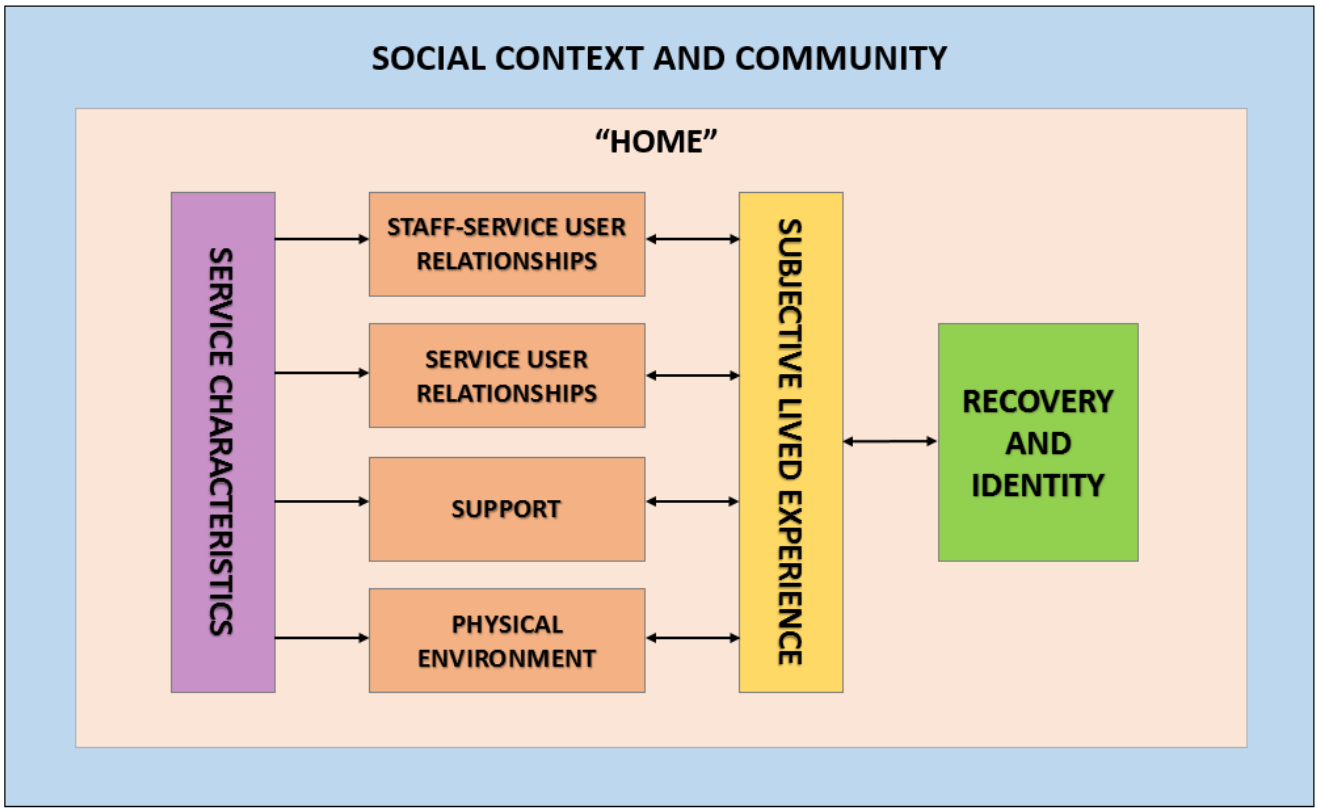


Figure 2. Conceptual model


SOCIAL CONTEXT AND COMMUNITY
"HOME"
SERVICE CHARACTERISTICS
STAFF-SERVICE USER RELATIONSHIPS
SERVICE USER RELATIONSHIPS
SUPPORT
PHYSICAL ENVIRONMENT
SUBJECTIVE LIVED EXPERIENCE
RECOVERY AND IDENTITY