

Housing Select Committee		
Title	Housing and mental health – scoping report	
Contributor	Scrutiny Manager	Item 6
Class	Part 1 (open)	6 July 2016

1. Purpose

At its meeting on 25 May 2016, the Committee agreed to hold an in-depth review into mental health and housing. This paper provides some background information about housing and mental health, nationally as well as in Lewisham, and suggests some key lines of enquiry for the review.

2. Recommendations

The Select Committee is asked to:

- Note the content of the report
- Agree the key lines of enquiry and timetable – set out in sections 9 and 10.

3. Introduction

In recent years, as awareness of mental health has increased, and public attitudes towards mental health have improved, mental health has continued to move up the policy agenda across government. Research has also recognised the significant social and economic impact that poor mental health can have – with some estimates putting the cost to the UK economy at over £100 billion a year.¹

There is now a broad consensus across society on the need for change, for a shift towards prevention and, in particular, for mental health issues to be given the same priority as physical health issues. There's also been a wider push for the integration of health and care – encouraging services to work together more to provide better health outcomes.

While the integration of health and care is taking shape, commentators have noted that there are also a number of barriers to more joined-up working when it comes to housing and mental health – particularly those around providing and sharing information.²

To develop closer working, some local areas have put in place joint-working and vulnerable-people protocols – allowing the relevant local bodies to agree and set out how they'll work together to deal with certain situations. As part of this, some local areas have also rolled out

Around 1 out of 4 people will experience a mental health problem each year.

Source: Mind

¹ Mental Health Foundation, *Fundamental Facts About Mental Health*, 2015, p1

² See, for example, Shelter, *Good practice: briefing, A long way from home, Mental distress and long-term homelessness*, Dec 2008

mental health awareness training to frontline staff – helping them to identify mental health problems and to provide more appropriate help and support.

4. National policy context

There have been a number of national policy developments in recent years – as public awareness and understanding of mental health issues has continued to grow.³

The previous government launched the mental health strategy for England, *No health without mental health*, in 2011 – setting out the government’s plans to improve people’s mental health and wellbeing and to improve services for those with mental health problems.⁴

The strategy noted the importance of housing and said that housing providers had a key role in improving mental health outcomes – both by providing settled accommodation and by providing the support services that people need to maintain their tenancies. The strategy suggested a number of ways that housing providers could support people at risk of mental ill health:⁵

People with mental health needs are more likely to be victims of violence than those without.

Source: Mental Health Foundation

What housing organisations can do:

- **Link housing and health needs assessments.** Housing organisations can improve evidence of housing needs of people with mental health problems, and use this understanding to inform local needs assessments and commissioning plans. This includes reviewing how housing waiting lists take account of mental health needs, to ensure ‘parity of esteem’ with physical health.
- **Identify tenants with risk factors for mental ill health, and deliver appropriate prevention and early intervention services.** Services could include parenting or intensive family support, floating support to single tenants, and pre-tenancy and signposting services.
- **Work with NHS organisations to provide integrated support for people with mental health problems** improving outcomes, reducing overall costs and enabling people to access the services they need.
- **Ensure staff and contractors receive appropriate, evidence-based mental health awareness training.** Training is available from a variety of providers, and can be tailored to organisations’ specific needs. Housing organisations can also offer information and training to landlords to improve their awareness of mental health issues, and support them to let accommodation to people living with mental health problems.
- **Ensure debt and rent arrears collection processes are sensitive to people with a range of needs.** This includes providing a range of ways for people to engage with the service, and offering reasonable adjustments for repayment.

³ For a comprehensive overview see: House of Commons Library, [Mental health policy in England](#), 2016

⁴ Department of Health, *No health without mental health*, 2011

⁵ Department of Health, *No health without mental health: implementation framework*, 2011, p38

Building on this, in 2014, the government published *Closing the gap: priorities for essential change in mental health*. This stated that parts of mental health care and support weren't changing fast enough, and set out 25 areas for immediate change – including providing more people with mental health problems with homes that support recovery. The report focused on supported housing, but recognised more widely the importance of settled accommodation that can support recovery from mental illness.⁶

Later in 2014, the government also published the *Mental health crisis care concordat*. This set out a joint agreement on how public services should work together to respond to people who are in a mental health crisis. It focused on the health, social care and criminal justice systems, but stated that it was also relevant to other partners, such as housing providers.⁷

Most recently, in February 2016, the independent Mental Health Taskforce, chaired by the Chief Executive of Mind, published the *Five Year Forward View for Mental Health* – setting out a series of recommendations for improving outcomes in mental health over the next ten years.

Among several other things, the wide-ranging report noted the importance of stable housing. It said that local housing providers, mental health services and local authorities, should work together and share joint plans and other information so that “*mainstream housing services can play a more active role in preventing mental health problems arising*”.⁸

5. Lewisham policy context

One of the priority areas of Lewisham's health and wellbeing strategy is improving mental health. The strategy notes that rates of both common mental illness, such as anxiety and depression, and severe mental illness, such as schizophrenia and bipolar disorders, are higher in Lewisham than the London and national average.⁹

As part of improving mental health, the health and wellbeing strategy notes, among other things, the importance of early identification – and says that “identifying risk factors and early presentation of mental health problems can prevent escalation and help recovery”.¹⁰

The Joint Strategic Needs Assessment (JSNA) underlying the strategy also notes the mental health differences within Lewisham itself – with wards in the south of the borough having 25% to 40% higher needs than other, more affluent areas – and the significant social and economic impact that poor mental health can have.¹¹ The JSNA also states that mental health care that includes elements of support outside of health, such as debt counselling,

Around three quarters of common mental illnesses, such as anxiety and depression, go undiagnosed.

Source: JSNA

⁶ Department of Health, *Closing the gap: priorities for essential change in mental health*, 2014, p28

⁷ Department of Health et al, *Mental health crisis care concordat*, 2014, p11

⁸ Mental Health Taskforce, *Five Year Forward View for Mental Health*, 2016, pp25-6

⁹ Lewisham Health and Wellbeing Board, *Achieving a healthier and happier future for all Health and wellbeing strategy*, December 2013, p19

¹⁰ *ibid*

¹¹ Lewisham Strategic Partnership, *Lewisham's Joint Strategic Needs Assessment (JSNA)*

employment support and housing support, can have a significant impact on mental health outcomes.

The JSNA points out that around half of referrals to mental health services come from agencies and organisations other than GPs – and that demand for mental health awareness training for frontline staff in non-health related organisations has been very high.

As well as the aims of the health and wellbeing strategy, a key part of Lewisham’s housing strategy is preventing homelessness – including among people with mental health needs. The strategy highlights the work of the Single Homeless Intervention and Prevention Service (SHIP) – which provides advice to residents facing homelessness – and states that simplifying the process of getting support is crucial to preventing homelessness among people with mental ill health and other needs.¹²

Rates of common mental illnesses:

- Lewisham: 19.8%
- London: 18.2%
- England: 16.6%

Source: JSNA

6. Recent research into housing and mental health

Recent research into housing and mental health has made a number of observations and recommendations about the housing-related problems faced by people with mental health needs. Some of the measures most often talked about include establishing joint-working agreements between local organisations and providing more mental health awareness training for frontline staff.

A report on housing and mental health by the NHS confederation noted that mental health issues are often cited as a reason for tenancy breakdown – and that it is often housing problems that lead to a further deterioration of mental health.¹³ Research by Shelter also found that tenancy loss is a common issue for people with mental health needs – and that losing a tenancy can often exacerbate mental health problems.¹⁴ Shelter found that, without appropriate and timely support, mental health problems can contribute to a cycle of failed tenancies and long-term homelessness.¹⁵

People with mental health issues are more likely to rent their home – and mental health issues are often a factor in tenancy breakdown.

Source: NHS Confederation

mental health needs.¹⁶ The NHS Confederation recommended, among other things, that housing and mental health providers should use predictive analysis to identify those most at

The NHS Confederation also said, however, that housing providers can play an important role in supporting people to maintain their tenancies. They said that, by working in partnership, housing and mental health providers can provide better pathways and outcomes for tenants with

¹² Lewisham Council, *Lewisham Housing Strategy 2015-2020*, March 2015, pp17-8

¹³ NHS Confederation, *Housing and mental health*, December 2011, p2

¹⁴ Shelter, *A long way from home Mental distress and long-term homelessness*, December 2008, p3

¹⁵ *ibid*, p5

¹⁶ NHS Confederation, *Housing and mental health*, December 2011, p1

risk to provide targeted care and support. They also suggested that housing providers could play a key role in signposting more people to relevant early intervention services.¹⁷

Shelter also said that housing providers have a vital role in preventing people with mental health problems from losing their tenancies and that it's crucial that frontline workers are able to identify housing problems early on. They made a number of recommendations about what action housing providers could take (see text to the right):¹⁸

- a vulnerable people protocol: a multi-agency protocol and staff training package that provides indicators for vulnerability (including loss of income, debt, rent arrears, experiences of harassment or antisocial behaviour, and episodes of stress or mental ill health), and procedures for providing timely information, advice and support to prevent tenancy loss
- jointly agreed and quickly accessible structured channels for communication and multi-agency working with external agencies, including voluntary and statutory mental health support services
- joint training of housing officers and mental health practitioners in the relationship between both mental health and housing problems
- employment of a mental health practitioner to provide support and advocacy services to tenants
- employment of an internal housing benefit liaison officer to speed up the application process, deal with delays or difficulties, and prevent rent arrears from accruing.

A report by the National Housing Federation also commented that there was huge potential for health and housing providers to work together – with considerable advantages to service users and the public purse.¹⁹ The report said that a number of housing providers were already working in partnership with local health organisations to offer psychological therapies and other early intervention services.²⁰

Recent research by the Chartered Institute of Housing (CIH) also found that the responsibilities of frontline housing staff are changing. It found that housing organisations are increasingly dealing with customers with multiple and complex needs – where a housing-only response is not enough – and that that supporting vulnerable tenants to sustain their tenancies is becoming increasingly important.²¹

Case Study: Trident Social Investment Group

Recognising the increased level of disadvantage that its residents are now facing, Trident has taken a decision to employ people with skills in care and support to undertake all of its customer-facing work. The job title of this patch-based and people-focused role is Tenant Support Officer (there is no longer a job title of 'housing officer') and the goal is to support people towards self-sufficiency, rather than being a steady state landlord. The TSO service is being delivered by Trident Reach, the charitable care/support arm of the business. This new role has been 'bolted on' to existing specialist housing teams – repairs, lettings, voids, arrears, asset management etc – making effective liaison between the TSOs and specialist teams crucial. There has been a rigorous recruitment process which has seen some people move across into the new TSO role and others remain in specialist housing roles.

Source: Chartered Institute of Housing

¹⁷ NHS Confederation, *Housing and mental health*, December 2011, p4

¹⁸ Shelter, *A long way from home Mental distress and long-term homelessness*, December 2008, p5

¹⁹ National Housing Federation, *Health and housing: worlds apart? Housing care and support solutions to health challenges*, 2010, p43

²⁰ *ibid*, p27

²¹ Chartered Institute of Housing et al, *New era, changing role for housing officers*, 2014, p13, 21

The research recognised that there is a debate about what support can be provided by housing organisations, but noted that tenancy loss is expensive to housing providers and that providing support to maintain tenancies makes good business sense.²² The research found that many housing providers are making tenancy sustainment a top priority.²³

The CIH found that many housing providers are starting to pick-up issues like non-payment earlier on, so that conversations about the underlying causes can be started – and the relevant support provided – as soon as possible.²⁴

The CIH also found that frontline collaboration is becoming increasingly important to frontline staff – and that local partnerships and shared training are too becoming more important as cuts to local services take their toll.²⁵

Case Study: Specialist providers

“Staff tend to be used to dealing with challenging people. We offer regular team meetings and supervision. Managers are always available (open door policy) and able to discuss problems. We have on call systems (1st and 2nd tiers) we can call out of hours. We use reflective practice in team meetings so people can discuss concerns and feelings. It has to be safe as people won’t open up otherwise. We have a counselling and care line (therapist or councillor) who they can call independently.” (London based specialist provider) “We operate within a PIE1 environment, training staff in a variety of techniques to have difficult conversations. Frontline staff get a monthly reflective practice session with a local psychologist from the mental health trust. We try to understand behaviours as we don’t want to exclude people. We needed to build staff resilience and coping skills so they don’t burn out or overreact to challenges and behaviours from clients.”

Source: Chartered Institute of Housing

7. What other local areas have set up

To achieve better outcomes for tenants with mental health problems, some local areas have tried to encourage closer working between local housing and mental health providers by establishing joint agreements about how tenants with mental health needs should be treated.

The Richmond upon Thames Mental Health and Housing Joint Working Protocol is a recent example. Published in May 2016, this sets out an operational-level agreement on the working relationship and information sharing arrangements between mental health services, housing providers and the council.



The agreement notes that in many cases it is only when different agencies share information that a comprehensive picture of needs and risk can be built up – and sets out mechanisms for housing and mental health professionals to share appropriate and relevant information about their service users within a framework that protects privacy.²⁶ Richmond Council said

²² Chartered Institute of Housing et al, *New era, changing role for housing officers*, 2014, p14

²³ *ibid*, p33

²⁴ *ibid*, p33

²⁵ *ibid*, p34

²⁶ Richmond Council et al, *Mental Health and Housing Joint Working Protocol*, May 2016, pp10-13

that better communication and understanding between mental health services and housing provides greater efficiencies for the council and better and smoother services for tenants.

The focus of the agreement is cases where someone with mental health needs is the victim or perpetrator of anti-social behaviour – where there is a danger that without the right information the wrong action could be taken, possibly leading to the loss of a tenancy.²⁷

The agreement also states that all professionals in partner agencies can access training on mental health and housing – held three times per year – and that following training, staff are encouraged to shadow a professional from another organisation.



Another example is Southwark Council's protocol on housing and vulnerable tenants. This sets out steps to prevent vulnerable tenants, including those with mental health needs, from becoming homeless.²⁸ Like the research above, it also notes that it's more cost-effective to support vulnerable tenants to maintain their tenancies than to evict them – and goes on to set out guidance on pre-tenancy action and dealing with problems during the tenancy.

In terms of identifying and dealing with problems during the tenancy, the guidance states that where it is known that the tenant is vulnerable and a problem arises – for example, non-payment of rent or anti-social behaviour – that the housing provider should conduct a home visit and if necessary make an appropriate referral.

Where the tenant is not previously known to any other agencies, the guidance states that they should be referred to SUSTAIN – a specialist team set up specifically to prevent tenancy breakdown by providing advice, support and making the right referrals.

Islington Council also launched a housing and mental health joint working protocol in 2011.²⁹ Like those above, this was also developed to help provide the best possible outcome for services users by improving communication and information sharing between mental health and housing providers.

It sets out the working relationships between the local health services, housing providers and the council and the procedures for dealing with vulnerable clients – including sharing personal information, routes for communication, time frames and escalation processes.



ISLINGTON

Islington council said that previously issues like hoarding may have been reported and dealt with as an anti-social behaviour issue, but that now anti-social behaviour and tenancy management teams can share information and identify the right support for residents who might be experiencing mental health issues.

²⁷ Richmond Council et al, *Mental Health and Housing Joint Working Protocol*, May 2016, p17

²⁸ Southwark Council, *Protocol with Housing - Vulnerable Tenants* [accessed June 2016]

²⁹ See, Islington Council, *Housing and Mental Health Joint Working Protocol (presentation)*, [undated]

8. Meeting the criteria for a review

A review into mental health and housing meets the criteria for carrying out a scrutiny review because:

- The issue affects a number of people living, working and studying in Lewisham
- This issue is of concern to partners, stakeholders and the community

9. Key lines of enquiry

As part of the review, the Committee will need to establish:

- The rates of mental ill health among social housing tenants
- The most common mental health issues among social housing tenants
- How housing providers currently respond to and provide for tenants with mental health problems – specific processes, special training, joint-working arrangements
- The contribution of the voluntary and community sector
- Examples of good practice from local areas

After this, the Committee can consider the following review questions:

- What are the key services to someone living in social housing with mental health needs?
- What are the barriers to closer working between relevant local bodies and organisations
- What can be done to help local housing providers identify mental health problems and provide appropriate support at the earliest possible opportunity?

10. Timetable

The Committee is asked to consider the outline timetable for the review:

First evidence session - 18 October 2016

Representatives from the Council and local housing providers

Second evidence session – 16 November 2016

Evidence from other local Councils – for example, Islington, Southwark, Richmond

Third evidence session - 10 January

Evidence from local organisations – for example, Mind, Carers Lewisham

Report – 7 March

Committee will consider a final report presenting all the evidence and agree recommendations for submission to Mayor and Cabinet.

11. Further implications

At this stage there are no specific financial, legal, environmental or equalities implications to consider. However, each will be addressed as part of the review.

For further information please contact John Bardens, Scrutiny Manager, on 02083149976 or email john.bardens@lewisham.gov.uk,