
Housing and Mental Health Charter

A multi-agency handbook for providers working across the fields of mental health and housing in Lewisham. It has been produced in partnership with representatives from housing, health, Lewisham Council, and community and voluntary sectors.

In partnership with:



Memorandum of Understanding

The partners involved in producing this handbook have made four key minimum commitments to facilitate effective multi-agency working in the best interests of the residents of Lewisham.

Commitment to:

Share this handbook with relevant colleagues at the point of induction

Improve support for residents with low level mental ill health

Work in partnership with one another, developing shared practices and joint resources where appropriate to support a borough-wide approach

Improve our understanding of mental health and the impact we can have on resident wellbeing

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What is mental health?

Much like physical health, everyone has mental health. Good mental health means being generally able to think, feel and react in ways that don't interfere with your everyday life and activities. When someone experiences mental ill health it may become more difficult to cope. Everyday tasks and activities may become difficult.

There are various approaches to mental health and mental illness around the world. In the UK, most health professionals use a set of clinical diagnoses and treatments for mental health problems. However, residents might not always find it helpful to think about their mental health in this way. Depending on the traditions and beliefs of the culture and family they grew up in, they might express their emotions differently and have different ideas about how best to cope. In many cultures, emotional wellbeing is closely associated with religious or spiritual life. There may be complex feelings related to their mental health experiences. It is important to remember that societal stigma and fear of discrimination are still of concern to many.

What is low-level mental ill health?

Mental health problems include a full range of clinical conditions. They can vary in how much they affect an individual. Certain conditions like depression and anxiety are more common. They can often be experienced on a lower level than conditions like schizophrenia or bipolar disorder. This is not always the case, and someone can have severe depression, or well-managed bipolar disorder. This handbook is focused on the lower end of the spectrum of mental ill health, typically where a resident is experiencing early onset of the symptoms or where circumstances are worsening an underlying condition. Subsequently the list below does not cover all mental health conditions.

- **Anxiety** - a normal reaction to stress from financial, family or social problems, or other threats to someone's security or wellbeing. It only becomes a problem when the anxiety gets in the way of daily life. Various symptoms include sweating, trembling, racing heart, the need to visit the toilet or difficulties breathing and panic. Often people avoid the stress by cutting themselves off from answering their phones, opening mail, or responding to attempts to contact them.
- **Depression** - people experience depression in different ways but the most common symptoms are feelings of sadness, trouble with sleep, feeling tired most of the time, negative thoughts and losing interest in social activities that they used to enjoy. When you're depressed, you may have feelings of extreme sadness that can last for a long time. These feelings are severe enough to interfere with your daily life, and can last for weeks or months, rather than days. Depression is quite common, and about 15% of people will have a bout of severe depression at some point in their lives.
- **Dementia** - dementia is a group of related conditions that all impact functions of the brain. Symptoms depend on which part of the brain is affected and can include memory loss, confusion, mood changes and a range of other difficulties with day-to-day tasks. For example the resident might be forgetting self-care or appointments, unable to carry out usual tasks like shopping, paying rent and keeping their accommodation in good condition.
- **Hoarding** - people with hoarding problems or disorder save and collect items and find it difficult to part with those possessions. Over time this can lead to the build-up of clutter in the home, which can make it difficult for people to use rooms for their intended purpose and may even create a hazard to their safety. Clutter may build up in people's home for different reasons (e.g. feeling low or worrying that something bad might happen if they were to let go of particular items). Hoarding becomes a problem when it affects the ability of a person to live comfortably and safely in their home.

Housing services

All the housing providers who have signed up to this handbook have made a commitment to the mental health of their tenants. This document provides a resource and a shared aspiration for housing in Lewisham.

Social housing

Registered providers (also known as housing associations, social housing landlords or registered social landlords) house tenants and leaseholders from varying backgrounds. Some residents will be affected by mental ill health during their tenancy.

Mental health and housing circumstances often affect each other. The following commitments show some of the ways that housing providers can support tenants.

Housing commitments:

- Train staff to help them provide advice and support to residents.
- Assess and record information about vulnerabilities, including mental ill health, at the point of sign up.
- Multi-agency collaboration and maintaining good working relationships with partner organisations.
- Have a specific process to help residents keep their tenancies, including those with mental ill health. This might be through dedicated staff, housing management, repairs, or welfare and benefits teams.
- Refer and signpost residents appropriately.
- Protect tenants through enforcement action, and follow the Care Act 2014 and Equality Act 2010.

Training and mental health awareness

Housing providers will ensure staff are trained on mental health and help residents keep their tenancy. Levels of support will vary depending on the type of accommodation.

Vulnerability assessment

As a minimum, housing providers will assess residents' needs at start of a new tenancy. They should record any needs or support requirements that are disclosed, both in order to tailor day-to-day service, where possible, and react appropriately to any problems.

Housing providers will ask residents for information and encourage disclosure. This will be treated in accordance with legislation and shared only with those with whom it would be appropriate.

Multi-agency collaboration

Housing providers attend multi-agency meetings, including domestic abuse and anti-social behaviour multi-agency risk assessment conferences, police or safer neighbourhood meetings, and case conferences. They will also call professionals' meetings for complex cases, to ensure multi-agency working.

Keeping tenancies

All providers help residents where there are concerns about their ability to keep their tenancy. This can be because of self-neglect, hoarding, anti-social behaviour linked to mental health, substance misuse, or for another reason. A provider's role is often significant as they can visit residents at home and may be the first to identify a concern.

Some do this through a dedicated individual or team, while others split this function across housing management, welfare benefits and repairs teams.

Referrals and signposting

Housing providers can refer and signpost residents to statutory and non-statutory services. They will:

- work collaboratively
- stay involved where appropriate
- share information in accordance with data sharing protocols.

Protecting tenants

Housing providers will view enforcement action, such as injunctions or possession as a last resort and will always try to use early intervention and multi- agency partnership working first. Unfortunately, sometimes this is unsuccessful and legal proceedings are necessary.

Providers are committed to protecting all residents. They always have to demonstrate that the action taken is legitimate and proportionate, taking into account the circumstances and needs of the resident.

Private landlords

Private landlords in Lewisham are often individuals with only one or two properties. They are still expected to provide safe and secure accommodation for residents in line with all relevant legislation. Our private sector housing agency is responsible for enforcement in the private rented sector. You can contact them on 020 8314 6420.

Local services

Service map

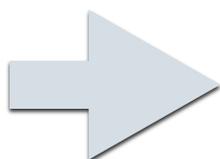
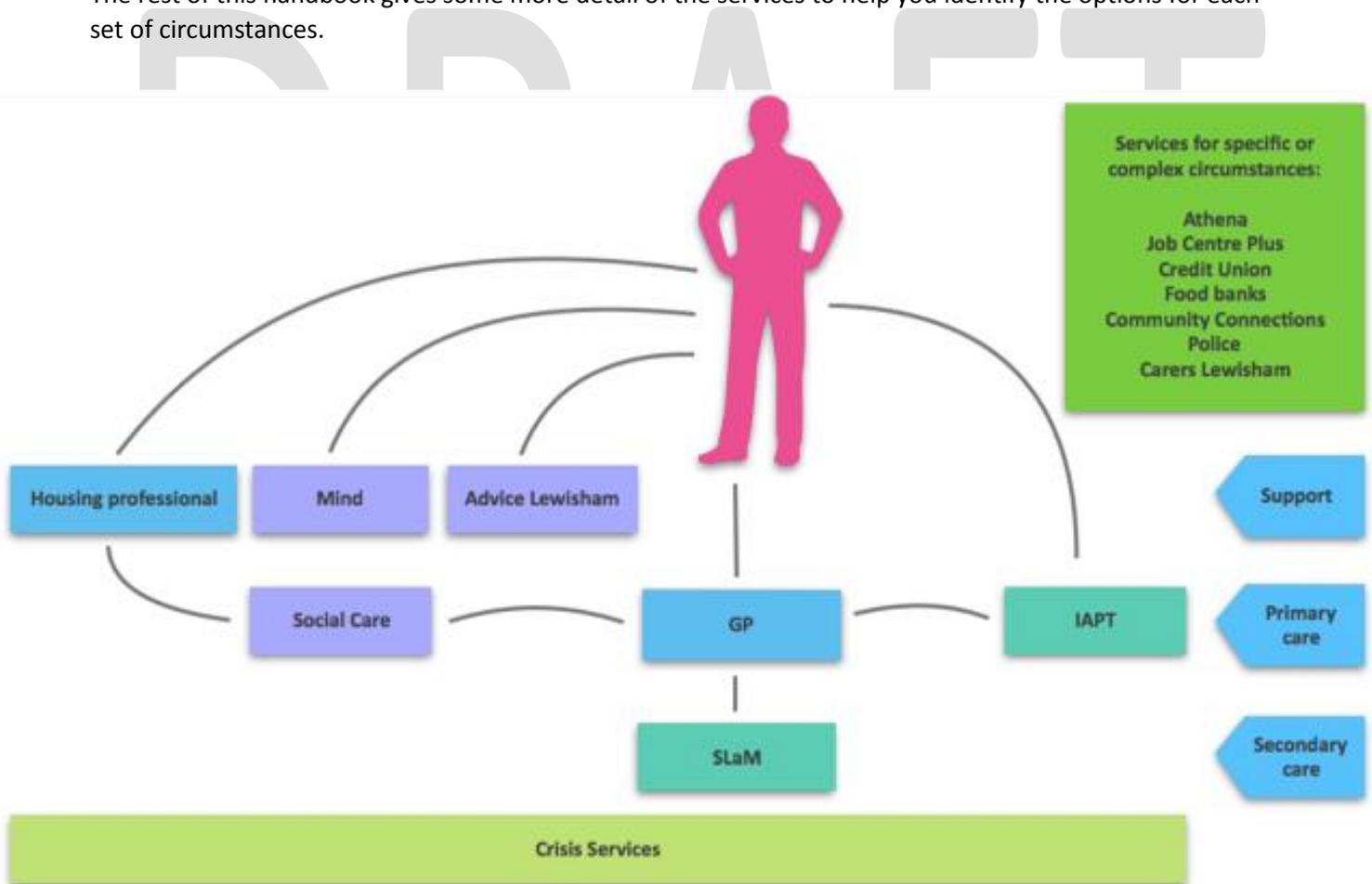
The diagram below shows the resident and some of the key services they can access, either through self-referral and disclosure or by going through their GP.

Residents should be encouraged to:

- approach their GP about options available to them
- tell their housing officer about anything that might affect their tenancy, so they get appropriate help.

Some clinical and higher-level support is 'secondary' care, meaning that a resident has to go through 'their GP first.

The rest of this handbook gives some more detail of the services to help you identify the options for each set of circumstances.



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Community services

We should encourage residents to act for themselves where they are experiencing mental ill health. Housing providers should still follow their processes for when a resident discloses a disability or health need, but more tailored services in the community may also help. The following are some community services which residents can access independently. It is not a complete list, and there is a wide range of often very targeted organisations and charities in the borough, which may be able to give advice and support.

Advice Lewisham

Freephone 0800 231 5453, 9am to 5pm Monday to Friday

Provides advice, information and assistance on a range of issues including welfare benefits, debt, housing advice, employment and career options. Specific housing advice is available from Shelter every Monday afternoon at the Leamore Centre. Home visits are available for some users and there is language support available.

Mind's peer support

Weekly group activities for anyone with a mental health problem. Provides a pathway to more community contact and to informal support from others who have lived through similar experiences.

Mind's community support service (CSS)

Supports adults of all ages with mental health problems who are under the care of their GP, IAPT, or who have a mental health problem which is not being treated.

A team of mental health advisers (MHA) provides one-to-one advice and guidance about community-based problems such as debt or social isolation. These issues might be making their mental health problems worse, or being made worse by their mental health problems. The MHAs can help people plan solutions to their problems and find ways of managing their mental health better.

Mindful Mums

Helps pregnant women and new mums learn how to stay emotionally well and develop confidence and social connections during pregnancy and the first year of birth. Groups take place at the children and family centres in the borough. Crèche facilities may be available.

Clinical services

Every resident should have a GP, who is the first step for care and support. This link can be used by residents to find a GP. They will then need to follow the instructions for registering as a patient:

<http://www.lewishamccg.nhs.uk/your-health/Pages/GP-surgeries-in-Lewisham-.aspx>

These services are designed for self-referral or for the GP to refer a resident onwards. They are clinical services aimed at the medical treatment and management of mental health conditions.

Improving access to psychological therapies (IAPT)

If you want to talk to someone about your concerns you can contact our IAPT service. It is mainly for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder.

This service is run by SLaM and it offers:

- counselling and psychological therapy
- courses, workshops and group work
- guided self-help.

Contact the IAPT service on 020 3049 2000. You can also fill out an online referral form at www.slam-iapt.nhs.uk/lewisham.

South London and Maudsley NHS Foundation Trust (SLaM)

Provides specialist care and support for individuals suffering with mental ill health. After a referral, individuals will receive a comprehensive psychiatric assessment:

- within 24 hours for urgent referrals
- within seven days for priority referrals
- within 28 days for routine referrals.

The service will only accept referrals from GPs, primary care services and local authority social care teams.

Primary care mental health (PCMHS)

Comprehensive multidisciplinary health and social care interventions for people with mental health problems. This is for people who require a level of care and support beyond that available from their GP or other primary service but who might not meet the threshold for secondary mental health care. The service provides longer-term help within the community and is accessed via the GP.

Crisis services

Sometimes a resident may experience a mental health crisis and it may be this is the first presentation of mental ill health you are aware of. In a crisis, emergency action will be needed. There are three crisis options:

If you believe someone is experiencing a mental health crisis, or acting and behaving in a way that is putting their health and or other people at risk, you can call the crisis helpline any day, any time.

Mental health crisis telephone helpline 0800 731 2864

This telephone helpline operator is employed by the South London and Maudsley NHS Foundation (SLaM). All calls are free.

If there is an imminent risk of harm to self or others, go to the nearest accident and emergency (A&E) department, where your resident can be seen by a mental health specialist.

University Hospital Lewisham
Lewisham High Street
Lewisham
SE13 6LH

If there is immediate danger, call 999 and ask for the emergency services

Other services

This handbook does not provide a complete list of all services in the borough. There are a lots of smaller or more specialist services which may be useful. There are also specific services for a variety of things that may affect or be affected by mental health needs. Here are a few examples of the type of additional support in Lewisham.

Athena

Resources and support for those experiencing gender-based violence

www.refuge.org.uk/our-work/our-services/one-stop-shop-services/athena

Jobcentre Plus

For employment and benefits-related issues

www.gov.uk/contact-jobcentre-plus

Credit unions

For financial management and access to affordable lending

www.lewishampluscu.co.uk/

www.crownsavers.co.uk/

Food banks

Supply food for people in need

www.lewisham.foodbank.org.uk

www.lwcc.org.uk/special-events/food-bank.php

www.ecclesia.uk

Community Connections

Work to reduce social isolation and low mental wellbeing, with a good network of local services

www.ageuk.org.uk/lewishamandsouthwark/services/community-connections

Carers Lewisham

Support for those providing care to friends or family

www.carerslewisham.org.uk

Information Sharing Guidance

There are many reasons why agencies may want to share information about a particular resident.

A joined-up approach often helps partners manage a resident's care. It means they can support the resident without artificial service boundaries.

It can also be important for the wellbeing of the resident, other residents and staff working with them to understand any specific needs or risks.

Information sharing, particularly in the context of health and mental wellbeing, is a protected area. The General Data Protection Regulations mean that individuals must:

- be told why their information is being held
- consent to it being shared
- have a right to prevent their information being shared and
- be able to request the deletion of any data held.

Organisations must be able to show how data will be processed, provide a privacy statement when data is collected, and abide by the rest of their obligations under data protection regulations.

Partners in this handbook have set out and agreed the following protocol for information sharing:

1. Establish that the resident has capacity

The resident can only consent if they have mental capacity. If they don't, there will be alternative steps to follow. See appendix 2 for guidance on establishing capacity.

2. Request consent from the resident

Get this consent in writing, and be specific about who they permit information to be shared between.

Only in exceptional circumstances should you contact the service or agency without the resident's consent. You will need to give the agency/service clear reasons for doing so.

Also, the resident must be informed that you are making the approach, even when they have not consented to it.

3. Contact the service or agency about the concern

If the resident does not take part or declines to give consent, you may have a concern that there will be outstanding risks or unmet needs as a result. If so, you should contact the agency or service you wanted to share information with and establish if the resident is known to them.

Advise the resident that you are planning to contact the agency or service without their consent. Give them your reasons for doing so. You will also have to give these reasons to the agency or service.

4. If the resident is known, but has not given consent, you should present your concern

The service you report it to should then try to talk to the resident about the concern you have raised and report any relevant and imminent risk of harm to the reporting service.

5. Escalate immediately if there is a threat of harm to the individual, other residents or staff

All agencies should be responsible for the safety and wellbeing of individuals in the case and should, as far as possible, act to reduce any risk while promoting the rights of an individual and their privacy.

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Appendix 1

Partner directory

This directory provides contact information for agencies or teams rather than individual services. The service contacts are provided in the body of the handbook. This is not a complete list.



Service	Description	Contact
Step 1 - Housing Where a resident is identified as having low-level mental ill health or other unidentified need, the housing provider should manage this internally through existing processes, support and services. They should also encourage the resident to inform their GP and refer to any relevant and appropriate services in the borough.		
Lewisham Homes	Lewisham Homes is our biggest social landlord, currently managing 12,500 tenanted homes and 5,000 leasehold properties on behalf of Lewisham Council. Most Lewisham Homes residents live in general needs accommodation, but there are also 18 sheltered schemes. Over 4,000 of their residents are recorded as potentially vulnerable, including 600 who have declared a mental health problem. Lewisham Homes offers a range of support including: <ul style="list-style-type: none"> • a dedicated welfare benefits team • minor property adaptations • internal redecoration • social inclusion projects in partnership with the Albany in Deptford. They're based at the Old Town Hall, Catford Road, Catford SE6 4RU (Mon–Fri).	housingmanagement@lewishamhomes.org.uk 0800 028 2028 (option 5 for housing management)
L&Q	Residents can access services through L&Q's website, by visiting local neighbourhood housing offices, over the phone, by email or by arranging a home visit by a case manager or property manager. L&Q offers a tenancy sustainment service which helps residents/vulnerable residents manage their tenancies. Vulnerable residents are identified in a number of ways including:	

	<ul style="list-style-type: none"> • support from mental health champions who are tasked with identifying the signs of poor mental health and signposting employees and residents to support networks and services • operational staff identifying a need during a visit to a tenancy • a resident directly requesting support by contacting L&Q • contractors identifying a need, possibly from observing or visiting a home to do a repair • an external agency that is aware of a resident's need and informs L&Q • a high amount of arrears being flagged up from their account <p>a potential need established before, or on, allocation of a dwelling.</p>	
Phoenix	Phoenix Community Housing (PCH) is a gateway housing association that operates with a resident-led board. They manage 6,500 properties in Bellingham, Whitefoot and Downham. All of their tenants are nominated by Lewisham Council. Their housing stock is mainly general needs. As a landlord, they are responsible for managing tenancies and leases, property repairs and maintenance and cleaning, and grounds maintenance. They operate out of a community hub based centrally, and provide a wide range of community regeneration activities to benefit residents and the wider community.	correspondence@phoenixch.org.uk 0800 028 5700
Private Sector Housing Agency	The Private Sector Housing Agency is responsible for private landlord regulation and enforcement in the borough. It can be contacted if a private sector tenant is, or is suspected to be, experiencing illegal housing conditions.	020 8314 6420
<h3>Step 2 – Community services</h3> <p>Prevention and community care are the first step for most residents with low-level mental ill health. Residents should be encouraged to seek support independently, and organisations listed below are well placed to help them. Another recommended early step is for the resident to contact their GP to share their concerns and allow them to access further support if this is identified as a need. Where behaviour may be impacting on a tenancy, the Single Homeless Intervention and Prevention Team can help develop a prevention plan to reduce the risk of homelessness.</p>		
Advice Lewisham	Advice Lewisham offers community advice and support, delivered in partnership with agencies such as Shelter and Citizen's Advice Lewisham. Residents can self-refer for support and advice.	0800 231 5453

Bromley, Lewisham and Greenwich Mind	Bromley Lewisham & Greenwich Mind is a registered charity which works alongside people with mental health needs and dementia in the London boroughs of Bromley Lewisham and Greenwich to improve the quality of their lives. They work with a wide range of organisations to help maximise the effectiveness of the support they provide, and to contribute to the development of clear, coherent care pathways. Their services are free, and they are jointly commissioned by Lewisham Council.	Peer support and LCW: 020 3288 0760 Integrated dementia service: 020 3228 5960 Mindful Mums: 07850 639818
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Step 3 – Clinical services

It is essential for residents to approach their GP to access appropriate clinical services. GP details are not provided below as each resident should have a local GP. Clinical services may be appropriate where a mental health condition is diagnosed. Secondary care may be required for more complex cases. Referrals can also be made to social care, or providers may wish to liaise with the neighbourhood coordinators to join up primary care, social care and housing.

Adult social care: neighbourhood coordinators	The neighbourhood coordinators are based within adult social care. However, they work across both social care and health to promote multi-disciplinary ways of working. They do not provide a service directly to the public but aim to support professionals to help them navigate their way through health and social care pathways. The focus is on individual patients and service users with complex needs who need input from professionals across a wide range of disciplines. They work closely with GPs and district nurses as well as adult social care staff. Colleagues who are experiencing difficulties with co-ordinating care and support for their service users can contact them for advice.	Via SCAIT: SCAIT@lewisham.gov.uk 020 314 7777 (option 1)
Adult social care: Social Care Access and Information Team (SCAIT)	SCAIT is the first point of call for most adults with care and support needs. They take referrals from the public or other professionals for adults with learning disabilities, adults with physical disabilities or older people who are struggling to manage at home. The mental health teams have their own social workers and occupational therapists. They can give information and advice to anyone with care and support needs, but can only provide a service to those who are eligible under the Care Act 2014. They are the responsible authority for all safeguarding referrals.	SCAIT@lewisham.gov.uk 020 314 7777 (option 1) Out of hours emergency only – call 020 8314 6000 and ask for the duty social worker

Health: SLaM	SLaM deals with working-age adults between 18 and 65 to provide secondary adult mental health care. Lewisham residents are generally referred into secondary services, by GP, A&E, inpatient services or police. The 'front door' of the service is assessment & liaison at Southbrook Road, who triage and assess new referrals. 90% of these referrals come from GPs. The assessment and liaison service aims to stabilise people approaching crisis point within 12 weeks. SLaM also manages the IAPT service, improving access to psychological therapies, for lower-level need.	02032282017
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Appendix 2

Mental capacity and the mental health act

The Mental Capacity Act (MCA) 2005 covers a person's ability to make decisions. These can be simple things, such as shopping and what to wear, or more complicated decisions about housing, their health or who they spend time with. There are four areas to be considered when making a judgment about someone's ability to be involved in the decision making process. These can be either to wholly make the decision or to contribute to the decision-making process. A capacity assessment should be made by the person asking the individual for a decision. They do not need to be a mental health professional, but may seek the advice of a mental health or social care professional if it is decided that the individual does not have capacity at that time and further action is required.

Can the individual...

- understand relevant information (*when presented in an appropriate way - they should understand the reasonably foreseeable consequences of doing something or doing nothing*)?
- retain information (*for long enough to make the decision*)?
- use or weigh up the information (*to make the decision*)?
- communicate their wishes, views and feelings (*in some way or another*)?

If someone has mental capacity to make a decision, even if it is unwise, then they can make that choice and face the consequences (e.g. people are free to smoke). There is no obligation to give an alternative option if someone with capacity makes an unwise choice.

The Mental Capacity Act 2005 refers to P as the person who may lack capacity and D as the person who decides if P has capacity. The act is clear – if you are 'doing something' to P (evicting, referring

on, calling an ambulance, etc) then you are D. You can't expect someone else to decide if P has capacity but you can seek help.

D must assume P has capacity

You can't decide P lacks capacity based on appearance, age, condition (including medical conditions such as dementia or mental illness), their behaviour, because they are making an 'unwise' choice or until you have made all possible steps to support them.

Capacity is time and decision-specific and needs an underlying cause

'P lacks capacity' isn't clear enough. What decision do they lack the ability to make?
e.g. 'P lacks capacity to decide [to pay their rent/to call an ambulance/to be referred].'

'P lacks capacity to decide X' isn't very clear. Is this a changeable situation or not?
e.g. 'P lacks capacity to decide X when relevant and [the decision couldn't be delayed/things won't change].'

It is helpful to add 'because of [dementia/a mental illness/intoxication/head injury, etc]'. This last point has to be 'an impairment of, or a disturbance in the functioning of, the mind or brain' (MCA). It could be temporary (e.g. alcohol) but D should then consider if the decision could be delayed.

When making a capacity decision, it may be that D finds that P has capacity, doesn't have capacity at that time to make that decision or that P has *some* capacity.

If P lacks the relevant capacity – D may have to make the decision for them – this is called a 'best-interest decision'.

Making a decision for someone else

D cannot decide what is best for P based on P's appearance, age, condition nor any aspect of P's behaviour. D must consider all the relevant circumstances. In particular, consider:

- Might P regain capacity and could the decision be postponed?
- Can P be involved at all, either at the time, via a previous written statement or previously held views?
- What beliefs/values/other factors would P consider if they could?
- Who would P want consulted? Has P named anyone? Who cares for P or is involved in P's welfare?
- What does D think P would do, if P had capacity? Not what would most people do, but what would P do?
- Relevant circumstances are defined broadly 'those of which D is aware and it is reasonable to regard as relevant'.

There is some recognition of the nature of the decision being made – calling an ambulance for someone who is unconscious is a quick decision needing less consideration and this is understood.

If D has done all this and considers it is in P's best interest, then D can make a decision or commit an act.

Recording these decisions

The record needs to include:

- why option a, over option b
- why D didn't consider option c
- what were the important factors
- who gave D the relevant information.

D should ensure that the record demonstrates to someone outside the decision (possibly a court), that D completed all the necessary steps and has a rationale for the decision they made.

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