Mental health and housing - background questions

As part of gathering information for the Committee's in-depth review of mental health and housing, I asked some of the largest housing providers in Lewisham a few questions about how they currently deal with tenants with mental health needs.

I wanted to build a picture of the good practice already in place and find out what local support services housing providers tend to work with.

I also asked about the rates of mental ill health among

tenants to try to understand the scale of the issue.

As you'll see, the picture is quite mixed. Some providers have specific policies and training in place, while others work more flexibly.

And while most housing providers regularly interact with local support services, none had agreed any specific working arrangements.

The list to the right shows the housing providers that responded (and the number of homes they manage). We also received extremely helpful responses from SLAM, Carers Lewisham, Family Health ISIS and the two lead mental-health GPs in the borough.

Lewisham Homes (14,000)

Phoenix (5,000)

Hexagon (1,000)

Affinity Sutton (650)

L&Q (7,000)

Hyde (2,500)

Family Mosaic (1,000)

I first asked about how housing officers (and other staff) currently deal with tenants with suspected mental health issues.

Most housing providers said they didn't have any specific policies or procedures in place, and that how they deal with things would depend on the particular situation and the impact on the resident's ability to manage their tenancy (Lewisham Homes for example).

Several providers said that they would usually contact the local Community Mental Health Team (CMHT), one provider said they would first speak to the individual or their GP (Lewisham Homes), and a few providers said they would make a safeguarding alert (Affinity Sutton and Family Mosaic for example).

Those providers that did have specific policies and procedures in place (Affinity Sutton, Hyde, Hexagon for example) said that they covered issues ranging from vulnerability to safeguarding and hoarding to preventing tenancy failure.

A number of housing providers said that they had special "tenancy sustainment teams" in place, which work with vulnerable tenants at risk of losing their tenancy to,

among other things, help them to manage their money (Hyde, Hexagon and Family Mosaic for example).

One provider (L&Q) explained that their tenancy sustainment service provides up to six months of holistic support. Another provider said that their service will also signpost people to other support if necessary.

In their response, SLAM mentioned that their "trust assessment and liaison teams" accept referrals from housing providers and can do joint assessments. But they said that there have been problems in the past with referrals being made without consent.

I asked each housing provider about the prevalence of mental ill health among their tenants.

Unfortunately, nearly every housing provider explained that they didn't have any reliable data – as they tend to only record mental health needs if they are disclosed.

One provider did say, however, that they are aware that mental illness is considerably more common than they have on record and that they're working on a project to increase their awareness (Phoenix).

Despite the lack of reliable data, the large majority of housing providers said, in their experience, that issues such as depression, anxiety and stress were the most common (Lewisham Homes, L&Q, Hexagon and Hyde for example).

One provider (Hexagon) said that issues like this were often related to money problems – and that one in four residents seen by their "Financial Inclusion Officers" have mental health issues.

One of the lead mentalhealth GPs also mentioned that money problems and the threat of eviction hanging over people are frequent contributors to mental health problems.

I asked housing providers if they do any work to proactively identify mental health needs among tenants.

Most providers said that they asked tenants about their about mental health and identified any support needs at the start of a tenancy or just before.

Several providers said that they carried out a specific vulnerability assessment at sign-up (Phoenix and Hyde for example).

One housing provider said they would also follow up

these early conversations at intervals during the first year (Phoenix).

One provider said that mental health issues would only be picked up if they were disclosed through their tenancy sustainment services.

I asked about how often mental illness was an underlying issue with tenancy breakdown.

Most providers said they would be unable to say, or

that they didn't record this sort of information.

But several did say that mental health issues do feature heavily in cases referred to their tenancy sustainment teams – up to 60% according to one provider (L&Q).

SLAM also said that a significant number of their clients have experienced tenancy breakdown.

I also asked about the training that housing officers (and other staff) receive about mental health and making effective referrals.

Most housing providers said that they had provided various bits of training in the past, covering issues such as hoarding, difficult and dangerous situations, and referrals (Lewisham Homes

and Affinity Sutton for example).

Only a few providers said that they had specific mental-health-awareness

training in place as standard (L&Q for example).

Some explained that more advanced training tended to be given to housing and tenancy sustainment officers and others explained that they have at least basic safeguarding training in place (Hexagon and Hyde for example).

One provider said that they had training specifically on

"having challenging conversations" planned for the year ahead (Phoenix).

SLAM said that it would be useful to set up some sort of specific training for housing officers, particularly about what can be done if someone doesn't want to engage with support.

Family Health ISIS and Carers Lewisham both said that housing officers can best support individuals with mental health needs by having a basic awareness of mental health and working with local agencies to sort out issues early on.

Family Health ISIS recommended setting up meetings with a wide range of local agencies to together explore ways of helping people.

I then asked about the support services that tended to be the most helpful.

Nearly all providers mentioned Community Mental Health Teams and floating support services such as Lewisham reach.

However, several providers said that they were finding it increasingly difficult to access some support services as eligibility criteria are tightened and funding is reduced (Hyde, L&Q and Family Mosaic for example).

One provider said that mental health services will often only pick up tenants when they have hit crisis level.

Some also mentioned that it's sometimes difficult to encourage tenants to engage with the support offered.

One housing provider (Hexagon) mentioned the increasing importance of social prescribing and peersupport services as a way of getting people out and involved in the community and reducing social isolation.

One housing provider (Hyde) also said that they'd been working with Age UK in relation to older tenants.

In their response, SLAM also said that floating support can

be extremely helpful, provided it works closely with housing providers to prevent duplication and omission.

SLAM also said that debt advice and support with hoarding behaviour are also particularly helpful.

The lead mental-health GPs in the borough both said that local support services such as Bromley and Lewisham Mind, Family Health ISIS and Sydenham Garden are important and helpful.

One of the lead mentalhealth GPs also said that people having a named housing worker has been very helpful.

I asked about the number of referrals to mental health services made each month. Most housing providers said that they make around one to three referrals a month.

In their response, SLAM said that they get around 10

referrals a month from housing providers, but that on top of this their different teams will also deal with a range of other queries from housing providers Finally, I asked each housing provider if they had come to any jointworking agreements with any local mental health services or other organisations.

None of the housing providers, or SLAM, said

they had anything like this in place.

One provider (L&Q) mentioned that they would usually attend a tenant's first meeting with a CMHT.

Another mentioned the Lewisham information sharing protocol.

A couple also mentioned the Lewisham safeguarding protocol, but said that it had fallen off the radar a bit.

Several providers said they would welcome the opportunity to work on something (Family Mosaic and Phoenix for example).