
Overview and Scrutiny

Housing and mental health

March 2017

Membership of the Housing Select Committee in 2016/17:

Councillor Carl Handley (Chair)

Councillor Peter Bernards (Vice-Chair)

Councillor John Coughlin

Councillor Liz Johnston-Franklin

Councillor Maja Hilton

Councillor Simon Hooks

Councillor Olurotimi Ogunbadewa

Councillor John Paschoud

Councillor Joan Reid

Councillor Jonathan Slater

Housing and mental health

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Chair's introduction

[to follow]

Executive Summary

- 1.1 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. Research has recognised the significant social and economic impact that poor mental health can have – some estimates putting the cost to the UK economy at over £100 billion a year.
- 1.2 There's now a broad consensus 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. But while there's been a push for the integration of health and care services, there are still a number of barriers to more joined-up working when it comes to housing and mental health.
- 1.3 Recent research into housing and mental health has made a number of findings. Some of the measures most often cited include joint-working agreements between local organisations and more mental health awareness training for frontline staff. To encourage closer working between local housing and mental health services, a number of local authorities in London have already established joint agreements on housing and mental health.

The current situation for social housing

- 1.4 Over the course of the review the Committee received evidence from range of local and national stakeholders, including some of the largest social housing providers in Lewisham. From this, a number of key themes emerged:

More people with mental health needs are being housed in general needs housing

- 1.5 Increasing numbers of vulnerable people – people with multiple and complex needs and mental health needs of various levels – are being housed in general needs housing in Lewisham. During a recent pilot in a nearby borough, for example, one provider, L&Q, found that around 50% of their residents in general needs housing had some form of vulnerability. While most housing providers were unable to provide reliable data, the large majority said that low-level or mild mental health needs, such as depression, anxiety and stress, were becoming increasingly common.

People with mental health problems often have a housing related problem too

- 1.6 The South London and Maudsley NHS Foundation Trust (SLAM), the acute mental health provider for Lewisham, said that the underlying problems for people with mental health issues are almost always related to housing and tenancy or money and debt. Mind Bromley & Lewisham said that 32% of people referred to their Community Support Service last year had a housing-related issue. One of the lead mental-health GPs in the borough also said that the threat of eviction and money problems hanging over people are frequent contributors to mental health problems.

How housing providers are responding

- 1.7 The Committee was also able to build a picture of how housing providers responding to tenants with mental health needs, including how they identify tenants with needs; what support they offer; and what training they provide staff. There were a number of key findings:

Most housing providers offer tenancy support and sustainment services

- 1.8 Most housing providers in Lewisham provide “tenancy sustainment” or “tenancy support” services. These often provide vulnerable tenants at risk of losing their tenancy with holistic support to help them stay in their home. The National Housing Federation cited Progress Housing Association in Preston as a particularly good example. Progress Futures, for example, is a free service that helps tenants access training, apprentices and employment support.
- 1.9 Lewisham Homes, despite noticing an increase in mental health issues among their tenants and finding it hard to find support for lower-level mental health problems, do not have a tenancy sustainment team in place.

Housing providers are trying to provide more targeted support and interventions

- 1.10 Family Mosaic, for example, are paying closer attention to the first year of a tenancy, looking at needs and vulnerabilities to provide more targeted interventions. Phoenix also said that they carry out a vulnerability assessment at the start of a tenancy, looking at physical and mental health and whether they have any support workers in place. Housing providers said that it’s generally in a provider’s interests to support a tenant to stay in their home. The alternative, the eviction process, is disruptive, stressful and expensive.

Most housing providers provide some form of mental health training for staff

- 1.11 Housing providers in Lewisham provide a range of mental health training on topics such as mental health pathways, signs and symptoms, and making referrals. Phoenix, for example, provide training on having “challenging conversations” to give staff the necessary skills to deal with a range of sensitive and challenging situations.
- 1.12 Mind said that housing staff need specific training on spotting when mental ill health may be the cause of the housing problem and what to do next – like mental health first aid. SLAM said that mental health training for housing officers – possibly involving their Recovery College – would be a great idea.

Ways of helping tenants to help themselves

- 1.13 Some providers, Family Mosaic for example, felt that many tenants with low-level mental health problems, like anxiety and depression, have problems with “personal motivation”. They said that housing providers need to find ways of “nudging” people into higher levels of motivation. Other providers, L&Q for example, are looking into the possibility of conditional tenancies so that they can say that a tenancy comes with the requirement to attend certain support programmes – employment coaching, for example.

Recommendations

Helping housing providers and local partners to work together

1. Housing providers and local partners, including the Council, SLAM, Mind, and other local organisations that regularly deal with mental health issues, should work together to develop an agreement/protocol on dealing with cases of low-level mental health.
2. The agreement should:
 - Set out that all housing providers should provide proactive and appropriate tenancy support services for people with mental health needs
 - Set out how partners should work together, and what they can expect from each other, in cases of low-level mental health
 - Provide a directory of relevant local advice, support and services
 - Set out pragmatic guidance on information sharing and data protection
3. The agreement should be supported by regular panel/workshop meetings where housing providers and local partners can:
 - Share their knowledge, experience and best practice
 - Build an evidence base on the prevalence of mental health issues, including low-level mental health
 - Develop a common approach to dealing with low-level mental health issues
4. The resources and structures in place for the Lewisham hoarding protocol may provide a useful model for the setting up and running of the agreement and accompanying panel/workshop meetings.

Including private landlords

5. The agreement and directory of support services should be shared with private landlords as tool that they can also use to support their tenants.

Providing tenancy support services

6. All housing providers should provide proactive and appropriate tenancy support services for people with mental health needs who may be struggling.
7. Housing providers should make help with budgeting and managing debt a key part of their tenancy support services.

Helping housing providers to identify needs

8. Where staff have a concern about a tenant's vulnerability, housing providers should carry out a vulnerability assessment early on in each tenancy to get a

better understanding of the tenant's physical and mental health, including whether they have any support or social workers.

9. Where a vulnerability assessment identifies needs, housing providers should follow this up with an appropriate number of home visits during the first year to make sure that tenants are accessing the support services they need.
10. Housing providers should reassure tenants that sharing information about their mental health will not affect their tenancy.
11. Housing providers should consider setting up a confidential phonenumber that enables staff and residents to share information anonymously if they're concerned about a person's wellbeing.
12. Some housing providers are trialling ways of categorising tenants according to their needs in order to provide more targeted interventions. Housing providers should closely monitor the results of these trials and share their experiences with each other.
13. Some housing providers are looking into ways of helping tenants by "positively influencing" their behaviour. Housing providers should share their experiences from this and how it may be relevant to cases of low-level mental ill health.

Training for housing staff

14. All housing providers should provide frontline staff with training on having "challenging conversations", to help them overcome difficulties encouraging people with low-level mental health issues to engage with support.
15. Housing providers should make sure that they've identified and provided mental health training, such as mental health first aid, to all staff likely to come into contact with tenants.
16. Mental health training for housing officers should be tailored to reflect their day-to-day experiences and be based on the situations that they are most likely to come across.
17. Housing providers and local partners should also hold joint training sessions between their respective staff on subjects and issues where it would improve the support provided to tenants to share their professional expertise.

Gathering more reliable data

18. Given the lack of reliable information on the rates of mental ill health, housing providers should look into best practice for making reliable estimates of this. As a start, this could include talking to L&Q about how they made their estimations.

Progress review

19. Six months after these recommendations are considered by the Mayor, housing providers, local partners and the council should arrange for an independent external review of the progress being made. This should be carried out by an organisation with relevant knowledge and experience, such as Shelter.

The purpose and structure of this review

- 2.1 At its meeting on 25 May 2016 the Housing Select Committee agreed to hold an in-depth review into housing and mental health, particularly how social housing tenants with low-level or mild mental health issues (such as anxiety and depression) are supported.
- 2.2 At its meeting on 6 July 2016, the Committee agreed the scope of the review.
- 2.3 It was agreed that the Committee would 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
- 2.4 The key questions the review looks to answer are:
- 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?
- 2.5 The timetable for the review was:
- In October 2016 the Committee heard from representatives from the Council and local housing providers
 - In November 2016 the Committee heard from other local Councils – for example, Islington, Southwark, Richmond
 - In January the Committee heard from local organisations – for example, Mind, Carers Lewisham

Introduction

- 3.1 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
- 3.2 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.
- 3.3 While the integration of health and care is taking shape, there are still 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
- 3.4 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 mental health awareness training to frontline staff – helping them to identify mental health problems and to provide more appropriate help and support.

National policy context

- 3.5 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
- 3.6 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
- 3.7 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

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

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

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.

- 3.8 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
- 3.9 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
- 3.10 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.
- 3.11 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

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

Lewisham policy context

3.12 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

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

Source: JSNA

3.13 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

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

3.15 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.

3.16 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

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 \(JSNA\)](#)

¹² Lewisham Council, [Lewisham Housing Strategy 2015-2020](#), March 2015, pp17-8

Recent research into housing and mental health

- 3.17 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.
- 3.18 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
- 3.19 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 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 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
- 3.20 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
- 3.21 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

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

¹⁷ *ibid*, 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

- 3.22 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
- 3.23 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
- 3.24 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
- 3.25 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

What other local areas have set up

- 3.26 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.

- 3.27 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.

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

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

²² *ibid*, 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

- 3.29 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
- 3.30 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.
- 3.31 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.
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- 3.32 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.
- 3.33 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.
- 3.34 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.
- 3.35 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.
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- 3.36 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 *ibid*, 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]

The current situation for social housing

- 4.1 Over the course of the review the Committee received a wide range of evidence, in writing and in person, from a wide range of local and national stakeholders, including some of the largest social housing providers in Lewisham.
- 4.2 This helped the Committee to start to build an understanding of the mental health-related issues currently being experienced by social housing tenants and providers, included trying to establish the prevalence and types of mental illness and mental health-related issues.

- 4.3 From this, a number of key themes emerged:

More people with mental health needs are being housed in general needs housing

- 4.4 Most housing providers in Lewisham were unable to provide reliable data on the numbers of tenants in their properties with mental health needs.
- 4.5 They told the Committee, however, that they are aware that increasing numbers of vulnerable people – people with multiple and complex needs and mental health needs of various levels – are being housed in general needs housing in Lewisham.
- 4.6 During a recent pilot in a nearby borough, for example, one provider, L&Q, found that around 50% of their residents in general needs housing had some form of vulnerability.
- 4.7 Despite the lack of reliable data, the large majority of housing providers said, in their experience, that low-level or mild mental health needs, such as depression, anxiety and stress, were becoming increasingly common across the borough.
- 4.8 These are often needs that don't quite reach the levels for statutory intervention, but which are impacting on the resident's ability to maintain their tenancy and which housing providers are finding it difficult to access the right support for.
- 4.9 The Committee was told, as things stand, that mental health problems usually have to escalate to crisis point before any help or intervention is provided. Given the damaging impact this has on the individual, their neighbours, and the providers themselves, providers agreed that more prevention and early intervention is needed – as advocated in the mental health strategy for England.³⁰
- 4.10 The Committee notes that housing providers are coming across increasing numbers of vulnerable people, particularly those with low-level or mild mental

³⁰ HM Government, *No health without mental health*, February 2011

health problems, and expresses concern about housing providers' difficulties establishing reliable data on tenants with mental health problems.

- 4.11 We know from the Lewisham JSNA that the rates of common mental illness, such as anxiety and depression, are generally higher in Lewisham than the London and national average. And if housing providers are to fully understand the scale of the issue among their tenants and respond effectively they will need more accurate information.

Recommendation

Given the lack of reliable information on the rates of mental ill health, housing providers should look into best practice for making reliable estimates of this. As a start, this could include talking to L&Q about how they made their estimations.

People with mental health problems often have a housing related problem as well

- 4.12 The South London and Maudsley NHS Foundation Trust (SLAM) explained to the Committee that while services like their Assessment and Liaison Service aim to help people recover within 12 weeks, it can often take much longer than this. They said the main reason for this is that there are often a number of other underlying problems or difficulties that people are facing that often can't be resolved within this time.

- 4.13 In SLAM's experience, these underlying problems are almost inevitably related to housing and tenancy or money and debt. If someone has a housing-related problem, SLAM will try to help them to maintain their tenancy, or find another, because if someone is having serious housing or money problems they are unlikely to make a successful recovery with just mental health treatment.

- 4.14 Mind Bromley & Lewisham said that 32% of people referred to their Community Support Service last year had a housing-related issue – 25% of these lived in the private rented sector.

SLAM manage two main intake services in Lewisham: the [Increasing Access to Psychological Therapy \(IAPT\)](#) service and the [Assessment and Liaison](#) service based at Southbrook Road.

The Assessment and Liaison service helps people who may be approaching crisis point. It aims to stabilise people within 12 weeks, but it often takes much longer. 90% of referrals to the Assessment and Liaison service come from GPs.

The IAPT service has a very high recovery rate: 50% of the people that access it get better, and around 65% of those who use the service will see a clinically significant improvement.

4.15 In Mind's experience, most housing issues relate to repairs or rent arrears. They said that living in poor conditions and not feeling like you can go to the landlord, which is often the case in private rented housing, often exacerbates anxiety, depression and other mental health issues.

4.16 To support people with low-level mental ill health living in the private rented sector, Mind will intervene and speak to the landlord on the person's behalf and try to come to an agreement. This may involve, for example, coming to a payment plan to avoid eviction or talking to the landlord about repairs that need to be done.

Mind's Community Support service in Lewisham helps people to stay out of secondary care by providing short-term interventions of around 12 weeks. However, underlying problems or difficulties, like poverty and chaotic home lives, can mean it takes longer. By intervening early on, the service is able to help people get back to the point where they can begin dealing with things themselves again, but without other support there is always a risk of them sliding back.

27% of referrals come from secondary level services, this includes 19% from the Assessment and Liaison service. 20% of referrals come from GPs. Only a handful come from housing providers.

85% of all referrals mention anxiety and depression.

4.17 One of the lead mental-health GPs in the borough mentioned that the threat of eviction and money problems hanging over people are frequent contributors to mental health problems.

4.18 The Committee noted that the percentage of people with mental health problems living in the private rented sector is only likely to increase as the sector increases as a whole, and expressed concern about the strain that this might put on mental health services in the community such as Mind.

Recommendation

The agreement and directory of support services recommended in this review should be shared with private landlords as tool that they can also use to support their tenants.

How housing providers are responding

- 5.1 From the evidence taken the Committee was also able to build a picture of the way that housing providers are currently responding to tenants with mental health needs, including how they're identifying tenants with needs; what help and support they offer; and what training they're providing to their staff.
- 5.2 The Committee heard a number of example of good practice, from local and national stakeholders, but also a number of areas where more work could be done.
- 5.3 Some of the key findings included:

Most housing providers offer tenancy support and sustainment services

- 5.4 Most housing providers in Lewisham provide a range of support services for residents struggling with a variety of issues – from help with accessing benefits to getting involved in community activities.
- 5.5 Most provide “tenancy sustainment” or “tenancy support” services of some form. Tenancy sustainment services commonly provide vulnerable tenants at risk of losing their tenancy with holistic support to help them get back on track and stay in their home.
- 5.6 As part of their tenancy sustainment services, a number of providers offer help with budgeting, and some with managing debt. The support on offer is usually for a fixed amount of time, up to six months in some cases, after which the provider may in some cases resort to eviction proceedings.
- 5.7 Mental health specialists, such as Mind, and independent financial experts, such as the Financial Ombudsman, have long spoken about the link between mental ill health and money problems.³¹
- 5.8 The National Housing Federation mentioned that most housing associations across the country provide a range of interventions, including for mental health needs, to support people to live independently and healthily. This includes employment support, tenancy sustainment, and floating support.
- 5.9 The National Housing Federation cited Progress Housing Association in Preston as a particularly good example of housing supporting people with mental health needs. After seeing increasing numbers of people with mental health needs, Progress developed a number of support services, including financial advice (in partnership the local Citizens Advice Bureau and credit union) and pre-employment support services (in partnership with local employers). Progress Futures, for example, is a free service for Progress tenants that helps them access training, apprentices and employment support to improve their job prospects and achieve their goals.

³¹ See, for example, [money and mental health, Mind website \(accessed February 2017\)](#), [mental health and debt, Financial Ombudsman website \(accessed February 2017\)](#)

- 5.10 Despite noticing an increase in mental health issues among their tenants, and finding it hard to find support for lower-level mental health problems, Lewisham Homes do not have a tenancy sustainment team in place. They said they would like to, but do not have the resources. They said that they do recognise, however, that they need to re-engage with local partners so that they are able to better signpost people to the support that is available.
- 5.11 Over the course of the review, the Committee heard that housing providers (and other partners) in Lewisham often find that mental health issues are one of the main reasons why someone has been struggling with their tenancy. One provider, Hyde, has found that the overwhelming majority of people with rent arrears and other tenancy issues, and referred for money and debt advice, have an underlying mental health issue.

Recommendations

All housing providers should provide proactive and appropriate tenancy support services for people with mental health needs who may be struggling.

Housing providers should make help with budgeting and managing debt a key part of their tenancy support services.

Housing providers are trying to provide more targeted support and interventions

- 5.12 Following the number of changes to welfare in recent years,³² and the increasing numbers of vulnerable people being housed in their properties, more housing providers are recognising that they have a responsibility to get to know their tenants and to play a role in their wellbeing.
- 5.13 Family Mosaic, for example, are now paying much closer attention to the first year of a tenancy and, as well as assessing the tenant's affordability, are also looking at their wider needs and vulnerabilities to try to provide more targeted interventions.
- 5.14 The earlier problems are picked up, the more likely – and sometimes more able – people are to engage with the support on offer.
- 5.15 The Committee was told how it's generally in a provider's interests to understand their tenants' needs and support them to stay in their home. The alternative, the eviction process, is disruptive, stressful and expensive.
- 5.16 To get a better understanding of their tenants' needs, one provider, Phoenix, explained how they carry out a vulnerability assessment at the start of a tenancy, which looks at the tenant's physical and mental health and whether

³² Major changes to the benefits system have come into force in the last few years, including the benefit cap, the bedroom tax and the roll out of universal credit

they have any support workers or social carers. (A copy of the form used for this is included in the appendices).

- 5.17 After this assessment, there are then at least three home visits during first year. One at six weeks to make sure the tenant's settled in, and again at three and eight months to make sure they're accessing the support services they need. Visits like these provide a valuable opportunity to pick up on any signs of possible mental ill health in the home.
- 5.18 Some providers have made understanding their residents' vulnerabilities part of their corporate objectives. For most providers, however, much of this work relies on finding further income. Providers stressed that the responsibilities of housing providers and other services like social care need to be carefully worked out in cases of low-level mental health.
- 5.19 As housing providers find themselves housing more and more vulnerable people likely to struggle with their tenancy, some are also looking into ways of categorising tenants according to needs so that they can provide more tailored interventions.
- 5.20 One provider, Family Mosaic, explained how they are categorising the ability of their resident to manage their tenancies on a scale of green, amber and red, and tailoring their interventions accordingly.
- 5.21 Residents in the green category would be those able to afford their tenancy and who need the least support, those in the amber category would be those who may need some support finding work or managing their money, for example, and those in the red category would be those that are a long way from a work and in need of the most support.
- 5.22 The Committee is pleased to hear that housing providers are beginning to play more of a role in their tenants' wellbeing. The Committee recognises the benefits for both tenants and housing providers of identifying problems early on, providing appropriate support and trying to maintain a tenancy – rather than going for eviction. A more proactive approach is also widely advocated by a number of other stakeholders, including the Chartered Institute for Housing, Shelter, NHS Confederation, and the Government.

Recommendations

Where staff have a concern about a tenant's vulnerability, housing providers should carry out a vulnerability assessment early on in each tenancy to get a better understanding of the tenant's physical and mental health, including whether they have any support or social workers.

Where a vulnerability assessment identifies needs, housing providers should follow this up with an appropriate number of home visits during the first year to make sure that tenants are accessing the support services they need.

Most housing providers provide some form of mental health training for staff

- 5.23 Housing providers provide their staff with a range of training on a range of issues, from hoarding to domestic violence. Most provided various levels of mental health training as well, on topics including mental health pathways, possible trigger points, signs and symptoms of mental illness, and making the right referrals.
- 5.24 Housing providers tend to focus much of their training on their frontline staff. More in-depth mental health training tends to be focused on those most likely to have to recognise and work with people with mental health issues, such as tenancy sustainment officers.
- 5.25 One provider, Phoenix, provides training on having “challenging conversations”, which is designed to give staff the necessary skills to deal with different sensitive and challenging situations.
- 5.26 As well as formal training, the Committee also heard how more experienced housing staff tend to be more familiar with local services and how this can help people get the right support earlier on.
- 5.27 Some providers, L&Q for example, have also invited local partners to speak at team meetings. Housing providers acknowledged, however, that knowledge of local services among their staff is something they could still get better at.
- 5.28 One local service provider, Mind, said that their experience of housing providers is that that they don’t understand mental health at all; that they don’t recognise mental health problems until there is a tenancy sustainment issue; and that they see anti-social behaviour as only that – they don’t see the underlying causes of the behaviour.
- 5.29 Mind said that housing providers don’t seem to have proper training or be willing to engage with services like theirs. They said that the general mental health training that housing staff commonly receive isn’t focused enough for what they need. They said housing staff need specific training on spotting when mental ill health may be the cause of the housing problem and what to do next – similar to mental health first aid.
- 5.30 Mind did mention that some individual housing officers are much better at engaging with them than others – often those who have worked with services like theirs before. But they complained that before people get to any sort of help or support they will usually have had letter after letter that they’re too scared to open, been threatened with eviction, and had people knocking on their door that they don’t know. Mind felt that people’s mental health problems were being aggravated by the systems they’re living within.

5.31 SLAM thought that mental health training for housing officers – possibly involving their *Recovery College* – would be a great idea.³³ They said that many housing officers don't have a good understanding of what SLAM can and can't do, believing that SLAM can cold-call whoever they want on the basis of a concern being raised. SLAM find that they often need to explain to partners that arranging contact with people, over the phone or face-to-face, needs to be done with consent.

SLAMrecoverycollege

5.32 After meeting with the head of housing at Southwark council, one member of the Committee spoke about how Southwark have found becoming a "Mindful Employer" a very helpful influence on their services – providing access to a number of good-practice guides covering a range of topics as well as online training modules for staff.

Mindful Employer is a voluntary NHS initiative, which aims to provide businesses and organisations with easier access to information and local support for staff that face stress, anxiety, depression or other mental health issues.

It invites organisations to sign up to its *Charter for Employers who are Positive About Mental Health*, which is a voluntary set of aspirations and quality standards – there are currently more than 1,500 signatories – and provides members with access to mental health awareness training.

The initiative has been recommended by the government and other national bodies.

5.33 The Committee is pleased to hear that most housing providers provide some level of mental health training – and hopes that all providers can build on this – but is concerned by what it heard from Mind about some housing providers.

5.34 The Committee is aware of the importance of frontline staff having the right training and knowledge if they are to be able to recognise and respond to low-level mental health problems. The Committee notes the suggestion from Mind that housing officers need more specific mental health training based on the situations they are most likely to come across. Evidence-based mental health awareness training is specifically recommended by a number of relevant stakeholders, including Shelter and the Government.

5.35 The Committee appreciates why housing providers tend to focus mental health training on frontline staff, particular given current financial pressures. The Committee was also pleased, however, to hear during the course of the review that one of the largest housing providers in the borough, Hyde, are considering extending mental health awareness training to their repairs teams, given the direct contact they have with tenants.

³³ SLAM's [Recovery College](#) provides free course on recovering from mental ill health for people who use SLAM services, their carers, and SLAM staff

Recommendations

All housing providers should provide frontline staff with training on having “challenging conversations”, to help them overcome difficulties encouraging people with low-level mental health issues to engage with support.

Housing providers should make sure that they’ve identified and provided mental health training, such as mental health first aid, to all staff likely to come into contact with tenants.

Mental health training for housing officers should be tailored to reflect their day-to-day experiences and be based on the situations that they are most likely to come across.

Housing providers and local partners should also hold joint training sessions between their respective staff on subjects and issues where it would improve the support provided to tenants to share their professional expertise.

Ways of helping tenants to help themselves

- 5.36 In its first evidence session the Committee heard that some providers, Family Mosaic for example, felt that many tenants with low-level mental health problems, like anxiety and depression, or where they are out of work, also have problems with personal motivation (as they described it). They suggested that housing providers need to find way of using “nudging” people into higher levels of personal motivation.
- 5.37 Providers discussed research that shows how creating communities with more befriending and volunteering opportunities can help with personal motivation.
- 5.38 They also talked about a method of encouraging personal resilience and self-management which has been used in healthcare settings, the Patient Activation Measure, as something that could have some application to housing support services as well.

Nudge theory, or “behavioural insights”, is based on the idea that interventions are likely to be more effective if informed by an understanding of human behaviour.

The 2010 Cabinet Office report [Applying behavioural insight to health](#) looks at how, by understanding how people react and behave in different situations, policymakers can design policy to go with the grain of how people behave rather than against it, both improving outcomes and respecting people’s autonomy.

According to the [King's Fund](#) "patient activation" is about the knowledge, skills and confidence a person has in managing their own health and health care.

People with low levels of activation are less likely to play an active role in staying healthy. They are less good at seeking help when they need it and will often prefer not to think about it.

Highly activated patients, on the other hand, are more likely to adopt healthy behaviour and to have lower rates of hospitalisation. Tailoring services to patient activation levels can also maximise productivity and efficiency.

5.39 Some providers, L&Q for example, are looking into the possibility of conditional tenancies and whether, rather than just offering people support, they can say that a tenancy comes with the requirement to attend certain support programmes – employment coaching, for example.

5.40 It was acknowledged, however, that this is a potentially tricky approach and that it would need to be carefully thought through, flexible and evidence-based.

Shelter cited their work as part of the Manchester Advice Alliance. This comprises social housing providers, local Citizens Advice Bureaus, local CCGs, and GPs and involves GPs giving advice on prescription – rather than handing out leaflets or signposting. The individual is then able to take their prescription to advice agencies. People who have used this service have said that they value the ability to access independent agencies, and that they feel in control, listened to and understood.

Recommendations

Some housing providers are trialling ways of categorising tenants according to their needs in order to provide more targeted interventions. Housing providers should closely monitor the results of these trials and share their experiences with each other.

Some housing providers are looking into ways of helping tenants by "positively influencing" their behaviour. Housing providers should share their experiences from this and how it may be relevant to cases of low-level mental ill health.

The problems that housing providers are facing

- 6.1 Through analysis of the evidence received and questioning of local and national stakeholders the Committee was also able identify some of the barriers potentially holding housing providers back from proving more effective support for tenants with mental health needs – as well as what can be done to help overcome these.
- 6.2 The key issues that emerged were:

Housing providers are having information-gathering difficulties

- 6.3 The Committee heard that most housing providers have experienced problems with either sharing or gathering information about the mental health needs of their tenants.
- 6.4 Housing providers said that sharing information about tenants' needs is often unnecessarily complex and difficult – with the law around data protection widely misunderstood and allowed to get in the way.
- 6.5 Housing providers are also finding that some tenants are uncomfortable with telling them that they have a mental health issue which makes getting that tenant's consent to make a referral, or share information about them with local partners, extremely difficult.
- 6.6 Most housing providers are struggling to gather reliable data on the numbers of people in their properties with mental health issues. They said that some tenants are reluctant to share information that they think will affect their tenancy and, given the nature of mental health, others may not even realise they have an illness or need help.
- 6.7 To overcome some of their information-sharing problems, one provider, Family Mosaic, has established a confidential helpline, which allows people to share information anonymously if they're concerned about a person's wellbeing.
- 6.8 The Committee was told how repairs teams, for example, often see things that others won't and how this helpline gives them an easy and anonymous way of reporting their concerns.
- 6.9 Other providers, Phoenix for example, spoke about how they rely on building open and trusting relationships with their tenants and good working relationships with their local partners to find out about their tenants' vulnerabilities.
- 6.10 The Committee expresses concern about the difficulties housing providers are having gathering and sharing information and notes how this can prevent people with low-level mental health needs getting the support that they need. Encouraging housing providers, mental health services and local authorities to work together and share information was a key point of the NHS's Five Year Forward View for Mental Health.

- 6.11 The Committee notes that there is also a need for better guidance on data protection, confidentiality and the information providers can share to help people, including when and how to ask for consent. The Committee notes that the Social Care Institute for Excellence has published online information-sharing guidance for frontline housing staff and contractors.³⁴

Recommendations

Housing providers should reassure tenants that sharing information about their mental health will not affect their tenancy.

Housing providers should consider setting up a confidential phonenumber that enables staff and residents to share information anonymously if they're concerned about a person's wellbeing.

Housing providers and local partners are not working together

- 6.12 Over the course of the review, the Committee heard that housing providers and other local partners have experienced a number of problems working with each other and trying to work more closely.
- 6.13 One housing provider, Phoenix, spoke about the problems they've had with not hearing back from local partners after making referrals to them – social care, for example. They explained how they've previously made referrals, expecting someone from that organisation to make contact with the person, only to later find out that the case has been closed without any contact being made.
- 6.14 The Committee was told how much harder this makes it for housing providers to keep track of their tenants' wellbeing and make sure they're getting the support they need.
- 6.15 According to one of the largest housing providers in the borough, Hyde, frontline staff are finding it incredibly difficult to access professional support once they've picked up on someone's mental health problems. After being consulted, nearly all frontline staff at this provider said that they'd like to see better access to support for low-level mental health problems.
- 6.16 Several witnesses told the Committee that there is an overwhelming lack of cohesion between housing providers and other local partners, and that providing effective early support currently relies on individuals building good relationships with other individuals in other agencies. Given that these relationships and arrangements are liable to breaking down when these individuals move on, witnesses suggested that having one agreed way of

³⁴ SCIE, [Sharing information, joint working and communication: Guidance for frontline housing staff and contractors](#) (accessed February 2017)

working between local partners would help everyone to provide more consistent and effective support.

- 6.17 A number of providers noted that Lewisham used to have a hoarding protocol and panel in place, which had helped local partners coordinate their actions better, and suggested that it would be helpful if the protocol and panel could be refreshed.
- 6.18 Council officers assured providers that there is still an officer responsible for the hoarding protocol.
- 6.19 A member of the Committee also spoke about the hoarding and anti-social behaviour protocols and panels in place in Southwark, and how these have allowed people from different organisations to come together and address situations and people's needs holistically.
- 6.20 Shelter and the National Housing Federation both advocated a multi-agency, whole-system approach.
- 6.21 Shelter cited the example of their new Welcome Home Service in Birmingham. This is a partnership between Shelter and Birmingham Mind which involves specialists from Mind and Shelter embedded in clinical settings, helping people with mental health related issues. Mind helps with issues such as access to counselling and Shelter help with problems related to landlords, benefits and rent deposits.
- 6.22 The National Housing Federation cited the health and housing memorandum of understanding in Nottingham as a good example of health and housing working together.³⁵

The *Nottingham Memorandum of Understanding* is an agreement between local health, social care, housing and support colleagues who are committing to working in partnership to ensure that there is cross-sector identification and awareness of the needs of the local population. The Memorandum of Understanding provides the detail of how partners aim to fulfil the priorities set out in the local governing strategies for housing and health and wellbeing in Nottingham through early intervention and prevention activity.

- 6.23 Nearly everyone the Committee heard from over the course of the review expressed a strong interest in the idea of setting up a panel or workshop for housing providers to come together and share information, experiences, and best practice. Housing providers in particular recognised that they're all facing very similar challenges and that a panel or workshop would be a good way to build an evidence base about what works and come to a common approach, rather than trying to work it out individually.
- 6.24 Housing providers suggested that it might also be helpful to involve other local partners from across the mental health pathway. The Committee was told that

³⁵ [Memorandum of Understanding to Support Joint Action on Improving Health through the Home: Nottingham a Local Perspective](#), July 2016

the longer a problem goes on the more difficult it tends to be to intervene, and that perhaps coming to a clear agreement on ways of working between housing providers and local partners could help them to work together and sort things out earlier on.

- 6.25 Housing providers spoke about how there have been lots of changes to services in the borough recently and suggested that mapping what is now available would also help them to provide more appropriate and timely interventions. They reiterated to the Committee that it's often obvious to their frontline staff that something is wrong, but while they want to help, they don't always know where to go.
- 6.26 The South London and Maudsley NHS Foundation Trust (SLAM), the acute mental health provider in Lewisham, also suggested that a clear agreement on ways of working between all the relevant agencies in the borough, setting out in particular how people with low-level mental health issues should be helped, would be a really good idea.
- 6.27 SLAM weren't aware of anything like this in Lewisham and told the Committee that many people, including housing officers, misunderstand what SLAM can and can't do.
- 6.28 One local support agency said that some sort of local wellbeing panel or workshop, where providers could share ideas and establish relationships with other services in the borough (for them, the CCG in particular), would also help them to better support people with low-level mental ill health in the private rented sector.
- 6.29 While there was broad support for setting up an agreement, with an accompanying panel or workshop, housing providers said that there are questions that need to be addressed about who would be responsible for setting up and running things.
- 6.30 The Committee expresses considerable concern about the reported lack of cohesion among housing and mental health providers, and the reported gaps in knowledge among housing providers of what help there is for people with low-level mental health issues. The Committee believes that this is clearly preventing vulnerable tenants from accessing more effective and timely support.
- 6.31 Shelter, among others, have long-advocated the establishing of multi-agency protocols, with clear channels of communication, to help provide timely support, share information, and avoid tenancy loss.
- 6.32 The Committee strongly believes that investing in better coordination and early intervention for low-level mental health problems is more effective, and cheaper, in the long run.

Recommendations

Housing providers and local partners, including the Council, SLAM, Mind, and other local organisations that regularly deal with mental health issues, should work together to develop an agreement/protocol on dealing with cases of low-level mental health.

The agreement should:

- Set out that all housing providers should provide proactive and appropriate tenancy support services for people with mental health needs
- Set out how partners should work together, and what they can expect from each other, in cases of low-level mental health
- Provide a directory of relevant local advice, support and services
- Set out pragmatic guidance on information sharing and data protection

The agreement should be supported by regular panel/workshop meetings where housing providers and local partners can:

- Share their knowledge, experience and best practice
- Build an evidence base on the prevalence of mental health issues, including low-level mental health
- Develop a common approach to dealing with low-level mental health issues

The resources and structures in place for the Lewisham hoarding protocol may provide a useful model for the setting up and running of the agreement and accompanying panel/workshop meetings.

Monitoring and ongoing scrutiny

- 6.33 The recommendations from the review will be referred for consideration by the Mayor and Cabinet at their meeting on 22 March 2017 and their response reported back to the Committee within two months of the meeting. The Committee will also receive a progress update in six months in order to monitor the implementation of the review's recommendations.