Mapping the issues of mental health, social inclusion, and housing

Social inclusion means ensuring that all individuals, despite any particular perceived "differentness"[i] or disadvantage in life, may nevertheless feel at home in the world, and find a sense of belonging in their local community. But the most important place to feel at home, is at home.

Good quality, safe and suitable accommodation is one of the cornerstones of well-being, and individuals with mental health difficulties are no different in this respect from any others in society. Alongside financial security, constructive activity, and a welcoming family or social circle, good housing is one of the most common aspirations of service users, and their carers.

For many people, access to decent housing, with the appropriate support to help manage the ordinary tasks of living, can be the key to finding a better quality of life, achieving a positive relationship with immediate neighbours, maintaining independence and having an accepted "place" within the local community.

Disadvantage

Yet there is strong evidence to suggest that people who use mental health services are also at a distinct disadvantage in the housing market.

- Those with mental health problems are significantly under-represented in owner-occupier housing – generally seen as the most socially valued and secure housing in contemporary Britain[ii].
- There are recent reports[iii] identifying a shortage of suitable accommodation, including in particular of supported accommodation, as a major factor in delayed discharge from hospital (or "bed blocking").
- Mental health problems figure highly in the identified risk factors for tenancy breakdown[iv] (just as housing problems, in turn, figure highly in the triggers for admission or re-admission to psychiatric care[v]).
- Many studies indicate a very high prevalence of mental health and in particular of serious mental health disorders amongst homeless people[vi].
- Younger adults, particularly in rural areas, will often remain in the family home, for want of suitable accommodation nearby; and this "hidden homelessness" can give rise to additional stress to both parties, and inhibit the progress to independence.
- There are consistently higher concentrations of individuals with mental health problems in inner city areas, where poor housing – including overcrowding, multi-occupancy and a dependence on high-rise accommodation[vii],– is found to exacerbate other mental health difficulties[viii].
- Studies of area-based neighbourhood renewal initiatives indicate significant benefit to residents in reducing individual ill health, including in particular mental health[ix].
- Studies indicate that medical priority re-housing on mental health grounds (as compared to physical disability) is particularly effective[x] at relieving distress, suggesting that mental health difficulties may be particularly responsive to poor housing and to an improvement in housing circumstances.

Support needs

Coping with household finances, bills, and the complexities of the benefits system; organising practical tasks, such as basic repairs and upkeep; sustaining relationships with neighbours, and with the landlord or housing agency staff; all these can be demanding at times for us all.

But these aspects and responsibilities of ordinary living may be simply harder for those who are also struggling with mental or emotional difficulties, the sedative or other side-effects of medication, and the misunderstanding and stigma that still all too often accompanies and exacerbates mental ill health.

As a result, a new form of support service has gradually arisen in recent years, primarily found in social housing[xi], which aims to assist vulnerable tenants with the practicalities of maintaining a tenancy, and with the necessary emotional and social support to sustain more independent living. The range of support activities can be quite broad; but all come under the general category of "housing-related support".

Housing-related support may include:

Assistance with and teaching of life skills; talking through problems and coping skills; encouragement and support in social activities; liaison with relatives; assistance with claiming appropriate benefits and associated problems (including housing benefit claims); help with budgeting and financial arrangements; advocacy; controlling access and prompting to lock up properly; advice on use of household appliances including safe handling; advice on food handling and correct storage; prompting for personal hygiene and cleanliness of room and communal areas; prompting to take medication; overseeing access to GP, medical and social service appointments; anger management; intervention and resolution of disputes amongst residents; a 24-hr on call service; "general counselling"; management of referrals – including initial hospital visits, attendance at discharge meetings; trial visits, and setting up GP, dental and Post Office service; ongoing management of service user placement – including attendance at CPA reviews, review of benefit claims and overseeing of repeat prescriptions; peer support and befriending; enabling access to community facilities and culture-specific services..

Supported accommodation services

Since the 1990s, and particularly in the first few years of the new century, there has been a significant increase in the number of people with mental health problems (including those with drug- and alcohol problems) living in supported accommodation projects, that is, in accommodation that individuals move into, in order to receive the practical and emotional support that is available there - whether in hostel-style buildings, or in smaller complexes or campuses, more comparable to warden-aided accommodation for the elderly.

There is certainly a great demand for intensively or medium-intensively supported accommodation, whether as an alternative to admission[xii], or in hostel- or campus-style environment for rehabilitation in a more naturalistic setting than a ward, or as a facility for long-term support for those truly unable to live alone.

For those who have repeatedly found themselves unable, even with extra support, to manage a fully independent tenancy, longer-term supported accommodation may offer a better alternative to prolonged in-patient stay, or a cycle of isolated living, tenancy breakdown, hospital re-admission, and delayed discharge etc etc.

It appears that intensively supported accommodation can accommodate and support individuals almost as vulnerable or at risk as those found otherwise as long-stay patients in hospital units. But as tenants, such individuals can find significantly greater autonomy than in-patients can normally expect.

> Since supported accommodation tenants retain responsibility for their keep, and receive their full welfare benefit entitlements (in contrast to long-stay in-patients, or those in care homes), they remain more financially independent, and so more able to keep up, with suitable support, the ordinary practical tasks of shopping, etc, and of social activities such as cinema or leisure centre trips, to help re-establish themselves in the ordinary social world.

Flexible or "floating" support services

In addition to such specialist, supported accommodation, that individuals must move to, there are also now many support schemes whereby individuals receive essentially the same valuable support, but in dispersed, "ordinary" housing, through "floating support" services.

This is the term now used for housing-related support which is not, in principle, tied to living in any particular property where the support is to be found (such as a hostel, group home or complex of flats), but instead is focused on the individual, wherever they may be staying. Floating support offers particular flexibility, moving with the individual as they move to other accommodation, and it can gradually increase or reduce, according to need.

Floating support is therefore very well suited to resettlement work with individuals going through a personal crisis that has led to homelessness, hospitalization, or a temporary need for immediate shelter - such as those moving on from a hostel or a refuge. Nevertheless, in some cases, the range of support tasks, and the underlying philosophy of supporting independence, may make floating support equally suitable to provide a more long-term, stabilising support for those who would be otherwise at constant risk of slipping into preventable crises.

Floating support from visiting staff may not provide the same degree of consistent security as 24-hr on-site staffing can, in supported accommodation for the most vulnerable. But for many mental health service users, flexibly offered low-key emotional and practical support may often be as valuable in helping them cope, and there is some evidence that many service users themselves, given the choice, often prefer not to live amongst others with similar difficulties in living[xiii].

Integrating supported accommodation with floating support

Whether in supported accommodation services – services under one roof - or in dispersed accommodation via floating support, these "new model" support services focus on encouraging independence, and positive engagement with local community facilities and activities, and enhancing a sense of belonging in the community, by building upon people's aspirations, rather than focussing more narrowly on the causes of dependency with treatment-oriented solutions.

Supported accommodation and floating support can be seen as the two "wings" of supported housing, and therefore as offering service users new options. But there are also very valuable synergies – in terms of flexibility, in terms of user-choice, and in terms of cost-effectiveness - in linking the two. Staffed supported accommodation can be used as a local base or "core" unit for support to a "cluster" of more independent households, dispersed in the vicinity.

One clear advantage of this integrated model is that it offers support which is both flexible and accessible, on the user's terms. Instead of simply waiting for a support worker to visit, cluster- supported individuals may themselves go to the support service base for low-key social and practical support whenever they may choose[xiv]; the support relationship is thus on a more even footing, with the tenant less dependent on the worker's availability for visiting.

It also means that, besides professional support from a worker, peer support and befriending also become available to the "floating support" tenant who is at risk of isolation. This facility is clearly particularly useful where it is able to offer extended, out-of-hours back-up social support, such as in the evening or at weekends[xv]. Finally, people in the core house will get to know the people who are living more independently; and this can increase confidence and inspire them to develop their own skills, perhaps then to move on, with continuing support

> By combining the strengths of the congregated care model – in robustness and cost-effectiveness of the support service – with the strengths of the dispersed or floating support model – in flexibility, autonomy and greater user choice – and also by offering continuity of support for individuals who may need to progress gradually towards greater independence, the "core and cluster" support model offers significant advantages over either service, operating on its own.

Working with housing departments and associations

But even where such "floating support" can now be available to tenants in ordinary (usually called "general needs") accommodation, housing services themselves may often not feel confident of their ability to recognise mental health problems underlying tenancy difficulties, and be unclear as to how to respond appropriately.

Housing staff report[xvi] feeling under-informed on mental health issues, or on the organisation or function of mental health services, and how to identify and respond to concerns that may require specialist professional intervention - when and who to call. Here, mental health awareness training, especially where it can also involve service users as part of the training team, can give confidence to housing staff, and so help to build bridges between agencies, as well as between housing staff and tenants.

> Initiatives such as identified "link worker staff" in housing services, and established communication channels between local agencies, with clarified protocols around confidentiality, and mechanisms to "flag up" causes of concern such as arrears through benefit claims lapses, can do a great deal to prevent problems overwhelming an individual who is struggling to cope.

Despite the obstacles to overcome, we are now beginning to see ordinary housing services concerning themselves not just with the bricks-and-mortar issues of allocating

accommodation and arranging repairs, but also assisting in identifying the support needs of individuals, to help them maintain themselves in their accommodation, and arranging for support workers, or for referral to specialist support agencies, as a part of their basic housing management task.

Coherent commissioning and integration

In 1999, the government published the National Services Framework for Mental Health, which called for more inter-agency planning and for development of a continuum of accommodation for those with mental health problems, citing staffed and supported accommodation, long stay secure accommodation, crisis and refuge places, service-user-run sanctuaries, family placement and respite, and supported living options, including individual tenancies and shared living with flexible support[xvii].

In a parallel development in the same year, recognising the valuable contribution of the new housing-related support model (as above), and the need for better integration with other agencies and programmes, the DSS and DETR - as they then were:- now DWP and ODPM - announced[xviii] the intention to introduce a new programme, to bring together all these new developments in housing-related support within each local authority area.

The new programme, called Supporting People, set out to identify and co-ordinate all such supported housing services for all client groups in each locality, in order to ensure better coverage, to drive up standards, and to ensure the best targeting of resources on local needs, in conjunction with other stakeholder agencies such as housing, health, and probation services.

Evaluation of impact

Across the whole of the country, we therefore find attempts now, co-ordinated through the Supporting People programme, to obtain a better overview of needs. With this overview comes the opportunity, through more integrated and flexible funding, to re-shape the pattern of services, moving away from more institutional, congregated models of care and support, and towards more effective packages of "housing-related support" – whether in shared or in individual accommodation, whichever may be most suitable.

For the first time, there will be, gathered in one place, all the necessary information to identify supported housing services and begin to address needs. The role of housing, and of housing-related support, now enters a new era, and one in which issues of social inclusion for those with mental health problems can include and address issues of accommodation.

Recognising innovative practice

Some examples of good practice, taken both from supported accommodation and housing-related support services, and from general needs housing practice, include:-

- Introduction of support needs assessments at the point of tenancy sign-up in general needs housing
- Agreement on confidentiality protocols between local housing and mental health services
- Mental health awareness training for housing staff, partly or entirely delivered by mental health service users.
- Mental Health service “linkworkers” assigned within homeless persons services
- Housing “linkworkers” assigned within mental health services
- Housing support staff located in multi-disciplinary teams.
- Shared training events and resources (such as offices)

Mapping supply

The most recent figures show that, from a grand total of £1.8 billion for England as a whole, £261.8 million - approximately 14.4 % of all Supporting People funds - is spent on services identifying those with mental health problems as their primary client group; of which, one third are individuals in their own homes, receiving floating support. A further £42.8 million - 2.5 % of the total – goes on services identifying drug- and/or alcohol dependency as their primary concern (of which one half and one third, respectively, via floating support).

But a further £426 million goes to support people with learning difficulties; and £353 million – or 19.5 % - goes to support for homeless persons, with, again, one fifth provided as floating support; and there are smaller amounts going to "other" services. Each of these categories is likely to include some proportion of people with additional mental health difficulties. Considering the numbers of homeless persons with mental health and/or drug- and alcohol problems, the expansion in homeless persons support presents both a new opportunity and a new challenge for better-integrated services.

The development of these new housing-related support services across the regions has often been un-co-ordinated, and remains patchy. Some areas have seen a real expansion of both the capacity and the quality of housing supports for those with mental health, or with drug- or alcohol problems; others relatively little. The overall picture in each region is still emerging.

There is certainly still much work to be done to ensure countrywide coverage of these alternatives to more conventional mental health interventions. Meanwhile, the relative patchiness of services may even prove a strength, in the short term, if it allows us to compare the range of options available across many areas, and evaluate the comparative impact of these new services, where they are operating, on other mental health resource pressures.

Identifying quality

The absence of large scale and systematic studies of the efficacy and impact of housing and housing support on mental health[xix] may now be holding up developments in services, and the introduction of Supporting People has mean that even quite recent research on good practice in social housing now needs up-dating. Contemporary research on the various models of support, and their impact, is needed.

NIMHE is therefore keen to identify, promote and disseminate the findings of research on innovation and good practice in the field, and has commissioned preliminary research work which will assist regions in mapping provision in their area, and working with providers and local commissioning services in identifying and promoting positive developments and opening channels of communication .

This, in turn, will enable a more thorough-going inter-agency evaluation of the role, the perceived value, and the cost-effectiveness of housing-related support, as an exciting contribution to the ambition to promote social inclusion in mental health.

> Work has begun within the Northern Centre for Mental Health on a mapping of housing-related services across the two regions, contrasting areas with developed and under-developed services; on identifying innovations and good practice models; bringing together local SP and mental health commissioners, and establishing better channels of communication between housing and mental health agencies. We will report on this work in the course of 2004, to co-incide with the Social Exclusion Unit's current consultations on mental health and social inclusion.

Footnotes and references

[i] Sayce, L "From Psychiatric Patient to Citizen; Overcoming Discrimination and Social Exclusion", Palgrave, 2000; also Malcolm Harrison with Cathy Davis, "Housing, social policy and difference", The Policy Press, 2001.
[ii] Meltzer et al "The social and economic circumstances of adults with mental disorders", Office of National Statistics, 2002.
[iii] Greater London Authority (GLA), Association of London Government (ALG), Sainsbury Centre for Mental Health (SCMH) and Advocacy Really Works (ARW); "Getting a move on." Mayor of London, 2003
[iv] Slade M, et al "Risk factors for tenancy breakdown for mentally ill people", Journal of Mental Health, 1999.
[v] From interviews with clinician staff: there are few systematic studies on the social – rather than medical – triggers for admission.
[vi] Odell SM, Commander MJ, "Risks factors for homelessness among people with psychotic disorders" Soc Psychiatry Psychiatr Epidemiol. 2000 Sep;35(9. and many other similar articles.
[vii] Hanrahan P, et al "Housing satisfaction and service use by mentally ill persons in community integrated living arrangements"; Psychiatr Serv. 2001 Sep;52(9). NB: high-rise accommodation, in particular, is often identified by users – and particularly by carers – as unsuitable; yet pressure on housing stock means that it is often all that is available.
[viii] Kai J, Crosland A, "Prevalence of enduring and disabling mental illness in the inner city": Br J Gen Pract. 2000 Dec;50(461): also Ellaway A, et al "Mums on Prozac, kids on inhalers: the need for research on the potential for improving health through housing interventions." Health Bull (Edinb). 2000 Jul;58(4); also Latkin CA, Curry AD. "Stressful neighborhoods and depression: a prospective study of the impact of neighborhood disorder." Health Soc Behav. 2003 Mar ;44(1); and Leventhal T, Brooks-Gunn J. . "Moving to opportunity: an experimental study of neighborhood effects on mental health." Am J Public Health. 2003 Sep;93(9).
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[x] Blackman T, et al "Change in adult health following medical priority rehousing: a longitudinal study"; . J Public Health Med. 2003 Mar;25(1): Elton PJ, Packer JM. "A prospective randomised trial of the value of rehousing on the grounds of mental ill-health" J Chronic Dis. 1986;39(3); also Leventhal T, Brooks-Gunn J. op. cit.
[xi] Housing-related support services are in principle equally available to tenants of private landlords, although with the exception of small "group home" or "family placement" services, the support providers to private sector tenants are more typically not-for-profit services.
[xii] Goodwin R, Lyons JS "An emergency housing program as an alternative to inpatient treatment for persons with severe mental illness." Psychiatr Serv. 2001 Jan;52(1) Bond GR et al "A comparison of two crisis housing alternatives to psychiatric hospitalization." Hosp Community Psychiatry. 1989 Feb;40(2).
[xiii] Walker R, Seasons M. "Supported housing for people with serious mental illness: resident perspectives on housing."; Can J Commun Ment Health. 2002 Spring;21(1): Owen C, et al "Housing accommodation preferences of people with psychiatric disabilities." Psychiatr Serv. 1996 Jun;47(6): Tanzman B., "An overview of surveys of mental health consumers' preferences for housing and support services". Hosp Community Psychiatry. 1993 May;44(5); Newman SJ. "Housing attributes and serious mental illness: implications for research and practice." Psychiatr Serv. 2001 Oct;52(10). D. Rose & M. Muijen. '24-hour nursed care: Users' views'. Journal of Mental Health Dec 1998. 7, 6, 603-610.
But see also: Rogers ES, et al "The residential needs and preferences of persons with serious mental illness: a comparison of consumers and family members." J Ment Health Adm. 1994 Winter ;21(1). An initial wariness of supported accommodation is common with other client groups also; but surveys also indicate that those who do accept supported accommodation express significantly higher levels of satisfaction; see DETR "Under-occupancy in social housing" HMSO 2001.
[xiv] Some units, in order not to disturb residents, may restrict social visiting to certain hours; and outside these hours, are available on telephone, and/or call out by visiting staff, for crises only.
[xv] NB: where local supported accommodation is not available or not suitable, in some cases, other local community facilities such as day care or community centres, opening out of hours, can also function as local "cores" for dispersed supportive housing.
[xvi] But see also Chartered Institute of Housing: "Response to Mental Health and Social Exclusion Consultation Document, 2003.", CIH website for under-recognition of housing staff's knowledge of tenants; also Sharples A, et al 'Floating support': implications for interprofessional working". J Interprof Care. 2002 Nov;16(4):
[xvii] See especially pp. 48, 51, 62, 64, "A National Service Framework for Mental Health Services, " Dept of Health, 1999. The Framework also calls for local information-sharing protocols, stipulating enhanced CPA clients; the communication channels, once in place, can be offered as a safety-net service to all tenants on any level of CPA.
[xviii] DSS, "Supporting People; a New Policy and Funding Framework for Support Services" 1988
[xix] On the need for more and better constructed studies, see: Fakhoury WK et al "Research in supported housing." Soc Psychiatry Psychiatr Epidemiol. 2002 Jul;37(7): also Newman SJ. 2001 op..cit.