



Mental Health & Housing – Initial Findings from the North East

Purpose of the report

This report summarises the views and experiences of members working in the north east region with vulnerable people and in particular people with mental health problems. The views were collected by the Northern Housing Consortium (NHC) to inform the planning of a regional event *Mental Health & Housing: Working Together in the North East* which will be held on 9th May 2008 in Newcastle upon Tyne. The aim of the event is to bring together those working across the housing, health and the care and support sectors to raise debate regionally and jointly identify barriers to partnership working and debate the steps required to overcome them. The event is sponsored by the Government Office North East, Care Services Improvement Partnership, National Social Inclusion Programme and the North East Regional Assembly. An outline programme can be found in Appendix A.

Background

Established in 2002 the NHC¹ is an independent non-party political, membership organisation working to improve and promote housing services across the three northern regions – the North East, North West and Yorkshire and the Humber. Its 202 members include Local Authorities (LAs), Registered Social Landlords (RSLs), Large Scale Voluntary Transfers (LSVTs), Arms Length Management Organisations (ALMOs) and other organisations involved in housing. Between them, members manage over 90% of social housing in the North, over 1.3 million homes. The NHC runs the Integrated Living Network (ILN) which aims to support members to work in partnership with the health and social care sectors.

In the consultation exercise the NHC asked members of both the NHC and its ILN for feedback on the key issues faced in their organisation, including any barriers to integration across sectors and how these could be overcome and suggestions on how this agenda should develop locally and regionally in the future. Responses were received from 13 organisations - a mix of LAs, ALMOs and RSLs (see Appendix B for a list of respondents).

Mental Health in the North East

The 2007 Health Profile of England² shows that there is a distinct north/south divide, with poorer health in the north of England compared with the south in the case of most health indicators. Whilst regional comparisons often mask sub-regional inequalities, some of the key messages from regional data on mental health in the North East³ show that the region has higher than the national average rates of both common mental health problems and severe mental illness. Many of the risk factors

¹ For more information visit www.northern-consortium.org.uk

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_079716

³ Indications of Public Health in the English Regions 7: Mental Health, North East Public Health Observatory, National Mental Health Observatory, 2007

are linked to deprivation and the association between rates of mental illness and population characteristics such as poverty, unemployment and social isolation are well established. So a general pattern occurs with the three northern regions showing worse measures than the other English regions.

- Employment can protect mental health by boosting confidence and self-esteem. People with mental health problems can be particularly sensitive to the negative effects of unemployment. The North East has amongst the lowest rates of employment in the working age population (70.0% compared to 75.1% for England) and has the lowest percentage of people with a mental health problem in employment. Additionally the North East has the highest claimant rate for incapacity benefits for mental and behavioural disorders (396 per 100,000 compared to 263 per 100,000 for England).
- Education has a significant bearing upon employment and social inclusion, both of which impact upon mental health. Certain groups of people (e.g., those with no, or low level, qualifications and the unemployed) are at higher risk of common mental health problems. The percentage of pupils aged 15 attaining at least five good grades at GCSE or equivalent within the North East (53.5%) is significantly lower than for England (54.7%).
- Mental ill health is associated with a number of lifestyle factors or behaviours. Evidence suggests an association between increased alcohol consumption and mental ill health. Data from the General Household Survey shows that the North East (32.3%) has higher than the England average (26.8%) level of alcohol consumption above recommended daily limits. There is evidence to suggest that nutrition may have an important part to play in mental health. Using the proportion of adults eating the recommended five or more portions of fruit and vegetables per day as a measure of general quality of the diet, data from the Health Survey for England shows that the North East has the lowest level of healthy eating of the English regions (16.8% compared to 23.8% for England).

Not surprisingly, given the patterns of risk factors for mental ill health, the North East displays some of the highest rates of mental illness in England.

- Data from the Health Survey for England shows that the North East is the only English region with an estimated prevalence of possible psychiatric disorder measured using the 12-item General Health Questionnaire (17.5%) that is significantly higher than the England average (13.2%).
- The North East has the highest age standardised death rates from suicide and injuries of undetermined intent in both males and females aged 15 and over. The rate for males (20.4 per 100,000) is significantly higher than the England average (16.4 per 100,000).
- The North East has the highest age standardised rates of hospital admission for self harm and for drug overdose. Rates were significantly higher than the England average.

Mental Health, Social Exclusion & Housing

“Mental health problems require more than a medical solution; they require a positive response on the part of society to accommodate people’s individual needs and to promote mental well-being...Action will be needed across government to improve the current experiences of people with mental health problems. The problem... cannot be solved by any one department acting in isolation”.

The Social Exclusion Unit report on mental health and social exclusion (2004)

The SEU report made it clear that the responsibility for supporting vulnerable people lies within society as a whole and that the responsibility is a shared one. The report highlighted the fact that stable, appropriate housing is critical for people to work and take part in community life. A lack of stability or unsatisfactory housing can lead to worsening mental health and people with mental health problems are particularly likely to live in unsatisfactory housing. Compared with the general population, they are:

- **one and a half times** more likely to live in rented housing, with higher uncertainty about how long they can remain in their current home;
- **twice** as likely to say that they are very dissatisfied with their accommodation or that the state of repair is poor; and
- **four times** more likely to say that their health has been made worse by their housing⁴.

Clearly the role of the housing sector, and in particular social housing providers, in providing decent affordable housing in sustainable and inclusive communities, and services which support independence and opportunity is crucial in supporting all vulnerable people to lead a better quality of life. However, one of the key findings of research carried out in 2004⁵ was that the majority of mainstream, or ‘general needs’ social housing staff felt they were not treated as partners in the work of social inclusion. Housing staff saw themselves as providing a significant and valuable, but often un-sung role in social exclusion practice with the most vulnerable, and they felt frequent frustration that their contribution seemed unrecognised by mental health services.

The new local delivery and performance framework is developing rapidly and is driving further integration at a local level as the broader role of social housing is acknowledged in the new public service agreements and national indicator set. The link between mental health and housing is made through the cross cutting Public Service Agreement 16⁶ and national indicator 149 - adults in contact with secondary mental health services in settled accommodation. As the latest round of local area agreements (LAA) are being negotiated with government we should see partnership working move from strategy and short term projects towards integration of mainstream services and long term collaboration through shared resources, shared goals and greater flexibilities.

⁴ Meltzer, H. et al, 2002

⁵ At Home? A study of mental health issues arising in social housing, NIMHE, 2004

⁶ Public Service Agreement 16: Increase the proportion of socially excluded adults in settled accommodation, and employment, education or training
http://www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/chronic_exclusion/psa_da_16.pdf

Of course, the presence of mental health and settled accommodation in indicator 149 is no guarantee that this will become a priority in each area. However, this evolving local landscape does provide a good opportunity, and good timing, to examine the key issues being faced in the region.

Key findings from the consultation

Although not a scientific study, the consultation exercise does provide an insight into the range of concerns for the housing sector in the region, and highlights that staff experience a number of barriers to effective partnership working with services such as health, adult services and support providers. The findings show that there is a need to improve joint commissioning and co-ordination between services, from recognition of the value of housing in a partnership, to clearer pathways to mental health services and improved access to housing.

- **Recognition**

There was a strong view that housing staff have considerable experience in dealing with people with a wide range of needs. The vast majority of mainstream staff wish to help and support vulnerable people, but engaging with, and getting co-operation from, other services is one of the biggest barriers to this process. Housing staff reported feelings of frustration that other services are reluctant to engage because they don't see housing staff as having technical expertise or do not recognize the important preventative role of housing and housing related support.

"I've been working in housing for over 20 years and we are having the same conversations with social services today that we were 20 years ago and getting no where. There is still a snobbery that housing staff don't have the technical expertise, however, they have a great deal of experience and 99% of them want to help."
Director of Housing

"Mental health problems require more than a medical social approach. The approach needs to include smaller voluntary sector organisations as well as the larger RSL's and should include all providers, not just those who specialise in mental health."
Strategic Manager

Housing staff felt that healthy communities and how safe people feel has a major part to play in boosting well-being and reducing anxiety problems for example easy access to pleasant open spaces, amenities and leisure activities. The wider role of housing in terms of developing sustainable and inclusive neighborhoods should be given more recognition for its contribution to a holistic approach to mental health which ultimately benefits the whole community.

- **Joint Working**

A strongly held view amongst housing staff was the difficulty experienced in helping their tenants to access referral routes, understand processes and access mental health assessment and services. Clearer and improved pathways to mental health services are required, alongside a greater understanding of the complexities of organisations delivering mental health services at both operational and strategic/commissioning level.

Housing staff also reported difficulties in gaining access to specialist help and advice particularly when a mental health problem is undiagnosed, low level or in the early stages of a tenant displaying symptoms and experiencing problems with their

tenancy. Tenancy problems can occur in mainstream or lower level supported accommodation, and are often be caused by substance misuse, anti-social behaviour or the intolerant attitudes of neighbours leading to risk of eviction and homelessness. It was felt that short term interventions were required as the time taken to be allocated a social worker can often prove too late. It was suggested that housing providers could deliver their own intensive short term service to help people in crisis.

“There are often long waiting lists for counselling etc. and usually the only access is through a GP referral and the quality of GP services vary. Some clients who may have anxiety etc. find their GP’s unapproachable or unsympathetic.” Supported Housing Operations Co-Ordinator

Housing staff reported that support was sometimes withdrawn once people with mental health problems had been rehoused, and then once a problem escalated towards action against the tenancy, perhaps to the stage of eviction, health and adult services then complain that they haven’t been involved.

- **Access to housing**

There was recognition that there is a general scarcity of good quality social housing. This situation is compounded by problems of eligibility and access for those with mental health problems, often as a move-on from supported to mainstream housing. Housing staff identified reasons such as age restrictions on schemes not being reflective of the level of support needed, the choice based lettings⁷ registration process being very cumbersome, chaotic lifestyles leading to ineligibility due to anti-social behaviour or rent arrears accrued in a former tenancy and people with mental health problems experiencing discrimination from housing providers.

“Mainstream housing officers have to deal with people with all sorts of different needs, including mental health; perceptions differ depending upon experiences which sometimes are not helpful for future lets. Working with the person to establish what kind of issues may occur and at least having an honest conversation can help the officer but also the tenant.” Director of Housing

High demand from many specialist groups including those with complex needs, coupled with a lack of appropriate supported housing and limited revenue funding is putting pressure on individuals and on housing providers, particularly where someone’s needs are too great for independent living with floating support.

Concerns were raised about the need to balance communities and ensuring that housing providers can agree routes to appropriate housing for the most vulnerable through appropriate channels such as specialist mental health panels. Such panels would need to have agreed protocols in place to share information whilst ensuring

⁷ Choice based lettings allows applicants for social housing to apply for vacancies which are advertised widely in the neighbourhood (e.g. in the local newspaper or on a website). Applicants can see the full range of available properties and can apply for any home to which they are matched. For more information see <http://www.communities.gov.uk/housing/housingmanagementcare/choicebasedlettings/>

confidentiality. This would help to ensure that those with the greatest need are rehousing sensitively and with appropriate support.

“Referrals coming through specialist panels inevitably want to house the most vulnerable which can cause problems with balance of communities if several vulnerable people are housed close together.” Supported Housing Co-ordinator

“The whole process should be joined up from the first application, through to letting, through to management of the tenancy, with the (housing provider) being part of the group.” Director of Housing

Examples of positive practice include the establishment of a Pathways Advice and Support Team within an ALMO. The team supports more effective hospital discharge to appropriate housing for people with physical disabilities. The process is in place to expand the service, and links are already being made with supported housing providers which include supporting people with mental health problems into housing.

By working with the local authority mental health service, another ALMO was able to establish a positive correlation between mental ill health and likelihood of being a victim or perpetrator of anti-social behaviour. This led to discussions between the local authority, the housing provider and the primary care trust (PCT) on how improved joined up services could be provided for this client group. As a result a Mental Health and Housing Link Worker Placement was established, to be managed by the PCT and based in the Neighbourhood Relations Team. The role includes raising awareness of mental health across housing services, supporting referrals and providing specialist advice and training to housing and neighbourhood relations staff. The post is managed by a mental health and housing project team whose remit includes improving collaboration between services and evaluating the outcomes of the project.

Suggestions for positive practice include the need for more supported housing schemes based on the extra care model. An example would be a self contained flat based around a core unit allowing the provider to work with different types and levels of mental health and its associated behavior much more effectively.

- **Service user involvement**

It was felt that the mental health service user voice is not strong, and there is a need for more effective involvement not only to ensure that care meets the individuals needs, but also their aspirations. It was suggested that a housing forum for mental health would be useful, in the style of the learning disability partnership boards. At the same time suggestions were made for housing and support providers to take on an enabling role in terms of employment, education, training and volunteering.

“Focus on what people with mental health problems can do, rather than what they cannot do, and on their record of achievement, not of failure.” Strategic Manager

- **Tackling stigma**

It was suggested that an anti-stigma campaign on mental health might be useful in raising awareness of the symptoms and needs of those with mental health problems. It was also suggested that inter-agency training on recognising and responding to mental health problems was required to improve understanding of the nature of

mental illness, the needs of sufferers, the mental health services available and processes of referral, assessment etc.

“One of the main things is the stigma attached to mental health problems, which, considering one in four will have some sort of problem in their lives, demonstrates that people are still pretty ignorant about mental ill health, which in turn highlights the need for training.” Head of Tenancy Services

- **Strategic approaches**

There was widespread support for the opportunity to engage with colleagues from health and adult services, and the care and support sectors to debate together the barriers and solutions to more strategic working.

“I would suggest that to progress some of these themes locally and (sub)-regionally there is a need to bring together the experts in the field to agree a way forward that does not duplicate effort but builds on best practice.” Strategic Manager

The issue of how needs data is collected and in what format was mentioned as being essential to informing future strategic decisions and priorities and the ability to identify and address service "gaps". Without this link it is not easy to translate the needs of this group into housing and strategic commissioning strategies, and impossible to justify supporting new or reconfigured development.

There was a view that the solution must be a long term one to prevent problems being moved on between agencies and never resolved and a key role for LAAs in addressing this agenda.

It was also suggested that a process to consider how more effective solutions can reduce the burden on acute services thus demonstrating cost benefits to more expensive models of accommodation would be helpful.

Next steps

The outcomes of the event *Mental Health & Housing: Working Together in the North East* will be written into a report to be coordinated by the Government Office North East. The report will be made available to all sponsors and supporters of the event including delegates and speakers. The report will also be sent to Ministers and officials at the Department for Communities and Local Government and the Department of Health, the Strategic Health Authority, the Regional Development Agency 'One North East', primary care trusts and mental health trusts, local authorities and providers in the region.

It is hoped that the outcomes of the event will inform the action plan of the Regional Health and Well-Being Strategy 'Better Health, Fairer Health', the ongoing discussions around the development of the integrated regional strategy as well as emerging local and regional structures. The outcomes of the event will also feed into the work plan of the Northern Housing Consortium and Integrated Living Network and will be used to facilitate the sharing of best practice around the north.

APPENDIX A – Programme

09.00 Registration and Refreshments

09.45 Chairs welcome

Brendan Hill, Chief Executive Mental Health Concern & Chair Mental Health NE

Opening Remarks

Robin Johnson, Mental Health and Housing Lead, National Social Inclusion Programme

10.00 Overcoming Barriers, Delivering Positive Outcomes: What Needs to Happen

- ***The Individual Perspective***
Jane Williamson, Project Co-ordinator, and service users from Single Homeless Action in Derwentside
- ***The Health Perspective***
Dr Stephen Singleton, Regional Director of Public Health & Medical Director of the North East Strategic Health Authority & NHS North East
- ***The Local Government Perspective***
Rachel Baillie, Acting Head of Commissioning, Adult Services Directorate, Newcastle CC
- ***The Providers Perspective***
Charlie Culshaw, Care & Support Services Manager, NomadE5

11.15 Question and Answer Session

11.30 Facilitated Group Work

1. **Promoting Partnership Working - More Effective Joint commissioning, integrated delivery of services**
Facilitator: Pete Smith, Stockton-on-Tees Borough Council
2. **Integrated Approach for Existing Residents - Clear and Improved Pathways to Mental Health Services**
Facilitator: Brendan Hill, Mental Health Concern
3. **Clear and Improved Pathways to Appropriate Housing and Housing Related Support Services**
Facilitator: Robin Johnson, NSIP
4. **Provision of Specialist Accommodation - Meeting the Needs of Complex Groups**
Facilitator: Charlie Culshaw, NomadE5
5. **Service User Involvement - Positive Outcomes, Pathways to Employment** *Facilitator: Jim Davison, Mental Health Matters*

12.30 Lunch

- 1.15 Facilitated Group Work (repeated)**
- 2.15 Feedback**
- 2.30 Ministerial Address**
Nick Brown MP, Minister for the North East
- 2.45 Chairs Closing Remarks**

Appendix B - Respondents

Three Rivers Housing

NomadE5

Endeavour HA

East Durham Homes

Coast & Country Housing

Tees Valley Housing

Gateshead Metropolitan Borough Council

Gateshead Housing Company

Darlington Metropolitan Borough Council

Stockton Metropolitan Borough Council

Durham County Council

Sunderland City Council

Your Homes Newcastle