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Mental Health Conversations: Housing & Homelessness

Overview

On November 30th 2017 Bristol held its first Mental Health Conversation, on the subject of Housing and Homeless. The event was co-organised by Bristol Independent Mental Health Network (BIMHN) and the Community Access Support Service (CASS) with additional support and resources from Bristol Clinical Commissioning Group (BCCG), and was held in the upstairs hall of the Trinity Centre – a converted Church building.

The objectives of Mental Health Conversation events are to make connections, identify cross cutting issues and work together to identify solutions

The event was scheduled for registration at 10, with stalls, refreshments and space for networking. This was followed by a number of presentations to introduce the subject and build context within the city. These were given by Victoria Bleazard, Bristol City Council (BCC) Public Health; Rob Mitchell, lived experience of mental health and member of Acorn; Helen Roper and Richard Horton, St Mungo's; and Monira Ahmed Chowdhury, CASS.

After the initial speakers, attendees participated as small groups of around eight per table to discuss the topic amongst themselves and then fed back to the room, ending with closing statements from Glenn Townsend (BCCG) and Cllr Paul Smith (BCC cabinet member for Housing).

Summary

The event had attendees from various organisations working around the local authority, the NHS, the voluntary sector, organisations working around housing and organisations working around mental health, as well as some service users and also students. Staff of CASS, as well as members of BIMHN also attended. Organisations with attendees include Solon South West Housing, Elim Housing, Curo, Shelter, Second Step, St Mungo's, Nilaari, and others with a number of attendees that registered on the door. This brought together a broad spectrum

of backgrounds and experience to share knowledge and understanding of the relationships between mental health, housing and homelessness.

Due to the structure of service provision and funding streams, the intersection of both mental ill-health and precarious or substandard housing conditions are often addressed separately – with problems in either for the individual having a deleterious effect on the ability to access support for the other matter. The lack of holistic support structures creates the gaps that this Mental Health Conversation was aimed to address. By bringing together a wealth of individuals and organisations we are able to initiate a dialogue exploring where failings are, what learning can be shared, and how different groups can use their skills and expertise to complement each other's work.

Victoria Bleazard spoke first, starting with an overview of figures regarding the relationship between poor housing and mental health. This was tied into Thrive, which is Bristol City Council's initiative to generate focus and awareness around mental health based on a model first used in New York. The Thrive model aims to use a concerted campaign engaging a variety of stakeholders from public bodies, to the voluntary sector, to private businesses – including arguments about the economic cost of mental ill health to reach sectors which are normally less supportive of mental health needs. The goal of the campaign is to reduce stigma, build awareness and resilience and promote wellbeing.

Rob Mitchell, the second speaker, gave greater depth to the picture through sharing experiences of the detrimental effect that substandard housing has on mental health, also relating this to the problems with accessing support – both for housing and for mental health – experienced by people with mental ill health. Rob's contribution reflected both personal experiences, as well as those of people met through Acorn – which is a community union which campaigns around housing and tenancy rights in Bristol. This also reflects the isolation and other stresses that can be experienced by people living in precarious housing.

Helen Roper spoke about various work carried out by St Mungo's. Noting that rough sleeping numbers are at a record high, Helen began by talking about their rough sleeping services which works with Avon and Somerset Police, the Julian Trust, Crisis Centre Ministries and Golden Key Programme. Work around rough sleeping also includes property guardianship projects located on City Council properties, as well as Bristol Street Aware. Helen's colleague Richie also spoke of St Mungo's other services which tie into both mental health and housing, such as their women's services, the Sanctuary, Assertive Contact and Engagement (ACE), the Men's Crisis House, the Recovery College, and Putting Down Roots which also focuses on supporting young people who are homeless or at risk of homelessness.

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Finally, Monira Ahmed Chowdhury presented key findings from national reports National Housing Federation Homelessness and Health for Disadvantaged group and MIND Housing and Mental Health. She also tied together the purpose of the Mental Health Conversation event from the previous speakers, and to introduce the table group work.

Outcomes

Attendees participated in mainly self-facilitated table discussions, with around eight people per table. The prompts for discussion were "What do you want to say?" and "What can you offer?" Many tables took a flexible approach, commonly addressing headings along the lines of "Solutions" and "Issues". The comments that tables recorded have been transcribed into Appendix 1.

Common themes from the issues during group work included:

- Lack of affordable housing, limited housing stock, lack of council housing availability, yet also high numbers of empty properties.
- Limited funds for social care and mental health services.
- Poor communication between social care and mental health services.
- Lack of understanding between social care and mental health services, in terms of knowing what either have to provide/offer.
- Cuts to funding, and thereby offering, of services and support in both housing and mental health.
- A need to recognise complex needs and the dynamic nature of people: there's a link between mental health, housing, and also for some access to drugs and alcohol services. Existing systems can scapegoat complex needs so as to exclude an individual from a services – but when all sectors are doing this, the individual is barred from accessing support. A need for a holistic approach, rather than services looking for reasons to avoid taking responsibility for an individual's wellbeing.
- Existing services are geared around short term fixes – there's a lack of looking for long term solutions, and a general inadequacy for early intervention and preventative measures.

Individuals feel as though their wellbeing has to reach rock bottom before they're eligible for services, at which point the problem is more severe and harder to overcome than if it had been responded to earlier.

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Common themes from solutions during group work included:

• Building mental health awareness/support/recognition into future housing projects – creating healthy environments/psychologically informed environments/safe spaces to encourage mental health wellbeing.
• Training between agencies, on the services and suitability of other agencies, but also for mental health first aid training and other awareness/anti-stigma approaches.
• The possibility of specialist trained mental health workers in housing service, and vice versa.
• The need for early intervention and advice centres, support or training on how to access housing support.
• The need for services to develop better ways to communicate with one another – in keeping up to date with what they offer, and also to ensure that service users do not slip through the safety net.
• Promoting partnership working across services between the two sectors.
• Campaigning to raise public awareness of the need for services.

In the evaluation forms, many respondents indicated they would be bringing their learning and experiences from the event back to the workplace to improve sharing of information.

Additionally, following from the event, a Mental Health and Housing Working Group has been set up, scheduled to meet at the beginning of February, with stakeholders including BIMHN, CASS, Acorn, Second Step, St Mungo's, Bristol City Council, Shelter, and Missing Link. Rob Mitchell (Acorn) is chairing the group with admin support from Second Step (Sarah Minns).

Recommendations and closing comments

- From the event

Ongoing support for and engagement with the Mental Health and Housing Working Group is a great opportunity for being able to generate focused and targeted work on the subject in the city.
Hopefully this group will be generate the necessary buy in from stakeholder organisations, and funding bodies, to create influential change.
Organisations in mental health and housing also have the capacity to take the initiative to make positive steps and should be looking to share best practice. Training of professionals who work in contact with service users on either side

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of the divide, so that they can accurately share information about what options are available – but also know how to initiate contact, how and when it would be appropriate to make referrals, or at least to be able to signpost accurately would also significantly improve the quality of experience for service users, hopefully reducing or removing the experience of feeling like you're the subject of a game of pass the parcel.

More extensively, organisations within the two sectors can look at ways to improve communication around individuals who have ongoing case work. One suggestion from the group work was for shared database access – and addressing the the necessary data protection regulations to make that possible. If that specific path is not available, it remains apparent that building enduring links between professionals across the two sectors will be beneficial. There is also a need for follow up as an individual transitions between secondary services in mental health, into housing support service which is particularly precarious for already vulnerable persons. Good communication between bodies during this period can prevent people from slipping through the cracks or out of support, by effect hopefully also preventing a relapse or a regression of recovery.

Building and sharing campaigns targeted at spreading awareness aimed at combating prejudice and reducing stigma can be a great help for those accessing welfare around housing, who may have mental ill health and see or experience this as a barrier to getting support. Improving the accessibility of information about rights and entitlement to support can also be something that greatly improves this process. This could also involve a buddy or mentor to support individuals in accessing benefits assessments around housing, as well as a dynamic approach that considers the needs and situation of the service user with the possibility of home visits. A theme picked up from the table discussion is also that private landlords need to be engaged around awareness of mental health as often people in precarious housing will be privately renting.

Finally, continued support and proliferation of property guardianship schemes, as well as support for council development of affordable housing, as mentioned by Cllr Paul Smith, will be hugely beneficial in ensuring access to stable accommodation: something which can have a hugely positive impact on mental health and overall wellbeing. It should be noted, however, that people with ongoing mental ill health or complex needs still need joined up access to the correct services, the accessibility of which (including geographic) should be considered in the development of housing projects.

- For future "Mental Health Conversations"

Of the 63 total attendees, 49 evaluation forms were partially or fully completed, with a response rate of 78%. From the evaluation, 91% of the respondents rated the overall event as "Good" or "Excellent". The small group work also received "Good" or "Excellent" ratings from 98% of respondents.

The venue was less popular, receiving a rating of "Poor" and "Satisfactory" from 45% of attendees. There were some issues with the venue. Trinity Centre happened to be undergoing renovation at the time and was largely clad in scaffolding, which obscured signs which indicated the entrance. Throughout the meeting building works could be heard intermittently in the background, which was at times distracting from the speakers. Many respondents to the evaluation also noted how cold the room was – though heating was on, the room had a high ceiling so was not noticeably warming up. A different location may be more suitable for future Mental Health Conversation events.

A number of respondents to the evaluation noted that they greatly benefited from the networking opportunities, however found that the half day format was not long enough. Partly this was contributed to feedback and speakers over-running allotted times, and so the half hour intended at the end for further networking became the space for closing comments. To overcome this, either timetabling for a full day or ensuring strict adherence to times are both possibilities. One respondent suggested that a full day would have been preferable, with a second session of group work with different groups to improve the reach of contacts made.

Appendix 1. Table feedback

What are the top issues?

- Supply and demand – lack of affordable
- Don't just focus on [street] homelessness – look at 'hidden' housing problems and mental health and wider wellbeing issues
- Most people with 'severe and enduring' mental health issues live in insecure poor accommodation
- Huge and increasing pressures on social care, mental health services
- Projection :- things will get worse, rising inequalities
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- Poor communication between services
- Difficulty navigating/finding the right pathways
- Not enough capacity
- Disseminating distributing public services
- Lack of diagnosis complex needs
- Lack of housing
- Lack of joined up work – internally/externally
- Asset based not linked with public
- Council closures
- No pathway to early intervention
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- Cuts in funding across the board – trying to improve communication and understanding between services – broken system
- Opportunity for new ways of working around support
- Mental health care simply not available
- People fall/swing between criteria mental health and D+A services
- Using 'behaviour' as separate scapegoat – not dealing with real issues
- Voluntary sector – psychologically informed environments etc working to support people to remove barriers but statutory sector has systemic barriers that voluntary sector can't avoid.
- Peer/people with lived experience informative
- Connectivity crucial – an app?
- Work together around an individual? How – database access? Data protocol?
- Evidence/monitoring – standardised and shared
- Disjointedness and short tartness and waiting list – may impact on ability to collaborate and mental health of individual
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- Undiagnosed conditions and access to appropriate help and support
    - ◦ e.g. ADHD

  - ◦ Staff skill/training and confidence to recognise different approaches to work and vice versa, knowledge around housing issues and confidence in dealing/signposting with these
- Knowing who to work with in local services both statutory and non statutory/unfunded
  - ◦ CASS, Well Aware, Healthwatch
  - ◦ Formal network –
    - ▪ is this Thrive?
    - ▪ Voscur[?]
- Difference in organisational approach when working with mental heatlh issues eg –
- challenging “it’s their choice”, “lifestyle choice”, “try harder”
- Recognising broadness of mental health
  - ◦ Including ADHD eg equal rates in men and women
  - ◦ Training to demystify mental health for housing advice services and other groups
  - ◦ Change language and concept to being mentally health
- Awareness raising around well being
  - ◦ Using preventative work/concepts
  - ◦ Using prevention and info in schools/community groups/including older people e.g. living conditions and wellbeing
- Keeping momentum going around promotion and campaigns
  - ◦ This applies to local as well as national

- Encourage appropriate activities e.g. walking as well as groups
- Community and local community
  - How can we promote community groups to raise awareness
- Addressing interventions to appropriate level
- Promotion of Thrive needs to be as wide as possible – reaching whole community not just interested

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- Lack of expertise in legal advice etc – people don’t know their assessment rights
- Early interventions needed – lack of funds make services more reactive rather than proactive
- Funding – cuts and reduced resources and capacity and support
- Can’t force people to get help with finance and other needs
- Lack of joined up working – hard to keep up and know where to go
- Keep funding for current services rather than lots of new projects
- Reliance on community action
- Lack of communication between organisations
  - Particularly with big housing associations at times
  - Particularly between housing and mental health services

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What do we think is important regarding Mental Health and Housing?

- Quality of housing
- Support from mental health services and landlord
- Quality of mental health services
- Joined up working between mental health services and housing providers
- More communication for residents and workers with mental health services ,especially secondary mental health
- Supported housing – pathways
- Communication with general housing services with mental health services – improved sharing of information
- Identifying duty of care and organisations taking ownership
- Non statutory voice needs to be heard when referring to mental health

What can we offer?

- Small working group* sitting under thrive could work up proposals – short/medium/longer term
    - *Interest from Acorn
- Local authority development plan – one element could be mental health
- Make sure that the new housing build in Bristol creates "healthy environments"/mental health wellbeing

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- Extend housing first to mental health pilot - learn from West Midlands
- Clarify messages to WECA[?], BCC, CCG and STP and business sector
- Creating business case for solutions
- Build mental health in (e.g. housing first) - link to social capital – social investment
- Safe spaces needed
- Acorn to develop specific policies on mental health – collaborate with Thrive
- Do more on prevention and ethical role landlords can play across the city e.g. get more landlords to sign up to this through BCC
- What other money can we bring in? (Big shift in thinking)

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- Wider community conversations about breaking down mental health barriers/stigma

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- Mental health first aid training for all agencies
- Improve knowledge of how to signpost
- Easier

What are the connections? A quick look at the evidence base

The connections between housing and mental health are well-established. This summary is from the recent work of some of our leading mental health and housing agencies.

From Mind (May 2018)

Four in five people with mental health problems say their housing has made their mental health worse.

Figures from Mind show that nearly four in five (79 per cent) of people with mental health problems said a housing situation has made their mental health worse or caused a mental health problem.

More than two in three (69 per cent) of the people Mind surveyed said they had issues with the quality of their housing such as damp, mould, overcrowding and unstable tenancies. One in four tenants with mental health problems are behind on paying rent and at risk of losing their home.

https://www.mind.org.uk/news-campaigns/news/four-in-five-people-with-mental-health-problems-say-their-housing-has-made-their-mental-health-worse/

From Mind's 'Brick by Brick' a Review of Mental Health and Housing (2017)

Stable housing is important for helping people access formal support services and maintain their independence. It also helps people build good relationships with neighbours and improves their access to informal social support (King's Fund, 2016).

This means that improving the stability and quality of housing helps to improve mental health outcomes and prevent premature deaths – including suicides (Leff et al., 2009).

If someone experiences a mental health crisis – particularly if it leads to hospital admission – this can lead to them losing their home (NHS Confederation 2011). This has a large impact on the individual and their recovery but it also increases healthcare costs and delays discharge (McDaid and Park, 2016). Despite these large personal and financial costs, mental health and housing services are poorly integrated.

https://www.mind.org.uk/media/17947884/20171115-brick-by-brick-final-low-res-pdf-plus-links.pdf

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From Shelter's Report on the Impact of Housing Problems on Mental Health (2017)

Key Findings:

General Practitioners (GPs) spontaneously identified housing issues when discussing factors involved in their patients' mental health presentations, both as a sole cause and an exacerbating factor of existing mental health conditions.

Where housing was seen as the sole cause of mental health conditions, the most commonly cited conditions were anxiety and depression.

Where patients presented with a mental health condition that was linked to problems with housing, the GPs self-identified a knowledge and support gap. GPs felt unsure of where to signpost patients, and lacked time to establish what was the appropriate service in the absence of an integrated point-of-call. In these instances, the mental health presentation would be addressed with the patient's housing problem remaining unresolved – even though GPs had identified it as a contributory factor.

The research:

Shelter, in partnership with ComRes, explored the relationship between housing and mental health through qualitative research undertaken in six of England's largest cities. Twenty in-depth interviews were held between January and February 2017 with GPs in London (four), Manchester (four), Birmingham (four), Bristol (three), Sheffield (three) and Newcastle (two).

These interviews explored the common mental health presentations of patients attending GP practices, the types of housing problems mentioned by patients to their GPs, and the possible associations that GPs suggested between housing and mental health.

Housing issues – such as the condition of properties, the affordability of rented housing and the insecurity of tenancies – were cited by GPs in the 6 fieldwork areas.

https://england.shelter.org.uk/professional_resources/housing_and_mental_health

From the Mental Health and Housing Report (Mental Health Foundation and Alliance of MH Providers, 2016)

'Having somewhere safe and warm to live is fundamental to our mental health and wellbeing. Housing should provide not only shelter but also a secure and positive environment that supports people as their lives progress.

Research has shown that those who are homeless, or at risk of homelessness, are much more likely to experience mental distress.

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Further, Homeless Link reported in 2010 that 7 out of 10 of clients had mental health needs and a third of those currently lack the support they need to address their mental health.

The experience of mental ill health is different for each individual, and mental health problems can occur at any point in our lives. As a consequence of these diverse needs, housing solutions for people with mental health problems must be equally diverse. This requires taking account of the different type of support that people need, and how that changes over time.

Creating this diverse response requires the insights of people with lived experience of mental health problems and the contributions of all who contribute to good housing …'

Extract From the National Housing Federation's From Integrated Healthcare and Housing: the Economic Case, Helen Rowbottom, NHF (2017)

There is strong evidence of the economic case for integrated healthcare and housing: the positive social and economic impact of good housing on health has been measured and proven.

Against this, the costs of poor housing on health are significant and growing, with an estimated £105 billion a year in costs on mental health.

Extract from the National Forum on Mental Health and Housing submission to the NHS England Mental Health Task Force (2015)

The impact on mental health of poor housing is well evidenced[1]. Compared with the general population, people with mental health conditions are one and a half times more likely to live in rented housing, with higher levels of uncertainty about how long they can remain in their current home.

They are twice as likely as those without mental health conditions to be unhappy with their housing and four times as likely to say that it makes their health worse.

Mental ill-health is frequently cited as a reason for tenancy breakdown[2]. Housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient medical care[3].

For all of us, housing is a critical part of our well-being; both physical and mental.

[1] Johnson R, Griffiths C and Nottingham T. At home? Mental Health issues arising in social housing.
[2] Social Exclusion Unit, Mental Health and Social Exclusion, www.nfao.org
[3] Johnson R, Griffiths C, Nottingham T. At Home? Mental Health Issues Arising in Social Housing.

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Appendix 4: The main groups and forums

Group and whether strategic (S) or operational (O)	**Remit/short-term or ongoing/ chair**
1**.** MH & Homelessness Group – Bristol **(O)**	Ongoing. AWP, BCC, Voluntary Sector homelessness providers. Remit to improve communication and share learning from case studies. Joint chairs: Helen Roper and AWP Operations Manager.
2**.** Health and Housing Roundtable Group (**S**) – Bristol & STP	Short-term. Making recommendations to BCC & STP. Public Health involved. Claire Lomond chairs. Now to become a work stream of THRIVE.
3. MH & Housing Group – Bristol **(S)**	Short-term. BCC & CCG. Working on MH Accom Strategy for people with mental health and social care needs. Carol Watson (BCC) leads. Agreed Aileen will represent the Group. Glenn arranging Service User rep with BIMHN.
4. MH Strategy – BSNSSG STP (**S)**	Short-term. New Group. STP, BCC, CCG. Richard Lyle chairs (tbc)
5**.** STP Out of Hospital Group **(S)**	Ongoing. Julia Ross Chairs (contact Julia Clarke)
6. Bristol Supported Housing Forum – Bristol (**S & O)**	Ongoing.
7. Homelessness Pathways - Bristol (**S & O)**	Strategic and Operational Groups within each Pathway. Cross-Pathway Leads Group. Ongoing.
8. Homes Board - Bristol. (**S)**	Ongoing. Cllr Paul Smith chairs.
9. Univ. Credit Working Group - Bristol	BCC lead. Short-term.
10. Private Rented Group - Bristol	Paul Sylvester and Catherine Hunter involved.
11. Golden Key - Bristol **(S)**	Joined up working around homelessness.