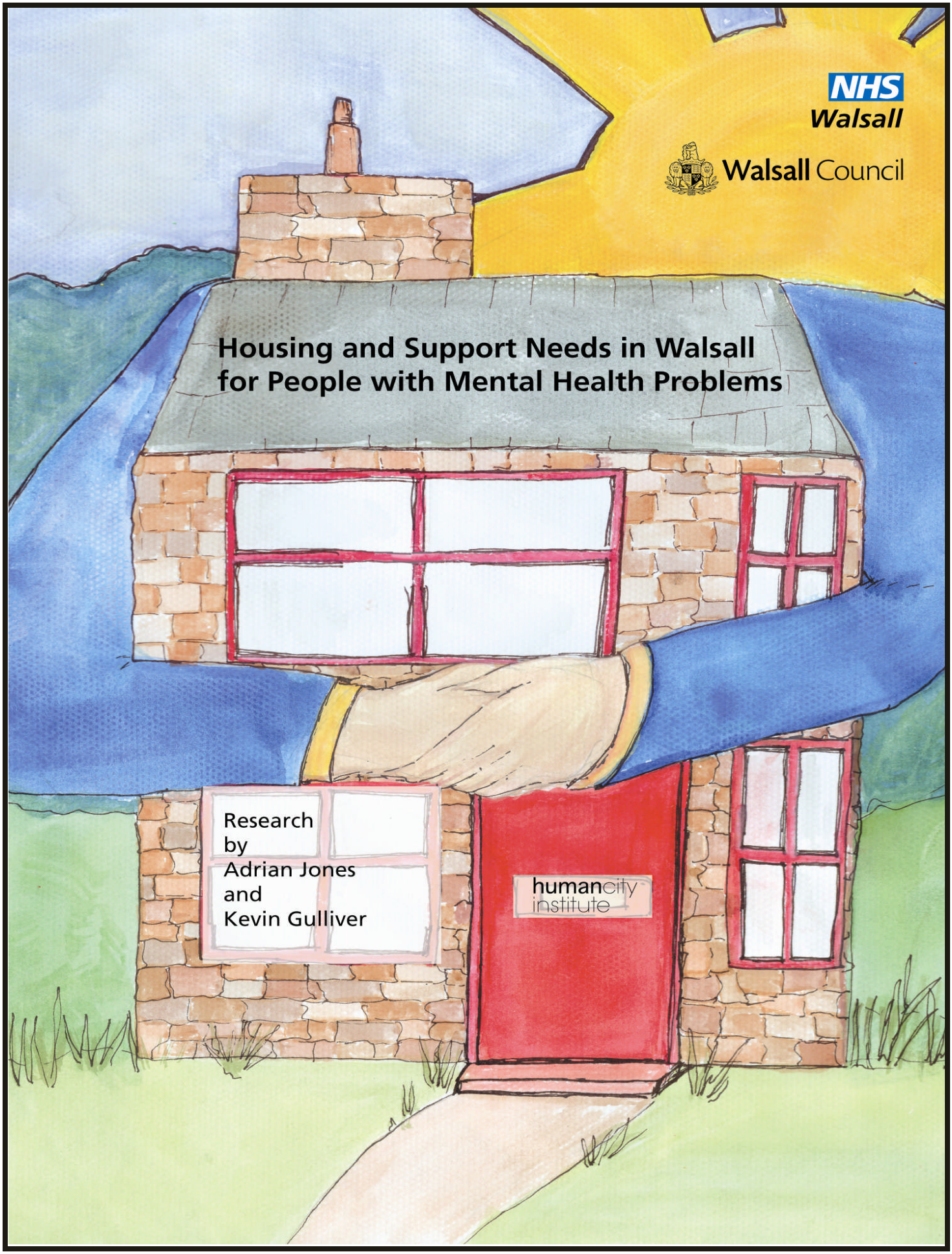
NHS
Walsall
Walsall Council
Housing and Support Needs in Walsall
for People with Mental Health Problems
Research
by
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HUMAN CITY *institute*

2008/2009

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While all reasonable care and attention has been taken in preparing this report, the Human City Institute regrets that it cannot assume responsibility for any errors or omissions. The views expressed are those of the authors.

Acknowledgements

The authors would like to thank all of those who were interviewed during the course of the research for this report for their help and openness. Particular thanks should go the Service Users and Carers Groups as well as to the Mental Health Professionals, members of the Walsall Housing Working Group and the project's steering group.

Particular thanks go to Mark Williams, Housing Development Coordinator Mental Health at Walsall Council without whom the research would not have been possible.

The cover illustration was designed by a service user of Walsall's mental health service in conjunction with Walsall College.

CONTENTS

Executive Summary

About the Report

- The primary aim of this study was to assist the Walsall Mental Health Partnership Board to develop a medium to long term vision and strategy to meet the accommodation needs for people with mental health problems by updating estimates of need for different types of accommodation, mapping current provision and identifying gaps.

Overview of the National Policy Context

- The policy context has changed significantly in recent years. Of particular importance is the greater emphasis on home-based service provision and a 'whole systems' approach to the delivery of treatment, care and support to people experiencing mental health problems, envisioning an integrated system in which service providers, carers, service users and others work together.

- Access to appropriate housing and support services is an essential requirement for delivering higher standards. The supported housing role is one envisaged as offering alternatives to hospital based interventions and in promoting independent living; the lack of suitable housing and support services is the most commonly cited reason for inappropriate delays in discharging people from acute psychiatric wards.

- The link between housing and mental health has been highlighted as has the central role of provision of appropriate housing and support in ensuring that people with mental health problems are not excluded from wider society. For example, Adults with mental health disorders are much more likely to fall behind with their bill payments than those without disorders, are far more likely to be living in rented accommodation, and have appreciably greater difficulties with at least one activity of daily living.

- Once mental health problems have been identified, help with keeping accommodation, support in making practical arrangements for living independently, assistance to learn domestic skills and to deal with the practical aspects of managing independently in their own home or in a shared environment are all important.

- People with mental health problems may have additional needs such as learning disabilities, substance misuse problems, experience of homelessness, or offending behaviour.

Overview of the Local Policy Context

- Walsall's Supporting People 5 Year Strategy 2005-2010 identifies a number of general housing and support issues including[1]:

  - Access to move-on accommodation is affecting the delivery of support services and leading to the silting up of some supported accommodation as people wait to be re-housed.
  - Restrictions and exclusions from permanent housing by some RSL's[2] are causing difficulties for service users and providers.
  - Many service users have multiple and complex needs and therefore differing levels of service may be needed to address these challenges
  - There is evidence of large numbers of people who have multiple or complex needs living in temporary or private accommodation.
  - More services are needed that provide early interventions to prevent loss of accommodation and in particular to support people who are making the transition from Supported Accommodation to independent living
  - The growth in BME communities has to be responded to through both culturally specific and culturally sensitive services

- There is a current shortage of supported accommodation for people with mental health problems - the provision of a floating support service would allow people who are currently occupying supported accommodation to move to a more appropriate setting, thus freeing up spaces for those who currently need supported accommodation. The Council's draft Housing Strategy 2008-2011 refers to the establishment of a floating support service to *'help people on discharge from hospital to return to the community and independent living'*. The Strategy also makes reference to the protocol developed in partnership with the Primary Care Trust.

- Walsall Council and the Primary Care Trust have drafted a protocol to ensure that timely housing advice is provided to all people with enduring mental health issues entering hospital. This will identify those who are homeless on admission to hospital, enable health staff to effectively manage people with complex health and social need, assist health care staff to work together with acute mental health and primary care services and the voluntary sector, and provide staff with guidance on appropriate measures that support continuity of care following discharge from hospital

- Walsall Housing Group have implemented a choice-based lettings policy – "Choose and Move". Applications for housing are categorized into three bands: gold, silver and bronze. Whilst the gold band does include *'applicants with a proven disability, impairment, or a medical need for housing'*, no specific mention is made of mental health suggesting that the approach may need to be reviewed.

[1] This 5 year strategy has been replaced with a Housing Related Support Strategy 2008-11 published August 2008
[2] Registered Social Landlords

- Bescot Road supported housing scheme was decommissioned shortly before this research took place. The provision was not felt to represent value for money by Supporting People. Evidence suggests 63 percent of those leaving the service went on to live independently successfully, with appropriate levels of floating support.

- This illustrates the shift in emphasis away from mental health services delivered in specialist residential settings, to services being delivered to people who are living independently in the wider community. Consequently, much more emphasis is now given to the provision of floating support – for example, Caldmore Area Housing Association employs 9 floating support workers providing housing-related support to 90 people. In addition to housing-related floating support, the Community Mental Health Team employs 6 Mental Health Support Workers who provide floating support to some 37 service users in their own homes

Issues from Previous Research in Walsall

- The majority of people with mental health problems prefer a flat or house to meet their accommodation needs rather than a residential home setting. Most preferred to live alone. A wide variety of locations in Walsall were required.

- There is a need to develop a shared vision of success between partners meeting the needs of people with mental health problems, including the increased involvement of service users, improving access and responsiveness of services, enhancing the skills of service providers and users, design of a single point of access and application form, and provision of a more integrated communication and information system.

- There is a need to improve allocation of accommodation via closer collaboration between housing, care, voluntary and statutory agencies, avoiding 'ghettoisation' and allocation of homes in areas of high deprivation and/or high rise where people with mental health problems will be more vulnerable.

Description of Current Provision

- Current provision for people with mental health problems in Walsall can be divided into two broad types - accommodation-based provision, and support delivered in the community including:

    - There are currently 10 mental health-specific accommodation-based projects. Of these, 5 are Supported Housing Projects and 5 are Registered Mental Health Residential Care Homes of which 2 provide nursing care. The Supported Housing accommodations tend to have low turn over levels. Walsall Council and its partners have produced a Move on Policy in order to manage this issue.

- More generic provision also includes people with mental health problems: Two examples of such provision are Rivers House and Sandwell House. In addition to these above Accord Housing are about to house 2 people with mental health problems at Old Vicarage Close in Pelsall. This is specialist Extra Care provision for older people.

- One further example of accommodation-based provision is Broadway North Resource Centre which provides a short-term residential service and day services for people aged 18-65 with mental health problems.

- It is clear from the data gathered regarding accommodation-based provision that it is heavily concentrated in the centre and centre-west of the Borough. There is a notable lack of provision in the east of the Borough.

- As well as accommodation-based and housing-related Floating Support, two agencies offering support were included in the research: the Archway Centre (a drop-in centre providing social support for people with mental health problems) and Walsall Black Sisters (who run a mental health project which aims to provide outreach and therapeutic support to African Caribbean people suffering/recovering from mental health problems).

Assessing Need

- Nationally, estimates of the prevalence of mental illness vary. One study estimates that: one in six adults aged 16 to 74 have a neurotic disorder (or common mental disorder), such as depression, anxiety or phobias – if applied to Walsall this would give a figure of 33,070 adults with such disorders. Another major survey, using a wider definition of mental health problems puts the figure at one in four - this would give a figure of 49,606 such adults in Walsall.

- A recent report from the King's Fund estimates a projected increase of 14.2% in the number of people in England with mental health problems by 2026. This report details prevalence rates for a range of mental health problems. Using the data contained in the report very broadly, estimates of the possible prevalence of the mental health problems in Walsall can be constructed:

  - **Depression ~** Between 7,302 and 10,576 people although this figure is much smaller than the other estimates cited above due to the much narrower definition of depression used in this study.
  - **Anxiety ~** Between 4,281 and 23,921 people.
  - **Schizophrenic disorders ~** An estimate of 1,259 people.
  - **Bipolar disorders and related conditions ~** Some 1,007-9,820 people.
  - **Personality disorders ~** Around 14,600 people.
  - **Dementia ~** An estimate of 3,089 people aged 65 and over who are likely to be suffering from dementia - this is very close to the estimate of 3,137 people arising from the Health Needs Assessment of Dementia (2007) in Walsall.

Key Service Delivery Issues

- **Mental Health as the 'Poor Relation' ~** Many of those interviewed felt that mental health provision 'loses out' in comparison to other service areas. Those experiencing mental health problems were felt to be disadvantaged in comparison to other groups due to the 'invisibility' of their condition. At the other end of the spectrum to invisibility, there was a clear perception that when the wider population acknowledges the existence of mental health problems, those suffering from them are stigmatized and feared.

- **Accommodation for People with Mental Health Problems: QUALITY & LOCATION ~** The key gap identified is one of a lack of appropriate accommodation in a variety of areas. There is a lack of Borough-wide accommodation-based provision for people with mental health problems. Where services are provided in the community there is perceived to be a danger that people with mental health problems will be 'ghettoised. Area of allocation was seen to be extremely important. Allocations to "rough" areas were felt to lead to victimization, which in turn leads to increased stress and the worsening of individual problems. One criticism of housing providers was that they see housing as a solution in itself and give little consideration to the need to house people in 'quiet' areas. Alongside area of allocation, a key fear expressed was that people with mental health problems can be housed in inappropriate properties. Physical environment was clearly felt to impact on mental health.

- **Accommodation for People with Mental Health Problems: QUANTITY & TYPE ~** Views regarding the quantity and type of accommodation available were not uniform. On one hand there was the view that there is no shortage of specialist housing for people with mental health problems, but that better use needs to be made of what is already there. On the other hand, and more commonly, there was the view that there is a gap in provision between hospital/residential care and independent living. Whilst acknowledging the value of supported housing services such as Walhouse Road, low turn over results in few voids - the lack of move-on accommodation was seen to be a key problem by the majority of those interviewed. Current provision tends to be of a short-term nature whereas there is a need for longer-term accommodation. One potential model identified as helping to meet the housing needs of people with mental health problems (providing support but also promoting independence) was that of 'Extra Care'. With regard specifically to Registered Care Homes the view was expressed that better/more structured use should be made of placements.

- **Accommodation for People with Mental Health Problems: ACCESSING ACCOMMODATION ~** A key concern expressed was that it is hard to get appropriate accommodation for people with mental health problems. It is widely recognized that there are a lot of priority groups chasing very little permanent accommodation. Additionally, existing specialist provision is seen as hard to access. With regard to housing in the wider community, direct application to a housing association is the main access

route into social housing for people in Walsall in general. Nomination to a housing association from the local authority is also a key access route. The Council's "Nominations Criteria" categorises Supporting People clients in accommodation-based services as secondary nominations. One view expressed was that direct matching of properties should be done with the involvement of mental health professionals.

- **Accommodation for People with Mental Health Problems: CHOICE-BASED LETTINGS ~** A number of problems relating to choice based lettings were identified:

  - People with support needs may be at a disadvantage in CBL.
  - The stress involved in bidding for properties may exacerbate someone's mental health, which could in turn bring on a crisis.
  - The system is complicated and is not properly explained to applicants.
  - People with mental health problems may find it hard to exercise choice.
  - There are a number of concerns with regard to WHG's banding system e.g. people with mental problems are reportedly being put in the "bronze" band - as a result there is a danger people with mental health problems will lose hope and end up in the private sector.

- **Floating Support ~** There has been an increase in investment in Walsall in the provision of flexible housing-related floating support for people with mental health problems, which plays a valuable role in meeting the housing needs of people with mental health problems. The Housing Related Support Strategy 2008-11 (published August 2008) confirms its commitment to increasing services for people with mental health needs.

- **Support from Other Agencies ~** Clarity over roles & responsibilities is needed. Housing professionals do not always understand that the Social Worker may have been involved by the Care Coordinator during the housing allocation process but the continued responsibility for delivery of the care plan remains with the Care Coordinator not the Social Worker. It is evident that there needs to be a greater understanding of who does what across all services if improved communications are to be realised.

- **Team & Partnership Issues ~** Housing providers, mental health professionals and social workers need to work together. There needs to be a culture change in the way partnerships operate – a unified/cohesive/consistent response from services. Part of the problem was felt to be a knowledge gap with regard to who actually does what. It is acknowledged however, that relationships between health & housing providers have improved.

- **Communication & Information ~** There have been substantial difficulties in maintaining effective communication between different agencies in relation to housing matters. There is a need to develop a communication & information sharing strategy.

- **Services for BME Communities ~** We do not have detailed and specific evidence around the needs of BME Communities. However, the Authors are aware of BME specific wing within Extra Care Housing Housing[3]

- **Other Issues: DUAL DIAGNOSIS ~** This requires specific research outside of the scope of this research.

- **Other issues: A SINGLE ACCESS POINT FOR SERVICES ~** There is a need for a single access point for referral to services.

[3] Colliers Gardens, Bristol - Brunelcare

1.

Aims of the Research

Background

Walsall Mental Health Partnership Board commissioned the Human City Institute (HCi) to carry out research into the housing and support needs in Walsall for people with mental health problems. The primary aim of this study is to assist the Board to develop a medium to long term vision of accommodation needs in Walsall for people with mental health problems and a strategy for meeting these. In Part, the study aimed to update the report 'Assuring Quality Housing and Support for Walsall Residents with Mental Health Needs: An Action Research Report Prepared for Walsall Social Services'. (Carling P. & Allott P. 2000)

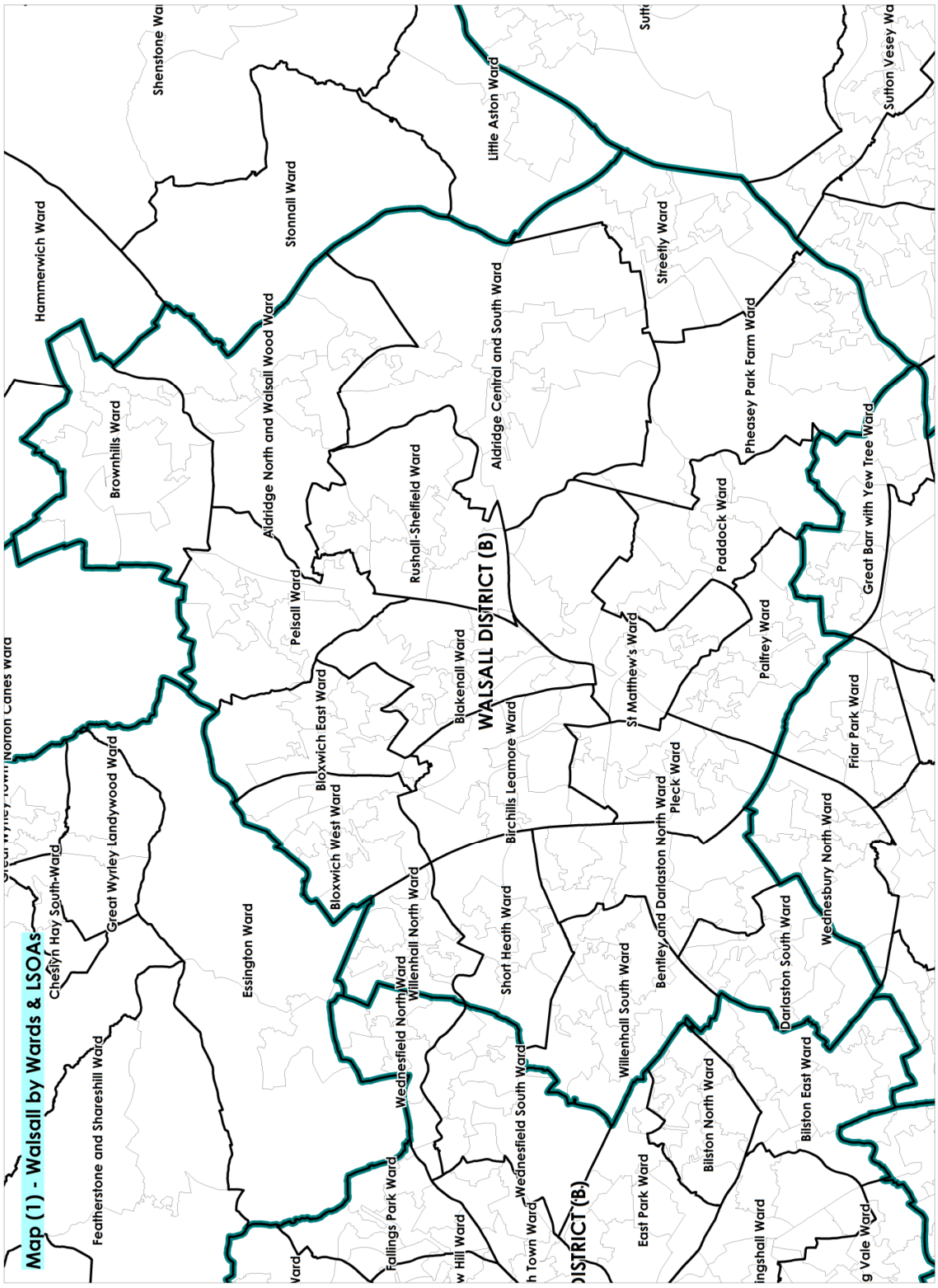
Since the 2000 report was published, the appointment of a strategic mental health housing development co-ordinator has provided dedicated time and leadership to facilitate development across a range of new initiatives such as: targeting homelessness, sustaining independent tenancies, creating specialist mental health accommodation, negotiating tenancies with service providers for the provision of asylum seekers and building on successful housing partnerships with stakeholders to deliver further benefits to individuals with mental health problems.

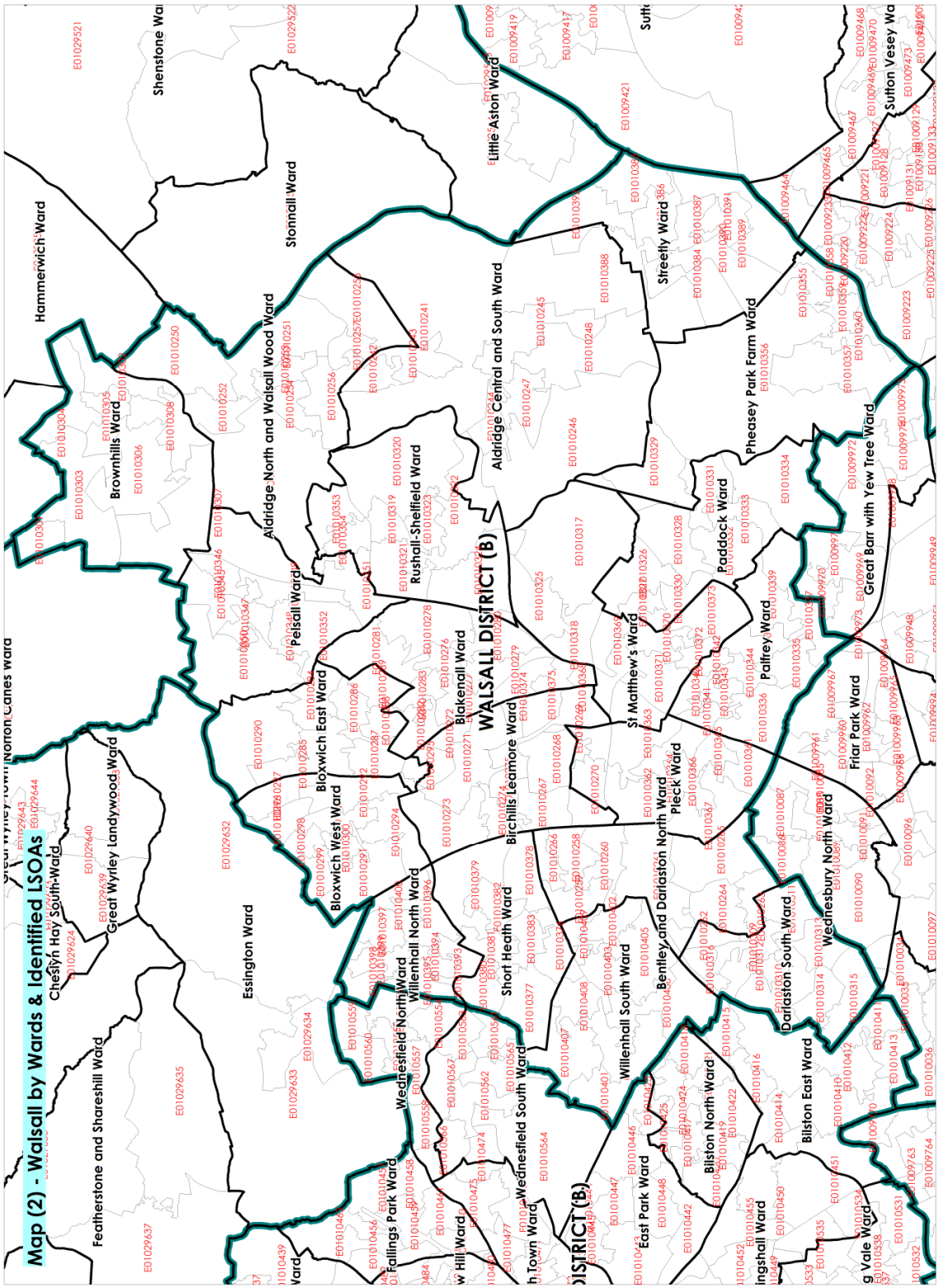
Primarily this report concentrates on the accommodation needs of Adults of working age though reference to meeting the accommodation needs of older persons is made within it.

This emphasis is explained by the fact that commissioning intentions and plans for developments in the provision of accommodation for older people are much more advanced (*Please see page 41 - Meeting the Accommodation Needs of Older Persons with Mental Health*)

The present report concentrates on the following key objectives:

- **Identifying current needs and provision.**
- **Updating estimates of need for different types of accommodation.**
- **Identifying gaps in service provision.**


Map (1) - Walsall by Wards & LSOAs
WALSALL DISTRICT (B)
Hammerwich Ward
Shenstone Ward
Stonnall Ward
Little Aston Ward
Brownhills Ward
Aldridge North and Walsall Wood Ward
Aldridge Central and South Ward
Streetly Ward
Sutton Vesey Ward
Pheasey Park Farm Ward
Great Barr with Yew Tree Ward
Rushall-Shelfield Ward
Pelsall Ward
Paddock Ward
Palfrey Ward
Friar Park Ward
Blakenall Ward
St Matthew's Ward
Bloxwich East Ward
Bloxwich West Ward
Birchills Leamore Ward
Pleck Ward
Bentley and Darlaston North Ward
Wednesbury North Ward
Willenhall North Ward
Short Heath Ward
Willenhall South Ward
Darlaston South Ward
Wednesfield North Ward
Wednesfield South Ward
Bilston East Ward
Bilston North Ward
East Park Ward
Essington Ward
Great Wyrley Landywood Ward
Cheslyn Hay South Ward
Featherstone and Shareshill Ward
Great Wyley Town
Norton Canes Ward
Fallings Park Ward
Ingshall Ward
Vale Ward


Map (2) - Walsall by Wards & Identified LSOAs
WALSALL DISTRICT (B)
Aldridge Central and South Ward
Aldridge North and Walsall Wood Ward
Alumwell Ward
Birchills Leamore Ward
Blakenall Ward
Bloxwich East Ward
Bloxwich West Ward
Brownhills Ward
Darlaston South Ward
Essington Ward
Great Barr with Yew Tree Ward
Great Wyrley Landywood Ward
Hammerwich Ward
Little Aston Ward
Pelsall Ward
Pheasey Park Farm Ward
Rushall-Shelfield Ward
Shenstone Ward
Short Heath Ward
Stonnall Ward
Streetly Ward
Sutton Vesey Ward
Willenhall North Ward
Willenhall South Ward
Wednesbury North Ward
Wednesfield North Ward
Wednesfield South Ward

2.

The Policy Context

Overview

The policy agenda has changed significantly since the publication of 'Assuring Quality Housing and Support for Walsall Residents with Mental Health Needs'. Of particular importance is the introduction of 'Supporting People' funding and the greater emphasis on person-centred service provision.

We look below at both the national policy picture and policies and practices that are more specific to Walsall.

The National Policy Context

The National Service Framework (NSF) for Mental Health (1999)

The NSF framework details the national vision for mental health services, with two overall aims:

- to improve the service provided to users;
- to challenge popular myths surrounding mental illness.

The Framework places a strong emphasis on a 'whole systems' approach to the delivery of treatment, care and support to people experiencing mental health problems, envisioning an integrated system in which service providers, carers, service users and others work together. The Framework is based on seven standards, covering 5 specific areas of service delivery:

- **Standard 1:** Mental health promotion and combating discrimination
- **Standards 2 & 3:** Primary care and access to services
- **Standards 4 & 5:** Effective services for people with severe mental illness
- **Standard 6:** Caring about carers
- **Standard 7:** Preventing suicide

The framework makes it clear that access to appropriate housing and housing support services is an essential requirement for delivering these standards. For example, on standard 7 preventing suicide, the Framework notes:

> *'Suicide accounts for 400,000 years of lost life before the age of 75 years. It is associated with poverty and adverse social circumstances and numerous studies have demonstrated the correlation between poor housing, low income and mental ill health'*

The Framework also highlights the role that supported housing can play in providing alternatives to hospital based interventions and in promoting independent living:

> *'Twenty four hour staffed places provide accommodation and support for some of the most disabled and disturbed service users who would otherwise require long term hospital care. On average around 25 people per 250,000 fall into this group, but in inner city areas (especially inner London) the levels of need are up to five times higher. Despite evidence of their value, there are shortfalls of 24 hour staffed places and supported accommodation in some parts of the country, including those where needs are highest. Further development of this element of the mental health system of care is a high priority through partnership between statutory and non-statutory services. Ordinary housing supported through the local authority also has an important place in providing more or less independent living. Housing and support schemes commissioned by local authorities working in partnership with health authorities also provide more or less independent living. Much of this type of accommodation is provided by housing associations, and managed by specialist independent organisations.'*

Modernising Mental Health Services: Safe, Sound and Supportive (Department of Health, 1998)

Now ten years old, this White Paper highlighted the fact that lack of suitable housing and housing support services was the most commonly cited reason for inappropriate delays in discharging people from acute psychiatric wards:

> *'Health Authorities cite a number of barriers to more effective and efficient performance. A shortage of ordinary housing and a lack of 24 hour staffed residential accommodation were cited as major causes of people staying longer than necessary in hospital beds, particularly acute beds. For example, the availability of 24 hour staffed beds varied between 2 and 20 beds per 100,000 population. These factors lead to restrictions on the availability of acute beds for people needing an admission, particularly in the inner cities where the prevalence of mental ill health is higher...'*

Mental Health and Social Exclusion (Department of Health 2004)

This report by the Social Exclusion Unit makes explicit the link between housing and mental health, highlighting the central role of appropriate housing and support in ensuring that people with mental health problems are not excluded from wider society.

> *'No one seems to consider the link between mental health problems and housing problems ... Social landlords should be far more pro-active in identifying tenants who may need additional help'. (quoted in 'Mental Health and Social Exclusion')*

The report notes 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. People with mental health problems are particularly likely to have vulnerable 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 housing.

The report draws attention to the fact that people with mental health problems frequently have housing problems, such as rent arrears or poorly maintained accommodation. Most live in mainstream housing and around half live alone, with many experiencing high levels of debt (linked to lack of advice on financial and legal issues, and being denied access to financial services).

With regard to social housing, it notes that one in four tenants with mental health problems has serious rent arrears and risks losing their home and that the threat of eviction can have a pronounced negative effect on mental health.

> *'Mental health problems can lead to rent arrears which can lead to a cycle of decline and hopelessness leading eventually to homelessness. Caught early these problems are extremely easy to sort out. Caught late, they can be devastating.' (Quoted in Mental Health and Social Exclusion Factsheet 6)*

Key issues identified in the report include:

- Over four out of five people with severe and enduring mental health problems live in mainstream housing, with the rest living in supported housing or other specialist accommodation. Half of those with their own home or tenancy live alone.
- Under homelessness legislation, people with mental health problems who are homeless may be considered to have a 'priority need' for accommodation by the local housing authority. Around nine per cent of applicants accepted by local housing authorities in England as being owed a main homelessness duty are considered to have a priority need for accommodation because they are vulnerable as a result of mental health problems. There is, however, often a significant gap between being accepted as in 'priority need' and finding settled accommodation, during which time people will be housed temporarily, sometimes in bed and breakfast accommodation. This can be particularly problematic for people who need stability.

- People with mental health problems might stay in homeless hostels or acute psychiatric wards because there is no suitable move-on accommodation. Some studies (e.g. Tarpey & Watson, '*Housing Need in Merton: People with Severe Mental Illness Living in Households*' (1997) have estimated that around a quarter of people in supported housing or residential care want to move.
- Many housing authorities operate a 'one offer' policy for people on housing waiting lists, with a very short period in which to accept an offer or return to the back of the queue. Such immediate decisions can place clients with mental health problems under considerable strain.
- Anecdotal evidence from housing and health workers suggests that 'residential sorting' can take place, with people with mental health problems ending up in the same few local neighbourhoods and estates, placing pressure on local services and isolating communities.

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With regard to owner occupation the report notes that in comparison with work on mental health and social housing, there is little research on existing or potential owner occupiers. Most research that has been carried out has been related to debt, with one study (Payne 'Poverty, Social Exclusion and Mental Health: Findings from the 1999 PSE survey') finding that up to four out of five people with mortgage arrears were suffering from depression. Financial problems are the most frequently cited cause of depression, but can also be a consequence of mental health problems. People with mental health problems are nearly three times as likely to be in debt, and more than twice as likely to have problems managing money as the general population.

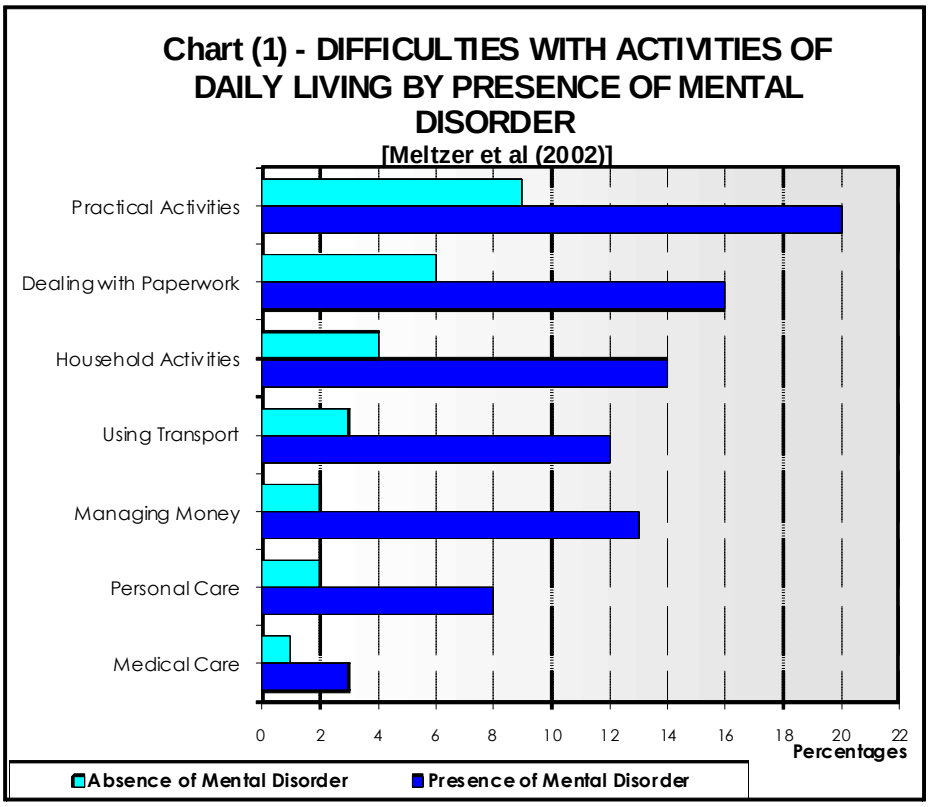
The Mental Health and Social Exclusion Factsheet 6 additionally notes that:

- Many people with mental health problems feel that they are not offered the same choices as other people when seeking a new home, and that they are frequently obliged to take hard to let properties.

- Mental health problems are prevalent among homeless people with 30 to 50 per cent of rough sleepers having mental health problems, and as many as one in five homeless people having a mental health problem and a further issue such as substance misuse.

The Social and Economic Circumstances of Adults with Mental Disorders (ONS, 2002)

Whilst people with mental health problems clearly have, on average, greater support needs than the general population, it can be difficult to actually define and measure those support needs. An Office of National Statistics report - *The Social and Economic Circumstances of Adults with Mental Disorders'* (2002), provides some measurement of the level and nature of these needs, compared to people without mental health problems:



The Social and Economic Circumstances of Adults with Mental Disorders, Meltzer et al, O.N.S.
n.b. ADL refers to Activities of Daily Living

This study also found that:

- Adults with a mental condition are much more likely to fall behind with their bill payments than people without a disorder (24 per cent compared with nine per cent)
- Those with a mental disorder were far more likely than those with no disorder to be living in rented accommodation (38 per cent compared with 24 per cent). Among those with a psychotic disorder about half were living in accommodation rented from a Housing Association or Local Authority.
- Thirty-seven per cent of those with a mental disorder had difficulty with at least one activity of daily living (from a range of examples including personal care, preparing meals, dealing with paperwork or managing money), compared with 16 per cent of people without a mental disorder.

Supporting People Guide to Accommodation and Support Options for People with Mental Health Problems (ODPM, March 2005)

Supporting People came into operation in 2003. It facilitates independent living through housing-related support services for vulnerable people aged 16 and over and is delivered by

local authorities through working partnerships with the health and probation services, service providers and users. Supporting People links housing support with the care and mental health services funded under the Care Programme Approach. Access routes to Supporting People programmes include health and social services, GPs, housing departments and self-referral.

The '*Supporting People Guide to Accommodation and Support Options for People with Mental Health Problems*', details the specific housing related support needs that people with mental health problems may have. These include:

- Assistance to access a range of services to help people stay in their accommodation as soon as initial mental health needs are identified in order to prevent the loss of accommodation.
- Support in making practical arrangements for living independently, such as how to obtain furniture and set up payment of household bills.
- Assistance to learn domestic skills (cooking, shopping etc) and to deal with the practical aspects of managing independently in their own home or in a shared environment.
- Assistance in applying for welfare benefits to which people are entitled and managing personal finances.
- Advocacy to ensure that service users get the right level of financial payment or to help them to gain access to other services, including mental health services.
- Providing information and advice about local services which support emotional wellbeing.
- Support to begin to establish new contacts and activities, or to re-establish old friendships, social and family networks.

With regard specifically to floating support the Guide states that:

> *'Floating support can assist people with low-level mental health needs, who are not at immediate risk of losing their accommodation but who require help and advice in maintaining their independence. Floating support helps people to sustain their tenancy or independent home often without needing to access specialist or high-level care and mental health services. However, where appropriate, Supporting People services can facilitate early access to specialist mental health services.'*

The Guide also draws attention to the fact that

> *'People with mental health problems may have additional needs such as learning disabilities, substance misuse problems, experience of homelessness, or offending behaviour. Commissioners and providers should take these into account in designing appropriate services.'*

For example, with regard to substance misuse:

> *'People with mental health and drug or alcohol problems may need to have access both to floating support services and short or longer-term supported housing. Floating support can be appropriate but not in localities which makes it hard for them to avoid further substance abuse. Services may need to involve specialist workers, such as the Drug Action Teams or a local voluntary agency with expertise in helping people deal with substance misuse.'*

Mental Health Act 2008

The forthcoming Mental Health Act (currently the Mental Health Bill) will represent a further emphasis on community-based service provision. Dr Colin Kelcey's pamphlet 'The Draft Mental Health Bill' notes that:

> *'The draft Bill breaks the automatic link between treatment and detention in hospitals. This means that people can be treated in places most appropriate for them. So a person might remain at home, supported by an outreach service, rather than be detained in hospital.'*

Whilst this might reduce reliance on hospitals, the need for 'appropriate' accommodation and for enough support available to be delivered to those wanting to be treated at home, will be highlighted.

Policies and Practices in Walsall

Supporting People

Walsall's *'Supporting People 5 Year Strategy 2005-2010'* identifies a number of key issues that consistently affected each of the client groups supported by Supporting People funding. These are:

- Co-ordination of planning and service delivery needs to be improved. Service users in particular raised this as a key concern
- Access to move-on accommodation is affecting the delivery of support services. There is evidence from service providers and users of the silting up of supported accommodation as people wait to be re-housed
- Restrictions and exclusions from permanent housing by some Registered Social Landlord's are causing difficulties for service users and providers
- Support services have to be more flexible to meet what are often fluctuation and changing needs
- Many service users have multiple and complex needs and therefore differing levels of service may be needed to address these challenges

- There is evidence of large numbers of people who have multiple or complex needs living in temporary or private accommodation. It is thought that this is related to the lack of specialist services that can deal with these challenges.
- More services are needed that provide early interventions to prevent loss of accommodation and in particular to support people who are making the transition from Supported Accommodation to independent living.
- The growth in BME communities has to be responded to through both culturally specific and culturally sensitive services

With regard specifically to mental health, the Strategy states that:

> *'Although there is a current shortage of supported accommodation the general view from providers is that the provision of a floating support service would allow people who are currently occupying supported accommodation to move to a more appropriate setting. This would free spaces for those who currently need supported accommodation'.*

Further, the Strategy notes that:

> *'Issues relating to mental health appear within most of the client groups particularly relating to homelessness and substance/alcohol abuse. Some of these needs may be addressed within developments of service for people with complex needs but there is a particular need that is not being addressed within the BME community for a .floating support service.'*

This 5 year strategy has been replaced with a Housing Related Support Strategy 2008-11 (August 2008). It contains the approach to commissioning and delivering housing related support services over the next 3 years and the priorities for doing this. The strategy has been produced in consultation with service providers, service users and key partners and has been driven by the outcomes of the recently completed Supporting People Needs Analysis. This strategy identifies the need to spend more money on increased services for people with mental health issues.

Walsall's Housing Strategy

Walsall Council's draft Housing Strategy 2008-2011 refers to the establishment of a floating support service (using Supporting People funding) to

> *'help people on discharge from hospital to return to the community and independent living. The service is currently being monitored in order to establish its success and to assess the possible need for similar services to be developed in the future'.*

The Strategy also makes reference to the protocol developed in partnership with the teaching Primary Care Trust. This is detailed below.

The Hospital Protocol

Walsall Council have jointly drafted a protocol with the Walsall teaching Primary Care Trust to ensure that timely housing advice is provided to all people with enduring mental health issues entering hospital. The Council's Homelessness Strategy 2007-2010 defines the objectives of the protocol as being:

- Identify people who are homeless on admission to hospital
- Enable health staff to effectively manage people with complex health and social needs
- Assist health care staff to work together with acute mental health and primary care services and the voluntary sector
- Provide staff with guidance on appropriate measures that support continuity of care following discharge from hospital

The protocol also aims to:

- Reduce the risk of a crisis situation arising as a result of early intervention
- Provide people with appropriate housing advice
- Promote choice and independence
- Enable a structured move into suitable accommodation where a duty of care is owed
- Reduce unnecessary bed blocking in hospital, easing the burden on resources
- Identify the need for floating support to help maintain an existing or new tenancy

In conjunction with the protocol a Resettlement Worker for mental health (Supporting People funded) works in Dorothy Pattison Hospital to ensure that patients with mental health problems get appropriate housing advice and have their support needs assessed. At the time of the research this post was working with 12 patients and is referred to later in the report.

This post was previously commissioned by Supporting People on a 12 month short life contract. Upon its expiry in July 2006 a new 3 year contract was negotiated between Supporting People & Mental Health's Housing Development Coordinator adapting it to also meet the specific needs of inpatients on the Acute wards of Dorothy Pattison Hospital.

Choice-Based Lettings

Walsall Housing Group (the Housing Association formed following the transfer of the Council's housing stock) have implemented a choice-based lettings policy: 'Choose and Move'. Applications for housing are categorized into three bands: gold, silver and bronze. Whilst the "gold" band does include "applicants with a proven disability, impairment, or a medical need for housing", no specific mention is made of mental health,

Closure of Bescot Road

Bescot Road (a 9 bed supported housing scheme provided by Caldmore Area Housing Association for those aged 18+ with support staff from 9-5, Mondays to Fridays, 9 – 4 Sat/Sun) was decommissioned shortly before this research took place. The provision was felt by Walsall Supporting People as not good value for money despite the level of staffing support provided.

The closure was not seen by the service provider as having an adverse affect on residents:

> "They [former residents]'re living where they want to"
> "All of a sudden people were given a choice"

The intention was to replace the accommodation-based services provided with extended floating support. Views on the adequacy of this replacement varied and this is, again, something to which we return later in this report.

Assessing Quality Housing and Support for Walsall Residents with Mental Health Needs - Gaps Identified by and Recommendations made in the 2000 Report

The 2000 report include a range of complex and wide-ranging conclusions and recommendations, but below is a short summary of the key issues identified.

- The majority of people with mental health problems prefer a flat or house to meet their accommodation needs rather than a residential home setting. Most preferred to live alone. A wide variety of locations in Walsall were required.

- There is a need to develop a shared vision of success between partners meeting the needs of people with mental health problems was recommended, covering increased involvement of service users, improving access and responsiveness of services, enhancing the skills of service providers and users, design of a single point of access and application, and provision of a more integrated communication and information system.

- There is a need to improve allocation of accommodation via closer collaboration between housing, care, voluntary and statutory agencies, avoiding 'ghettoisation' and allocation of homes in areas of high deprivation and/or high rise where people with mental health problems will be more vulnerable.

- There is a need to improve the extent of floating support, including increased home-based services and mobile crisis services.

3.

Current Provision

Overview

Current provision for people with mental health problems in Walsall can be divided into two broad types:

- **Accommodation-based provision (mental health-specific accommodation and more generic provision that includes people with mental health problems).**
- **Support delivered in the community.**

This section reviews these two broad types of provision and some ancillary provision.

Accommodation-Based Provision

Mental Health Specific

There are currently 10 mental health-specific accommodation-based projects. Of these, 5 are Supported Housing Projects and 5 are Registered Care Homes of which 2 provide nursing care.

Supported Housing Projects

Accord Housing have 4 Supported Housing Projects in Walsall. These are:

- Walhouse Road - this has 6 bedsits and was developed in partnership with the PCT as accommodation for people with mental health problems in housing crisis. Residents have a 12 month stay, with the aim from day one being their successful move on. The project has very few voids and is successful in achieving its annual move on target
- Eyland Grove - 3 self-contained flats in a general needs block
- 414 Bloxwich Road - 4 units (large bedsits)
- Richard Street - 2 person shared house (for people with a dual diagnosis of both mental health problems and a learning Disability)

All are Supporting People funded and for single people.

Beswick Resource Limited have one Supported Housing Project in Pleck - Beswick House, with accommodation for 20 single men. Beswick House is also Supporting People funded and for single people.

BESWICK HOUSE

This is a supported housing project offering 24hour support. The project's "Access Criteria/Referral Form" states that:

'Clients must be experiencing mental health problems and be in need of low level supported accommodation.'

The project caters of men only, generally ages from 18 to 84 (although service users may be older). There is accommodation for 20 people, with 14 single rooms and 3 double rooms. All rooms have their own wash basin but there are communal washing facilities and dining area. Beswick House also has two lounges for the residents' use.

While the project aims to provide for those for whom mental health is the primary issue, it will also accept those with additional problems The Access Criteria/ Referral Form" states that:

'Clients whose primary difficulties concern Substance Abuse and/or Misuse of Drugs will be accepted subject to participating in a planned programme of own recovery'.

Clients with a dual diagnosis (e.g. mental health needs and learning/physical disability) will be decided on a case to case basis".

Beswick House is funded through Supporting People and offers temporary accommodation, with residents expected to be there for a maximum of 2 years (although, in the past, this time limit has been aspirational rather than realistic, with real difficulties in moving residents on being experienced). Many of those housed at Beswick House have accessed the provision via the homelessness channel.

The Supported Housing accommodation detailed above, have low turn over. Service Users don't see the service as temporary/move-on accommodation.

Walsall Council, with its partners has produced a Move on Policy Statement & Procedure to facilitate 'move on' for vulnerable people living in Supporting People funded accommodation based services.

Registered Care Homes

There are 5 Registered Care Homes for people with mental health problems in Walsall. Of these, 3 provide a non-nursing service specifically for adults aged 18 – 64 with a strong rehabilitative focus. One is provided by Accord Housing and two by Caldmore Area Housing Association.

Accord Housing's Residential Care Home is Pinfold House, which provides 8 beds (each room having its wash basin, but with shared bathroom facilities. It can carry voids for 2-3 months

Pinfold House is supposed to be a medium term facility, but at least half of the residents (many of whom also have a learning disability) are long term as service users don't want to move out of the area and see the facility as "safe". As a result "It's not helping people to grow"

PINFOLD HOUSE (ACCORD HOUSING)

Pinfold House (which has been operating for 17 years)is a Residential Care Home which can house 8 people, although at the time of the research it had 7 residents with a further phased placement (at Dorothy Pattison) due to move in the following week. Most of the residents have come from Dorothy Pattison.

Pinfold House has a staff team of seven, 4 of whom are full time

The facility is meant to be medium term (2-5 years) with the objective of move-on to independent living. Most move on to Accord stock, but given the lack of sufficient stock they may be referred to other providers.

Facilities are limited. All bedrooms are individual, with a wash basin, but bathrooms are shared. There is one bathroom and one shower room, with three toilets shared between the residents and the staff. There is a laundry (residents are shown how to use it, ready for move-on) and residents do their own cooking (with support from staff if needed) in a communal kitchen (this is in poor condition, but is to be replaced). Residents have their own fridges and are taught to shop, budget and store food. Communal areas are cleaned by residents on a rots basis

There is no outreach service post move-on, but those who have recently moved out come back on a daily or weekly basis. Support continues to be delivered by Mental Health Services in their new homes until they think that there is no further need for such visits.

Move-on is a clear problem. One resident, for example, had been resident for c.15 years as there is nowhere else for them to go. Additionally, people want to stay in Darlaston (where the facility is located), even if they are not originally from the area. Residents feel secure and get "settled in":

'It is essential for people with mental health concerns to feel safe and secure' (Support Worker)

- Caldmore - Area Housing Association provides 2 Registered Care Homes in Walsall: Oak House and Lonsdale House.

- Oak House - provides accommodation for 12 single people (male and female) aged 18-64.

- Lonsdale House - provides accommodation for 15 people (male and female).

LONSDALE HOUSE (CALDMORE AREA HOUSING ASSOCIATION)

Lonsdale House is a Residential Care Home which can house 15 people. Length of stay can vary between 3 months and several years (if a resident is not ready to house elsewhere) - the longest stay at the time of visit was c. 15 years.

The facility is mixed gender and consists of three flatlets with their own bathroom and kitchenette; 10 rooms with shared bathrooms (there are two bathrooms on each floor); and 2 maisonettes within the self-contained 'Coachouse'

The facility has a training kitchen (which includes laundry facilities) and each resident has their own cupboard. Some of those living there are catered, but the aim is to develop skills and confidence so that all residents can be self-catering.

A few ex-residents come to visit. While staff are not required to offer them support:

'We still get involved in their care, even though it's not our job…That shows the lack of support that is out there for them'.

Accommodation-Based Provision: More Generic

Two examples of more generic provision which also currently house people with mental health problems were identified during the course of the research: Rivers House and Sandwell House. Rivers House is one of 4 temporary facilities for homeless people. They consist in total of:

- Rivers House - 21 units - over 25s - singles, both male and female (17 rooms) + 4 couples and families.
- Dolphin House - 12 self-contained flats for families
- Sandwell House (see below) - 26 bedsits providing accommodation for 53 single people - 16-25 years old, both male and female
- Green Lane - 2 blocks - 26 family properties.

RIVERS HOUSE

Rivers House is a generic facility i.e. not mental health-specific. Staff have no specific mental health training (although an appropriate course has been identified). Access is via homeless declaration at the Council. There is a waiting list for Rivers House and clients can wait for months before coming to live there.

Whilst, as already stated, Rivers House is not mental health specific accommodation, from 1st April 2007 to 1st April 2008, out of 98 residents at Rivers House, 13 (13%) had mental health issues. Residents often have multiple problems:

***'Clients tend to have mental health and drug or alcohol problems'* (Support Worker)**

In order to move on clients have to be capable. Move on is normally planned. Floating Support is accessed for those needing it for resettlement. Staff already liaise with Caldmore Area Housing Association regarding the Floating Support already being received by two residents.

Most residents have no priority for housing (a person under 25 and homeless reportedly not being a priority unless they have a mental health problem or a disability). Only those with greatest needs can be nominated to resettlement. It was stated that Social Care services have been unwilling to engage with Rivers House to provide specialist support. The aim is that resettlement staff will help them to settle in. When clients move on:

'*Suddenly they're on their own and the longer you are here the worse it is.*'

When residents leave a post move on communications form is completed. Details of their new address are recorded. Within 7 days they are phones, then again after another 7 days, then one month after they left Rivers House, then after 3,6,9 and 12 months. The aim of this is to identify any issues arising.

Sandwell House

Whilst we were unable to verify this, another development identified during the research as housing (in part) people with mental health problems was Sandwell House. This is a tower block in Caldmore, which is general purpose supported temporary accommodation (staffed 24 hours a day), but which has some residents with mental health problems. Potential residents are assessed by a Housing Officer and staff – they would reportedly not be taken in if their needs are too great. One issue that emerged is the impact of the temporary nature of the accommodation:

> *'Being in temporary accommodation can precipitate mental health problems' (Housing Officer)*

Old Vicarage Close

In addition to the above, at the time this research was carried out, Accord Housing were about to house 2 people with mental health problems at Old Vicarage Close in Pelsall. This is specialist Extra Care provision for older people.

Social Care Crisis Accommodation

A further example of accommodation-based provision was identified during the research: the Broadway North Resource Centre.

The Broadway North Resource Centre is a unique service provided by Walsall Mental Health Services. A study into the effectiveness of the service published in 1996 acknowledges that:

> *'Admission to the crisis unit was generally perceived as less stigmatising by most, but not all, who were admitted to the unit.'*

Its process of admission is seen by service users as an empowering option that offers choice & flexibility.

Broadway North Centre provides a short-term residential service and day services for people aged 18-65 with mental health problems. It offers a community-based alternative to

mainstream psychiatric services i.e. it follows a social care model rather than a health care model.

There are 10 single rooms which are available for crisis admissions, as an alternative to hospital. The Crisis Unit offers a 24 hour response to the needs of adults experiencing mental health crisis. Length of stay is governed by individual needs, though the Centre do not provide permanent placements for those requiring long-term supported accommodation.

Also available is a planned short stay service which allows for planned admissions with a limited length of stay (approximately 1-14 days) for those in secure tenancies. Those utilizing this service can stay for a maximum of 28 days per year, with a maximum of 4 admissions per person per year.

3 single bed sits are available that offer a greater degree of independence in terms of environmental, emotional and practical need, as is a single bed room, access to which follows admission to the crisis unit and a further assessment of need.

For all 10 beds there were 191 admissions (96 to the Crisis Unit, 95 Planned Short Stay) during the financial year 2006-7. Nearly one quarter (24%) of admissions to the Crisis Unit and one third (31.6%) of those to Planned Short Stay were referred by Pinfold CMHT. Of 172 admissions in the financial year 2003-4, 145 (84%) returned home and only 12 (7%) went to Dorothy Pattison Hospital.

With regard to day services, 324 clients received services during 2006.

The statistics above demonstrate its success, which has been achieved through successful joint working initiatives with other statutory services such as Home Treatment Service who treat people with serious mental health conditions who are currently experiencing an acute and severe psychiatric crisis, which without the involvement of the Home Treatment, would require hospitalisation. This is a 24 hour service, which aims to treat people in the least restrictive environment. Other services, which have developed strong links with Broadway North include but are not limited to, Community Health Teams & Community Rehabilitation Team.

Broadway North Centre has also received an excellent rating with CSCI for the last 4 consecutive years.

Accommodation–Based Provision - Location

It is clear from the data gathered regarding accommodation-based provision that it is heavily concentrated in the centre and centre-west of the Borough. There is a notable lack of provision in the east of the Borough.

Support Delivered in the Community

In keeping with the current policy agenda, there has been a shift in emphasis over the past few years in Walsall, away from mental health services delivered in specialist residential settings, to

services being delivered to people who have mental health problems but are living independently in the wider community.

Consequently, and in common with practice in other parts of the country, much more emphasis is now given to the provision of Floating Support i.e. support delivered in an individual's own home.

In Walsall, Caldmore Area Housing Association (CAHA) employ 9 Floating Support workers providing housing-related support to 90 people (with a steadily increasing demand). Although the support is provided by CAHA it is not restricted to CAHA tenants. At present there is thought to be a roughly 50/50 split between CAHA and Walsall Housing Group tenants in terms of take-up, with a smattering of private sector tenants.

Floating Support is flexible, based on individual levels of need (which are evaluated every 3 months) Three different levels of Floating Support can be provided:

- High - up to 10 hours per week
- Medium - c. 4 ½ hours
- Low - 2 hours per week

As referred to earlier in this report Accord Housing Association provide 4 Supported Housing schemes in Walsall with outreach support. Accord Housing are currently in negotiation with Supporting People to provide a further two additional long term placements as an extension to the outreach schemes from Walhouse Road.

In addition to housing-related floating support, the Community Mental Health Team employ 6 Mental Health Support Workers providing Housing Related Floating Support to some 37 service users, amongst their much wider case loads (according to the most recent data), in their own homes regardless of tenure. This service is not funded through the Supporting People Programme.

The posts were created by Walsall Mental Health Services in recognition of the increasing demand for housing related support. The Support Workers are unqualified but have training. Their function is: work with professionals (Social Workers, Community Psychiatric Nurses, Occupational Therapists etc); take clients for appointments; befriend them; help with shopping; help fill forms to maximize benefits; check re bills; take them to their GP; make sure they bathe; and help with their personal and environmental hygiene.

> *'We try to enable people to live their daily life and make decisions. We get them all the information and then let them decide what they want to do'.*
>
> *'We're trying to enable them to have a normal life, to do things on their own.'*
> *(Mental Health Support Worker)*

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It is notable that is some cases those receiving Floating Support from Caldmore Area Housing Association can also receive floating support from CMHT Support Workers, CMHT support is

more holistic and not just housing-related, although it can be hard to separate the remits of the two types of support e.g. help with maximizing benefits. This 'dual service' is an example of effective joint working to meet the housing related support needs of service users.

Caldmore also provide a Mental Health Housing Support Service for female offenders. This service is currently not grant funded by the Supporting People programme either but is offered support by Walsall Mental Health Services to those women who require intensive support within their crisis provision including Broadway North Centre.

In April 2007, through its appointment of a Strategic Housing Development Co-ordinator, Walsall Mental Health Services was successful in securing funding through the Supporting People programme for a Mental Health Resettlement Support Worker, the first jointly commissioned service of its type.

All referrals are processed by the Community Rehabilitation Team Manager who manages this post. Allocation and prioritisation of work is considered on a daily basis thus ensuring that this is a fast track service.

The post-holder does not directly carry out assessments of need but works to care plans written by qualified staff under the Care Programme Approach. In working within the parameters of existing care plans close liaison is maintained with in patient staff and also with the Community Care Co-ordinator where the individual is previously known to services.

The fundamental aim of the service is to provide a "fast response" resettlement and floating support service to both the acute and rehabilitation wards at Dorothy Pattison Hospital. As capacity allows the post-holder also works with service users who are supported by the Community Rehabilitation Team.

Day to day work involves a range of activities which promote social inclusion including, practical task centred support, liaison, single issue advocacy, befriending, assisting with tenancy issues, and short term benefit/financial issues. It is anticipated that input will be limited after which the client will be referred on to the appropriate CMHT.

The service operates in conjunction with the 'Admissions and Discharge of Homeless Persons' protocol agreed between Walsall Council & Walsall Mental Health Services. This ensures that those service users identified as being homeless OR in urgent need of housing advice/assistance or tenancy support have their needs promptly addressed following their admission to DPH.

This position bridges the potential gap between the Homeless Persons unit within Walsall Council & Mental Health Services.

This service helps prepare the ground for discharge and also provide day to day post-discharge 'floating' support for people in both new and existing tenancies. The 'guarantee' of this seamless service allows landlords in both private & social sector to allocate properties in the

knowledge that potentially vulnerable tenants will given the support they need when they need it.

Other Support

As well as accommodation-based and housing-related Floating Support, two agencies offering (both informal and more structured) support were included in the research: the Archway Centre and Walsall Black Sisters

The Archway Centre

The Archway Centre is a drop-in centre providing social support for people with mental health problems. Those attending must live in Walsall and have diagnosed mental health problems. Members can use the Centre (which is open 7 days a week – 8 hours a day in the week, 6 on Saturdays and Sundays) as they want. Users can self-refer or be referred by a Community Psychiatric Nurse, Social Workers, Doctors, Support Workers, Hospital etc. The Centre has a non-structured approach and users can play pool, sit and talk, do arts and crafts, use a computer etc. The centre also provides a place of safety for its users & can provide hot meals 7 days a week.

The Centre has 2 full-time staff and 3 part-time. It is funded by Walsall Council (but is a voluntary sector facility) and has in the region of. 130 people on its books, with an average of 24 users per day (normally 15 at any one time). Many residents from Walhouse Rd and 414 Bloxwich Rd (both Accord Supported Housing Projects) attend the Centre.

'Social Workers and other health professionals have a significant part to play in the introduction of service users to the Archway's Centre. Working in partnership provides continued care for our members and their carers'.
(Archway Centre Team Leader)

Walsall Black Sisters Collective

Alongside a range of other projects the Walsall Black Sisters Collective (WBSC) run a mental health project. This project aims to provide outreach and therapeutic support to African Caribbean people suffering/recovering from mental health problems, strengthening existing support and providing a culturally sensitive service.

During the financial year 2007/08 the service was used by 23 people, of whom 14 were male and 9 were female. Nineteen of the service users were of African Caribbean origin, while 1 was Asian, 2 were of dual heritage and 1 was of "other" ethnic origin. Twenty of the service users were aged between 20 and 60 years old, with a further three aged 61 or more.

Services provided include day care, life skills, outreach, counselling, support and advice. Activities provided include arts and crafts, computer courses, entertainment and excursions. All staff are volunteers.

A downside of this provision was a perceived over-reliance on the part of statutory agencies on WBSC (they had lost Mental Health Service funding and had to rely on volunteer workers to keep the service going). WBSC continues to maintain strategic links to ensure that the needs of the client group is part of the mental health and wellbeing agenda for Walsall and more long term funding can be secured to ensure continuity and sustainability of the service.

4.

Assessing Need

Backdrop

This section of the reports reviews existing data estimates at national and local levels and applies them to Walsall to enable an estimation of the likely level of need to be made. Data tables from the Continuous Recording (CORE) system for the Supporting People programme in Walsall were also commissioned and these have been analysed to provide an overview of the needs of people with mental health problems being met in Walsall in the last five years (2003/04 to 2007/08).

Some geographical assessment of need has also been undertaken using the ONS Mental Health Indicator which provides a useful although limited description of current mental health 'hot-spots'. Finally, estimates of mental health needs in Walsall have been undertaken by applying national assessments to the Walsall scenario.

Supporting People Programme Activity 2003-2008

During the 2003/04 to 2007/08 period, Continuous Recording (CORE) logs were completed for all those assisted under the Supporting People Programme in Walsall through housing or care and support services (a total of 6,115 households). Of these, 306, or 5 percent were recorded as having mental health problems as their primary need.

A further 123, or 8 percent, cited mental health problems as a secondary need. In addition to 306 individuals with mental health problems as their primary need, around 100 had primary needs related to alcohol or drug use [see chart (3) on page 26). Learning disabilities, complex needs, physical or sensory disability, and single homeless support were also major secondary needs identified.

The household characteristics of those with mental health problems as their primary need over the past five years are shown below.

- **Ethnicity** ~ The majority of those experiencing mental health problems were White British (at 85.6 percent) with a further 0.7 percent saying they were of Irish origin and 2.0 percent of Other White origin. BME clients constituted 11.8 percent, which is slightly under the 13.6 percent BME residents within Walsall's population according to the Census 2001. Some 3.9 percent of clients were from an Indian background and 2.3 were

from a Pakistani background. Those classifying themselves as Black made up 2.6 percent of clients. A further 2.3 percent were of Mixed ethnicity.

- **Gender** ~ Almost seven in ten clients (68.6 percent) were female with 0.3 percent classifying themselves as 'other'.

- **Age** ~ The average age of people with mental health problems assisted under the programme was 40.4 years. Some 9.4 percent were under 25 years old and 5.5 percent were over 60 years.

- **Economic Activity** ~ Some 87.8 percent of clients with mental health problems were long-term sick or disabled. Only 2.0 percent were in work. Some 3.3 percent were retired. Just over 5 percent were job seekers.

- **Statutorily Homeless** ~ Only 3.6 percent of those with mental health problems were assessed as being statutorily homeless compared to 36.2 percent of total client assisted under the programme.

- **Source of Referral** ~ The chief source of referral for people with mental health problems, as chart (2) over the page shows, was Walsall's Community Health Team. Other major referral sources were Social Services (at 21.6 percent), Walsall's Housing Department (at 9.4 percent), the NHS/GPs (at 6.9 percent), self-referrals (at 5.2 percent), and the probation or prison services (at 3.6 percent).

- **Tenure** ~ More than one fifth (20.6 percent) of clients prior to being assisted under the programme were living in housing association/RSL housing. A further 14.0 percent were in hospital and 10.3 percent were in a supported housing scheme. Some 11.0 percent were living in council housing, 9.3 percent were in residential care, 7.6 percent were living with their families, 5.6 percent were living in the private rented sector, 3.7 percent with living with friends, and 3.0 were rough sleepers.

- **Previous Location** ~ The vast majority (96.7 percent) were living in Walsall. The remaining 3.3 percent were living in Birmingham or other parts of the Black Country.

- **Type of Provider** ~ As chart (4) on page 27 illustrates, the major provider type are housing associations/RSLs (at 55.6 percent), followed by voluntary organisations (at 24.5 percent), Social Services (at 14.4 percent), the Housing department (at 3.3 percent), and the joint H&SS (at 2.0 percent).

- **Type of Service** ~ Floating support (at 46.4 percent) was the major service provided under the programme, followed by supported housing (at 32.0 percent) and supported lodgings (at 3.9 percent).

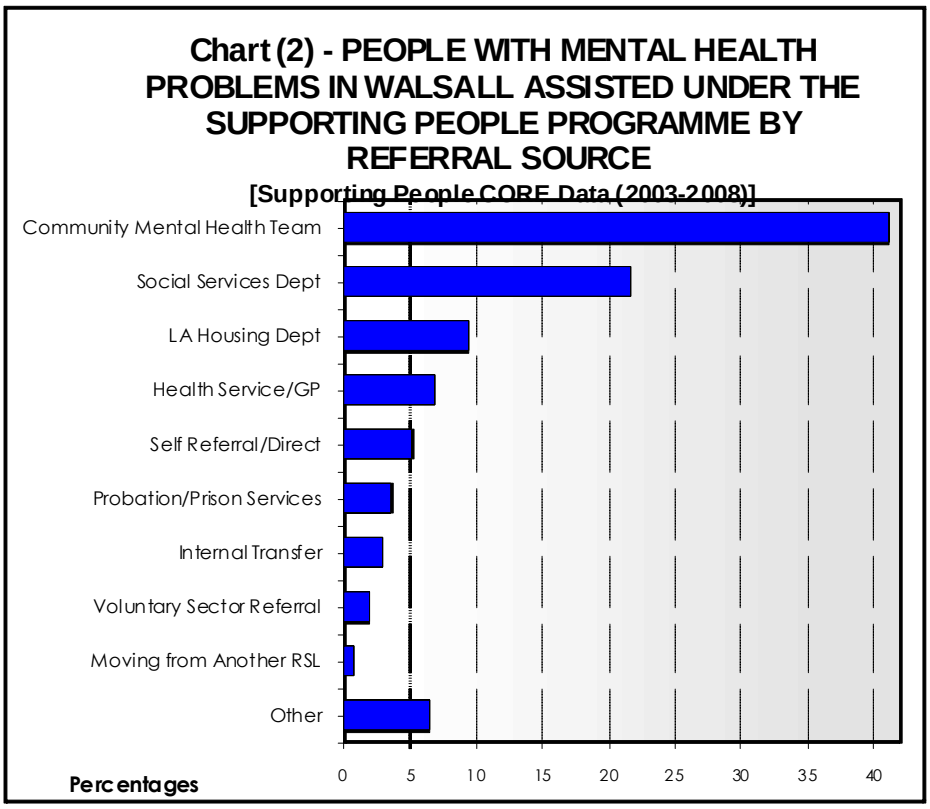


Chart (2) - PEOPLE WITH MENTAL HEALTH PROBLEMS IN WALSALL ASSISTED UNDER THE SUPPORTING PEOPLE PROGRAMME BY REFERRAL SOURCE
[Supporting People CORE Data (2003-2008)]
Community Mental Health Team
Social Services Dept
LA Housing Dept
Health Service/GP
Self Referral/Direct
Probation/Prison Services
Internal Transfer
Voluntary Sector Referral
Moving from Another RSL
Other
0
5
10
15
20
25
30
35
40
Percentages

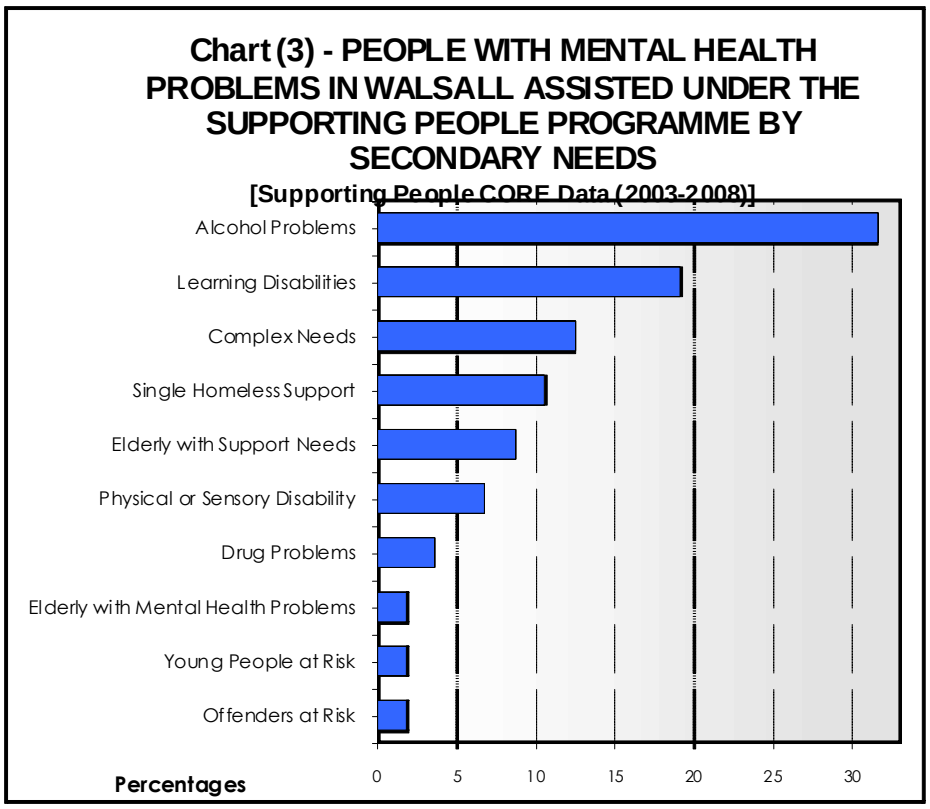


Chart (3) - PEOPLE WITH MENTAL HEALTH PROBLEMS IN WALSALL ASSISTED UNDER THE SUPPORTING PEOPLE PROGRAMME BY SECONDARY NEEDS
[Supporting People CORE Data (2003-2008)]
Alcohol Problems
Learning Disabilities
Complex Needs
Single Homeless Support
Elderly with Support Needs
Physical or Sensory Disability
Drug Problems
Elderly with Mental Health Problems
Young People at Risk
Offenders at Risk
0
5
10
15
20
25
30
Percentages

Chart (4) - PEOPLE WITH MENTAL HEALTH PROBLEMS IN WALSALL ASSISTED UNDER THE SUPPORTING PEOPLE PROGRAMME BY PROVIDER TYPE

[Supporting People CORE Data (2003-2008)]

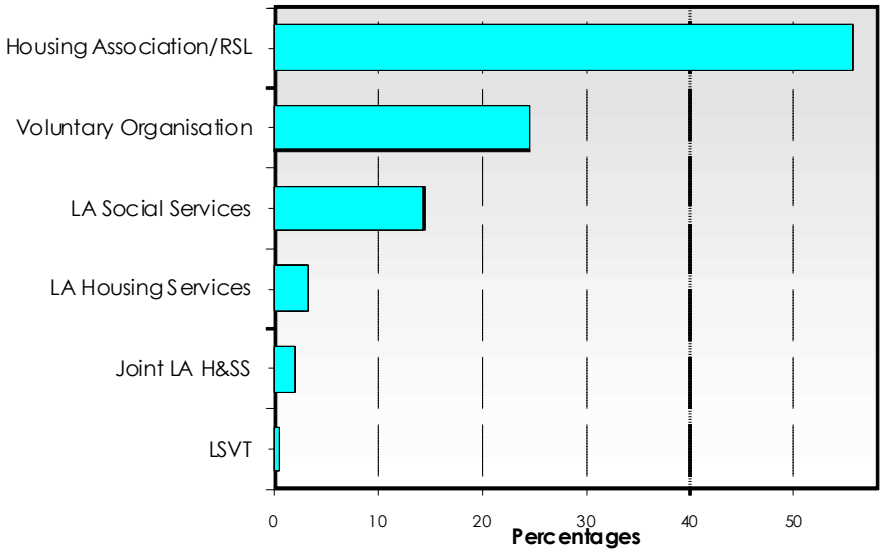
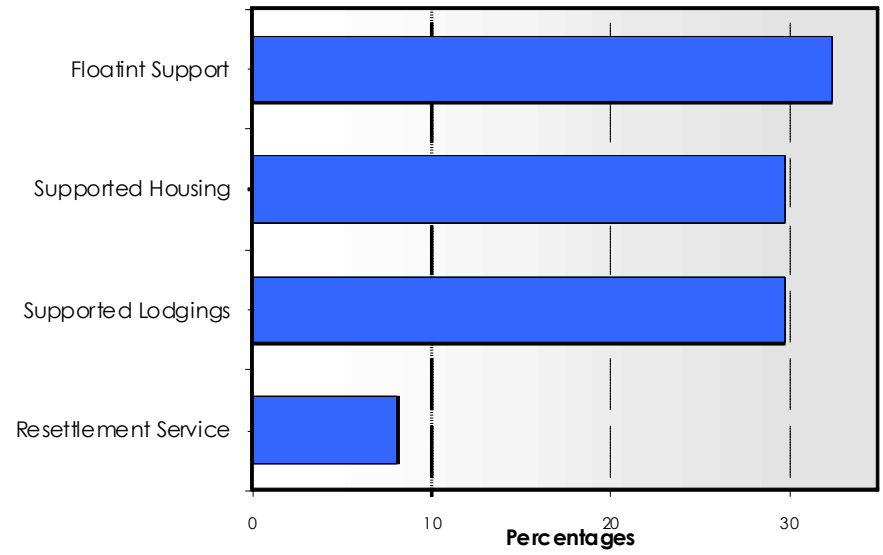


Chart (5) - PEOPLE WITH MENTAL HEALTH PROBLEMS IN WALSALL ASSISTED UNDER THE SUPPORTING PEOPLE PROGRAMME BY SERVICE TYPE

[Supporting People CORE Data (2003-2008)]



The Mental Health Indicator in Walsall

The ONS has created a geographically-based indicator of the concentration of people with mental health problems within the 32,482 neighbourhoods in England. The indicator, which applies to 2003, is created from GP prescribing data, from the claimant rate of health related benefits to people with mental health problems, from secondary hospital inpatient data relating to mental health, and suicide rates. It should be recognised, however, that the indicator is only a broad measure of concentration of mental health problems within the population and will be affected considerably by the location of housing schemes for people with mental health problems.

The following two maps show the mental health indicator for neighbourhoods in Walsall. Map (3) shows the relative level of mental health problems - darker blue shaded neighbourhoods have the highest concentrations and the lighter bleu the lowest. The St. Matthew's, Bloxwich West and Short Heath wards have the highest concentrations of mental health problems. In general, the West of the borough has the highest concentrations and the East, especially the South-East, the lowest concentrations - map (4) shows the major 'hot-spots'.

The reasons for this geographical distribution are complex, but relate mainly to the local of housing schemes for people with mental health problems and to the general concentration of deprivation in the West compared to the East. As a range of research reports demonstrate, people with mental health problems tend to be concentrated in areas with high levels of deprivation. To underline this finding, three tables have been constructed on pages * to ** which describe the key characteristics of the ten neighbourhoods with the greatest concentrations of mental health problems and of those ten with the lowest concentrations.

Table (1) provides an overview of the household and housing characteristics of the top and bottom ten neighbourhoods. Concentrations of BME and especially Asian households in the top ten relative to the bottom ten is clear; similarly for single person households. Social housing is the major tenure in the top ten neighbourhoods, ranging from 34 to 69 percent of households compared to 1 to 15 percent in the bottom ten. The private rented sector is also more prolific. Two measure of housing deprivation - overcrowding and a lack of central heating - are far more likely to be present in the top ten neighbourhoods than the bottom ten.

Table (2) shows that all but one of the top ten neighbourhoods with mental health problems are assessed as being in the 13 percent most deprived neighbourhoods in England. Two neighbourhoods are within the most deprived 1 percent and seven in the most deprived 10 percent. Similar observations can be made about the employment indicator. Between 49 and 70 percent of adult residents in the top ten neighbourhoods have no qualifications compared to between 25 and 53 percent for the lowest ten. The higher concentration of disability allowance and income support claimants in the top ten neighbourhoods is also evident. Concentrations of fuel poverty also underline the relative deprivation experienced between the top and bottom ten neighbourhoods.

Table (3) enables some comparative health data within the top and bottom ten neighbourhoods to be compared. Six of the top ten neighbourhoods are within the 10 percent most deprived nationally for the health and disability indicator. The comparative illness and disability indicator range from 143 to 274 for the top ten neighbourhoods but from only 75 to 110 for the bottom ten. The presence of limiting long-term illness, the greater number of years of lost life on average, and the proportion of residents saying they are in poor health are far higher in the top ten than the bottom ten neighbourhoods.

Table (1) -

MENTAL HEALTH INDICATOR:
Characteristics of Selected Neighbourhoods - HOUSEHOLDS

Neighbourhood	% BME House-holds	% Asian House-holds	% Single People	% Social Housing Tenants	% Private Rented Sector Tenants	% Over-crowded	% No Central Heating
Ten Highest Mental Health Scores							
LSOA E01010370	30.2	20.8	46.8	50.1	10.8	12.5	10.2
LSOA E01010371	68.0	58.6	47.0	47.2	19.6	17.0	12.7
LSOA E01010292	2.8	0.8	45.5	55.5	6.1	5.6	10.9
LSOA E01010383	3.9	1.8	37.7	55.4	1.0	4.2	11.8
LSOA E01010365	59.3	47.7	44.8	52.3	5.5	13.6	8.9
LSOA E01010280	6.0	1.5	32.2	69.0	0.6	7.2	8.8
LSOA E01010364	51.3	44.8	22.8	34.4	9.0	12.0	12.4
LSOA E01010368	28.0	22.4	43.2	64.1	8.5	13.8	8.4
LSOA E01010369	28.9	20.5	47.2	51.7	9.4	11.6	11.3
LSOA E01010290	5.4	2.8	32.1	38.0	3.0	4.9	18.7
Ten Lowest Mental Health Scores							
LSOA E01010296	3.2	0.9	19.6	2.2	2.1	1.7	3.4
LSOA E01010385	4.4	3.5	21.9	1.0	2.6	0.5	1.7
LSOA E01010255	1.4	0.2	24.6	2.4	1.8	1.6	3.9
LSOA E01010387	2.7	1.7	21.8	1.5	2.0	0.5	4.3
LSOA E01010248	4.3	3.7	17.9	0.5	2.9	1.6	2.1
LSOA E01010389	7.9	5.0	21.3	7.0	2.9	1.4	4.9
LSOA E01010304	2.2	1.6	22.9	15.1	1.6	1.8	6.4
LSOA E01010398	8.5	6.2	15.0	1.1	1.1	1.8	4.7
LSOA E01010391	3.3	2.2	17.2	1.8	1.3	1.5	3.2
LSOA E01010395	11.0	8.7	9.3	2.0	2.0	2.4	6.9

Source: Office of National Statistics (2008)

Table (2) -

MENTAL HEALTH INDICATOR:
Characteristics of Selected Neighbourhoods - DEPRIVATION

Neighbourhood	ID 2007 National Multiple Depriv. Rank (*)	ID 2007 Employ-ment Rank (**)	% Adults without Qualif-ications	% Disability Allowance Claimants	% Income Support Claimants	% in Fuel Poverty
Ten Highest Mental Health Scores						
LSOA E01010370	4,174	1,866	48.5	6.4	10.2	15.4
LSOA E01010371	114	387	68.0	6.9	11.1	24.1
LSOA E01010292	2,707	1,450	62.5	11.0	7.3	12.3
LSOA E01010383	4,158	2,802	69.3	6.6	5.2	11.0
LSOA E01010365	1,725	1,366	62.86	8.4	9.1	17.5
LSOA E01010280	1,754	1,543	70.1	9.8	7.5	13.0
LSOA E01010364	952	888	68.6	9.3	9.3	20.3
LSOA E01010368	163	489	67.7	7.9	11.8	17.7
LSOA E01010369	3,234	1,716	52.7	7.2	8.8	14.0
LSOA E01010290	9,713	6,122	56.3	6.5	4.0	10.9
Ten Lowest Mental Health Scores						
LSOA E01010296	30,355	30,653	41.0	1.3	0.7	6.8
LSOA E01010385	31,755	30,433	24.8	2.8	0.0	7.2
LSOA E01010255	29,489	23,435	34.7	4.2	0.4	7.0
LSOA E01010387	29,600	26,033	42.4	3.3	0.7	6.4
LSOA E01010248	29,314	28,440	36.8	2.5	0.6	7.0
LSOA E01010389	23,126	17,976	33.8	2.9	1.1	7.9
LSOA E01010304	15,936	14,557	53.8	5.2	2.3	9.6
LSOA E01010398	26,850	27,610	44.6	2.9	0.6	8.0
LSOA E01010391	27,779	23,362	40.9	4.2	1.3	6.2
LSOA E01010395	24,303	21,168	48.5	2.8	0.7	8.4

(*) 1 = greatest multiple deprivation; 32,482 = least multiple deprivation
(**) 1 = greatest employment deprivation; 32,482 = least employment deprivation

Source: Office of National Statistics (2008)

Table (3) -

MENTAL HEALTH INDICATOR:
Characteristics of Selected Neighbourhoods - HEALTH

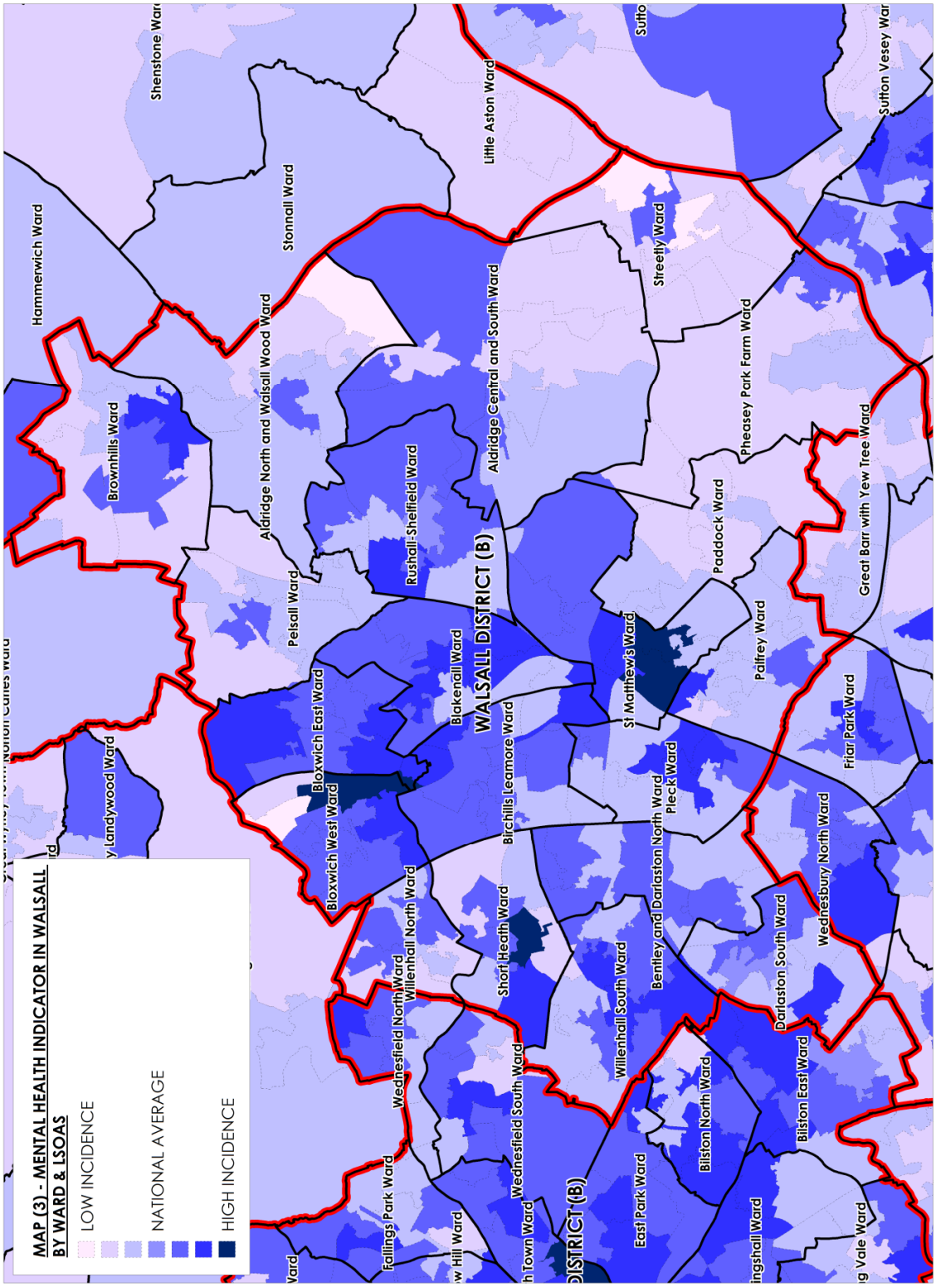
Neighbourhood	ID 2007 National Health/ Disability Rank (*)	ID 2007 Comparative Illness/ Disability Indicator (**)	% With Limiting Long-term Illness	Lost Years of Life Indicator (***)	% in Good Health	% in Poor Health
Ten Highest Mental Health Scores						
LSOA E01010370	4,756	189.1	18.0	99.2	63.3	11.7
LSOA E01010371	533	239.7	20.4	107.9	65.2	12.5
LSOA E01010292	2,209	224.6	29.6	104.3	56.1	16.5
LSOA E01010383	3,662	191.1	29.4	99.1	53.6	18.2
LSOA E01010365	1,612	258.2	27.1	107.8	56.2	15.3
LSOA E01010280	2,067	222.6	25.6	82.6	57.3	14.1
LSOA E01010364	1,505	254.0	21.8	89.1	63.0	12.0
LSOA E01010368	406	274.4	21.0	108.6	59.2	13.8
LSOA E01010369	5,830	199.6	19.9	82.4	63.6	11.1
LSOA E01010290	8,653	143.5	24.7	86.9	59.5	13.0
Ten Lowest Mental Health Scores						
LSOA E01010296	25,082	92.0	7.1	63.5	80.7	3.6
LSOA E01010385	26,131	75.4	15.1	63.2	76.1	6.4
LSOA E01010255	20,094	83.8	17.8	64.9	66.0	8.1
LSOA E01010387	23,201	85.7	14.7	73.3	71.7	7.0
LSOA E01010248	24,968	78.3	15.8	70.2	73.3	6.2
LSOA E01010389	21,115	95.7	16.8	72.0	71.3	8.0
LSOA E01010304	18,493	109.7	18.0	64.4	66.5	9.3
LSOA E01010398	21,208	97.0	11.2	71.6	78.0	4.7
LSOA E01010391	21,798	93.0	14.7	65.7	72.1	6.0
LSOA E01010395	18,177	101.1	10.0	68.0	77.1	5.2

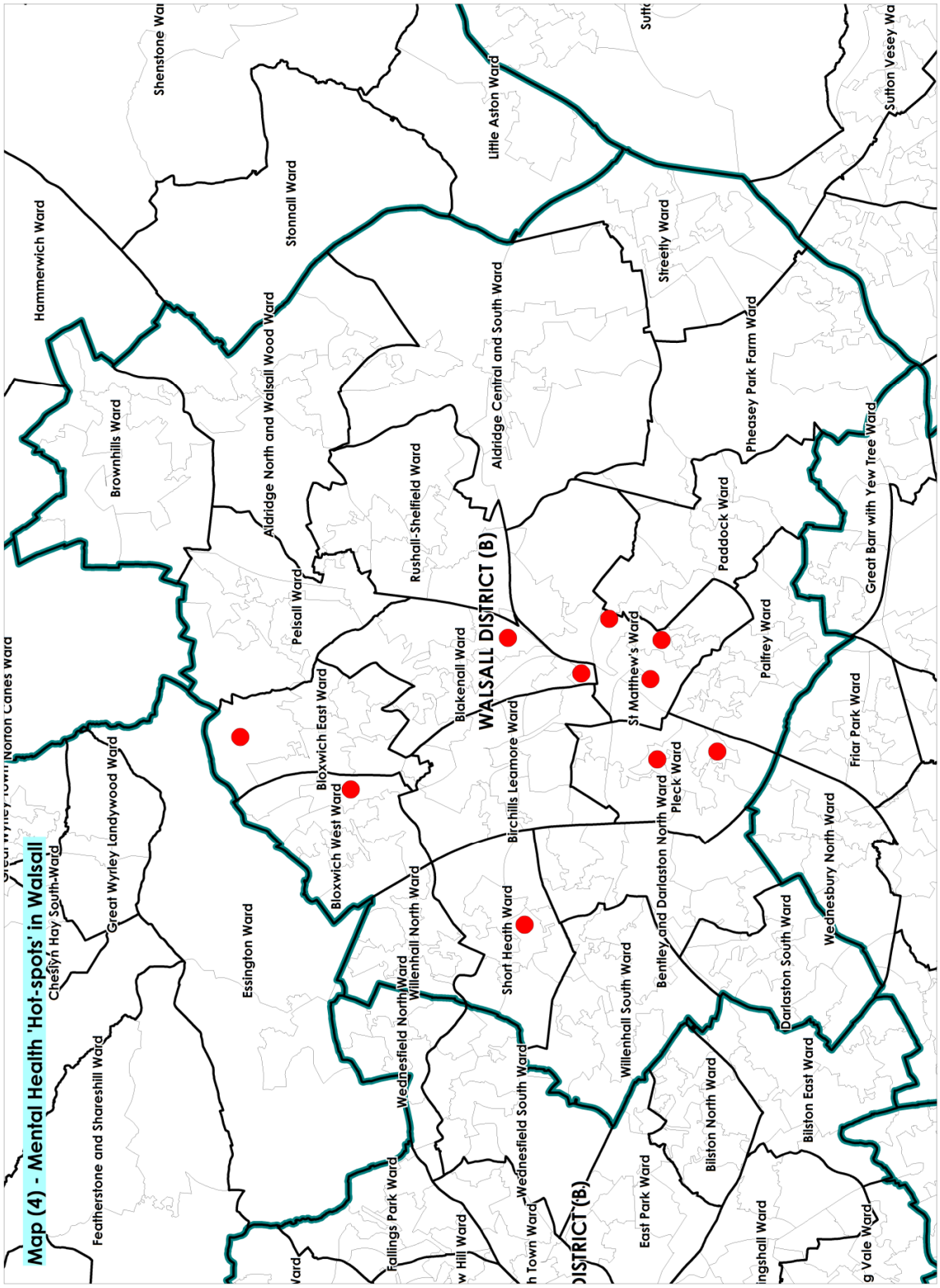
(*) 1 = greatest deprivation associated with health and disability; 32,482 = least deprivation associated with health and disability

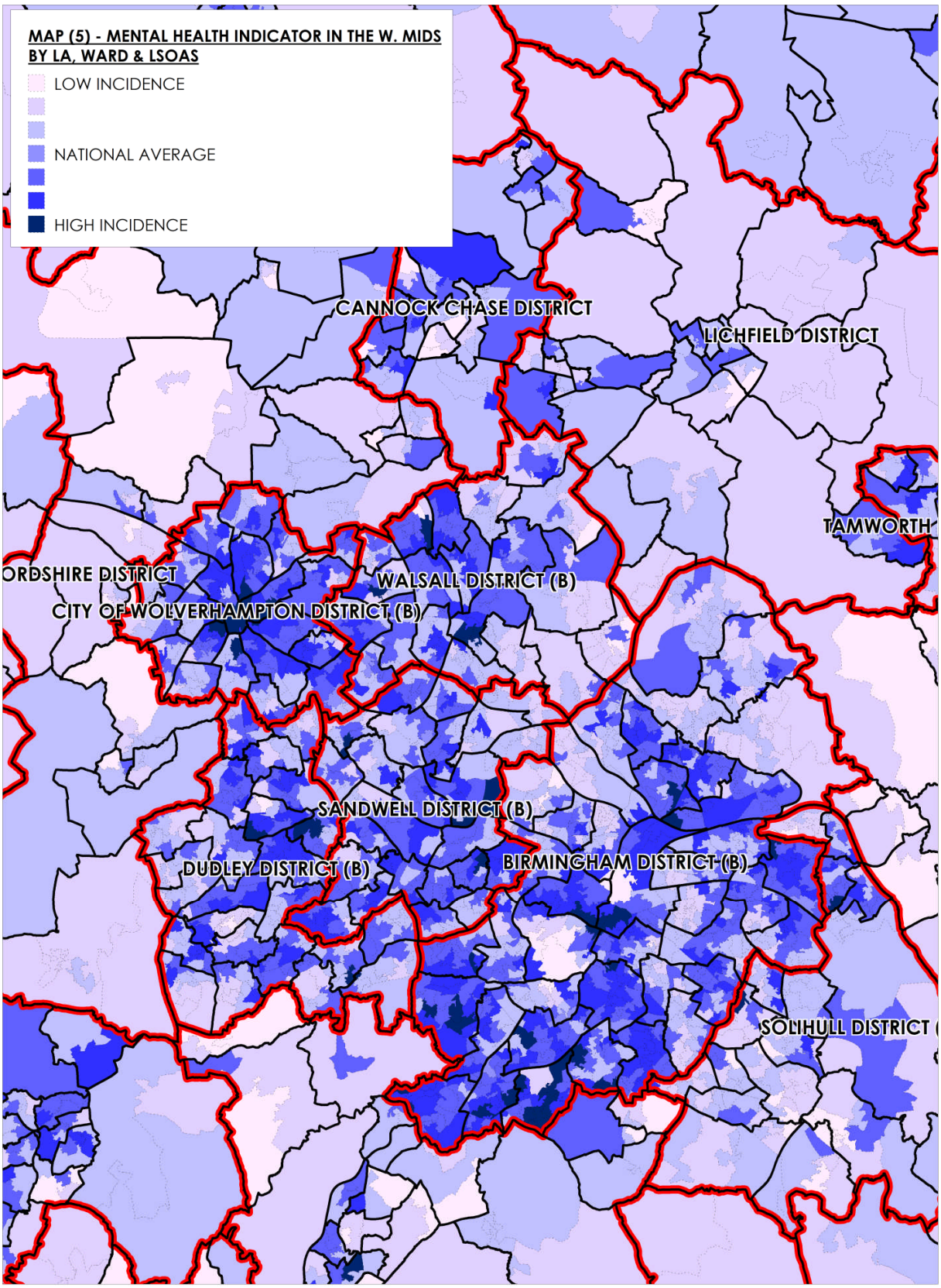
(**) based upon claimant rates for a range of health benefits - the higher the score the greater the benefit take-up rate

(***) this is an age-adjusted rate of lost years of life per 1,000 population - a high score shows that life expectancy is lower in the neighbourhood concerned

Source: Office of National Statistics (2008)


MAP (3) - MENTAL HEALTH INDICATOR IN WALSALL
BY WARD & LSOAS
LOW INCIDENCE
NATIONAL AVERAGE
HIGH INCIDENCE
WALSALL DISTRICT (B)
Hammerwich Ward
Shenstone Ward
Stonnall Ward
Aldridge North and Walsall Wood Ward
Little Aston Ward
Brownhills Ward
Streetly Ward
Aldridge Central and South Ward
Pheasey Park Farm Ward
Paddock Ward
Pelsall Ward
Rushall-Shelfield Ward
Great Barr with Yew Tree Ward
Bloxwich East Ward
Blakenall Ward
Palfrey Ward
Bloxwich West Ward
Birchills Leamore Ward
St Matthew's Ward
Friar Park Ward
Pleck Ward
Willenhall North Ward
Short Heath Ward
Bentley and Darlaston North Ward
Wednesfield North Ward
Willenhall South Ward
Darlaston South Ward
Wednesbury North Ward
Wednesfield South Ward
East Park Ward
Bilston North Ward
Bilston East Ward
Fallings Park Ward


Map (4) - Mental Health 'Hot-spots' in Walsall
WALSALL DISTRICT (B)
Hammerwich Ward
Shenstone Ward
Stonnall Ward
Little Aston Ward
Brownhills Ward
Aldridge North and Walsall Wood Ward
Aldridge Central and South Ward
Streetly Ward
Sutton Vesey Ward
Pheasey Park Farm Ward
Great Wyrley Landywood Ward
Cheslyn Hay South Ward
Essington Ward
Bloxwich East Ward
Bloxwich West Ward
Pelsall Ward
Rushall-Shelfield Ward
Blakenall Ward
Paddock Ward
Great Barr with Yew Tree Ward
Palfrey Ward
St Matthew's Ward
Birchills Leamore Ward
Pleck Ward
Friar Park Ward
Short Heath Ward
Willenhall North Ward
Wednesfield North Ward
Willenhall South Ward
Bentley and Darlaston North Ward
Darlaston South Ward
Wednesfield South Ward
Bilston East Ward
Bilston North Ward
East Park Ward


MAP (5) - MENTAL HEALTH INDICATOR IN THE W. MIDS BY LA, WARD & LSOAS
LOW INCIDENCE
NATIONAL AVERAGE
HIGH INCIDENCE
CANNOCK CHASE DISTRICT
LICHFIELD DISTRICT
TAMWORTH
ORDSHIRE DISTRICT
WALSALL DISTRICT (B)
CITY OF WOLVERHAMPTON DISTRICT (B)
SANDWELL DISTRICT (B)
DUDLEY DISTRICT (B)
BIRMINGHAM DISTRICT (B)
SOLIHULL DISTRICT

Applying National Needs Estimates to Walsall

According to the Office of National Statistics' 2005 Population mid-year estimates for 2007, Walsall has a total population of 251,800. Of these, 43,500 people (17.3 percent) are estimated to be over 65. A currently unpublished Health Needs Assessment of Dementia in Walsall (Malhotra & Laverty 2008) notes that:

> *'According to Office for National Statistics (ONS) projections, the proportion of the population aged over 65 is set to rise to 18.5 percent in 2012, and in 2017 to 20.2 percent. This means there will be an increase from 43,500 to 50,500 people over 65 in Walsall by 2017. Notably, ONS projections forecast a 50% increase in those over 85.'*

With regard to ethnicity, comparison of data from the 1991 and 2001 Censuses reveals Walsall's Black and Minority Ethnic (BME) population is increasing rapidly, with Indian (5 percent) and Pakistani (4 percent) communities forming the largest BME groups in Walsall. The proportion of the population that is BME rose from 9.6 percent in 1991 to 13.6% in 2001.

While data on the general population is easily accessible, no hard data is available on the number of people with mental health problems in Walsall. Nationally, estimates of the prevalence of mental illness vary. The Office for National Statistics (ONS) Psychiatric Morbidity report (2001), estimates that:

> *'About one in six adults aged 16 to 74 years living in private households in Great Britain have a neurotic disorder (or common mental disorder), such as depression, anxiety or phobias'.*

If the 2001 Census data for Walsall (a total population of 253,499 and an adult population i.e. those aged 16 years and over, of 198,423) is used this would give a figure of **33,070 adults in Walsall with either a neurotic disorder or a common mental disorder.**

The ONS Psychiatric Morbidity report also notes that:

> *'The most prevalent neurotic disorder among the population as a whole was mixed anxiety and depressive disorder (88 cases per 1,000).'*

Again using the 2001 Census population data, this would give a figure of **17,461 people in Walsall suffering from mixed anxiety and depressive disorder.**

The one in six figure given by the ONS represents those people defined as having 'significant' mental health problems. Another major survey, using a wider definition of mental health problems, that is frequently quoted ('Common Mental Disorders a Bio-Social Model', Goldberg & Huxley1992) puts the figure at one in four. This would give a figure of **49,606 adults in Walsall (at the time of the 2001 Census) with mental health problems**.

A MIND factsheet ('Statistics 1: How Common is Mental Distress?', 2008) gives an overview of what treatment those who experience mental health problems are likely to seek and get:

- around 300 people out of 1,000 will experience mental health problems every year in Britain
- 230 of these will visit a GP
- 102 of these will be diagnosed as having a mental health problem
- 24 of these will be referred to a specialist psychiatric service
- 6 will become inpatients in psychiatric hospitals.

A recent report from the King's Fund ('Paying the Price: The Cost of Mental Health Care in England to 2026', Mc Crone et al 2008) estimates a projected increase of 14.2 percent in the number of people in England with mental health problems by 2026.

The King's Fund report details prevalence rates for a range of mental health problems. Using the data contained in the report very broadly, estimates of the possible prevalence of the mental health problems in Walsall can be constructed.

With regard to **depression** the report states that:

> *'The prevalence of depression ranges between 29-42 per 1,000 people…[while]…Only 65% of people with depression are in contact with services…of the 35% not in service contact, 44.6% have moderate or severe depression and therefore would (according to official guidance) require active treatment.'*

If the prevalence of depression percentages are applied to Office for National Statistics' 2005 Population mid-year estimates for 2007, this would produce a total of **between 7,302 and 10,576 people in Walsall suffering from depression**. n.b. this figure is much smaller than the other estimates cited above due to the much narrower definition of depression use in this study.

Turning to **anxiety** the report states that:

> *'The prevalence of anxiety disorders is estimated to be 17-95 per 1,000 people depending on age…51% of people with anxiety disorders are not in contact with services.'*

If, again, these percentages are applied to the population mid-year estimates for 2007 it indicates that **between 4,281 and 23,921 people in Walsall are suffering from anxiety**.

With regard to **schizophrenic disorders** the report states that:

> *'The prevalence of schizophrenia and related disorders is estimated to be 5 per 1,000"'*(for the adult population)

This would create an **estimate of 1,259 people in Walsall** n.b. the report additionally notes that:

> *'the incidence of schizophrenia is substantially higher for some black and minority ethnic (BME) groups'.*

For **Bipolar disorders and related conditions** the report states that:

> *'Prevalence of bipolar disorder and related conditions is estimated to be 0.4-3.9 percent dependent on age'.*

When applied to Walsall this would give a figure of some **1,007-9,820 people**.

For **personality disorders** the report notes that:

> *'Prevalence of personality disorder in the community is estimated at 5.8 percent'.*

This would produce a figure for Walsall of **14,604 people**.

Finally, for **dementia**, the report produces the following estimate:

> *'The estimated prevalence of dementia in those aged 65 and over is 7.1%.'*

In Walsall this would produce a figure of **3089 people aged 65 and over who are likely to be suffering from dementia**. n.b. this is very close to the estimate for the number of people with dementia in 2007 given in the Health Needs Assessment of Dementia in Walsall referred to above (namely 3137)**.**

With regard to future needs the report states that:

> *'Although not the largest group of people with a mental disorder, those with dementia will see the largest increase in numbers, as a result of an increasingly ageing population, in particular people aged 75 and over. The service costs associated with dementia are far higher than all other conditions put together. They currently make up 66 per cent of all mental health service costs; by 2026 it is estimated that they will make up 73 per cent of all mental health service costs (at 2007 prices).'*

The percentages and prevalence estimates detailed above are, however, of limited value in estimating how many people may need housing-related support. The housing related needs of people with mental health problems are extremely difficult to estimate largely because most people cannot be described only in this way. For example, people with mental health problems may also be homeless, have substance misuse problems and or other multiple problems. They may also have no housing related support needs at all. There are therefore dangers of double or triple counting people and of counting people who actually don't require services. Any data must therefore be treated as at best indicative, rather than as hard fact.

5.

Service Gaps & Related Issues

Introduction

In order to identify gaps in (and concerns with) current service provision, a wide variety of 'key players' were interviewed. The following gaps and issues were identified through the interview process.

Mental Health as the 'Poor Relation'

Many of those interviewed felt that mental health provision "loses out" in comparison to other service areas (for example, services for older people or those with a physical disability).

Those providing care for people with mental health problems expressed similar views.

Those experiencing mental health problems were felt to be disadvantaged in comparison to other groups due to the "invisibility" of their condition;

> *'You can see a broken leg but you can't see a mental health problem'*
> *(Local Authority Officer)*

> *'It's easy to see a physical disability'*
> *'If you can't see it they haven't got a voice'*
> *(Carers)*

At the other end of the spectrum to invisibility, there was a clear perception that when the wider population acknowledges the existence of mental health problems, those suffering from them are stigmatized and feared.

> *'The horrible thing about mental health is there's a huge stigma about it'*
> *(Voluntary Sector Worker)*

> *'Stigma for mental health is still massive'*
> *(Mental Health Service Provider)*

Whilst this attitude could be attributed to people's basic lack of knowledge of mental health, it was pointed out that it is widespread. Indeed it is not seen as being restricted to members of the public - one housing provider interviewed, for example, felt that housing providers in general just see the label "mental health" rather than the person behind it. As a result:

> *'As soon as you mention mental health problems people don't want to know'*
> *(Carer)*

By way of raising awareness, Walsall Mental Health Carers Service, working with the Housing Development Officer have promoted mental health. There has been specific interest in recognising mental health as a disability by enabling Disabled Facility Grants to be considered for those requiring essential work to be completed enabling individuals to remain in their own homes, particularly owner occupiers.

Currently, discussion is ongoing to ensure that specialist mental health Occupational Therapists are included in the assessment process necessary when considering Disabled Facility Grant requests.

Accommodation for People with Mental Health Problems: Quality & Location

Earlier in this report we have highlighted the lack of Borough-wide accommodation-based provision for people with mental health problems. Whilst current accommodation-based provision for mental health was generally viewed quite favourably (at least in terms of the services provided, if not in terms of its physical condition) by mental health professionals and service providers, this was certainly not the case with the carers interviewed. They viewed current provision negatively, seeing it as being poor quality and limited in terms of location:

> *'Most of it is in the most undesirable areas'*
> *'You're putting people in an environment that isn't going to improve their health'*
> *(Carers)*

There is clearly a lack of choice in terms of the location of accommodation-based provision. Whilst there was a feeling that service users should have more choice, in the areas in which they want to live, this has to be set in the context of both where specialist accommodation is currently available and where it may be possible to develop it in the future. Whilst one of the carers interviewed stated that:

> *'There should be purpose built accommodation, in a nice area'*
> *(Carer)*

This must be looked at in the context of the very real (but not necessarily insurmountable) threat of 'nimbyism' (resulting from negative perceptions of people with mental health problems, as detailed above). Where services are provided in the community there is perceived to be a

danger that people with mental health problems will be concentrated in particular properties in particular areas, leading to what one interviewee described as:

> *'Ghettoisation of properties'*
> *(Voluntary Sector Worker)*

This concern was particularly highlighted by service users interviewed, who were concerned that 'ghettoisation' increased the risk of stigmatisation:

> *'What I don't like is they put us all together in one place'*
> *(Service User)*

Area of allocation was seen to be extremely important. Allocations to "rough" areas were felt to lead to victimization, which in turn leads to increased stress and the worsening of individual problems:

> *'If you were put in the right area in the first place then you'd get better…How is the person going to get better if they're not in a safe environment?'*
> *(Service User)*

One criticism of housing providers was that they don't look at it like this – seeing housing as a solution in itself and giving no consideration to the need to house people in "quiet" areas. This must, however, again be put in the context of availability i.e. where social housing is located and where housing availability is most likely to arise.

Alongside area of allocation, a key fear expressed was that people with mental health problems can be housed in inappropriate properties such as B&Bs/hostels:

Problems were also identified regarding poor-quality private sector bed-sits and public sector high-rise flats The former were felt to have a particularly negative potential impact:

> *'Quality of housing and choice of housing isn't there…they often end up getting bed-sits that make their mental health even worse'*

With regard to the latter there was felt to be a risk of violence and ridicule if people with mental health were housed in mainstream flats. Again people with mental health problems were seen as disadvantaged compared to other groups:

> *'Everyone is put into a one bed flat because they haven't got a physical disability'*
> *(Mental Health Professional)*

This is not an argument against housing service users in flats per se, but does raise the importance of allocations being sensitive to individual needs, taking into account the wishes of service users, their support needs and the environment in which they are to be housed.

In summary, physical environment was clearly felt to impact on mental health:

'It's not just about providing a bed in a little room; it's about making the environment conducive to good mental health'
(Mental Health Professional)

As a result:

'With mental health you have to be careful where you put people'
(Mental Health Professional)

The Housing Development Coordinator (HDC) has been instrumental in engaging with the private sector to address these concerns. Clearly, there is a niche in the market for 'good quality' private sector accommodation to be made available & utilised offering greater choice to service users.

Relationships established to date include the HDC facilitating Caldmore Housing floating support services' attendance at Walsall Council's Private Landlord Forum, an event which is held twice a year. This has provided an opportunity to meet with Private Landlords to raise the awareness of mental health and how their tenants can be supported through such services minimising the obvious risks and concerns landlords may have around mental illness and to inform landlords on how rent can be maximised including changes surrounding Local Housing Allowance (formerly rent allowance in the private sector).

The key gap identified here remains a shortage of appropriate accommodation in a variety of areas.

Meeting the Accommodation Needs of Older Persons with Mental Health

In relation to meeting the needs of Older People significant developments are taking place in Walsall. Through a robust process the Council selected as its Partner Housing 21 who specialise in the provision of services to older people (formerly known as the Royal British Legion Housing Association)

New facilities to be constructed include a specialist focus centre at Goscote to serve the residents of Walsall which will comprise a dementia care 40 bed unit with en suite facilities providing residential and respite care. In addition there will be an outreach and day care facility open seven days a week.

5 new Extra Care Housing Courts will also be constructed. Facilities will include integrated day care centres, restaurants, leisure and wellbeing areas. The Extra Care Housing will contain 75% rented accommodation and 25% shared ownership and comprise a mixture of 1 bedroom and 2 bedroom apartments. The Extra Care Housing has been designed to accommodate people with dementia.

Older People Service have had tentative discussions with Mental Health Services regarding developing Intermediate care services for people with dementia through the Goscote site supporting independent functioning thus sustaining people in their own homes for longer.

In relation to the standard extra care facilities the schemes and the care regimes will be able to support people within the early stages of dementia.

Accommodation for People with Mental Health Problems: Quantity & Type

Linked closely to the issues of location and quality of accommodation are the issues of quantity and type. Views regarding these issues were not uniform. On one hand there was the view that there is no shortage of specialist housing for those people with mental health problems, but that better use needs to be made of what is already there - the key issues being seen as re-modelling some existing provision and easing access to it. On the other hand, and more commonly, there was the view that there is a gap in provision between hospital/residential care and independent living.

The perceived lack of "middle of road" supported housing (the need for more of a half-way setting between being in a residential settings and living in your own home) was one major service gap identified. The lack of move-on accommodation was seen to be a key problem by the majority of those interviewed - people may stay in hospital longer due to lack of move-on accommodation, or alternatively they may move into private sector bed-sits out of desperation:

> *'Move-on process seems to be the stumbling block'*
> *(Housing Provider)*

There is a need for both statutory & non statutory agencies to make more effective use of resources, to achieve a better degree of 'joined-up' thinking and co-operation. Work is already underway, for example the collaborative arrangements being developed between the Supporting People funded mental health services. This is being achieved through the enthusiasm and co-operation of both statutory & non statutory agencies.

A further example which highlights the willingness to challenge, learn and to change is the recent Care Services Improvement Partnership (CSIP) funded research into the effectiveness of the housing-related support model, using the Caldmore service to explore outcomes with workers, clients and partners led by Walsall tPCT

There was felt to be a shortage between Residential Care home provision e.g. Lonsdale, Oak & Pinfold House and independent living. Walhouse Road is seen as a valuable resource of this type but is limited to 6 available beds and rarely carries voids.

People have no experience, for example, of paying bills prior to move-on. There is thus felt to be a need for an additional interim facility in which someone can see how they will cope - somewhere they can be taught about budgeting and then try it out, where they can get

support and care to help them to move into independent living (rather than going into rehab). Such a facility would need to be time-limited e.g. 6 months-1year stay. Group homes (2-4 people with support) could be one possible solution.

Alternatively to the above, temporary accommodation could be provided either in a specialist unit i.e. hostel/crisis-type setting (cf Rivers House but specifically for mental health) or there could be clearer links between Rivers House and service providers, dealing with individual needs rather than adopting a generic approach.

The closure of Bescot Rd (see above) was perceived by many of those interviewed as having left a gap between rehab units and independent living and having created a group of people it is difficult to place. The shift from day time support being available from 9 - 5, Mondays to Fridays, 9 - 4 Sat/Sun to (at best) 10 hours support per week was seen by some as a big drop and as failing to meet the needs of some service users (those who would still need more intensive support if they are to live independently):

> *'You can take away the building but the needs don't go away, they increase'*
> *'I know we've got a gap now that needs to be filled'*
> *'People need a step down to housing'*
> *(Mental Health Professionals)*

However, evidence suggests that this conclusion is incorrect as the time can now be focused and adjusted much more effectively in line with individual client need.

Previously, many hours were effectively lost or wasted in order to provide the required baseline hours for the scheme as a whole rather than for individuals.

A summary of those service users affected by the closure of Bescot Road can be seen in the table below. 63 percent of those leaving the service are in fact living independently with support provided to them in their own homes. This is evidence in itself of the need for 'flexible' floating support provision to be provided, dependent upon individual needs.

Client	Move on to:	Progress to Date
1	Lonsdale House	Needed more intensive support -- continuing to make progress towards independence.
2	Grasmere Ward	Significant mental health fluctuations, has completed trial stay at Oak House. Remains in hospital
3	Independent living	High Level support
4	Independent living	Low level support
5	Independent living	High Level support Continues to progress
6	Independent living	Low support
7	Independent living	Fully independent No longer receives support
8	Elderly Care Home	Recent onset of significant age related needs

Whilst the accommodation based services and Floating Support identified in this report may help fill the gap caused by the closure of Bescot Road the concern remained of 'will they have the vacancies/capacity to do that'?

Current provision tends to be of a short-term nature whereas there is perceived to be a need for longer-term accommodation (both supported housing for up to 2 years to prepare people for living in the community and permanent accommodation for those who will never be able to live independently):

One potential model identified as helping to meet the housing needs of people with mental health problems (providing support but also promoting independence) was that of "Extra Care". This is a model that is becoming increasingly popular in meeting the housing and care needs of older people (Accord Housing's Old Vicarage Close scheme in Pelsall being one local example). Extra Care type provision was seen as especially attractive as it would enable service users to be:

> *'Independent but in a supported setting'*
> *(Service User)*

It was felt that having your own flat within a communal setting, with support and in accommodation that didn't look and feel like "mental health accommodation" would be beneficial to many people:

> *'People should be in an environment where they can have visitors…a self-contained flat with support'*
> *'A place you would call home'*
> *'Your individual key to your own space'*
> *(Carers)*

One advantage shared by both this type of provision and group homes, as compared to living on one's own, is that they offer companionship. Loneliness is seen as a particularly prevalent problem post allocation into independent living:

> *'Loneliness is just awful'*
> *'Lack of company is the killer for them. It's the loneliness'*
> *(Mental Health Professionals)*

With regard specifically to Registered Care Homes the view was expressed that better/more structured use should be made of placements. Access was identified as a key issue:

> *'The pathways aren't clear enough…there isn't a common door for people to go through, it's too complicated'*
> *(Housing Provider)*

The Community Rehabilitation Team (CRT) work collaboratively with Housing Associations and other statutory organisations, in order to ensure that the assessment and care planning is

effective and appropriate to the individual's needs. The team offer continued support to people having moved into their own tenancies from the rehab units referred to in this report, this will continue until a decision is reached that the individual's care should be continued via one of the four Community Mental Health Teams'

The CRT works closely with the Rehabilitation Ward at Dorothy Pattison Hospital also. The CRT work with clients on the ward from the point of referral to the ward throughout their in-patient stay and following discharge either into one of the rehab units or back to their own homes.

Accommodation for People with Mental Health Problems: Accessing Accommodation

A key concern expressed was that it is hard to get appropriate accommodation for people with mental health problems. One reason that can be attributed to this is the inconsistencies surrounding priority awards to housing applications despite quality social needs reports being provided by health professionals, which detail a service users circumstances in relation to their housing needs.

Due to the stigma surrounding mental health there was a view by housing professionals that mental health service users were amongst the most difficult to place

It is widely recognized that the waiting time for permanent accommodation in Walsall is high and that there a lot of priority groups chasing very little permanent accommodation. The key problem is that demand outweighs supply, particularly in desirable locations. Accessing accommodation is thus a crucial issue.

Existing specialist provision is seen as hard to access. Access to Registered Care Homes is currently regulated by rehab services, There is a working protocol for a single point of referral to the rehabilitation Units agreed by all CMHT Managers. The aim of this protocol is to ensure that all service users referred to the units are jointly assessed by the rehab team and the respective rehabilitation unit prior to taking residence. The Community Mental Health Teams can also directly refer to the rehab locations if they choose to.

Continued support is delivered by statutory rehab services for the duration of stay with a view to transferring back to the relevant CMHT when a return to independence has been achieved. Whilst this is the preferred route the Community Mental Health Teams can also directly refer to the rehab units if they choose to.

With regard to housing in the wider community direct application to a housing association is the main access route into social housing for the population in Walsall in general - of 2206 people housed in Walsall between April 2006 and March 2007, 1221 (55.3 percent) were housed via this route (source: CORE New Lettings Summary Statistics, April 2006 - March 2007). No specific details are available regarding the number of those housed who have mental health problems although 449 had previously lived in Supported Housing and 3 in Residential Care, while 3 were referred by CMHT.

Nomination to a housing association from the local authority is also a key access route into social housing - 19 percent (419) of those housed by housing associations in 2007 accessed housing by this route. Nominations are mainly to Walsall Housing Group (WHG) and WATMOS Community Homes

For primary nominations the Homelessness and Housing Advice Service nominate from their list of statutory homeless cases and those who have been formally identified in order to prevent homelessness. For secondary nominations, associations are required to look at their own lists or the lists of other local housing associations and identify applicants who meet the council's criteria for prioritization. The Council's "Nominations Criteria" categorises Supporting People clients in accommodation-based services as secondary nominations. One view expressed was that direct matching of properties should be done with the involvement of mental health professionals.

When nominating to WHG, the Council are not nominating from a list, rather applicants go onto a list once nominated. For WHG, the aim of nomination is not to be nominated to a particular property, but rather to a higher band, so that you can go on to bid for properties in the Gold band under the "Choose and Move scheme".

All local authorities are required to introduce choice based lettings (CBL) by 2010. In Walsall, Walsall Housing Group already operate choice based lettings under the heading "Choose and Move". Other housing associations are planning to do similarly. A number of problems relating to choice based lettings were, however, identified:

- People with support needs may be at a disadvantage in CBL. It was felt that CBL doesn't work for vulnerable groups – as one interviewee noted:

  "How do you bid for properties when you are stuck in a ward"
  (Local Authority Officer)

- This being one of the many key factors already identified by Walsall Mental Health Services, thus the creation of the hospital protocol and the resettlement support service to address these concerns.

- The stress involved in bidding for properties may exacerbate someone's mental health, which could in turn bring on a crisis.

- The system is complicated and is not properly explained to applicants.

- People with mental health problems may find it hard to exercise choice:

  'A lot of them aren't capable of doing it'
  (Mental Health Professional)

- There are a number of concerns with regard to WHG's banding system:

- WHG need full information in order to know how to band someone. There are, however, inconsistencies with regard to how, when and who gives priority. It is necessary to get the client to realize how important it is to give full information. It is also necessary to get mental health professionals to share vital information
- WHG banding is perceived as causing a problem due to people with mental problems reportedly being put in the "bronze" band (as mentioned earlier in this report "mental health" is not specified among the "gold band" criteria) As a result there is a danger people with mental health problems will lose hope and end up in the private sector.
- People with mental health problems may see themselves as at a disadvantage in a CBL system as 'we keep losing our choices':

  'You can guarantee the place a person with mental health problems will be offered is a flat'
  (Service User)

- WHG banding is making it harder to access property:

  'Someone with a MH problem has more hurdles to jump over'
  (Mental Health Service Provider)

Floating Support

In keeping with the national emphasis on the promotion of independence through the provision of services "at home", there has been an increased investment in Walsall in the provision of housing-related Floating Support for people with mental health problems, at the cost of decreasing the provision of supported accommodation (namely the closure of Bescot Road).

Whilst it is recognised that Floating Support can play a valuable role in meeting the housing needs of people with mental health problems, a number of issues were raised :

- It is considered by some that the support needed to enable people to live in the wider community falls outside of the criteria for Floating Support e.g. help with medication. In fact, this service is definitely eligible and ensures the crucial involvement of other appropriate agencies as the administration of medication is not permitted. People with mental health needs may need more than just basic support. In Walsall Caldmore Housing Association's Mental Health Housing Support Service provides for many clients with complex needs, which requires flexibility. Considerable skill is required to complement the statutory services. Both are mutually dependent upon one another to deliver what is needed. Social care and domiciliary care may also be needed. As stated in this report, housing support services can and do overlap with other services. If social care is required, within the authority's criteria, it can be provided.

- The support provided to people living in general needs accommodation was seen by many of those interviewed as not being sufficient – the 10 hours maximum will not be

enough for all move-ons (what if, for example, someone can't cope with living independently in the community but has no other option due to the slow turnover in supported accommodation?). Consequently a common view regarding Floating Support was that:

> *'For some people it's ideal, but not for others'*
> *(Voluntary Sector Worker)*

- Floating Support is time limited, whereas the needs of service users may not be short-term:

> *'Mental health isn't just about short-term interventions or flexible services'*
> *(Housing Provider)*

> *'A group of people are very long term…[and]…will need support for the rest of their lives'*
> *(Mental Health Professional)*

- There was a concern that provision may favour tenants of the service provider, a perception that is not accurate. Caldmore Housings service supports 'non' Caldmore tenants also as reported earlier.

- At present there is a worry that support is geared to those moving on from hospital/accommodation-based provision at the expense of those living in their own homes but who may be developing mental health problems.

  However, since the re-negotiation of the Supporting People contract, which led to the re provision of the Bescot Road service, capacity has significantly increased, not decreased. The service also allows for support to be delivered in any tenure including owner occupiers. Referrals for example, can be accepted from housing officers who may suspect the onset of mental health difficulties.

- There is a need to inform all stakeholders of the following:

  - What Supporting People defines as mental health issues
  - How much Floating Support is available
  - How much do Floating Support staff need to know about an individual.
  - How much Floating Support overlaps with what Mental Health Teams are doing?
  - Floating Support is cross-cutting (across tenures and landlords)

- There is not currently enough Floating Support to enable all those needing support to maintain tenancies as highlighted by the Housing Related Support Strategy referred to earlier in this report. Additionally some people won't be taken on board as they may not yet be ready for independent living.

To summarise it is felt that further work needs to be done around educating stakeholders on the floating support currently available in Walsall, though efforts continue to be made to address this via the Housing Development Coordinator.

For instance, Caldmore Housing, facilitated by the Housing Development Coordinator provides presentations to Mental Health Services on the service available to raise awareness of the programme and who it can assist. This has enabled relationships to be formed & developed such as the successful links established with Primary Care.

Since the primary mental health care team has been established in its current form, (approx 3 years ago) there has always been a service gap for housing needs such as tenancy support.

For nearly 12 months the Mental Health Floating Support Team has offered a service to people with mild to moderate mental health difficulties to the primary care mental health team with first-rate results.

Primary Care found that once referred, people have received a rapid service.

> *'Communication from the floating support service to our service is very good."*
> *(Primary Care Team Manager)*

The feedback from users is that the staff are very approachable, non judgemental and they are treated with respect and dignity.

Some examples provided by Primary Care of the good work include:

(Case Study 1)

> *'SS from Ford Street was referred in January after experiencing many difficulties in her current house which she had been trying to address by herself but was beginning to affect her mental health. She has received intensive support from Caldmore Housing which she has found invaluable in helping her to address her housing issues which had been causing a lot of anxieties and hopefully a solution is in sight to the ongoing problems. I feel this has helped to keep her mental health stable and prevent any deterioration and she has given very positive feedback about the service she has had.'*

(Case Study 2)

> *'LG was referred in March and had been having difficulty keeping up with her rent & household bills this was having a negative effect on her already depressed mood. She is a difficult person to engage because of her low mood often missing appointments Caldmore housing have persisted in engaging her & have tried to help out with rent arrears. She has reported back to her GP that she is grateful for the support provided which has until date stopped the threat of eviction from her flat and had a positive effect on her mental health.'*

On the whole the Primary mental health team state that once a referral is made to the floating support service it is very rare that they need to be involved again as their tenancy needs are addressed and subsequently their mental health needs.

This service is used frequently by the Primary Care team and has added tremendously to the holistic care offered to the user. To date a total of 40 referrals have been received by the Primary Care Team with support being delivered to 35 service users following assessment.

Support from Other Agencies

As we have noted above floating support via Supporting People funding is (officially at least) restricted to tightly defined "housing related support". Clearly it is not intended to meet all of the support needs of those living independently in the community. In order fully to meet these varied support needs, care and support is also needed from specialist mental health service providers. There have been occasional/some concerns expressed, particularly by housing providers and local authority housing staff, regarding the level of support provided from Community Mental Health Teams following allocation.

It is acknowledged that relations have often been strained between mental health professionals & housing providers, particularly around sharing of information.

Housing Providers are not mental health professionals; consequently while they may be willing to accept new tenants with mental health problems (or retain existing tenants developing such problems) they may need specialist support in order to do this.

> *'Disengagement is a real problem'*
> *(Housing Provider)*

Consequently mental health problems may re-appear, as a result of which housing providers may be reluctant to house someone else with such problems:

> 'Once bitten twice shy…We just don't want the problem'
> (Housing Provider)

Mechanisms therefore need to be in place to ensure that support can be delivered where and when it is needed i.e. a process by which Housing can re-introduce support services needs to be set up. To successfully achieve this, awareness needs to be raised regarding the role played by the Care Coordinator.

Housing professionals do not always understand that the Social Worker may have been involved by the Care Coordinator during the housing allocation process but the continued responsibility for delivery of the care plan remains with the Care Coordinator not the Social Worker.

It is evident that there needs to be a greater understanding of the roles & responsibilities on all sides if improved communications are to be realised.

Engagement of service users is a complex situation. When service users 'choose' to disengage this presents mental health workers with some difficult dilemmas around client self determination. Some people with a diagnosed mental illness are very difficult to provide support or treatment to because of their reluctance to, or fear of, having contact with the services.

It was the view of the service users that support needs to be "across the board" but also on a 'when needed' basis:

> *'I don't want someone coming in mollycoddling me all the while'*
> *(Service User)*

Walsall Mental Health Services recognise the need to engage service users and carers within all aspects of social care delivery by supporting the development of sustainable networks within the community and voluntary sector to support user & carer involvement. In Walsall there are standardised methods for involving users & carers including the Mental Health Partnership Board and through other established groups.

Walsall Carer Support Service specifically targets Carers of people with complex mental health needs. Approximately 700 assessments have been completed for Carers who now have individual assessments of their needs & aspirations completed enabling them to act as advocates.

Consideration to housing needs is included within individual care plans.

Teams & Partnerships

Following on from the perceptions of support provided above, one of the key themes emerging throughout the research interviews was a lack of teamwork between the various agencies providing services involved in meeting the housing needs of people with mental health problems.

Housing providers, mental health professionals and social workers need to work together. There was, however, felt to have been a breakdown of this partnership. Consequently there was a need to:

> *'Get [service] providers together and get us singing off one song sheet'*
> *(Local Authority Officer)*

Partnerships clearly need to work better. There needs to be a culture change in the way partnerships operate – there needs to be a unified/cohesive/consistent response from services. At present there is perceived to be a lack of awareness of what each service has to offer:

> *'[Currently there is] no clarity behind who should be doing what and where'*
> *'Need more joined up way of thinking and working'*

'Biggest barrier is when professionals aren't engaging with each other'
'We're not selling ourselves to each other'
'We don't work together'
(Local Authority Officers)

Part of this problem was felt to be due to a knowledge gap with regard to who actually does what:

'We do not know as housing providers what other services are actually there and how to access them'
(Housing Provider)

The above statements further indicate the need to promote the role played by the care coordinator.

Despite the negative views expressed above with regard to Social Workers, it was acknowledged that they are now working more closely with housing providers. They were, however, still seen as failing to recognize the impact of housing on wider health.

'Housing is more than just a roof over someone's head'
(Local Authority Officer)

Overall there was clearly felt to be a lack of joined up thinking and of seamless service provision. One area where partnership working was felt to be evident concerned the Hospital Protocol (although even here the Housing Advice Team had not been prepared for the amount of referrals coming through). Indeed, this success, lead to interviewees commenting on the need for a similar protocol to cover those living in the community.

Social Workers & Support Workers in particular recognise the need to support housing applications and in their professional capacity regularly provide 'Social Needs Reports' to assist landlords to understand the complexities of mental health needs in order for priority housing to be considered.

Despite the sharing of information between Health & Housing there often remain difficulties in getting mental health needs recognised by accommodation providers and inconsistencies with priority awarded to applications as identified earlier in this report.

Communication & Information

As we have identified above there was a clear lack of knowledge regarding who provides what services. This is related to concerns regarding the lack of communication between different agencies and the paucity of (and difficulty in obtaining) information.

A number of issues were identified here:

- The lack of information regarding service users at the point of referral, which could prevent later problems.

  'We don't know about the support that's already in place'
  'Community Psychiatric Nurses put clients forward but you're not told the full story'
  (Housing Providers)

  'I am totally reliant on the information others agencies have with regard to mental health'
  (Local Authority Officer)

- The problem of engaging with the Health Service who are seen as loath to share information given patient confidentiality:

  'We do not get the information from the health providers'
  'It's very cloak and dagger and 'we can't give you information''
  (Housing Providers)

- The lack of a communication and information sharing strategy covering all of the relevant agencies and the consequent difficulty in identifying what services there are and how to access them:

  'There isn't a communications strategy. The right hand doesn't know what the left hand is doing'
  (Housing Providers)

  'We do not talk to each other'
  (Voluntary Sector Worker)

  'Do services communicate with each other?' (Service User)

  'I'll access whatever's out there, but I'm not sure I know what's out there at the moment'
  (Mental Health Professional)

- The perceived failure to provide feedback from Walsall Council to service providers – consequently they may not be sure that they are they delivering what the Council wants and find it hard to measure service outcomes.

As noted earlier, The Carers Team regularly supports its Carers with housing issues. Examples identified include providing social needs reports to assist housing providers to consider priority need for applications registered with them.

They have been proactive by obtaining decoration grants prior to new tenancies commencing, worked with Registered Social Landlord's where it was felt the condition of new tenancies

offered were below suitable standards & have assisted in providing support to families who are victims of harassment.

Walsall Service User Empowerment (SUE) also contributes to addressing accommodation issues. Volunteers from SUE attend weekly ward visits to Dorothy Pattison Hospital along with the Resettlement Support Service to address housing issues directly with in-patients.

Positive relationships between Walsall SUE & WHG have been formed which sees WHG attend annual committee meetings to discuss housing matters. There is also an invite for service users to become tenant board members.

Walsall SUE is now represented on homelessness & accommodation issues by one of its volunteers who was referred to them & supported by the Community Mental Health Team service.

Services for BME Communities

As noted earlier in this report, Walsall's Supporting People strategy 2005-10 states that *'there is a particular need that is not being addressed within the BME community for a floating support service'*, reinforced in the Housing Related Support Strategy 2008-11, which superseded this. What emerged from the interviews carried out for this research was the perception that there is a shortage of services for Asians aged under 65 with mental health needs and needing tenancy support - CAHA (for example) can support service users (using interpreters from the Asian Elderly Service) but it was felt that would be better to have services provided directly by Punjabi speakers.

Similarly, with regard to the African Caribbean community, a shortage in the use of mainstream services should not be interpreted as lack of need:

> *'It's not that they don't want to make use of the service, it's that they don't want to go out of their own comfort zone…out of their own community' [i.e. services need to reach out].*
> *(Voluntary sector worker)*

There was clearly a feeling that existing provision does not adequately meet the needs of African Caribbean people with mental health problems. Ideally the solution to this was seen as the provision of a specialist African Caribbean scheme (as per Birmingham) although there may be problems in justifying this on numerical grounds. More feasible would be the provision of an African Caribbean "wing" in a new/existing scheme (as has been done for Chinese older people in a Brunelcare Extra Care scheme in Bristol) or a scheme with a significant number of African Caribbean residents within a mixed ethnicity setting.

The need for a more targeted approach was seen as having distinct advantages over a 'colour blind' approach:

> *'It's a case of having empathy with your client group'*

'Having an African Caribbean environment prolongs their well-being'
[Staff members]

'I would prefer to be amongst my own'
'It's not just about having a [physical] disability, or having mental health problems, it's being Black as well'
(Service Users)

Other Gaps & Issues

Dual Diagnosis

Dual Diagnosis describes people who have mental health problems and drug or alcohol problems.

There is no specific housing related provision for people with dual diagnosis in Walsall, although Beswick House (Supported Housing Service) can provide placements. Often other accommodation providers won't consider applicants presenting with dual diagnosis as this is seen as being too high a risk, with the result likely to be in prison or on the streets:

'It's a struggle to find places'
(Mental Health Professional)

As individuals with dual diagnosis are hard to house, hospitals are not able to discharge putting an unnecessary strain on the service. The Hospital Protocol is, however, seen to be helping with this.

Single Access Point for services

There is no single access point for services - i.e. a "one-stop shop" for referrals for housing and support, which could provide a forum which facilitates communication between mental health professionals and housing providers

6.

Recommended Actions & Action Plan

Introduction

Following on from the gaps identified the need for a number of actions emerge. It must be stressed, however, that these are not necessarily mutually exclusive. Walsall is a diverse town, with different needs in different areas. Service planners and providers should consider the needs of individual service users - different solutions can work for different people. There is no single action that will meet the housing needs of all of those suffering mental health problems in Walsall. Given these caveats the research suggests that the following actions are needed:

Mental Health as the 'Poor Relation'

- There is a need to educate stakeholders within the mainstream community regarding mental health issues.

Accommodation for People with Mental Health Problems: Quality & Location

- There is a need to ensure that a range of provision is available in all areas. People need facilities they can use in the areas in which they live.
- There is a need for somewhere independent pre-permanent tenancy (e.g. supported accommodation such as Walhouse Road i.e. small, homely type accommodation) in areas where such accommodation isn't currently located.
- Private landlords should be included in a Housing Forum. They need to know how important it is to provide quality housing to people with mental health problems. They need a perception of what people with mental health problems want including the locations that Social Landlords cannot provide it in.
- There should be more consideration given with regard to the areas in which people with mental health problems are housed. Where people live is a massive part of their life and impacts on their mental health.
- Housing allocations should consider, where appropriate, where an individual's primary carer(s) live.

- Quality of stock needs to be improved (mainly that within the private sector).
- Most vacancies are in less desirable areas - this is not good for vulnerable people.

Accommodation for People with Mental Health Problems: Quantity & Type

- A choice/range of housing solutions is needed. No one solution will meet the individual needs of all service users.
- Developing Extra Care type accommodation for people with mental health problems (This is currently being investigated).
- Sheltered housing provision for people with dementia.
- There is a need to investigate the possibility of shared ownership for people with mental health problems.
- There is an opportunity to pilot an arrangement with Walsall Adult Placement Scheme which provides "home from home" support – on leaving hospital you go to live in someone else's home (e.g. live with someone who has been a carer) on a short-term basis.

Accommodation for People with Mental Health Problems: Accessing Accommodation

- There is a need to review Walsall Housing Group's banding system, bidding process and the prioritising of mental health.

Accommodation for People with Mental Health Problems: Floating Support

- There is a need to identify specific demand for more low-level Floating Support.
- There is a need to consider providing longer-term flexible Floating Support.
- There is a need to raise awareness of the existence of Floating Support with all stakeholders.
- The work of Floating Support and CMHT Support Workers should be reviewed to ensure that unnecessary duplication is avoided. Roles need to be defined - it needs to be clarified whose duties cover what & how care plans link together.

Accommodation for People with Mental Health Problems: Teams & Partnerships

- There is a need for improved collaborative approach between Mental Health Services and housing providers in order to avoid "revolving door syndrome and to create a seamless service.
- Tri-partite agreement between landlord, tenant and support provider. A tenancy could be used to ensure that the client plays a part in their support.
- Better understanding is needed of the roles of Housing and Mental Health services. Further training is needed for Mental Health professionals on housing and its relevance to mental health and accessing housing. Training is needed for housing staff on mental health and the role of the Care Co-ordinator and in the skills needed for dealing with mental health clients. Awareness of each others' functions needs to be raised and different perspectives looked at.

Accommodation for People with Mental Health Problems: Communication & Information

- Service providers/users/carers need to be made aware of what's available and how they can access it – referral routes to services.
- There is a need to look at communications both internally (within agencies) and externally (between agencies).
- There is a need for better communication with carers from the onset

Accommodation for People with Mental Health Problems: Other Gaps & Issues

- People with mental health problems should be provided with advice on security in the home (especially given the vulnerability of the client group).
- There needs to be more emphasis on the prevention of homelessness.

ACTION PLAN

Targets:

1 = Short Term (Up to 1 year)
2 = Medium Term (between 1 -2 years)
3 = Long Term (between 3-5 years)

	Service Gaps Identified	Priority	Who is Involved	Tar-get
1	Ensure a range of housing options consisting of different types, tenure and size is available across the borough.	Work with a selection of preferred partners to develop general needs & supported accommodation across the borough for people with mental health issues.	Strategic Housing Planning & Regeneration Services Dudley & Walsall Mental Health Trust Housing Development Co-ordinator Registered Social Landlords Private Developers Homes & Communities Agencies	3
2	Development of single assessment process for accommodation & support	Stakeholders to establish a 'one stop shop' Housing Forum to process referrals for housing & support. This will ensure the appropriate of allocation of housing & support and avoid duplication	Housing Development Coordinator Registered Social Landlords Dudley & Walsall Mental Health Trust Supporting People	1
3	Private Landlords will be included in the Housing Forum	Further develop Partnership working with Private Landlords via Walsall Council's Accredited Landlord Scheme to promoting social care functions & floating support services and improve awareness of mental health issues and maximise choice for service users	Housing Development Coordinator Private Landlords (Accredited)	1
4	Geographical locations & housing allocations	Work with Registered Social Landlord (RSL) partners via Walsall Housing Working Group to review allocation processes for people with mental health issues	Housing Development Coordinator Registered Social Landlords Dudley & Walsall Mental Health Trust	2
5	Develop a priority scoring for housing applications	Social Needs Reports (SNR) - Develop an agreed 'pro forma' with mental health & housing partners detailing specific social care needs & requirements, location of carer(s), other support services etc to acknowledge the needs of people with mental ill health and to prioritise them for housing	Housing Development Coordinator Registered Social Landlords Dudley & Walsall Mental Health Trust	1
6	Training Needs - Raise Awareness and understanding of Mental Health	Provide training to key stakeholders on raising awareness & understanding of mental health issues	Dudley & Walsall Mental Health Trust	2
7	Housing & Support Needs &	Standardised reporting mechanisms	Housing Development Coordinator	1

	Hospital discharge	to be in place between housing & health to monitor the effectiveness & use of the hospital admission & discharge protocol including key outcomes	Dudley & Walsall Mental Health Trust Walsall Council Supported Housing	
8	Mental Health Housing Needs Survey	Conduct a survey to gain an accurate picture of the current levels of housing & support need experienced by service users in Walsall	Strategic Housing Housing Development Coordinator Dudley & Walsall Mental Health Services Community Mental Health Teams	2
9	Review of existing residential provision	Continued working with procurement, commissioning & key stakeholders on the effectiveness of residential provision & consideration to alternatives	Commissioning/Procurement Key Stakeholders	3
10	Collection of housing information through Care Programme Approach (CPA)	Extract housing data from CPA assessments to gather intelligence to meet future commissioning priorities	Housing Development Coordinator Dudley & Walsall Mental Health Services	2
11	Review Supported Housing Provision	Work with Supporting People to monitor the effectiveness of SP funded mental health accommodation services & associated outcomes for service users	Supporting People	1
12	Accommodation & Service Directories	Dissemination of Access to Housing Directories, Service Directories & information to all stakeholders ensuring that these are regularly updated	Registered Social Landlords	1
13	Extra Care Housing Arrangements	Continued ongoing discussions with commissioners & stakeholders regarding the development of extra care housing as an alternative to residential care facilities	Commissioning/Procurement Housing Development Coordinator Registered Social Landlords Strategic Housing	2
14	Develop Partnership arrangement between Shared Lives Service & Walsall Mental Health Services	Recruit Carers to offer short & long term accommodation and support in their own homes to adults with mental health provided by Shared Lives Carers Service.	Dudley & Walsall Mental Health Services Walsall Shared Lives Housing Development Coordinator	2
15	Disabled Facility Grants	Discussions are currently underway to develop a joint approach between Walsall Council Occupational Therapy service & specialist mental health Occupational Therapy, for joint assessments to be completed for Disabled Facility Grants (DFG'S)	Housing Development Coordinator Dudley & Walsall Mental Health Services (Occupational Therapy) Walsall Council Occupational Therapy Walsall Carers Service Mental Health	1

Promoting Social Inclusion - Recommendations from the Social Exclusion Unit's Mental Health &Housing Factsheet 6

What Can Staff in the Housing Sector Do?

- Liaise with Mental Health Trusts so that they are aware of local mental health facilities, and build links with health and social care staff.
- Work with residents and mental health and social care professionals to ensure that tenancies are sustained by providing clear advice on such matters as benefit entitlement, and by ensuring that appropriate support services are put in place (e.g. advice agencies or occupational therapists).
- Recognise that admission to hospital is not a reason for the person to give up their accommodation, as Housing Benefit and Council Tax Benefit will continue to be paid if someone is in hospital for up to 52 weeks.
- Inform the Housing Benefit department and Benefits Agency when a person is admitted to hospital, if they are unable to do so themselves.
- Draw an agreement up with the tenant that if concern exists about the person's mental health, the housing officer can raise the concerns with the tenant and/or their GP/Community Mental Health Team contact so that they can receive appropriate support before a crisis is reached.
- Support health and social care staff to retain the individual's link to the community and provide support (where required) to the individual on returning to their home.
- Access mental health awareness training to better understand the needs of this client group - many voluntary and statutory organisations are able to facilitate this training. People with experience of mental health problems should be involved in the delivery of the training.

What Can Professionals in the Health & Social Care Sector Do?

- Check a person's housing situation when they first access their service (i.e. hospital, Community Mental Health Team, GP surgery. Staff should work with the person to reduce the risk of losing their home, if the accommodation is appropriate. If the person will be homeless they should be referred to the local housing authority and work with housing services to identify and address their housing and support needs.
- Establish referral protocols with local housing advice agencies.
- Offer informal and formal support to housing staff on mental health issues and housing management.
- Recognise the role that housing staff play in supporting people with mental health problems in the community, and develop collaborative working relationships with them.

What can Housing & Health Professionals Do Together?

- Organise regular meetings (possibly using the Care Programme Approach (CPA)) between the individual, care co-ordinator and the housing officer to ensure that correct support is identified and that support packages complement each other (e.g. housing-related support and care services).
- Set up regular meetings/good practice forums between the health and social care services and housing staff to increase understanding of each other's roles, pressures and priorities.
- Establish clear and effective channels for advice and referral for housing services.
- Implement joint training to raise awareness of, increase understanding and deal with mental health problems and housing/support needs.
- Develop systems for collecting and sharing information between services.
- Develop and monitor a shared outcome (between housing and mental health services) on improving mental health support for homeless people or those at risk of homelessness (see *Achieving Positive Shared Outcomes in Health and Homelessness*, Office of the Deputy Prime Minister, 2004).
- Agree joint protocols between services on general and forensic hospital admissions and discharges so that people with a mental health problem who might be homeless or vulnerable to homelessness are identified and their support/housing needs are addressed as part of a planned discharge (See *Discharge from Hospital: Pathway, Process and Practice*, Department of Health, 2003).
- Appoint a health and housing/homelessness champion to lead joint work in the Primary Care Trust/local authority.

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Research Methodology

In order to get as broad a picture as possible of the housing needs of people in Walsall with mental health problems, a range of research methods were used:

Secondary Data - Literature Review

A literature review was carried out covering local and national policy and practice documentation and research data from previous local and national research studies. Details of literature reviewed are included under "bibliography" below.

Primary Data - CORE & the Mental Health Indicator

Five years CORE data for the Supporting People programme was obtained from the National Housing Federation (NHF) to provide an overview of the chief characteristics of the client group being housed or supported under the mental health needs group.

The Mental Health Indicator was mapped for all neighbourhoods in Walsall and the ten highest concentrations of mental health problems were analysed against deprivation, housing, household and health data.

Primary Data - Research interviews

In order further to gain data on housing needs, a combination of depth interviews and focus groups were held with relevant parties. These included service users, carers, housing providers, mental health professionals, providers of other relevant services and local authority staff (at both strategic and service delivery levels).

In total 17 people were interviewed in depth. 16 of these were on a face-to-face basis whilst a further interview was conducted over the telephone.

Five focus groups were held at a variety of times and locations. Focus groups were held for Housing Providers, Mental Health Professionals, Carers, Service Users in general and one group specifically for BME service users. In total 49 people attended these.

In addition to the above, there were 5 site visits to look at provision (both accommodation and other services) first hand.

Housing and Support Needs in Walsall for People with Mental Health Problems

by Adrian Jones and Kevin Gulliver

The research for the study was undertaken in 2008. The aim of the study was to assist the Walsall Mental Health Partnership Board to develop a medium to long term vision and strategy to meet the accommodation needs for people with mental health problems in the borough by updating estimates of need for different types of accommodation, mapping current provision and identifying gaps.

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