



Addressing the Housing Needs of People using Mental Health Services



A GUIDANCE PAPER

Prepared by a multi-agency advisory group for the
HSE National Vision for Change Working Group



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



A Vision for Change
ADVANCING MENTAL HEALTH
IN IRELAND

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A Vision for Change

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Introduction

The guidance provided in this document is designed to assist mental health services in developing appropriate policies and procedures for addressing, from a mental health service delivery perspective, the housing needs of service users, and integrating the provision for this element of need with other elements of ongoing mental health care for both those who currently reside in residences provided by or through the HSE and those who are newly presenting to mental health services who have a housing need.

Housing is a basic human need. Adequate and appropriate housing is a key component of establishing and maintaining human wellbeing. Chapter 4 of A Vision for Change addresses the issues of belonging and participating – the social inclusion of people who experience mental health problems and the adequacy or otherwise of ones housing provision is a very significant determinant of both social inclusion and mental health.

The Convention on the Rights of Persons with Disabilities (CRPD) guarantees all human rights and fundamental freedoms to all persons with disabilities. It promotes a social model of disability and outlines general principles which include respect for individual autonomy and independence of persons, and full and effective participation and inclusion in society. In respect of living arrangements Article 19 affirms the right of persons with disabilities to live in the community and among other things to have the opportunity to choose their place of residence and where and with whom they live.

A Vision for Change is unequivocal. Responsibility for the provision of housing rests with local authorities and they are required to fulfil their obligations in this respect. Recommendation 4.7 states:

“The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it.”

The Department of the Environment, Community and Local Government has recently launched a National Housing Strategy for People with a Disability 2011-2016 in accordance with its responsibilities under the National Disability Strategy. A specific aim in the Strategy addresses the housing needs of people with a mental health disability as follows:

“To address the specific housing needs of people with a mental health disability, including through the development of frameworks to facilitate housing in the community, for people with low and medium support needs moving from mental health facilities, in line with good practice.” This is supported by a commitment to establish a management framework between the two government departments of Environment and Health, the HSE and Local Authorities to oversee the phased movement of people out of HSE mental health facilities while continuing to ensure the provision of appropriate specialist mental health care as required.

In the context of such policy alignment at government level there is now an obligation on service delivery agencies, specifically the HSE and Local Authorities to work collaboratively on making appropriate and adequate provision for both the housing and mental health care needs of those who use mental health services and to ensure that supports are congruent with their rights as citizens, sufficient for their wellbeing and conducive to personal recovery.

The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it.



This guidance was prepared by a multi-agency advisory group drawn from a range of stakeholders including service user and carer representation, peer and political advocacy representation, Local Authorities, a social housing provider and the HSE.

Part 1 of the guidance outlines the respective roles of mental health services and housing authorities addressing such issues as:

- The right of the service user to choose where and with whom they live
- The role of mental health services in the assessment of housing and support needs and in providing specialist support
- The requirement on both mental health services and housing authorities to collaborate with services users and carers and each other to ensure integrated provision
- The role of housing authorities in conducting housing needs assessments, providing accommodation options through a variety of housing schemes and providing tenancy support where this is required.

Part 2 describes some models of housing and housing support currently available in Ireland to address the needs of those with mental health difficulties.



PART 1

Defining the Role of Mental Health Services in Housing of People with Mental Health Difficulties.





Introduction

The guiding principles relevant to the housing needs of individuals with mental health difficulties include citizenship (equity of access), community care, including specialist mental health support, coordination of supports and inclusiveness. The recovery approach as the cornerstone of A Vision for Change policy is particularly relevant. Recovery in this context “reflects the belief that it is possible for all service users to achieve control over their lives, to recover their self-esteem, and move towards building a life where they experience a sense of belonging and participation” (Department of Health and Children 2006). Along with difficulties in securing employment, limited access to appropriate housing represents a ‘structural barrier to mental health’ and is recognised as a key factor maintaining the ‘cycle of [social] exclusion’ experienced by many people with mental health difficulties in Ireland (Department of Health and Children, 2006).

Mental health services have traditionally provided housing to certain individuals with mental health difficulties with the regrettable result in some cases, that access to local authority housing was impeded despite the provisions of the Housing Acts 1966 to 2009. In addition to reinforcing social exclusion this has also tended to divert mental health funds away from providing mental health treatment and care. Ensuring proper provision for the housing needs of individuals with mental health difficulties represents both a means for greater efficiency in care as well as increasing community involvement and breaking the cycle of social exclusion. Gaining control over one’s own housing is considered a critical step towards achieving social inclusion.

Government and HSE policy, *A Vision for Change*, envisages a substantial reduction in the number of beds, including those in community residences operated by the mental health services and the redeployment of associated resources to the development of a range of integrated community mental health services. The Value for Money and Policy Review of the efficiency and effectiveness of long-stay residential care for adults within Mental Health Services (2009) concluded that a considerable proportion of those currently in residential care could manage with lower levels of support or they could access suitable independent accommodation.

Although most of those who use mental health services will live independently with little or no special housing support needs, there is a cohort of service users who, because of their mental health difficulties require supports across a spectrum spanning housing and mental health. For some this requirement will be short term. For others the requirement may be longer term though not necessarily continuous and will require flexibility in respect of the nature and levels of support required at any particular time. For yet others there is a lifetime need for continued support by mental health services in order to help them maintain their tenancy and in addition, a requirement for flexible provision of housing and other benefits which takes account of their changing needs over the lifespan.

Current policy requires local authorities to fulfill their obligations under the Housing Acts 1966 to 2009 to provide housing to all people who require it, including those with mental health difficulties and obliges mental health services to work in liaison with local authorities to ensure service users can access housing that is appropriate to their needs.

In this context there is an urgent need to develop a framework of guidance for local mental health services to assist them in making plans for the suitable engagement of mental health services in matters concerning the housing of service users who have housing and related needs.

Conceptualising the Links Between Housing, Mental Health Difficulties and Social Exclusion

Table 1. The links between housing, mental health illness and social exclusion.

Key Elements of Housing	Relationship to social exclusion for people with mental health illness	Outcomes
Cost/Affordability Capacity to meet housing costs out of available income and have sufficient income for other basic needs	Rent setting policies/practice – if rental payments in relation to income too high: <ul style="list-style-type: none"> › Reduced income for other needs e.g. health, food, supports service › Participation in consumption & recreational activities compromised › Inability to pay rent-arrears 	<ul style="list-style-type: none"> › Eviction/homelessness › Hospital/institution/prison › Trapped on benefits › Negative impact on mental and physical health
Accessibility/Availability Whether or not appropriate housing is available	<ul style="list-style-type: none"> › Lack of access to affordable housing › Needs based allocation policies for social housing potentially inclusive but leads to stigma, poverty concentrations 	<ul style="list-style-type: none"> › Homelessness › Poverty › Residualisation › Feelings of not fitting into community › "Revolving door" of hospitalization due to lack of housing › Discharge from hospital directly to homelessness › Remaining in congregate housing where no other viable option is available › Negative impact on mental health
Stability of Housing Extent to which guaranteed continued occupation of housing	<ul style="list-style-type: none"> › Where no security of tenure may have to move sporadically – housing at risk › Insecure accommodation affects ability to maintain supports, employment 	<ul style="list-style-type: none"> › Educational outcomes compromised › Income levels likely to be affected adversely › Social isolation (loss of natural supports)
Appropriateness Whether housing meets needs of occupants in terms of: <ul style="list-style-type: none"> › Appearance › Locality › Quality › Suitability: household size/age of occupants, congregate/independent › Safety › Choice over housing, who to live with 	<ul style="list-style-type: none"> › Housing aggravates person's illness – e.g. phobia › Concentrated with low income groups › Lack of services e.g. shops › Reliable support not available for medication and other informal support › Poor social/physical environments due to poorly maintained housing › Overcrowding 	<ul style="list-style-type: none"> › Disruptive behaviour › Housing at risk › Access to employment & education and other services compromised › Poor health, educational, employment prospects › Breakdown in relationship with neighbours, conflict with neighbours › Stigma

Adapted from Arthurson and Jacobs (2003)

Housing plays a key role in whether or not people with mental health problems can make successful transitions from institutional to community care or sustain meaningful community living. Table 1 provides an overview of the connections between housing, mental health and social exclusion based on research findings in this area (Arthurson & Jacobsen, 2003).

Determining the Service User Perspective

In his work, *Descriptions of Homeless Mental Health Service Users in Dublin (Unpublished Dissertation 2008)* John Cowman references the literature on mental health service user preference studies relating to housing and support needs.

“Service user preference studies provided evidence that people with mental health difficulties would “prefer to live in their own house or apartment, to live alone or with a spouse or romantic partner and not to live with other mental health consumers. Consumers reported a strong preference for outreach staff support that is available on call, few respondents wanted to live with staff” (Tanzman 1993:450). These and similar findings, from service users, provided evidence which was in turn used to support the development of the most evidence based and best practice housing models for people with mental health disabilities, including Housing First.....

.....Preferences expressed by homeless mental health service users (including from a range of mental health settings) in Dublin (Cowman 2008) were for independent living for reasons of autonomy and choice. Most stated that they would need support from the mental health services to be able to live in their preferred living situation. In addition, most preferred to live with their relatives and a minority would choose to live with other service users. The findings of this Dublin study confirm the findings of similar international studies although the study sample was overrepresented with participants from long term mental health settings.” See appendix 1 for extended text and references.


Housing of Individuals with Mental Health Difficulties – General Considerations

The majority of individuals with mental health difficulties who use mental health services live independently and require limited or no special housing supports. It is anticipated that the development of early intervention services for people with serious mental health problems and the expansion of youth mental health initiatives will impact positively on the course of major mental illnesses and provide the opportunity to heighten public awareness and inform primary care service providers of the importance of community based mental health interventions, such as outreach support and the need for suitable, stable housing.

Adequate individualised care and treatment planning on the part of mental health teams should ensure that particular needs in relation to accommodation and appropriateness of housing are addressed at the primary or secondary care levels in consultation with service users, carers and relevant agencies in their local community. There is also a role for community mental teams in the provision of specialist information and support to primary care and non-statutory agencies in relation to the recovery approach in general and specifically in this context, in regard to the need for 'mainstream' housing to promote personal recovery in those with emerging mental health problems. Opportunities for independent housing should be provided by appropriate authorities with due regard for service user's needs.

Individuals with mental health difficulties who have a greater need for housing support fall into five main groups:

1. **long-stay in-patients:** people who have been continuously in mental hospitals or units for prolonged periods of a year or more.
2. **discharged long-stay service users:** people who were previously discharged from long-stay wards and who now live in staffed community residences or supported housing in the community.
3. **new long-stay service users:** people who, in recent times, have passed from acute to long-term care. Some have been retained in hospital for long periods because of the nature and severity of their illness. Some are long-stay on acute units, though in some services they are transferred to long-stay wards.

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4. **new service users with severe and complex mental health problems:** people who have presented with severe illness since the deinstitutionalisation programme began. They may never have been in a long-stay ward, but some will have had multiple admissions to acute wards. If living with carers, the effects of their disorder may place considerable burden on their family/carers. Some may never have been admitted to hospital but are particularly at risk of becoming homeless or spending time in prison.
 5. **New service users with less severe symptoms in the family home:** people, particularly those young people who developed mental health problems while still in the family home, who remain dependent within their family and are at risk of requiring lifetime high dependency living arrangements if not supported/encouraged to live independently.

Long-Stay Inpatients and Discharged Long-Stay Patients

Most long-stay patients can successfully leave psychiatric hospitals and live in community settings (Barbato *et al*, 2004). Suitable housing is a key aspect of the reintegration in their community of deinstitutionalised individuals with psychiatric disability, whereby they can, potentially, be provided with some choice and control over where and with whom they live (Arthurson, 2007). To date in Ireland, rehabilitation services have been based on resettlement programmes following hospital closure programmes. Providing sheltered housing in the community for the long-term patients of large psychiatric institutions was one of the first steps of deinstitutionalisation.

There is clear evidence from the UK that, because of a lack of planning and provision for continuing care following the resettlement programmes associated with the closure of large psychiatric institutions, a significant number of people with severe and enduring mental illness with complex needs were reallocated to 'out of area treatments'. A consequence of this was that ties with families and local communities and social networks were disrupted, with people being placed in in-patient settings far from their homes because of lack of local provision (Department of Health, 1984). Without investment in appropriate local provision, there is a danger of a similar phenomenon emerging in Ireland. There is now compelling evidence from the Irish context of the importance of continued investment in specialist inpatient and community services for people with complex and longer term mental health problems and shows that despite the severity of their problems, rehabilitation services facilitate improvement in social functioning and successful community discharge (Lavelle, E *et al*, *Mental Health Rehabilitation and Recovery Services in Ireland: A multicentre study of current service provision, characteristics of service users and outcomes for those with and without access to these services*. *Mental Health Commission, 2011*)

There is a lack of patient data on the unmet needs of people with severe and enduring mental illness in Ireland, particularly in relation to the new generation who are being referred and who live in the community. Community mental health services are not well developed with regard to the availability of early intervention, while assertive outreach and specialist rehabilitation and recovery services are still poorly developed at a national level.

New Long-Stay Service Users and New Service Users with Severe and Complex Mental Health Problems

The phenomenon of new long-stay patients residing on acute admission units for prolonged periods has attracted attention in the UK for the past 30 years. Little is known about the nature of the new long-stay population in Ireland. The UK experience is that, following deinstitutionalisation, new long-stay patients are a heterogeneous group of individuals with a range of complex needs, who often exhibit challenging behaviour that makes their care outside the hospital setting problematic (Lelliott *et al*, 1994; Holloway *et al*, 1999). These patients are clearly disenfranchised and are often

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inappropriately placed on acute admission units, where the focus of treatment is towards the management of acutely ill patients and rapid patient turnover.

At present there is a serious lack of adequate housing and accommodation options for enabling service users to move through the different stages of recovery and progress towards the goal of independent community based living. As community based secondary mental health services develop, the need for the current accommodation resources in mental health services (such as high, medium and low support community residences and group homes) should diminish. These resources should then become available to the rehabilitation and recovery team. A local plan for the transitional arrangements to achieve this should be drawn up by the catchment area management team with the primary objective of enabling service users to move to independent living with supports as and when feasible.

The majority of new service users with severe mental illness will not require community residential facilities, but will need varying degrees of support to live in individualised, independent accommodation. As the statutory responsibility to provide this housing rests with the local housing authorities there is a need for close cooperation between these agencies, the HSE and local mental health services. A policy of flexibility in addressing varying levels of individual needs should be adopted by local mental health teams as service users progress through different housing arrangements in the course of their recovery. This requires staff to be flexible and recovery-oriented, encouraging movement by service users within the system of available housing and support options towards independent living.


The Spectrum of Housing Requirements in the Context of Mental Health Needs

The following indicates the range of accommodation required to facilitate the provision of comprehensive mental health care services at both in-patient and community level, based on the needs of the target service user population. Options 1 – 3 will be the responsibility of the HSE, while responsibility for 4 – 6 will already be or will transfer to the appropriate statutory body or voluntary sector agency. The latter will require consideration of existing estate management arrangements.

1. in-patient intensive rehabilitation unit
2. continuing-care rehabilitation unit
3. high-support community unit (24-hour nursing care)
4. medium-support community unit (generally care assistant at night, supported by community mental health/rehabilitation team during the day)
5. low-support/group home unit (with input from the community mental health/rehabilitation team during the day, but no staff at night)
6. independent, own door, accommodation (with visiting support as determined by individual care plan)

In-Patient and High Support Accommodation

The statutory authority for community high-support residential units should remain under the remit of the mental health services and the HSE, in order to meet the needs of the target client group who have enduring mental illness with significant levels of disability. The emphasis in the *Vision for Change* strategy document in relation to developing rehabilitation and recovery services is currently on community rehabilitation services. While this is welcome, there is



a lack of planning, based on the needs of target populations, for in-patient provision for patients with severe enduring mental illness with complex needs who need a longer term approach to their case management. In developing rehabilitation and recovery services there is a need to provide a comprehensive range of residentially based services from in-patient intensive rehabilitation/continuing care and short term rehabilitation to community-based rehabilitation services.

It is anticipated that once the housing needs of the cohort of former long stay hospital service users has been catered for the requirement for the current level of 24 hour high support accommodation will decrease. A Vision for Change outlines a requirement of approximately 30 places per 100,000 population. These residences should have a maximum of ten places to foster a non-institutional environment. Some may be designated to provide social respite care. There is a requirement to develop a standardized set of policies and procedures at HSE level for the optimal operation of high support hostels which is outside the scope of this guidance.

Assessment of Housing Need

This guidance assumes the competence of the mental health team in respect of holistic assessment of need with service users and focuses on the issue of assessment of housing need. The assessment of housing need is a statutory function of local authorities and in recent times they have developed a standardized format and process for assessment of housing need across the country. Trained housing allocations officers conduct assessments with assistance from skilled social workers in the assessment of more complex needs.

Role of the Mental Health Team¹

An assessment of the housing and support needs of a person with a mental health disability can pose significant challenges. The identification and articulation of personal preference and expressed need can be difficult for a person with severe and enduring thought disorder, heightened anxiety, delusions, demotivation or extreme mood swings. Yet this work, of helping the person to consider and express their choices and preferences, is the most essential way in which the mental health team can assist. This is the foundation work and a core skill for mental health professionals. If the person's felt need is not built into the assessment of need, i.e. both the individualised care plan and service needs development, then the service runs the risk of seeking solutions that are not aligned to the service users needs and continuing to develop services into the future that likewise fail to meet the needs of service users. Warner (1997:5) expressed similar concern. "If accommodation issues are overlooked when packages of care are being planned for this client group, then a vital component is being missed, without which any programme of therapeutic intervention is bound to be less effective". Similar evidence emerges from consumer preference studies. It is essential that consumers are full partners in planning treatment if relevant services are to be provided (Klein et al 2007). Studies which have compared the preferences of professional and users have noted that professionals emphasised compliance and mental health treatment while service users emphasised practical needs like money and accommodation (Cohen et al 1999, Goldfinger and Schutt 1996, Schutt et al 2005). Case managers favoured a more gradual transfer to community living and more support than the service users did (Piat 2008). Focusing on a housing and support preference assessment can go a long way to remedying this.

The goal of assessment in the area of housing and supports is to enable the service user to accurately identify the type and location of housing, what housemates (if any) are preferred, and the range and level of supports he/she feels are needed to maintain their preferred accommodation. Identification of individual choice/preference is the core work of the assessment of housing and support needs with the ultimate aim of a stable and affordable place to call home. The inclusion of choice and preferences increases the opportunity of the house becoming a home rather than a placement

¹This section has been provided by John Cowman based on his work *Descriptions of Homeless Mental Health Service Users in Dublin (2008)* and Cowman, Gough and Cunningham (2012) *Housing Preference and Assessment Survey*.

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or programme (Padgett et al 2006, St. Vincents Mental Health Service 2005, Tsemberis et al 2004). Perceived choice and control over housing is also positively associated with perceptions of quality of life, while both quality of housing and choice/control over housing are important contributors to quality of life (Nelson et al 2007)².

In addition increasing choice is shown to decrease psychiatric symptoms and homelessness (Greenwood et al 2006), and to increase satisfaction with where people live (O'Brien et al 2002, Nelson et al 2007, Sylvestre et al 2009, Tsai et al 2009). The lack of research and evidence in relation to the success of the traditional/continuum of care model reinforces this evidence based on increasing choice. Shepherd and Macpherson expressed this succinctly, "apart from expressed preferences, there is little evidence to assist in the judgement as to which service users will fare well in which different kinds of accommodation". (Shepherd and Macpherson 2011:184).

The Housing Preference and Assessment Survey (Cowman, Gough and Cunningham 2012) is a tool which elicits service user's subjective housing needs, support needs, housing preferences and support preferences. Developed as part of a larger service improvement project in Dublin WSW Mental Health Service it can be used as an individual needs assessment tool or as a survey instrument to assist mental health services to plan for the housing needs of its service users. Each mental health service can change or adapt it to their own needs and purposes. It is available on lenus the Irish Health Repository at <http://www.lenus.ie/hse/handle/10147/250793> <<http://www.lenus.ie/hse/handle/10147/250793%20%20lt>> It is proving a very effective and relevant method to clarify desired options, increasing engagement and partnership working and at advocating for people with housing authorities and housing services. For example, one particular outcome was assisting three service users to access their preference for shared private rented accommodation in the community where one of them receives frequent and regular support from our Assertive Outreach Team. This is a version of the housing first model in practice.

Within services and local authority areas where there is a significant level of social housing need among mental health service users there is an argument to be made for the allocation between the local authority and the mental health service of a support worker to work directly with service users, the mental health service and the housing department of the local authority to ensure that the processes for assessment of need, allocation of housing, and supports to facilitate maintenance of tenancies are developed and maintained appropriately.

Ongoing Engagement in Relation to Housing Needs of Individual Service Users

The comprehensive assessment of housing need, identifying and securing appropriate accommodation, moving and settling in, are intensive and challenging processes for many mental health service users and also require a substantial investment of skill and time from the mental health team along with a commitment to high quality interagency collaboration with housing authorities housing support officers in particular. However in most cases this is only a beginning and the successful maintenance of stable housing will require ongoing engagement by all stakeholders. Initial quality individual care and treatment planning, discharge planning and community follow up plans including crisis management plans need to be reviewed and updated on a regular basis by the mental health team to ensure that the appropriate levels of support continue to be provided to the service user to enable him/her to continue to live independently with whatever supports their changing circumstances require.

Preventing Homelessness

"A range of practices should be adopted by all mental health services and teams to prevent service users becoming homeless. These might include an assessment of the housing need and living circumstances of all people referred to mental health

services, linking with local housing authorities as appropriate, and the implementation of discharge planning and policies with a specific focus on accommodation.” A Vision for Change p145.

The Housing Act 1988, sets out the legal definition of homeless persons to include those for whom no accommodation exists which they could be reasonably expected to use, or those who could not be expected to remain in existing accommodation and are incapable of providing suitable accommodation for themselves from their own resources.

The HSE *Code of Practice for Integrated Discharge Planning* (2008) is the HSE policy for all admissions and discharges since November 2008. Section 11 addresses the issue of people who are homeless. Since January 2010, a guidance document from the Mental Health Commission, *Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre*, has been in place. This makes specific reference to the discharge of those who are homeless from the psychiatric services. These documents offer guidance on the discharge of people from the psychiatric services.

Patients leaving Hospital and Mental Health Care

In the specific area of preventing homelessness in the mentally ill it is important that people discharged from in-patient care should have a comprehensive care plan agreed by the multidisciplinary team, a key worker and a detailed follow up plan. In addition there should be a check to ensure that the patient is registered on the housing or homeless list and that whoever is following them up checks to ensure that they remain on this list. Central to all, of course, is the necessity of providing residential accommodation. While mental health services provide over 3,000 community residential places for mentally ill persons local authorities have a clear responsibility for housing mentally ill persons under current policy and legislation.

A checklist of best practice in risk assessment and prevention of homelessness in discharged patients should include:

- a documented discharge plan
- a check that the patient’s housing conditions are satisfactory and that the next of kin is aware of the patient’s pending discharge
- a link with the homeless service to obtain suitable accommodation
- a check to ensure patient has a current medical card
- a mutually agreed care plan and key worker

Discharged service users should remain the responsibility of the service that treats them and, if against all the precautions, homelessness should ensue, they should return to receive care from their parent service. A care plan should be put in place for all service users involving frequent service contact as a critical ingredient leading to positive engagement and concordance with treatment plan and better housing outcomes.

A Vision for Change, Annex 15.2.2. p 253

Access to Social Housing

Considerable flexibility is needed to enable individuals with enduring mental illness to move towards independent living in the community, depending on their individual needs and taking into consideration their varying levels of disability and complex problems. Some may need a longer time in in-patient rehabilitation units before they can progress to community living, while others may need the option of moving back into an in-patient rehabilitation setting from the community during a period of illness relapse.



The focus in recovery oriented mental health care is on encouraging service users to pursue the same avenues for accommodation needs as everyone else in the community. Mental health teams have a very particular role in facilitating the assessment of housing and support needs related to the mental health requirements of the individual service user. As outlined by Cowman service user preference is a key factor in establishing successful housing arrangements and the skills of the mental health team are critical in helping service users to comprehensively determine and articulate those preferences on an individual basis.

Mental health teams have a broader role in linking service users with advocacy services in the community to assist with the challenging task of sourcing appropriate accommodation or in providing this service where no suitable alternatives exist. Furthermore mental health services have a role in helping to determine the level and range of housing need for the population of mental health service users in their local area. This requires an ongoing relationship with those responsible for the provision of social housing within the functional area. One model of working that has been successful is where formal 6-monthly meetings take place between the Mental Health Service and local County Council housing authorities and relevant voluntary sector agencies in a housing forum, to update on identified housing needs, current social housing provision, and the processes in place for assessment , allocation and ongoing support.

Formal Links with Local Authorities

Mental health services and local authorities need to have a formal relationship to address and progress matters of common interest. They need to engage in estimating and planning for the provision of an adequate stock of suitable living accommodation for mental health service users who have special needs in relation to their living environment and the development of mechanisms to ensure equity of access for people with a mental illness to the housing allocations process. They also need to engage on the development of robust mechanisms for responding appropriately to crises occasioned by the onset of acute episodes of mental illness in local authority tenants who are users of the mental health service.

Mental health services and local authorities should engage in regular monitoring of current and emerging models of housing provision for users of mental health services and conduct evaluations of such models to inform decisions on the effectiveness, efficiency and continued use of such models.

See appendix 2 for the protocol outlined in the current National Housing Strategy for People with a Disability.

Formal Links with Housing and Support Services

The range of supports required by persons with a mental illness to maintain a tenancy varies considerably and the knowledge, expertise and capacity to provide those supports often resides in voluntary housing agencies or agencies providing independent living supports. Where such providers are involved in providing services to people with a mental illness the mental health service needs to have a formal relationship with such providers to develop, maintain and review appropriate and adequate policies, protocols and where relevant Service Level Agreements governing service provision.

Participation in Local Forum on Housing for People with a Disability

The National Housing Strategy for People with a Disability (2011) recommends the establishment of local fora on housing for persons with a disability. The mental health service must participate as a partner in such fora to keep other partners apprised of ongoing levels of housing need among its service users, types of housing required, developments in mental health care practice and to contribute to the overall achievement of the objectives of the forum.



PART 2

Models of Housing and Housing Supports Appropriate to the Needs of those with Mental Health Problems



Introduction

Following on from Part 1, this section of the guidance addresses models of housing and housing supports for those with mental health problems and in particular those using mental health services. Traditionally mental health services in Ireland have been a major provider of housing and accommodation for people using mental health services. That will change in line with *A Vision for Change*. Mental health policy identifies the primary role of local authorities in relation to the provision of housing for those with mental health problems in the context of a recovery oriented, service user focussed reform of mental health services.

There is a plenitude of housing authorities in Ireland within which a vibrant social housing sector addresses the needs of a wide variety of groups at risk of social exclusion and marginalisation. Some social housing associations have developed specialist housing and housing support services for people with mental health problems either as a single focus or as part of a wider network of at risk client groups. These services seek to meet the housing needs of all but a small cohort of those with mental health problems who require round the clock care, treatment and supervision in a specialist mental health facility for extended periods. This cohort will be accommodated in in-patient settings or high support community residences.

In the context of the guidance being provided it was considered appropriate to showcase some of the models of housing for people with mental health problems available in Ireland as illustrative of the provision that can be planned and delivered when seeking to transition responsibility for the housing needs of service users from mental health services to local authority provided services.

Community housing traditionally operated by mental health services is broadly categorised into high, medium and low support. High support residences provide 24 hour staffing, usually a combination of nursing and care staff and possibly some housekeeping staff, facilitating the placement of service users with high care support needs. Medium support provides daytime staffing, usually a combination of nursing and care staff but no night-time presence. Low support has no staffing associated and is self managed by residents with some visiting care and/or tenancy support. Service users requiring 24 hour supervised care will continue to be accommodated by the mental health service in high support community residences. Service users with care and support needs short of 24 hour supervised care are entitled to access social housing with appropriate supports.

Terminology varies from area to area and service to service but most accommodation options operated by social housing providers for people with mental health problems fall into the following categories:

- A. One-off own door individual units (scattered housing), either private rented or social housing tenancies, with visiting care and/or tenancy supports
- B. Own door individual units within a housing scheme with single or multi-client focus-visiting care and/or tenancy supports
- C. Small cluster with caretaker – visiting care support if required
- D. Shared care scheme i.e. either shared community residence or cluster with significant health service engagement

There are a number of steps involved in accessing social housing which seek to address the issues pertinent to successful and sustained housing tenancy for those at risk of social exclusion and marginalisation including people with mental health problems. In broad terms these are as follows:

1. **Application:** Mandatory housing authority application for housing accommodation (assessment of housing needs) form must be completed by all service users requiring housing placement. This assessment should be completed by the applicant themselves. It is carried out in the relevant Local Authority Office. The applicant can bring their advocate/family member with them to support them in the process of completing the form. Since this



will constitute the basis for an assessment of eligibility it may also be appropriate for the applicant to include information from their mental health service provider on their mental health problem, treatment and care plan.

2. **Assessment of eligibility:** this will be made by the housing authority official charged with that responsibility based on the information provided on the form and conversation with the applicant (and advocate/family member in attendance).
3. **Assessment of tenancy supports:** this will generally be considered in the context of the overall assessment of eligibility but focused on identifying if there are particular tenancy sustainment issues arising and how these might be addressed in the housing allocation process (e.g. involvement of social housing provider or housing support agency).
4. **Allocation of housing:** this will be determined by the housing authority and where applicable with a commitment from a social housing provider or tenancy support agency.
5. **Contract:** a tenancy agreement outlining the rights and obligations of the housing authority and the tenant is signed by both parties.
6. **Occupation:** tenant takes up residence in property.

What is clear from the above process is that currently there is no structural provision for collaboration between local authorities and health services on ensuring that the housing entitlements and tenancy sustainment requirements of mental health service users are addressed and met. There are however examples of good practice in this area around the country, often on the initiative of social housing providers who have developed models of practice in response to presenting needs. Some of these will be described later in this paper.

As part of the work of preparing the new Housing Strategy for People with a Disability the DOE working group identified the need for a protocol between local authorities and the HSE on this matter and such a protocol was agreed (Appendix 2). Based on this and the models of practice currently in operation we recommend that each local authority and mental health service establish a forum to facilitate the integrated provision of appropriate housing, tenancy and care support to people with mental health problems. The role and purpose of such a forum is outlined here.

HOUSING FORUM

PURPOSE

To promote independent living by supporting mental health service users who have a housing need to access and maintain suitable accommodation as appropriate. The Forum will facilitate the relevant agencies to act as a gateway so that the housing needs and supports of service users will be addressed in a collaborative, efficient and effective way.

TERMS OF REFERENCE

- Develop required interagency protocols
- Map available housing units
- Identify and monitor the level of housing need among mental health service users
- Match people with suitable units of accommodation
- Foster the integrated provision of services to promote the optimal level of independent living with special reference to crisis management in the community and the management of special housing projects
- Develop individual management strategies and plans for tenants/service users with complex needs.

COMPOSITION OF FORUM

- Service User/Carer representative
- HSE Rehabilitation co-ordinator²
- HSE Social Worker
- Allocation Officer from Local Authority/County Council
- Senior Management from Local Social Housing Providers (where relevant).

ROLE OF MEMBERS

Service User/Carer Representative – To represent the voice of the people who use the mental health services with housing needs.

HSE Rehabilitation co-ordinator

- Main access point for and liaison between the mental health services and the forum in particular the local authority housing allocations personnel
- To map the level of housing need through assessment by the multidisciplinary team
- To provide the assessment outcomes/care plan to the forum
- Ensures the care plan includes for those who need it an element of pre tenancy independent living preparation
- To maintain a list of those ready for independent living
- To maintain contact with housing and tenancy support services in the community.

²Where this post is not in place, a member of the community mental health team should be assigned.

HSE Social Worker (where different from above)

- To support rehabilitation coordinator in tasks
- To ensure social workers on mental health teams prioritise supporting service users in making housing applications as appropriate
- To monitor the housing need of service users and advise the forum accordingly
- To support the service user moving to independent living in liaison with CWO re financial entitlements and supports, furnishing an apartment, arranging budget planning etc.

Allocation Officer

- Conduct housing needs assessments with service users
- Identify suitable properties for the service user group
- Act as advocate for the provision of housing for people with mental health needs
- Ensure that estate management issues in relation to the tenant are reported in a timely manner to the rehabilitation co-ordinator and monitor follow up.

Senior Management from Local Social Housing Providers

- Identify suitable properties for the service user group
- Act as advocate for the provision of housing for people with mental health needs
- Ensure that estate management issues in relation to the tenant are reported in a timely manner to the rehabilitation co-ordinator and monitor follow up
- To ensure that the appropriate support service is in place to support the tenancy for the service user.

ASSESSMENT PROCESS

Service user/carer representative will monitor service user experience of assessment process and provide continuous feedback loop into the process

Allocations officer will facilitate effective service user engagement in housing needs assessment process through information provision, practical assistance with application and accommodation of service user supports (advocate, family member etc)

Rehabilitation co-ordinator/social worker will arrange for mental health service letter of support, information on support plan etc once approved by the service user (Data Protection)

Social Housing Manager will provide information on tenancy support plan (where relevant) once approved by the service user (Data Protection)

Assessment process and stakeholder engagement around it will be reviewed on an annual basis by the forum



SUPPORT REQUIREMENTS


A recent longitudinal study of the experience of 400 single homeless people who moved into independent accommodation in a variety of tenures indicated that the early settlement period and pre move preparation are vitally important for independent living to succeed. The move and early settlement period is a stressful time for anyone but for those with an enduring mental health difficulty may last longer and perhaps act as a trigger for a more serious episode of ill health. Post move support was required by fewer than expected. However it was observed that longer term support was poorly related to need. If a floating support model is to be effective ongoing monitoring and assessment of need is necessary and is an important function of the forum.

Mental Health Service role:

- The service user remains with their mental health team and care plan reflects arrangements for regular ongoing care
- Care plan details ongoing outreach supports to be provided by the mental health team
- Care plan details collaborative arrangements with social housing/tenancy support provider
- Crisis plan details more intense re-engagement of mental health team and includes contact details for mental health team
- Discharge plan (when/where appropriate) negotiated with service user (and supports) and G.P./primary care team and housing provider consulted as appropriate.

Local Authority/Housing association role:

- Tenancy support plan agreed with service user, activated and monitored. One to one support is not time limited but can "float" away and re-engage as required
- Tenancy support plan details collaborative arrangements with mental health team
- Tenancy support plan includes customized community integration programme including guidance and advice on the social activities and support networks available in the community
- Tenancy support plan incorporates a monitoring and review mechanism involving partner services and the client/tenant so that crisis can be recognized and appropriate preventative measures put in place
- Tenancy support plan includes crisis plan provisions.



When tenancy breaks down;

The role of each participating agency should be clearly defined in relation to the breakdown of a tenancy. This process should be agreed at the time of the placement and clearly documented in care plans and tenancy support plans. Contingency plans should be implemented with due regard for the interests and rights of the person. If at all possible the person should be maintained in that tenancy but the continuation of it in that area may not be tenable and the person may have to be moved to a new area. In this event a new action plan for the person must be developed taking into account any lessons learnt from the tenancy breakdown. The forum should conduct a periodic review of tenancy breakdowns to identify any patterns or common factors from which lessons can be learnt.

Training for agency personnel

In order to support local authority or other housing authority staff in interfacing with mental health service users it is imperative that they receive training on mental health/mental illness in order to raise their awareness and understanding of the issues that a person with a mental health difficulty faces. A sample training programme provided by Mental Health Ireland is attached at Appendix 6.

It is equally important for staff providing mental health services who are involved in engaging with the housing needs of service users to be familiar with housing allocations policy and practice and with the work of the social housing sector. Training on these matters will enhance the capacity of mental health services to engage with the sector.

Models of Housing Provision

Outlined in this table are self descriptions of some of the housing associations and tenancy support agencies currently providing a service to people with mental health problems in Ireland today as reported to the advisory group. This is not intended as a directory of services but an illustration of the services currently available in the sector. A fuller description of these services is available in Appendix 3.

Housing Model Description	Services Provided	Support
HAIL is a voluntary housing association founded in 1985. HAIL currently has 200 mixed housing units in the greater Dublin area. These are pepper-potted or scattered within existing housing and apartment developments. www.hail.ie	<ol style="list-style-type: none"> 1. Independent Units 2. Shared Housing 3. Joint Tenancies 4. Partnership Arrangements 5. Clusters 	<p>HAIL provides a visiting support service that assists the tenant in settling in to their new home and on-going support to help them maintain their tenancy.</p> <p>The support service operates Monday to Friday 9 – 5.</p> <p>There is an out of hour's number for maintenance problems.</p>
Cluid provides housing to people with special needs. Located in Dublin, Cork, Mayo, Galway and Mayo. www.cluid.ie	<ol style="list-style-type: none"> 1. Partnership with other agencies e.g. HSE 	<p>Arrangements for housing management and supports vary depending on the needs of the tenants and whether it is a group home or independent living.</p>
Mayo Mental Health Association provides and maintains housing for people with a mental health difficulty. www.mentalhealthmayo.ie	<ol style="list-style-type: none"> 1. Partnership with Mayo HSE and through RAS schemes 	<p>Home visits</p> <p>Support around house management</p> <p>Independent living skills</p>
Focus Ireland is a national voluntary organisation working to prevent people becoming, remaining or returning to homelessness through the provision of quality services, supported housing, research and advocacy. Focus Ireland works with single adults, families and young people and believes everyone has a right to a place they can call home which is safe, secure, affordable and appropriate to their needs. Focus Housing Association is our approved housing body addressing poor housing conditions and homelessness through the direct provision of supported housing. www.focusireland.ie	<ol style="list-style-type: none"> 1. Partnership with Public Private housing providers 2. Buy, build and manage small clusters 3. Dispersed houses 4. Apartments 	<p>Needs assessment and pre-tenancy preparation</p> <p>Moving in and getting established in the home</p> <p>Getting established in the community (services, education and employment)</p> <p>Intensive housing management and tenancy support</p>
Slí Eile Housing Association Ltd is affiliated to the Irish Council for Social Housing. Slí Eile Support Services Ltd – the employer – is an associated company with responsibility for employing staff, providing support for the tenants. The Slí Eile social approach to recovery is similar to projects successfully initiated, run and evaluated in the U.K, Europe, Australia and the U.S.A. www.sli-eile.com	Pilot Project supported by the HSE	<p>Support provided every day</p> <p>A structured routine involving shopping, cooking, cleaning, gardening etc</p>
Praxis Care provides support and accommodation for individuals with mental ill health in Northern Ireland, the Isle of Man and England. They also provide care for people with learning disabilities and older persons with severe enduring mental and dementia related illness. www.praxisprovides.com	<p>Residential care home</p> <p>Residential flat cluster</p> <p>Flat cluster</p> <p>Dispersed intensively supported housing (DISH)</p> <p>Housing for the elderly</p>	<p>Supported by staff (available up to 24 hours) and Volunteers</p> <p>Make assistive technologies to promote safe and independent living environment</p> <p>Volunteering Befriending Scheme</p>
Housing First is a housing service which increases access to permanent housing and effective supports for persons with mental illness and/or substance misuse. www.homelessagency.ie	<p>Housing from open market</p> <p>Apartments</p>	Key Workers appointed

Case Studies

For illustrative purposes we have included three brief case studies, with names and locations changed for the purposes of privacy and confidentiality. The cases indicate what can be achieved with appropriate planning and support.

Each of the four individuals in the case studies above was in institutional care for a long time. They each wanted to move into their own front door accommodation. They wanted to escape the stigma of a mental health facility and to live in ordinary housing in an ordinary community – preferably in an area they knew, were comfortable in, could negotiate and manage well and where they would have good quality accommodation with security of tenure.

They were each referred from their mental health service to HAIL and came with a package of mental health specific support from the rehab team/community mental health team. The prospective tenants brought motivation to live independently, consent to a supportive partnership, agreement to needs assessment and support planning and as can be seen from the cases different levels of need and intervention. HAIL brought experience of supporting people with a mental health difficulty in independent housing, a Tenancy Agreement, floating support with in built reviews and great experience of liaison with psychiatric services. Supports are tailored to suit the tenant and at different times, often depending on their mental health and level of recovery may be higher or lower or vice versa.

MARY is a single woman in her mid to late 40s

She has been a frequent in patient of a large mental health hospital in Dublin. She has been a user of mental health services for most of her adult life. She has a diagnosis of schizophrenia and borderline personality disorder. She has a history of paranoia, self harm, anxiety and depression. She has a long and varied housing history. She has a long history of living in mental health hospital in receipt of high levels of in patient care, has been resident in a variety of mental health facilities with high, medium and low level care. She has been resident in homeless accommodation and has had experience of independent living in private rented accommodation – these have always broken down due to the need for episodic or crisis mental health intervention and/or inpatient care.

At the time of her referral HAIL had a number of 1 bed roomed apartments due for completion in inner city Dublin and considered her referral from the psychiatric service. HAIL has in the past housed clients of this service and there is very good mutual knowledge and understanding of roles. Relationships between key staff are well established and based on trust and respect. The lady was registered with DCC's housing department. She was invited to interview and offered an apartment. She consented to sharing of information between the two agencies. She undertook a pre-tenancy induction and met HAIL's housing officer and her specific settlement support worker. Intensive support to move in, organise utility arrangements and undertake an agency needs assessment followed and a support plan was drawn up.

She has been a tenant for three years now. She has had two medium term hospital admissions and several short admissions. She has kept her apartment in reasonably good condition, although there is concern about a hoarding problem, is up to date with rent, utility bills and in managing other budgetary issues with support. She has established social contact and activities with other tenants. She has participated in three major reviews with key staff from each agency and is in regular contact with HAIL's support worker. She has been facilitated to join a clubhouse initiative, has not self harmed in a long time, is very motivated to using recovery techniques and to keeping her tenancy, although she frequently asks about a transfer when she learns of any casual vacancies.



ALBERT is a single man in his 40s

He has a long term diagnosis of schizophrenia and is a service user of the same psychiatric rehabilitation service as MARY. He was referred at the same time and was offered a tenancy using the same process. He was a tenant in a low support house share but was unable to be moved into fully independent accommodation for 7 years. His biggest issue was the experience of losing private rented accommodation when the need for admission to hospital arose. He had day time part time employment and was well motivated to get on with his life. His support package is very light. He attends for medication review with his community mental health team and his key social work support has participated in an annual review with HAIL support worker. His main support issue is worry that his tenancy is at risk so contact with our housing officer about routine maintenance, rent status etc needs to be undertaken sensitively. He has a very good family support network. He says he feels very reassured by being able to ring the HAIL support worker for a chat or to check out his concerns even though he needs little ongoing planned support.

MIKE and PETER are 2 single men in their mid 30s

They are users of the mental health services for most of their adult life. They had been resident in the same medium support hostel for 10 years. They attended a full time work and training initiative, used provided transport to get there and generally were becoming institutionalised and losing their independent living skills and competencies.

They had become good friends, were amenable to continuing to live together and to sharing an independent tenancy. They got on well with each other's family. They each wanted to live independently and be more in control of their own lives. We notified their psychiatric service that we had a vacancy in a 2 bedroom apartment. They were each registered with the Housing department of South Dublin Co. Co.

The service completed a comprehensive referral and committed to a short term intensive back up to the settlement process with ongoing support if and when needed.

Support need for the two men was around establishing and maintaining good housekeeping routines. There was concern at one time about financial exploitation, and bullying by a visitor and guest. The support worker was able to facilitate family support, alert the Gardai and over a period of time help them to manage the situation safely. Their work place was being closed and reconfigured so there was a concern that they would miss out on their weekday routines. Again with the support of their HAIL worker they were able to ensure that they could connect with a new initiative and keep up their levels of social, work and education contact. They have now been HAIL tenants for 6 years, maintain the tenancy well, have ongoing good contacts with the mental Health services, do an annual review and will contact HAIL staff if and when they need support.

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Appendix 1

Housing and Support Lessons from the Literature Towards Meeting the Needs of Mental Health Service Users. (John Cowman 2011)

The right of people with disabilities to community integration (Taylor et al 1987) emphasised the right to normal, decent, safe, permanent and affordable housing (Carling 1989). Consumer preference studies provided evidence that people with mental health difficulties would "prefer to live in their own house or apartment, to live alone or with a spouse or romantic partner and not to live with other mental health consumers. Consumers reported a strong preference for outreach staff support that is available on call, few respondents wanted to live with staff" (Tanzman 1993:450). These and similar findings, from service users, provided evidence which was in turn used to support the development of the most evidence based and best practice housing models for people with mental health disabilities, including Housing First.

A considerable body of evidence emerged in the literature on suitable housing options for people with mental health disabilities and with mental health and addiction difficulties and homelessness. Various housing models were reviewed and so much more evidence with common themes emerged, that it could be stated with confidence; "We know what works. Now we must put what we know to work" (Substance Abuse and Mental Health Service Administration 2003:viii). In some countries the move to adequate, affordable secure housing in the community had legal requirement. US federal law protects people with disabilities from segregation based on their disability and ensured they receive services in the most integrated setting appropriate to their needs (Olmstead v. L.C. 1999). In the UK a clear code of conduct (NHF/ MHF 1996), based on the lessons learned from the unfortunate death of a volunteer caused by a mental health resident (Davies et al 1995), formed the bases of a good practice guide for housing and support (Warner et al 1997).

The consistent evidence from the literature relevant to this particular Irish Mental Health Service Guidance Document is that; It is virtually impossible to recover without a decent place to live (Human rights and Equal Opportunities Commission 1993); Identifying service user choice and preferences is important for housing stability (Community Support and Research Unit 2002) and for identifying and promoting the range of housing models and housing and support models required to meet the diversity of housing and support needs (Reynolds and Inglis 2001, Piat et al 2008); Service users are able to accurately report their housing and support needs (Tanzman 1990); Mental Health services emphasise treatment regimes, compliance with medication, insight and increased support while service users emphasise more realistic, practical needs like more money, housing and support (Cohen et al 1999, Goldfinger and Schutt 1996, Schutt et al 2005); Service users prefer a separation between housing and treatment programmes and oppose certain treatment that use housing as a form of leverage or coercion to improve outcomes of mental health interventions (Allen 2003, Clark Robbins et al 2006). If service user choices and preferences are not included in the assessment of need then the service runs the risk of not being relevant to the lives of its service users (Tanzman 1990, Cowman 2008); Feelings of well being and quality of life are positively affected by choice/control (over housing options), quality housing, social support and community integration (Sylvestre et al 2007, Nelson et al 2007); Flexibility and tolerance are required as housing preferences change over time (Tsai et al 2009); Over time service users can experience isolation in social housing and furthermore, depression and anxiety at base line increases the risk of poorer outcomes (Siegel et al 2006).

Preferences expressed by homeless mental health service users (including from a range of mental health settings) in Dublin (Cowman 2008) were for independent living for reasons of autonomy and choice. Most stated that they would need support from the mental health services to be able to live in their preferred living situation. In addition, most preferred to live with their relatives and a minority would choose to live with other service users. The findings of this Dublin study confirm the findings of similar international studies although the study sample was overrepresented with participants from long term mental health settings.

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Appendix 2

Circular SIS 01/2011

Protocol to govern liaison arrangements between housing authorities and the Health Service Executive in relation to the coordination of housing services provided for people with a mental health disability.

1. This protocol sets out arrangements for co-operation and co-ordination between housing authorities and the Health Service Executive (HSE) in addressing the housing and related support needs that arise as a result of a mental health disability.
2. Local authorities are responsible, in accordance with the Housing (Miscellaneous Provisions) Act, 2009, for the provision of housing services³, while the provision of relevant health and personal social services is the responsibility of the HSE.
3. For the purposes of this protocol, it is recognised that:
 - (a) Specific housing needs may arise as a result of a mental health disability for which intervention and treatment may be ongoing, or from a single or isolated episodic event, which, although not requiring constant intervention, has a severe and continuing impact on a person's ability to access and maintain housing that is appropriate and conducive to recovery;
 - (b) In order to address such needs successfully, the provision of appropriate housing services must be accompanied by the provision of relevant health and personal social services, as appropriate, in accordance with individual care/support plans.
4. Where a person with a mental health disability, who is availing of mental health services, is identified as likely to require housing services, their key worker⁴ shall inform them, and an advocate of their choice, if applicable, of the mechanisms available to liaise with the relevant housing authority for the purpose of facilitating the determination of any housing services that the housing authority considers the person to be eligible for, and in need of. Following agreement and with the consent of the person with the disability, and, if applicable, their advocate, the key worker may refer the person with a mental health disability to the relevant housing authority for such purpose.
5. The relevant housing authority may designate, with the agreement of the person with the disability, an appropriate official for the purpose of engaging/liasing with the key worker in the HSE. This official, as designated, shall be the liaison officer for both the key worker in the HSE and the person with a mental health disability and their advocate, if applicable.
6. For the purpose of assisting the person with a mental health disability in accessing the appropriate housing services provided by the housing authority, the HSE shall, with the consent of the person with the mental health disability and, if applicable, their advocate, provide to the housing authority all relevant information, including medical evidence outlining the impact that the person's disability has on their housing need. The HSE will participate in the housing assessment to the extent that this can facilitate finding the most appropriate housing service for the individual.
7. The housing authority shall engage with the person who has been identified by the HSE as having a mental health disability, or, if appropriate, with the HSE case manager responsible for the arrangement of the service provision, or with an advocate of the person's choice, if appropriate, for the purpose of facilitating or coordinating the provision of any housing services that the housing authority considers the individual to be eligible for, and in need of.



8. The relevant housing authority shall provide all appropriate information regarding the full range of relevant housing services available to the person with a mental health disability who has been considered to have a need for housing support, and if applicable, to their advocate, or to the HSE.
9. Where a person presenting to a housing authority, for the purpose of availing of any relevant housing services, informs the housing authority that they have a mental health disability, and
 - (a) there is no medical evidence available to support the person's housing application, or
 - (b) it is determined that the person is not in receipt of any relevant HSE health and personal social services;the housing authority will advise the person, and if applicable, their advocate, that supports are available from the HSE and will, where requested and, following consent, refer the person to the appropriate contact point in the HSE.
10. The housing authority will inform the person of the reasons for the need to provide medical evidence of their condition to support their housing application, i.e. in order to assess their housing application, determine appropriate prioritisation for the provision of housing services and to ensure that offers of support are, in so far as is possible, appropriate to the specific needs of the person. It should be clearly outlined that the provision of suitable housing services will be subject to availability and the operation of the relevant housing authority's Scheme of Letting Priorities/Allocations Scheme⁵.
11. In all cases, it is desirable that written consent regarding the exchange of information is obtained from the person with a mental health disability. However, where the person with a mental health disability gives verbal consent only, this should be recorded in writing. Consent may also be accepted from a designated advocate in line with the wishes of the person with a mental health disability. The requirements of data protection legislation will be fully complied with in relation to the provision and use of personal information.
12. In order to assist in the sustainment of tenancies⁶, the HSE shall, with the consent of the person with a mental health disability, inform the relevant housing authority where the person is being hospitalised as a result of their disability and will be absent from their dwelling.
13. This protocol shall be subject to review in line with the extension of Part 2 of the Disability Act, 2005 to all age groups.

This protocol has been adopted for implementation with effect from 8th March 2011.

³Housing services provided by local authorities include the following broad groups of services:

- Housing supports, which are provided to households for the purpose of meeting their accommodation needs, including social housing supports, the provision and sale of affordable housing and grant-aid for private housing;
- Tenancy supports, in the form of assistance, other than financial assistance and housing support, provided to tenants of local authority or RAS dwellings or to formerly homeless households, for the purpose of supporting them in remaining in occupation of their current accommodation.

⁴The HSE key worker should be a member of a community mental health team or primary care team who is familiar with the local housing needs of clients with mental health disabilities.

⁵Housing authorities are required to replace individual Schemes of Letting Priorities with new Allocations Schemes by June 2011, as provided for in the Housing (Miscellaneous Provisions) Act, 2009.

⁶This relates to local authority or RAS tenancies.

Appendix 3

Self reported descriptions of housing services

1. Housing Association for Integrated Living Ltd. (HAIL)

HAIL is a voluntary housing association founded in 1985. HAIL currently has 200 mixed housing units in the greater Dublin area. These are pepper-potted or scattered within existing housing and apartment developments. HAIL provides a visiting support service that assists the tenant in settling in to their new home and on-going support to help them maintain their tenancy. The support service operates Monday – Friday 9 – 5. There is an out of hour's number for maintenance problems.

In the initial settling in period the support is more intense, possibly twice weekly but over time as tenants became settled the support moves on but is always available to go back in, in the event of a relapse in either the tenants mental health or in their ability to maintain their property.

Referrals for HAIL accommodation comes from the local mental health service and all referrals must be on the local authority waiting list for the area. The HAIL support service works closely with the mental health service to ensure tenant's needs are monitored and met.

Models of support in various settings:

Independent Units

Approximately one third of HAIL's housing stock is tenanted by families and individuals with a general housing need. HAIL considers the mixing of tenants with a general housing need and/or housing with support need to be an extremely important part of our mission.

Supported tenants are motivated to move away from institutional care and re-establish their independence. They want to live ordinary lives in ordinary communities.

Shared Housing

HAIL has a number of shared housing units and the support in the shared houses is based on the needs of the tenants. Some tenants will stay only as long as they need to. When a tenant moves on, the support service moves with them to help them settle into their new accommodation either with HAIL or another housing provider. For those tenants who don't want to move on they can stay in the shared house and access the support service as needed.

Joint Tenancies

In a number of developments HAIL has issued separate tenancies in the same apartment/house to tenants referred from the same mental health service who had been sharing accommodation in the same group home or hostel. Joint tenancies have demonstrated clear advantages for tenants where they share common daytime activities and can support each other in maintaining routines. Perhaps the best advantage of joint tenancies is that the shift from communal, shared living, to independent living is not so intimidating and the danger of loneliness is averted. However it is important to ensure that this is something that the prospective tenant really wants and that they understand what is involved.



Partnership Arrangements

HAIL also provide support to a client group who are housed by other housing providers for example Cluid and RESPOND. HAIL selected the tenants for these units and delivers both a housing and support service to the tenants there as their needs dictate.

Clusters

HAIL recognises the need for this type of accommodation for individuals with higher support needs than can be met from a visiting support service. Independent apartments or a shared house could be provided on a site that has a medical support service in place.

www.hail.ie.

2. CLUID (former St. Pancras Housing Association)

Provide housing to people with special needs. They are located in Dublin, Cork, Galway and Mayo. Tenants are drawn from the waiting list of the local authority in whose area housing is being provided. Clúid is also working in partnership with the HSE and St Aidan's Services to deliver housing for people with disabilities including learning disabilities and **also for people with mental health issues**. The arrangements for housing management and for care and support vary depending on the needs of the tenants and the set up of the project, e.g. whether it is a group home or independent living. Referrals are made through the HSE or local support agency.

3. Mayo – Mental Health Association

The Mental Health Association (MHA) owns

4 houses and 3 apartments in Castlebar,

3 houses in Ballina

1 house in Westport

- all low support

Model, Process, Agreement

The MHA provides the houses and is responsible for their up-keep (repairs, decoration).

MHA works in partnership with Mayo MHS, criteria for occupancy is Mental Health Issues.

The Rehab/Recovery team in conjunction with Social Support Services allocates, nominates and places suitable service users.

A tenancy agreement is then drawn up between service users and MHA.

The rent is low, based on income (formula in place and applied).

Mayo MHS provides support for tenants, agreed house visits, demonstrations on how the appliances work etc, as needed and agreed.

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In Mayo and Galway houses can also be rented through the R.A.S. (Rental Assistance Scheme) where landlords hand over their houses to the County and/or City Councils for guaranteed rent.

The Council will then sublet these premises.

4. Focus Ireland

Focus Ireland is a national voluntary organisation working to prevent people becoming, remaining or returning to homelessness through the provision of quality services,

supported housing, research and advocacy. Founded in 1985 (by Sr Stanislaus Kennedy), Focus Ireland works with single adults, families and young people and

believes everyone has a right to a place they can call home which is safe, secure, affordable and appropriate to their needs. Focus Housing Association is our approved housing body addressing poor housing conditions and homelessness through the direct provision of supported housing.

Their Approach

- Provide and manage housing
- Support the tenancy

Focus Ireland are committed to securing quality housing and providing quality management and support services to enable people to create a home, sustain their tenancy and integrate with their community. We secure housing by working with a variety of public and private housing providers as well as providing housing in our own right, and in all cases offer integrated housing management and tenant support services. We buy, build and manage small clusters of up to 25 residential units as well as dispersed houses and apartments in urban areas and their environs. Our units are self contained and of a size suitable for sustainable long-term living.

Focus Ireland ensures that tenants are supported to live as independently as possible as members of a community by addressing both housing and support needs. We work to

maximise independent living skills whilst retaining the capacity to step-up support as required. We have a particular expertise in 'tenancy sustainment' and know how a tenancy is sustained by the nuts and bolts of everyday life within a home and neighbourhood. Our approach is distinctive, blending the provision of support with

the promotion of independent living skills; rights with responsibilities; and the needs of the individual with those of the household and community. Our work is far more substantial than the provision of accommodation: Focus Ireland works to create homes.

The integrated package of support to each individual household includes:

- needs assessment and pre-tenancy preparation,
- moving in and getting established in the home,
- getting established in the community (services, education and employment),
- intensive housing management and tenancy support. We have the resources and expertise to work with local authorities, private developers.

5. Slí Eile Housing Association

Slí Eile Housing Association Ltd is affiliated to the Irish Council for Social Housing.

Slí Eile Support Services Ltd – the employer – is an associated company with responsibility for employing staff, providing support for the tenants.

The Slí Eile social approach to recovery is similar to projects successfully initiated, run and evaluated in the U.K, Europe, Australia and the U.S.A.

The pilot project at Villa Maria, Smiths Road, Charleville has five bedrooms/five tenants, providing safe, accepting and supporting living environment where community living, support, structure and purpose all combine to support a person in re-building self belief and regaining control of their lives.

Support: There is one support staff present from 7.30am – 10.30pm week days and from 10am – 10.30pm weekends.

Structure: The tenants and staff have evolved a house routine and a rota for all chores in running the house – shopping, cooking, cleaning, garden, looking after the cat and chickens, ordering fuel etc.

Each day there is Community Feedback with staff where tenants evaluate how the past 24 hours has been. Each Monday there is a Community meeting which is attended by any tenant present in the house, with all tenants and all staff.

There are five “stages” for living at Villa Maria – an initial trial period of (usually) two weeks after which if the person, other tenants and staff all agree – a tenancy agreement is signed. Copy of 4 Steps enclosed.

Purpose: The garage at Villa Maria has been converted to a commercial kitchen (Cuisine Maria). Each morning tenants with staff bake brown bread, scones and have recently introduced chocolate sponges, all delivered to customers in local town and surrounding villages. Tenants write invoices, carry out deliveries. There is a separate bank account for Cuisine Maria and any profit from this enterprise is used towards personal development. At present it is funding membership for all tenants with the Leisure Centre at the local hotel.

6. Housing First

Overview

The *Dublin Region Housing First Demonstration Project* aims to provide tenancies for participants in scattered-site, self-contained housing units in the Dublin area. An intensive visiting support team engages with participants in their new home, without any time limit on their involvement. The core target group are people who have been long-term rough sleeping, and this model of support has been found to have significant outcomes in terms of quality of life for participants, as well as reduced cost to the exchequer in terms of service provision.

Goals

The *Dublin Housing First Demonstration Project*, in line with the Dublin Region Homeless Executive Vision, the National Homelessness Strategy, and the *Pathway to Home* Model, seeks to end the need to sleep rough prioritising long-term rough sleepers with significant support requirements.

This project seeks to provide tenancies in self-contained, independent housing units for each participant, which are ‘scatter-site’ and community-based. This housing is provided for participants with the services of an intensive specialist case management team provided on a visiting support basis, to the person in their new home.



The project is client-led: participants choose to take part in the project, choose their housing unit as far as possible, identify their own goals, and the HF team works with the person to achieve their goals. In this way, the project aims to promote participants autonomy, independence, and to support them in settling into their home and integrating into their community.

1. The policy context for the Housing First approach

In Feb 2011, the new Programme for Government specifically highlighted the Housing First model as follows:

“We will alleviate the problem of long-term homelessness by introducing a ‘housing first’ approach to accommodating homeless people. In this way, we will be able to offer homeless people suitable, long-term housing in the first instance and radically reduce the use of hostel accommodation and the associated costs for the Exchequer.”

In June 2011, Minister for Housing Willie Penrose announced a housing policy statement, which cited the Housing First approach:

“Delivering more and better outcomes for vulnerable, disadvantaged and special needs households, while achieving maximum return for the resources invested in these areas, (for example through the introduction of the “Housing First” approach to homeless services) will be a key priority for the Government.”

2. Key steps for participants

Participants will be invited to participate in Housing First (HF), and when they choose to do so, they will:

- see a number of housing units to choose from and select their preference
- be supported to move in
- access the support services of the HF team, and other services not directly on the HF team
- be supported to maintain their housing and integrate into their community

The visiting support team will continue to provide support to participants once they agree to participate in this project. There is no time-limit for this engagement.

3. Housing First Team members

Visiting support is provided by the HF team to each participant in their home. The HF team comprises a broad range of professional and experiential expertise, with the following members:

1. Housing services worker (and Team Leader) (Stepping Stones)
2. Substance Use Specialist/psychiatric nurse: (Trinity Court)
3. Peer support worker (IAN)
4. Training Education & Employment Support (Business in the Community)
5. Outreach worker:
6. Tenancy Sustainment worker (Simon)

The team works closely with specialist homeless psychiatric services and the programme for the homeless

4. Referrals

All referrals are to be directed to the HF Team Leader, who will, in collaboration with the HF Team identify capacity to take on new participants and any prioritisation of participants.

5. Research brief

An evaluation of the project will produce a report reviewing the first 12 months of the project, which will make recommendations regarding the potential application of this model in the Dublin region and nationally.

For further information please contact:

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elaine.butler@dublincity.ie
<http://www.homelessagency.ie/>

Louisa Santoro: Housing First Team Leader and CEO, Stepping Stone
Fumbally Exchange, Fumbally Lane, Dublin 8. ph: 00 353 1 473 6123
louisa@steppingstonecharity.ie

7. Praxis


There are 5 types of accommodation, residential care home, residential flat cluster, flat cluster, dispersed intensively supported housing (DISH) and housing for the elderly. Accommodation schemes offer an opportunity for clients to live in a community setting which best meets their needs.

These can be defined as follows:

- **Residential Care Home/Flat Cluster**
This is a home where each individual has their own bedroom and washing facilities but share communal areas with other members of the group.
- **Flat Cluster**
Residents have their own flat with living room, kitchen, bathroom and bedrooms and may receive care on a twenty four hour basis and direct input from staff according to their needs.
- **Dispersed Intensively Supported Housing (DISH)**
Individuals are housed in individual houses or flats in the community and have regular support from staff according to their needs.
- **Housing for the Elderly**
Purpose built accommodation providing support to older persons, older persons and their spouses and even at times, their siblings/carers.

Praxis Care provides support and accommodation for individuals with mental ill health in Northern Ireland, the Isle of Man and England. All tenants are supported by staff and volunteers (staff support is available 24 hours a day on most projects) and are encouraged to live independently whilst receiving the support they need to stay well

In the area of Learning Disability Praxis Care provides a range of accommodation to meet individual needs. Individuals can choose between residential group living, small group home, flat clusters or supported living in the individual's own home in the community. Staff will vary support according to need but the underlying ethos of the organisation is to maximise independence as far as possible.



Praxis Care also provides care for older people in a number of settings and is particularly interested in supporting older people with severe and enduring mental and dementia related illness and in making use of assistive technologies to promote a safe and independent living environment

For instance, sensors for hot water temperature; taps that stop the flow of water to avoid flooding; floor pressure pads beside the bed to switch lights on for night time visits to bathroom; front door alarms to alert the staff member on duty that a person has left the dwelling; discreet sensors in rooms to indicate, for instance, that a person is lying on the floor. Assistive technology ensures a discreet approach to providing high standards of care and support to older people who require this level of input.

Volunteering Befriending Scheme

Praxis Care operates a volunteer befriending scheme with over 160 matched friendships, some of which have lasted 5, 10 and even 15 years! Volunteer befrienders can help to reduce the risk of suicide, help to minimise the feeling of isolation, reduce pressure on families, and help to alleviate poor health and the risk of hospital admission.

Befriending Schemes are in operation in the following areas:

- Greater Belfast
- Derry City
- North Down & Ards
- Antrim
- Magherafelt/Cookstown
- Lurgan
- Isle of Man

Praxis Care also operates a volunteer befriending scheme for young people leaving care based in the Northern Health & Social Services Board area. The scheme was set up as the Board perceived there to be a lack of services specifically for young people who were in the process of leaving the care system.

Volunteers are recruited, given appropriate training and then "matched" with a young person. Volunteers see their young people approximately once a week mainly to be a listening ear, a social outlet and offer extra support. The focus of the service has always been on social activities as these build confidence, raise self esteem and help the young person become more involved in the community where they live. Volunteers receive supervision and support from the co-ordinator who in turn works closely with the leaving and aftercare teams. The service has proved itself to be effective and worthwhile with some significant friendships being formed along the way.

Praxis Care also encourages volunteer activity through befriending/activity co-ordination schemes. Individuals with a learning disability or acquired brain injury can face isolation in the community unless they are facilitated to make friendships and join in local groups. Service users are often not able to use transport on their own, or lack the confidence to take part in social activities without companionship. They may be treated with hostility or suspicion.

Praxis offers the opportunity for service users to gain self-esteem and confidence and to be socially included in the community through being matched with a volunteer. People with a learning disability or acquired brain injury find companionship through this scheme. Someone visits because he/she wishes to volunteer rather than because he/she is paid to do so. This is a major morale boost for service users. Praxis recruits, trains and supports volunteers on an ongoing basis and also facilitates the development of 'peer' relationships which is extremely important.

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The following are not housing associations but are organizations which provide housing related supports to people with mental health problems.

1. The Access Housing Unit



The Access Housing Unit

(Operating in the 4 Dublin Local Authority Areas)

Role of the Unit

The Access Housing Unit is part of the Threshold Housing Organisation and is funded by the Homeless Agency to specifically assist people who are homeless or in danger of becoming homeless to source accommodation in the private rented sector.

The vast majority of clients are living in temporary homeless accommodation and up until the early part of 2010 clients came to the Unit primarily via a referral from their supported accommodation provider. However a self-referral system was initiated in March 2010. Most referrals are be from single people, mainly single men, but we do also receive referrals from couples, lone parents and single people with overnight access to their children.

Interview Process

Clients are advised to contact the AHU by the key worker with whom they are working at their current accommodation but would generally ring themselves to make an appointment. We would then operate a two-stage interview process.

Initial Interview –The purpose of this initial interview is to outline the nature of the service we provide and determine whether the client is registered with one of the 4 Dublin Local Authority Housing Departments and whether they qualify for Rent Supplement.

Detailed Interview –The purpose of this second interview is to determine capacity to sustain a tenancy. Many of the people who apply to us have issues of drug/alcohol misuse, mental health problems or other issues, which have led to them becoming homeless in the first place. If we feel the person requires more intensive support than we are able to offer through Tenancy Sustainment (see below) then we may recommend that they remain in their current supported accommodation, or alternatively suggest a supported housing provider to them. Setting a client up to fail by finding accommodation for someone who is clearly not ready to live independently is in no one's best interests.

Sourcing Accommodation –We have a number of landlords from whom we have sourced properties previously and who return to us for referrals whenever they have vacancies. We also source properties from internet websites such as Daft.ie.

Working within the single persons €525 Rent Supplement cap means that we are generally looking at bedsit accommodation for single people although the higher limit that applies to couples and lone parents gives us greater flexibility for those clients to find apartments appropriate to their family size. The AHU Project Workers undertake accompanied viewings and inspect properties and make recommendations to clients. Because of the experience within the Unit, we know the quality of accommodation that can be found within the rent cap and can advise clients whether to accept the property or not.



Rent Supplement/Deposit Applications

The AHU Project Worker assists the client to complete his/her Rent Supplement application and accompanies him/her to a meeting with the Community Welfare Officer (CWO) – or, where applicable following the centralisation of Rent Supplement applications for certain areas, submits a postal application on behalf of the client.

Tenancy Sustainment Service

The roles of two Project Workers are being made more generic, to deal with sourcing and securing accommodation, but also with each Project Worker providing TS support to the people who they house.

This support is invaluable to people taking up a new tenancy, in many cases for the first time, in helping with budgeting, claiming entitlements and generally how to manage their tenancy. Support needs reduce over a period of time until it is mutually agreed that support is no longer required. The door is always open however should the tenant wish to return to the Unit for support at some later date should a crisis emerge and they feel they need our support.

Flat Out Kit

Another invaluable part of the service we provide to clients is the provision of basic groceries and household and personal cleaning products upon moving into their new home. We have very kindly been supported by Dublin Lions for the past number of years providing funding for this purpose. In 2011, the Housing & Sustainable Communities Agency agreed to match the Lions' funding enabling them to assist double the number of tenants to buy basic provisions upon taking up occupation of their new home.

2. The North Dublin Befriending Service

Community care policies have led to unprecedented numbers of potentially vulnerable people living independently or in supported housing. The most common problems reported by people in this situation, is their feeling of loneliness and sense of isolation.

Befriending services provide support to people who are feeling lonely and isolated or finding it difficult to meet new friends and take part in leisure activities. The aim is to build people's confidence and self-esteem which can help them expand their social life and skills and become more involved in activities in their own community.

It impacts positively by:

- Providing support
- Increasing confidence
- Building self-esteem
- Reducing anxiety
- Allowing individuals to have fun

The Befriending Service is complementary to the statutory services and is not a substitute for home care or other on-going supports. It is suitable for all ages and all kinds of support needs. *A simple idea but it works.*



Activities provided by the North Dublin Befriending Service

One to one support – The main strand of the befriending service is the one to one support service in which a trained volunteer is matched with a befriender/member. The volunteer and member are matched on gender, age and shared interests. The matched pair meet for social activities such as going for coffee, walks, pursue hobbies and interests. This relationship is continuously monitored by the coordinator.

Social Clubs – The befriending service provides both one to one support and group/peer support through their social clubs. Presently there are 3 social clubs operating in North Dublin, Blanchardstown, Finglas and Balbriggan with plans to open a further club in Artane. At the moment, the clubs open one evening per week where members meet to socialize, play cards, listen to music or whatever it is they are interested in. On alternate weeks the group will plan an activity outside of the social club, this may be going for a meal, bowling, theatre, cinema etc. Members are encouraged to take ownership of the group in the planning and execution of the various activities.

Holidays; For many members, organizing or going on a holiday would be an impossible task. Regular holidays and breaks are organized by the members with support from the coordinator. Members are expected to finance all activities but financial assistance may be given in exceptional cases.

Friendship – within the service members report feeling supported and accepted by their peers and staff. Many feel that this support and friendship is very important in the maintenance of their mental health and feeling of wellbeing.

Link to other sources of support – the coordinators continue to develop and maintain links with other community resources, both voluntary and statutory. Members are encouraged to link in with other community groups to pursue hobbies and interest or to access further support.

Link to mental health services – should problems/difficulties occur the coordinator has direct access to the mental health key worker identified by the member. The coordinators continuously foster links between the befriending service and the multi-disciplinary team within the mental health services, making it more streamlined when seeking advice or reporting difficulties. This results in the earlier identification and more rapid response to a crisis.

Appendix 4

Membership of multi-agency National Advisory Group

Ann Helferty	Senior Housing Welfare Officer	Dublin City Council
Anne Barrett	Social Work Team Leader Carlow/Kilkenny Mental Health Services	HSE
Ber Cahill	Regional Specialist, Mental Health	HSE
Catherine Brogan	National Planning Specialist, Mental Health	HSE
Cormac Walsh	Assistant Director of Nursing	HSE
Derek Dockrell	HSE Estates	HSE
Dominic Fannon	Consultant Psychiatrist, Rehabilitation	HSE
Ena Lavelle	Consultant Psychiatrist, Rehabilitation	HSE
Jennifer Kelly	Chairperson	National Service Users Executive (NSUE)
Michael Nicholson	Director of Housing Services	City and County Managers Association
Noreen Fitzgibbon	Regional Manager	Irish Advocacy Network (IAN)
Orla Barry	Director	Mental Health Reform
Patricia Cleary	Executive Director	Housing Association for Integrated Living (HAIL)
Rita Donovan	Administrator	HSE
Sean Meaghey	Services Manager	Housing Association for Integrated Living (HAIL)
Tony Leahy (Chair)	National Planning Specialist, Mental Health	HSE



Appendix 5

Vision for Change: relevant recommendations

RECOMMENDATION 4.1: All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.

RECOMMENDATION 4.7: The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it.

RECOMMENDATION 4.9: Community and personal development initiatives which impact positively on mental health status should be supported e.g. housing improvement schemes, local environment planning and the provision of local facilities. This helps build social capital in the community.

RECOMMENDATION 12.1: A strong commitment to the principle of 'Recovery' should underpin the work of the rehabilitation CMHT – the belief that it is possible for all service users to achieve control over their lives, to recover their self-esteem, and move towards building a life where they experience a sense of belonging and participation.

RECOMMENDATION 12.4: Opportunities for independent housing should be provided by appropriate authorities with flexible tenancy agreements being drawn up in accordance with each service user's needs. Arrangements that best enable service users to move from high support to low support and independent accommodation need to be considered.

RECOMMENDATION 12.5: Rehabilitation and recovery mental health services should develop local connections through linking with local statutory and voluntary service providers and support networks for people with a mental illness is required to support community integration.

RECOMMENDATION 15.2.3: *The Action Plan on Homelessness 162* should be fully implemented and the statutory responsibility of housing authorities in this area should be reinforced.

RECOMMENDATION 15.2.4: A range of suitable, affordable housing options should be available to prevent the mentally ill becoming homeless.

RECOMMENDATION 15.2.6: Community mental health teams should adopt practices to help prevent service users becoming homeless, such as guidelines for the discharge of people from psychiatric in-patient care and an assessment of housing need/living circumstances for all people referred to mental health services.

RECOMMENDATION 15.2.7: Integration and coordination between statutory and voluntary housing bodies and mental health services at catchment area level should be encouraged.

Appendix 6

Sample one day Training Programme on introduction to mental health issues for public service personnel designed and delivered by Mental Health Ireland.

Timetable

09.15 **Registration & tea/coffee on arrival**

09.30 **Group work** **Icebreaker**

Mental Health:

- What is Mental Health/Wellbeing?
- What are the factors that affect mental health?
- What are the characteristics of good mental health?
- How to maintain good mental health.
- MHI Managing Your Mental Health & Mental Health in the Workplace leaflets issued.
- Mental Health Irelands – Mental Health Matters DVD.

10.45 **Break: 15 minutes**

11.00 **Mental Illness:**

- What is Mental Illness?
- What are the mental illnesses, symptoms and treatments?
- Shine – DVD on Schizophrenia.
- Questions & Answers.

12.45 **Lunch: 1 hour**



1.45		Local Mental Health Services Structure <ul style="list-style-type: none">› Voluntary Mental Health Organizations & Contact Details – reference to: The Journey Together – a NSUE publication.› Information leaflets/websites.
2.00	Group work	Scenarios relating to mental health of colleagues and customers at your workplace – prepared before workshop
3.15		Break : 10 minutes
3.25		Stress: What is it? <ul style="list-style-type: none">› Management technique - AAAbc› Relaxation Execerise – The Mitchel method.› Building Resilience.› MHI Stress & Don't let you tensions takeover leaflets issued.
4.15	Group work	Personal pledge Evaluation
4.30		Close



