

Mental Health Housing Coordinator Network



Housing Matters

A twice yearly update on the work we do

Issue 2: April 2024

Mental Health Services and Housing: Changing Roles In An Evolving Landscape

The Past

Historically, support for severe mental distress included the provision of dedicated accommodation, mainly through institutions. In Ireland from the early 1800s, the state provided accommodation and support through a wide network of what were known as public district asylums. These ran for approximately 200 years.

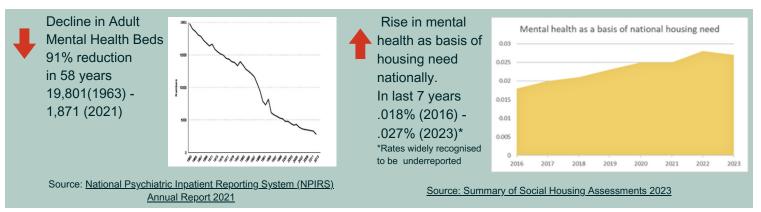


St. Conals ("Donegal District Lunatic Asylum") opened in 1866, one of 25 such institutions around the country. Initially it was designed for 300 patients. In the 1960s it accommodated over 800 patients and employed 500 staff. These Asylums grew to the size of small towns and were essential for the local economy. They played a considerable part in providing accommodation for people with nowhere else to go, providing a residual social housing role.

Deinstitutionalisation policies toward the end of the 20th century led to the phasing out of these large mental health hospitals and the development of low, medium & high support "hostels". These residences were mostly owned by mental health services and staffed by nurses, care assistants and domestic staff. In 2006 our national mental health policy document 'A Vision for Change' described how the closure of the large mental hospitals involved inpatients being transferred to other institutions and many more discharged at high risk of ending up homeless, being imprisoned inappropriately or being socially isolated living in poor conditions.

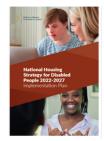
The Present

Current housing and mental health policy promotes that people with mental health difficulties with housing needs should be supported to live in mainstream social housing, with tailored supports as required.



However, it is hard to calculate the total number of people with serious mental illness who have a housing need. They are often invisible and dispersed across a wide variety of settings; stuck in the parental home, temporarily with family and friends or other hidden homeless situations as well as institutions like homeless hostels and prison.





Until 2011 there was no national housing policy which specifically addressed the housing need of people with mental health difficulties. The recent <u>implementation plan for the National Housing Strategy for Disabled People</u> requires that local authorities and HSE Mental Health Services work closely together. The challenge now lies in supporting the two services to adapt to this new way of working.

How Can Mental Health Staff Help?

HELP GATHER DATA:

Accurate information about the housing and support needs of people using our services is an important starting point. In some healthcare areas (CHOs), the Housing Coordinators collect data on housing need from mental health teams in their CHO area and share it with the local authorities to inform planning for suitable housing. Contact your local Housing Coordinator for more information



SUPPORT ACCESS TO SOCIAL HOUSING:



Get on the list!! Support people to submit applications and the required documentation for social housing support as early as possible.

- · Ask about housing in your initial meeting with people.
- Remind them to respond to follow up letters from the local authorities.
- In some local authorities, you can support the person to nominate a co-correspondent to receive copies of all their letters (*check local authority website for availability in your area, see example here*).
- If a person has a severe and enduring mental health difficulty, your team can consider seeking priority using the HMD 1 form (available from Local Authority websites, see example here).
- Don't forget future planning for people living in the family home.

Get in the know! Give people information about housing options in their local authority areas, e.g. the online Choice Based Letting scheme (See video explainer <u>here</u>).

 Assist them in sourcing support to access this through their own support networks or local community resources such as the libraries and Citizen Information Centres.

Get on the case! Discharge planning for people in HSE residences and admission units.

- Person-centred care planning needs to focus on a supported discharge plan soon after arrival.
- This requires proactive contact with the Local Authority to check the person is on the housing list.
- Informed consent to share relevant information is vital.

Get round the table! Develop partnership working with Tenancy Support Officers(TSO) and people in the Local Authorities, inviting them to discharge or care plan meetings as needed. TSOs across the country provide a range of services, from helping to secure housing to offering practical and emotional support to tenants. TSOs are funded jointly by the Department of Health and the Department of Housing. They are employed by community services and work in partnership with the local authorities and HSE Mental Health Services.

PLAN AND SUPPORT TRANSITIONS:

The community mental health team's assessment of the person's support needs for independent living is key here. This is especially true if the person has not lived alone recently or has been living in a residential or hospital setting. The person should have a main contact in the mental health team and it must be clear which team members will be providing what support. If a person is moving away from their mental health support team, it is important that the transition between teams is smooth. An in-person meeting between the person, their key contact in their old team and members of their new team can really support the transition.