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Housing and Homelessness among people with a mental health difficulty

Briefing note on the housing needs of people with a mental health disability.

The identified housing need among people with mental health difficulties, including those in homelessness, illustrates the pressing need for the development of long-term, dedicated housing supports for this group of individuals.

- The Housing Agency's housing assessment report, 2013 identified that 1,034 households in Ireland have a household member where the main need for social housing support is as a result of having a mental health disability. It is likely that this number is significantly higher, and that many people have not reported housing need based on a mental health difficulty due to the stigma attached to such difficulties.
- A study carried out in an acute unit in Tallaght Hospital between 2012 and 2013 found that 98% of the long stay/delayed discharge inpatients had accommodation related need and there was a discharge to homeless services every 9.4 days.
- In 2014, there were approximately 625 residents in HSE medium and low supported accommodation who could probably live in local-authority controlled accommodation, given the right support.
- A 2013 study of 599 people experiencing homelessness in Dublin and Limerick revealed that 58% had been diagnosed with at least one mental health condition, including anxiety, depression, schizophrenia or psychosis.
- In a study published by Dublin Simon Community in 2014, 71% of a representative sample of individuals accessing Dublin Simon services reported having mental health difficulties. Importantly, 11% of individuals reported having a diagnosis of schizophrenia

and a further 11% of individuals reported having a diagnosis of psychosis.

In 2006, A Vision for Change, the national mental health policy, identified that homelessness is both a cause and a consequence of mental health difficulties. The right to adequate housing is also a human right under the UN Convention on the rights of persons with disabilities.

A Vision for Change also notes that the provision of social housing is the responsibility of the Local Authority and "Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it".

A Vision for Change includes a dedicated chapter on special categories of mental health service provision. The Expert Group recommended the development of mental health services for people who need supports not typically provided by generic mental health services, including homeless people. However ten years on from the publication of A Vision for Change the evidence on the provision of special categories of mental health service provision shows that these services have received the least development since 2006 compared to other areas of the mental health service.

The Housing Strategy for People with Disabilities 2011-2016 contains a separate chapter on people with a mental health disability with specific actions that address the need for better access to local authority housing supports, the transfer of HSE supported accommodation to local authority control and the need for social supports for people with mental health difficulties living in the community. A pilot project to transfer HSE accommodation to local authority ownership is underway in the Midlands. Several projects around the country, funded by Genio, have successfully supported people living in mental health residences and other arrangements, to move to independent living arrangements.

However to date almost no person with a mental health disability has gained accommodation as a result of the Housing Strategy.

The Oireachtas Committee on Housing and Homelessness made a recommendation to "Guarantee funding for visiting tenancy sustainment and support services to help prevent homelessness by working with those with mental health difficulties in their own homes".

There is also concern about the position of people residing in HSE mental health service 24-hour supervised residences. Individuals are living in institutional-type settings. The Mental Health Commission in its latest annual report has reported that some of these residences are institutional in environment and practices, increase the risk of stigma and limit individuals' choices;

There is no confirmed number of residences or number of residents either from the MHC or the HSE. Therefore, there is no clear picture of the number of residents subject to institutional conditions in the community.

There is no regulation or independent oversight of these residences. The Inspector can inspect 24-hour residences, but is not obliged to inspect them under the existing mental health law. Nor are there any statutory regulations or standards for these residences.

In a review of the Galway/Roscommon community mental health services published by the HSE in 2014 the review group found that some people in community residences were being over provided with care and that some could have lived independently.

Similar findings were identified in earlier reports including the HSE's own Value for Money Review of the efficiency and effectiveness of long-stay residential care for adults within the mental health services in Ireland and the Mental Health Commission's Happy Living Here Study.

Recommendations for action

- 1. The establishment of a dedicated funding stream between the Departments of Health and Housing for visiting supports for individuals with mental health difficulties transitioning from HSE supported accommodation and for mental health service users living in other types of accommodation in the community
- 2. Government should allocate dedicated funding for the capital costs of providing social housing for people with a mental health difficulty transitioning from HSE supported accommodation and/ or acute care
- 3. The revised rent supplement limits are welcome. Government should ensure that Rent Supplement Allowance and Housing Assistance Payments are in line with private rental market rates. This will ensure that individuals in receipt of housing assistance benefits, including

people with mental health difficulties, will have a realistic chance of securing appropriate accommodation.

4. The Minister for Mental Health needs to extend the remit of the Mental Health Commission immediately to empower it to regulate community based services as recommended by the Expert Group on the review of the 2001 Mental Health Act, and to require the Inspector of Mental Health Services to conduct annual inspections of all 24-hour staffed community residences.

ENDS