

A young woman with long brown hair is smiling warmly while sitting on a brown leather couch. She is wearing a white button-down shirt and blue jeans. She is holding a white ceramic mug with both hands. The background is a soft-focus indoor setting.

Rethink
Mental
Illness.

A place to call home

Housing and support for
people with mental illness

About Rethink Mental Illness

Rethink Mental Illness is a charity that believes a better life is possible for people affected by mental illness.

For more than 40 years we have brought people together to support each other.

We run services and support groups that change people's lives and we challenge attitudes about mental illness.

We provide over 50 supported housing and floating support services across England.

Summary

1 in 5 people affected by severe mental illness live in supported housing. Government plans to reform Housing Benefit puts this vital provision, and the mental health of tens of thousands, at risk.

People with mental illness face the real and frightening prospect of not being able to afford or access the housing they need in the future.

We know that at least 1 in 3 people sleeping rough have a mental health problem. Housing Benefit cuts could drive even more onto the streets.



Rethink Mental Illness believes that access to a safe, decent and appropriate home is a basic right.

We believe the Government must ensure a fair, robust and long-term housing deal for those living with mental illness.

The Government must remove the threat of any blanket 'one size fits all' cap to Housing Benefit for those living in supported housing.

What is supported housing?

Supported housing helps people who might struggle otherwise to live independently.

The range of supported housing varies hugely. Homes can be occupied from anything from a few weeks to 2 years or more, depending on the need. Accommodation may be a room, or a self-contained studio or flat.

Residents often benefit from on-site staff and communal or specialist facilities that support them and teach them skills to manage their own recovery. These additions mean the cost of living in these homes is usually more than in mainstream housing.

Housing associations are the largest providers of supported accommodation. Provision for people who have specific needs includes sheltered housing for older people, women's refuges and homeless hostels as well as specialist housing for those with learning disabilities and mental illness.

For some individuals who are very unwell, supported housing is an alternative to a long-term stay in a hospital or an institutional setting.

How does supported housing benefit people with mental illness?

Around 1 in 5 people with severe mental illness live in supported housing.

Most live in specialist housing for those with mental illness or they may live in homeless hostels, where at least a third of residents have a mental health condition.

Supported housing can provide a lifeline to many people living with mental illness, particularly at crisis point.

Having on-site staff, including mental health support workers, and fellow residents who understand their needs can make the difference to someone achieving and maintaining recovery.

Such housing can:

- provide an alternative to rough sleeping,
- reduce hospital admissions and unnecessarily long stays in restrictive environments,
- provide essential support following a mental health crisis, including a spell in hospital or in secure or residential settings.

“This place has been the difference for me between life and death – and you can't make a bigger difference than that.” Leigh

How is supported housing funded?

The current system has been in place for over a decade. Right now, supported housing is funded in 2 ways:

- Housing Benefit pays for rent and most management charges
- Local authorities, and sometimes health commissioners, fund support charges – for things like on-site support staff time and alarm services

Local authorities administer Housing Benefit, and ultimately they are responsible for deciding what costs are eligible for this. There is no finite Housing Benefit budget. Support services are commissioned locally. Local authorities can choose to use their government-allocated Supporting People funding for this.

Management costs are higher than in mainstream housing because of the additional cost and risks involved in managing a building for people with specific needs. This is recognised by a higher level of Housing Benefit for supported housing than ordinary housing.

Residents of supported housing have experienced cuts and sometimes charges for services as under-pressure councils have diverted their Supporting People funding.

Why is funding for supported housing now at risk?

The Government is concerned about rising Housing Benefit costs in supported housing. It believes that a lack of local clarity about what is 'housing management' and what is 'housing support' has contributed to this rise.

The Government commissioned a review in 2014 to explore this. In late 2015, before the review was complete, the Government announced a cap in Housing Benefit in social housing, including supported housing, at the very modest Local Housing Allowance (LHA) rate. This dramatic change was proposed without the benefit of an impact assessment.

Any crude cap, which takes no account of the extra costs in supported housing, would mean a likely shortfall between an individual's Housing Benefit and what their home costs to rent. We also know that the already-limited availability of supported housing is at risk if providers do not feel their full costs will be met in future. The Government's promise to increase the fund for Discretionary Housing Payments, is also inadequate. The emergency fund is already over-subscribed and awards are time-limited.

The Government believes that the status quo should not continue. However, any one-size-fits-all cap approach will not address the wide range of needs and services for people with mental illness.

Leigh's story

Leigh has experienced clinical depression and has been diagnosed with a personality disorder. Recently she was hospitalised after a suicide attempt and moved to supported housing when she was discharged.



“When I was in hospital, I didn’t know what was available. I had arranged care for an elderly relative so

I asked whether there was anything like sheltered housing. I thought: if I go home, I’ll kill myself.

“It makes such a difference having people around me. The area where I [used to] live is very rural and quiet, you have to travel to get anywhere and it’s quite remote. The CPN [community psychiatric nurse] wasn’t happy for me to go home. It would be three hours out of someone’s day for a home visit. I have no family in the area. I can’t live alone.

“When I first came here, even going out of the building and walking 100 metres was a real struggle. The support I’ve had here – a combined effort between Rethink Mental Illness and the community team – has made such a difference. I was unable to go shopping by myself. I was so anxious I couldn’t go into the supermarket so I didn’t eat. The staff come with me and wait outside the supermarket. They talk to me about how I feel and help me work through

my feelings. Within two to three weeks, I started eating properly.

“There’s lots of support here. I speak to the staff most days even if it’s just a case of putting my head around the door to say hello. The other people here have an understanding of how difficult life can be. There are groups here three afternoons a week and Helen goes through our care plans once a week. I also go to the support group, Changes, which meets near here.

“I have signed a 6 month tenancy. The community nurse said I would probably be here for 6 to 12 months, but there’s no deadline. It’s reassuring to me to know that support is there until such a time as I’m ready to move on.

“Life was very unpleasant. The people here have made it tolerable and given me hope that things can improve. This place has been the difference between life and death. I wouldn’t be here if I’d had to go home – and you can’t make a bigger difference than that.”

- Without supported housing, Leigh would have been hospitalised for longer or may have been re-admitted to hospital because of the risk she poses to herself.

What's at stake for people living with mental illness in supported housing?

The stories in this report highlight the positive impact of good supported housing on someone's recovery from mental ill-health.

We fear that funding changes could risk this recovery – leaving people affected by severe mental illness more vulnerable to ill-health and hospital, debt and even homelessness. This is because:

1 Housing would no longer be affordable for those living with mental illness

Most residents with mental illness are unable to work because of their illness. They are reliant on state support and have no alternative means to support themselves. The Government's proposed safety net, Discretionary Housing Payments, are more suited to people living in short-term accommodation and are already over-subscribed locally. People living with mental illness need housing stability for months, sometimes years, and worries about rent in itself can jeopardise recovery.

2 There would be fewer housing options for people with mental illness

Providers, such as housing associations, are considering whether supported housing is still financially viable. This is because they no longer view their income from rents and support funding as secure. People with mental illness will suffer if there are fewer housing options. They may have to move to unsuitable private accommodation or face life on the streets. Or they may have to move further away from established social and service networks to find suitable and affordable housing.

If people living with mental illness are unable to access the right home, at the right time then the overall effect is likely to be more people experiencing a mental health crisis and more people admitted to restrictive settings, for longer periods.

This would be distressing for those individuals, and their families and carers. It would also lead to increased pressures elsewhere in the mental health system. Costs may increase as a result of increased hospital admissions or delayed discharges resulting from a loss of preventative services. Such costs are likely to far exceed any expected savings to the Housing Benefit bill.

“There are few options right now, I have a lot of debt. If I have to live on my own again right now... I'll go back to square one with the voices” Tom

Tom's story

Tom has schizophrenia and anxiety and has been in touch with mental health services since he was 18.



"I'd been living on my own for 10 years but I was drinking, and became unwell. I lost my job and my home. In 2008, I was

hospitalised. After that I was homeless so I got into a hostel but then went to live with my parents. When I lived with my Mum, I was a heavy drinker, and by 2013, she wanted me to move out. The community mental health team referred me to the supported housing service.

"The staff here would calm me down and encourage me not to drink. They offered to refer me to an alcohol treatment service but I knew I could do it by myself. I haven't had a drink for 2 years now.

"I used to be on medication, but I didn't take it. I'm now on a depot [long acting injectable medication] and the staff go

with me to hospital every 2 weeks. They also come with me when I'm going out – to the shops or to doctor appointments.

"I can manage my own money now I've stopped the drink. I'm not working so I've been on DLA (Disability Living Allowance) and ESA (Employment and Support Allowance), but I've just had my PIP (Personal Independence Payment) application rejected. I'm looking at other housing now, but I'm blacklisted because I have debts.

"There's not a lot of properties for me. I don't want to live alone because I might drink again. If I go on to private rented accommodation, my schizophrenia will be worse. I'll go back to square one with the voices."

- Without supported housing, Tom may turn to the streets again, or be hospitalised.

"The staff here would calm me down and encourage me not to drink. I haven't had a drink for 2 years now." Tom

What Rethink Mental Illness wants to happen

Supported housing is an essential part of recovery and offers vital support for a return to health for people with a severe mental illness. Rethink Mental Illness therefore wants a fair, robust and long term funding solution for supported housing.

People living with mental illness need to know that funding for this vital service is sustainable and that the services they need will be there for them as long as they need them.

Any new funding system needs to cover the costs of both housing and support for people with severe mental illness. Where changes are proposed, people living in supported housing services need to be involved and consulted in decisions about those changes. They also need to be supported during any transitional period.



Rethink Mental Illness believes

- 1** Supported housing is a valued resource which should be put on a more sustainable footing so that it can deliver the best possible outcomes for those living with mental illness.
- 2** The Government must remove the threat of any blanket, one-size-fits-all cap to Housing Benefit for those living in supported housing. This should reflect the high needs of those affected by severe mental illness.
- 3** The mental health sector, people with lived experience and the Government should co-produce any alternative funding approach to ensure it is evidence based and funded adequately.
- 4** The design of any new system should incentivise closer working between health and housing services to ensure that people can access the right support wherever they are in their recovery journey.
- 5** No-one should be denied the housing and support they need. Any alternative system should be subject to an impact assessment to ensure adequate safeguards and an appropriate transition period.



Spotlight on: Rethink Supported Housing, Gloucester and Stroud

Rethink Mental Illness manages the Stroud and Gloucester supported housing service for people with mental illness.

The service has 21 one bedroom self-contained flats. Staff are always onsite from 9am-5pm Monday to Friday. There is some flexibility to extend those hours to 9pm on a planned basis.

Staff work alongside tenants to support them with their daily living skills, budgeting, confidence building and helping them maintain a daily routine. This support helps them towards their goal of moving on from the service to live independently.

Heather, the service manager, says: "I'm worried that any government funding changes could force people onto the streets. Lots of our tenants have fluctuating mental health conditions and our staff are there every day. This means we can support them when they're approaching crisis point.

"A quarter of our tenants need help with budgeting but all of the residents here have difficulties managing their money. Their anxiety about being in debt is huge. It's a comfort to them that we can say 'you have to learn to manage your bills, but you're eligible for Housing Benefit so you don't need to put money aside for rent. If there wasn't supported

housing, I don't know if our tenants would get any support at all.

"Some have had substance misuse problems and they are not allowed to take drugs here. This is a safe place to disconnect themselves from their old lifestyle. We support people to take part in community projects. If we weren't here, it would be harder for people to stay off drugs.

"We think of our accommodation and service as a temporary 'stepping stone' towards the goal of independent living. The time frame that we work towards is around 6 months. But that's only a guideline.

"Part of our role is to help residents find suitable accommodation to move onto. We help where we can to smooth this transition – but only when that person is ready to do so.

"Without this consistent support, people with mental illness are less likely to gain the skills and confidence to maintain a tenancy. Housing is crucial, so if they lose their tenancy, their recovery may be halted. I'm genuinely worried people will lose their tenancies and become homeless, and have to start the process all over again."





Leading the way to a better quality of life for everyone affected by severe mental illness

If you would like to know more about Rethink Mental Illness, or the issues in this publication we would like to hear from you.

Email: campaigns@rethink.org

Telephone: 020 7840 3103

 facebook.com/rethinkcharity

 twitter.com/rethink_
[#placetocallhome](https://twitter.com/rethink_)

 www.rethink.org

Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 89 Albert Embankment, London, SE1 7TP. Rethink Mental Illness is the operating name of the National Schizophrenia Fellowship, a company limited by guarantee. © Rethink Mental Illness 2016



Rethink Mental Illness is a partner in

