

# Housing Learning & Improvement Network

## Extra Care Housing Options for Older People with Functional Mental Health Problems

This fact sheet provides an overview of developing and managing Extra Care Housing for people with mental health problems.

It focuses on older people who have a long-standing Functional Mental Health problem such as depression, schizophrenia and anxiety as they get older.

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The Health and Social Care Change Agent Team (CAT) was created by the Department of Health to improve hospital and social care associated arrangements. The Housing Learning & Improvement Network, a section of the CAT, is devoted to housing based models of care and support for adults.

## Other Housing LIN publications available in this format:

- Factsheet no.1:      **Extra Care Housing - What is it?** (28.07.2003 updated August 2004)
- Factsheet no.2:      **Commissioning and Funding Extra Care Housing** (28.07.2003 updated August 2004)
- Factsheet no.3:      **New Provisions for Older People with Learning Disabilities** (23.12.2003 updated August 2004)
- Factsheet no.4:      **Models of Extra Care Housing and Retirement Communities** (04.01.2004 updated August 2004)
- Factsheet no.5:      **Assistive Technology in Extra Care Housing** (20.02.2004 updated August 2004)
- Factsheet no.6:      **Design Principles for Extra Care** (26.07.2004)
- Factsheet no.7:      **Private Sector Provision of Extra Care Housing** (21.07.2004)
- Factsheet no.8:      **User Involvement in Extra Care Housing** (24.08.2004)
- Factsheet no.9:      **Workforce Issues in Extra Care Housing** (04.01.2005)
- Factsheet no.10:     **Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care** (04.01.2005)
- Factsheet no.11:     **An Introduction to Extra Care Housing and Intermediate Care** (04.01.2005)
- Factsheet no.12:     **An Introduction to Extra Care Housing in Rural Areas**(04.01.2005)
- Factsheet no.13:     **Eco Housing: Taking Extra Care with environmentally friendly design** (04.01.2005)
- Factsheet no 14:     **Supporting People with Dementia in Extra Care Housing: an introduction to the the issues** (04.01.2005)
- Case Study Report:    **Achieving Success in the Development of Extra Care Schemes for Older People** (July 2004)

# Extra Care Housing Options for Older people with Functional Mental Health Problems

Contents	Page
1. Introduction	1
2. The national policy context	3
3. The mental health problems of older people	6
4. Meeting the housing with care needs of older people with mental health problems	10
5. Staff training and development	19
6. Useful resources and contacts	

- Over 40% of people in care homes have depression.  
(Source: Audit Commission, Forget me not)
- Delaying intervention will often precipitate a need for residential care which is always costly and often preventable.  
(Source: Alzheimer's Society)  
Adapted from Facts for Champions. Older People's Mental Health  
(National Institute for Mental Health in England, April 2005)

## 1. INTRODUCTION

### i) Who is the factsheet for?

This fact sheet is aimed primarily at commissioners and service planners across housing, health and social care. In particular, those people developing and/or managing Extra Care Housing in:

- Social Services.
- PCTs.
- NHS Trusts.
- Strategic Health Authorities.
- Extra care housing providers.

It will also be useful for agencies that provide other housing services and support for older people with functional mental health problems, older people generally and their carers.

It will focus on older people:

- Who have a long-standing functional mental health problem such as depression or schizophrenia. This may have affected them for most of their adult life.
- Those who develop a functional mental health problem such as depression or anxiety as they get older.

In addition, mental health will be discussed in its broadest sense – not just those with a diagnosed or undiagnosed mental health problem. Whether managing or developing Extra Care Housing, a holistic approach needs to be taken which includes the emotional well being of all older people. Further information on what is Extra Care Housing is available on the Housing Learning & Improvement Network (LIN) website (contact details at the end of this factsheet).

The factsheet does not address the needs of people with dementia. This is covered in a separate factsheet and other learning tools and on-line resources on the Housing LIN website. Nor does this factsheet set out the legislative framework on mental health or mental incapacity.

## **ii) Reason for the factsheet**

The reason for a separate factsheet on functional mental health is to raise awareness of this client group and to address how Extra Care Housing can play a supportive and empowering role. It is acknowledged that there are overlapping issues with dementia but there are important differences. The life path and experiences are likely to be different for someone with a functional mental health problem. For many their life experiences have been affected by their mental health problems and they are likely to have received services for much of their life. Their mental health problems could have started in their teenage years or early twenties – which could be up to 60 or 70 years ago and therefore are likely to have experienced many years in institutions before community care. Older peoples' mental health needs are often not regarded as a priority for commissioners and assessors, the focus being on physical problems.

## **iii) Facts and figures**

In terms of looking at the scale of the need for this group of people, it is difficult to find exact figures, not least because it is generally recognised that there is significant under diagnosis. For those with a diagnosed mental health problem the figures include:

- At any one time 10 -15% of the population over 65 will have depression. Source: 'National service framework for older people report of progress and future challenges' 2003 DH

- More than a million older people suffer from depression, and more have undiagnosed depression. Older people are at greater risk of depression when isolated or suffering from chronic physical illness. Source: “Excluded Older People”, Social Exclusion Unit/ODPM 2005
- Estimates of the most severely affected range from 11 to 60 per 100,000 population. The majority suffer from chronic schizophrenia or relapsing mood disorder. Other mental health problems are at least as common among older people as they are among younger people. Source: “The Inquiry into Mental Health and Well-Being in Later Life”: a three-year, UK-wide project jointly led by Age Concern and the Mental Health Foundation.

In looking at mental health, it is important to realise that there are probably very large numbers of older people with untreated anxiety and depression. This makes it all the more important to look at the emotional health generally of all older people, including those seeking to moving into Extra Care Housing and existing tenants/leaseholders as part of an on-going assessment and care planning process. Ensuring that emotional well being is a priority will also play a preventative role. It is also important to bear in mind that the diagnosis is not the only indicator of the effect on someone’s lives. Severe anxiety can be as disabling on a person’s life as the more ‘serious’ mental health problems.

## 2. THE NATIONAL POLICY CONTEXT

There are a number of key policy documents/frameworks and performance indicators relevant to supporting the health and well-being of older people, including those with a functional mental health need.

### i) Performance Indicators

Some of the Performance Indicators on older people for social care commissioners are listed in the following table showing service improvement requirements.

<b>PAF no.</b>	<b>Performance Indicator and improvement sought</b>
PAF D42	<i>No. of Carer Assessment – meeting carers’ needs in care planning</i>
PAF D40	<i>% of clients receiving a review of needs – annual review to measure improvements</i>
PAF D39	<i>% of stated needs – user involvement in planning process</i>
PAF C28	<i>Households receiving intensive homecare per 1,000 of population – 10hrs+ per week, reviewed annually to assess improvements</i>
PAF C26	<i>Admissions of supported residents aged over 65 to care homes per 10,000 of population – measuring admissions and seeking to manage market to decrease admissions to care homes</i>

PAF B13	<i>Unit costs of home care</i> – Measure cost trends over time of in-house/ independent providers
PSA 8	<i>No. of new direct payments and Independent Living Fund claims</i> – measure year on year growth
PAF C32	<i>Adults helped to live at home</i> – Determine the “spread” of preventive services, including Extra Care Housing

*Source: Adapted from: Integrating Older People’s Mental Health Services: Community Mental Health Teams for Older People, Department of Health, 2004*

A selection of the national policies and frameworks are summarised below:

### **ii) Green Paper on Adult Social Care: Independence, Well-being and Choice**

This document has been launched as a consultation paper. It is expected that it will form the basis, following on from comments and consultation, of a White Paper. It will impact on older people and those with mental health problems. Its themes include independence and choice. It addresses the challenges for social care of a changing and ageing population, higher expectations and the desire to retain control over our own lives for as long as possible and over as much as possible. This includes making better use of technology to support people and providing a wide range of supported housing options. Other areas that will impact on Extra Care Housing includes improving assessment, direct payments and individual budgets and the role of the wider community – encouraging a more flexible approach to putting together care packages using the wider resources of the community. There is a greater focus on preventive services through the wider well being agenda.

### **iii) National Service Framework for Older People**

This document and accompanying action plan aims to promote good mental health in older people. Standard 7 of the NSF for Older People requires that “Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers”. This includes early recognition and management of mental health problems and access to specialist care and support for carers. Within Standard 7 there is also reference to housing and related support services for people with mental health problems.

Other NSF standards that are particularly relevant for this client group are:

Standard one – Rooting out age discrimination.

Standard two – Person-centred care.

Standard eight – The promotion of health and active life in older age.

[www.publications.doh.gov.uk/nsf/olderpeople](http://www.publications.doh.gov.uk/nsf/olderpeople)

#### **iv) Care Management for Older People with Serious Mental Health problems**

There is Department of Health Guidance on Care Management for older people with mental health problems looking at where the Care Programme Approach (CPA) or the Single Assessment Process (SAP) should be applied. This should enable all mental health service users to:

- receive care which optimises engagement, anticipates or prevents a crisis or reduces risk, and
- have a copy of a written care plan which includes action to be taken in a crisis, advises their GP how they should respond if someone needs additional help, and the ability to access services 24 hour a day, every day.

Further information is at:

[www.doh.gov.uk/scg/sap](http://www.doh.gov.uk/scg/sap)

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/SingleAssessmentProcess/fs/en>

#### **v) National Service Framework for Mental Health**

This covers working age adults up to 65. Much of it will still be relevant, as older people may remain under the Care Programme Approach and working age adult services. It includes mental health promotion and effective services for people with severe mental health problems and support for carers.

In particular, standard six of the National Service Framework for Mental Health states that all individuals who provide regular and substantial care for a person on CPA should:

- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis.
- Have their own written care plan that is given to them and implemented in discussion with them.

These identify the support and rights to assessments for carers. Further information is at: [www.publications.doh.gov.uk/nsf/mentalhealth.htm](http://www.publications.doh.gov.uk/nsf/mentalhealth.htm)

#### **vi) Supporting People**

The Supporting People programme at the Office of Deputy of Prime Minister (ODPM) helps fund services for vulnerable people to live more independently and maintain their tenancies. It provides housing related support. The client groups include older people, people with mental health problems, those who are homeless, and people with alcohol or drug problems. The support can include enabling individuals to access their correct benefit entitlement and help to gain daily living skills. Further information is at: [www.spkweb.org.uk](http://www.spkweb.org.uk)

## **vii) Social Exclusion Unit**

### **Mental Health and Social Exclusion 2004.**

This study investigated what can be done to improve the lives and experiences of adults with mental health problems. The Social Exclusion Unit's final report on Mental Health and Social Exclusion sets out the Government's programme of action.

### **Excluded Older People, Interim Report March 2005.**

The Social Exclusion Unit, in partnership with the ODPM and the National Institute for Mental Health in England (NIMHE), is undertaking a project on older people. It looks at tackling isolation and social exclusion among older people. There is an accompanying general factsheet on mental health and housing. Available at [www.socialexclusion.gov.uk](http://www.socialexclusion.gov.uk)

## **viii) Carers**

### **Standard Six National Service Framework for Mental Health 1999.**

All individuals who provide regular and substantial care for a person on CPA should:

- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis.
- Have their own written care plan that is given to them and implemented in discussion with them.

These identify the support and rights to assessments for carers:

- **Carers (Recognition and Services) Act 1995**
- **Caring about Carers a national strategy for carers 1999**
- **Carers and Disabled Children Act 2000**

## **3. THE MENTAL HEALTH PROBLEMS OF OLDER PEOPLE**

Outlined below are a range of personal characteristics that will need to be addressed when looking at how Extra Care Housing can support older people with mental health problems. They are not a homogeneous group - they include people with serious psychotic or personality disorders to those with symptoms such as anxiety or depression. They may also have multiple complex needs due on account of other disabilities.

These issues are not exclusive to Extra Care Housing but will impact on the way schemes are managed and/or developed, as well as how prospective or existing residents with a mental health problem manage their everyday lives.



It also needs to be recognised that supporting an older person in Extra Care Housing cannot happen in isolation and will, at times, require the involvement of appropriate community mental health, social/primary care or support agencies.

### **i) Older people with long standing mental health problems**

A number of older people with long standing mental health problems may have spent most of their adult life in some form of 'institution'. When younger they may have spent long periods in long-stay hospitals. As part of community care they may have moved out to accommodation that is more independent. Alternatively, others they may have found it too difficult after years in institutions and may have lived in residential accommodation or supported housing for people with mental health problems. In many cases Extra Care Housing is more independent than where they lived previously. As a result, support may therefore be needed to help maintain their tenancies.

The role of the scheme manager and on-site care and support staff will be crucial to enable people to adjust and build on their daily living skills. This should form part of either an assessed Care Plan or Support Plan prior to taking up a tenancy or lease, or during regular review periods.

### **ii) Social networks**

When looking at the needs of older people it is important to look wider than the physical needs. For older people with long standing mental health problems they may have limited social networks. This could be for a number of reasons including:

- They may have had difficulties maintaining relationships with their family and friends.
- Due to discrimination and social exclusion, they may have found it difficult to make friends and social networks.
- Much of their social networks may have been through the 'services' such as day centres and day hospitals.

For older people generally the importance of social networks in maintaining quality of life needs to be taken account of. Extra Care Housing provides an appropriate environment to rebuild and develop new social networks that support social, physical, emotional and mental well-being both within the scheme and in the wider community.

### **iii) Responding to complex needs**

Older people with mental health problems, whether long standing or more recent, often come with other support needs. Recent research by the UK Coalition on Older Homelessness and Homeless Link, "Coming of age: opportunities for older homeless people under Supporting People", highlighted that some older people

may have experienced homelessness. This may have been directly linked to a mental health problem or one of a range of factors contributing to their mental health issues.

Consideration therefore needs to be given to the past experiences of people using the Extra Care scheme to ensure a successful outcome, i.e. for those who have experienced a transient lifestyle. The older person may need support if their lifestyle has been quite chaotic in order to adjust to living in the Extra Care community.

The experience of homeless agencies indicates that if someone has been homeless much of their lives, they may need extra help to maintain their tenancies and support to manage independently. It may be that it is a younger group who require accommodation with 24 hour on-site care and support who may benefit from Extra Care Housing – those whose physical health has deteriorated due to the effects of being homeless and perhaps substance misuse problems along with their mental health problems.

#### **iv) Emotional well-being**

There needs to be a focus on the emotional and mental health needs of all older people when assessing and planning a move to extra care. It is likely that there are large numbers of undiagnosed mental health problems amongst older people.

There is a tendency to focus on the physical needs of older people. The general emotional well-being is not always a priority. There are links between poor physical health and the impact that can have on someone's emotional and mental health and their ability to cope with daily living whatever their housing status. The older person may feel a sense of bereavement and loss – a loss of what they were able to do. They may feel anxious and depressed at the physical health problems they are facing. Depression may also be triggered by a bereavement or social isolation. Depression can also impact on a person's physical health.

Furthermore, their current housing situation may cause anxiety and depression, often compounded by additional physical health problems they are facing. For example, living on their own, a feeling of a lack of care and support, in inappropriate size or type of accommodation, its' location, design and/or accessibility (more information on design is covered in Factsheet No 6 in this series, Design Principles of Extra Care).

In short, Extra Care Housing looks at maintaining an older person's independence and physical health to its optimum level and providing a suitable environment to cater for complex multiple needs, including mental illness. Mental health and emotional well-being should also be maintained and supported.

## **v) BME issues**

It is acknowledged that older people from black and minority ethnic (BME) communities do not use mental health services to the extent that they should given the prevalence of dementia and other mental health problems in these ageing populations.

The Office of National Statistics reports, entitled 'Population ageing' shows that there will be a growing number of older people from BME communities over the next 20 years. It is recognised that many do/will have mental health problems. Extra Care Housing should ensure that it becomes one of the housing with care choices for people from the BME communities. (See the Housing LIN case study report on Sonali Gardens in Tower Hamlets for further information).

## **vi) Age discrimination**

There are a number of ways that older people with mental health problems can be affected by age discrimination. Some can also impact generally on an older person's mental well being.

They include:

- Sometimes depression goes unrecognised or seen as part of ageing resulting in less access to a range of services. It may be that they are seen as less of a priority than younger people are.
- Older people may have less access to the range of preventive and rehabilitative mental health interventions. For example, floating/outreach support or therapy services.
- Services have an upper age limit or the premises are not accessible for older people with physical disabilities.

However, Extra Care Housing provides an "inclusive" range of care and support, social activities and recreational opportunities for the people living there whatever their physical, mental and social status. This can enable tenants/leaseholders to better access resources and additional support within the wider community.

If an older person moves into extra care, they should still be able to access appropriate services. All too often though services have age thresholds. Someone may have attended a gardening group, for example, for people with mental health problems. When they turn 65, they find they can no longer attend. Extra Care can provide a range of support and activities and recreational opportunities for the people living there however access to other resources within the wider community needs to continue and be supported by a variety of methods.

## **vii) Social exclusion**

As highlighted above in “Excluded Older People”, many older people with mental health problems will have faced years of feeling socially excluded. Indeed mental health can be seen as both a consequence and cause of social exclusion.

Older people may very well still be affected by how they were treated when they were younger and the stigma that was often attached to mental health problems. It may also be that those views are still held by some of the other tenants in the Extra Housing Care scheme. There may still be fear and lack of knowledge about mental health problems.

For some older people they may have spent most of their adult lives in some form of specialist or supported accommodation – long stay hospital, residential and perhaps more independent but still specialist accommodation. Some may have integrated more with the wider community but for many their experiences may have mainly been of day hospitals, day centres or day time activities aimed at those with mental health problems. The level of integration into wider society will vary as will their experience of exclusion. For example, their experience of or ability to:

- access health, social care or housing services
- manage finances and/or medication
- self-care and/or sustain tenancies
- take part in scheme or community based activities

This means that staff need to be aware that it can take someone longer to adjust to Extra Care Housing and the range of care and support on hand.

## **viii) Supporting Carers**

Many older people living in extra care housing may have partners or relatives that take on a caring role. Often with mental health problems the role is less obvious than physical caring but still as important. Partners need to be supported and their needs assessed. They may need support and encouragement to ask for help.

## **4. MEETING THE HOUSING WITH CARE NEEDS OF OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS**

### **i) A strategic fit**

This section highlights challenges and issues. They are not exclusive to extra care. This section will look at the immediate strategic issues for extra care

housing but also the wider issues that commissioners and planners need to take into account.

The strategic planning includes:

- Where this client group fits with the overall Local Delivery Plans and Communities Plan for an area as well Local Implementation Plans for mental health based on local needs assessments for meeting NSF and NHS Plan objectives
- Partnerships and planning between PCTs, NHS and Mental Health Trusts, Social Care, Supporting People, Housing, Extra Care providers and the voluntary sector.
- The overarching partnerships that need to be in place to support this client group in extra care housing.

## **ii) Identifying needs and mapping supply**

Before planning the services it is necessary to identify the local needs, both present and likely future needs and map the existing services. This would include:

- The identification of numbers of older people with functional mental health problems. A starting point would be those with a diagnosed mental health problem and who receive a service. (Estimates of those who are undiagnosed and unrecognised would be based on national estimates. Not all of this client group would need Extra Care Housing but it would give some idea of the percentage of older people who may need such accommodation or who may require an alternative form of housing, care and support).
- Identification of what the housing needs are of this group. This can be based on national research and local consultation including older people themselves, carers, specialist services and advocacy groups to identify the range of housing with care and support options in the area. For example, supporting older homeowners, access to social or private sector housing (including supported housing), the provision of emergency access, community outreach or Intermediate Care services, access to aids and adaptation/home improvement agency services and so on.
- Small-scale mapping of those already in Extra Care Housing. This may highlight gaps in the knowledge about the level of mental health needs in the scheme.
- A mapping of what services exist and what protocols/partnerships, with other agencies, are in place to support older people with mental health problems in extra care at the present time would be needed to sit alongside the needs identification.
- The needs and supply mapping will need to be undertaken in partnership across agencies, particularly where someone has additional support needs (previously homeless, drug or alcohol problems).

- The needs and supply mapping will need to take account of BME issues.
- These processes should be undertaken in partnership with all relevant agencies in health, social care and the voluntary sector as they will feed into wider planning such as the LDPs and the LSPs.

The process of mapping the level of need and what is offered will help to raise the awareness of this group. Often when mental health problems are mentioned in older people the assumption is that it is dementia that is being discussed. Dementia is an issue that needs to be addressed but functional mental health problems need to be highlighted and taken account of separately. As part of the process, work will need to be undertaken to ensure it is clear the client group that is being identified.

This information should inform and support planning of services.

#### **Example: Guildford Borough Council – Mapping Services**

Guildford Borough Council carried out a mapping exercise of mental health issues in tenants occupying sheltered which included two extra care sheltered housing schemes.

Primary data was gathered from existing models of practice, both internally to the organisation and externally, e.g. Suffolk County Council. Secondary sample data was obtained by undertaking a mapping audit within all sheltered housing schemes.

Sample data elicited the following information sets:

- Age
- Gender
- Type of illness suffering from- Depression, Anxiety or Schizophrenia.
- Community Psychiatric Nurse support
- Medication support
- Carer support
- Specialised Day Care

From this issues were identified that needed to be addressed as part of the planning process, this included the need for robust partnerships, consultation with service users and carers and skill mix of staff.

**Contact:** Nigel Andrews, [AndrewsN@guildford.gov.uk](mailto:AndrewsN@guildford.gov.uk)

#### **iii) Issues to consider when planning services and identifying strategies/ partnerships and protocols**

There is a need for a multi-agency approach to raise awareness and begin to address the housing with care needs of older people with mental health problems. Extra Care Housing is part of the spectrum of housing, care and

support, any strategy should therefore not focus solely it. Some issues for consideration include:

- Joint planning and commissioning of services can result in more effective use of resources, particularly in supporting people with complex needs. For example, there could be specialist support workers for older people with mental health problems and a history of homelessness. It may be that the role can be a floating one that is shared across services where appropriate.
- Is there a good reason why someone can no longer attend a service for people with mental health problems when they turn 65? How accessible are services such as leisure activities and colleges (non-specialist community based) for both people with mental health problems and older people who may have mobility issues? There is a need to look wider than just specialist services.
- Transition from working age to older people's services based on what is the most appropriate for the individual and based on Department of Health guidance on CPA/SAP. It is important to have clear protocols about transition from working age to older people's services based on the individuals' needs and circumstances rather than an arbitrary cut off point. There needs to be an agreement whereby people over 65 who have a functional mental illness remain with the adult CMHT's (until such time as their physical needs outweigh their mental illness.)
- Protocols across and within agencies, for example mental health/substance misuse/homeless to older people/s services. Support services need to be accessible. The links should also include the crisis services such as crisis teams and the wards.
- Work with local BME voluntary organisations to help identify need and plan services. This needs to be taken into account in all settings, even where there are low numbers of BME older people. It should also focus on all BME communities not just the largest groups.
- Training needs. Look at what training can be drawn on, shared, and specifically geared to the workers in Extra Care Housing. For example, can specialist teams offer mental health training that would also help build links and understanding of staff roles? (Staffing issues are further explored below).

#### **iv) Operational Issues: Supporting People**

Supporting People funded services can play a key role in helping older people maintain their tenancies, irrespective of accommodation type. Supporting People can be developed flexibly across definitions of clients needs. So where there are complex issues – for example mental health, physical health, substance misuse and/or previously homeless – it can be used flexibly to support that person maintain their tenancy and be used to address their needs.

Within Extra Care Housing it is expected that the support would include:

- Help and advice with benefits and budgeting.
- Accessing services outside such as daytime activities and social networks. Keeping mentally well is key to maintaining a tenancy and avoiding admissions to hospital.
- Encouraging to take medication and access other treatments/interventions such as accepting support from CPNs.

However, such services could also be offered in the wider community from teams located within an Extra Care Scheme or similar “hub”. For example:

- Help dealing with arrears to prevent threat of homelessness
  - Help with applying for transfer to more suitable accommodation
  - Explain how to manage housing tasks in the home e.g. report repairs
  - Provide advice on aids and adaptations
  - Encourage contact with other relevant support and counselling services
  - Life skills training
  - Draw up and review individual support plans
  - Deal with tenant/neighbour disputes
- (Mental Health & Home Ownership. Advance HA and Housing Corporation, 1998)*

#### **v) Reconfiguring/remodelling of existing sheltered housing**

Given that resources will always be limited there will be a need to look at existing sheltered housing and related services. This includes reviewing what is in place and whether it is still appropriate and meeting the needs of the community.

This needs to link with current Supporting People strategies and reviews of older people’s housing services. It also needs to link with closer joint working on inspections, review and consultation mechanisms and sharing of expertise.

In some instances, there will be good reason to decommission existing sheltered housing and either consider a change of use or redevelop the site for Extra Care Housing. (For further guidance, see Factsheet No 10 in this series on Remodelling Sheltered Housing and the work of EROSH – Emerging Role of Sheltered Housing – see useful websites).

#### **vi) Access to mental health support, treatment and services within a scheme**

Where necessary, older people in Extra Care Housing should have access to psychosocial interventions as well as medication. This could include psychology services, counselling and interventions around anxiety such as cognitive therapy. Input from specialist services can include working with Extra Care staff to develop their skills to support tenants with these interventions.



It is widely recognised that such input can reduce or prevent admission into residential care and help maintain existing tenancies (and rental income for landlords). A lack of the right support can result in Extra Care housing managers being reluctant to accept someone with a mental health problem. It can also result in someone being unable to cope and having unnecessary emergency admissions potentially for physical and mental health needs. It is therefore vital that policies and links need to be in place at a strategic level for the specialist mental health services – this would include CMHTs (both adult and older people), psychiatric wards, crisis teams and any other appropriate teams and services. Importance of partnership working including housing, voluntary sector, service users and carers, primary care including GPs, health (mental health services) and social care is vital.

**Example: Suffolk County Council**

**Proposed Role of Old Age Psychiatry Services in Extra Care Housing, Suffolk County Council**

Prompt “fast track” support from the specialist multi-disciplinary team that would include assessment, care planning and the provision of regular specialist input to support particular treatments or therapeutic programmes to individual tenants.

Prompt assessment by a qualified specialist health professional in order to identify key problems and to propose ways with tenants to resolve them.

Access to tenant’s specialist health professional (e.g. CPN, therapist or consultant) who will give appropriate support to and work with tenants on specific programmes of care. Frequency and approach having been assessed via assessment and care planning.

Local Health Team to provide regular supervision and support to the Extra Care Housing Team’s learning programme

The Health Team would respond within 24 hours to a request for assistance and there would be a nominated named link who would provide regular support input on an on-going basis.

**Contact:** Judith Hawkshaw, [Judith.Hawkshaw@socserv.suffolkcc.gov.uk](mailto:Judith.Hawkshaw@socserv.suffolkcc.gov.uk)

Copies of Suffolk’s Very Sheltered Housing Design and Management Guide are available at [www.suffolkcc.gov.uk](http://www.suffolkcc.gov.uk)

**vii) Accessing services that are not traditionally mental health**

This would include, for example, leisure services and adult education. Building links with these resources and making them more accessible could be addressed through the Local Strategic Partnerships. This would benefit all older people and enhance their quality of life and emotional well being. There would be a need to look at how those with mental health problems could be supported to use

mainstream services. For older people generally there would be a need to look at mobility issues and access. It would involve looking beyond traditional services and into the wider community to link in with older people in Extra Care.

### **viii) Partnership working**

It is important for commissioners to work with local Extra Care Housing providers to plan services and develop partnerships and protocols. This can feed into the strategies of commissioners and the operational policies of Extra Care units. This should include identifying what issues there are with existing Extra Care and with new schemes at the planning and consultation stage.

Further, useful information on partnership working is contained in two Housing LIN reports; “Extra Care Housing and Older People: a guide for commissioners” and “Developing and Implementing Local Extra Care Housing Strategies” are both available on the Housing LIN website.

### **ix) Single Assessments Process and access to Extra Care Housing**

There is a need to ensure that assessments and protocols address mental health problems in older people and, at a wider level, emotional health and well being and quality of life in all older people in Extra Care Housing (and generally). The Single Assessment Process should:

- Take into account the emotional needs of older people. This should be both prior (for example when in hospital) and when moving into Extra Care Housing.
- Promote independence and flexible support to meet daily living and life enhancing activities. Awareness of the impact this can have on mental health.
- Provide extra support where needed to help relearn or learn daily living skills. This is particularly an issue if someone has complex needs or spent many years in less independent accommodation. This may include learning or relearning skills such as cooking and budgeting.
- Address the emotional impact of physical health problems – the sense of loss and depression that may be felt as someone is able to do less and requires more support from others. It is also a two way process – mental health problems can impact on someone’s physical health – if depressed the person may take less care of themselves.
- Identify what additional support is needed from specialist services.

### **x) The design of Extra Care Housing**

The design of Extra Care Housing needs to meet a variety of specific needs, including those with a mental health problem. Suffolk County Council’s Housing

Management and Design Guide provides a number of helpful pointers. These include:

*Cost* the consensus is that small is the key, the maximum size of any specialist service within a scheme should be 14 tenants. The desirable size is between 8 and 12.

*Regulations* this applies to fire, environmental and building Regulations/standards. For example, Part M of the Building Regulations or the Housing Corporation's Scheme Development Standards

*Diversity* consideration needs to be given to BME and other users

People with functional mental health will also vary in their physical abilities and will make different demands on the internal and external environment.

#### **Design tips**

- self-contained accommodation (minimum 50m<sup>2</sup>)
- accessible, familiar and "normal" domestic style i.e. use of colour contrast, furnishing and fittings to avoid an "institutional" look or feel
- enhance person-centred care and support
- "design in" health and safety issues
- meeting rooms/health suites for individual/community based activities
- safe outside/garden space
- good signage and orientation
- clear use of public and private space for "progressive privacy"

*Source: Adapted from the Suffolk County Council Design and Management Guide*

The location of the scheme will also be relevant for all older people as well as those with mental health problems. For example, familiarity with the local community, proximity to transport, access to other amenities, leisure activities and social networks.

In relation to designing for a balanced community, an "inclusive" approach would ensure that the scheme can accommodate and ensure integration of the different levels of dependency/needs in units where there may be very frail older people and older people with severe mental health problems, rather than a dedicated scheme.

There are examples of where separate floors/wings within a scheme have been dedicated for specific use e.g. allocated to people with dementia (for details see Factsheet No.14 on Dementia). Adopting a similar approach for older people with serious mental health problems would need to be undertaken very sensitively to

ensure it did not create social exclusion and increase stigma. It would also need to take into account that mental health problems can fluctuate and schemes need to be adaptable. However, it is also recognised that there may be a need for Extra Care Housing that specialise in supporting those older people with more complex needs such as where there have been severe substance misuse problems or they were formally homeless.

### **xi) Future proofing with Telecare**

Telecare, or assistive technology, refers to a range of solutions that support older people to live more independently. Much of the work on telecare has looked at how it can support older people, in particular, someone with physical problems or with dementia.

In terms of those with functional mental health problems, there is less progress. This section addresses where telecare can support someone with mental health issues and also any physical support they may need.

Some examples of where telecare can support people with a mental illness include:

- The use of reminders/voice prompts and/or dispensers to support medication management for those that need support to keep their mental health stable and prevent a relapse. However it may be that the person does remember but does not accept either the need to take the medication or that they have a mental health problem. Telecare in isolation would not help. This would need to be sensitively handled and involve someone's support plan and in conjunction with their GP, Psychiatrist, CPN or Social Worker. There are issues about the agreement of the person.
- A programmed isolation switch to turn off the cooker if it is left on and/or a heat detector to generate an alert if it is overheating.
- Sensors set to turn off taps when there is a risk of overflowing water from sinks/baths.
- Infra-red sensors programmed with lighting controls to automatically come on/off in the bedroom and in the bathroom when someone gets up at night in order to prevent falls or avoid disorientation.
- Infra-red movement sensors and/or pressure mats that detect movement in any space can alert staff to individuals being up for long periods at night or if someone has been inactive for an unusually long period. These may be signs of a person being unwell or becoming more depressed. This could help with timely intervention and support to maintain the tenancy and avoid hospital admission. Similarly if someone was bipolar and had a tendency when becoming unwell to get up at night and sleep less.

- With both depression and schizophrenia there could be times when the person is unwell and not aware of the risks to their safety. They may be having difficulty concentrating due to depression or they may be distracted by auditory hallucinations. This could result in situations such as forgetting to turn off the cooker, leaving water running or leaving lighted cigarettes lying around. Sensors could monitor these risks and alert a response centre. Some telecare can issue voice prompts which are found to be helpful with people with dementia. This would need to be used carefully with someone with schizophrenia who may have auditory hallucinations or paranoid feelings.

It is important to note that if someone has spent much of their life in institutions then their daily living skills may be poor. Telecare is not a substitute for support to help them gain the skills and confidence. But it could be an aid to prompting them.

With all these there are ethical issues and the need to gain consent and agreement. It would also need to be assessed on an individual basis, work alongside, and not replace, the support of specialist mental health staff and services and support workers.

## **5. STAFF TRAINING AND DEVELOPMENT**

### **i) Training & development**

Staff in Extra Care Housing do not always feel equipped to support and understand older people with mental health problems. Often they have not worked in the field and have little knowledge. Recruitment, retention and training of staff to reflect service need, thus providing an adequate level of 'skill mix' within the staff team is vital. Even where it is felt that the staff skill mix should include people with specialist knowledge and skills around mental health, there is still a need for all staff working in Extra Care Housing to have some training.

Extra Care Housing staff can play a key role in early intervention to prevent hospital admission, tenancy breakdown and serious episodes. Staff play a vital role in the support as they are the daily contact, often observing changes in behaviour after only one or two days of change. They are in a position to build up trusted relationships.

The list below highlights some of the challenges, identified by staff themselves, facing extra care. Not all these or any of these issues are found in all Extra Care settings.

- There can be a fear that someone with a mental health problem will pose a risk to others or be very disruptive. Often the staff feel ill equipped to cope or understand how best to support this person and ensure the safety of all tenants. This may be linked to feeling that they would not be supported by specialist agencies. They may also lack appropriate training and knowledge around mental health.
- Often mental health problems can be invisible. The opposite to the concern above. Someone who is depressed, for example, may spend long periods in their flat and not call upon the services of the unit. It may not be recognised that the person is depressed as staff are busy responding to those with physical health problems or dementia that is more obvious.
- Staff may not be aware of the signs, symptoms and ways to respond and support someone with a mental health problem. As the main contact with many of the older people in the unit, it further exacerbates the unrecognised and untreated mental health problems.
- Lack of knowledge and skills in the area of mental health in the Extra Care Housing staff.
- Concerns that staff in Extra Care Housing settings will not be able to cope, particularly when there are complex issues such as substance misuse are present as well.
- Staff often feel that they do not receive adequate or timely support from specialist agencies. Extra Care Housing needs the input, when necessary, from specialist agencies to be able to support older people with mental health problems. This support includes direct input to the tenant but also support to the unit, perhaps in the form of training.
- Staff felt they were not always given full information from referrers and other agencies. There was a need for good partnership working and clear confidentiality protocols and information sharing.
- An assumption on the part of referrers that once someone is placed in Extra Care Housing that other services can withdraw and that the unit can deal with any problems arising.
- Many of the staff had training and experience in physical care and dementia but not functional mental health problems.
- Resource issues. There is not always time to spend with tenants to identify if they have mental health or emotional needs. This also affects their ability to work with other tenants to help them understand mental health and to create a more accepting environment.
- There can be issues with other residents not always being accepting of people with mental health problems. This raises issues of confidentiality when trying to work with them to help them to understand and to reduce social exclusion and stigma. The reactions of other tenants can create social exclusion and isolation for someone with mental health problems.
- Some places have exclusion policies covering mental health.
- Concern at disruption to other tenants – balance of needs. If someone is becoming unwell or has behaviour that frightens or disrupts the lives of others this can cause problems.

Training therefore needs to address these issues on two levels – supporting people with a mental health problem and looking at the emotional aspect of all older people within Extra Care Housing.

### *Supporting people with mental health problems*

This would include:

- Awareness of mental health problems.
- Basic information on the symptoms of the main mental health problems. This would include an understanding of how they can impact on the person's life and how best to work with them.
- An understanding of signs to look for when a person's mental health is deteriorating.
- Issues of discrimination and social exclusion and an understanding of what the older person may have experienced throughout their life.
- Ways to offer support.
- Information about specialist services available, effects of medication and the need to look wider to non-specialist services e.g. art classes at local college as well as day centre.
- Awareness of symptoms to be aware of to identify if someone is perhaps becoming depressed. This would aid the identification of unrecognised mental health problems.
- Awareness that mental health problems, whatever someone's age, needs to be addressed and support offered.
- So much can be done to help stimulate residents with mental health issues such as teaching coping strategies and to reduce isolation. This would be a useful area for extra care staff to be trained in.

If this training could be offered by staff in the specialist services it would help build links and understanding of the roles of workers.

### *Awareness of the need to address emotional well being for all older people*

This would include:

- Assessing someone's emotional needs as well as the physical.
- Awareness of the emotional effects that physical health problems can have. For example, the loss of mobility and ability to be as active can make someone feel down or sad. Support needs to be more than ensuring someone is helped to get into bed or wash.
- The need to look at someone's social networks and activities. Links into the wider community not just services for older people. For example, what could be done to help the person continue to go to the library, classes and other meaningful activities (see below).

There is a need for meaningful activity to enhance quality of life and mental well-being for all older people in extra care housing. This should be a factor addressed for all older people in Extra Care Housing not just those with mental health problems.

This should include:

- Looking at the social networks and where this could be built on.
- Looking at the extra impact where someone has been homeless, had substance misuse issues alongside any mental health problem. This may have led to loss of contact with friends and family.
- Look at support to develop lost social skills.
- Help build social contact and minimise feelings of isolation. This may mean accessing outside community activities and building links with the local community. It may also mean looking at what activities are provided in the Extra Care Housing itself. For example, looking at ways to use the outside area for gardening and its accessibility. It could include utilising the skills of the older people themselves. It also means looking at individual activities as well as groups. This will all help promote quality of life. It will help with social exclusion and isolation and help build or retain social skills. Support should be given to access activities outside of the Extra Care Housing and also wider than 'day centres'.
- Looking at the role of befrienders. Ensuring that they have awareness and basic training in mental health issues.

#### **Example: London Borough of Hackney**

##### **Extra Care Housing and supporting older people with functional mental health problems**

Hackney Social Services Supported Living Schemes, are a joint venture with three local housing associations. The schemes are a high level extra care service. They have identified particular floors within these schemes where they can better meet the needs of older people with functional mental health problems. Within this, they work hard to ensure that the older person is still part of the wider unit and community. The basic focus of care suits this tenant group in supporting them to have choices and building their self esteem and being seen as individuals, as often it is less personal care and more support and motivating individuals', it fits round the needs of the other tenants well. As the care and support can be flexible and respond to tenants when they are ready for the help it works to fit in with when the tenant is willing to accept help rather than when the care staff are available, as staff don't work to Home Care type rosters.



### *Case Example*

84-year-old Londoner, who has an acute anxiety state and a range of physical health problems. He lived in very poor conditions when in general needs housing and had a significant number of admissions to hospital and A&E. He needs to be able to see staff or be by other tenants nearly all the time to feel reassured and avoid the shouting/ screaming that he does when very anxious. Staff have coped really well and worked to reduce as much as possible his anxieties. His CPN has worked with them to help identify ways of managing his behavior and the appropriate responses, she has supported staff generally enabling them to see why he does what he does and to see him in relation to his person history, so they have some context of him as a person.

**Contact:** Ian Buchan [ian.buchan@hackney.gov.uk](mailto:ian.buchan@hackney.gov.uk)

### **ii) Role of the scheme manager**

They should have training and awareness of mental health and general emotional well-being and lead on the issue. They should work towards a culture in the scheme that promotes emotional well being as much as physical health and see the connections. It is also important that they have good links with the mental health services, voluntary sector and play a role in building those links.

### **iii) Carers**

There is a need to recognise the role that carers may play. Just as it may be that outside agencies assume once someone is placed in extra care that they do not need to be involved it may also be that the unit feels that the carer will be able to offer the bulk of support. If there is a carer – spouse or partner living with them or an outside relative offering substantial support – their needs should be assessed and they should be supported. The caring role can impact on their mental and physical health. Support could include looking at ways they can have breaks and linking them in with support services for carers in the community. They may not have received an assessment of their needs and staff could help them access this.

### **iv) BME issues**

The design of Extra Care needs to meet a variety of specific needs, such as those of the BME community, to be culturally sensitive etc.

Issues to consider include:

- Design to be culturally responsive, sensitivity of space use, room for prayer, garden layout, gender issues etc.
- Service delivery must ensure that staff have the necessary skills and access to appropriate professionals to ensure that they can meet the

diverse needs of the tenants, address staffing needs, of having staff with specific language, familiarity with client's culture, diet, social networks and role of family/community. Mental health problems like depression are positively tackled when the scheme is able to meet the needs of the tenant on a one to one basis to prevent further isolation of an individual's cultural identity. Many BME older people are growing old in a culture not familiar or anticipated outcome to the end of their lives.

- Having appropriate referral systems to counsellors, GP, etc that is able to deal with issues in a sensitive and appropriate manner, addressing language and cultural needs. Recognising that different languages deal with the expression and understanding of mental health in a different way to English and European language and practice and BME older people may not necessarily 'fit neatly' into assessment definitions when describing their problems etc.
- Provision of appropriate activities that will involve active participation of BME elders in a familiar communal or individual setting. Utilising creative forms of activities that provide a link to the persons own cultural and past experiences and allowing for these to be explored and expressed.
- Culturally varied diet is a must and provision of activities that enable an older person to have mentors, befrienders in scheme from similar backgrounds to enable social integration into extra care settings.
- Active involvement of local community organisations, religious heads, family in the day to day support of the individual to maximise potential and choice.
- Provision of adequate information and advice in appropriate languages enable BME elders to exercise choice and understand the service provided. Many BME elders in supported living have no idea what support can be gained other than the receipt of a flat and it is vital that information is provided in a clear and appropriate manner.
- An extra care setting must fully embrace the needs of BME older people with mental health needs in a way that the individual is made to feel that they are part of community rather than singled out as 'different' etc. Having mental health issues can create a sense of isolation that is furthered with the isolation of cultural loss in service provision.
- Awareness of the spiritual needs and the role this can play in maintaining good mental health.

## 6. USEFUL RESOURCES/CONTACTS

### Older people and mental health

Useful information on the Alzheimer Society website at [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

***Depression in older adults***, Royal College of Psychiatrists leaflet.  
[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

***Depression and Older People; towards securing well-being in later life***  
by Mary Godfrey with Tracy Denby, published by Policy Press (2004).

***Caring for people who enter old age with enduring or relapsing mental illness***  
(‘graduates’), The Faculty of General Psychiatry, the Section of Rehabilitation Psychiatry  
and the Faculty of Old Age Psychiatry.  
[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

***Facts for Champions: Older People’s Mental Health***  
National Institute of Mental Health in England, Department of Health, 2005.  
For further details, visit the NIMHE website - [www.nimhe.org.uk](http://www.nimhe.org.uk)

### Emotional well-being

***Journeys out of loneliness***,  
Help the Aged leaflet [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

### Homelessness and older people

***Sheltered housing and the resettlement of older homeless people***  
Help the Aged. [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

***Coming of age: opportunities for older homeless people under Supporting People.***  
UK Coalition on Older Homelessness and Homeless Link. [www.homeless.org.uk](http://www.homeless.org.uk)

### Service Development

***Integrating Older People’s Mental Health Services: Community Mental Health Teams  
for Older People – a resource document***  
Department of Health, 2004

***Forget me not: Mental Health Services for Older People.***  
Audit Commission, 2000

***Forget me not 2002: Developing mental health services for Older People in  
England.*** Audit Commission, 2002

### Housing and Extra Care Housing

***Mental Health and Housing, Factsheet No. 6***  
Social Exclusion Unit/ODPM, 2005

***Mental Health & Home Ownership***

Advance HA and The Housing Corporation, 1998

***Developing and Implementing Local Extra Care Housing Strategies***

Housing LIN, Department of Health, 2004

***Preparing Older People's Strategies – Linking housing to health, social care and other local strategies.***

ODPM, 2003.

***Best Value in Housing Care and Support – Guidance and Good Practice 2000***

DoH and DETR (now ODPM)

***Quality and Choice for Older People's Housing: A Strategic Framework 2001***

Department of Health and DETR (now ODPM)

**Supporting People**

***The Sainsbury Centre for Mental Health Briefing 26 – The Supporting People programme and mental health.***

[www.scmh.org.uk](http://www.scmh.org.uk)

For further information on Supporting People see [www.spkweb.org.uk](http://www.spkweb.org.uk)

**BME older people**

These resources address some of the key issues that face BME communities with MH needs regardless of age and how to address them.

***The accommodation, support and care needs of individuals with mental health problems from Asian and Afro- Caribbean communities in Leicester' (1998)***

De Montford University, faculty of Health and community studies and the Mary Seacole Research centre.

Contact: Advance Housing and Support Ltd. Tel: 0116 25559935

***'Housing and support needs for Asian people with mental health problems' (1997)***

By Ashram Agency, ashram housing association, Birmingham

Contact: 0121 6244090

***The Housing and care needs of Asian elders in London (2000),***

ASRA Housing Association, London 0207 9406616

***Alcohol, Housing management and BME tenants of RSL's (1999,***

By EACH, 0208 5775059

***From Lip Service to Real Service, Department of Health, 2001***

## **Useful websites**

Age Concern England - [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

Alzheimer's Society [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Carers Department of Health site - [www.carers.gov.uk](http://www.carers.gov.uk)

Change Agent Team - [www.changeagentteam.org.uk](http://www.changeagentteam.org.uk)

Department of Health – [www.dh.gov.uk](http://www.dh.gov.uk)

Dementia Development Centres - [www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk)

Help the Aged - [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

Erosh - [www.shelteredhousing.org](http://www.shelteredhousing.org)

Housing Corporation. [www.housingcorp.gov.uk](http://www.housingcorp.gov.uk)

Housing LIN - [www.changeagentteam.org.uk/housing](http://www.changeagentteam.org.uk/housing)

Mental Health Foundation – [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

MIND - [www.mind.org.uk](http://www.mind.org.uk)

National Housing Federation – [www.housing.co.uk](http://www.housing.co.uk)

National Institute for Mental Health in England - [www.nimhe.org.uk](http://www.nimhe.org.uk)

ODPM – [www.housing.odpm.gov.uk](http://www.housing.odpm.gov.uk)

Royal College of Psychiatrists - [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

SANE - [www.sane.org.uk](http://www.sane.org.uk)

Sitra – [www.sitra.org](http://www.sitra.org)

Social Exclusion Unit – [www.socialexclusion.gov.uk](http://www.socialexclusion.gov.uk)