

Innovation in housing, care and support

Key points

- The housing sector has potential to deliver improved outcomes and financial savings through partnership working with providers of NHS services, clinical commissioning groups and local government.
- Good quality housing and support housing has a vital role to play in the recovery pathway for people living with severe mental health issues.
- Housing problems can exacerbate mental health conditions, while a healthy living environment can significantly improve outcomes.
- Good practice examples from Mental Health Network members demonstrate how successful partnerships can produce positive outcomes for people with complex needs.

Introduction

Where we live has a great influence over our wellbeing. A recent Shelter review reported that housing issues negatively impacted upon the health of more than a fifth of English adults over the last five years.¹

For those with mental health problems, housing difficulties – whether they relate to the security of a tenancy or the experience of the accommodation itself – can exacerbate already challenging conditions. People with mental health problems are four times more likely to face a detrimental impact on their health as a result of unsuitable or unstable housing.²

The right housing can have a significant impact on the outcomes for those living with serious mental illness. A healthy living environment can:

- promote better physical and mental health
- reduce physical risks
- offer hope, control and the motivation to plan for the long term
- contribute to a sense of community
- facilitate better access to a range of health and welfare services that improve long-term outcomes.³

This briefing, informed by case studies and interviews with providers of innovative support and care services, outlines the vital role that supported housing plays in the recovery pathway of people with severe mental health problems. It sets out the potential value that investment in quality, innovative supported housing represents to the wider health system.

Importance of good housing to the system

Supported housing can be defined as “any housing scheme where housing, support and sometimes care services are provided as an integrated package. Some schemes are long-term, designed for people who need ongoing support to live independently, others are short-term, designed to help people develop the emotional and practical skills needed to move into more mainstream housing. This can include support with health needs, including mental health, drug and alcohol use, managing benefits and debt, developing daily living skills and accessing education, training and employment”.⁴

In relation to mental health services, the provision of appropriate supported housing plays an important role in both transitioning patients from clinical settings to community based care, as well as preventing unnecessary readmissions.

Appropriate provision of supported housing options can deliver the following benefits to the system:

- delayed discharges from hospitals and inpatient settings can be reduced
- hospital beds can be vacated, allowing providers to close expensive long-stay wards
- hospital admission rates can be lowered, and the duration of hospital stays also reduced
- mental and physical health can be improved.

The provision of suitable accommodation for those with greater than average health and social needs delivers social and economic benefits that ‘provide payback’ to the NHS.⁵

Drawing on case studies from Housing Associations, The King’s Fund has identified economic arguments to illustrate the value of housing sector partners to the health system. Partner organisations can:

- provide safe, quality homes that contribute to better overall health, saving the NHS money
- alleviate the cost of treatment by providing care in residential rather than high-cost clinical settings
- deliver cost-benefits through housing-based interventions which improve residents’ health and lead to savings in the NHS.⁶

Policy context

Housing and health

The importance of housing to mental health was recognised in national policy in 2011 as part of the government strategy document, *No health without mental health*.⁷ More recently, NHS England set ‘helping patients get the right care, at the right time, in the right place’ as a priority in its *Five year forward view*.⁸ The implementation plan for the *Five year forward view for mental health* stated that progress on improving the mental health of the nation will not be achieved without partnership working between the NHS, local government, and housing providers.⁹

In August 2014, 58 per cent of working-age adults treated by secondary mental health services under the Care Programme Approach were recorded as being in settled accommodation.¹⁰ Across the UK, people with mental health problems account for 5 per cent of the total client group in supported accommodation, which includes older adults, and 18 per cent of supported housing clients who are of working age (not including vulnerable young people, people with learning disabilities or with drug and alcohol misuse needs).¹¹ The majority of supported housing provision for people with mental health problems are provided by housing associations (68 per cent), with charitable organisations providing 19 per cent.¹² Health spending on housing appears to be limited overall. Supported housing providers in one review indicated that 5 per cent of their funding, beyond rent and service charges, was received from NHS trusts, clinical commissioning groups, and social care partnerships, with the bulk of funding coming from local authority budgets.¹³

Housing reform

Supported housing is paid for through a balance of health, care and support funding, adult social care funding, and local authority funding.

Commonly, where individuals are eligible, housing benefit is used to cover the direct rental and service charges of supported housing, covering the increased costs associated with providing supported housing.

In September 2016, the government announced its intention to reform how and at what level the rental and service charges associated with supported housing are paid. The proposal included introducing a

cap on benefit payments in line with the local housing allowance (LHA), a suggestion which came up against criticism from the supported housing sector and by the joint Work and Pensions, and Community and Local Government Select Committee.¹⁴

In October 2017, the government's *Funding supported housing: Policy statement* and consultation document retreated on those 2016 proposals and states that the government no longer intends to apply the LHA rate to supported housing, and that long-term supported housing funding model will remain broadly the same as it is currently.

The consultation sets out a number of proposed changes, however, relating to the funding of short-term and transitional supported housing from 2020. Under these proposals, funding for rent and support charges that are currently covered through housing benefit will be funded by local authorities through a ring-fenced Local Grant Fund, "underpinned by a new local planning and oversight regime".¹⁵

Common elements of good supported housing

There is a growing consensus that collaboration between agencies to provide care and support in residential settings can improve service-user outcomes and reduce strain on the public purse. The definition of 'supported housing' remains relatively flexible to ensure that provision adequately responds to the needs of individuals within specific communities. Within this flexibility, however, it is possible to identify some common themes which represent elements of 'good' supported housing.

The Mental Health Foundation put forward five key recommendations for providers of supported housing:

1. **Investment in quality.** This relates to both environments – which should accommodate physical access, promote positive wellbeing, and encourage social interactions – and services, which should deliver 'therapeutically innovative, responsive and dynamic care'.
2. **Co-production.** Tenants and other experts-by-experience should be consulted in the design and development of buildings and services.

3. **Staff recruitment and training.** Investment is needed to recruit, train and motivate staff who are committed to creating safe, positive homes for people with mental health problems.
4. **Policy informed practice.** Staff should be supported to engage with and implement approaches in line with national policy.
5. **Appropriately resourced, suitable accommodation.** Housing for those who have additional support needs must be designed and resourced to meet their needs. In the climate of financial pressure across health and care systems, supported accommodation will only provide positive outcomes and cost-savings if it receives appropriate levels of investment.¹⁶

A recent review spanning 24 research studies and the experiences of 769 participants with severe mental health problems emphasised the important role played by staff. Staff were seen to support the wellbeing of tenants by creating respectful, emotionally supportive, therapeutic environments, as well as offering practical advice and assistance. Stability, self-determination and independence were also considered positively.¹⁷ The physical quality and safety of buildings themselves is associated with a better overall quality of life, while being located in safer, supportive communities is also understood to be important to tenants.¹⁸

Models of supported housing and advice

Examples of positive practice in housing and mental health can be found in a variety of different models.¹⁹

Later in this briefing, a number of case studies from Mental Health Network members providing supported housing are outlined. Further learning around effective models of practice can be found amongst those approaches developed abroad and being adopted by UK providers. For example, the 'Housing First' approach is widely considered to be effective in tackling entrenched or repeat homelessness amongst people with multiple and complex needs. Developed by the Pathways to Housing organisation in New York in 1992, the model has been adopted in national homelessness strategies in the USA, Canada, Denmark, Finland and France, and is growing in popularity in the UK.

An evaluation of nine sites in England using the Housing First approach found that they had successfully housed a majority of clients (78 per cent) who had previously been homeless for an average of 14 years. It identified improvements in mental and physical health, reductions in alcohol or drug use, better social integration, enhanced family relationships, and a decrease in anti-social behaviours. Evidence suggests that the delivery model for Housing First is central to its effectiveness for the specific group it targets: it is a person-centred approach providing choice, autonomy and control to encourage self-reliance and independence.²⁰

Beyond the provision of supported housing, simple advice and signposting at the right time can reduce delays in hospital discharge. Look Ahead Care and South London and Maudsley NHS Foundation Trust are working together to provide an innovative service for patients whose housing situation prevents them from returning home. These patients are referred to Housing and Advice Workers (HAWKs) who deliver specialist housing advice to help them navigate the system and find the right housing support in the community.²¹

This service, coordinated in partnership between the local NHS trust and an independent organisation, seeks to reduce the burden on clinical settings and deliver positive outcomes for people leaving inpatient services by integrating health, social care and housing support.

“There is a growing consensus that collaboration between agencies to provide care and support in residential settings can improve service-user outcomes and reduce strain on the public purse.”

Case studies

The Beeches, Maidstone

mcch with Kent and Medway NHS and Social Care Partnership Trust

Overview

The Beeches (commonly known as St Andrew's), is a converted Victorian house providing nine self-contained one bedroom flats for people leaving secure care. Each flat is high-quality and non-clinical, creating a homely environment for tenants.

Individuals have their own assured shorthold tenancy and are encouraged throughout their tenure to become more independent and self-manage their conditions, as well as develop the practical skills to live independently in the future. Tenants pay their own bills, buy their own furniture, and are responsible for cleaning. The model of support is designed to enable people to move on within two years, although this is flexible, with some tenants joining the housing list after much shorter periods. Tenants are supported in their moving-on plans, so that they can access future step-down accommodation or progress directly into community accommodation with floating support.

Staffing and support

Support is tailored for secure care leavers whose needs lie between step-down services and community living. mcch provides 24-hour waking and sleeping support, with a minimum of two staff members onsite at any time. In addition to providing emotional and practical support staff co-produce 'goal plans' with tenants and facilitate group activities to nurture a sense of community, responsibility and social progression. Staff also encourage tenants to engage with the local community and enrol for learning, volunteering and paid work opportunities.

Clinical support is delivered by staff from the nearby forensic psychiatry service operated by Kent and Medway NHS and Social Care Partnership Trust, the Trevor Gibbens Unit (TGU). Client contact with consultant psychiatrists varies from weekly or fortnightly, to less frequently where appropriate.

Funding

mcch owns the property and recoups income for the tenancies from housing benefit. There is no 'block contract' in place to fund support for additional support needs. Instead, spot-contracts are negotiated on an individual basis. mcch is therefore able to assess and accept tenants who are appropriate and suggest alternatives for those not deemed to be ready to enter the service. Where people are assessed and not yet ready for the move, mcch will keep in touch and over time assess their progression in order to be able to offer a service when they are ready. Clinical services are provided 'in kind' by the TGU.

Local relationships

mcch has an excellent relationship with the TGU. Meetings are held bi-monthly to ensure that each individual's needs are properly met by their care plan. Accurate information on individuals is shared between organisations to ensure transparency and inform appropriate care. Staff from mcch and the TGU carry out reciprocal training sessions to develop and reinforce the skills needed to deliver support effectively.

Outcomes

The Beeches opened in 2016. A formal evaluation project is about to be embarked on to measure the long term success of the project. However, staff believe there are promising signs that the model is successful in upskilling and fostering independence among individuals leaving secure care.

Two of nine tenants are almost one year ahead of schedule in preparing to have their own home in the community by joining the housing list. The team at mcch believes the service represents a cost-effective approach, helping to reduce delayed transfers of care, and is beneficial for individual service users by moving them towards independent living.

For more information, contact Mel Shad at: M.Shad@mcch.org.uk

The Beeches, Maidstone

A tenant's perspective

"If I don't change now I'm not going to have the time to do some good with my life."

"When I first came to St Andrew's (The Beeches), I found it hard. I was lonely and I didn't look at it as my home, just another institution. I had a few blips along the way. I was caught with drugs and alcohol. I admitted it and have since received support to help me stop from making the same mistakes. I am monitored daily, I have random drug and alcohol testing, I am encouraged to join in with activities and generally encouraged to share my everyday life experiences instead of isolating myself.

"St Andrew's has helped me to reintegrate into the community. I like having the staff support and know I can talk to them any time about anything. They provide me with every day guidance and moral guidance. I am encouraged to build on my relationships with my family members and enjoy the freedom to spend three nights a week at my family home. I don't go home every week but it is nice to know I can.

"At this time in my life I feel no aggression or paranoia and feel I am able to stay away from drugs. I would say I am content.

"I am still fighting my diagnosis but accept I need support.

"I am looking forward to moving on with my life and putting the bad things behind me. I am signing up for learning courses with the support of staff with the long-term outlook to have a career rather than just a job. Small steps will make big changes.

"I am building friendships with other tenants and I have good relationships with the staff members.

"St Andrew's has given me the beginning to getting my life back and taking it in the right direction."

"St Andrew's has helped me to reintegrate into the community. I like having the staff support and know I can talk to them any time about anything. They provide me with every day guidance and moral guidance."

Home View, Blackpool

Home Group and Lancashire Care NHS Foundation Trust

Overview

Home View comprises 12 self-contained flats for people who have no continued need for inpatient clinical care but who might otherwise remain in hospital due to the lack of an appropriate alternative.

Commissioned by Lancashire Care NHS Foundation Trust (LCFT) in 2015, it brings together Home Group's housing expertise and understanding of place, environment and support in partnership with Blackpool Council and LCFT.

The flats are self-contained although clients are brought together in communal spaces including a garden, lounge and kitchen and dining area. Here, clients can socialise, cook and eat together, as well as take part in shared activities including sewing and cooking groups. Two volunteers have been training to support tenants with leisure and skills activities.

Accommodation is offered from a single night to 13 weeks, and sometimes longer if they struggle to find appropriate housing elsewhere. The average length of stay is 66 days. Home View is staffed 24 hours, with a named worker for every client. There is an open-door policy so that former tenants can return to visit or to take part in activities. Staff are experienced care workers with backgrounds in mental health care but are not clinically trained.

Funding

Home View was re-purposed after changes to the funding stream, Supporting People, led to the closure of the original teenage mother unit. Home Group was in discussion with (LCFT) about the future use for the premise and they jointly agreed that the flats should be used for step-down supported living.

Having designed the model, Home Group and LCFT entered a three-year contract. This agreement is

currently approaching the end of its second year. LCFT funds the service.

Local relationships

Home Group's relationship with LCFT developed over time through partnership working. An important element of this developing relationship has been the attendance of Home Group staff at discharge meetings.

To address local authority concerns that the unit would increase demand for statutory services in the area, it was agreed that Home View would only take on homeless people with an existing connection to Blackpool as well as people from anywhere in Lancashire, as long as they had a home to return to.

Outcomes

The University of Birmingham Health Services Management Centre was commissioned to carry out a review of the service at the end of its first year, and found that:

- of 57 clients in the first year, 52 per cent were homeless when they came to Home View and all moved on to appropriate accommodation
- 98 per cent of clients felt the standard of the accommodation was either good or excellent
- 100 per cent of clients said the support they received at Home View was either good or excellent
- clients reported a 39 per cent increase in their feeling of wellbeing after staying at Home View
- this is delivered at a cost of around £100 per bed night, compared to £450 for a hospital bed.

Home View further alleviates the burden on local statutory services by reducing delayed transfers of care, making more hospital beds available for those who need them, and providing extra support for people leaving hospital.

For more information, contact Claire Blacka at: Claire.Blacka@homegroup.org.uk

Tile House, King's Cross, London

One Housing Group with London Borough of Camden and Camden and Islington NHS Foundation Trust

Overview

Tile House was designed by One Housing Group in partnership with London Borough of Camden and the Camden and Islington NHS Foundation Trust rehabilitation services in 2012. The service model aims to achieve recovery and independence for clients with complex needs which would usually preclude other forms of supported housing from offering the necessary support. These clients may otherwise reside in hospital or in more secure or specialist placements.

Accommodation consists of 15 purpose built one bedroom flats, each with their own bathroom, lounge and kitchen areas. The flats are not clinical in appearance; they are places where tenants should feel at home and happily entertain friends or family. Tenants can come and go as they please, through a single, secure entry overlooked by the staff office. This provides opportunities for staff to prevent inappropriate visitors from entering with tenants, and offers visibility, connectivity and a better chance of recognising relapse indicators in tenants' behaviours.

Funding

One Housing is commissioned as the main provider jointly by both the London Borough of Camden and the local NHS clinical commissioning group (CCG). This draws on the CCG's budget for community clinical support and local authority funding via housing benefit. Joint commissioning has so far meant that the service has avoided cuts despite challenges to local budgets. Camden and Islington NHS Foundation Trust is subcontracted by One Housing to deliver clinical support.

Staffing and support

Tile House is staffed 24/7 with sleeping and waking support. Housing staff facilitate various sessions, for example dental and oral hygiene classes, wellbeing packages such as budgeting

and diet/cooking, in order to help tenants develop socially and improve their practical living skills.

The contractual relationship encourages the Trust to work in an integrated way. The Trust provides clinical staff, occupational therapists and fortnightly visits from consultants. By working arm-in-arm with housing staff in a consistent, structured way, this dedicated clinical input supports them to be confident in their knowledge and able to intervene earlier to support tenants where necessary. The organisations share governance as part of the management structure, jointly making all important decisions about tenant's care.

Outcomes

The Tile House model is specifically designed to provide value to the NHS by reducing reliance on expensive out of borough care and forensic placements; reducing hospital admissions, both in terms of frequency of admission and length of stay; and improving health outcomes. An internal evaluation in 2014 found that:

- hospital bed days for five customers who were admitted to hospital fell from a total of 2,856 in the two years before entering the service to 404 days during their first two years at Tile House
- clients became more engaged in group activities – average 'Activities for Daily Living' scores increased from 4.05 to 6.37
- costs to NHS and social care budgets were significantly lower than comparable hospital or care placements, delivering an estimated per-placement saving to the NHS of £21,298 per annum.²²

For more information, contact John Hoar at: JHoar@onehousing.co.uk

Tabard Forensic Step-Down Service, Tower Hamlets

Look Ahead Care and Support and East London NHS Foundation Trust

Overview

The Tabard Forensic Step-Down Service in East London offers accommodation and support for men who have mental health needs and histories of offending. The service was co-designed by Look Ahead and the East London NHS Foundation Trust (ELFT) to promote recovery in a safe environment.

The service comprises 19 self-contained flats with additional communal areas, office space, and a garden. The building is designed to encourage socialising and strengthen tenants' therapeutic relationships with staff. Although there are security features (CCTV, screened walkways), the building has a 'non-institutional' feel. Tenants are encouraged to make themselves at home by decorating and personalising their flats; this supports wellbeing, encourages respect for property and prepares clients for independent living.

The service is commissioned jointly by the London Borough of Tower Hamlets and Tower Hamlets CCG.

Staffing and support

Tailored training and clinical supervision for staff is delivered by ELFT to help them manage the unique challenges and risks of supporting individuals with complex needs. This has created a skilled team committed to supporting clients to progress their recovery and safely become independent.

Staff meet with tenants at regular, prefixed times each week. They deliver medication management support which helps service users move towards self-management and reduce substance misuse. Clients who struggle with diabetes, weight and cholesterol due to lifestyle or medication are supported to create personal strategies to manage these issues. Results from Ministry of Justice mandated drug and alcohol testing are also used to inform support plans.

Pathway

There is an internal service pathway, with a high support zone (shared entrance) and a low support zone (individual front doors) both part of the building. Clients have space to progress their recovery before moving to independent accommodation in the community with continued floating support. Tenants are supported to apply for priority status for social housing and bid for new homes when ready. Practical and emotional support continues to be delivered during the moving period as this can be a stressful and de-stabilising time.

Funding

The service is commissioned jointly by the London Borough of Tower Hamlets and the Tower Hamlets CCG.

Outcomes

The Tabard Forensic Step-Down Service illustrates how appropriate housing can reduce out-of-area placements and length of stay in secure mental health services. Of the first cohort of 18 tenants, ten had been in out-of-area placements, seven had been in psychiatric/acute hospital, and five had been in other supported housing.

An independent evaluation by HACT in 2017 found that the service is also cost-effective. Per unit per week it is:

- £2,972 cheaper than the average cost of a medium-secure mental health inpatient service
- £2,412 cheaper than the average cost of a low-secure mental health inpatient service
- £377 cheaper than the average cost of a local authority residential care service.

It was found to be a vital part of the local wider forensic mental health pathway, providing effective step-down both within the service and from the service to a community setting.

For more information, contact Kate Bawden at: KateBawden@lookahead.org.uk

Mental Health Network viewpoint

Appropriate supported housing is beneficial to both the system and individuals with complex needs. Cost-effective approaches can help people transition successfully from institutional care to community step down care or independent living. This is particularly evident in examples drawn from secure care leavers, where transition could be achieved neither by prolonged inpatient care nor by premature progression to floating support where the needs and risks of the individual may, initially, require greater attention.

Supported housing has the potential to reduce the burden of care on local systems by speeding up delayed transfers of care, freeing up additional hospital bed space or reducing out of area placements where these may be inappropriate. Supported housing provision can also help ensure that service users are less likely to reach crisis point and re-enter more intensive care settings.

Innovation requires effective partnerships and a shared understanding of the goals and benefits of new approaches. This briefing has highlighted different models of commissioning – spot contracts, block contracts, and joint commissioning – with the unifying factor that co-operation between housing providers, health commissioners, local authorities, and statutory mental health providers is key.

Successful collaboration can unlock the best use of local resources and bring a diverse mix of skills to help improve outcomes. We have seen, from our members, how a mix of clinical, emotional and practical support recovery effectively.

However, commissioners may be reluctant to invest in services without robust evidence in place. Tenant feedback and basic outcome data may be encouraging, but where new services have been operating for less than two years it can be difficult to pinpoint long-term follow-up data that conveys the impact of supported housing models on individuals' service use and future support costs.

To build trust with commissioners and other stakeholders, housing providers should engage them in the process of evaluation and use robust, transparent methodologies when outline cost-savings to local authority and health commissioners.

By working together, commissioners and providers of mental health and housing identify opportunities to develop innovative services together. In doing so, such services can better support the long term recovery of service users and deliver much needed efficiencies to the system.

“Innovation requires effective partnerships and a shared understanding of the goals and benefits of new approaches.”

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Mental Health Network

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from across the statutory, independent and voluntary sectors.

We work with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf.

The network has 69 member organisations, which includes 92 per cent of statutory providers (NHS foundation trusts and trusts) and a number of independent, third sector and not-for-profit organisations. Our membership also includes housing associations to reflect the link between mental wellbeing and safe, affordable accommodation.

For more information about our work, please visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org



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Mental Health Network
Portland House
Bressenden Place
London SW1E 5BH

Tel 020 7799 6666
Email mentalhealthnetwork@nhsconfed.org
www.nhsconfed.org/mhn

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