



London Borough of Merton

Report and Recommendations arising from the scrutiny review of supported housing for people with mental health problems.

Healthier Communities and Older People Overview and Scrutiny Panel

March 2011

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Executive Summary

The Healthier Communities and Older People Overview and Scrutiny Panel agreed to set up a scrutiny task group to investigate supported housing for people with mental health problems. Of particular interest was how this group access services related to making healthy lifestyle choices on smoking, diet, exercise, drugs and alcohol.

A focus for this review will be to encourage this group to adopt healthier lifestyles. It is hoped that this would reduce their chances of developing conditions such as diabetes, cancer, coronary heart disease and stroke. Sutton and Merton Primary Care Trust's Strategic Plan has identified that these diseases need to be tackled as a priority.

People with severe mental health problems are among the most vulnerable in our society. They also face a complex range of problems including stigma and isolation. They tend to have lower incomes, are more likely to be homeless or insecurely housed and more likely to live in areas of high social deprivation.

Stable, appropriate housing is critical for everyone and is especially pertinent for vulnerable groups such as those with mental health problems. A lack of stability or unsatisfactory housing can lead to worsening mental health. People with mental health problems are particularly likely to have insecure housing and research has shown that they are twice as likely to say that they are very dissatisfied with their accommodation or that the state of repair is poor; and four times more likely to say that their health has been made worse by their housing.

Task group findings:

The housing register does not specifically identify people who have a mental health need. The task group would like this to be addressed.

Private accommodation can provide a useful addition to the supported housing sector for those who can live more independently and only need a floating support worker to visit. A number of measures need to be put in place to improve our use of this type of housing.

Task group members visited properties run by each of the supported housing providers in Merton. In most cases the houses visited were clean and well kept. Residents and carers tended to get along well and houses were well stocked with a wide variety of information. Areas that caused concern included;

- There is a need to implement no-smoking policies for those who do not have them in place already
- More activities are needed for residents during the day and at weekends

- There needs to be training to ensure that staff have a good understanding about mental illness and the specific needs of clients.
- Residents in supported housing would benefit from learning basic cooking skills to enable them to cook healthy meals.

The task group had serious concerns about the procedures to enable people to move on from supported housing. At present there is no clear process and people are rarely moved out of this type of accommodation. However if some people are given the right support they may be able to move to more independent living.

The task group would also like to see more work done to improve the take up of personal budgets for people with mental health problems

The recommendations are set out in full on page 7

Chair's Foreword

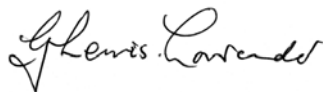
Dear Reader,

I would like to take this opportunity to thank all LBM officers and officers from St. Georges Mental Health Trust for their input and advice to this review. Also I would like to thank the Members and co-optees from the Healthier Communities Scrutiny Panel who took part in this review for their support and help. Everybody's input has been invaluable.

In addition, I would like to record my appreciation to the large number of carers who came forward to share with us some of their concerns.

I am sure this review has made us a more informed Panel and I sincerely hope that our recommendations will be taken on board in order to improve the aspirations for this group of people.

Finally, I would like to say a huge thank you to Stella Akintan, our Scrutiny Officer who has patiently and expertly supported the panel throughout this process

A handwritten signature in black ink, reading "Gilli Lewis-Lavender". The signature is written in a cursive style with a large initial 'G'.

Gilli Lewis-Lavender

List of task group's recommendations

	Responsible decision making body
Recommendation one (paragraph 16)	
We recommend that the council should identify those on their housing list who are under section 117 of the Mental Health Act as the local authority has a statutory duty of care to these clients.	Cabinet
Recommendation two (paragraph 21)	
We recommend that officers revisit the current protocol with landlords on agreed standards in private accommodation and work with care co-ordinators when arranging a viewing with landlords.	Cabinet
Recommendation three (paragraph 22)	
We recommend that care co-ordinators assess clients ability to pay their bills to ensure that people with mental health problems do not fall into rent arrears. This could include paying landlords directly or setting up direct debits if necessary.	Cabinet
Recommendation four (paragraph 23)	
We recommend that work be carried out to increase the number of private landlords, possibly through initiatives such as the Rent Guarantee Scheme and developing a Merton Standard.	Cabinet
Recommendation five (paragraph 27)	
We recommend that the council housing officers and social workers advocating on behalf of people with mental health problems work together to obtain suitable housing outcomes for vulnerable clients.	Cabinet
Recommendation six (paragraph 29)	
We recommend that the Council and South West London and St Georges Mental Health Trust work in partnership to reduce unplanned discharges from hospital	Cabinet/ South West London and St Georges Mental Health Trust
Recommendation seven (paragraph 34)	
We recommend that every effort is made to impose a ban on smoking outside designated	Cabinet

areas and this be stipulated in all contracts developed by the Supporting People Team.	
Recommendation eight (paragraph 36)	
We recommend that the council and NHS Sutton and Merton work together to ensure that residents in supported housing are helped to access smoking cessation services	Cabinet/ South West London and St Georges Mental Health Trust
Recommendation nine (paragraph 38)	
We recommend that all staff that work in supported housing are trained to understand the needs of people with mental health issues and that good practice that exists within the houses is shared across similar provision in Merton	Cabinet
Recommendation ten (paragraph 41)	
We recommend that further investment should be made in preventative work for people with mental health issues, including developing evening and weekend activities since this could prevent more expensive provision being needed further down the line.	Cabinet/ South West London and St Georges Mental Health Trust
Recommendation eleven (paragraph 43)	
We recommend that research is carried out into accessing grants, EU funding, using existing resources and working in partnerships with other boroughs to increase the range of daytime services available for people with mental health problems supported housing. Examples include; guided walks, Celebrating Age in Autumn, Ramblers Association, Cooking Clubs, 2012 events, internet social networking and museum visits	Cabinet
Recommendation twelve (paragraph 48)	
We recommend that clients in supported housing should receive cooking lessons and nutritional training. This could be delivered by volunteers and managed by the Community and Mental Health Team and Supporting People Team	Cabinet
Recommendation thirteen (paragraph 59)	
We recommend that assessments are carried out on residents in supported housing on a regular basis by social workers/care co-ordinators and incorporated into the care plan. We further recommend that clients in supported housing are set meaningful goals and encouraged to move on into more suitable housing when appropriate.	Cabinet
Recommendation fourteen (paragraph 62)	

We recommend that the council and South West London and St Georges NHS Mental Health Trust work together to improve the take up of personal budgets for people with mental health needs.	Cabinet/ South West London and St Georges NHS Mental Health Trust
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Introduction

Purpose

1. The Healthier Communities and Older People Overview and Scrutiny Panel agreed to set up a scrutiny task group to investigate supported housing for people with mental health problems. Of particular interest was how this group access services related to making healthy lifestyle choices on smoking, diet, exercise, drugs and alcohol. This would reduce their chances of developing conditions such as diabetes, cancer, coronary heart disease and stroke.
2. The task group membership comprised of all members of the panel and councillors James Holmes and Logie Lohendran who joined when the invitation was extended to all councillors.

The task group's terms of reference were:

- a. To review the quality of supported housing provided to people with mental health problems in Merton
- b. To review the work of the council, health partners and the voluntary sector in providing services that support healthy lifestyles such as access to sport facilities, smoking cessation and dietary advice.
- c. To identify any gaps in services and areas of poor performance
- d. To review levels of housing provision for this client group
- e. To review the support to enable residents to move on to independent living
- f. To make recommendations for action

What the task group did

3. The task group had five meetings where a wide range of evidence was considered including:

- a. Review of procedure for placing people in supported housing in Merton
- b. Discussions with senior council officers about the work of the Supporting People Team and role of the Community Mental Health Team
- c. Findings of a Merton Platform survey
- d. Meeting with a representative from Merton Platform Service Users Forum
- e. Discussions with carers
- f. Consideration of good practice from other local authorities
- g. The task group also visited properties run by each of the supported housing providers in Merton and spoke to carers and residents.
- h. The task groups' recommendations run throughout this report and are set out in the full Executive Summary at the front of this document.

Background to the review

4. The overview and scrutiny team held a topic selection workshop in June 2010 to identify areas for review in the municipal year ahead. Two main themes emerged that led to the formation of this task group;
 - Councillors and co-opted members of the Panel had received a number of accounts from residents about the quality and level of provision of supported housing for people with mental health problems.
 - The Primary Care Trust Strategic Review 2010-2015, identified diabetes, cancer, coronary heart disease and stroke as the five major causes of death for Merton residents. The chances of contracting these diseases can be reduced by healthy eating and regular exercise. Therefore a major focus for this review will be to encourage this group to adopt healthier lifestyles with the hope that good practice identified can be disseminated to other vulnerable groups.

Policy context

5. Mental health problems can range from acute disorders such as schizophrenia and bipolar affective disorder, also known as manic depression, to more common problems such as anxiety, depression, phobias, obsessive compulsive and panic disorders. The term 'mental health problem' will be used in this report to describe the full range of diagnosable mental illnesses and disorders.
6. People with severe mental health problems are among the most vulnerable in our society. They also face a complex range of problems including stigma and isolation. People with mental health problems often have fewer qualifications and find it harder to both obtain and stay in work. They tend to have lower incomes, are more likely to be

homeless or insecurely housed and more likely to live in areas of high social deprivation.¹

7. There is also a link between physical and mental health. Those with mental health problems are more likely to have higher levels of obesity, to smoke and be prone to substance misuse. They have higher rates of respiratory cardiovascular and infectious diseases. They are also less likely to participate in mainstream screening and public health programmes. Furthermore people with schizophrenia and bipolar disorder die on average 16-25 years earlier than the general population mainly because of physical health problems. Poor physical health can also lead to mental health problems. An estimated 70 per cent of all new cases of depression in older people are caused by poor physical health.²
8. Stable, appropriate housing is critical for everyone and is especially pertinent for vulnerable groups such as those with mental health problems. A lack of stability or unsatisfactory housing can lead to worsening mental health. People with mental health problems are particularly likely to have insecure housing and research has shown that they are twice as likely to say that they are very dissatisfied with their accommodation or that the state of repair is poor; and four times more likely to say that their health has been made worse by their housing.³
9. In February this year the coalition government published a cross-government strategy for mental health entitled “No Health without Mental Health” The report sets out how the government will work with partner organisations and the community to improve mental health of the population and keep people well.
10. Merton’s Mental Health Joint Commissioning Strategy 2010-2015 highlights that one in four people will experience a period of mental illness in their lifetime, which can also have an impact on their families and communities around them. The population in Merton, as with all London Boroughs, is set to rise over the next five years and the evidence shows that mental health problems will increase as well.
11. In these circumstances the priority of the strategy is to continue the long standing policy of moving from in-patient services to an increasing use of community based services where mentally ill people are encouraged and supported in living as independently as they can. Mental health patients are also moving toward self directed support and personal budgets. This approach is driven by government directives, budget constraints and to some extent patient preferences.

¹ Mental Health and Social Exclusion, Social Exclusion Unit Report, June 2004.

² No Health without Mental Health – a cross government Mental Health Strategy for people of all ages, Department of Health, February 2011.

³ Mental Health and Social Exclusion, Social Exclusion Unit Report, June 2004.

It also relies on adequate provision being preserved for those who need the security of hospital care.

What we currently do

12. Merton council's Supported Housing Panel take decisions about who will receive supported housing. Under homeless persons legislation some people have a statutory right to access housing, especially if they are vulnerable. Once people meet the relevant priority needs criteria, the council has a statutory duty to house them.
13. There is a broad system of accommodation that we provide for people whom we have a statutory duty to house:
 - a. Residential care
 - b. Supported housing which is facilitated by Supporting People
 - c. In-care provision which ranges from low grade support to live in carers
 - d. Flats for independent living are also provided – there are six nominations a year
 - e. Links with other organisations such as housing associations
 - f. Private rented accommodation
 - g. Floating support through supporting people in which a worker goes to help people manage in their own homes
 - h. Some people live in their own homes
 - i. Some people employ a personal assistant
14. Care co-ordinators are based in the Community Mental Health Teams (CMHT). They review the needs of people with mental health problems and provide a package of support.

Provision of supported housing in Merton

15. We were keen to determine if there is enough supported housing provision for people with mental health problems in Merton. The Housing Needs Manager informed us that the council is meeting its requirements for housing people but we do not have exact figures on the number of people with mental health needs. This is because the housing list does not specifically identify those with these conditions. We were informed that the council uses a number of ways to house people including using private rented accommodation and housing associations.
16. **We recommend that the council should identify those on their housing list who are under section 117 of the Mental Health Act as the local authority has a statutory duty of care to these clients.**

Private Rented Accommodation

17. Private accommodation can provide a useful addition to the supported housing sector for those who can live more independently and only need a floating support worker to visit.
18. Private accommodation is critical to ensure that the housing need is met. However we were informed that there are a number of problems in using this sector.
19. Rented accommodation can be difficult for people with mental health problems. The nature of their condition can mean that they may lose concentration or become forgetful in which case they may face difficulties in paying their rent regularly and as a result are evicted from the property. The council does have the option of paying the rent directly to the landlord but has to balance this with the need to encourage independent living.
20. Concerns were also raised about the standards and quality of decor and furnishings in the properties. There are also difficulties in meeting landlords criteria for deposits, as they often require a large sum that many people do not have.
- 21. We recommend that officers revisit the current protocol with landlords on agreed standards in private accommodation and work with care co-ordinators when arranging a viewing with landlords.**
- 22. We recommend that care co-ordinators assess clients ability to pay their bills to ensure that people with mental health problems do not fall into rent arrears. This could include paying landlords directly or setting up direct debits if necessary.**
- 23. We recommend that work be carried out to increase the number of private landlords, possibly through initiatives such as the Rent Guarantee Scheme and developing a Merton Standard**
24. We were informed that one of the challenges in Merton is that there is a shortage of one bedroom flats. Three or four bedroom flats are more common but the council is cautious about this approach, as some people will be willing and able to share while others prefer to live alone.

Unsuitable Housing

25. We recognise that housing shortages can lead to people being unsuitably placed therefore we need to take steps to expand the use of the private rented sector. We have received lots of anecdotal evidence from residents that people with mental health problems are sometimes placed in unsuitable housing. This was corroborated by a situation shared during our meeting with carers;

- *“ my daughter suffers from schizophrenia and spent a period in Springfield Hospital. Upon discharge she was placed in a homeless persons unit. As there was no space in the main building she was given a room in an adjacent building, which can only be described as a shed with a dividing wall for two separate rooms. It contained basic amenities but was in my opinion unfit for human habitation. The man staying in the neighbouring room was very loud and known to be violent. On one occasion when my daughter was frightened by his behaviour she ran into the main building, only to find the security staff asleep. She stayed in that accommodation for six months. I believe that this incident has had a long term effect on her mental health condition and thwarted her recovery process.” Mother of a daughter with schizophrenia*
- *Another carer told us “ my daughter who has physical and mental health issues was put into a homeless persons unit in Merton. Her room was infested with rats and mice she was told to pay £85 for pest control. There were also drug pushers targeting the unit and the cleaner assaulted my daughter. The council evicted her from the property for not paying her rent and not staying there. She was subsequently deemed to have made herself intentionally homeless.” Mother of daughter aged 19*

26. When we spoke to officers about our concerns around unsuitable housing we were informed that any applicant who feels their health or disability is seriously aggravated by the accommodation they occupy can complete a medical assessment describing their health problems. The Council’s medical adviser will then assess the case on the information provided and where appropriate may approach the individual’s GP. Following the assessment the Councils Medical Adviser may award medical priority.

27. We recommend that the council housing officers and social workers advocating on behalf of people with mental health problems work together to obtain suitable outcomes for housing clients.

28. We also found that difficulties such as these can arise when the council are not given adequate notice when a patient with a housing need is discharged from hospital.

29. We recommend that the Council and South West London and St Georges Mental Health Trust work in partnership to reduce unplanned discharges from hospital.

Services for residents in supported housing

30. During December 2010 task group members visited properties run by each of the supported housing providers in Merton. We identified the key areas we wished to investigate and developed a questionnaire, this is attached at **Appendix A**.
31. The contracts with the housing providers are managed by the Supporting People Team. We were informed that these clearly set out an agreement between the council and housing providers on standards of care and which services will be provided for residents.
32. Overall our findings from the visits were mixed. In most cases the houses that we visited were clean and well kept. Residents and carers tended to get along well and houses were well stocked with a wide variety of information. There were however a number of issues that caused us concern and we believe that they need to be addressed as a matter of urgency. These are set out below:

Smoking

33. We noted that many of the residents smoke cigarettes, usually in a designated area but in some instances people smoked elsewhere in the house.
- 34. We recommend that every effort is made to impose a ban on smoking outside designated areas and this be stipulated in all contracts developed by the Supporting People Team.**
35. We would like to see more information and support to access smoking cessation services made available. The 'No Health without Mental Health' report highlights that adults with mental health problems smoke 42% of the tobacco used in England and many wish to stop and can do so with appropriate support.
- 36. We recommend that the council and NHS Sutton and Merton work together to ensure that residents in supported housing are helped to access smoking cessation services**

Staff training

37. While we found staff to be helpful and supportive to residents, there was a distinct lack of understanding about mental illness and the specific needs of clients with some of the providers. We found some examples of excellent practice and would like this to be shared with other housing providers. We were told during our meeting by one carer that the housing providers gave little support when their son with severe mental illness had problems liaising with a utility company to arrange a repair. A number of other carers had similar experiences. The carers found care co-ordinators very busy and difficult to contact. There is also a high turnover of staff, which can be difficult for people

with mental health problems as they need consistency to build trust in relationships.

- 38. We recommend that all staff that work in supported housing are trained to understand the needs of people with mental health issues and that good practice that exists within the houses is shared across similar provision in Merton**

Activities

39. We were deeply concerned about the lack of access to activities for residents in supported housing. In most cases clients made their own arrangements, this ranged from going to the cinema or meeting with family and friends. We believe a schedule of things to do including sports, culture and socialising is essential to support the rehabilitation process, reduce isolation and enable a move towards independent living. A Commission for Social Care Inspection of mental health services in Merton in 2006, detailed a graph showing that Merton has the lowest number of day resources in the London area
40. Concern about the lack of daytime and weekend activities was supported by the reviews carried out by Merton Platform, a mental health service users group. Every year they are commissioned by the council and Sutton and Merton PCT to review supported housing and report their findings to senior officers within the council and the Trust. One of the key concerns that was reported was lack of activities during the day and at weekends.
- 41. We recommend that further investment should be made in preventative work for people with mental health issues, including developing evening and weekend activities since this could prevent more expensive provision being needed further down the line.**
42. We have heard about a range of existing services that could be accessed by this group such as befriending services and swimming lessons. More can also be done to encourage sharing of good practice between housing providers. We believe that innovative solutions such as asking local gyms to put on special sessions for vulnerable groups and increasing the number of volunteers who can visit and support these groups need to be investigated. For example, we heard that in the London Borough of Croydon they have developed a Fit Body: Fitter Mind project which uses boxing training exercise techniques to improve the physical and mental wellbeing of people with conditions such as depression.
- 43. We recommend that research is carried out into accessing grants, EU funding, using existing resources and working in partnerships with other boroughs to increase the range of daytime services available for people with mental health problems supported**

housing. Examples include; guided walks, Celebrating Age in Autumn, Ramblers Association, Cooking Clubs, 2012 events, internet social networking and museum visits

Healthy Lifestyles for people in Supported Housing

44. We were disappointed with the lack of emphasis on healthy lifestyles for clients in supported housing. Again we found a range of practices within the different homes. There was often a good supply of literature about the importance of healthy eating and exercise but this was not actively encouraged nor built into the everyday life of residents within the homes.
45. Many of the residents in the houses that we visited were responsible for cooking their own food. Many had limited cooking skills and therefore relied on eating ready meals. These types of processed foods are known to have high fat and salt content, which can only exacerbate both physical and mental health conditions.
46. Few of the residents accessed regular exercise. Some went for walks, usually by their own volition; this was not actively encouraged by their support workers.
47. Our visits to supported housing highlighted an ad hoc approach to care. There appeared to be no overarching vision or consistent approach to the outcome we are seeking to achieve for people with mental health problems in supported housing. It seems that the aim is to manage the status quo and little is done to help clients to progress.
- 48. We recommend that clients in supported housing should receive cooking lessons and nutritional training. This could be delivered by volunteers and managed by the Community and Mental Health Team and Supporting People Team**

Assessment and Recovery

49. We have found that the common ethos underlying support to people with mental illness is the recovery model. This perspective is based on the belief that people with mental illness can make a full recovery and go on to lead meaningful lives. The aim is to get sufferers to move beyond survival to re- building their lives. There is recognition that symptoms may persist and that they may not get back to where they were before the onset of mental illness but they can go on to get their lives back on track.
50. The Mental Health Foundation argues that for the recovery model to be effective it needs to be supported by:
 - a. Good relationships

- b. Financial security
- c. Satisfying work
- d. Personal growth
- e. The right living environment
- f. Developing one's own cultural or spiritual perspectives
- g. Developing resilience to possible adversity or stress in the future

51. The recovery model is a central theme running throughout the Merton and Sutton Mental Health Joint Commissioning strategy 2010-2015. One of the stated aims of the strategy is to "Put the user at the centre of decision making and make well-being and recovery our focus"
52. While we support the recovery model in principle, we have found the implementation to be deeply flawed. When visiting supported housing, we found that many clients lacked basic skills such as ability to cook simple healthy meals. As clients are 'supported' rather than 'cared for' there is little provision in place to help them improve their skills. There were some cooking lessons in some houses but this was informal rather than general practice.
53. The same can be said of money management skills. We were told that some clients spent all their money as soon as they receive it and then are left with very little. There were also stories of people spending a vast amount of money on alcohol and being vulnerable to drug dealers. We also heard disturbing reports of someone being given a large loan by their bank, wasting it and subsequently having a large debt to pay off.
54. We were told that this vulnerable client group were encouraged to be as independent as possible and too much intervention could be seen as depriving them of their liberty and ability to make their own choices. We strongly disagree, on the basis that many clients are clearly unable to take on the responsibilities expected of them. The move towards independence must be an incrementally managed process, where people are enabled and supported towards greater autonomy at their own pace and not by some arbitrarily agreed policy, that may not be in the best interests for individuals. An individual's recovery should not be jeopardised with fears of allegations of deprivation of liberty. Too much weight has been given to this, for these particular clients and this has been confirmed by many of the carers. Many of the carers we spoke to felt the current approach represented a lack of understanding about some mental illnesses in which decision-making abilities deteriorate, so clients benefit from being prompted and encouraged to progress.

Assessments

55. We also had serious concerns about the assessment process and the procedures to enable people to move on from supported housing. This was confirmed during our discussions with council officers. We were

told that the council should work with providers to develop clear goals for independent living with measurable outcomes within a given time frame. At present there is no clear procedure to help people move out of supported housing.

56. Our questionnaires also highlighted that assessment tends to be carried out by informal observations by support workers rather than by a formal, more independent, process.

57. The carers we spoke to were very aware of their own mortality and therefore very keen to ensure that the people they cared for gained as much independence as possible. Many felt that even though they were in supported housing, their loved ones would not be able to cope if they were not there to provide additional assistance. One of our witnesses summed it up by saying;

- *“People are put into supported housing and then just left to fend for themselves”*

58. This was of great concern to us as this will impact on the quality of life of these residents and undermines the concept of recovery. It will also mean that people are not moving out of this type of accommodation so we are not making a supply of supported housing available for those who need it. It is important that we work closely with carers as care plans are developed, as they are likely to have an in-depth understanding of the client’s capabilities.

59. We recommend that assessments are carried out on residents in supported housing on a regular basis by social workers/care co-ordinators and incorporated into the care plan. We further recommend that clients in supported housing are set meaningful goals and encouraged to move on into more suitable housing when appropriate

Personal budgets

60. We asked officers about the use of personal budgets for people with mental health problems. We were told that this client group could benefit from this type of support. A pilot study of key groups’ experiences with personal budgets entitled; ‘The Evaluation of the Individual Budgets Pilot Programme’ found that people with mental health problems particularly favoured personal budgets as it enabled them to access more appropriate support and improve their quality of life.

61. However we were informed that we have had limited success in implementing personal budgets for people with mental health problems in Merton one of the reasons is that the Social Care and Community and Mental Health Team databases are not compatible, so relevant

information cannot be shared. Also, many people affected by serious mental illness need help to manage a personal budget. It must be recognised that there are a number of those affected by serious mental illness who cannot manage money, they will need to have appointees such as their carer or the mental health trust itself. The managers of the supported housing provision we visited are well aware of this problem and spoke of how drug dealers target their vulnerable residents.

- 62. We recommend that the council and South West London and St Georges NHS Mental Health Trust work together to improve the take up of personal budgets for people with mental health needs.**