Managing and sustaining a tenancy
Mental health, Mental Capacity and Hoarding

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Course aim

- To explore how Mental health, Hoarding and mental capacity can impact on tenancy management.

Course objectives

- Explore common mental health issues and how these can impact on tenancy management
- Explore Hoarding and how this can impact on tenancy management
- Explore the 2005 Mental capacity act and how capacity should be used when exploring either sustainment or enforcement options
- Understand the importance of early identification of mental health or Hoarding issues via appropriate assessment.

Course objectives ...(cont'd)

Discuss practical ways to engage, develop a rapport, and then motivate tenants with mental health or hoarding issues

Understand the need for an effective risk management system and explore common risks when working with mental health and Hoarding cases

Explore relevant pieces of legislation including the Care act 2014, Equalities act 2010.

Introduction: Mental health and Housing?

- In small groups please discuss
- How commonly are you or your colleagues dealing with tenants / customers who may have mental health, mental capacity or Hoarding problems?
- In what ways can a mental health problem effect housing:
- A. The tenant and their ability to manage a tenancy?
- B. You (the landlord) what challenges can you face?

Mental health and Housing?

- Which areas may be relevant?
- Property condition
- Paying bills / rent
- Relationships (staff, family?)
- Neighbours disputes or abuse?
- Support challenges
- Enforcement challenges.

Mental health and housing research (Shelter 2017)

- 1 in 5 English adults (21%) said a housing issue had negatively impacted upon their mental health in the last 5 years.
- Housing affordability was the most frequently referenced issue
- 3 in 10 of those with poor MH said that they had no issue with their mental health previously.

Mental health, housing and homelessness

- Housing and mental health are intrinsically linked
- Becoming homeless will usually have a negative impact on your mental health
- Tenants will benefit from mental health support to allow them to stay in their home.
- This means anything you can say or do will help, not just specialist services
- Be careful not to ‘gap fill’ though.

Mental health problems can affect...

- Attention span
- Memory
- Impulsivity
- Planning
- Problem solving.

Each of these may impact !

Exercise: Tenants and mental capacity?
Small groups

- Please discuss and then define ‘mental capacity?’
- What could cause someone to not have capacity?
- Is mental capacity the same as mental health (i.e.. if someone has Schizophrenia then they lack capacity)
- Is mental capacity fixed or can it fluctuate?

Mental health vs Mental capacity?

- Many of your tenants may have a mental health issue?
- Some may have other complex needs such as learning disabilities, Dementia / memory problems, drug and alcohol issues, etc.
- This may mean that some may lack capacity to make some decisions some of the time?
- Some may just make bad decisions and their condition is a coincidence not the cause
- Some people with genuine MH issues or other complex needs have full capacity, or what's called 'fluctuating capacity'.

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Mental capacity act 2005

- The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:
- Understand information given to them
- Retain that information long enough to be able to make the decision
- Weigh up the information available to make the decision
- Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Different types of capacity?

- Mental capacity act 2005
- Diagnostic testing (MMSE, GPCOG)
- Court cases?

Mini mental state exam example

COMPONENT DESCRIPTION	PATIENT SCORE	POINTS
III. Registration Name three objects (for example, apple, table, pen) taking one second to say each one. Then ask the individual to repeat the names of all three objects. Give one point for each correct answer. Repeat the object names until all three are learned		3
IV. Recall Ask for the three objects repeated above (for example, apple, table, pen). Give one point for each correct object		3
V. Language Point to a pencil & ask the person to name this object (1 point). Do the same thing with a wrist watch (1 point)		2
Ask the person to repeat the following. No 'ifs' & or 'buts' (1 point). Allow only one trial		1
Give the person a piece of blank white paper & ask them to follow a three stage command. Take a paper in your		3

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Mental capacity act 2005 causes of a lack of capacity

- A stroke or brain injury
- A mental health problem
- Dementia
- A learning disability
- Confusion, drowsiness or unconsciousness because of an illness of the treatment for it
- Substance misuse
- Just because a person has a condition that might mean they lack capacity does not mean that they are incapable of making all decisions.

The five core principles of the MCA 2005

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practicable (doable) steps to help them to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because they make an unwise decision.

The five core principles of the MCA 2005 ...(cont'd)

- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

When is an assessment of capacity required?

The core principles of the Mental Capacity Act 2005 (MCA) state clearly that staff should always start from an assumption of capacity. However, doubts about a person's capacity may arise because of:

- Their behaviour
- Their circumstances
- Concerns raised by someone else to understand the information relevant to the decision.

Assessment of capacity (2 stage test)

Stage 1

- Person must have an impairment of or disturbance in the functioning of the brain or mind resulting in an inability to retain, use or weigh information relevant to a decision

- **Stage 2**: Understand information given to them
- Retain - Weigh up - Communicate their decision –
- This two-stage test must be used and ***your records should show it has-been used***

DOT THE I's and Cross them T'S!!!!!

Mental capacity & Tenancy sustainment

- If a person has capacity relating to an issue then they legally know what they are doing (i.e., playing loud music, ASB, non-payment of rent)
- You still need to consider their mental health / and or other impairments but legally they have capacity
- With 'reasonable adjustment' you can treat the person as per any other tenant who does something wrong!
- If a person lacks capacity then you can apply to the court of protection, to say carry out work to a property, or to move someone
- Remember '**Capacity for what, capacity when?'**

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Definitions of hoarding?

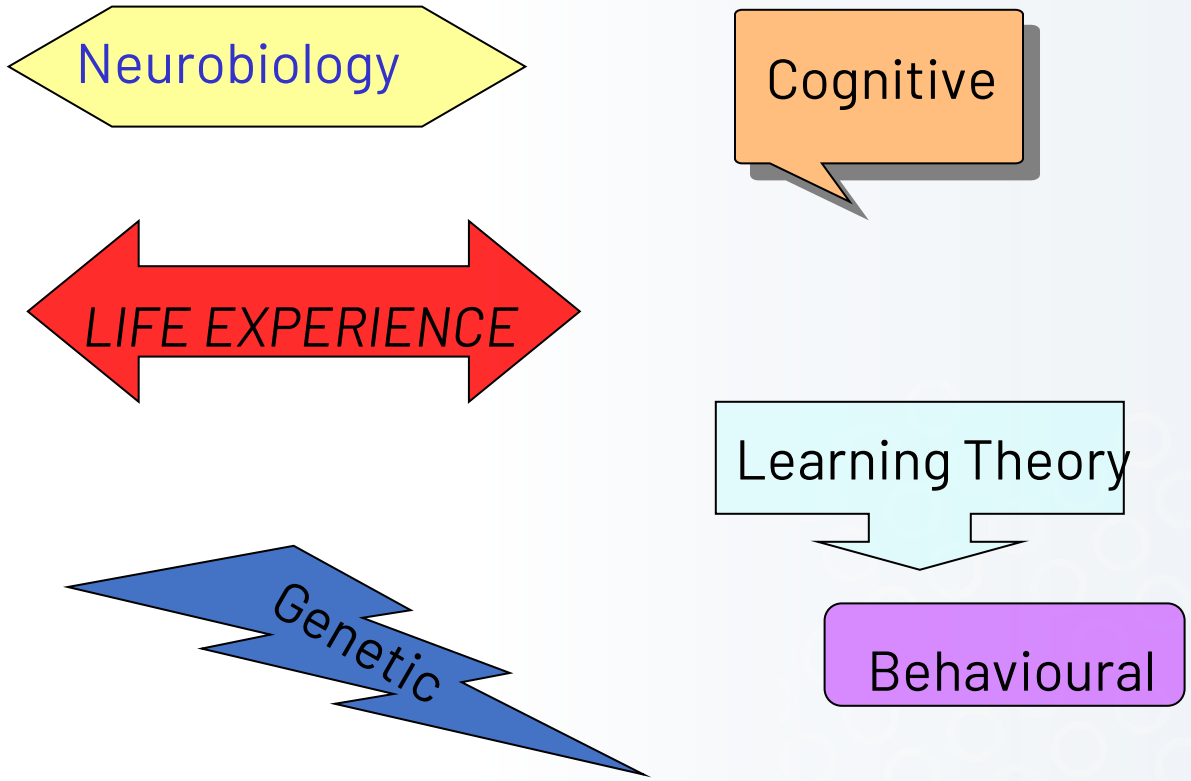
1. The acquisition of, and failure to discard, a large number of possessions that appear to be of useless or limited value.
2. Living spaces sufficiently cluttered so as to preclude activities for which those spaces were designed.
3. Hoarding vs Squalor?

Hoarding an introduction

In small groups please:

- How common is Hoarding in your tenants?
- Why do people Hoard?
- Has Covid had an impact on Hoarding levels or your existing Hoarders?

Why do people hoard?



Some possible characteristics of hoarders*

- Beliefs that emotional comfort comes from objects
- Fear of losing something important
- Feelings of loss of self or identity
- Need for control, no one can move possessions
- Discarding is laborious; so it is avoided.

Some possible characteristics of hoarders* ...(cont'd)

- Distress and avoidance. Distress at not acquiring, or discarding a possession: so hoarders avoid it
- Grief-like feelings when discarding due to intense initial attachment to the object
- Hyper responsible for objects: discarding requires others to need and appreciate items.

Hoarding?

- **Is Hoarding a lifestyle choice or a mental illness?**
- The Mental capacity act 2005
- Equalities act 2010 (reasonable adjustment for disability)
- Mental health act 1983/2007
- Mental health diagnosis (DSM-5 definition).

Different types of Hoarders

- Primary, secondary, situational
- Hoarding disorder
- OCD hoarders
- Chronic disorganisation (ADHD etc)
- Diogenes
- Animal hoarders
- Generalists & Specialists
- Wet vs Dry
- Organised vs Disorganised
- ‘Excessive acquirer subtypes’.

Working with Hoarders

- What are some of the main problems or challenges working with hoarders?

Common problems and challenges working with Hoarders?

- Difficult to identify
- Difficult to engage
- Person won't admit they have a problem(Difficult to create insight / break down denial states)
- Other services don't want to help!
- Costs
- Lack of resources
- Problems with monitoring and creating long term solutions
- Motivation.

Stages of support / action

- We need to look at working with hoarders in a stage by stage process.
- **One:** Identification
- **Two:** Initial meeting / contact, & developing rapport and trust
- **Three:** Assessment
- **Four:** Risk assessment
- **Five**: Support plan and goals
- **Six:** Harm reduction* (safety, health, comfort)
- **Seven:** De-cluttering*
- **Eight:** Follow up.

Points to consider when landlords are looking into action?

- Direct damage to property
- Blocking emergency exits and entryways
- Interfering with alarm systems (i.e. fire, carbon monoxide, security, etc.), ventilation, and/or other utilities
- Collecting items that be flammable, explosive, or otherwise dangerous in any way
- Storing perishable goods incorrectly or keeping them past their expiration dates, letting them attract mold and pests
- Keeping pets in a way that breaks the tenancy (ie. if there is a “no pets” policy) or breaks the law (ie. neglecting the animal, abusing the animal, or engaging in other forms of animal cruelty).

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Working with an anxious Hoarders?

- **What might you need to consider when working with anxious Hoarders?**
- Letters to the person
- What you say, how you say it?
- That anxiety is irrational
- To try and predict some common reasons that may cause anxiety ('if I let someone in they will touch my stuff or judge me?').

Assessing hoarders?

Risks from Hoarding?

- Hoarding is a high-risk factor for eviction or threat of eviction which is one of the highest risk factor for homelessness
- Damage to property
- Fire risk
- Public health & pest infestation risk
- Safeguarding adults / children.

Risks from Hoarding?

- Risks to Hoarder, to the property to others (neighbors etc.)
- Impaired ability to live a 'Normal*' life
- Unhealthy Living Conditions sometimes dangerous
- Unsafe Living Conditions for the person themselves and others around them (neighbours, family, visitors like you!)

Hoarding, squalor and self neglect?

- Hoarding and squalor are not the same
- Hoarding is related to the volume of clutter in the home, not the cleanliness
- Squalor and Hoarding can co-exist / merge, but they are not the same
- You should not rely solely on image rating scale you should assess squalor and cleanliness etc.

Reasons behind squalor

- Lack of life skills (cooking, cleaning etc)
- Trauma (ACES link to domestic squalor?)
- Mental illness
- Learning disability, brain injury, Dementia
- Type of self harm
- Lack of self worth
- Acting out child behaviour (PAC model)
- Drug and alcohol abuse
- No reason.

Making a plan of action / support plan?

- Initial plan should be short sweet and simple (categorisation / organisation*)
- Do not go for big change until you have developed rapport and trust*
- What needs to be done and **WHY?**
- SMART planning
- (Specific, Measurable, Achievable, Realistic, Timed).

Harm reduction

- Harm reduction is vital for **ALL hoarders**
- For some its as far as it will go and will have to get the house to an acceptable and safe standard.
- For others it's the start of the relationship to allow de-cluttering or further support
- It involves three areas:
- **Safety** (Target risks first such as fire, avalanche, access)
- **Health** (Food, bodily waste, medication)
- **Comfort** (Beds, bathroom, kitchen, their comfort).

De-cluttering: The options

- There are several options when de-cluttering
- Think SMART
- Only do yourself if insured and you have permission of manager and the tenant

Three options:

- The tenant does it.
- You / internal staff do it.
- You employ outside organisers to do it?

How to organise / discard?

1. Select target area and types of possessions.
2. Be SMART.
3. Create categories for possessions*.
4. Sort into discard, recycle/give away and keep piles (3/1/2).
5. Continue until target area is clear.
6. Don’t leave too much space at first (especially able-bodied excessive acquirers).
7. Plan appropriate use of cleared area /prevent clutter.

Tools and techniques

- Develop and maintain motivation
- Why should they? What do they get from compliance?
- Highlight discrepancy to create motivation and to develop insight / challenge denial
- Look forward (how things could be better)
- Look back (how things were pre-hoard / problem).

Practical elements

1. Develop rapport and trust*.
2. Be patient & persevere.
3. Negotiate follow up and monitoring.
4. Acknowledge small successes*.
5. Unless you can't, because of danger or resources then look at it as a long-term piece of work.
6. Even if you look at it as a one-off piece of work you need to follow up*.

What works?

- Be clear about expectations and limitations
- Ask open-ended questions
- Reflectively listen
- Use respectful, non-judgmental language
- Mirror the language used by the tenant
- 'Work with' the tenant instead of 'doing for'.

Possible questions acquiring

1. Do you need it?
2. How many do you already have?
3. Do you have an immediate use for it?
4. Do you have available space for it?
5. Can you afford it comfortably?
6. Do you have time to deal with it appropriately?

Possible questions discarding

1. Do you need it?
2. Do you have a plan to use this?
3. **Have you used this in the last year?**
4. Do you have enough space for this?
5. Do you love it?

Closing points

Any more questions?

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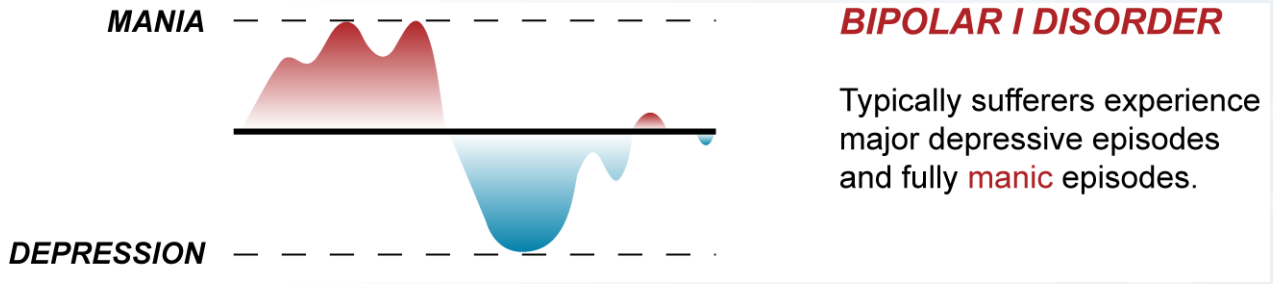
Anxiety disorders

- Anxiety is normal but if the symptoms are more frequent, more intense and impact on everyday living this may be an anxiety disorder
- General anxiety disorder (GAD)
- Obsessive compulsive disorder (OCD)
- Phobias (Many types)
- Post traumatic stress disorder (PTSD)*.
- **Housing impact?** Avoidance (access problems), high need, hyper vigilance, worry, fear of change.

Depression & mood disorders

- It is normal to sometimes feel low, unmotivated, lethargic and sad.
- Depression is different!
- Types 1: Reactive, Grief, Clinical
- Types 2: Mild, moderate, severe
- Types 3: SAD, Psychotic, Post natal, Bi-polar.
- **Housing impact?** Neglect, forgetting bills & debt, self medication of alcohol and drugs leading to ASB.

Bi-Polar I or II

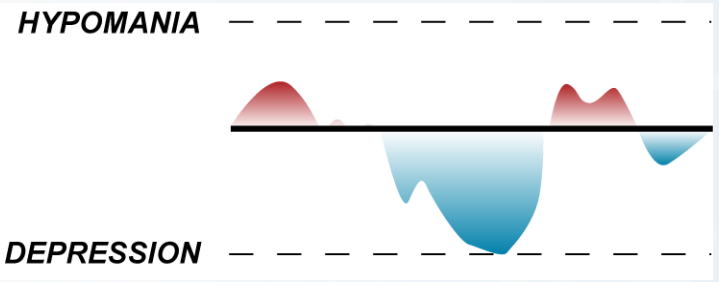


BIPOLAR I DISORDER

Typically sufferers experience major depressive episodes and fully manic episodes.

BIPOLAR II DISORDER

Typically sufferers experience major depressive episodes and hypomanic episodes.



Impact on housing? Mania. Gambling, noise nuisance, breaking rules and boundaries, debt

Psychosis & Schizophrenia

- A psychosis is a severe mental illness where by a person has a break from reality*
- The person may suffer from Delusions /Hallucinations
- There are may types of Psychosis*
- Schizophrenia is an illness that causes Psychosis but the person will also have other symptoms.
- **Impact on housing? Positive symptoms:** Hallucinations delusions, paranoia may lead to avoidance and non access, repairs, problems with neighbours, complaints. **Negative symptoms**: Neglect, self neglect, arrears.

Cluster	Behavioral description	Personality disorders
A	Odd, eccentric	Paranoid, Schizoid, Schizotypal
B	Dramatic, erratic	Antisocial, Borderline, Histrionic, Narcissistic
C	Anxious, fearful	Avoidant, Dependent, Obsessive-Compulsive

Impact on housing? Based on cluster. A see psychosis. C see anxiety and depression.
B: self harm, suicide, safeguarding, domestic violence, crime, possible neighbour and staff problems.

How should you act, how should you respond / Impact on tenancy management?

- The landlord **duty to make reasonable adjustments**
- The Equality Act 2010 (sec 20, 29(7) says the **landlord** or the manager of a property has a **duty to make reasonable adjustments** to certain things when renting a property if the tenant is disadvantaged by something because of their disability.
- Some of your genuine* complex needs customers would be classed as disabled and therefore you would be required to make a 'reasonable adjustment'.
- There are no official black and white examples of reasonable only case law and common sense*.

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