

## Summary

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Residential care homes for the mentally ill.

Evaluation of the work of the Norwegian Housing Bank

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The subject of this report concerns the evaluation of the Norwegian Housing Bank's work in connection with the National Action Programme on Mental Health (Opptrappingsplanen for psykisk helse). The evaluation asked to ascertain

whether certain aspects of the construction of residential care homes under the National Action Programme could be explained by aspects of Housing Bank's work and collaboration with other stakeholders.

Although the work of the bank is the main focus of this project, it was necessary to involve other stakeholders with a possible bearing on the performance of residential care home scheme. It is particularly in the Housing Bank's dealings with the municipalities that we find the likeliest explanation of performance regarding the building of housing under the Action Programme on Mental Health.

As the Housing Bank requested, the report discusses several issues under each of the four headings below.

- Performance at the national level on the Action Programme: ideological, political and legal platform
- Organisation and performance of the Housing Bank's role relating to the Action Programme
- Collaboration among stakeholders on the delivery of residential care homes
- Characteristics of residential care home construction and the finished units

### **Data**

The data on which the project is based were obtained from three sources: documents, interviews and a survey of the municipalities. We interviewed officials at the Housing Bank's head office and regional branches; consultants employed at selected County Governor offices; officials at the Norwegian Association of Local and Regional Authorities and senior figures in the two foremost user-based organisations in the mental healthcare sector Mental helse (Mental Health) and LPP – Landsforeningen for Pårørende i Psykiatrien (The National Association of Relatives of Psychiatric Patients).

### **National commitment to the National Action Programme: ideological, political and legal parameters**

The commitment to provide residential care homes for people with mental health problems is a response to the deinstitutionalizing of mental health care in Norway and the emergence of services under the local authorities. The Action Programme's commitment to residential care homes echoes the building of residential care homes and nursing homes under the

Senior Citizen Action Plan and associated programmes. Rather than nursing homes, the Action Programme on Mental Health envisaged and encouraged the deinstitutionalisation of mental health care with a view to enabling independent living.

Neither the commitment to residential care homes nor the housing needs of people with mental health problems were given much space in the public documents drafted in connection with the Action Programme. Nor did the various housing policy white papers or other policy documents spend much time on these issues. The Action Programme set a target of 3,400 new residential care home units. The figure was decided by the Ministry of Health and Social Affairs on estimates that relied for the most part on municipal censuses and statistics on coverage ratios.

The Social Services Act regulates the right of the individual to housing and the statutory duty of the local authorities to help if necessary. The key statute in the Housing Banks work on

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residential care homes under the Action Programme appears to have been the Planning and Building Act. The act defines the appropriate building codes and standards, sets out accessibility and location requirements. Neither the Ministry of Local Government and Regional Affairs nor the Housing Bank targeted social housing in this effort, something that emerges from a review of the public documents associated with the scheme.

### **Organising and working with the Action Programme at the Housing Bank**

The Housing Bank worked on the Action Programme on Mental Health and the Senior Citizen Action Plan in conjunction. The same funding schemes were involved and the same officials were in charge of putting both programmes into effect. When the Housing Bank considered municipal funding applications, it sought to ensure that the standards of the planned units conformed with the bank's own minimum housing standards and permitted 24-hour care and nursing provision. There was all the same a discussion whether mentally ill persons had the same practical housing needs as the elderly. Was, for example, wheelchair accessibility necessary? How should one approach the personal and social needs of the mentally ill to ensure the right balance? A certain degree of discretion was therefore introduced into the procedures for dealing with housing applications and compliance with official requirements.

The Housing Bank's contact with the municipalities varied in extent and type. There was often limited direct contact with the municipalities, though several meetings were held with municipalities who needed advice and help to move their projects forward. In general, the Housing Bank was not particularly involved in initiating building programmes, and had nothing to do with the creation of services for residents.

In the Housing Bank, the construction of residential care homes under the Action Programme on Mental Health was clearly geared towards facilitating individual living and normalisation, in observance with the plan's intentions.

### **Collaboration to construct residential care homes**

Municipalities' contact with the Housing Bank

Most of the municipalities in our survey that had built residential care homes under the terms of the Action Programme were in contact with the Housing Bank on one or more occasions in connection with the building of the homes. The municipalities were happy with the way the contact worked, with most awarding it a good or very good mark. Municipalities with the most contact were also more likely to express satisfaction. Contact frequency increased with municipal size.

Norwegian Association of Local and Regional Authorities contacted the Ministry of Local Government and Regional Affairs through the usual channels, but had no direct contact with the Housing Bank on matters connected with housing construction under the Action Programme on Mental Health.

Opinions of the municipalities towards the Housing Bank's programmes  
Most of the municipalities were content with the Housing Bank's funding scheme, rules and guidance relating to residential care home construction. Some municipalities would have appreciated more flexibility in practising the standards and rules, given the differences between municipalities.

While the funding of residential care home construction was considered satisfactory, a significant majority were unhappy with the funding available for the management of the units.

For the great majority of the municipalities in this survey, the Action Programme had not satisfied the need for residential care homes among the mentally ill. Of the municipalities where residential care homes was not constructed under the Action Programme, many believe the need for residential care homes for the mentally ill was completely or partly met by the Senior Citizen Action Plan.

Opinions of the County Governors towards collaboration with the Housing Bank

Consultants at the County Governors' offices share the view of the Housing Bank on the excellent standards of collaboration between them on the construction of residential care homes for the mentally ill. The County Governors were in charge of allocating residential care home quotas in consultation with the Ministry of Health and Social Affairs, and supervised municipal progress and reporting. The content of the homes and services for tenants were clearly defined as a County Governor responsibility, although the Housing Bank was responsible for approving the housing projects in light of current guidance.

Role of user organisations in the construction of residential care homes

The two special interest/user organisations that were interviewed differ in their opinion of the joint effort. The National Association of Relatives of Psychiatric Patients (LPP – Landsforeningen for Pårørende i Psykiatrien) had no contact whatsoever with the Housing Bank. Mental Health were not listened to, they felt, nor were their opinions taken into account. Contact with the Housing Bank was worse in their opinion than with the County Governors and Directorate of Health.

### **Aspects of the finished homes**

Construction of residential care homes

Three out of four municipalities in our survey funded the construction of residential care homes with money from the Action Programme on Mental Health. A smaller percentage of municipalities in the northern region of the country built

residential care homes compared with municipalities in other areas. Populous municipalities were less likely to build residential care homes under the Action Programme.

A larger number of economically challenged municipalities built residential care homes than wealthier municipalities, but of the latter that did build residential care homes, the number of units was higher relative to the population count.

It took time before the municipalities got down to applying for funds to finance the building of residential care homes, and completion levels peaked only in 2005–07. Not many units were finished in the northern region, for example, in the first half of the Programme's lifetime.

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Quotas under the Action Programme on Mental Health and number of units required

Our informants are clearly of the view that the estimates for residential care homes in the mental health sector had fallen short of the mark. User organisations had said as much at an early stage, though without much success. The Norwegian Association of Local and Regional Authorities adds that although more units were needed than estimated at first, no money was forthcoming to enable the municipalities to satisfy the need.

Were municipal applications rejected?

Only a small number of municipalities had their housing funding applications turned down. The small number doubtless attests to the successful communication to each municipality of its allowed number of units, other requirements, standards and building codes etc.

Why haven't municipalities built residential care homes?

The main reason offered by municipalities for not building residential care homes under the Action Programme on Mental Health is lack of need. There are enough units, and every person in the group concerned has suitable accommodation. A considerable percentage of municipalities also point to the lack of management funding as a significant disincentive.

Delays affecting the construction of residential care homes

Despite the widespread need for accommodation units for mentally ill persons, long delays slowed delivery. This was reportedly a particular issue in the largest municipalities.

There are several possible explanations for the tardy performance and delivery of residential care home units. The municipalities may have been aware of the number required, but for reasons addressed elsewhere in the report never actually got as far as taking practical action. The necessary number of units may only have come to the attention of the local authorities during the scheme's implementation. Since the closing down of psychiatric nursing homes went faster than originally anticipated, there was an unexpected upswing in the need for new accommodation. A third explanation is that the municipalities revised their assessment of the needs of the mentally ill, coming to the realisation more should have their own home.

The municipalities cite complaints and protests from neighbours, slow procedures and lack of building land as the most important causes of the delays. These various explanations have probably worked in conjunction.

What sort of residential care homes was built?

Much of the accommodation erected in connection with the Action Programme on Mental Health was multi-unit housing, i.e. housing with communal living facilities. There are also many dedicated buildings, but not with communal facilities. Only a fraction of the dwellings were built as part of an ordinary residential neighbourhood. The size of the municipality and choice of structure correlate: the larger the population, the more likely the multi-unit solution will be chosen.

Between 25 and 33 per cent of the municipalities have built housing for the mentally ill in conjunction with housing for the elderly, mentally disabled and/or individuals with drug/alcohol dependents. In the West and North, accommodation for the mentally ill tends to be built in proximity to units for drug/alcohol addicts, while the Mid-Norway region is more inclined to locate dwellings for the mentally ill together with homes for the elderly or mentally disabled.

We find a clear correlation between municipal size and where the units are located: the smaller the municipality, the more likely one is to find accommodation for the mentally ill in proximity to homes for the elderly and/or mentally disabled.

Virtually every unit built under the Action Programme is regulated by a contract between the municipal authority and tenant, either a normal tenancy agreement or a contract with special terms.

Discussions concerning the design and standards of residential care home units

The national standards for residential care homes were geared originally to the needs of senior citizens. Discussions concerning housing design and requirements have tended to reflect divergent opinions on what good housing for the mentally ill means in practice. The Housing Bank maintained support for the conventional standards, but during the Action Programme adopted a more flexible approach..

Opinions among the special interest organisations were also divided with regard to the quality and standards of the units, and whether the views of users were taken seriously. According to LPP, the standards of the units are quite high, though Mental Health are dismayed by what they believe was a blinkered attitude towards housing for the mentally ill. The Housing Bank laid too little stress on the group's inherent heterogeneity. While many have families, but the units were designed with one or two tenants in mind. On this point, however, Mental Health do feel they managed to make a difference.

Where do the residents of the residential care homes come from?

We asked the municipalities to try and pinpoint where the residents of residential care homes lived before they were allocated accommodation funded by the Action Programme. About a third lived in their own home; a fifth in welfare housing. About four in ten came directly from a hospital or residential institution under the specialist health service.

Where residents of residential care homes lived before they obtained their dwelling follows the divide between large and small municipalities. The smaller the municipality, the more likely they would have lived in their own private home. In larger municipalities, a relatively larger number came from residential institutions under the specialist health service, or directly from a hospital.

## **Conclusions and reflections**

The concluding chapter reviews some of the key evaluation findings against a wider backdrop. The Housing Bank had gained expertise and know-how in connection with its work on the Senior Citizen Action Plan. This know-how was put to good use now with the National Action Programme on Mental Health.

Accessibility and design standards that were a central element of the Senior Citizen Action Plan were simply modified to fit the needs of the mentally ill. This led in turn to a review of the content and practice of the guidelines for residential care homes, departing to some extent from the guidelines for the “good dwelling” and universal design.

The evaluation found few units in normal residential areas: most were built as multi-unit structures with communal living facilities, or as part of a cluster of housing units for other groups. This might not be contrary to the normalisation and integration philosophy of the Action Programme. An “integrated” dwelling does not necessarily mean social integration. The evaluation found that the Housing Bank’s guidelines did indeed encourage normalisation and independent living for tenants of residential care homes.

Nor was social housing part of the Housing Bank’s remit. One can see, retrospectively, how the modification of the guidelines reflected a social housing philosophy geared to addressing the needs of different groups.

The evaluation found a connection between the capacity and commitment of local authorities to provide housing and the wider delivery of public services to the residents. Increasing comanagement arrangements among several government bodies, some of which involve the Housing Bank as well, should be a good starting point for empowering local authorities to provide and enable the integrated delivery of housing and services.

There was very little contact between the Housing Bank and user organisations in the mental health sector. The evaluation interprets this in light of the Housing Bank’s limited role in residential care home policy for the mentally ill. User organisations were more preoccupied with the number of units than the design, which was the responsibility of the Housing Bank.