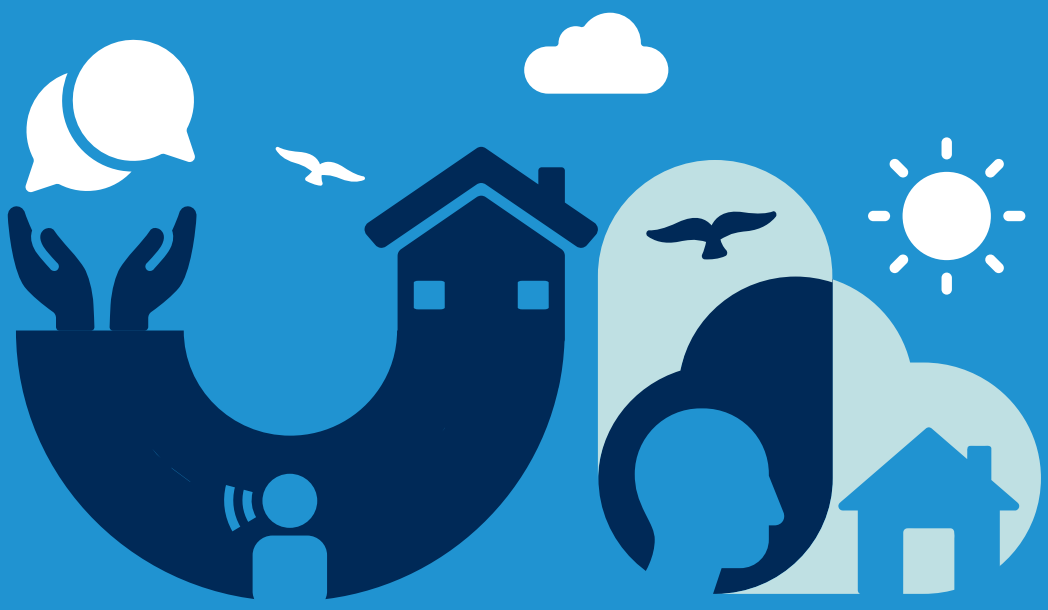
Mercy Law
Resource Centre

MENTAL HEALTH AND SOCIAL HOUSING SUPPORTS



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1. About MLRC

Mercy Law Resource Centre (MLRC) is an independent law centre, registered charity and company limited by guarantee. MLRC provides free legal advice and representation for people who are homeless or at risk of becoming homeless. It also seeks to advocate for change in laws, policies and attitudes which unduly and adversely impact people who are at the margins of our society.

Our five core services are free legal advice; legal representation; legal support and training to organisations and professionals; policy work; and a volunteer befriending service.

MLRC is committed to the principles of human rights, social justice and equality. Partnership and working in collaboration with others is at the heart of our approach and MLRC has built strong working relationships with organisations and professionals working in the field of homelessness and housing.

MLRC's vision is of a society where each individual lives in dignity and enjoys equal rights, in particular the right to a home, and where every individual enjoys equal access to justice to vindicate those rights.

Our thanks to the Mental Health Ireland Grants Scheme 2022 for funding this project.

2. Introduction

MLRC provides legal advice and representation to individuals and families facing housing difficulty. In 2022, our solicitors responded to an average of 47 new requests for legal assistance each month, providing advocacy support, legal information, advice and full legal representation in public law cases. Our casework experience informs our policy positions and recommendations.

A significant proportion of our client group report mental health difficulties experienced by themselves or others in their household. For many, these mental health difficulties are inextricably linked with their housing problems.

Through this work we have observed barriers and obstacles faced by people with mental health difficulties in securing suitable social housing supports, and, where required, in accessing emergency homeless accommodation.[1] The purpose of this report is to identify and examine those barriers and present practical recommendations for change.

Social housing and related supports are essential to meet the fundamental needs of many in our society. Households that include people with disabilities, whether mental, physical, sensory or intellectual, are disproportionately represented among those on social housing waiting lists. Recent analysis shows that while the overall number of households seeking social housing has fallen, the opposite is the case for households with a disability related need.[2] Since 2016, among housing allocations based on disability the share attributed to mental health grew from 16% to 24%.[3]

Intellectual and mental health disabilities combined now account for the largest category of disability recorded among households on social housing waiting lists.[4] Sharing the Vision, the national mental health strategy, notes the importance of ensuring that "*people with complex mental health difficulties have equal access to housing allocations and that particular needs concerning their living environment are properly addressed.*"[5]

In relation to homelessness, the prevalence of serious mental health difficulties is significantly higher among people who are homeless than the general population.[6] Further, many clients report either developing mental health conditions or existing conditions worsening when experiencing housing instability or homelessness.

This report is centred on the lived experiences of people with mental health difficulties seeking to have their housing needs met. To incorporate these experiences, we drew on our casework at MLRC and the experiences of our clients. To broaden the perspective of this report we also conducted a survey of people directly impacted by mental health and social housing issues and the frontline workers supporting them.[7] The starkest finding from this survey was that all respondents believed that people with mental health difficulties face barriers when trying to access social housing supports. 89% of respondents believed this also applied to people with mental health difficulties seeking access to emergency homeless accommodation.

The interaction of mental health, social housing and homelessness can be complex and involves many different elements. This report is focused particularly on the legal and administrative barriers to accessing social housing supports and does not address other important issues, such as access to mental health services or the impact of homelessness and housing instability on mental health conditions.

The conclusion of this report sets out practical recommendations for changes to the law and administrative practices in relation to the provision of social housing and emergency homeless accommodation that, in our view, may alleviate some of the existing barriers. Many of these recommendations echo the National Housing Strategy for Disabled People 2022-2027.

3. Methodology

The starting point for this report was to examine the real-life experiences of people with mental health difficulties who sought access to social housing supports and / or emergency homeless accommodation.

- The first stage was a review of MLRC casefiles over a three-year period that were coded as including an issue related to mental health (the 'Case Review'). Each file was summarised and the key themes extracted. Cases where the client's reported mental health issue was particularly central to their housing or homelessness issue were extracted for in-depth review.
- The second stage was a review of key national policy and guidance documents and academic literature in the area of mental health, social housing and homelessness (the 'Literature Review').
- The third stage was an external survey (the 'Survey') aimed at gathering data on the real experiences of people with mental health issues seeking access to social housing supports or homeless accommodation and the frontline workers supporting them. A single survey was designed to capture experiences of both groups. The survey questions were designed to cover both social housing and homelessness at a high level, focusing in particular on barriers encountered by respondents.

  The survey was distributed through the social media channels of MLRC; LinkedIn, Twitter and Facebook. It was also directly distributed to organisations identified as working with the target group, including housing providers for persons with mental health difficulties, mental health social workers and frontline homeless services. The survey was open for four weeks.

  The data was collected through Microsoft Forms, with participants given the option to complete the survey anonymously.

  The survey was completed by 44 respondents, of which 17 were professionals working in mental health; 17 were professionals working in housing or homelessness; and 10 were either directly affected or a family member / friend of a person directly affected. The survey results were reviewed by MLRC and compared against the output from the Case Review. This was a small qualitative analysis that was not conducted by professional social scientists. However, there are consistent themes and issues presented by the data which have obvious significance for future study and future policy development.
- The fourth stage was a series of requests under section 12 of the Freedom of Information Act 2014 ('FOI requests'). A key concern arising from the Case Review was the lack of defined procedures for handling mental health issues in emergency accommodation. MLRC issued FOI requests to all local authorities in Ireland for copies of their policies and procedures in relation to the accessing of emergency homeless accommodation.[8] The response output was then analysed for reference to mental health matters and the main results incorporated into this report (the 'FOI Review').

4. Legal and policy framework

This report is focused on social housing supports and homeless accommodation. Social housing supports are dealt with in a large number of legislative instruments. The most significant are the Housing (Miscellaneous Provisions) Act 1997 (the '1997 Act'), the Housing (Miscellaneous Provisions) Act 2009 (the '2009 Act') and the Social Housing Assessment Regulations 2011[9] in relation to social housing, and the Housing (Miscellaneous Provisions) Act 2014 in relation to the Housing Assistance Payment ('HAP'). These acts and their amending legislation are collectively referenced as 'the Housing Acts'.

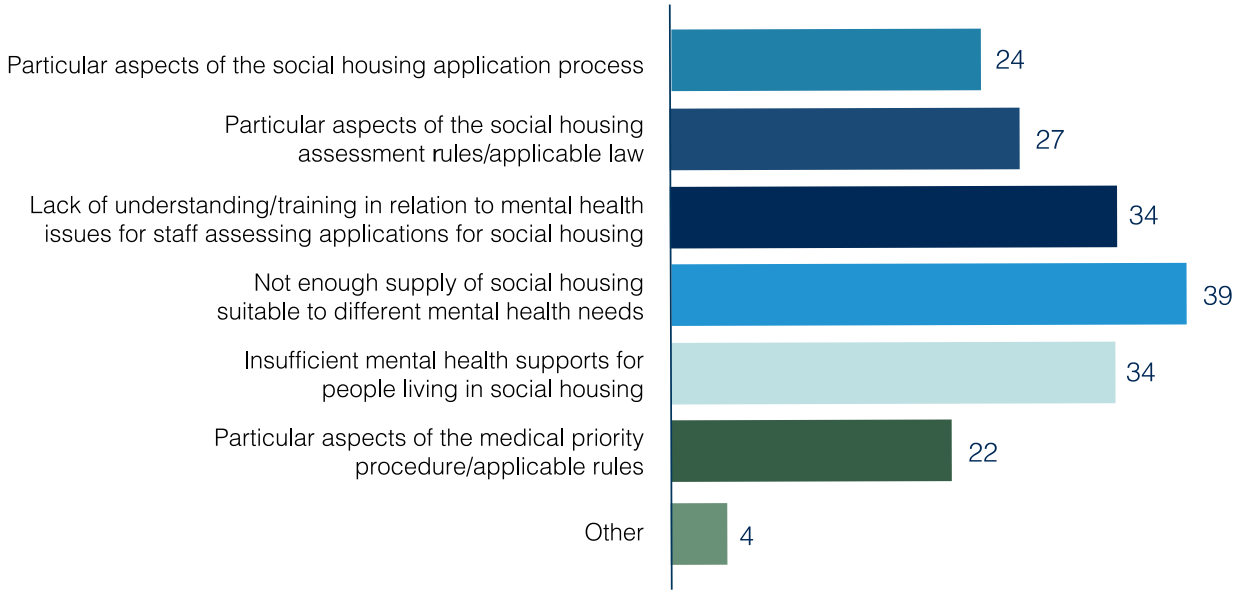
The provision of emergency homeless accommodation is governed by the Housing Act 1988 (the '1988 Act'). Section 10(11) of that act allows the Minister for Housing to make regulations to govern the operation of emergency homeless accommodation, however no such regulations have yet been made.[10] There are no specific legislative procedures for addressing mental health needs when seeking emergency accommodation.

From a policy perspective, the primary national policy document in this area is the National Housing Strategy for Disabled People 2022-2027 which includes mental health disabilities in its scope. Sharing the Vision - A Mental Health Policy for Everyone is Ireland's national mental health policy for 2020-2030, currently underpinned by an implementation plan for the period 2022-2024. In relation to housing more generally, Housing for All sets out the government's housing plan to 2030 and makes limited reference to mental health needs.

The Public Sector Equality & Human Rights Duty under Section 42 of the Irish Human Rights & Equality Act 2014 provides an important backdrop to these issues. The duty places a legal obligation and responsibility on all public bodies in Ireland to have regard to the need to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans.

5. Analysis in relation to social housing supports.

*What do you think are the main barriers?**



Survey respondents were asked for their views on the main barriers to people with mental health difficulties accessing social housing supports. The main barriers identified by survey respondents and through the Casework Review are analysed below.

A. Lack of supply of suitable social housing

89% of respondents identified insufficient supply of social housing suitable to different mental health needs as a barrier.[11]

There are certain types of social housing that are specifically adapted to the needs of people with mental health issues. These include housing operated by dedicated Approved Housing Bodies such as HAIL Housing, and specific programmes such as Housing First which provide accommodation for people in long-term homelessness with wrap-around supports including mental health services. However, these services are limited and demand outstrips supply. There is also a spectrum of mental health needs and for many people specifically adapted housing may not be required.

More generally, at the time of writing this report, there is a severe housing crisis and severe shortage of emergency accommodation generally which affects everyone in need of social housing but can disproportionately impact more vulnerable groups such as those with mental health difficulties. There are many ways this can manifest; for example, under statutory rules for housing allocation[12], two children aged under ten are expected to share a bedroom but some medical conditions including mental health conditions may require the child to have their own bedroom.

Similarly, an additional bedroom requirement may arise in the case of serious mental illness if the person requires a live-in or overnight carer. As larger properties are in short supply, this seemingly simple adaption may in practice present a significant barrier to obtaining a suitable housing allocation. In the context of homelessness, a shortage of own-door emergency accommodation may impact those for whom congregated living is unsuitable for their mental health needs.

*Response to survey question #3

Further, in the experience of MLRC the quality of decision-making and proper exercise of discretion can deteriorate in times of crisis when the availability of suitable accommodation is limited and assessing staff are under pressure to process a high volume of cases. This can have a particular impact on people who struggle to advocate for themselves or who present with complex histories and needs, which can include those with mental health difficulties.

B. Lack of understanding / training in relation to mental health for staff assessing social housing applications

77% of respondents selected lack of understanding / training in relation to mental health for staff assessing social housing applications as a barrier. The particular challenge posed by mental health conditions in this regard has long been recognised by government, with the previous National Housing Strategy for People with a Disability noting:

"*A mental health disability is often an unseen disability with the result that it may not be acknowledged how seriously disabling it can be, which can lead to a lack of recognition and understanding by society.*"[13]

One manifestation of this issue can be a lack of understanding or tolerance for different needs or behaviours. MLRC clients with mental health issues have reported interactions with local authorities when seeking assistance that were distressing or gave inaccurate information regarding entitlements. Similar themes emerged in the Survey, with one respondent reporting their personal experience of being advised by a local authority that "*mental health was not a disability*", and another reported that they were "*told by the council that everyone has mental health problems.*"

Another manifestation is in the widely differing approaches between different local authorities. One respondent reflected their experience of working with one local authority that "*forge[s] working relationships with mental health services for the implementation of the housing disability strategy resulting in successful allocations for housing for many of our service users,*" while another local authority they work with takes an "*adversarial*" approach.

This is also reflected in the experience of MLRC, with some local authorities or individual housing officers demonstrating significant understanding of mental health needs and willingness to adapt and respond holistically. Other cases have demonstrated concerning evidence of a lack of willingness to take such issues into account, a rigid application of non-binding rules even where those are grossly unsuitable for the person in question, and at times apparent stigma around mental health conditions.

*"There is very limited trained support or supported accommodation available, particularly to single households."**

"I believe there is not enough social housing for people with mental health difficulties and there needs to be more support (tenancy support workers) to enable them to sustain tenancy in Social Housing, HAP etc."

*All speech bubbles contain quotes taken from responses to the Survey

C. Particular aspects of the social housing assessment rules / applicable law and / or application process

61% of respondents identified particular aspects of the social housing assessment rules / applicable law as a cause of barriers to accessing social housing support. A further 55% identified particular aspects of the social housing application process as a cause.[14]

As far back as 2006, the Department of Health's Vision for Change report noted that "*housing benefits are often not structured in a way that is sympathetic to individuals with recurring mental health problems (for example, if repeated or prolonged in-patient stays are required).*"

Particular issues highlighted regarding the applicable rules and law were, on the one hand, areas where too much rigidity prevents holistic treatment of mental health needs and, on the other hand, areas where too much discretion risks inconsistent outcomes.

In relation to rigidity, one example is the rigid one year 'lookback' in the Household Means Testing Policy. It is understood to be intended that under this policy a local authority has no discretion to accept a social housing application for a person whose 12-month average income is above the statutory income threshold, even where their current income is far below it. MLRC has concerns with the legality of the policy generally and is aware of numerous examples of practical issues it has caused.

The difficulties the Policy can cause for persons experiencing mental health issues in particular were highlighted in the Survey:

- One example was given of a person who lost their job due to a mental health crisis but couldn't gain access to the social housing list due to this rule. As entry to the social housing list is a prerequisite to obtain HAP, the result is that such a person would be unable to access any social housing support while unable to afford housing without such support.

"A lack of understanding of mental health diagnosis and presentation can lead the person to being isolated, misunderstood and treated differently or inappropriately."

- Another case was reported where a person with mental health issues was put out of their stable emergency accommodation with just one week's notice due to slightly exceeding the income threshold for social housing. While the Policy does not apply to emergency homeless accommodation, it appears that some local authorities treat social housing income thresholds as a 'proxy test' for determining whether a person can afford accommodation from their own resources within the meaning of Section 2 of the 1988 Act.

In relation to discretion, available data suggests widely different approaches are taken across local authorities in relation to recognising mental health needs. The Analysis of Households with a Disability Basis of Need for Social Housing 2016 – 2020 (the Analysis of Need), which informs the National Housing Strategy for Disabled People 2022 – 2027, reveals major differences in levels of housing need recorded as concerning disability generally, ranging from 1.4% to 23.4%. Similar differences are noted in respect of mental health disability specifically, with one local authority recording mental health need on its social housing list at more than four times the national average.

The Analysis of Need suggests various possible causes for this variation including *"disparity in the levels of adapted housing stock, different LA allocation policies, varying access to HSE care packages and other disability, health and social services or to conflicting numbers of applicants with other basis of needs, for example homelessness or overcrowding.*[15]"

One respondent gave the view that *"the level of discretion afforded to housing officers, and the lack of regulatory basis for many decisions made in this context is troubling when considering the procedural norms expected of a state agency."*

It is a long-established principle of Irish Constitutional and Administrative law that public decision-makers such as local authorities must take into account all relevant considerations and disregard irrelevant considerations.[16] Where a person's mental health diagnosis has implications for their housing need, this is evidently a relevant consideration. It would not therefore be legally sound for a local authority to refuse to consider a person's mental health status when assessing their housing need. Where decisions are subject to discretion, the importance of staff being appropriately trained to deal with mental health matters is even more significant; a lack of training can lead to a legally relevant consideration being ignored or an irrelevant consideration being taken into account, rendering the decision unlawful.

Case study #1

MLRC represented a homeless person who was at risk of losing their emergency accommodation. The person was living in emergency homeless accommodation when they refused a first offer of social housing because they felt the property was unsuitable to their mental health needs. The person was threatened with eviction from their supported emergency accommodation on this basis. Despite the local authority being aware of their medical conditions, the person was told by the local authority that their only option was to go to a night-by-night congregated hostel setting. This caused them considerable distress.

The reason for the eviction appeared to be that the local authority applied an internal policy that people in emergency accommodation who refused a single allocation offer would have emergency accommodation supports withdrawn. Such a policy does not appear to have any legal basis. The closest analogy arises in respect of social housing support under the 2009 Act, which is entirely separate and distinct from emergency homeless accommodation provided under section 10 of the 1988 Act. Under section 20(5B) of the 2009 Act, the Minister can prescribe a number of offers that a household can refuse before their application will be suspended for a prescribed period. At the time of writing these periods have not yet been prescribed, but most local authority allocation schemes adopted under section 22 of the 2009 Act allow for the suspension of an application for social housing support for 12 months if two reasonable offers are refused. It is important to stress that not only does this not apply to emergency homeless accommodation under the 1988 Act, the circumstances in which it does arise relate only to the suspension of an application for a limited period; it does not provide for anyone to be evicted from where they are currently living.

The eviction was halted following intervention by MLRC. An urgent priority was for the person to have their mental health needs recognised such that any subsequent offer of housing would be suitable. Due to the restrictions of the social housing procedures, the only route to have these needs recognised is through the medical priority procedure, which as outlined further below can be lengthy and not always clearly applied to mental health. More generally, the impact of applying this internal policy to a person suffering mental health difficulties did not appear to have been considered and the proposed removal of the person to a less stable and less supported form of emergency accommodation appeared to be used in a ‘punitive’ fashion, raising concerns regarding the application of fair procedures and the Public Sector Equality & Human Rights Duty. Similar concerns were also raised in the Survey responses.

Some particular aspects of the social housing application process flagged as problematic and not already addressed include:

- Burdensome and inflexible application procedures that can be difficult to navigate, particularly for people with intersectional challenges such as literacy or language barriers.[17] This was also highlighted as an area requiring reform in a consultation reported on in the National Housing Strategy for Disabled People 2022 - 2027[18]
- Lack of forward-planning such that people with mental health needs cannot get support until their situation has reached a crisis point.
- Various aspects of the medical priority procedure for housing lists, discussed further below.

Some of these barriers may require reforms to the relevant procedures and processes, while others could be mitigated through ensuring adequate support is available to applicants who require it. One Survey respondent reported their personal experience that while they found the application procedures challenging, the assistance given by the local authority housing officer made the process manageable.

"People with mental health needs being held to the same standard, applications processes and criteria as people who are not currently or never having experienced these difficulties."

"the rules and procedures in [the council] often mean that the person cannot be considered for housing until the 11th hour, meaning that people end up in crisis and homeless."

The Medical Priority procedure

The 'medical priority procedure' was identified in both the Survey and Casework Review as causing significant difficulties. The term 'medical priority procedure' is used here for convenience but as is explained below, the procedure differs between local authorities.

Five main issues were identified:

a) The medical priority procedure is the only formal mechanism available to have medical needs recognised on a social housing application.

b) There is a lack of awareness among some local authorities as to the applicability of the medical priority procedure to mental health conditions.

c) The medical priority procedure can be time consuming and subject to significant delays outside the applicant's control. The HMD1 application form introduced in 2021[19] requires opinions from two separate medical professionals in a specified format. Processing times by local authorities are not set in statute and vary significantly.

d) The medical priority procedure is opaque with extremely limited reasons provided for decisions, rendering it difficult to evaluate the correctness of a decision or mount an appeal.

e) There is no equivalent procedure for recognising medical needs in emergency accommodation.

Addressing each point in turn:

a) Only formal mechanism to recognise needs

A common issue arising for MLRC clients with mental health conditions is how to have their needs recognised by housing authorities. The only formal procedure to have a medical need recognised in the social housing application process is the medical priority procedure. It is our experience that many local authorities refuse to take account of medical needs, even when clearly evidenced, if the person has not applied for and been granted medical priority.[20]

The lack of any other procedure to have medical needs recognised exacerbates the difficulties caused by the four other specific issues outlined below.

Further, the focus on medical priority as the only mechanism for recognising needs may not be appropriate in all cases. The medical priority assessment criteria are unclear (discussed further below) but there is evidence that in many areas the criteria are focused on issues of access. For example, the assessment form used in one local authority[21] offers just four set options of specific housing requirements that the medical assessor can select as either 'yes' or 'no'.

The previous National Strategy on Housing for Disabilities noted a range of factors that are recognised as contributing to an ideal residence in the community, conducive to recovery for persons with mental health difficulties:

> *"Property should be bright and of a high decorative and functional standard;*
>
> *Located in a settled / mature community;*
>
> *Provide a quiet and restful environment;*
>
> *Provide space and privacy to the tenant;*
>
> *Be close to public transport services;*
>
> *Be convenient to shopping, church and other community services including education, training and community day services, amenities and recreation facilities;*
>
> *Provide access to fresh air and greenery."*[22]

b) Lack of awareness of application to mental health conditions

A frequent issue that arises in practice is lack of awareness of the application of the medical priority procedure to mental health conditions. This issue was flagged in the National Disability Strategy 2016 which stated that:

> *"Applicants and their advocates, where appropriate, should be informed that disability, including a mental health disability, is one of the grounds under which housing needs can be considered. Making the housing authority aware of a disability will mean that the authority can plan to meet the specific needs arising and to consider individual needs and additional supports required from other agencies in the allocation process."*

Section 22(7)(b) of the 2009 Act allows local authorities to disregard their allocation schemes in order to provide social housing support to a household on exceptional medical grounds. Aside from this, there is no statutory mechanism in respect of medical priority. Under section 22(2) of the 2009 Act, a local authority can only normally allocate dwellings in accordance with its allocation scheme. Section 22(3) of the 2009 Act requires each local authority to have an allocation scheme and under section 22(10) of the 2009 Act, the adoption or amendment of an allocation scheme is a reserved function (i.e. it is voted upon by the elected members; not adopted by the executive officials).

It is important to stress that allocation schemes (and medical priority that arises under them) apply only to social housing support provided under Part 2 Chapter 3 of the 2009 Act. There is no formal mechanism for medical priority in respect of emergency homeless accommodation.

Each local authority addresses medical priority (or a related form of priority) in their Allocation Schemes. These schemes generally give little detail as to the criteria for obtaining such priority; they tend merely to state that medical priority is available and will put applicants for social housing support in a higher category of need. This renders it difficult to obtain clear information on the applicability of the procedure. The focus on 'exceptional' need or serious disability sufficient to change the order of allocation sets a very high bar and may exclude people with genuine medical needs in terms of property type.

When individuals seek clarification from local authorities, widely differing responses were reported. A significant number of Survey respondents reported being expressly told that mental health is not a ground for medical priority. There is nothing in the wording of the four Dublin Local Authorities' allocation schemes to suggest that there is any basis for this exclusion, which appears to be applied on an ad hoc basis by certain officials.

"I was specifically advised by a housing officer […] that the priority housing list is only considered if "you are in a wheelchair or have a child with autism", and that is verbatim."

"I was emailed by a housing officer to advise that the disability list is mainly for people with physical or intellectual disability."

"[There is] a complete lack of understanding of mental health issues by clerical officer in charge of housing allocations."

"I was told that mental health was not a disability."

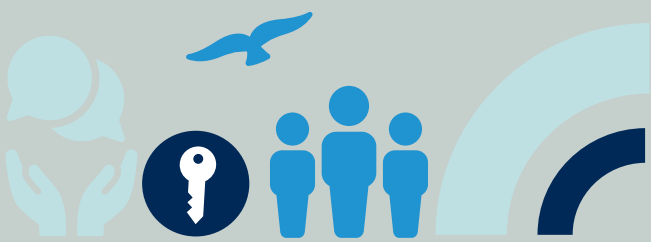
"I was told by the council that everyone has mental health problems."

c) Delay

The slow nature of the medical priority procedures used by local authorities has been flagged as problematic, particularly where a person's medical condition presents an urgent housing need. There are three main points of delay in the medical priority procedure.

First, the person must be aware of the medical priority procedure and of its application to their situation, which as noted above, can be a point of difficulty. If applicants are misinformed that medical priority does not apply to their conditions this may delay their application. Further, social housing applicants who disclose medical conditions to the local authority as part of their overall application are sometimes unaware that to have those needs formally recorded they need to go through a separate process. MLRC frequently deals with clients who are under the impression that they have 'medical priority' of some form because they have submitted medical documentation to the local authority, but who do not in fact have this priority recorded because they did not follow the correct procedure.

The extent to which the medical evidence submitted by the applicant will be decisive varies between local authorities. For example, the Fingal County Council scheme expressly provides for both physical and mental illness, but also requires the Council's chief medical officer to sign off on medical priority before it is awarded. Submitting an applicant's own medical documents will not meet this criterion. As this was adopted by the elected members in Fingal, the officials in that local authority have no discretion and must apply that procedure. Conversely, South Dublin County Council's allocation scheme requires only that 'regard shall be had' to the report of the Council's medical advisors. Again, it must be stressed that the procedures involved are provided for in allocation schemes (not legislation or statutory instruments) and where they are not provided for expressly in allocation schemes, the operation seems to be at the discretion of the local authority.



Second, there are also no statutory timeframes for processing these applications. One Survey respondent gave a personal story of applying for medical priority seven months ago and, to date, not receiving so much as an acknowledgement. MLRC has advised a number of clients whose medical priority applications took over six months to be determined, including one case where the applicant (who was ultimately successful) waited eighteen months for a decision.[23]

Third, the HMD Form 1 introduced by way of circular in 2021[24] requires two separate medical professionals to complete a designated form. Obtaining appointments with two medical professionals can cause considerable delay. However, it is acknowledged that the HMD1 Form is a welcome step in standardising procedures across local authorities, and the specific nature of the queries set out in the form may also be of benefit in ensuring the medical professionals involved provide all the information required for the application to be properly assessed.

d) Transparency

Medical priority decisions can have a profound impact on a person's life. The decision can impact how quickly a person can secure housing and the appropriateness of that housing to their needs. Such decisions should therefore be subject to the same rigorous fair procedures requirements as other housing-related matters. However, medical priority decisions are extremely opaque. Due to the specialised nature of these applications, they are typically reviewed by a medical assessor who returns a one-page form to the local authority with a 'yes/no' check box to express their decision. No detail is included on the form as to the factors the assessor considered or how the decision was reached.

MLRC is aware of a case where a local authority indicated that it could not provide further reasons for a medical priority decision to an unsuccessful applicant because it was not in possession of any information other than the medical assessor's form. This assertion would appear to be supported by the results of FOI requests made by MLRC in other cases for the housing files of clients who had submitted medical priority applications.

The opacity of this process raises significant concerns regarding local authorities delegating decision-making functions and regarding the compliance of medical priority decisions with fair procedures requirements. The decision on medical priority is, under most allocation schemes, that of the local authority, not that of the medical assessor. The medical assessor's form is certainly relevant information, but the local authority must make a reasoned decision and have reasons available. The importance of this requirement has been in clearly outlined numerous court decisions including *Connelly v An Bord Pleanala*[25] and *Mallak v Minister for Justice Equality & Law Reform*[26].

The Supreme Court in *Connelly* noted as follows:

"… it is of the utmost importance, however, to make clear that the requirement to give reasons is not intended to, and cannot be met by, a form of box ticking. One of the matters which administrative law requires of any decision maker is that all relevant factors are taken into account and all irrelevant factors are excluded from the consideration. It is useful, therefore, for the decision to clearly identify the factors taken into account so that an assessment can be made, if necessary, by a court in which the decision is challenged, as to whether those requirements were met. But it will rarely be sufficient simply to indicate the factors taken into account and assert that, as a result of those factors, the decision goes one way or the other. That does not enlighten any interested party as to why the decision went the way it did. It may be appropriate, and perhaps even necessary, that the decision make clear that the appropriate factors were taken into account, but it will rarely be the case that a statement to that effect will be sufficient to demonstrate the reasoning behind the conclusion to the degree necessary to meet the obligation to give reasons."[27]

In *Mallak*, the Supreme Court expanded on the underlying rationale for the obligation to give reasons for administrative decisions, stating:

"The developing jurisprudence of our own courts provides compelling evidence that, at this point, it must be unusual for a decision maker to be permitted to refuse to give reasons. The reason is obvious. In the absence of any reasons, it is simply not possible for the Applicant to make a judgment as to whether he has a ground for applying for judicial review of the substance of the decision and, for the same reason, for the court to exercise its power. At the very least, the decision maker must be able to justify the refusal."[28]

e) Emergency homeless accommodation

There is no formal procedure for a person's mental health needs to be registered when they seek emergency accommodation. The medical priority procedure only relates to social housing and does not apply to emergency homeless accommodation.[29] Notwithstanding this, MLRC is aware of cases where local authorities instructed applicants that they can only consider their mental health needs in the context of emergency accommodation if they apply for and obtain medical priority.

Quite aside from the fact that there is no statutory basis for this, the rigid procedures applicable to medical priority and the inherent delay this causes would render it, in its current form, wholly unsuitable for an emergency situation and indeed contrary to the clear purpose of accommodation under section 10 of the 1988 Act which is to provide assistance to homeless persons. The nature of homelessness is that it is a condition requiring to be addressed urgently.

The result is that the extent to which these needs are taken into account is largely at the discretion of local authority homeless services, subject to the requirements of fair procedures and in particular the requirement to take into account all relevant circumstances.[30] These services are often overstretched and lacking the procedures and training to deal with specific needs. There is also a dearth of emergency accommodation available for specific mental health needs. MLRC is aware of cases where a person was offered wholly unsuitable emergency accommodation despite clear medical evidence as to its unsuitability on the basis that those medical needs had not been subject to a successful medical priority application.

Mental health and perceived anti-social behaviour

Some Survey respondents reported a concern that certain mental health symptoms such as psychosis, particularly if untreated, may manifest as behaviour that is deemed to be anti-social when encountered by staff who are not trained or equipped to recognise or manage such behaviours. This can put the person's tenancy or emergency accommodation at risk. A related issue is that people with certain mental health conditions can be vulnerable to manipulation by others who then engage in anti-social behaviour ('ASB') which can also jeopardise their tenancies.

ASB is specifically defined in the Housing Acts and the circumstances in which it may be a basis for excluding someone from social housing supports are specific to those statutory powers. The definition in section 1 of the 1997 Act specifically includes drug dealing and

> *"behaviour which causes or is likely to cause any significant or persistent danger, injury, damage, alarm, loss or fear to any person living, working or otherwise lawfully in or in the vicinity of a house provided by a housing authority…"*

This is further defined as including violence or intimidation; behaviour which causes a significant or persistent impairment of a person's enjoyment of his or her home, and damage to a person's home.

Under section 14 of the 1997 Act, local authorities can refuse to let a dwelling to a person where there is an ASB concern; however, the usual fair procedures rules apply and the local authority has to allow the person an opportunity to respond to the material upon which the local authority has based its decision.[31] There is also a mechanism for removing a person for ASB by District Court order in section 3 of the 1997 Act. The 2014 Act substantially amended the 1997 Act and contains further relevant provisions regarding ASB.

In the context of social housing delivered by Approved Housing Bodies, section 16 of the Residential Tenancies Act 2004, as amended, places an obligation on tenants not to behave '*in a way that is anti-social,*' further defined at section 17, and permits eviction on such grounds in specific circumstances. In the context of HAP, section 45 of the 2014 Act permits refusal or withdrawal of HAP on the grounds of ASB.

In addition to jeopardising the person's immediate housing, evictions on anti-social behaviour grounds are particularly impactful as in some instances these are used as a basis for deferring the allocation of further social housing or housing supports (although the legality of such suspensions / refusals can be in question).

A number of respondents noted the 'circular pattern' that can occur where placements break down due to deterioration of mental health resulting in the person going back into homeless services and deteriorating further.

"Those who are manic / in psychosis are seen as having challenging behaviour, have seen where they are asked to leave low threshold accommodation. Being made more vulnerable."

"Complex cases where a person has mental health issues can find themselves in emergency accommodation numerous times and can 'burn bridges' which results in the hostel being unwilling to let them return."

"Social housing support bans being applied when people have lost properties due to becoming unwell."

"People barred from housing due to antisocial behaviour due to MH difficulties."

"I was supporting a person whose bed was cancelled after a suicide attempt. The service said they could not support them and they were left couch surfing."

A further aspect of this issue concerns stigma surrounding mental illness. It was repeatedly raised by respondents that it was felt "people write them off as trouble" when they learn that a person has mental illness. Where a person lost a tenancy or placement due to being mentally unwell, it was felt this was "held against them" even when they had stabilised. This was the case both informally, where the "background" of a person is known in their local authority office, and formally where the person is subject to a suspension period from the housing list.

Social housing and periods of in-patient treatment

The previous National Disability Strategy 2016 recognised that:

> *"specific housing needs may arise as a result of a mental health disability, for which intervention and treatment may be ongoing, but they may also arise from a single or isolated episodic event, which, although not requiring constant intervention, has a severe impact on a person's ability to access and maintain housing that is appropriate and conducive to recovery."*
>
> *"Security of tenure is a critical issue for people with mental health disabilities. A stable home is vital in promoting recovery and insecurity or uncertainty regarding accommodation can exacerbate a mental health disability,"* and;
>
> *"All relevant agencies need to be cognisant that people may develop a mental health disability when they are already in appropriate long-term housing."*

Sharing the Vision notes that *"a lack of suitable housing as an alternative to institutional care can lead to an inefficient and expensive mental health system, with service users receiving unsuitable care."*

While it is welcomed that these issues have been recognised at national strategy level for some time, it is clear from the preparation of this report that these issues continue to manifest in practice. Local authorities take widely different approaches to situations where people need to vacate their homes for periods of time due to ill health.

MLRC is aware of a situation where, on being advised that a tenant was being hospitalised for mental health reasons, a local authority immediately boarded up the property in an apparent effort to avoid anti-social behaviour. It was unclear if any formal assessment had been carried out as to the likely duration of the hospitalisation or the impact on the person of their home becoming inaccessible. This raises concerns regarding procedural fairness and the Public Sector Equality & Human Rights Duty. It remains to be seen if the pending commencement of the Assisted Decision-Making (Capacity) Act 2015[32] will assist in such cases, for example where a person is too unwell to give clear instructions regarding the safeguarding of their property during in-patient treatment.

Delayed hospital discharge

A related issue that arose from the research was delayed hospital discharges due to housing issues.

One respondent reported *"a lot of delayed hospital discharges are influenced by the lack of supported accommodation,"* with another reporting *"long delays in hospital due to no adequate emergency accommodation."* Examples were given of lengthy delays in discharges due to lack of housing, in one case over 18 months and another approaching three years.

A further respondent reported their personal experience of *"a very stressful and lonely period of time,"* when they were discharged directly from mental health services into emergency accommodation with no follow on supports.

A theme that emerged from the Casework Review was that patients can become 'stuck' between services, with medical staff considering the person fit for discharge but the relevant local authority not accepting responsibility for accommodating them. This was demonstrated in the FOI Review, where one local authority included in their emergency accommodation procedures the following statement:

"For referrals from hospitals for persons who are going to be homeless at the point of discharge the referring hospital should be advised that they should discharge the person in line with their discharge policy and this does not include discharging the person to homeless services."[33]

It should be noted that section 2 of the 1988 Act expressly includes people "living in a hospital, county home, night shelter or other such institution," that are so living because of a lack of other accommodation in the definition of homelessness.

Local authorities accordingly have a statutory duty in such cases to conduct a homeless assessment and make provision for the accommodation of such persons under the 1988 Act.

Case study #2

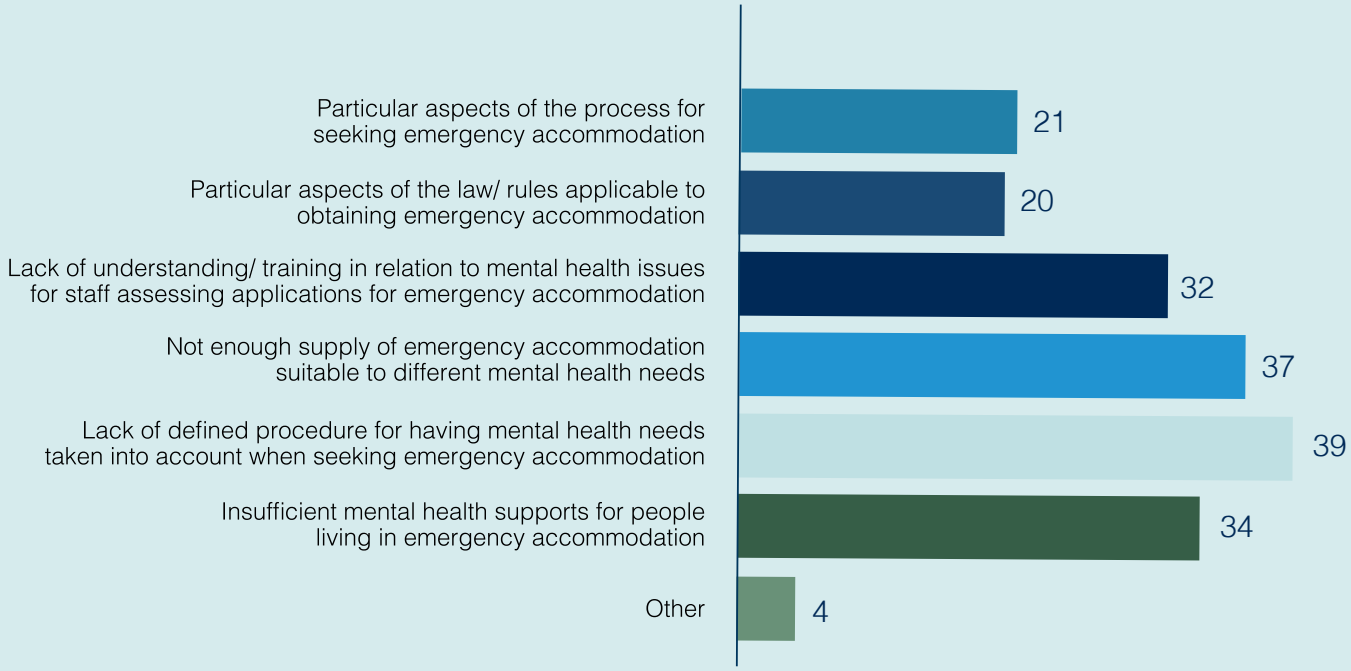
Mercy Law represented a young care leaver with a serious mental health diagnosis who had aged-out of care leaver accommodation but was forced to overstay because of difficulties obtaining permanent housing. The local authority were aware of the client's vulnerability and housing need but failed to engage with advocates working on their behalf in relation to their housing needs.

The client became unwell and entered inpatient mental health care. When they became well enough for discharge this was delayed as they still had no accommodation.

The local authority eventually arranged emergency accommodation, but only after the client was discharged from the facility. The local authority then provided temporary accommodation but continued to fail to engage with their advocates regarding their long-term housing needs and pressured the client to sign documents in relation to their housing entitlements without obtaining further advice. Following extensive advocacy over a prolonged period by social workers and Mercy Law, the client was allocated suitable social housing.

6. Analysis in relation to emergency homeless accommodation

*What do you think are the main barriers?**



*Responses to survey question #5

Homelessness and emergency homeless accommodation present particular challenges for people experiencing mental health difficulties[34]. People may present to homeless services with additional needs, or may experience worsening mental health outcomes following periods of homelessness, whether in emergency accommodation or otherwise. Consideration of the impact of homelessness on mental health is beyond the scope of this report, however some illustrative survey responses are included to highlight the complexity and interrelated nature of these issues.[35]

89% of survey respondents believed people with mental health difficulties face barriers when trying to access emergency homeless accommodation. Many of the reasons for this overlap with barriers that exist in the context of social housing and are addressed above. Some key themes identified include:

- A lack of defined procedures for people with mental health needs requiring emergency accommodation;
- A lack of supply of emergency accommodation suitable to different mental health needs;
- A lack of sufficient mental health supports for those living in emergency accommodation;
- A lack of training / understanding of mental health issues for both local authority staff responsible for assessing need and allocating such accommodation and staff working in emergency accommodation centres; and
- A lack of understanding of behaviours related to mental health resulting in removal from emergency accommodation where a person becomes unwell.

There is a considerable degree of discretion afforded to local authorities in the provision of emergency accommodation. Due to the lack of uniform procedures for considering mental health needs when allotting emergency accommodation, the extent to which these needs are met depends to a significant extent on the exercise of such discretion. In some cases this discretion is well applied and the Casework Review and Survey showed examples of local authorities taking great care to accommodate the needs of vulnerable people facing homelessness. However, there are also examples where this does not occur and where 'discretion' appears to be treated as meaning that taking such needs into account is merely optional. See for example Case Study #3 below.

Freedom of Information review of emergency accommodation policies and procedures

The FOI Review involved collation and review of the policies, procedures and guidance stated to be relied upon by local authorities in relation to emergency accommodation, in particular assessment of eligibility of applicants and allocation of emergency accommodation. The materials provided by each local authority were reviewed by a legal researcher to identify references to consideration of mental health needs.

There was significant variation in the nature and extent of the policies, procedures and guidance pointed to by each local authority. For example, one respondent indicated that the only guidance for assesing egilibility was the Social Housing Assessment Regulations 2011-2021 (which do not relate to emergency homeless accommodation) and section 2 of the 1988 Act (which contains the statutory definition of homelessness), while another respondent provided 87 pages of material.

The FOI Review supported the survey finding that there is a lack of defined procedures for people with mental health needs requiring emergency accommodation. A majority of local authorities provided material which included express reference to mental health needs, but the level of detail varied significantly. A number of local authorities reported utilising an application form including at least one specific question as to the applicant household's mental health needs. Again, the nature and detail of the questions varied.

The inclusion of a query regarding mental health needs on the emergency accommodation assessment form is welcome, however a number of points arise:

- Not all local authorities use the same form.
- In some cases, the specific query regarding mental health needs is framed around whether the person has or is receiving treatment from mental health services. This may discourage responses from those without formal treatment arrangements.
- In practice, applicants do not always fill out the form directly but rather are assessed through verbal interview with a local authority staff member who then completes the form. This accommodation is necessary in some cases, particularly for those with accessibility issues such as language barriers or literacy difficulties. However, where this occurs there is an even greater need for such staff to be appropriately trained and resourced to ensure the questions are fully answered and that questions regarding sensitive matters such as suicidal ideation and self-harm are addressed in an appropriate manner.
- The most overarching issue is that it is unclear what is done with the information on the form once gathered. Many of the local authorities which produced a form did not produce any guidance which informed staff what to do if mental health needs were disclosed on the form. Case study #3 below, gives an example of a local authority that stated in writing that it could not consider the specific emergency accommodation requirements of the client if they had not obtained medical priority. That same local authority reported in the FOI Review that it utilised an emergency accommodation application form including specific questions regarding mental health needs. This demonstrates that the inclusion of a mental health needs question in a form does not automatically translate to those needs actually being taken into consideration.

Case study #3

MLRC represented a man with diagnosed severe mental health conditions including bipolar disorder, alcohol dependency disorder, severe depression with suicidal ideation, anxiety and claustrophobia. The man was homeless and sheltering with family in an overcrowded caravan in a volatile living situation that caused great distress to the man and his family. He was in dire need of suitable emergency accommodation while his long-term housing needs could be addressed. He struggled to advocate for his own housing needs due to his mental health conditions and lack of literacy, but had good support from his family and professionals. The local authority were fully aware of the situation and his needs. The only 'special' requirement he had in relation to emergency accommodation was for own-room accommodation as his mental health conditions rendered congregated settings wholly unsuitable. This requirement was supported by strong medical evidence.

In addition to repeated pleas for help from family, supported by medical evidence, a hospital social worker also wrote directly to the local authority seeking immediate suitable emergency accommodation and caseworker support from the local authority to meet his long term needs. Over a year after that hospital admission, no progress had been made on either front. The local authority insisted that they could not provide own-room emergency accommodation without the man first obtaining medical priority, which he had applied for but was denied on unclear grounds. When he sought to appeal that decision he was advised he had to use the HMD1 form, which meant obtaining two new medical opinions, which would cause a huge delay.

When the volatile living situation ultimately broke down, he resorted to rough sleeping rather than face a congregated hostel setting, with grave consequences for his mental and physical health, including reporting that as a result he relapsed into alcoholism. Ultimately, the deterioration in the man's situation required referral for urgent health supports and the resolution of his housing situation was stalled.

This case study highlights a number of the issues addressed in this report;

- Overreliance on medical priority procedures (both defined and ad hoc) and the related deficiencies in those procedures;
- The lack of a clearly defined procedure for assessing mental health needs for emergency accommodation and ensuring those needs are met;
- Application of a 'one size fits all' approach, such that the local authority considered its duty met when it approved the client for HAP and congregated emergency accommodation without addressing the considerable evidence provided that this was wholly unsuitable, potentially in breach of the fair procedures requirement to take account of all relevant considerations;
- Failure by the local authority to consider its obligations to the client and his family under the Public Sector Equality & Human Rights Duty; and
- Possible lack of suitable accommodation for disability.

One respondent highlighted the negative spiral that can occur where mental health needs are not met in emergency accommodation:

> *"Difficulties with accessing mental health services and consultant reports can result in an individual not being able to provide the evidentiary basis for emergency accommodation alternative to communal settings. Even where these are present, the emergency accommodation provided can be wholly inappropriate and without the accompanying case management support. Where placements break down, despite medical evidence to suggest that mental health was a contributing factor, individuals can be provided with referral to communal emergency accommodation. It is difficult not to see these decisions as punitive."*

In addition to the selected quotes below, a notable number of respondents reported personal stories of feeling unsupported when seeking access to emergency accommodation while experiencing mental health issues, in some cases resorting to rough sleeping or couch surfing rather than accept unsuitable offers.

"So much of the mental illness in homeless services is avoidable if mental health services were proactive, responsive and willing to trust staff experience as expertise in its own right."

"Emergency accommodation is often an unsuitable environment for people with complex mental health conditions."

"People struggling with mental health difficulties symptoms can be so vulnerable living in emergency accommodation through stress and lack of privacy. Most individuals will try to cope using alcohol or illicit drugs to manage the environment - what came first the addiction / mental health / homelessness."

"The issue I would see is people with MH issues being placed without consideration of their needs. Which leads to problems for all involved and results in them losing their placement and again being placed on a ban."

"People with mental health difficulties having to share bedrooms in emergency accommodation. Moved frequently due to demand at present causing unnecessary added stress"

"Individuals who are so triggered in these environments that they become hostile or aggressive, may often have to sleep rough as an alternative."

"[The council] said emergency accommodation was unsuitable based on my mental and physical health issues and medication but there were no alternatives provided."

7. Conclusion and Recommendations

This report has highlighted several barriers and obstacles that exist for people with mental health issues seeking to access housing supports. Drawing from these findings, a number of recommendations are proposed below. It is hoped that if proposals similar to those set out below are implemented, the barriers that currently hinder people with mental health issues accessing the housing services to which they are entitled will be reduced and our social housing system will become more equitable. The potential for the Public Sector Equality & Human Rights Duty to drive positive change in this area is particularly emphasised.

Supply

Supply of sufficient housing was the primary barrier identified by survey respondents. In our experience, many of the other problems identified in this report worsen in times of

constrained supply. While the commitments in Housing for All regarding the expansion of Housing First and mental health supports for people in homelessness are welcome, it is disappointing that Housing for All only briefly addresses the need to increase supply of social housing for this cohort in the context of housing for persons with disabilities generally. The removal of the other barriers outlined in this report will be of limited value if sufficient supply of appropriate accommodation for different mental health needs is not available.

Lack of training / understanding

All staff involved in the provision of social housing supports and emergency accommodation should be provided with appropriate training. Training needs for specific roles should be identified, but at a minimum should include the following:

- An understanding of mental health conditions and the specific needs that may manifest, to the extent relevant to the specific role.
- A clear understanding of the relevant frameworks in which they operate. For example, persons providing information to the public in relation to, or involved in the processing of, medical priority applications should be fully aware of the applicability of such procedures to mental health.
- A clear understanding of the statutory distinction between social housing support under Part 2 Chapter 3 of the Housing (Miscellaneous Provisions) Act 2009 and emergency homeless accommodation provided under section 10 of the Housing Act 1988.
- A clear understanding of the legal obligations of administrative decision makers, in particular concerning fair procedures matters such as the duty to consider all relevant factors and the duty to give reasons.
- A clear understanding of the Public Sector Equality & Human Rights Duty and how it applies to the delivery of services at an individual level.

Revisions to applicable laws and procedures

- There should be a greater focus on informed procedures that allow space for people with different needs. Specific recommendations include:
- Clear pathways to assist a person struggling with the social housing application procedure.
- Flexibility in the Household Means Testing Policy to waive the 12 month income assessment in exceptional cases such as where a person has lost their income due to mental illness.
- The application of the medical priority procedure to mental health conditions should be clarified.
- Consideration should be given to less onerous pathways for a person's mental health needs to be recorded, particularly where those needs do not rise to the level of disability or a requirement for specific housing.
- Collation of reliable data in relation to numbers of medical priority applications made on mental health grounds, including the total received and the percentage granted, would facilitate analysis and planning.

Emergency accommodation

The most apparent result from the survey is that a clear procedure for recognising mental health needs in respect of emergency accommodation is urgently needed. This could be achieved through the issuing of regulations under Section 10(11) of the 1988 Act.

Further recommendations are:

- Introduction of a uniform assessment procedure for presentations to homeless services in all local authorities, that includes clear and appropriate assessment of mental health needs.
- Collation of reliable data in relation to those presenting as homeless with a mental health condition to enable better planning.
- Consideration to be given to having emergency accommodation regulated by the Health Information and Quality Authority (HIQA), to improve overall standards in emergency accommodation.
- Consideration to be given to time limits for stays in emergency accommodation before a permanent housing solution must be provided to the applicant.

Endnotes

1 For the purpose of this report, unless otherwise stated social housing supports include social housing, whether provided through a local authority, Approved Housing Body or otherwise, rent assistance such as Housing Assistance Payment and Rent Supplement, other schemes such as RAS, and emergency homeless accommodation.

2 Page 8 Analysis of Households with a disability basis of need for social housing 2020 https://assets.gov.ie/213189/9a3039aa-e041-40f7-9831-f05d54890ae7.pdf

3 Page 15 National Housing Strategy for Disabled People 2022 – 2027

4 Page 38 of the National Housing Strategy for Disabled People 2022 – 2027

5 Sharing the Vision: A Mental Health Strategy for Everyone

6 Gutwinski S, Schreiter S, Deutscher K, Fazel S. The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS Med. 2021 Aug 23;18(8):e1003750. doi: 10.1371/journal.pmed.1003750. PMID: 34424908; PMCID: PMC8423293.; in an Irish context, Rebecca Murphy, PhD, Kate Mitchell & Shari McDaid, PhD Homelessness and Mental Health: Voices of Experience, June 2017

7 A copy of the survey is available on www.mercylaw.ie/publications

8 The requests were made under Section 12 of the Freedom of Information Act 2014 seeking "copies of all policies, procedures and guidance utilised by [local authority] in relation to the accessing of emergency homeless accommodation, including but not limited to (i) the assessment of eligibility for such accommodation and (ii) the allocation and re-allocation of such accommodation." Requests were issued to all 31 local authorities and substantive responses were received from 29 local authorities.

9 SI 84/2011, as amended by the following statutory instruments: 136/2011; 321/2011; 288/2016; 116/2021; 73/2022; 446/2022; 615/2022.

10 Section 10(4) of the Housing Act 1988 allows the Minister to make regulations regarding the recoupment of the costs of such emergency accommodation from funds provided by the Oireachtas. See SI 362/1988; SI 157/1993; and SI 537/1998.

11 The survey did not include a definition of 'suitable housing' and this was therefore open to the interpretation of survey respondents. Given the spectrum of mental health based needs, this response could relate to the availability of specifically adapted housing through to the general availability of all social housing. See for example: Design for Mental Health Housing-Design-Guidance-MAY-2017.pdf (housingagency.ie)

12 Section 63 of the Housing Act 1966, as amended

13 National Housing Strategy for People with a Disability 2011-2016 (Department of the Environment, Community and Local Government October 2011) – Chapter 9

14 To ensure a broad range of responses, this question did not specify what aspects of the process were under consideration and survey respondents were instead asked to provide additional detail if they responded to these questions in the affirmative.

15 https://assets.gov.ie/213189/9a3039aa-e041-40f7-9831-f05d54890ae7.pdf

16 State (Lynch) v Cooney [1982] IR 337; P&F Sharpe Ltd v Dublin City and County Manager [1989] IR 701

17 It should be noted that the standard social housing application form is set down in legislation and is therefore consistent across all local authorities. However, practical differences can arise in the implementation of the requirements and in particular the supporting evidence requested for such applications.

18 Page 46

19 Circular: Housing 11/2021 Social Housing Assessment (Amendment) Regulations 2021

20 See for example Case Study #3

21 South Dublin County Council

22 See note 13 above

23 Mercy Law lodged FOI requests with the four Dublin local authorities seeking details of the average length of time to determine medical priority applications and responses varied from 6 to 12 weeks, with one authority noting that while it endeavoured to respond in 12 weeks this was not a statutory requirement. One authority indicated that it could not provide an average and one authority failed to respond.

24 See note 19 above

25 [2018] IESC 31; [2021] 2 IR 752.

26 [2012] IESC 59; [2012] 3 IR 297.

27 [2018] IESC 31; [2021] 2 IR 752, para.30 per Clarke CJ.

28 [2012] IESC 59; [2012] 3 IR 297, para.74 per Fennelly J.

29 See generally sections 19-22 of the Housing (Miscellaneous Provisions) Act 2009 and sections 2 and 10 of the Housing Act 1988. While the courts have taken a flexible approach to cases where there is a perceived conflation of the criteria for each, the criteria are distinct and remain separate, See Middleton v Carlow County Council [2017] IEHC 528.

30 As was noted above, the Minister has the power under section 10 of the 1988 to introduce regulations governing the operation of homeless accommodation provision but no such regulations have been adopted.

31 See generally Bridget Ward v Galway County Council [2006] IEHC 445

32 At the time of writing, following the recent enactment of the Assisted Decision-Making (Capacity) (Amendment) Act 2022 commencement was mooted for early 2023.

33 Monaghan County Council

34 See for example a recent report by DePaul and Simon Communities on Mental Health & Homelessness https://ie.depaulcharity.org/wp-content/uploads/sites/2/2023/01/Mental-Health-Homelessness-Report-2022.pdf'

35 The survey did include a question regarding mental health supports generally, with 79% of respondents identifying insufficient mental health supports for people living in social housing as a barrier. This issue was ultimately deemed beyond the scope of this report and not examined further.

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Report designer: www.whitespacedesign.ie

25 Cork Street, Dublin 8, D08 YD91, Ireland
T: 01 453 7459
F: 01 453 7455

Email: info@mercylaw.ie
Website: www.mercylaw.ie
Facebook: @MercyLawResourceCentre
Twitter: @MLRCLaw
Linkedin: @mercy-law-resource-centre/

Mercy Law
Resource Centre

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