

## Addressing Residents with Mental Health Concerns

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**Purpose:** To provide National Apartment Association (NAA) members guidance for effectively working with residents with mental health concerns in an educated and compassionate way, while also protecting the well-being of all residents, promoting healthy and constructive interactions and [avoiding accusations of discrimination](#).

**Applies to:** Onsite team members and all other NAA members who are involved in ensuring resident well-being.

**Overview:** Research from the U.S. Department of Housing and Urban Development (HUD) indicates that people with a mental disability (MD) face significant barriers to obtaining and retaining housing. Apartment management companies should know best practices for working with residents who have mental health concerns—as they would with any resident—to find the right third-party resources when needed and to build understanding among residents. Other considerations include staff training on topics such as how to best interact with persons from diverse backgrounds who have mental health concerns and using interns to supplement the efforts of regular staff to address residents' needs.

The following guidance is based on input from mental health experts as well as academics, property management and legal professionals.

**Case Study:** A resident at Virginia Beach Community Development Corporation with a psychiatric illness had stopped taking their medications and made threats to staff. The staff at Virginia Beach CDC, which has 82 apartment homes for veterans and another 30 for other residents who receive supportive services, remained calm and, based on the training they had been provided, successfully de-escalated the situation. “They were able to say, ‘At this point, we need to call emergency services,’” says Tanisha Davis, Director, Family Community Support Services for Virginia Beach CDC. “They let the person talk. The individual agreed. They said, ‘It’s for your safety, and it’s for the safety of the other individuals.’” Davis further says that when emergency services arrived, the resident did not become aggressive or violent. It’s important to note that this situation had a positive outcome based on the training that was already in place.

**Guidance:**

1. **Be Fully Aware of Legal Considerations** – Under the federal Fair Housing Act, people should not be excluded from housing based on a disability, including a mental illness or substance abuse. There's always supposed to be a collaborative process between residents and owner/manager to find solutions to an issue that work for all parties. The Act says that facility management needs to provide accommodations in policy to those with mental disabilities, creating an opportunity for a legally required dialogue.

If people are working in good faith on both sides, that dialogue usually bears fruit. The Fair Housing Act can be a very constructive process that leads to a lasting solution. In addition, the federal Rehabilitation Act requires that landlords receiving public money, typically for Section 8 Project-Based Voucher developments, cannot discriminate against those with a mental health concerns and need to modify policies to ensure that such voucher-holders are accommodated.

2. **Develop Individual Crisis Plans** – Before a resident experiences a mental health crisis, or exhibits signs that indicate a crisis is imminent, management should have a plan in place, ideally developed with help from a case manager or a mental health skill builder. Ask the resident what makes them feel like they are in crisis and what steps an apartment manager, case manager or other staff can take to help.

Make sure people who need services such as visiting a mental health professional are somehow attached to those services. Ask whom you should contact if the resident feels like they are about to experience a mental breakdown, possibly someone who has helped them regain control in the past. These contacts could include a substance abuse counselor for those with addiction-related issues, or a psychiatrist for those on medications, so that if they stop taking their medication, the staff knows what to do.

Sometimes, those with mental health concerns are unable to identify that they are having an issue. Having an emergency contact to assist you in getting services, should it become necessary, will feel more helpful and less threatening. If a resident becomes defensive, soothe them as best you can and show compassion, telling them you are just concerned about their well-being. Some will not be at a place where they are willing to seek services, in which case the management office can ask what the resident needs and how they might be supportive.

3. **Put a Plan in Place for a Crisis Situation and Put Safety First** – This starts with the design or layout of the leasing office, ensuring that staff always have available exits. If possible, staff should attempt to calmly engage an agitated resident, understand the source of their problem and try to de-escalate the situation. While the staff member might not be able to pull up the client's information in the midst of a crisis, if they have familiarized themselves ahead of time with a few key points this can be helpful; and if the crisis escalates more slowly over a period of time, they can get the appropriate supportive people on board before the issue becomes a crisis in the first place.

Often, an understanding of the trigger and resulting staff redirection calms the situation; however, staff should always have their phones charged and nearby so they can surreptitiously dial a colleague. This allows for others to hear what's happening in their office if a resident is creating a disturbance—and if there's significant danger, the colleague can, in turn, call emergency services.

If the resident is only escalating, it might be helpful to have a co-worker come in and help defuse the situation; but if the resident is threatening imminent harm to themselves or others, emergency services should be immediately contacted. If the resident is brought to a hospital emergency room as a result, in some cases, the management company might want to contact the residents case manager or emergency contact to be available should the hospital staff have any questions—and to make the resident continue to feel supported, rather than abandoned.

The bottom line is that if staff feel threatened in any way, they should remove themselves from the situation and contact management to let them know what happened, what signs they had seen of a problem and ask how the management office can assist. If a resident with a mental health concerns seems agitated and the staff person does not feel like it's a good time to approach them, perhaps bring a partner along to have a conversation—or quickly withdraw.

4. **Become Familiar with Mental Health Diagnoses** – Housing managers should have at least a layperson's understanding of the symptoms associated with common mental health issues, such as depression, anxiety, bipolar disorder and post-traumatic stress disorder (PTSD). These can be prevalent among the general population and could arise at some point. They might be more prevalent among individuals with additional stresses like a history of trauma; if that history began in childhood, the person might have multiple diagnoses and might not be 100-percent clear on how to describe their mental health issues. A working knowledge of Adverse Childhood Experiences (ACEs) as defined by the U.S. Centers on Disease Control and Prevention (CDC), also is helpful.
5. **Become Familiar with Resources in Your Community** – Try to be proactive rather than reactive and make sure you know what resources are at your disposal in terms of state, regional and local mental health agencies or offices. A case manager who can act as a go-between can be very helpful—and help build trust—for both the resident and property manager. Increased access to case management services following Medicaid expansion in the Affordable Care Act has been helpful in finding an advocate for those who are lower-income and don't have a family member or friend who can do so.

Publicly funded community mental health agencies that provide guidance on mental health-related issues are often insufficiently staffed where it concerns booking an appointment. But they frequently operate a crisis line staffed by a mental health counselor whom a building manager could contact to say, "I'm with someone who is exhibiting symptoms of 'ABC.' I'm looking for clarification on how we should proceed." There are specific resources for military veterans that can be utilized when appropriate. Find out what other community agencies have mental health-trained specialists who are familiar with common symptoms and conditions, can help de-escalate situations and have an awareness of other available resources.

Those trained in de-escalation can work with a person with mental health concerns who is crying, screaming or nonverbal in a calm and nurturing way. Finally, there is always the local emergency room to turn to for an evaluation and next steps. This should be summarized in a handy resource guide, ideally with a decision tree that covers what to do in a variety of scenarios.

6. **Regularly Train Staff** – Ensure that staff are up to speed on diagnoses and resources available through various specialized training options from your local network of mental health and social service agencies. Some of these workshops cover standard information that everyone should know, while others might be focused on a more specific area of expertise.

Local and state apartment associations are a good place to start in terms of identifying training opportunities, such as skills-building workshops to better understand the community and the issues involved, or coaches who can come in and address specific topics of interest. There are also webinars available from organizations like the National Alliance on Mental Illness (NAMI).

Provide training opportunities through various channels to account for the gamut of learning styles. Ideally, this training should cover cross-training around intersectionality between people with mental health concerns and diverse populations like people of color, LGBTQ+, the elderly, domestic violence victims and others. Pay attention to "hot topics" in which staff needs improvement and talk about how

you are going to execute these efforts. Try to have retreats every so often to delve deeper into topics in which apartment management staff might not have sufficient understanding, such as the effects of clinical depression. Recommend and be open to recommendations for books and other materials that could be shared with the group for further education.

- 7. Build Understanding Among Other Residents** – Building understanding among residents can be tricky to navigate because building managers are legally prohibited from telling one resident about another’s mental health or substance abuse issues. But if a resident complains or informs them about the behavior of a neighbor who has a mental health concern, it’s fine to say, “Thanks for letting us know. We are aware of it and taking care of it, but please don’t hesitate to contact us if you are alarmed or disturbed by this person’s behavior.”

Often, residents are understanding of one another, but of course anyone could become alarmed by someone who’s physically acting out. It’s best to do what you can to educate residents in a general way about mental health concerns and how everyone responds to crises differently, encouraging a combination of respect and understanding among neighbors. Point out that we don’t always know what path somebody is walking. Sometimes, a modification as simple as suggesting that someone enter their apartment through a back entrance rather than going through a common area can distress a resident, and their neighbors, because they are no longer encountering one another as regularly.

- 8. Defuse Neighborly Tensions Where Possible** - Apartment managers should also make it clear that if a neighbor who has mental health concerns is being disruptive and seems to be in violation of rules outlined in the lease, other residents are welcome to reach out to the housing management team. Focus these conversations on the main concern, about harm to the resident or their property, and filter out any gossip or hearsay. In some cases, the complaints may be related to different lifestyles, and there’s no right or wrong answer—so you need to impress upon the person complaining that there are “different strokes for different folks.”

Challenge the person in that type of situation to think about how they would feel if the person they are complaining about were a family member or friend. Ask how the behavior violates the lease agreement—it can make a difference whether the issues are taking place at 3 p.m. or 3 a.m. In all these conversations, make sure you do not violate anybody’s confidentiality. Property management professionals have a legitimate concern about getting too specific; at the same time, they need to ease the fears of neighbors. Encourage residents to get to know one another and be friendly. That way, they are more likely to act if they see or hear something of concern.

- 9. Provide Basic Renter Information** – Residents with mental health issues might not be as aware of the basics of the management-resident relationship, so it might be helpful to develop a curriculum on what you need to know about signing a lease. This could cover what’s on the standard lease, what is and is not acceptable and how to handle a grievance with management or another resident.

This could take the form of a pamphlet that lays out in layman’s terms the basics of renting housing, including topics such as the rent being due on the first of the month, contacting the maintenance department if there’s a problem with the unit, how to address a problem with utilities and so forth. Many residents might toss such a pamphlet in a drawer and forget about it; others might find it useful in achieving self-sufficiency.

Residents with mental health concerns also might need to have basic expectations underscored about issues like cleaning, setting individual goals that will enable them to remain compliant with their lease agreement, whether the housekeeping plan is supposed to be carried out once a week or once a month. Keep reiterating expectations and give people a chance to get up to speed on rules and regulations. Even if you went over what you expect when they signed a lease, they might have been

too distracted at the time by the excitement and anxiety of moving into a new home, so they were simply not hearing you. During the COVID-19 pandemic, this information will need to be communicated in a newsletter or otherwise in writing.

10. **Watch Your Language** – The use of language, whether in writing or verbally, can make a difference in how messages are received and perceived. You might refer to staff people who are essentially case managers as “neighbor advocates,” which has a less clinical connotation. Talk about people’s strengths and start from there, rather than categorizing them by deficiencies. If someone constantly calls and aggressively complains, take that negative behavior and turn it into something positive, starting your response by praising them for their self-advocacy. If a resident with mental health concerns calls several times and gets irate, then calls back the next day to apologize, let it go and do not take it personally.
11. **Bring in Interns to Support Management** – Local universities might have bachelor’s or master’s students in fields like social work or human services who are interested in housing and community development work and who could be recruited to help build community and create informational content. Apartment managers do not want to have an intern responding to crises, of course, at least not alone; however, interns could work with a resident to develop a crisis plan, model how to talk to a neighbor about a challenging issue or develop a resource list that can be helpful to all residents. They could even run a financial literacy seminar for those who lack these skills. They very often bring the energy and fresh perspective of those excited to get into the field with new ideas.
12. **Find Resident Another Setting if Necessary** – Unfortunately, there will be times that despite your best efforts, a resident continues to cause disturbances, makes other residents fearful and doesn’t respond to attempts to de-escalate and get them on a constructive track. Simply being an unpleasant person, of course, is not grounds for an eviction. And getting upset at a community potluck and smashing a plate against a table, for example, might not be, either, although the person cannot simply continue to behave in such a way with impunity; modifications will be required, possibly by a judge.

Ultimately, if you’ve attempted to hold a resident with mental health concerns accountable for abiding by their lease terms, attempted to link them to the right providers and there still hasn’t been sufficient progress, they might need a residential facility of some kind with dedicated staff to specifically address those with a mental illness or substance abuse issues. Offer them resources and a way forward as best you can. And allow them out of their lease so they can get the proper treatment they need.

## **Related Links**

[Information about the federal Adverse Childhood Experiences \(ACEs\) study](#)

[National Alliance on Mental Illness](#)

[National Council for Behavioral Health](#)

[Substance Abuse and Mental Health Services Administration](#)

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### **About NAA**

The National Apartment Association (NAA) serves as the leading voice and preeminent resource through advocacy, education and collaboration on behalf of the rental housing industry. As a federation of more than 150 state and local affiliates, NAA encompasses over 82,000 members representing more than 10 million apartment homes globally. NAA believes that rental housing is a valuable partner in every community that emphasizes integrity, accountability, collaboration, community responsibility, inclusivity and innovation. NAA thanks its strategic partners Lowe's Pro Maintenance Supply Headquarters and Yardi. To learn more, visit [www.naahq.org](http://www.naahq.org).