



## Factfile 2

# Mental health and housing

'Good quality, affordable, safe housing is essential to our wellbeing. Mental health and housing are closely interlinked. Mental ill health can lead to homelessness. Homelessness, poor quality housing and housing insecurity can lead to mental health issues. Mental ill health can also make it difficult for people to find and maintain good quality housing'

Multiple disadvantage remains a significant problem in the UK. Government estimates that over 5 million people suffer from multiple disadvantages and 3.7 million do so persistently. Poor mental health, poor housing, worklessness and income poverty are all indicators of multiple disadvantage.<sup>1</sup>

Good quality, affordable, safe housing is essential to our wellbeing. Mental health and housing are closely interlinked. Mental ill health can lead to homelessness. Homelessness, poor quality housing and housing insecurity can lead to mental health issues. Mental ill health can also make it difficult for people to find and maintain good quality housing.<sup>2</sup>

## **HOUSING AND MENTAL HEALTH**

Housing problems are common among people with mental health conditions. Nearly half (24,429) of all clients with disabilities accessing Supporting People housing-related support in 2008/09 defined themselves as having a disability specifically in relation to their mental health.<sup>3</sup>

Of these 50% (12,364) were subject to the Care Programme Approach (CPA), indicating high mental health needs.<sup>3</sup>

People with mental health conditions are more likely to live in rented accommodation than to be owner occupiers.<sup>4</sup>

People with mental health conditions are twice as likely as those without mental health conditions to be unhappy with their housing and four times as likely to say that it makes their health worse.<sup>4</sup>

Mental ill health is frequently cited as a reason for tenancy breakdown.<sup>4,5</sup> Rent arrears are a major issue behind many evictions.<sup>5</sup>

Housing problems are frequently cited as a reason for a person being admitted or re-admitted to inpatient mental health care.<sup>4</sup>

Finding appropriate accommodation and lack of appropriate move-on housing is a major reason for delays in discharging people back into the community from secondary care.<sup>5</sup>

Housing sector staff often lack awareness of mental health issues. Conversely, mental health staff frequently lack awareness of housing issues.<sup>4</sup>

Many people with mental health conditions live in mainstream housing but housing providers are often not confident about how to support a tenant with mental health conditions; as a result people are more likely to be allocated unsuitable or unacceptable accommodation.<sup>5</sup>

Lack of housing can impede access to treatment, recovery and social inclusion; accessing mental health services and employment is more difficult for people who do not have settled accommodation. Having secure and settled accommodation, with the right kind of support, can have a positive impact on people's recovery. Housing is critical for people to work and to take part in society.<sup>5,6</sup>

Housing benefit claims can be complex and take time to access. People with mental health conditions may struggle to manage their money during periods of crisis. Debt is common and housing staff and services are not always proactive in identifying these issues and developing ways to prevent situations escalating or help the person to have contingency plans in place.<sup>7,8</sup>

Few landlords and social housing officers have received mental health awareness training and many may be unaware of the simple adjustments and flexibilities that can prevent housing breakdown. This is exacerbated by limited joint working and sharing of knowledge across health, housing and related services and sectors.<sup>4</sup>

## HOMELESSNESS AND MENTAL HEALTH

Mental ill health is common among people who experience homelessness and rough sleepers; estimates range from one third up to 76%. An estimated 43% of clients in an average homelessness project in England are likely to have mental health needs, and 59% may have multiple needs.<sup>9</sup>

The highest rates of mental health conditions are found among rough sleepers and young people who are homeless. They are also least likely to be accessing mainstream health and mental health services and to experience significant barriers in doing so.<sup>9</sup>

Over two thirds of rough sleepers (69%) have both mental health and substance use problems.<sup>9</sup>

Much higher rates of personality disorders (65%), anxiety disorders (40%), anxiety and depression (25%) and post traumatic stress disorder (25%) are found among people who experience homelessness.<sup>9</sup>

Estimated prevalence of psychotic disorders such as schizophrenia and bipolar disorder among people who experience homelessness range from 2.8% to 42.3%; much higher than in the general population (1%).<sup>1,10</sup>

A high proportion of people in custody have mental health conditions; 72% of male and 70% of female prisoners have two or more mental health conditions and two thirds have a personality disorder. More than a third of St Mungo's clients in London have been in prison, and 43% of ex-prisoners are homeless on release.<sup>9</sup>

People who experience homelessness often fail to receive care and treatment for their mental health conditions for a number of reasons:<sup>9</sup>

- poor collaboration and gaps in provision between housing and health services,
- their mental health needs, while multiple and complex in combination, may not meet threshold for a formal diagnosis,
- failure to recognise that behavioural and conduct problems such as self-harm, self-neglect, substance misuse and anti-social behaviour are manifestations of mental health conditions that require psychological interventions; and
- failure to join up health, social care and housing support services, and disagreements between agencies over financial and clinical responsibility.

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The National Mental Health Development Unit (NMH DU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

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