Brick by brick

A review of mental health and housing

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Association of Mental Health Providers

mind
for better mental health

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Foreword

Housing is more than just a roof over your head.

Having a home is essential to living a full life. We all need somewhere that is safe, secure and stable if we are to focus on our families, our jobs, our health. A home is central to our connection to our community and networks; it contributes to a sense of self-confidence and self-worth, and our place in the world.

For those of us with a mental health problem, a secure home can be even more important as it feeds directly into our recovery and to staying well. Housing difficulties or homelessness can create unbearable strains and lead to mental health crisis. And yet, it is precisely people with mental health problems who are feeling the brunt of our current housing crisis.

This report brings together existing evidence about how where you live can impact your mental health. It paints a stark picture of the severity of the housing issues facing people with mental health problems: from cold, damp, poor quality homes, unscrupulous landlords, and housing professionals holding outdated, stigmatising beliefs about people with mental health problems, to the challenges posed by housing allocation processes, the prevalence of unfair evictions, and the rising costs of housing across the board.

In all, one in four tenants with mental health problems has serious rent arrears and is at risk of losing their home. People with a mental health condition are four times more likely to report that poor housing has made their health worse. Unsurprisingly GPs identify housing issues as a common contributing factor to their patients' poor mental health.

And shockingly, because responsibilities for housing and mental health fall across multiple government departments, multiple advice services, health services and local authorities, some of the country's most vulnerable people are living in appalling conditions or slipping into homelessness while decision makers argue over who will foot the bill.

It's time this changed.

We want to see all people living with a mental health problem in a home that's right for them. We believe this is achievable.

We want the housing system to be easy for people with mental health problems to navigate and understand, with plentiful information and support available to help them do this.

We want a better level of understanding amongst housing professionals about what makes a good home for good mental health.

We want to see a reduction in the stigma that makes it hard to find a home. We want an end to unfair evictions and greater access to justice when things go wrong.

We want people's homes to be safe whilst they're in hospital having mental health treatment, so that they are no longer discharged with nowhere to go.

Fundamentally, we want more, and higher quality, homes, so that all of this can be possible.

It doesn't seem a lot to ask of one of the world's richest nations that all its citizens should have a home.

Housing is on the political agenda, talked about by politicians and media alike, particularly after the terrible events at Grenfell Tower. But action, on the scale needed to make a difference, is harder to find. We need action now if these problems aren't to become even more entrenched. We need action now if we are to have a society resilient for the future. And we need action now if everyone experiencing a mental health problem is to get the support and respect they deserve.

Sophie Corlett
Director of External Relations

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Executive summary

Mind has been conducting research to investigate the complex relationship between mental health and housing. We have reviewed over 200 articles and reports to assess the current evidence base. We have also conducted 21 in-depth interviews with people who have experienced a wide range of mental health problems and different housing situations. This report presents our findings.

Long-term negative effects

We found that high quality, stable housing is key to maintaining good mental health and is important for recovery if someone has developed a mental health problem. However, people with mental health problems are much more likely to live in poor quality accommodation and are overrepresented amongst people who are homeless.

There is a particularly strong association between bad housing and poor physical and mental health in children. There are immediate, short-term impacts on children (particularly anxiety and behavioural problems) but poor housing also has long term effects. Even if people move to better quality housing, their mental health is still affected by experiences of housing deprivation in earlier life.

Complex causes

There is broad agreement within the existing evidence that a combination of physical and social factors drive the impact of housing on mental health. These include the physical condition of the property, overcrowding, the local environment, affordability of housing costs, physical security, social connections with neighbours, and the impact of housing on identity and self-esteem. Whilst housing can have positive and negative effects on mental health, poor housing detracts from mental health more than good housing improves it.

Housing supply

The supply of stable, high quality housing is very limited due to soaring prices and limited public sector budgets. People with mental health problems face further barriers to accessing appropriate accommodation due to significant levels of stigma, discrimination and poverty. Too often people have to choose between the housing they want and the support they need. This balancing act is particularly difficult in rural areas, where services are even more limited.

Evictions and homelessness

Even if people experiencing mental health problems manage to secure accommodation, they are more likely to be evicted – either for financial reasons or disproportionate anti-social behaviour (ASB) enforcement. People who are evicted tend to have worse physical and mental health than average. But the process of eviction itself can also have profound psychological consequences. In addition, a high proportion of people who are homeless also experience poor mental health – particularly personality disorders and psychosis. Mental health problems can contribute to someone losing their home but they can also be caused or exacerbated by homelessness.

Housing after hospital discharge

Experiencing a mental health crisis – particularly if it leads to a hospital admission – can also lead to someone losing their home. The period after hospital discharge is high risk for first or recurrent period of homelessness, readmission, or suicide. However, access to appropriate accommodation and regular follow-up can significantly improve outcomes. Despite this, the lack of suitable housing and support is the single largest cause of delayed discharge from acute in-patient wards. Discharge to inappropriate accommodation harms recovery and is a major cause of readmission.

Social housing allocations

Due to the instability and costs of other forms of housing, many people experiencing mental health problems rely on social housing. However, the process of seeking housing support from a local authority can be an incredibly stressful experience – in some cases causing or exacerbating mental health problems. Local authority housing staff have limited knowledge about mental health and often hold stigmatising attitudes. Through our interviews, we heard many experiences of very poor practice – including improper assessments, discrimination, and administrative errors that had a severe effect on people's mental health.

Temporary accommodation and private landlords

The shortage of social housing means that there has been a dramatic increase in the number of people in poor quality temporary accommodation, and the length of time they have to stay there. The prevalence of mental health problems in temporary accommodation is much higher than average but people receive little support.

There are also many challenges in the private rented sector. 'Slum' rentals at the lowest end of the private rented market tend to target those who are most vulnerable or have multiple complex needs. People are particularly vulnerable if they have previously been evicted or have outstanding rent arrears.

Floating support

There is good evidence that timely, regular floating support helps people to sustain their tenancies, reduces housing management problems (for example, rent arrears, property disrepair, ASB), and can improve physical and mental health. Floating support is particularly important in helping people manage the transition between different forms of housing support – such as the shift from supported housing to general needs accommodation. These housing transitions can provide opportunities for mental health assessment and interventions – particularly for people who have not been in contact with services.

Supported housing

There is also strong evidence for the positive impact of supported housing on housing stability, severity of mental health symptoms, and life satisfaction. Supported housing has also been shown to significantly reduce the number and frequency of emergency hospitals admissions – almost halving the likelihood of being hospitalised. However, funding for these services is being threatened and this could jeopardise the essential, high impact support they provide.

Research gaps

Despite extensive research, there are still significant evidence gaps. In particular, the relative impact of different housing factors on mental health because these are often studied in isolation. This makes it harder to determine the priorities for intervention or assess the relative effectiveness of different approaches. Further research on mental health in the private rented sector and transitions into and out of living with family would also be helpful.

Introduction

Mind has been conducting research to investigate the complex relationship between mental health and housing. We have reviewed over 200 articles and reports to assess the current evidence base. We have also conducted 21 in-depth interviews with people who have experienced a wide range of mental health problems and different housing situations. This report presents our findings.

- The Introduction provides an overview of the current evidence linking mental health and housing.

- Chapter 1 explores the impact of housing quality and overcrowding on mental health.

- Chapter 2 discusses the challenges faced by people with mental health problems when they try to access stable accommodation.

- Chapter 3 investigates the impact of housing on people's ability to access support.

- Chapter 4 looks at the process of moving and losing a home, and the impact of these transitions on mental health. This includes a detailed discussion of financial insecurity and evictions.

- Chapter 5 considers the role of housing in shaping people's identities and sense of security.

- Chapter 6 outlines the specific impact of housing on the mental health of children and young people.

Relationship between mental health and housing

If someone has developed a mental health problem, high quality and stable housing is key to maintaining good mental health and is important for recovery (Mental Health Taskforce, 2016). However, people with mental health problems are much more likely to live in poor quality accommodation (Kyle & Dunn, 2008) and are dramatically overrepresented amongst people who are homeless (Rees, 2009). They are also twice as likely as the general population to be unhappy with their housing and four times more likely to say that it makes their health worse (Social Exclusion Unit, 2004).

Whilst housing can have positive and negative effects on mental health, poor housing detracts from mental health more than good housing improves it (Kearns et al., 2010). One in five adults in England report that housing problems have had a negative impact on their mental health in the last five years and GPs also identify housing issues as a common contributing factor to their patients' poor mental health (Shelter, 2017). Poor housing conditions are also a strong predictor of general life satisfaction (Department for Communities and Local Government, 2015).

Understanding the causal links between housing and mental health is complex because poor housing situations can make people's mental health worse and poor mental health can make housing situations worse (Department of Health, 2011; Appleton & Molyneux, 2007). It can also be hard for research to separate the specific impact of poor housing from other social factors – such as poverty, debt, and discrimination – which are very commonly associated (Bowen & Mitchell, 2016; Sederer, 2016).

Stable housing is important for helping people access formal support services and maintain their independence. It also helps people build good relationships with neighbours and improves their access to informal social support (King's Fund, 2016). This means that improving the stability and quality of housing helps to improve mental health outcomes and prevent premature deaths – including suicides (Leff et al., 2009).

If someone experiences a mental health crisis – particularly if it leads to hospital admission – this can lead to them losing their home (NHS Confederation, 2011). This has a large impact

on the individual and their recovery but it also increases healthcare costs and delays discharge (McDaid and Park, 2016). Despite these large personal and financial costs, mental health and housing services are poorly integrated (Molyneux, 2011).

There is broad agreement within the existing literature that a combination of physical and social factors drives the impact of housing on mental health, including:

- physical condition of the property (Gibson et al., 2011)

- local environment (Truong & Ma, 2006)

- affordability of rent or mortgage (Bentley et al., 2011)

- physical security (Barnes et al., 2013)

- social connections with neighbours (Oishi, 2010)

- impact of housing on identity and self-esteem (Evans, Wells, & Moch, 2003)

Each of these factors is explored in more detail in the following chapters.

Differences between tenures

There has been extensive research into the associations between mental health and housing tenure. This has provided mixed evidence about whether tenure itself is driving the different mental health outcomes or whether this reflects other characteristics – such as income or education (Baker, Bentley, & Mason, 2012; Macintyre et al., 1998).

Homeowners tend to have better mental and physical health – this is associated with their increased residential stability and higher incomes (Barker & Miller, 2005; Aaronson, 1999). Housing quality is also highly associated with home ownership because people have more wealth and feel the security to invest in their homes (Evans, Kantrowitz, & Eshelman, 2002).

A large national study has shown that life satisfaction varies substantially between different housing tenures. People who own their home outright have the highest average life satisfaction, whilst the lowest is private renters (DCLG, 2015). There is extensive evidence to show that areas with higher concentrations of social housing have worse physical and mental health than average

(Lawder et al. 2014). Private renters are also more likely to experience poor mental health than the general population (Henderson, Thornicroft, and Glover, 1998).

However, it is important to avoid oversimplification. Different tenures experience different housing stressors (Ellaway & Macintyre, 1998). For example, there is strong evidence that homeowners with high mortgage debts are at high risk of mental health problems (Pierse et al., 2016; Pevalin, 2009; Cairney & Boyle, 2004). Nettleton & Burrows (1998) argue that the psychological impact of mortgage debt is particularly severe because of cultural norms about 'individual responsibility' and 'independence' that are associated with home ownership.

Popham, Williamson, & Whitley (2015) looked at whether moving housing tenure had an impact on mental health. They specifically explored the effect of the UK government's 'Right to Buy' scheme and showed that changing tenure using this scheme did not, on average, reduce psychological distress.

Research approach

The researchers conducted a rapid review of the available research that explores the relationship between housing and mental health. This focused on evidence from the UK, published between 1996 and 2017. Publications from other countries were also included if relevant. All articles that met the inclusion criteria were reviewed for quality and relevance. 580 articles were identified in the search and, after an initial screening, 221 were included in the review.

In-depth interviews were also conducted to explore the emerging themes from the literature review in more depth. Findings from these interviews are presented in this report alongside the results of the evidence review. Pseudonyms have been used to protect the anonymity of participants. The appendix provides more details about the methodology.

Mind's work is always shaped by people with personal experience of mental health problems and they have guided this research at every stage. Mind's members and supporters identified housing as a priority issue for our work. The National Survivor User Network (NSUN) helped to refine the scope and research questions that

we have used in this project. A number of the research team brought their own personal experiences to the project. Finally, a 'Research Advisory Group' – made up of twelve people with experience of mental health problems and a range of different housing situations – helped to analyse the emerging findings.

Quality of evidence

There has been extensive research conducted on the broad theme of mental health and housing. This has included studies from a wide range of academic disciplines and a large amount of grey literature, produced by charities and community organisations. The diversity of previous research is helpful because it provides rich insights from a range of different perspectives. However, this diversity is also a limitation because there are few common definitions and little agreement about relevant outcomes.

The quality of previous research is mixed. However, there are a relatively large number of systematic reviews, meta-analyses, and longitudinal studies – which help us to understand the scale and duration of impact. We have also identified a significant number of high quality qualitative studies that provide invaluable detail about people's housing 'careers', experiences, and preferences.

Despite extensive research, there are still significant evidence gaps. In particular, the relative impact of different housing factors on mental health because these are often studied in isolation. This makes it harder to determine the priorities for intervention or assess the relative effectiveness of different approaches. Further research on mental health in the private rented sector and transitions into and out of living with family would also be helpful.

Your housing situation has a massive impact. If you are in a place that you feel like you can't relax, that is very disruptive towards your mental health... But housing can be positive too – almost like a healing process... Going to a home that you feel comfortable going to, it can just change your whole mood, and change your way of thinking, as well. So you don't go back thinking, 'I've got to go back to that place now. God, this is so depressing.'... It has a massive impact on your mental health, where you live. 'David'
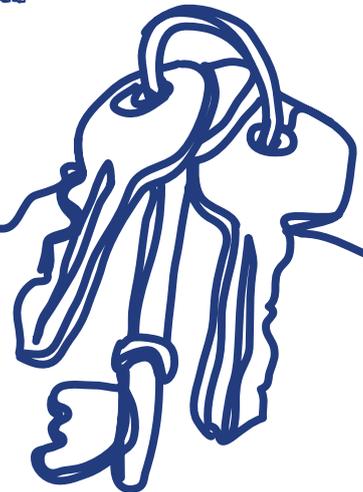
I did all the decoration myself. The flat was truly grimy when I moved in. I actually had to pay for all the materials... I'd been given this council accommodation and I didn't want to complain. Mental health problems make it harder to complain. 'Sophie'
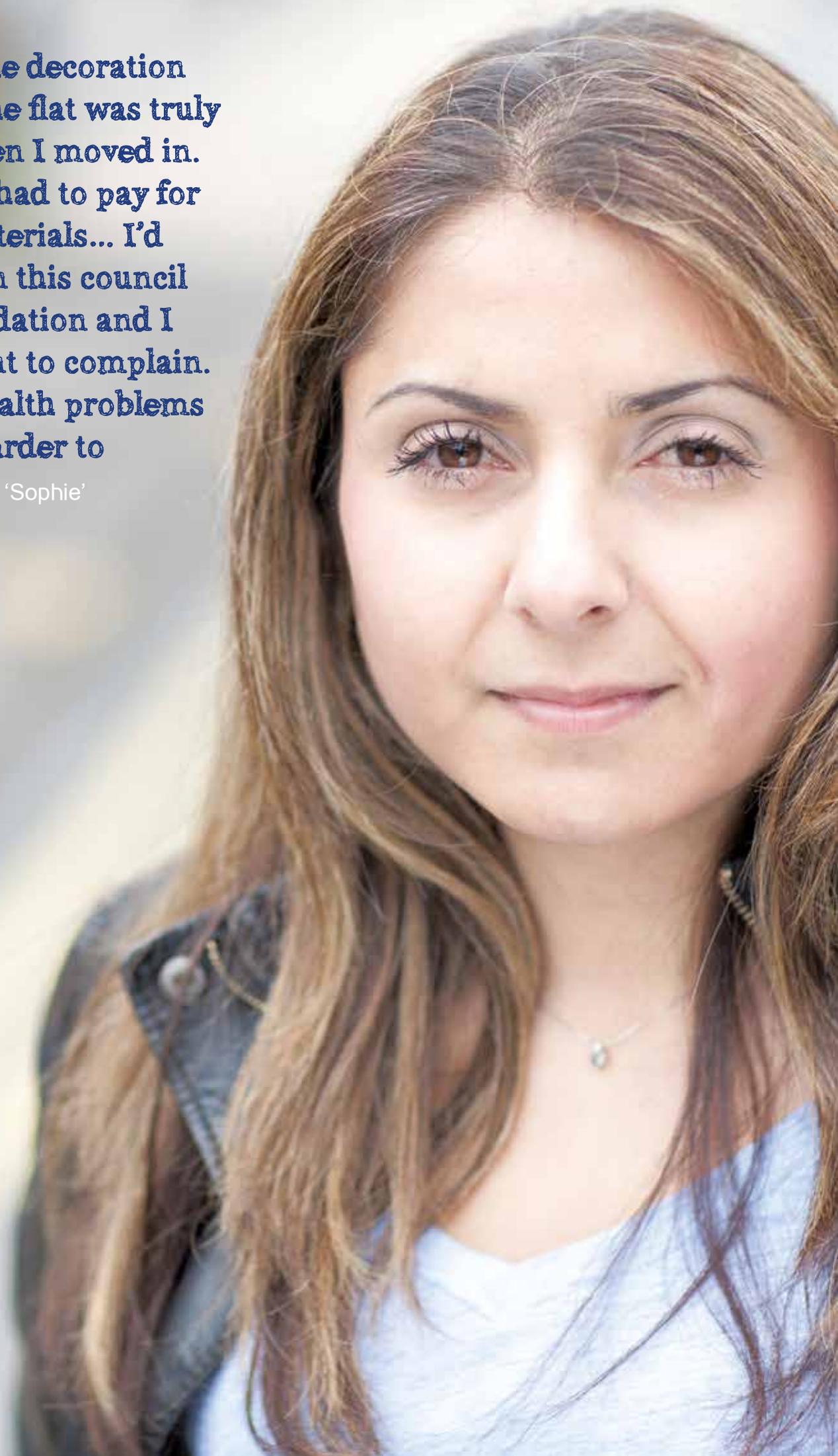
Chapter 1: Housing quality and neighbourhood

This chapter explores the impact of housing quality and neighbourhood characteristics – including interior issues (for example, damp, mould, cold); overcrowding; and the wider physical environment (for example, green space, neighbourhood disrepair).

"There's nothing better for your mental health than living in a secure, safe, warm home."
'Alice'

Housing quality

One in three people in the UK live in poor quality housing (Barnes et al., 2013). However, this is even more common for people with mental health problems (Kyle & Dunn, 2008). This is partly because they are poorer than average but also because mental health problems can make it difficult to manage the physical upkeep of a property (Pearson, Montgomery, & Locke, 2009).

"When I was depressive I would struggle with the up keep of the house, and I can't keep it clean, and landlords don't like that."
'Carol'

The poor physical condition of a property is strongly predictive of people's mental health problems (Smith, Albanese, & Truder, 2014; Evans et al., 2000). There is particularly strong evidence for the negative impact of damp (Krieger & Higgins, 2002), mould (What Works Wellbeing, 2017), and cold (Gibson et al., 2011; Harris et al., 2010). These kind of housing issues also make physical health worse and this can impact on mental health and recovery (Barnes et al., 2013).

"I didn't want to clean, I just wanted to leave everything where it was. I was so unhappy with the two places that I stayed in before that I didn't want to bother with it."
'Natasha'

The stress caused by the poor physical condition of a property has a large negative impact on mental health (Barnes et al., 2013). In addition to this stress, poor quality housing can also increase social isolation and low self-esteem (Krieger & Higgins, 2002). For example, if a house is in poor condition, residents are often embarrassed to invite guests over.

"I'd really like for it [my flat] to be somewhere where people can come and feel welcome, and that's happening more so now [after moving], really, than it has done before, with church friends, and colleagues, and things coming round."
'Mike'

Poor housing quality has a negative impact, regardless of the type of housing tenure (home ownership, private rented, social housing, etc). However, poor housing conditions are not random, they are concentrated among poor and minority communities – compounding existing inequalities and vulnerabilities (Hernandez, Phillips, & Siegel, 2016; Evans, 2003). Bad housing conditions are common in the private rented sector and people with mental health problems are overrepresented in this kind of accommodation (Smith, Albanese, & Truder, 2014; Barnes et al., 2013; Ellaway & Macintyre, 1998). Despite significant investment – such as the national Decent Homes programme – there are also many social housing properties in poor condition.

Case Study: 'Crystal'

'Crystal' was allocated a social housing property because she was considered vulnerable due to her on-going mental health problems. She was reassured that the home would meet the government's 'Decent Homes' standard – with a new kitchen, bathroom, and freshly painted walls. However, when she moved in much of the work had not been completed. When she complained to her local authority, she was provided with B&Q vouchers and told to "fix it yourself".

"There should be [housing quality] standards that are adhered to. Some problems have more impact than others. One year on in a flat where the decorating wasn't finished, that makes you feel a bit crap – it brings your mood down. You compare yourself to other people. It makes you feel worse if your flat is in a worse position than neighbours."

A number of other participants discussed the poor condition of their social housing properties when they moved in.

"I did all the decoration myself. It [the flat] was truly grimy when I moved in. I actually had to pay for all the materials from my graduate loan… I'd been given this council accommodation and I didn't want to complain. To be honest, I didn't feel worthy of it. None of my friends had flats… Also, mental health problems make it harder to complain – you have other things to think about."
'Sophie'

It is important that people feel that their home provides a place of security and refuge. A study by Dunn (2002) showed problems with the physical condition of a property made people feel insecure and much less hopeful about the future. There is some evidence that the negative impacts are more severe on women and children (Suglia, Duarte, & Sandel, 2011), as well as older people because they generally spend more time at home (Evans, Kantrowitz, & Eshelman, 2002).

"We get good care here [in supported accommodation] but the house could also do with some love too…"
'Natasha'

Experience of poor housing can have a severe and long-term impact. Even if people currently live in good quality housing, their physical and mental health is often affected by experiences of housing deprivation in earlier life (Marsh et al., 2000). However, there are many proven interventions that can have transformative impacts. For example, a randomised control trial conducted by Harkness, Newman, & Salkever (2004) showed that savings from reduced mental health service use outweighed the cost of housing improvements and better housing management. These benefits can sometimes be achieved by moving to better quality accommodation (Pevalin, Taylor, & Todd, 2008) but the process of moving can also be stressful and disruptive – such as losing long-established social support networks (Thomson et al., 2002). The impact of moving house is discussed in more detail in <u>Chapter 4</u>.

There are some indications that housing design can have a preventative effect and reduce the likelihood that residents will experience poor mental health but the evidence is mixed (Thomson et al., 2001). People living in newer and better-maintained buildings tend to have better mental health. They also move less often and use fewer health services (Harkness, Newman, & Salkever, 2004). The overall impact of home improvement schemes is usually greater if people experiencing mental health problems are prioritised (Page, 2002).

There is strong evidence that warmth and energy efficiency interventions can have a positive effect on mental health – particularly for vulnerable individuals (Barnes et al., 2013; Gibson et al., 2011). Reducing cold has been shown to be one of the cheapest and most reliable housing improvements for increasing someone's wellbeing (Thomson et al., 2009). However, the effectiveness of these interventions depends on the existing housing quality and careful targeting is required.

Harker (2006) identifies that cold and damp housing has a particularly severe effect on the mental health of children – increasing their chances of experiencing stress, anxiety, and depression. However, it is difficult to isolate this effect from other factors (e.g. poverty and poor quality education) because "children living in poor housing conditions have often experienced considerable adversity besides substandard housing" (Harker, 2006, p.14). The impact of

housing on the mental health of children and young people is discussed in more detail in <u>Chapter 6</u>.

Space and overcrowding

Overcrowding has a large negative impact on the mental health of adults and children (Bashir, 2002). A number of studies have shown that mental health is the biggest concern for parents living in overcrowded accommodation (Cookson & Sillet, 2008). In one study, 93 per cent of severely overcrowded families said their living conditions caused depression, anxiety, or stress (Reynolds & Robinson, 2005). People living in overcrowded accommodation also have significantly worse physical health (Barnes et al., 2013).

"I lived with my family for more than twenty years but there were lots of people. Five people in one small flat. I couldn't sleep. I wanted to leave."
'Sumon'

The difference in life satisfaction between homeowners and a person in overcrowded, private rented accommodation is bigger than the difference between those who are employed and unemployed (DCLG, 2015). There is also a strong association between overcrowding and accidental or violent deaths – including suicide (Page, 2002).

Overcrowding is not just an issue for young families. People with severe and enduring mental health problems are more likely to live in overcrowded accommodation (Kyle & Dunn, 2008; Evans, 2003). Many people with mental health problems live in houses in multiple occupation (HMOs) due to financial pressures and/ or the limited stock of social housing. HMOs are properties which are shared with at least two people who are not in a relationship or members of the same family. HMO residents are eight times more likely than the general population to experience mental health problems (Barratt, Kitcher, & Stewart, 2012). This kind of accommodation provides insecurity of tenure, lack of privacy, and limited control over the living situation. A study by Barratt et al. (2012) showed that living in HMOs led to large increases in stress, anxiety, and depression. It also made it harder for people to overcome drug and alcohol addictions. Many problems were caused by the behaviour of other tenants rather than the physical characteristics of the building.

"I was in [name of previous accommodation], for about six months, and it was teeny tiny rooms, just enough for a bed, wardrobe, sink, and TV. It was very depressing… They were tiny rooms, which means you can't do anything, you can't be productive. Depressing, when the room is too small, very depressing… Here [in new accommodation] I'm quite happy… It's very refreshing. I sit here and I feel like I can breathe better. I didn't realise I was claustrophobic, really, but I realised that I do get depressed in small spaces."
'Natasha'

Overcrowding is a particularly common issue in temporary accommodation (Page, 2002). Reducing overcrowding has been shown to have large and sustained improvements in mental health over time (Pierse et al., 2016). People with severe and enduring mental health problems have greater satisfaction with their housing and better health and non-health outcomes if they live with fewer people but with regular access to support (Newman, 2001). Where shared properties are well managed, residents experience positive outcomes from an increased a sense of community and peer support (Barratt, Kitcher, & Stewart, 2012).

Neighbourhood characteristics

The characteristics of a neighbourhood have a significant impact on mental health, even after taking account of people's socio-economic status and the quality of their own home (Weich et al., 2002). The physical quality of neighbourhoods – such as buildings in disrepair, availability of community facilities, green space etc. – is particularly important (Truong & Ma, 2006). Evans, Wells, & Moch (2003) argue that the way in which buildings and roads are laid out, including details such as the door orientation, can influence patterns of social interaction. For example, encouraging people to congregate in communal areas.

Neighbourhoods can partially mitigate the impact of individual housing conditions on people's mental health. If people feel attached to their neighbourhood, they have higher wellbeing and lower stress than would be predicted based on the quality of their housing alone (Evans, Kantrowitz, & Eshelman, 2002). This process also works in reverse – if people feel unhappy and

unsafe within their neighbourhood, this can negatively affect their mental health, even high quality housing is not enough to mitigate the impact (Truong & Ma, 2006).

A neighbourhood can have profound effects on people's sense of safety and community. In a study of people with mental health problems who were living in supported housing, Wright and Kloos (2007) found that the sense of community in a neighbourhood was the strongest predictor of wellbeing. The perception of crime in an area affects people's sense of safety but also strength of social connections because it can cause reduced trust in neighbours (Truong & Ma, 2006; Ellaway & Macintyre, 1998). The impact of a neighbourhood on informal support networks – as key resource for people experiencing mental health problems – is discussed in more detail in Chapter 3.

"When I was 17 I got moved. The accommodation was cheaper and more secure. However, the street was known as 'death row' and there were all sorts of criminals living there. I didn't go out much but I didn't complain. I just felt lucky not to be sleeping rough. Everything is relative!"
'Sarah'

Neighbourhood renewal programmes have been shown to improve the mental health of a whole community (Gibson et al., 2011; Blackman & Harvey, 2001). They can also help to reduce the health inequalities between different tenures (Macintyre et al., 2003). However, they must be carefully planned to minimise disruption, increased financial pressure on individuals, and severing established social ties (What Works Wellbeing, 2017; Jackson et al., 2009; Thomson et al., 2002).

People who live in neighbourhoods that have plenty of green space have better mental and physical health, regardless of other socio-economic factors (Alcock et al., 2014). The study by Alcock et al. also showed that individuals who moved to greener areas had significantly better mental health in the three years after moving.

"There's [name of park], you know, just a second away… I think having green space nearby is important to me because I run every day. I mean, I'm trying not to do it obsessively because of the eating disorders, but aside from them, it gives me serotonin and it just makes things a bit more manageable and it's a bit of clear headspace. It's kind of like my medication, so it's important to have some parks nearby"
'Kirsty'

The overall impact of a neighbourhood on an individual's mental health (positive or negative) is moderated by the size of their 'activity space' – how much of their time they spend within the neighbourhood (Vallée et al., 2011). If someone spends a lot of their time outside of their neighbourhood (i.e. they have a large activity space), the positive or negative effects will be smaller.

When I was 17 I got moved. The accommodation was cheaper and more secure. However, the street was known as 'death row' and there were all sorts of criminals living there. I didn't go out much but I didn't complain. I just felt lucky not to be sleeping rough. Everything is relative! 'Sarah'
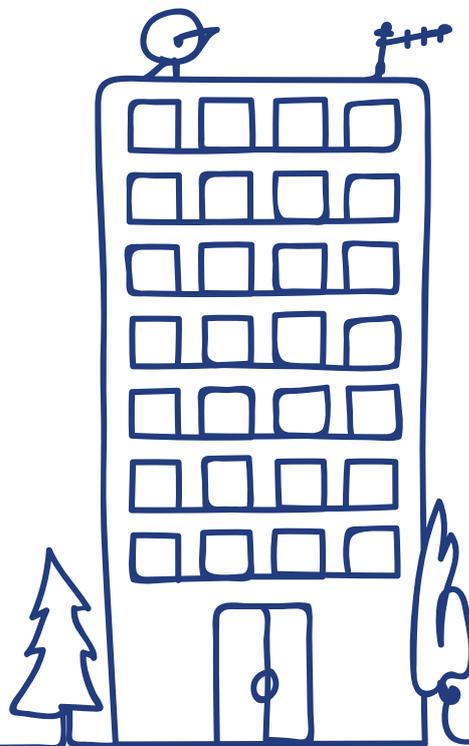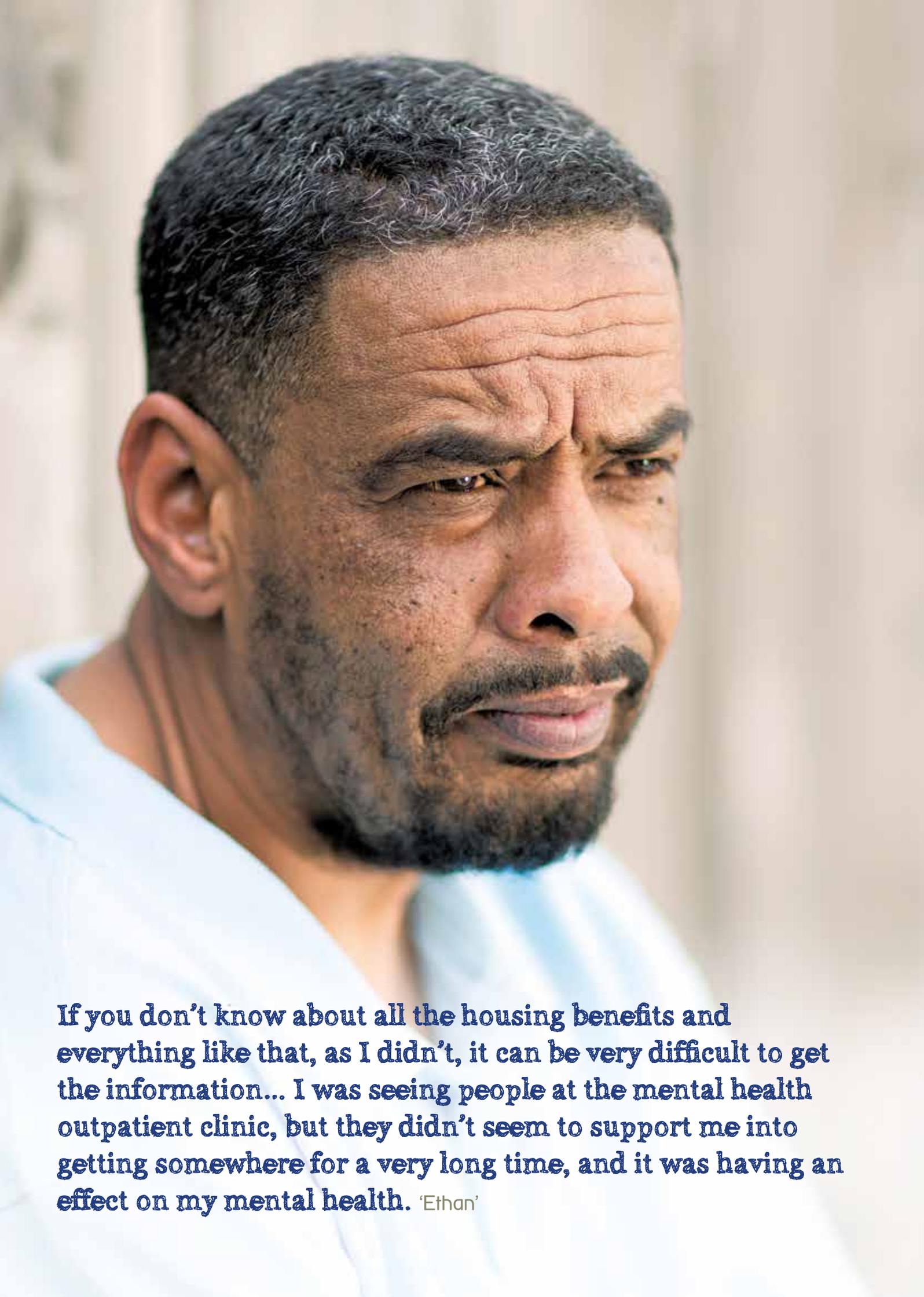
If you don't know about all the housing benefits and everything like that, as I didn't, it can be very difficult to get the information... I was seeing people at the mental health outpatient clinic, but they didn't seem to support me into getting somewhere for a very long time, and it was having an effect on my mental health. 'Ethan'

Chapter 2: Accessing accommodation

This chapter explores the impact of different housing types, including:

- social housing
- temporary accommodation
- the private rented sector
- Housing First schemes

- It also investigates the specific challenge of accessing housing after hospital discharge and the role of stigma in limiting access to accommodation.

The supply of stable, high quality housing is very limited due to soaring prices and limited public sector budgets. People with mental health problems face further barriers to accessing appropriate accommodation due to stigma, discrimination, and poverty. There is also the dilemma of choosing between the housing you want and the support you need (Forchuk, Nelson, & Hall, 2006). This balancing act is particularly difficult in rural areas, where services are even more limited (Grigg et al., 2005).

"We can barely house the people that haven't got mental health problems, and generally if you have got mental health problems, you're at the back of the queue for almost everything."
'Dan'

Social housing allocations

Local authorities are responsible for allocating social housing and 'vulnerability' is a key criteria for determining priority need for re-housing under the Housing Act 1996. It is possible for single homeless people to claim to be vulnerable due to mental health problems under Part 7 of the Act. However, local authorities have tried to limit their duties to people with mental health problems – often "denying the severity of mental health problems to deny rights to the homeless" (Hunter, 2008, p.17). In a case called Hotak v London Borough of Southwark the Supreme Court

introduced a test to establish if someone is vulnerable, based on whether they would be significantly more at risk of harm without accommodation than 'an ordinary person who is homeless' would be.

"I was told when I went to the housing office, you're not in a wheelchair or got a broken leg so we can't help you... Who are these mystery people upstairs? You can't speak to the people who make decisions."
'Sarah'

The process of seeking housing support from a local authority can be an incredibly stressful experience – in some cases causing or exacerbating mental health problems (Hardy & Gillespie, 2016). Many reports have documented limited knowledge about mental health and stigmatising attitudes encountered from local authority housing staff (Gofal, 2011; Hunter, 2008; Johnson, Griffiths, & Nottingham, 2004; Smith, Alexander, & Easterlow, 1997).

Case Study: 'Jess'

'Jess' had been evicted by her private landlord and presented as homeless to her local authority. She was told that she would be considered a priority because she had a young child but not because of her mental health problems. Whilst she was relieved to receive support, she felt that her mental

health problems had been dismissed. She also felt judged and made to feel like she didn't deserve support.

"It was like all the hard work I have put in… during rehab and recovery was pointless."

The assessment of 'priority need' is usually made with no mental health expertise. It is not uncommon for local authorities to commission private companies to assess mental health status and these assessments are usually made on the basis of written evidence submitted by the local authority, rather than a personal assessment (Hunter, 2008). There have been some schemes to pilot co-locating trained mental health staff within homelessness departments. These have had some success but are often constrained by the inflexibility of allocations policies and limited supply of suitable accommodation (Gofal 2011).

"Assessing priority for mental health should be done by a medical person with knowledge of mental health. The person looking at my application didn't have knowledge of mental health and so this wasn't seen as a priority… They just didn't get it and didn't give me a chance to explain."
'Crystal'

Case Study: 'Kirsty'

'Kirsty' was due to be discharged after a lengthy stay in hospital but she did not have a place to stay. She was offered little support with her housing situation whilst in hospital and the uncertainty had a negative impact on her mental health.

"I had to, on the day that I was discharged, I went down to the homeless office and presented there… I had no idea what to expect and the Council assessment was horrid. Oh, my God, it was horrible. Quite harrowing, actually."

She felt that her experiences were not taken seriously by local authority housing staff and the assessment was not informed by mental health expertise.

"They, kind of, make you… they are interrogating you so extremely that, you know, you can see that they're testing you to see if you're lying… They don't really care about your mental health. They just want to tick their boxes. They don't really care what the diagnosis is. They probably don't know that much about it… I did leave there and have a massive panic attack because I was just like, 'They're not going to give me anything.' Thank God, it all went through okay, but yes, it wasn't a pleasant experience."

The process of applying for support and bidding for properties from local authority 'choice-based letting' schemes can be confusing (CSIP, 2006). People with mental health problems often lack the necessary advice and support to effectively navigate these systems. "It is important that there is a proper balance between choice and need and that the desire to provide choice does not become an excuse for not meeting the needs and aspirations of vulnerable people" (Appleton & Molyneux, 2009, p.2). This can be even more challenging if carers are applying on someone else's behalf (Copeland & Heilemann, 2011).

A number of specific housing guides for people with mental health problems have been produced (Mind, 2017). These are most effective when they set out the local support that is available (for example – City of York Council, 2016). However, the complexity of the systems and the local variations limits the usefulness of generic support.

"If you don't know about all the housing benefits and everything like that, as I didn't, it can be very difficult to get the information. I didn't realise that if you're homeless you can get a flat, get higher up the housing list and things like that. I was seeing people at the mental health outpatient clinic, but they didn't seem to support me into getting somewhere for a very long time, and it was having an effect on my mental health."
'Ethan'

Given the scale of demand for social housing and local authority support, there can be significant pressure to accept any accommodation that is offered. Most local authorities have introduced 'three strikes' rules that limit the number of properties that can be rejected by someone on the housing waiting list. Choice is even more

limited for somebody who is housed in temporary accommodation because they only receive one offer of accommodation and there are very limited grounds for appeal. A number of interviewees felt under significant pressure to accept properties that were not suitable to their needs.

"This place has come up on this estate and I knew the building, in my head, there and then, I knew, 'You can't turn down,' then you're making yourself intentionally homeless. So, you actually didn't have a choice because they were starting to put pressure on you, because they were paying whacking rent at that time [on temporary accommodation] and they wanted you out of there ASAP."
'Chris'

We also heard that people felt that they had to accept properties without enough support because they have no other housing options.

"Once you are on a waiting list, sometimes you are offered a place that you can't take – because it's not appropriate, or because of the location. For example it's not close to your mental health services, your family or job or to any transport. Then you get bumped down the list... As there's a three to five year wait, there is pressure to take whichever property."
'Crystal'

Permanent housing is important because mental health problems are often chronic and fluctuating conditions require stable surroundings to focus on recovery (Kyle & Dunn, 2008). However, the Housing and Planning Act 2016 removed the ability of social landlords to offer lifelong tenancies.

Not everybody will be able to manage a move from their current situation to long-term, independent housing – even if it is available. Social housing allocations should allow "multiple access to the system so... that people can plan several moves – e.g. from Supported Housing to mainstream housing" (Appleton & Molyneux, 2009, p.3). The important role of floating support and supported housing is discussed in Chapter 3.

Case study: 'Dan'

The lack of information and choice in social housing allocations can be stressful and disempowering. 'Dan', who experiences severe mental health problems and is in a

wheelchair, was living on his own in a two bedroom property. Due to pressure on local housing stock, the local authority wanted him to move to a smaller property. However, this was very poorly communicated and left him with considerable uncertainty.

"They sent me a letter, and this is the thing that really flipped things, really... I've got the letter in front of me. 'The council require the property back and you've been selected for the 'Move On' program. That means, in due course, you will be contacted by the council or a housing association.' In due course! It then says, 'Please note that you do not have any choice in the area you are offered, and you will only receive one offer.' ... Basically, if you don't like it, you can declare yourself homeless and we'll wash our hands of you.' This sent me bonkers. It really did... The thing is, they didn't even bother signing it at the bottom, so you have no idea who it was that sent it."

Through our interviews, we heard many experiences of very poor practice from local authority housing staff. This included improper assessments and administrative errors that had a severe effect on people's mental health.

"They [local authority] basically said, 'There's nothing we can do for you.' I couldn't believe it. I was two weeks away from giving birth. Literally, at that point, I thought to myself, 'I haven't got time to have a baby.' Do you know what that feels like?"
'Amy'

"I got home and I got a phone call. She said, 'You can't have the flat now.'... I thought it was a joke at first... I'd already told the Council I owed arrears before I was getting evicted. 'So you knew all that. Why did you let me bid, and go and see a flat, and give me it and take it back off me?' I was in bits.... I said, 'I'm already depressed and stressed. To do that, you've just knocked me back down again'... They weren't bothered. It was just like, 'Bye. See you.'"
'Deborah'

Temporary accommodation

Given the pressures on local authorities due to high demand and large housing shortages, there is very high use of temporary accommodation. According to the latest government statistics (DCLG, 2016), there were 75,740 households living in temporary accommodation in the last quarter of 2016. This number has increased 10 per cent in a year. Of these households, 5,990 have been housed in B&Bs (17 per cent annual increase) and 21,910 were housed in temporary accommodation outside their local area (another 17 per cent annual increase). This means that 29 per cent of all homeless households have been sent away from their local area – breaking links with existing services and informal support structures (Hardy and Gillespie, 2016). Rose, Maciver, & Davies (2016) suggest that these official statistics may be a significant underestimate.

"Is this it? Is this all I get? I'm not being funny, we're at the bottom of the queue. We are. We are at the bottom of the queue. I'm living here but they [local authority] give us no support. I'm supposed to be classed as 'vulnerable'."
'Amy'

The prevalence of mental health problems in temporary accommodation – particularly houses in multiple occupation (HMOs) – is much higher than average (Barratt, Kitcher, & Stewart, 2012; Kyle & Dunn, 2008). Rates of alcoholism, domestic violence, and relationship breakdown are also much higher (Page, 2002). This type of housing is often very poor quality and residents receive very little support (Barratt et al., 2012; Credland & Lewis, 2004; Mitchell et al., 2004).

"Like the first couple of nights that I was in that temporary accommodation, and it was up on the fourth floor, and I relapsed massively and was just binge-purging, not eating anything, and I honestly thought I was going to die at one point because I had all the symptoms of cardiac arrest. Thankfully I was okay, but I was like, 'If I'm up here on my own, there's no way anyone would be able to get to me, I'm in the middle of nowhere. I don't know any of my neighbours."
'Kirsty'

"The insecurity of tenure, lack of clarity over rights, and an inevitable sense of powerlessness can negatively impact on individuals' mental health and make the experience of living in unsupported temporary accommodation even more distressing" (Maciver et al., 2016, p.14). This is particularly difficult for those already feeling disempowered – for example, people recently discharged from hospital or fleeing domestic violence (O'Campo et al., 2016; Rose, Maciver, & Davies, 2016; Malos & Hague, 1997).

Case Study: 'Jenny'

'Jenny' lived in a housing association property for 18 years.

"I was fully functioning. I had a job. I've got three children, raised them on my own. Two have been to university, one's in the Army. I had a good little life. I had a job. I did voluntary work once a week... My rent account was always in credit."

After experiencing a rapid decline in her mental health, she got into rent arrears and was evicted from her home. She then spent a long time sofa surfing.

"So basically I was three-daying it in one house and going to the next. My whole day literally was just spent going from one place to another, to another... Then it got to a point where I couldn't keep on turning up at people's houses and there was a big eruption one night in one of them. That finished it and that was when I went away and thought, 'Oh, I just can't, I just can't do it anymore,' so I tried to take my life."

After a few months in hospital, she was discharged into temporary accommodation, which was shared with ten other residents. The housing was supposed to come with regular support but this was never provided. She was initially told that she would be in the accommodation for a few months until permanent accommodation could be found. However, she ended up living there for three years.

"There was a high turnover of people, there was a lot of people who had a lot of other problems. So, obviously, the drinking lead to fighting, and abusive behaviour and all sorts of things if you come into contact with them... the front door was a security coded door, but it was never changed. If someone

was in or was removed, they never changed the security code, so anybody could still come and go in the building as they wished."

The quality of the accommodation was also very poor and 'Jenny' repeatedly made complaints. She also reported the accommodation to the local authority housing and public health teams.

"At one point I was actually left with no toilet facilities. I was actually using a bucket and a carrier bag, and having to go down two flights of stairs. I had no water. I was actually having to go down two flights of stairs, because I was in an attic, to bring water up and, obviously, to take my toilet waste out. Prior to that, I had no shower, so I've had a lot of impact on my personal sanitation. To be quite truthful, the toileting thing devastated me. I'm still not quite over the impact that had on me. It's quite traumatic to have to learn to do that and I did... To have it in a bag, and then have to carry it past people and take a bucket down two flights of stairs, it sent me into another dimension"

However, the complaints were ignored. 'Jenny' felt that the local authority deliberately ignored the situation.

"Basically, it was overlooked because in the house of ten, there were heroin addicts, and alcoholics, and a couple of people who had severe mental ill health, but I suppose it was a lot of people who the housing associations and other hostels wouldn't actually house. So a lot of what went on was actually overlooked by the Council. They were getting away with a lot... There is only one word for it – hell."

Private rented sector

The private rented sector has the highest concentration of poor quality accommodation and this contributes to worsening mental health (Smith, Albanese & Truder, 2014; Barnes et al., 2013; May, 2000). Rugg & Rhodes (2008) argue that 'slum' rentals at the lowest end of the private rented market tend to target those who are most vulnerable or already have multiple complex needs. People are particularly vulnerable if they have previously been evicted or have outstanding rent arrears. This limits access to social housing and most of the private rented sector, and increases the likelihood of living in poor quality accommodation and having contact with unscrupulous landlords.

"I live in a bedsit with rotten windows, crawling with ants, the pub is open all hours, it's on a busy road – but they knew I was desperate and I would take it."
'Sarah'

There has been limited research into the attitude of landlords towards tenants with mental health problems. Corrigan (1998) and Page (1996) both found private landlords often discriminated against people with mental health problems and were particularly stigmatising towards periods of hospitalisation. A more recent study found that many landlords still hold stigmatising views – including misconceptions about the 'dangerousness' of people with mental health problems (Bengtsson-Tops & Hansson, 2014).

The impact of mental health stigma on limiting access to accommodation is discussed in more detail at the end of this chapter. However, our interviewees also reported another form of discrimination. Many estate agents and private landlords will refuse to house people receiving housing benefit, which disproportionately affects people with mental health problems (Reeve et al., 2016). The reluctance is increased by the withdrawal of automatic direct rent payments to landlords under Universal Credit and the introduction of the Shared Accommodation Allowance for under 35s. It also adds to other barriers, such as requiring a large deposit, credit checks, opaque referencing policies, and letting agency fees.

"There are so many letting agents in Cardiff, obviously, but when it came down to which letting agents would accept people on benefits, I think there were three in the whole of Cardiff. That was just so disappointing... I don't know why people on benefits have got a really bad name with landlords."
'Mike'

Once people have secured a property, short tenancy agreements and general insecurity can be stressful and limit recovery (Barratt, Kitcher, & Stewart, 2012). It can also discourage people

from reporting any issues with the flat for fear of the landlord's reaction. Retaliatory evictions were banned in 2015 but many people are still concerned about the response of their landlord.

"There is a proviso in basically every spare room or, like, landlord thing that says, 'No DSS,' [housing benefit] which is fucking awful. If you're on benefits, people are actively prejudice against you. How is that still legal? ... It's such an unfair situation for any person with mental health problems who is privately renting."
'Sam'

Private landlords also report difficulties. Those who have previously provided housing to people with mental health problems say they often have to provide assistance beyond their usual role and do not feel professional help is available when they need it (Bengtsson-Tops & Hansson, 2014).

Case Study: 'Deborah'

Given the scarcity of suitable accommodation and financial pressures, people often accept private accommodation that is not fit for their needs. 'Deborah' has severely limited mobility, as well as mental health problems. She was denied priority for housing support from her local authority and so searched for properties in the private rented sector:

"There are a couple of stairs where you have to get up to. I thought, 'Oh, God, the stairs, what am I going to do?' Then I thought, 'If I don't take this, I'm not going to get anywhere. I'm going to go back to square one again... Sometimes what I do now, I shuffle on my bum. Someone was asking me the other day, 'What are you doing?' I said, 'I'm shuffling down because my ankle is a bit weak today.' So I have to shuffle down on my bottom, because it is scary coming up the stairs. There are only about eight little steps, but it's still enough for me to fall, you know?"

Housing First

'Housing First' is becoming an increasingly popular model for supporting people with complex needs, including mental health problems and homelessness. It aims to provide stable and affordable accommodation as quickly as possible, and provides intensive support for people's additional needs – including mental health (Homeless Link, 2015).

Key features of Housing First (Boardman, 2016)

- Immediate provision of independent accommodation
- No requirement of 'housing readiness'
- Provision of permanent housing
- Open-ended access to support
- Respect for choice and self-determination
- Personalised approach, targeting the most vulnerable people
- Provision of integrated and comprehensive community-based support by Assertive Outreach teams (ACT) or Intensive Case management (ICM)
- Harm-reduction approach to substance misuse

This approach has a strong international evidence base and has been shown to improve people's mental health as well as housing stability, recovery from substance misuse, and reduce offending (Pearson, Montgomery, & Locke, 2009). It has also been shown to reduce the frequency of mental health crisis and need for hospitalisation (Kozloff et al., 2016). More research is needed in the UK context because studies often compare Housing First to 'treatment as usual' which varies widely by country. However, a high quality evidence base is emerging (Bretherton & Pleace, 2015).

The model needs to be 'Housing First, not housing only' (Homeless Link, 2016; Goering et al., 2014). Fidelity to the model is essential for achieving a change in outcomes. More work is needed to develop the best ways to integrate mental health services and other forms of support (e.g. substance misuse) at an early stage (Woodhall-Melnik & Dunn, 2016). The model is not appropriate for everyone and appears to only be cost effective for people with high needs (Bretherton & Pleace, 2015; Goering et al., 2014). The success of Housing First is still limited by many of the same issues as local authority

housing allocation – appropriate assessment and the availability of suitable housing stock.

Housing after hospital discharge

Admission and discharge from hospital are key housing transitions for people experiencing mental health problems. The period after hospital discharge is high risk for a first or recurrent period of homelessness, readmission, suicide, or harm to others (Herman et al., 2011). However, access to appropriate accommodation and regular follow-up can significantly improve outcomes (Department of Health, 2010; Culhane, Metraux, & Hadley, 2002). "Ensuring that a person is adequately housed upon discharge from hospital should be a treatment priority" (Kyle & Dunn, 2008, p.1).

"It was time for me to go. They called it 'bed-blocking,' which I think is unfair terminology, because it's not our fault that we didn't move on in the first place. That is basically putting blame on other people, that it isn't our fault. It's not like I said, 'I want to stay here. I'm not moving.' They put terminology on me that I thought was unfair... we didn't discuss where I was going to move, they just said, 'There's a property up the road.'"
'Natasha'

The "lack of suitable housing and/or housing support is the single largest cause of delayed discharge from acute in-patient wards" (Appleton & Molyneux, 2007, p.19). Around 26 percent of delayed transfer of care from inpatient mental health settings are due to housing issues (Crisp, 2016). Discharge to inappropriate accommodation harms recovery and is a major cause of readmission (Department of Health, 2010; 2011). Despite this, people are frequently discharged for logistical rather than health reasons (Browne, Hemsley, & St. John, 2008).

"We were looking for somewhere that was suitable whilst I was still in hospital, and this place in [nearby village], was the only one available... I got the feeling that the psychiatrist was quite insistent that I go, because I've been, sort of, lingering around on previous occasions in the hospital, and it was good to get the ball rolling, really. Although it wasn't an absolutely ideal place for me, I think it was better that I got out of the hospital and started to put things together, to be living outside, and recovering there, really"
'Mike'

There is extensive good practice guidance for assessing housing needs and providing post-discharge support (NICE, 2011; London Health Programmes, 2011). However, resource and time pressures have often been used as an excuse for limited implementation. A number of interviewees reported that they received only cursory support and were rarely asked about their preferences.

"When you're sat in front of the consultant, he just wants to basically go over... he's not really interested in your welfare, or your benefits, or things like that. So, it's the nurses that you end up talking to. Basically, they have a checklist in front of them, and things like that. They ask about your housing, and everything like that but once they hear you're getting housing benefit and that, that's it, the conversation ends. Even if housing is the biggest problem that you're suffering with, but as far as they're concerned, you're in a house, you're being paid for it, you know, you're alright, but you're not."
'Amy'

Housing needs are often assessed when a patient is ready for discharge (Molyneux, 2011). This leaves very little time for appropriate housing options to be identified.

"When I was in hospital, people who were on sections and they knew their section was going to be ending soon and that they would then be kicked out of hospital, they would act up so they could be sectioned again to stay in hospital. The situation of trying to find a place to live was that bad. To think that being in a hospital is so much better than trying to live an independent life, that's just awful. Yes, it's just terrifying."
'Sam'

A number of studies have shown that the housing preferences of service users are consistently different from clinicians (Browne, Hemsley, & St. John, 2008; Piat et al., 2008; Forchuk, Nelson, & Hall, 2006; Goldfinger & Schutt, 1996). Clinicians typically prefer more intensive supported housing whilst people experiencing mental health problems usually prefer independent or small group living – with a strong emphasis on privacy and personal space. However, peer support from others at a similar stage in their recovery and easy access to more formal support are also highly valued (Browne, Hemsley, & St. John, 2008). This can cause tension in the planning for post-discharge accommodation. However, the limited availability

of suitable housing often limits the choices available.

The lack of choice or control over the post-discharge housing situation compounds issues for those who are already disempowered by their period of hospitalisation (often under section) and other commonly associated issues, such as history of abuse (O'Campo et al., 2016; Johnson, Griffiths, & Nottingham, 2004).

Given the limited availability of housing stock, people are often discharged into the care of family. However, this may not be appropriate and can cause negative effects for both parties (Carroll & Cotter, 2010). It can also be difficult for services to assess whether family support is available or whether a service user is effectively discharged to the street or a sofa. The impact of living with family is discussed in more detail in Chapter 4.

Post-discharge services – including residential support – are more effective and have better compliance rates if workers establish a relationship with the service user before they are discharged (Herman et al., 2011). Partnerships between Trusts and social housing providers have significant potential to improve speed of discharge and quality of care (NHS Confederation, 2011). There are also economic benefits if housing is better integrated within the recovery pathway for people with mental health problems (McDaid & Park, 2016). Conservatively every 1 per cent reduction in acute inpatient bed days potentially frees up £16.5 million. However, this saving can only be realised if there is additional investment in alternative mental health support and accommodation options.

"After my last section, in 2014, I was offered a place whilst I was still in hospital... it needed a lot of cosmetic work to it, you know, papering, carpeting, and all that, but by the time I was discharged from hospital and I was ready to move, the property was all done for me... I found that transition very easy... people say to me that, when they move into a new property, they feel a lot of stress. For me, it was the complete opposite... I had a lot of stress lifted off me when I moved... and I felt like I could start coming to myself again... I found that assurance that I'd have somewhere to move into made a lot of difference."
'Mohammad'

Some service users do not need help finding accommodation because they are already living in suitable housing. However, these people still need housing support. This often involves practical support such as ensuring that rent is still paid and ensuring that the property is safe – especially if a service user was admitted under section and may not have been able to prepare their property before they came to hospital.

"I went into the mental health unit here on a section and it was very difficult... I nearly lost my flat because I was in hospital, you know, and they're difficult over housing benefits and that when you're not here... it's things like... the fridge and the cooker and things left on and getting damaged. Then the fact that... contents insurance was running out. It's things like that which cause difficulties"
'Tracey'

Stigma

There has been a significant improvement in public attitudes towards people experiencing mental health problems in recent years. The percentage of people who agreed that 'It is frightening to think of people with mental problems living in residential neighbourhoods', declined from 16 per cent to 12 per cent between 2008–14 (Time to Change, 2015). However, it is not uncommon for there to be protests against new housing initiatives for people with mental health problems (Wales Online, 2013).

In a study by Forchuk, Nelson, & Hall (2006) people with mental health problems identified stigma and discrimination as one of the biggest barriers to accessing safe and appropriate housing. Some people are reluctant to live in specialist mental health housing schemes because they feel that this makes them more visible and easier to target (Warren and Bell, 2000). It is helpful to integrate mental health-specialist support with mainstream housing because this increases anonymity and reduces the likelihood of neighbours becoming aware of residents' mental health problems (Kirsh et al., 2009). Diverse neighbourhoods are more accepting of individuals experiencing mental health problems (Harkness, Newman, & Salkever, 2004).

"I don't like the giant signs that say [named of supported housing provider] ... If I were to bring back anyone who I didn't necessarily want to disclose the fact that I was living in supported housing ... that could be stigmatising for people. I've been dropped off by people home at the end of the street because I don't know if they know what this building is."
'Alice'

Despite improving attitudes, discrimination is often experienced from private sector landlords – including refusal to let (Corrigan, 1998; Page, 1996) and disproportionately strict lease conditions (Nixon et al., 2007; Allen, 1996). This landlord concern is fuelled by limited knowledge and media stereotypes (Bengtsson-Tops & Hansson, 2014; Corrrigan, 1998).

Anti-social behaviour enforcement by social landlords disproportionately affects people with mental health problems but rarely addresses the underlying causes of behaviour (Nixon et al., 2007). Landlords are also more likely to move to formal enforcement action more quickly if a resident has mental health problems (London Councils, 2014). This enforcement action itself can also exacerbate existing stigma and community tensions.

"I just said to [landlord], 'I'm sofa surfing at the minute.' I didn't tell him a lot. I told him I was going through a divorce and that, but that's it. I didn't tell him a lot. I just said, 'I haven't got the money because I'm on benefits,' but I didn't tell him everything – especially not my mental health."
'Deborah'

Tuffin and Clark (2016) found that there is also stigma towards people with mental health problems when choosing housemates. This discrimination is often explained as concerns about safety (i.e. more likely to be violent), economic concerns (i.e. unreliable payment of rent), social harmony (i.e. more likely to be disruptive).

"The people here [in the house where I'm lodging] are really nice as well. They don't really know too much about my mental health history, but sometimes you just don't really tell people that... having to monitor what you talk about and how you are can be very difficult in living situations when you have mental health problems as well... especially when you have to, like, not tell someone that you're off work or depressed or..., struggling with things. It can be really difficult."
'Sam'

Stigma can still present a barrier once someone has secured accommodation. Savage (2016) shows that stigma can prevent disclosure of mental health problems in supported accommodation – particularly among older people – for fear of the reaction from other residents and staff. This can prevent people accessing the most appropriate support. For example, 'Dan' is a middle-aged man who lives in sheltered accommodation because of his physical health needs – he is in a wheelchair – but the other residents are much older. He has not disclosed his mental health problems because he is concerned about the reaction of staff and other residents.

"I think if my mental health history had been known, I doubt very much whether I'd be here now. The scheme wouldn't have wanted a younger resident with 'eccentric behaviours.'"
'Dan'

Case Study: 'Gary'

Stigma is most commonly experienced from family and friends (Time to Change, 2015). This can be particularly severe if someone is living in mental health-specific supported housing. 'Gary' has not receive any visits from his family since he moved into supported accommodation.

"I don't really get any family coming round my house ... Family don't understand until they've actually gone through it themselves ... It's like you're an alien, you know what I mean? ... It seems things aren't the same as they were, but that's not their fault. It's my fault because I was the one that ended up with the illness, so you can't blame the family. My brother said I was a nutcase and a looney toon and all that lot. He said, 'What are you doing in one of them nuthouses?', but it's not. Because he hasn't been through it, he doesn't understand."

Mental health is not the only stigma that can present a barrier to accessing appropriate housing and support. Many communities face multiple disadvantage due to their sexuality, gender identity, ethnicity, heritage, migration status, criminal record, substance misuse (Fassil & Burnett, 2015; UKDPC, 2010). For example, Kiran (1996) studied how ethnicity can cause an

additional stigma for people experiencing mental health problems – heightening fears about reliability and trustworthiness when trying to access accommodation. Glew (2016) also shows how housing status (especially rough sleeping) can also be stigmatised and limit access to mental health services. This is discussed in more detail in Chapter 3.

Once you are on a waiting list, sometimes you are offered a place that you can't take – because it's not appropriate, or because of the location. For example it's not close to your mental health services, your family or job or to any transport. Then you get bumped down the list... As there's a three to five year wait, there is pressure to take whichever property. 'Crystal'

Although I've had a small army of medics and professionals, not one has been able to join up the dots or wanted to join up the dots, or could join up the dots, because of all the different disciplines. Nobody has really helped me even after being re-housed where I am now, because of austerity... they all hope someone else is dealing with it. 'Chris'
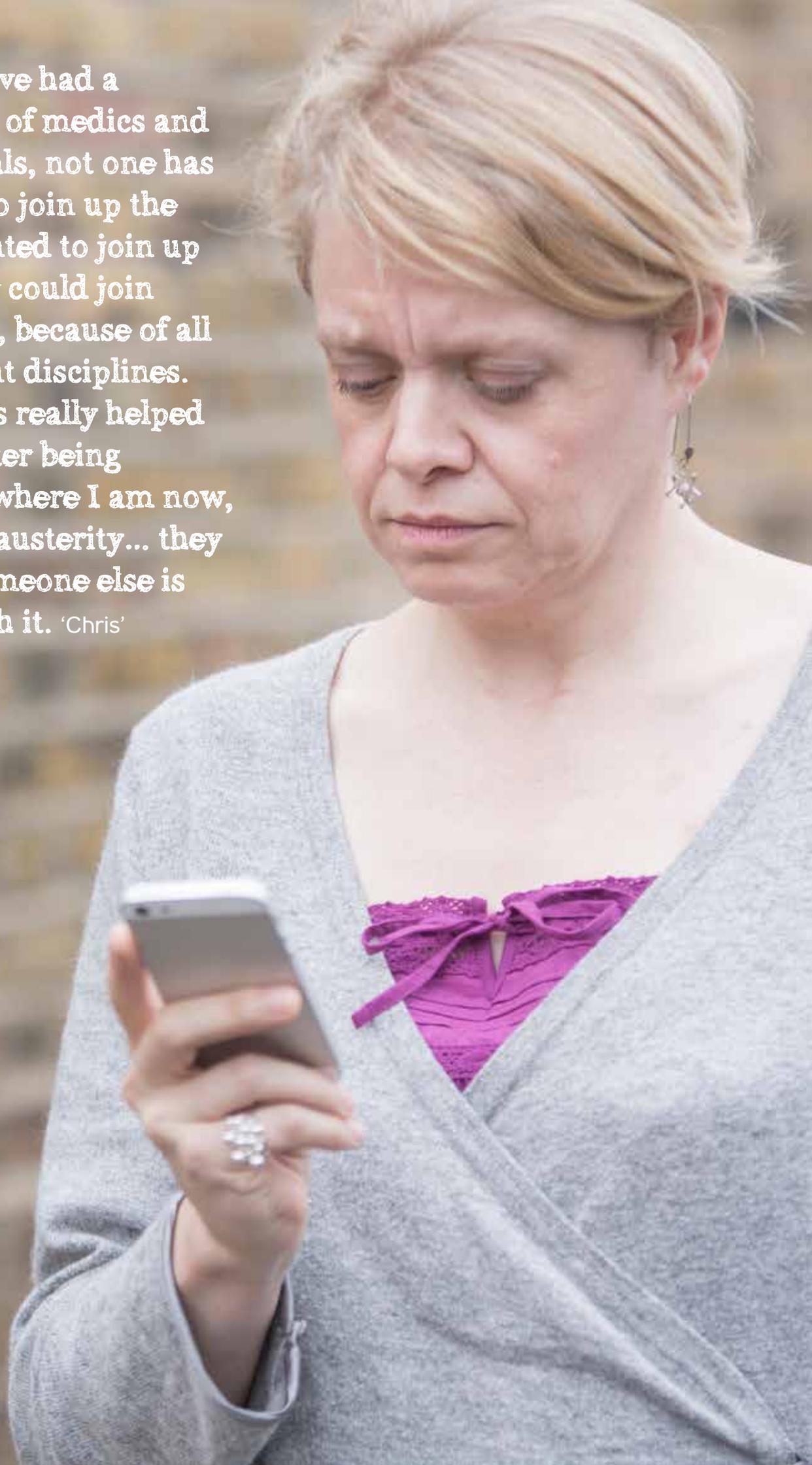
Chapter 3: Accessing support

This chapter explores the impact of housing on people's access to other forms of support – including formal mental health services and informal community support. It also looks at specific housing-related support options, including floating support and supported housing.

"Accessing support is a waiting game, and you give control of your life into somebody else's hands."
'Tom'

Accessing mental health services

"Housing is central to building a future. It offers a secure base… to access mental health support" (Browne, Hemsley, & St. John, 2008, p.407). In particular, a lack of stable accommodation can make it harder to be monitored in the community, keep appointments, and maintain continuity of care. This limits recovery and increases the likelihood of experiencing a crisis (King's Fund, 2016; Appleton & Molyneux, 2007).

However, if mental health care is provided close to home, there is higher compliance with treatment and lower dropout rates (Molyneux, 2011). Engagement is also better if services are co-produced with people experiencing mental health problems and housing difficulties – this helps to highlight the practical barriers to accessing services as well as confronting institutional discrimination (Chung et al., 2016).

"In the temporary accommodation I was in, it was a fine size and everything, but it was in the other side of London and all my therapy and, like, my informal support network and my formal support network is in Islington so I was having to travel all the time and I never felt very safe in the flat I was in. So, I was very, very keen to get somewhere close by."
'Kirsty'

People with severe mental health problems are much more likely to move than those with physical health problems and those with no problems at all. Lix et al. (2006) found that they were twice as likely to move during the course of their study. McCarthy, Valenstein, & Blow (2007) studied the residential moves and health service use of half a million US veterans who were experiencing mental health problems. They found that people with severe and enduring mental health problems were more likely to move and this could be disruptive to the continuity of care. However, this sample were also more likely to move closer to mental health service providers, which suggests that they were trying to overcome barriers to access. Young adults with mental health problems are particularly mobile and this disrupts established links with health services (Lix et al., 2007; Potter et al., 2001). The impact of residential instability is discussed in more detail in Chapter 4.

"After I left my partner, I moved around the country a lot. I had to leave that abuse and so I shifted between family and friends. I was still pregnant at that point so I kept going to the doctor or hospital for checks. But because I was moving, I never saw the same person twice… They could see on my records that I've had mental health for a long time but when they asked, I said I was fine… No one ever asked about my housing situation though."
'Claire'

Homelessness can be a particular barrier to accessing mental health support – even in primary care.

"Now the minute you're homeless and you've got an ailment of some sort – mental health or otherwise – you're in trouble, because a lot of people aren't registered with the GP, and if you haven't got a home address, and I do know this from experience, there isn't a surgery anywhere that will want to talk to you"
'Dan'

"Rough sleeping makes it harder to access mental health services due to stigma, difficulties getting an assessment or referral to secondary care, trouble keeping appointments while sleeping on the street, and a lack of services that will work with people facing multiple problems including drug and alcohol use" (Glew, 2016, p.10). This is a two-way relationship. Poor mental health can also be a barrier to engaging with services that can help people move off the street (Rosenheck et al., 1998).

"When people look at you, you think, 'Oh dear me. I'm not looking very good. I hope nobody approaches me.' You're homeless and you feel, you don't want to be approached by anybody, especially the police."
'Lena'

There are successful models of specialist mental health services for people who sleep rough – which improve both health and housing outcomes. However, only a third of areas in the UK with high levels of rough sleeping commission any kind of specialist mental health service (Glew, 2016).

"No one should be stuck on the streets – everyone has the right to a home. But recovery is not just a roof. When people come inside they begin to reflect and may for the first time start learning how to manage their mental health. It is at this crucial time that support is most needed."
Members of 'Outside In' – a homelessness service user group (Glew, 2016, p.3)

Informal and community support

Friends, family, and neighbours are a key source of support for many people with mental health problems. And housing can have a big impact on these informal support networks. Stable accommodation enables people to build good relationships with neighbours and improves their access to community support (King's Fund, 2016). This increases social capital and community engagement, which is associated with improved

wellbeing and mental health (What Works Wellbeing, 2017). Friends and family can also be a key source of support and advocacy when encountering housing problems and difficulties accessing formal services.

"What if the next person who's behind me has not got the support that I've got with my family and things like that, and they end up doing something that takes their life? It's that bad"
'Amy'

Residential instability (i.e. frequent moving) can have a damaging effect on social connections, which can take a long time to establish (Oishi, 2010). There is a particularly adverse effect on people who have moved involuntarily – such as those fleeing domestic abuse or allocated housing outside of their area (Hardy & Gillespie, 2016; Wilson & Laughon, 2015).

If people have strong, positive social ties within their neighbourhood, this appears to reduce their likelihood of experiencing depression and anxiety (Vallée et al., 2011). In a study of people with mental health problems who were living in supported housing, Wright and Kloos (2007) found that the sense of community in a neighbourhood was the strongest predictor of wellbeing.

"Now, I can talk to some people, because I live in shared accommodation and just by talking to someone and finding out the underlying problem, you make them feel a lot better, rather than taking a tablet or drinking alcohol, and just having a bit of time for that person. Even a little chat, cup of tea and a biscuit or something and all that lot, and you get new friends as well."
'Gary'

Neighbours can provide a valuable source of informal social support (Truong & Ma, 2006). However, the way in which buildings and roads are laid out, including details such as the door orientation, can influence patterns of social interaction (Evans, Well, & Moch, 2003). The impact of the physical environment in a neighbourhood is discussed in more detail in Chapter 1.

Propper et al. (2007; 2004) argue that the characteristics of a community have a larger impact on people's mental health that the physical attributes of an area. "Housing and the neighbourhood in which people live, play an important role in defining the social support a

resident can access... Housing can influence who people interact with. For example, living in an area with high property prices may provide access to neighbours with knowledge about jobs" (Barratt, Kitcher, & Stewart, 2012, p.41), whereas the most deprived people tend to live in close proximity and have fewer resources to support each other.

Financial pressure has a community-wide, as well as individual effect. A number of studies have looked at the impact of recent economic downturns on the community resilience and prevalence of mental health problems. Houle (2014) looked at the specific impact of home repossessions and found that the sharp rise after 2007, "created feelings of stress, vulnerability, and sapped communities of social and economic resources. Minority and low socio-economic communities... were the hardest hit by the foreclosure crisis" (p.1). The impact of these repossessions was geographically concentrated on areas that already had fewer resources, and so they exacerbated existing deprivation and mental health inequalities.

Choice and control are important conditions for establishing meaningful social connections and making full use of informal support networks. Having a small number of housing companions with shared experiences of mental health problems can aid mental health recovery but it is important for people to have privacy and feel control over their personal space (Nelson, Hall, & Walsh-Bowers, 1998).

"I know [neighbour's name], but we don't go in each other's flats though. We just say, 'How do?'... I need to be on my own sometimes just to clear my head a little bit, and you don't want everybody knowing your business, do you?"
'Deborah'

Page (2002) has shown that forced social interaction can actually have a negative impact on mental health. In some housing situations – particularly houses in multiple occupation (HMOs) – residents have little choice or control over how they interact with other people (Barratt, Kitcher, & Stewart, 2012). It is important not to conflate proximity with community.

"There were quite a lot of pressures that you get, because when you're living with people that are also unwell, sometimes their problems can

become yours as well. So it was good to have some independence when I moved."
'Ethan'

The sustainability of informal networks and community services can be threatened by gentrification of neighbourhoods. The main challenge is increasing costs for housing and community venues (Atkinson, 2000). Stigma can also accompany gentrification, particularly if it introduces more wealth inequality. For example, Flouri, Midouhas, & Tzatzaki (2015) found that families in social housing were more likely to experience emotional problems if they lived in an area with a low concentration of social renters. This can be partly attributed to feeling out of place. Gonzalez & Andvig (2015) conducted a meta-analysis of qualitative studies looking at experiences of people with mental health problems whilst trying to access housing and support. They conclude that, "Feelings of 'fitting in' to the community, integration, and belonging were core experiences" (p.983).

The role of community and informal support structures is particularly important for some minority communities. Especially in communities where there is stigma attached to professionalised support services – which can be seen as a dereliction of familial caring responsibilities (Houston & Allen, 2004). This can mean that overcrowding is higher in some communities (Kiran, 1996). It also means that traditional housing support services – such as floating support, sheltered housing, temporary accommodation – need to respond to cultural needs.

Floating support

The importance of 'floating support' was repeatedly highlighted throughout the existing literature and our interviews. 'Floating support' is broadly defined as housing-related support to help people manage their accommodation and live independently and inclusively in the community. It is usually not mental health-specific support but plays a large role in helping to sustain independence.

"My mental health has improved so much... being in a place where I know I've got that support if I ever do need it makes the world of difference. I've not had to lean on too much floating support...but just knowing that I've got

that... made a huge difference to me, to my confidence and for me to move forward"
'Mohammad'

There is good evidence that timely, regular floating support helps people to sustain their tenancies, reduces housing management problems (e.g. rent arrears, property disrepair, ASB), and can improve physical and mental health (Eliot, 2013; Neuberger, 2003). Floating support is particularly important in helping people manage the transition between different forms of housing support – such as the shift from supported housing to general needs accommodation (Leff et al., 2009).

Given the high concentration of people with mental health problems within 'general needs' social housing, there are concerns about whether housing management staff have the skills and knowledge to appropriately assess the needs of their residents (Johnson, Griffiths, & Nottingham, 2004). The option to refer to floating support helps with risk assessment and increases the likelihood that a housing provider will let their property to someone with higher needs. "We are happier granting a tenancy now people can access support. It's changed very much the way the association works. We take on people who four to five years ago we would have refused" (Housing Officer from a Housing Association quoted in Johnson, Griffiths, & Nottingham, 2004, p.46).

Floating support workers often play an enhanced sign-posting role – helping people to understand what they are entitled to but also building trust, confidence, and practical skills to help them access the support that is available (Gonzalez & Andvig, 2015). They also provide an independent witness and reassurance, which can be particularly important if someone is struggling to access formal services. This is crucial in enabling people to make meaningful choices about their housing and support needs (Molyneux, 2011).

"Having the lady, the floating support, probably saved my life to be quite truthful... Actually having someone sit there saying, 'We can do this, and you don't have to do it on your own,' yes, it's that support that's made all the difference"
'Jenny'

It is typically assumed that people need most support when they first access a property (Susser et al., 1997). However, given the fluctuating nature of many mental health problems, this is not always the case (Pollio et al., 2000). It is important to have effective early warning indicators and flexible funding models to ensure that support is accessible when it is needed.

"They [floating support team] don't leave you in the lurch, they're always there for you... I needed a bit more help when my dad died with dementia after seventeen months. So they provided me with an extra service"
'Gary'

There is a lot of variation in the provision and nature of housing support services – particularly floating support (Pleace & Wallace, 2011). In particular, the duration and frequency of support is different between areas. The level of mental health expertise also differs markedly. Some organisations – such as local Minds – offer specialist mental health floating support, which combines subject-specific knowledge with the practical advice and support offered by more general support. Regardless of the specific model, floating support is most successful when someone is in stable accommodation and there are still large unmet support needs for people in temporary accommodation (Maciver et al., 2016; Rose, Maciver, & Davies, 2016).

Outcomes are also better when there is collaboration between local services. However, floating support workers are often very operationally focused and lack the time or resources to make strategic partnerships (Peace & Kell, 2001). The budgets for floating support have also been significantly reduced in recent years due to local authority cuts and the difficulties of service planning due to the funding instability that can accompany the introduction of personal budgets (HACT, 2015). Floating support cannot replace meaningful inter-agency co-operation and joint commissioning, which can remove many of the barriers to accessing support and reduce inefficiencies (Randle & Anderson, 2017). The Making Every Adult Matter (MEAM) Approach provides a model for effective joint working to support people with multiple complex needs (Barclay, 2016).

Supported housing

There is not a single definition of 'supported housing' because it is an umbrella term applied to lots of different models of housing-based support for people who are vulnerable (Homeless Link, 2017). This includes "nursing and residential care homes, group homes, community-based rehabilitation units, step down units, blocks of individual or shared tenancies with staff on-site, and independent tenancies with staff off-site or outreach support" (Boardman, 2016, p.7). The common feature tends to be an integrated package of housing, support, and care that aims to promote independence. Importantly, regardless of the model, supported housing is a place for someone to live not a residential treatment setting (Allen, 1996).

"I like living somewhere that I'm looked after, somewhere that I share. I wouldn't change this. When I'm by myself, I suffer, I get frightened. I need somebody. I need to know, as a person with schizophrenia, that somebody is coming in to look after me, if you get my meaning."
'Lena'

Around 5 per cent of supported housing is mental health-specific (housing around 39,000 people) but a far larger percentage of supported housing residents experience mental health problems (Parliament. House of Commons, 2017).

There is strong evidence for the positive impact of supported housing on housing stability, severity of mental health symptoms, and life satisfaction (Savage, 2016; Leff et al., 2009; Hanrahan et al., 2001). Supported housing has also been shown to significantly reduce the number and frequency of emergency hospitals admissions – almost halving the likelihood of being hospitalised in one study (Martinez & Burt, 2006). Supported housing can also reduce offending rates (Culhane, Metraux, & Hadley, 2002).

"I was homeless when I got admitted to hospital but I got very lucky. I'm currently in supported accommodation and if it wasn't for the support of [social housing org], I don't know where I would be. They have listened to me, given me a safe place to stay and most importantly given me the confidence boost that I needed so I have been able to go on and gain a place on a teaching PGCE course this year."
'Tom'

Boardman (2016) sets out some of the key features of successful supported housing (p.17). These include choice and flexibility in the support on offer, high quality relationships between staff and residents, person-centred support, and a safe and stable environment. The quality of supported housing services is generally higher if they are co-produced and residents are able to personalise the support on offer (Chakkalackal et al., 2016; Savage, 2016). There also needs to be a holistic, recovery focus in support housing schemes rather than an overly narrow focus on medication compliance (Stanhope et al., 2016). The support also needs to take account of residents' individual circumstances.

"There's a difference between what support you are promised and what you actually get. I was told I would get access to 24-hour support. In reality this was 9–5 but I was at university and therefore could not access this."
'Sophie'

The impact of supported housing is greater if it is well integrated with other services in the area – this makes subsequent transitions into other forms of housing easier, increases residents' choice and sense of control, and can help to reduce social isolation (Caldas de Almeida & Killaspy, 2011; Appleton & Molyneux, 2007).

"The independence here is refreshing. I found too much support is infringement on my… it's infringing on me, that's the way I felt. Some people may feel safe, but I was just like, 'It's too much.' I don't mind the once a week. When I first came out of hospital, I can understand twenty-four-hour support but, after a while, I felt it was a little unnecessary."
'Natasha'

There is a complex funding model for mental health-specific supported housing (Parliament. House of Commons, 2017; Boardman, 2016). The Five Year Forward View for Mental Health called for increased investment (Mental Health Taskforce, 2016). However, there is a significant threat to the funding model available to people living in supported housing with the shortfall to be met through 'ring-fenced' local authority top-up funding (NHF, 2016). A recent select committee report argues that this approach will jeopardise essential and high impact services (Parliament, House of Commons, 2017).

The proposed changes to supported housing, and subsequent government u-turn, have added to general uncertainty about funding in the sector, including 1 per cent social rent cut and sustained cuts to local authority 'Supporting People' funding since 2009 (NAO, 2014). Some of our interviewees reported that funding uncertainty was already having a negative impact on their mental health. 'Tracey's' supported housing provider recently wrote to residents and told them that there was a risk they would have to close due to local authority funding pressure:

"Well, they've got a couple of tenders they're hoping to get but they have three schemes to manage. They have the drop in and that which is very limited now, they've had to cut back… I've had [my house] for sixteen years now, so I'm well into it, but it does look quite seriously that I may lose it… it really worries me."
'Tracey'

Information sharing and collaboration

The complexity of the interaction between housing and mental health needs requires effective information sharing and collaboration between different agencies and support organisations (MEAM, 2015; Molyneux, 2011; Pascoe & Balmer, 2007). This joint working is particularly important between housing and clinical staff. "Housing sector staff often lack awareness of mental health problems. Conversely, mental health staff frequently lack awareness of housing issues" (Department of Health, 2011, p.2).

However, the challenge is not just limited to housing and mental health staff. Glew (2016) demonstrates that numerous agencies – including the police, Job Centres, and A&E staff – have regular contact with people experiencing problems with their housing and mental health and there are lots of missed opportunities for intervention.

"Although I've had a small army of medics and professionals, not one has been able to join up the dots or wanted to join up the dots, or could
join up the dots, because of all the different disciplines. Nobody has really helped me even after being re-housed where I am now, because of austerity… they all hope someone else is dealing with it."
'Chris'

Integrated housing and care has been a theme of service improvement initiatives for decades but implementation has been patchy and often does not provide sufficient user choice (Molyneux, 2011; Appleton & Molyneux, 2007). Where good co-operation is in place between housing and mental health services, it tends to be at the referral stage. However, longer-term advice and support is rarely available (NHS Confederation, 2011; Carroll & Cotter, 2010). The Department of Health suggests that this problem could be partially overcome with joint commissioning of mental health, social care, and housing services (Department of Health, 2010). However, it has often proved challenging to reconcile local authority and CCG commissioning process. This means that funding has often lagged behind public commitments (MHP Health, 2014).

"I'm very lucky here… It all comes together – the accommodation, the housing, the mental support, the practical stuff – altogether, the whole lot. So it all comes as, like, in one package… If I have a question or need anything, I can ask and, even if they don't know the answer, they'll find out."
'Gary'

Housing providers often hold extensive information about people's mental health and support needs – informed by frequent contact between housing management staff and residents. A recent joint report from the King's Fund and National Housing Federation found that there is greater potential for housing associations to improve links and information sharing with the NHS and social care sector (King's Fund, 2016).

However, there is also a need for two-way information sharing and networking. Housing management staff often lack the knowledge and connections to make appropriate referrals to specialist mental health support (Department of

Health, 2011; Johnson, Griffiths, & Nottingham, 2004). There is a heavy reliance on a small number of formal or informal 'link workers' with established knowledge and contacts. If these networks are well established, they can reduce demand for both health and social care services (Eliot, 2013; Rosenheck et al., 1998).

This is not a UK-specific issue. In their pan-European review Caldas de Almeida & Killaspy (2011) repeatedly found a "lack of integration between mental health and social care systems, including poor co-ordination with housing, welfare and employment services" (p.1). In an attempt to address these gaps, the Housing Association Charitable Trust (HACT) have been piloting a mental health training programme for housing management staff (HACT, 2014). There are also some examples of local good practice, including the Enabling Assessment Service London (EASL) that provides mental health training to homelessness outreach workers. However, there is a need for much larger-scale training – with a particular focus on mental health awareness and local signposting.

Having the lady, the floating support, probably saved my life to be quite truthful... Actually having someone sit there saying, 'We can do this, and you don't have to do it on your own,' yes, it's that support that's made all the difference.

'Jenny'
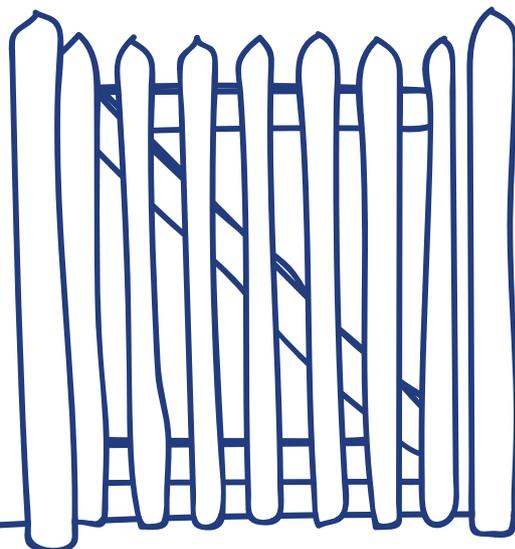
They gave me almost no notice to move... If it wasn't bad enough, trying to move and pack up when you're in a wheelchair, when you're on your own... The stress was almost unbearable at times... Within two weeks of moving I had to report myself to the mental health team. 'Dan'

Chapter 4: Moving and losing home

This chapter focuses on the mental health impact of residential instability (i.e. frequent moving), housing-related financial insecurity, evictions, and homelessness. It also explores a theme that emerged strongly in the interviews, about the transitions into and out of living with family.

Housing transitions may occur for a range of reasons – voluntary and involuntary – such as affordability issues, end of short-hold tenancy, job changes, birth of children, retirement, divorce, eviction, or discharge from hospital (Baxter, 2015; Clark & Huang, 2003). These transitions are more common and can have negative effects for people experiencing mental health problems (Cole et al., 2006).

Residential mobility/ instability

People with mental health problems are much more likely to move than those with physical health problems and those with no problems at all. Lix et al. (2006) found that they were twice as likely to move in the last year. Residential instability during childhood can also have a long-term impact on mental health and other outcomes, such as educational attainment (Galster et al., 2016). This is discussed in more detail in Chapter 6.

Poor quality housing and negative perceptions of a neighbourhood are significant drivers of residential mobility (Oishi, 2010). People with mental health problems are more likely to live in sub-standard accommodation and this makes them more likely to move (Suglia, Duarte, & Sandel, 2011; Kearns & Parkes, 2003). However, the disproportionate residential instability of people with mental health problems is also driven by many other factors – including experiencing stigma, barriers to accessing services, poverty, eviction, and mental health symptoms – such as paranoia and mania (Foster et al., 2011).

"I just don't think I've got the energy to keep doing it. Do you know what I mean? I just need to have a stable life. I just want to be settled. I just can't do it anymore. I'm so tired, all of the moving, and stress, and people all the time, you know? It's draining me. I just don't know."
'Jess'

Certain groups of people with mental health problems are at particularly high risk of residential instability – especially young people and care leavers (Fox, 2009; Potter et al., 2001), people from ethnic minority communities (Glasheen & Forman-Hoffman, 2015b), and people with a diagnosis of schizophrenia (DeVerteuil et al., 2007; Lix et al., 2007). Magdol (2002) also found that the negative impact of frequent moves was more severe for women.

"I've moved many times in my life and each one has been so stressful that it has caused a psychotic episode. I wouldn't do it again"
'Carol'

These housing transitions can have negative effects on mental health. People with mental health problems who are very mobile are more likely to experience repeated crises and need longer in hospital (Lamont et al., 2000). There is also strong evidence linking residential mobility with suicidal behaviour (Glasheen & Forman-Hoffman, 2015a; Bossarte et al., 2013; Potter et al., 2001). Frequent movers also have a generally lower life expectancy (Oishi & Schimmack, 2010).

Moving can also have positive effects – such as finding more suitable accommodation, better employment prospects, leaving an abusive

relationship, and better access to support services (Daoud et al., 2016; Larson et al., 2004; Rosenbaum, Reynolds, & Deluca, 2002).

"I'm glad I've settled. It was terrible, you know, every two years to move somewhere else, you know... [In previous hostels] they just said to me that I had to move out. I couldn't query it or anything, they just told me. I thought, well, if they say that to you, you have to pack your bags and you have to get out of the way"
'Lena'

However, frequent moves (defined as moving twice or more in the last two years) can create or entrench existing vulnerability and social exclusion (DCLG, 2006). These moves can disrupt relationships with existing services, make it harder to assess eligibility for support, disrupt existing social support and make it harder to establish new networks, and can increase the sense of personal insecurity (O'Campo et al., 2016; Oishi, 2010; Cole et al., 2006). Involuntary home moves can have a particularly severe effect on mental health.

"I had to pack and move on my own... If it wasn't bad enough, trying to move and pack up when you're in a wheelchair, when you're on your own and you've got to, sort of, hire everything and get it done. The stress was almost unbearable at times... Within two weeks of moving I had to report myself to the mental health team. I just didn't know whether I was sitting the right way up in the chair or not."
'Dan'

Whilst housing transitions can be disruptive, they also offer an opportunity for mental health assessment and intervention (Suglia, Duarte, & Sandel, 2011). The stress and negative impact of a housing transition can also be mitigated by good support.

"It [the flat] really is nice and they spent about £2,000 on it from money from the [NHS] and set it all up and they were marvelous when I was moving in because I was three floors up, it took quite a while to get furniture and down and [the housing provider] paid for that removal. Then they came back with me to my new flat and by the time it was 4:00pm, everything was working, the computer, the television and everything."
'Tracey'

Financial insecurity

Housing is one of largest costs in a household budget and it is a common cause of financial insecurity. There is strong evidence that unaffordable accommodation has a negative effect on mental health and has a bigger impact than general financial pressures or debt (Keene et al., 2015; Novoa et al., 2015; Mason, 2013; Bentley et al., 2011; Pevalin, 2009). Home owners with high mortgage debts are particularly vulnerable to mental health problems (Cairney & Boyle, 2004).

In a recent nationally representative survey commissioned by Shelter (2017), one in five adults (21 per cent) said a housing issue had negatively impacted upon their mental health in the last five years. Of this group, 48 per cent said that the issue was 'Affording the rent/ mortgage'.

"I am aware that I was not the most effective communicator verbally, as my mental health and depression suffers immensely when faced with financial conflict, I find it hard to be assertive... I shut down and bury myself."
'Jess'

The pressure of housing affordability can be exacerbated by mental health problems themselves, which can make it harder to manage money (Pierse et al., 2016; Fitch et al., 2011). People with mental health problems are nearly three times more likely to report being in debt than the general population (Fitch et al., 2007). They are also more likely to be in rent arrears (Social Exclusion Unit, 2004; Neuberger, 2003) and more likely to be evicted as a result (Reeves et al., 2016; Böheim & Taylor, 2000).

"The Council had stopped paying the rent, which I didn't know, because my son had missed an appointment, because I was depressed and I was stressed, I wasn't opening any mail... I had just flung them to one side... That was my fault, but they stopped paying the rent all because of that... I had to wait for six weeks before I got things sorted out. They [the Council] sent me to a food bank."
'Deborah'

Rent arrears can be a serious obstacle to finding new accommodation. People with outstanding rent arrears can be prevented from bidding on new properties. This can prolong the period of time that someone is living in inappropriate accommodation. The system is

also at risk of administrative errors with potentially serious problems.

Case Study: 'Jenny'

'Jenny' was evicted due to rent arrears but had carefully paid them off over the following year. However, her previous landlord (a Housing Association) had kept an inaccurate record of her arrears and this stopped her bidding for new property.

"Obviously, I was absolutely thrown, just devastated. I couldn't believe it because I owed them nothing… but it's on their computer records. It just seemed to be stuck there. I don't know. It leaves you fearful. I'm very fearful of these people"

This administrative error was one of the reasons that she had to remain in very poor quality temporary accommodation for three years.

"They basically blocked me by saying what I did. They stopped me from going anywhere, private renting, housing associations, and if it's just a mistake on their computer, then their mistake has ruined my life… So, it's just, like, these people doing these jobs don't seem to realise that the impact of… it might only be a mistake on their computer, but that's impacting my life on a day-to-day basis."

A high proportion of people with a mental health problem require Housing Benefit and other financial support to meet their accommodation and other costs. There is increasing evidence that welfare reforms are having a negative impact on people's mental health, especially those in difficult housing situations (Power et al., 2014). Cuts to Housing Benefit are associated with significant increases in depression and other common mental health problems (Reeves et al., 2016). Changes associated with the introduction of Universal Credit have been shown to increase stress and anxiety (Foley, 2017; Birchall & Fletcher, 2017).

The bedroom tax has also been shown to have "negative impacts on mental health, family relationships and community networks. The hardship and debt that people experienced adversely affected their social relationships and ability to carry out normal social roles" (Moffatt et al., 2016, p.197). Some interviewees also

expressed concern about the impact of benefit changes on their housing situation.

"Always in the back of my mind, I'm so worried about the benefits, because it can just be pulled away… I'm worried, because they [DWP] keep tweaking, and moving the goal posts. At any point, something could happen and you could lose everything at the same time. I could lose the house. That's what scares me… you're one step away, or one month away from being on the streets." 'Amy'

Case Study: 'Mike'

A number of participants complained about the complexity of applying for housing-related benefits. For example, 'Mike' felt insecure in his new flat because he is dependent on a number of benefits and additional supplements to afford his rent.

"I'm really happy here. I've been places that are a lot worse, and it's sometimes a bit difficult to know that I cannot stay here for the long-term, financially, really."

He also found the process of applying for 'Discretionary Housing Payment' (DHP) – a supplementary fund administered by local authorities – particularly intrusive.

"DHP covers the shortfall between the housing benefit and the rent… It has to be renewed every six months, which makes things a bit difficult. I have to go through the process of writing in, and my CPN [Community Psychiatric Nurse] giving a letter, and in a way that CPNs do, the letter contains things that she has to state, sort of, problems with my health and that kind of thing. I find it a bit distressing going through that process, looking back at how I have been, compared to how I am now, if that makes sense."

Some participants also complained about double standards. They argued that local authorities very carefully police residents' finances but do not hold themselves to the same standards.

"Sometimes I make complaints about repairs or something else. Half the time no-one answers the number, the other half they don't know the

answer. But if you do anything wrong, like are in arrears by £15, they are quick to come after you, but they don't apply the same rules to themselves. They should know that you have mental health problems. They need to take that into account."
'Crystal'

In addition to rent or mortgage payments, Hernandez, Phillips, & Siegel (2016) found that poor housing quality can also add to financial pressure. The coping strategies used by people living in poor quality housing (e.g. eating out more, spending less time in the home) can be expensive and exacerbate financial concerns. Low quality housing – particularly poor insulation – can also increase financial pressure due to high utility bills (Harris et al, 2010). These pressures can also make it hard to afford improvements to the home or personalisation/ decoration (Meltzer & Schwartz, 2016).

"I'm actually using the living room as a bedroom as well because the actual bedroom is too cold to sleep in. It's a big flat, but unless I have the heating on, and I can't afford the heating on so much, like, overnight every night... It's got a radiator that heats the room up quickly, I just can't afford the gas... I'm quite cautious with the gas because I have to be, because living on benefits I haven't got an endless supply of money."
'Ethan'

The Department of Health (2011) identifies that mental health services "are not always proactive in identifying these [financial] issues and developing ways to prevent situations escalating or help the person to have contingency plans in place" (pp.2–3). Given the prevalence of housing-related financial insecurity, there is more that mental health services and housing providers can do to mitigate the impact. For example, Fitch et al. (2007) argues that nurses should discuss and monitor debt issues experienced by clients and establish partnerships with debt advisors (rather than simply referring clients).

Evictions

People with mental health problems are more likely to be evicted (Carter, 2010) – either for financial reasons (Reeves et al., 2016) or disproportionate anti-social behaviour (ASB) enforcement (London Councils, 2014; Nixon et al., 2007). People who are evicted tend to have worse physical and mental health than average (Bolivar Munoz et al., 2016). But the process of eviction itself can also have profound psychological consequences (Clarke et al., 2017; Vásquez-Vera et al., 2017; Tsai, 2015). "Without a home everything else falls apart" (Desmond, 2016).

The threat of eviction significantly increases rates of poor mental health and reduces economic and social resources in already deprived neighbourhoods (What Works Wellbeing, 2017; Bolivar Munoz et al., 2016; Desmond & Kimbro, 2015; Houle, 2014). The same pattern is seen for repossessions of owned property, which significantly increases risk of experiencing a mental health problem (Downing, 2016; Pevalin, 2009). A rise in repossessions is also associated with increased suicide rates – particularly in middle age (Houle & Light, 2014).

The negative psychological impact of eviction and repossession can have long lasting effects (Vásquez-Vera et al., 2017). Desmond and Kimbro (2015) found that, "at least two years after their eviction, mothers still experienced significantly higher rates of material hardship and depression than peers" (p.1).

"I got evicted in November and I've had a lot to cope with. So it's been hard, really hard, especially when I was sofa surfing... I have my own rituals because I suffer with OCD. Cleanliness, things have to be in order and stuff... But I was staying with other people and didn't have control... So now I've got my own place I can focus on that now."
'Deborah'

The threat of eviction is particularly severe in temporary accommodation: "often decisions are made on arbitrary grounds or relating to unavoidable illnesses, and even in response to tenants having made complaints or reported physical problems with the property" (Maciver et al. 2016, p.14).

Case Study: 'Sam'

Experiencing a mental health crisis or hospital admission can also lead to a breakdown of tenancy or repossession (NHS Confederation, 2011). 'Sam' was living in private rented accommodation when they experienced a mental health crisis and tried to take their own life.

"I had one particular incident where I was, sort of, kicked out of my house while I was in hospital for my mental illness... Basically I took an overdose in an attempt on my life and there was an ambulance strike at the time, or something."

'Sam' decided to take a taxi to hospital instead of waiting for an ambulance. However, the police had been dispatched to the flat to check on their welfare. When 'Sam' arrived at A&E, they received a call from the police.

"They were like, 'We smashed in your door looking for you, you need to come and secure the property.' I was like, 'Well, I'm not going to come and do that because I'm in hospital, sorry. Can you do it?' They were like, 'No, we can't. We're the police, we don't really do that.' Then they were like, 'You need to send your sister,' or something. I was like, '[Name of sister], you need to go and help me secure my property.' She was like, 'I'm not leaving you, you've just tried to kill yourself. I'm not going anywhere.' ... The police boarded it up, thankfully, with some chipboard, so it was vaguely secure."

Whilst 'Sam' was in A&E, their sister called the landlord to provide an update on the situation. However, the landlord was not aware that 'Sam' was on the contract.

"By this point I'd only just woken up from, like, about 48 hours of medical coma, I was a bit like, 'I don't really understand what's happening.' Essentially, the two boys I had been living with had been subletting without my knowledge, I thought it was legit. I thought because I had a contract with these two boys, I thought they were the ones in charge of the property. It turns out that they hadn't told her that I'd moved in, hadn't really

had any references or anything and just let me stay after my first 'official' contract had run out."

I don't really know what happened. I just stopped answering their calls because they got really horrible when I was in hospital... They kept being like, 'You need to fix this door.' My sister told them, 'Look, you know, 'Sam' just tried to commit suicide and is still doing so while in hospital. You need to, like, back down a bit. She doesn't have a contract, that's your fault. Sorry.' Yes, it got pretty bad for her."

My family went and got all my stuff before, like, they had sold any of it, like, robbed any of it... it could have been a lot worse had I not had family."

Case Study: 'Amadou'

Asylum seekers are in a particularly vulnerable position (Palmer & Ward, 2007). If an asylum claim is rejected, landlords will often evict them immediately (CIH, 2003).

'Amadou' had been moved between multiple towns by the Home Office whilst his asylum claim was being assessed. He was living in the north of England when his claim was initially rejected.

His housing provider immediately evicted him, despite knowing about his mental health problems.

"They did not give me any help. No, they just said go to London. Go to London and find a place there. I didn't know where to go. I started sleeping rough near Victoria Station, around Victoria Station, I became homeless."

His mental health deteriorated after he was evicted. He spent four months sleeping rough in London until he was taken to hospital by police under the Mental Health Act.

Even if a household is not at risk of eviction, just living in a neighbourhood with high eviction or repossession rates has a negative impact (Tsai, 2015). It is "associated with declines in residents' mental health – especially in areas with a high

concentration of minority communities" (Houle, 2014, p.1).

It is not uncommon for people to get caught in a cycle of eviction, particularly in temporary accommodation. "Eighteen of our 45 research participants said they were in constant fear of eviction. One participant had been evicted 13 times over a 16 month period, to be housed repeatedly in temporary accommodation" (Maciver et al., 2016, p.14)."There is little value in evicting someone who will then be re-housed as homeless and vulnerable. At best you are only moving the problem around and probably making it worse" (Housing Manager cited in Johnson, Griffiths, & Nottingham, 2004, p.79).

The legal rights of people with mental health problems are not always taken into account during eviction processes. UK courts are relatively good at safeguarding the existing legal protections around evictions (Pascoe and Balmer, 2007). However, many cases do not come before the courts because residents do not know their rights or are bullied into leaving their home without a court order. Poor mental health can also make it harder to engage with available support (Clarke et al., 2017). "Illegal evictions and tenant harassment by landlords contribute to the insecurity felt by tenants, some of whom are already transient" (Barratt, Kitcher, & Stewart, 2012, p.41).

"He [the private landlord] subjected myself and my daughter to a verbal attack, threatening to kick the doors in and eventually causing one neighbour to call the police."
'Jess'

Homelessness

Homelessness is not a static state and people often experience many periods of housing instability (May, 2000). It can also take different forms, including people sleeping rough, living in homeless hostels, but also the 'hidden homelessness' of sofa surfing and temporary accommodation (Homeless Link, 2015).

"I've slept in cars and that sort of thing in the past because there are so few premises available for people with mental health problems... I did wonder sometimes whether I'd have to go outside and set myself on fire or something in order to bring the attention to the fact that I just wasn't coping with this... In the end I managed to find a succession of B&Bs, rooms in houses, because back then, that was the cheapest place to be."
'Dan'

A high proportion of people who are homeless also experience poor mental health – particularly personality disorders and psychosis (Mental Health Taskforce, 2016). Mental health problems can contribute to someone losing their home but they can also be caused or exacerbated by homelessness (Rees, 2009).

"You know, I have friends, I can stay on their couch but, kind of, burdening them with that, which is a huge paranoia of mine and just makes me feel guilty, which makes me feel worse and can bring on a really depressive episode" –
'Kirsty'

The negative impact of homelessness can continue for a long time, even after re-housing (May, 2000; Vostanis, Grattan, & Cumella, 1998).

"I spent a long time sleeping rough. I had a terrible experience. I'm schizophrenic but they only found out about it when I got into a hostel. They got me a doctor and medication. But I was sectioned two times before I went into the hostel and had no support on the streets... I slept rough for nine years. I kept myself to myself. Best way to be. It's dangerous living on the road. It's not as simple as you think. When people look at you, you think, 'Oh dear me. I'm not looking very good. I hope nobody approaches me.' You're homeless and you feel, you don't want to be approached by anybody, especially the police. When you're homeless and the police come and say to you, 'You've not got nowhere to live?' 'No.' 'Well, what are you doing on the road?' They never do anything to help – just move you on."
'Lena'

Case Study: 'David'

'David' is a young man who became homeless after fleeing abuse at home. He initially moved to London and stayed in a night shelter.

"I went through a stage of homelessness because of my mental health, and I was having these really bad flashbacks [due to abuse]. Then I tried to kill myself, so I was in hospital for a bit. So I, kind of, walked away from everything. I was sleeping on a bench for about five or six weeks in London. I felt, because I was very traumatised about a lot of things that happened, I couldn't go back to the area I was living in at the time. I didn't want to go and stay with friends or anything. I cut everyone off, basically.

'David' currently lives in a large homeless hostel in London. The hostel is designed to encourage independence but he feels that he needs more support and there are many other residents who also have unmet support needs.

"I think there's not enough support for people who experience mental health conditions or who are going through certain things in their life... I don't think it's the hostel's fault, because the hostel's run in a certain way where, they try to create independence, so that you do your own thing. At the same time, there's not enough awareness that, people who are struggling, sometimes they can't even ask for help"

'David' would like to move to supported housing project where there is a stronger sense of community.

"I would like to move somewhere smaller where I can get more support. Then you, you know, you've got a few people there and then you feel like you can relax. Then, you know, if you're sitting somewhere and you've got, like, a dinner table for example where you sit, or a sofa or something, it's more like a home, you know?... Like, it's more of a homely feeling. The hostel's not the same. You've got your own room, but you haven't really got a home. I'd say I've got a house but I haven't got a home."

People sleeping rough with a mental health problem tend to live on the streets for longer (Glew, 2016). This is because poor mental health can be a barrier to engaging with services that can help people move off the street (Rosenheck et al., 1998). However, it is also a two-way relationship. "Rough sleeping makes it harder to access mental health services due to stigma, difficulties getting an assessment or referral to secondary care, trouble keeping appointments while sleeping on the street, and a lack of services that will work with people facing multiple problems including drug and alcohol use" (Glew, 2016, p.10).

A number of interviewees experienced an improvement in their housing situation after being hospitalised. Some were sectioned whilst sleeping rough and then initially discharged into homeless hostels.

"I was stuck, I didn't know what to do. Until the police came and bring me to hospital. I didn't want to come there, because I was not sick, I was feeling fine and I didn't see why they were taking me to hospital. But I was still going to be homeless. I had two choices, one, to stay outside homeless, the other one, to go to hospital and have a place to stay. I chose to go to hospital."
'Amadou'

Hostels provide essential, emergency accommodation for people who are homeless. They should come with key workers and referral routes to some form of psychological support (Mind, 2011). However, the high demand and funding pressures limit the support options available (Homeless Link, 2017) – as demonstrated in David's case study (above).

"Once I got into a hostel, I put my feet in the door, in a manner of speaking. After five months I felt as though I'd never been homeless. So, it happened very quickly. I settled in fast"
'Lena'

There are also a very large number of 'hidden homeless' people who are sofa surfing or living in temporary accommodation – often without any support (Maciver et al., 2016; Rose & Davies, 2014; Credland & Lewis, 2004). The insecurity of temporary accommodation is compounded by overcrowding, poor housing quality, and often out of area placements (Hardy & Gillespie, 2016).

"When I was sofa surfing, I had things at my son's, stuff at my brother's, stuff at my friends. It was shot all over the place. It was shot everywhere. When I was staying with people I had all these bags."
'Deborah'

There is extensive literature looking at the prevalence of mental health problems within the homeless population and potential interventions (Rees, 2009). The particular challenges and opportunities presented by temporary accommodation, supported housing, social housing allocations policies, and Housing First are discussed in more detail in Chapter 2.

Living with family

One theme that emerged very strongly in the interviews was the difficulty of transitions into and out of living with family. There is little evidence on this topic in the current literature and it deserves further research.

"Living with your parents, being back there, I was 28 at the time and, you know, I had lived away so I knew what it was like to live away and then moving back there, it just completely knocks your confidence because you feel so reliant on someone else, financially and, you know, everything"
'Kirsty'

Participants often described feeling disempowered and demotivated because they had to move back in with parents or other family members after becoming unwell. This often occurred in adulthood and reinforced their lack of independence.

"I came out of hospital two years ago in March, so I went back home and I'd been in hospital from the age of fifteen to eighteen. So, in a sense, I know it's not independent living, but, in a sense, I've got used to living without other people, like family or whatever. When I moved back in I just thought… I can't do this, so I felt like I was ready to live alone."
'Alice'

Participants also described the disorientation and uncertainty that they felt when they could no longer live with family. Some interviewees described admission to hospital as a key transition when they no longer felt comfortable or family members said that they could no longer cope.

"I was homeless after I came out of hospital because my parents couldn't… well, basically I've been living with them because I couldn't work for about two years before I went into hospital because I was ill with the mental conditions. When I went into hospital, obviously things have got worse, and when I came out, my parents, sort of, said they couldn't really deal with it anymore, because they're 70 now and it was too much for them. So, they said they didn't want me coming home and I didn't have anywhere to live so I presented as homeless to the Council"
'Kirsty'

One participant discussed the impact of having to leave the family home after their mother had died. This was a triple loss of a loved one, a source of support, and a home.

"I've had a long history of mental illness, ever since my son was born and, when my divorce was coming through, I came back to my parents. I had problems, off and on and ended up having to live back with my mother. So, that was when my consultant managed to write to one of the housing associations and I got my first flat. That was, you know… I can't say how important that was to me, especially when my mother died suddenly. Without the flat I would have had nowhere and no one… I mean I was fortunate there… I mean, I've several friends really who had to go into residential accommodation if their parents have died, you know."
'Tracey'

Some interviewees described living with family members as a haven or place of safety.

"I was fortunate that I lived at home with my parents, but if I was living on my own and I had a lot of responsibility and stresses of finance and rent and all that, you know, that just adds to the stresses of mental health problems. Which, potentially, could make it a lot worse… When I got back home, I said to myself, 'I'm going to focus. I'm going to focus on me and making me better, and doing things for me to make me in a better place.' I could do that living at home because I didn't have stresses of, you know, making sure my rent was paid in on time, worrying about other people, you know."
'Annabel'

However, others found living with family very stressful and this had a negative effect on their

mental health. Some participants also described experiencing abuse from family members, and this contributed to their poor mental health as well as insecure housing.

"I lived with my family for more than twenty years but there were lots of people. Five people in one small flat. I couldn't sleep. I wanted to leave."
'Sumon'

"I left home… because I was staying with my father and it was, you know, it got really abusive. So I was having these, like, really bad panic attacks. Then I got in contact with someone from a shelter in King's Cross, one of the managers there, who knew what was going on. So, one of the nights, he just said, 'Right, you have to come here.' That was when it got really bad and very violent."
'David'

"I was living with my dad and brother, but it got pretty bad. I don't get on with my family that well and I had to move out. I was dissociating and getting really ill, and not having the best of time"
'Sam'

There are complex dynamics in the transitions into and out of living with family. This appears to be a very common situation for people experiencing both mental health and housing problems. Further research is required to better understand the prevalence and design more effective support for all parties involved.

I got evicted in November and I've had a lot to cope with. So it's been hard, really hard, especially when I was sofa surfing… I have my own rituals because I suffer with OCD… But I was staying with other people and didn't have control… Now I've got my own place I can focus on that now. 'Deborah'

When I first moved in...
it took me quite a while to
start making it like a home.
I could never really get into
it... I always had it in the
back of my mind, "I don't
want to do anything in here,
because they're going to
get rid of me." The council,
I mean. It scares you. You
don't want to unpack. 'Amy'

Chapter 5: Security and identity

This chapter explores the impact of housing on identity and self-esteem. In particular, it focuses on the impact of perceived choice, control, and security on mental health recovery.

The psychological effects of poor housing can be partially attributed to the impact on people's sense of self-esteem, empowerment/self-efficacy, and sense of security.

"Before I'd experienced this whole stress... I wouldn't have thought that much about the impact of housing. In the past, maybe, four or five months, I've realised how much it affects your... because it really affects your identity... I think having your own space and being able to create an identity, because there is that risk of when you have been quite severely mentally ill for a while that being ill becomes your identity and that's really depressing... So I'm looking forward to just being able to discover me again and create some identity and I wouldn't have been able to do that without my own space, so I think I've realised how important it is."
'Kirsty'

Identity and self-esteem

"It knocked my confidence because I kept thinking that I'm not capable of doing any better than living in a little bedsit, because it's depressing that my brother [also the landlord], who has known me all my life, thinks so little of me, you know, how could anybody else think any better of me? Living in that filthy bedsit was really tough, and I think that added to my issues, looking back with the benefit of hindsight"
'Mohammad'

Housing is widely seen as a source of status and identity (Smith et al., 2015; Kearns et al., 2010). This means that housing problems can take on a wider meaning – reflecting 'failure' to conform to society's standards – and have a negative impact on mental health (Foster et al., 2011). "The house is a symbol of self, reflecting both inwardly and outwardly whom we are, what we have accomplished and what we stand for" (Evans, Wells, & Moch, 2003, p.492).

"I always thought that having a house was a typical sign of being an 'Adult' with a capital 'A'. However, it's not quite that simple. It's really hard as a teacher, when there are all these children looking to you to set an example. Sometimes... I sometimes feel like a fraud. I still live at home and I... How am I... It's a messy example to set."
'Sally'

When people with mental health problems are asked about their housing preferences, they consistently identify the importance of feeling proud about where they live (Forchuk, Nelson, & Hall, 2006).

"I like having somewhere that I can be proud of. I live on my own, and I just like shaping the house around me, and looking after it, and doing all the house jobs and things like that, and if it's somewhere I can really take some pride in, then that's really of benefit to me really."
'Mike'

Home is also a site of self-expression and "a secure base for identity construction" (Padgett, 2007, p.1925). It is important that people feel the freedom and confidence to personalise their space (Kearns et al., 2010).

"I haven't painted yet. I'm choosing the colour. I've got all my furniture and I've, like, been doing some DIY, like I went down to the scrapyard and got some palettes and made bookshelves out of them.

I've been going to junkyards, because I'm an artist and writer, I got an easel and a guillotine and everything, to do drawings and stuff so I've got a little desk space so, yes, it that sense it really feels like home... I actually had a friend over yesterday, and she was like, 'Wow, you've made it so homely, already."
'Kirsty'

However, housing can also be a source of shame and frustration. This can contribute to increasing social isolation. If people feel unhappy about their housing conditions, they are much less likely to invite people into their homes and spend more time on their own (Krieger & Higgins, 2002).

Case Study: 'Chris'

'Chris' is a former architect who has a passionate interest in municipal architecture and social housing. He previously lived in a large house of his own design, in West London.

He experienced severe physical, neurological, and psychological injuries in a cycling accident a number of years ago. After this, his relationship broke down and he was deemed not to have legal capacity to manage his own affairs. His house was sold and he moved into temporary accommodation. He was moved multiple times before securing permanent social housing near to his former home.

"By my definition, I have a space, I choose to call it four rooms in an apartment. It's definitely not a home... I've been here now maybe two and a half years. I'm still in cardboard boxes, I still can't open the cardboard boxes. I've got absolutely hardly any furniture. You'd be horrified if you went there now, crikey."

'Chris' feels "tormented" by the loss of his previous house and way of life. He refuses to acknowledge his current accommodation as home and feels no motivation to personalise it.

"I used to have a five-story house in [West London] and you think, 'God, bloody hell.' In my room of cardboard boxes and a bed on the floor, I mean, literally a mattress on the floor, that's about it... I have chosen to do

nothing where I am, other than surround myself by books, paper, a single bed and boxes that I haven't opened in years and years and years."

Choice and control

Many people with mental health problems do not have a lot of control about their housing situation, often because they lack the financial resources to choose between different housing options. As outlined in Chapter 2, 'choice-based lettings schemes' run by local authorities usually present a very narrow choice for people bidding for properties due to the very high demand and confusing processes (Appleton & Molyneux, 2009). Options within the private rented sector are also limited due to high rents and strict housing benefit entitlement rules.

People living in temporary accommodation do not get to choose the property that is offered to them – even if it is outside the area they live in – and there are very narrow grounds for appeal (Rose & Davies, 2014; Mitchell et al., 2004). "The insecurity of tenure, lack of clarity over rights, and an inevitable sense of powerlessness can negatively impact on individuals' mental health and make the experience of living in unsupported temporary accommodation even more distressing" (Maciver et al., 2016, p.14). This is particularly difficult for those already feeling disempowered – for example, people recently discharged from hospital or fleeing domestic violence (O'Campo et al., 2016; Malos & Hague, 1997).

"I'm glad I've settled. It was terrible, you know, every two years to move somewhere else, you know... [In previous hostels] they just said to me that I had to move out. I couldn't query it or anything, they just told me. I thought, well, if they say that to you, you have to pack your bags and you have to get out of the way"
'Lena'

Housing should offer protection to residents, who should feel able to control who enters their home and what takes place inside. If someone is unable to control what happens in their home, this can lead to feelings of low self-efficacy (i.e. feeling unable to change your circumstances) and disempowerment (Evans, Wells, & Moch, 2003).

This lack of control might have a number of causes – such as regulations about guests in hostels or supported housing, sharing communal spaces with other residents, feeling vulnerable or exploited by other people in the community.

"My son who's in the Army used to come and stop with me. I also had my granddaughter occasionally overnight sometimes, but unfortunately one of [housing provider's] rules is you can't have anyone stop overnight. Obviously, the contact with my children is basically what keeps me going and having my granddaughter is the thing that keeps me going, I'd say, not being able to access her overnight and just be a bit normal, that's really hard and stopped me moving here for a long time… That to me is part, would be part of my normal functioning. If I left my [name of housing provider] house and went and lived somewhere, my children would be welcome."
'Jenny'

Many people with mental health problems live in houses in multiple occupation (HMOs) because of limited resources and high demand for housing. This kind of housing – by definition – involves sharing space that "reduces the control that individual residents have over the space in which they live. Furthermore, the close proximity of other residents means that the choices of other residents impacts greatly on individuals. HMOs therefore offer significantly less control compared with other types of housing" (Barratt, Kitcher, & Stewart, 2012, p.41).

"There were quite a lot of pressures that you get, because when you're living with people that are also unwell, sometimes their problems can become yours as well. So it was good to have some independence when I moved."
'Ethan'

Security and safety

It is important that people feel that their home provides a place of security and refuge – particularly if they are already feeling vulnerable due to a mental health problem (Barnes et al., 2013).

"I think once you feel secure, you're able to let your guard down and, sort of, give yourself the space to focus on recovery, whereas if you're constantly in protection mode, you're not really going to be able to do that"
'Kirsty'

Kearns et al. (2010) describe this as a home providing a "sense of haven" (p.389). This notion encompasses physical security but also wider concepts of 'ontological security'. This is "the confidence, continuity and trust in the world… in order to lead happy and fulfilled lives" (Hiscock et al., 2001, p.50).

"It's quite a stable place, you know, once you know that there's no pressure on you to be pushed out, so you can concentrate on your own health. It… got the ball rolling, so to speak. Once I was in an environment where I felt safe and felt as if I could make progress and… had that assurance or that support if I ever needed it, and I had people who believed in me… belief is a big thing, you know?"
'Mohammad'

Homeowners tend to feel most secure because they have guaranteed tenure, have higher wealth, and usually live in lower crime areas (Hiscock et al., 2001). Insecurity of tenure has a particular impact on people living in the private rented sector and temporary accommodation (Rose & Davies, 2014). People are often nervous about reporting issues to landlords because they fear being harassed or evicted at short notice (Maciver et al., 2016; Rose, Maciver, & Davies, 2016).

"My granddaughter comes to visit me. We got her teddies and stuff, so it's actually beginning to feel homely. But unfortunately that brings a bit of fear… Having my own things around me, just having some space, being able to walk out of my front door, it's amazing but fearful, and it scares me to have this stuff back again… The fear of having somewhere to live and the fear of having food might sound a bit extreme, but I've had to go without it and, therefore, the fear of not having it again, you know what I mean? It's all just like a battle."
'Jenny'

A study by Dunn (2002) demonstrated that problems with the physical condition of a property made people feel insecure and much less hopeful about the future. Evans, Wells, & Moch (2003) expand on this to show that poor quality housing increases insecurity due to having to repeatedly engage with bureaucratic organisations to arrange repairs but also high rates of involuntary relocation (e.g. due to neighbourhood regeneration).

"When I first moved in… it took me quite a while to start making it like a home. I could never really get into it. I just had no desire to do anything, because I always had it in the back of my mind, 'I don't want to do anything in here, because they're going to get rid of me.' The council, I mean. It scares you. You don't want to unpack. You don't want to put things out. You don't want to put ornaments, and pictures, and that up, because you think to yourself, 'I don't know how long I've got here.'"
'Amy'

Physical security is often challenging for people living in temporary accommodation and HMOs (Rose & Davies, 2014). This includes a "potential danger from the accommodation or other residents' behaviour, particularly for families" (Barratt, Kitcher, & Stewart, 2012, p.41). This is a large concern for people who are already feeling disempowered or threatened – such as those fleeing domestic violence (O'Campo et al., 2016).

Feeling safe and secure can have a positive impact on recovery.

"Your housing situation has a massive impact. If you are in a place that you feel like you can't relax, that is very disruptive towards your mental health … But housing can be positive too – almost like a healing process… Going to a home that you feel comfortable going to, it can just change your whole mood, and change your way of thinking, as well. So you don't go back thinking, 'I've got to go back to that place now. God, this is so depressing.' … It has a massive impact on your mental health, where you live."
'David'

Case Study: 'Kirsty'

After frequent moves, including periods of hospitalization, 'Kirsty' felt that the start of her stable social housing tenancy made a big difference to her recovery.

"I wake up in the morning, and I'm like, ' Oh, what is this feeling that I've got? Oh, it's happiness.' It doesn't last that long, but it's, like, so nice to actually wake up in the morning and actually experience feeling good for the first time in years."

The safety and stability offered by her social housing tenancy allowed her to focus on other aspects of mental health support.

"I'm in quite an intense course of therapy that I waited two years to get on, and it, kind of, feels like this is a really good base t o be able to now focus on recovery without having to worry about finding a place where I'm going to be in a couple of years. It's like, that's all sorted, that's past, and now I can just focus on recovery which is really, really nice."

It's quite a stable place, you know, once you know that there's no pressure on you to be pushed out, so you can concentrate on your own health... Once I was in an environment where I felt safe and felt as if I could make progress and... had that assurance or that support if I ever needed it, and I had people who believed in me... belief is a big thing. 'Mohammad'
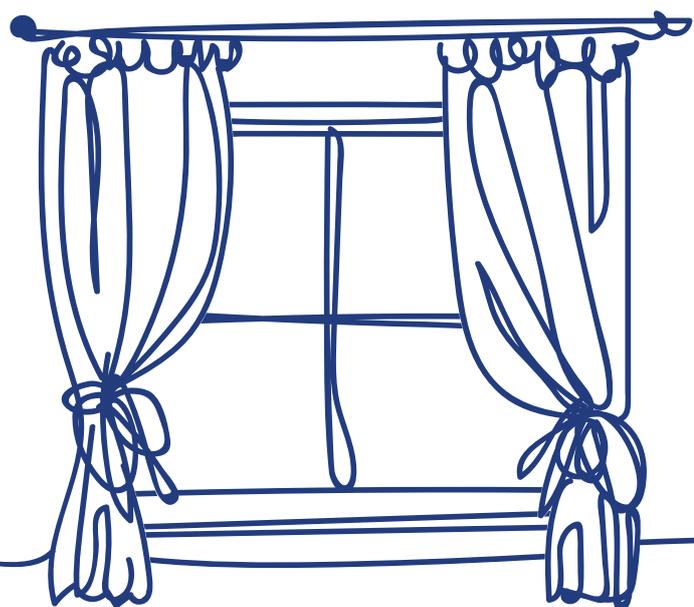
I've got a three year old daughter now. We've moved around all over the place and now we're just sharing this one room. What impact is that going to have on her? When I finish University, I'm going to go anywhere that's stable. 'Claire'

Chapter 6: Children and young people

This chapter looks at the impact of poor quality accommodation, overcrowding, frequent moves/housing instability, and temporary accommodation/ homelessness on children. It also considers the challenges when trying to access support.

As discussed a number of times throughout this report, there is a strong association between bad housing and poor physical and mental health in children (Galster et al., 2016). This effect is even larger than in adults (Harker, 2006) and increases in severity depending on how bad the housing problem gets (Coley, Lynch, & Kull, 2015).

There are immediate, short-term impacts on children (particularly anxiety and behavioural problems) but poor housing also has long term effects. Even if people move to better quality housing, their physical and mental health is still affected by experiences of housing deprivation in earlier life (Marsh et al., 2000).

Housing quality and overcrowding

The scale of this problem is very large. "Over 975,000 children living in social rented housing are living in bad housing. Approximately 845,000 children living in private rented housing are living in bad housing. And 1.7 million children living in owner occupied housing are living in bad housing" (Barnes et al., 2013, p.19).

The longer children live in bad housing the more vulnerable they are to a range of poor outcomes – including physical health, mental health, and educational attainment (Barnes, Butt, & Tomaszewski, 2010). The effect of poor quality housing is a key contributor to the increased risk of emotional difficulties and poor educational attainment experienced by children growing up in poverty (Evans & English, 2002). However, other factors also have an influence "because children

living in poor housing conditions have often experienced considerable adversity besides substandard housing" (Harker, 2006, p.14).

Poor housing has wider impacts on children, beyond the increased stress and physical health impacts. For example, parents are likely to become more strict if the housing quality is low and the neighbourhood is thought to be dangerous (Evans, Wells, & Moch, 2003). Stigma also plays a part. Children of social renter families in neighbourhoods with a low concentration of social renters are particularly vulnerable to emotional problems. This has been attributed to stigma and children not feeling able to 'fit in' (Flouri, Midouhas, & Tzatzaki, 2015).

The problem is often most severe in temporary accommodation. It is practically challenging to find accommodation that is suitable for both children and adults experiencing mental health problems, particularly at short notice. Many families have to share just one room – often for months at a time (Credland & Lewis, 2004).

Overcrowded housing also has large impact on children (Harker, 2006). It increases stress, limits places to play, causes distractions when children are trying to learn, and increases family tensions – including relationship breakdown (Evans, Lercher, & Kofler, 2002).

Overcrowding has been shown to cause difficulty concentrating, behavioural issues, poor mental health, and lower educational attainment (Centre for Mental Health, 2014; Cookson & Sillet, 2008; Reynolds & Robinson, 2005).

Residential instability

Frequent moves as a child increase the likelihood of poor mental health in later life, regardless of later housing conditions as an adult (Barnes et al., 2013). Frequent moves in early/mid-adolescence present the highest risk (Webb, Pedersen, & Mok, 2016; Marsh et al., 2000).

"I've got a three year old daughter now. We've moved around all over the place and now we're just sharing this one room. What impact is that going to have on her? When I finish University, I'm going to go anywhere that's stable."
'Claire'

However, frequent moving between good quality housing does not appear to have an impact on the short or long-term mental health of children (Murphey, Bandy, & Moore, 2012).

Children who live in stable accommodation are more likely to achieve higher levels of qualifications in the future, even after accounting for other socioeconomic factors (Galster et al., 2016). The children of homeowners tend to have better mental and physical health because of their increased residential stability and higher incomes (Barker & Miller, 2005).

The impact of residential instability on educational attainment is very significant. "Housing-related stability and mobility had greater impact on education outcomes than school characteristics" (What Works Wellbeing, 2017, p.3).

Temporary accommodation and homelessness

Children who are homeless are three to four times more likely to have mental health problems than other children (Harker, 2006). Studies highlighting the experience of families in temporary accommodation have also revealed a range of physical health problems such as eczema and asthma (Barnes et al., 2013).

Parents' self-esteem and feelings of self-efficacy are often affected by housing problems that they feel unable to solve. This has an impact on the mental health and behaviour of their children (Coley, Lynch, & Kull, 2015; Vostanis, Grattan, & Cumella, 1998).

In addition to the disruption of moving into temporary accommodation, many families in temporary accommodation are very overcrowded – often sharing just one room (Credland & Lewis, 2004). They usually have to share communal facilities (such as kitchens and bathrooms) with a large number of other people. This causes stress and anxiety but also limits the control parents have over the people and behaviours their children are exposed to (Page, 2002). A lack of privacy can also prevent parents from building close intimate relationships with their children (Evans, Wells, & Moch, 2003). Teenagers in temporary accommodation are at higher risk of developing mental health problems and addictions (Crellin and Pona, 2015).

I went from a single parent, quite a feisty, get out there and do stuff, to this dysfunctional person. So it was quite an impact and I lost [my children's] home, obviously they lost their home... It's not just what happened to me. The impact on my children is an extension of actually what happened to me. 'Jenny'

Conclusion

Having a safe and secure home is an intrinsic part of people's mental wellbeing and the absence of a place to feel truly 'at home' can have a devastating impact on anyone's mental health. If you have a mental problem, this impact is often amplified. On the face of it, a person in a council flat in Newham has a totally different experience to someone in a privately-rented flat in Burnley, or someone in supported housing in Middlesbrough or Torquay. But as this report shows, there are themes which cut across the experiences of people with mental health problems whatever the setting: the impact of stigma, a lack of financial security, poor quality accommodation or the sheer shortage of available housing, and the barriers that exist to getting advice and support. Together they are creating a toxic environment which is having a disastrous long-term impact on some of the most vulnerable people in our society.

Stigma

The experiences of 'Deborah' and 'Dan' who felt they had to hide their mental health problems in order to secure a place to live, and 'Crystal' who was assessed for priority housing by someone with no understanding of mental health, give a glimpse into the stigma facing people with mental health problems whether they live in private, social or supported accommodation. And whether that stigma is at the hands of professionals, landlords, friends or family, it is a barrier to getting the right kind of home or to being adequately prioritised in housing allocations policies. In the worst cases, stigma can lead to people losing their home altogether. And we see that people who are evicted because of perceived anti-social behaviour may carry a mark against their name which locks them out of stable accommodation altogether.

On top of this, some people are facing multiple additional levels of stigma: BAME, LGBTQ, disabled and younger members of our communities are facing even higher levels of hardship, the ramifications of which will affect them and their families for many years to come.

Without a significant attitudinal shift, stigma will continue to blight the housing and support prospects of those most in need, often to the detriment of their mental health.

Financial security

'Amy', constantly afraid that benefit changes will mean she loses everything, and 'Ethan', who can't afford to heat his flat properly, live with insecure finances, and are among the unrecognised victims of national policy decisions. Changes to benefits mean many are unable to afford the kind of home that will keep them well. We know there's a connection between having a mental health problem and struggling with money: people with mental health problems are more likely to fall into rent arrears, making it harder for them to secure a place to live in the future. Others face the prospect of losing their home altogether when they are too ill to work, because of benefit reductions, due to the imposition of sanctions or a damaging combination of all three.

The uncertainty over housing benefit has also had a particularly chilling effect on the supported housing sector, threatening the supply of suitable housing. Increasingly, the most vulnerable have nowhere to go or are being forced to compromise on their health and wellbeing just to keep a roof over their head.

The quality and quantity of housing

This report makes clear the effect of dire housing conditions on people's mental health. We read about 'Jenny', who was placed in accommodation without adequate toilet facilities, and 'Sarah', forced to live in an ant-infested bedsit. We know

that a home is vital to recovering, and staying well. And yet people with mental health problems are being handed the worst of the lot – cold, damp, mouldy, overcrowded accommodation in one of the richest nations on earth. The impact of today's poor quality housing will be with us into the future as children bear the long term mental health impacts.

A lack of suitable housing means many people who need somewhere stable to live are being placed in B&Bs, put on long waiting lists for social housing or being housed miles from their family and friends. This situation becomes more acute when people are leaving hospital; having nowhere suitable to go when discharged, or returning to a home which is no longer safe or secure, endangers recovery and makes return to hospital more likely. 'Kirsty' described how finally entering a stable social housing tenancy helped her turn the corner after she was initially left in temporary accommodation in the midst of a serious relapse. Temporary accommodation and out of area placements are not viable alternatives to a proper home; the damage these unstable placements have on people with mental health problems are tremendous.

The long term impact of poor quality housing on mental health is well known. Yet we see very little action to address this, to hold poor landlords to account or enable local authorities to better plan for and meet their future housing needs. The ultimate cost of this is primarily a human one: people experiencing repeated crises, having to live on the streets, or in a state of invisible homelessness.

Advice and support

This report shows there's an urgent need for comprehensive advice services to stop people falling through the gaps. Too many people don't know where to turn for help - even those who are getting excellent support for their mental health are missing out on the kind of whole-person approach that includes a focus on housing. There are encouraging pockets of excellence across the country, including in our network of Local Minds, but even their work is undermined by a lack of national and local leadership on housing and mental health. On top of this, existing advice and support services are being threatened by budget cuts.

Services like floating support are being cut across the country, even though they can have a transformative impact – helping people to live independently, manage their tenancies, and prevent mental health crises. The result is that people are being constantly let down – people like 'Chris' who told us about the numerous professionals he met, none of whom could 'join the dots'.

This evidence makes it crystal clear that good quality housing is critical to good mental health. Whether we're talking about individuals already living with a mental health problem, or the general population, poor housing puts everyone's mental health at risk. And without preventative measures to keep people out of homes that are causing or worsening mental health problems, we'll only see the issue grow.

This evidence also shows that people with mental health problems have housing needs that are being ignored. In some cases these are the same needs as anyone else: the need to feel secure, safe and in control of your environment. But the effect of experiencing a mental health problems creates additional barriers and needs that are simply not being met. The damage this does is devastating for those involved, expensive for society and entirely unnecessary because there are things that can be done. But change will require everyone to pull their weight – UK Government, Welsh Assembly, devolved regional and local governments, Clinical Commissioning Groups, housing associations and private landlords. And we need to act now.

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Appendix: Methodology

Lived experience engagement

Mind's work is always shaped by people with personal experience of mental health problems and they have guided this research at every stage. Mind's members and supporters identified housing as a priority issue for our work. The National Survivor User Network (NSUN) helped to refine the scope and research questions that we have used in this project. A number of the research team brought their own personal experiences to the project. Finally, a 'Research Advisory Group' – made up of twelve people with experience of mental health problems and a range of different housing situations – helped to analyse the emerging findings.

Literature review

The researchers conducted a rapid review of the available research that explores the relationship between housing and mental health. Due to restrictions on time and resources, this was not a systematic review.

The review included published and grey literature from OECD countries that was published in English between 1996 and 2017. This involved a limited structured search for key terms in Google Scholar and Web of Knowledge; reviewing the websites of relevant government departments, agencies, funders, and third sector organisations; and also searching citations in papers that meet our inclusion criteria to 'snowball' sample.

All articles that met the inclusion criteria were reviewed for quality and relevance. 580 articles were identified in the search and 221 were included.

The literature review was carried out between October 2016 and December 2016. The researchers also attempted to include relevant research published between January and July 2017. However, no comprehensive searches were conducted after December 2016.

In-depth interviews

Between February and April 2017, the researchers interviewed 21 people with mental health problems. The interviews explored participants' experiences of housing problems and expand on themes identified in the literature review. The conversations lasted between 42 minutes and 1 hour and 50 minutes.

Participants were recruited through a range of channels – including local Mind services, Mind's membership, social media networks, and a national survey of people's experiences of discharge from in-patient mental health services. A profile of the participants is included below.

All participants were given a Participant Information Sheet in advance and had the opportunity to ask any questions before consenting to take part in the interview. An explicit welfare check was conducted at the end of every interview and participants were signposted to relevant sources of support. Participants were offered a £20 voucher, plus travel expenses, to thank them for their time.

Interviews were informed by a semi-structured discussion guide. Researchers used this to guide discussions and pursue interesting or relevant topics as they emerged, rather than sticking rigidly to pre-determined questions. The guide did not prescribe the exact wording to be used. Researchers framed questions on the topic to reflect the language used by interviewees. Some themes and questions were more or less relevant, depending on the profile and experiences of the research participant.

Interviews were conducted face-to-face or by telephone, depending on participant preference and availability. Twenty interviews were audio recorded, with participant consent, and professionally verbatim transcribed. One participant asked not to be recorded and the researcher took hand written notes.

The transcripts and interviewer notes were thematically analysed using the Framework Approach. Two researchers independently coded the transcripts and discussed discrepancies to reconcile any differences in interpretation. The analysis also included case studies and quotations from members of the Research Advisory Group, and a written account provided by an individual who wanted to take part in the interviews but was unable to participate during the timeslots available.

Verbatim quotations are included throughout this report but pseudonyms have been used to protect the anonymity of participants. Potentially identifying information – such as the name of particular services or small locations – have also been removed.

Research advisory group

In early April 2016, the Research Advisory Group met in London to review the emerging findings of the research. They included twelve people with experience of mental health problems and a range of different housing situations.

The analysis session lasted for four and a half hours. Members of the Advisory Group received a £100 payment plus travel expenses.

Profile of participants

We recruited a diverse range of participants. The combined demographic profile of participants (interviewees and advisory group) was:

- 17 participants were female; 10 were male; and 1 was trans

- 5 participants were 18–24; 6 were 25–34; 3 were 35–44; 5 were 45–54; 7 were 55–64; and 2 were 65+

- 8 participants were from London (including Greater London); 5 from South East; 2 from South West; 3 from East of England; 1 from East Midlands; 3 from West Midlands; 2 from Wales; 1 from Yorkshire and the Humber; 2 from North East; and 1 North West

At one point I was actually left with no toilet facilities. I was using a bucket and a carrier bag, and having to go down two flights of stairs. I had no water... because I was in an attic, to bring water up and, obviously, to take my toilet waste out. Prior to that, I had no shower, so I've had a lot of impact on my personal sanitation. To be quite truthful, the toileting thing devastated me. I'm still not quite over the impact that had on me. It's quite traumatic to have to learn to do that. 'Jenny'

mind

for better mental health