Homelessness and Mental Health
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Learning outcomes

After this lecture you will

- Understand the complex two-way relationship between homelessness and mental health
- Be aware of the impact of trauma and childhood adversity on later homelessness
- Understand the impact of ongoing social exclusion on homeless people's mental health
- Know about barriers to mental health care for people who are homeless

Definitions: homelessness

ETHOS - European Typology on Homelessness and Housing Exclusion

- **Rooflessness:** without a shelter of any kind, sleeping rough
- **Houselessness:** with a place to sleep but temporary in institutions or shelter
- **Living in insecure housing:** threatened with severe exclusion due to insecure tenancies, eviction, domestic violence
- **Living in inadequate housing:** in caravans on illegal campsites, in unfit housing, in extreme overcrowding

FEANTSA is the European Federation of National Organisations Working with the Homeless. https://www.feantsa.org/

Definitions: homelessness

Scottish Government

A person is homeless if they:

- have **no accommodation** in the UK or elsewhere, which they are entitled to occupy together with other members of their household

- have accommodation, but it is **not reasonable** to continue to occupy it

- have accommodation, but **cannot secure entry** to it

- have accommodation, but occupation of it will probably lead to **abuse or threats of abuse** from someone who lives there or from someone who previously resided with the applicant in that accommodation or elsewhere

- have accommodation, but it is moveable (such as a caravan or houseboat) and there is **nowhere to place it** and live in it

- have accommodation, but this is **overcrowded** and may endanger the health of the occupants.

A person is threatened with homelessness if they are likely to become homeless within two months.

How to talk about people who are homeless?

"Homeless people"

"The roofless"

"People who are homeless"

"People experiencing homelessness"

"People affected by homelessness"

"Unhoused people"

….

Using different expressions is usually a well-intentioned attempt at expressing respect.
However, these terms have also been criticized for sugarcoating or distorting the situation.

Calling someone "homeless" is not an insult (unless they specifically tell you so).

Definitions: mental health

"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community."

World Health Organization (WHO)

Mental vs physical health?

Mind body dualism: the idea that mind and body are two different, separate substances

In philosophy: Rene Descartes

In mental health:

psychodynamic model: mental illness as result of (unconscious) inner conflicts (c/f Sigmund Freud)

medical model: mental illness as biological brain disease,

"chemical imbalance" (c/f Emil Kraeplin)

Today: **biopsychosocial model:** mental illness as result of complex interactions between body, mind and environment

Homelessness and mental health

- People who are homeless have significantly **higher rates of mental ill health**

- **Almost half** of people who are homeless have at least one **mental health diagnosis** (1/4 for the general population), and 8 out of 10 of people who sleep rough (Crisis 2023)

- People who are homeless are **3.5x more likely to die by suicide** than the general population (Crisis, 2012).

- People who are homeless often face **multiple and complex disadvantage, i.e.** two or more interconnecting experiences of homelessness/insecure housing, mental ill health, substance use, contact with the criminal justice/care system, intimate partner violence

Homelessness and mental health

- **Mental health and stable housing** are linked. Improving housing security also improves rates of serious mental illness

- **80%** of homeless people in England **report mental health needs.** More than a quarter citing **mental ill-health as the reason for being homeless** (Homeless Link, 2014)

- Research into unsuitable temporary accommodation found **88%** per cent of respondents reported **experiencing depression** (Crisis, 2018).

Two-way relationship

- Mental illness
- Harmful substance use
- Loss of employment
- Relationship breakdown
- (de)institutionalisation
- Trauma/abuse
- Homelessness
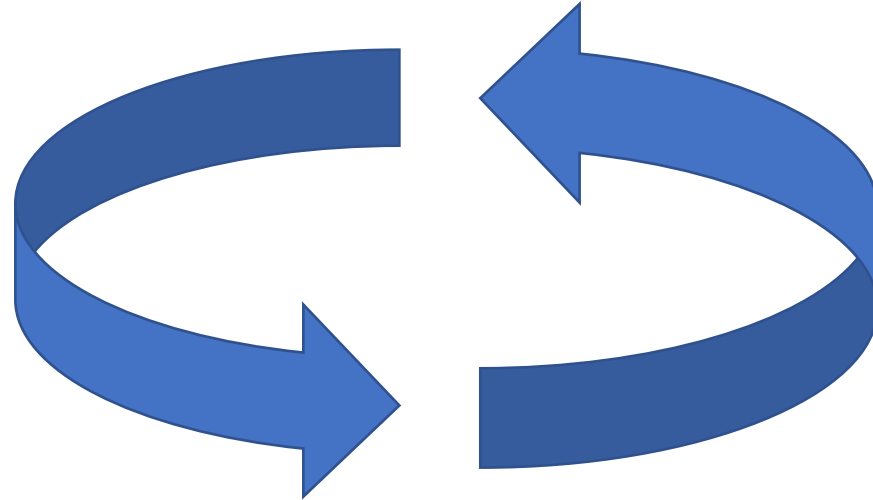
- Homelessness
- Unsuitable or no accommodation
- Lack of service access
- Stigma
- Trauma/abuse
- Stress
- Mental illness

Part1: from mental illness to homelessness

Deinstitutionalisation: from the 1960s, psychiatric institutions were reformed. "Care in the community" became the new paradigm for all but the most seriously mentally unwell.

But: many people experiencing mental illness are unable to care for themselves outside an institutional setting and lack access to care or social networks.

Today, the question of whether deinstitutionalization has caused homelessness to rise substantially (a.k.a. 'psychiatric abandonment thesis') has become strongly politicised, especially in the US.
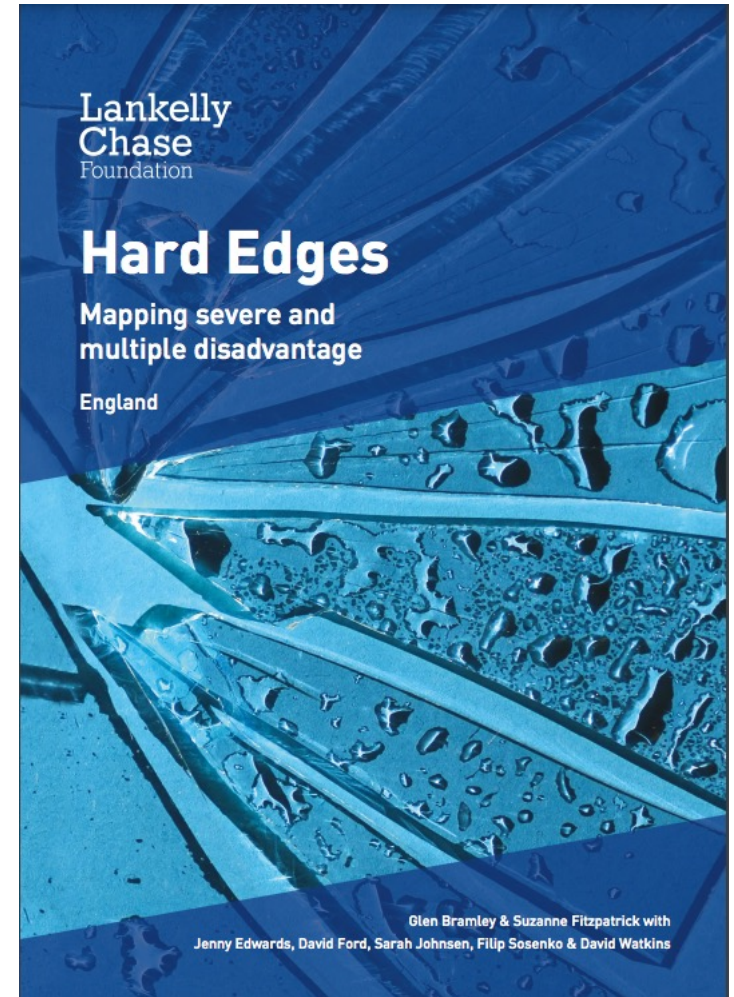
Homelessness and childhood adversity

Bramley/Fitzpatrick et. al. 2015

"**Hard Edges: Mapping severe and multiple disadvantage**" (SMD)

- **qualitative scoping exercise**, involving a wide-ranging literature and policy review, complemented by interviews with people with direct relevant experience and senior stakeholders in the fields of homelessness, substance misuse, criminal justice and mental health.

- The main phase of the study focused on **developing a statistical profile of SMD** via an integrated analysis of 'administrative' (i.e. service use) datasets which, crucially, contained data about service users' experiences and needs across a range of relevant 'disadvantage domains'
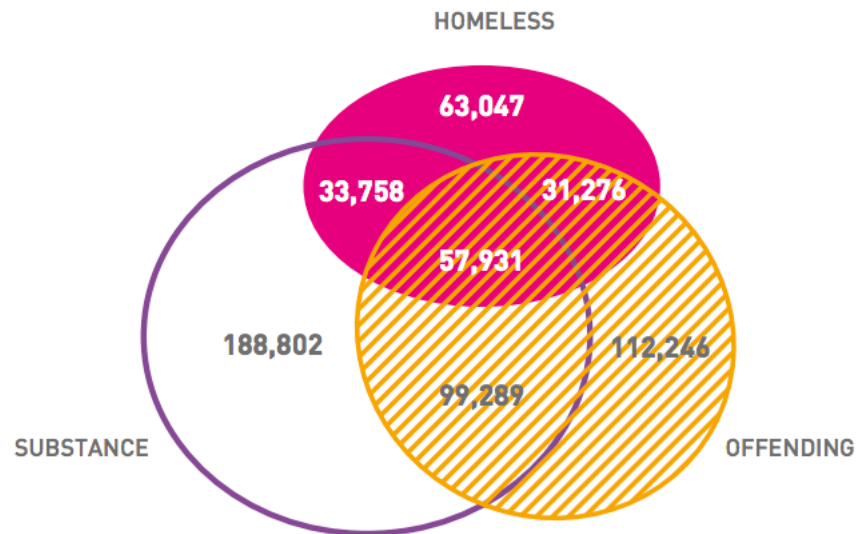
http://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf

Homelessness and childhood adversity

Bramley/Fitzpatrick et. al. 2015

Figure 1: Overlap of SMD disadvantage domains, England, 2010/11

HOMELESS

63,047

33,758   31,276

57,931

188,802   112,246

99,289

SUBSTANCE   OFFENDING

SMD 3
58,000

SMD 2
164,000

SMD 1
364,000

TOTAL
586,000

SMD1
Experiencing *one* disadvantage domain only
(i.e. 'homelessness only', 'offending only',
or 'substance misuse only')

SMD2
Experiencing *two* out of three disadvantage
domains (i.e. 'homelessness + offending';
'substance misuse + offending';
'substance misuse + homelessness')

SMD3
Experiencing all *three* disadvantage
domains (i.e. 'homelessness + offending +
substance misuse')

Homelessness and childhood adversity

Bramley/Fitzpatrick et. al. 2015

Background Experiences	SMD1	SMD2	SMD3
Childhood			
In care	6.5%	17.4%	**17.8%**
Homeless family	3.7%	9.7%	**13.7%**
Left home < 16	4.5%	12.9%	**16.3%**
Left home > 16–17	18.6%	28.2%	**30.7%**
Ran away	10.3%	28.3%	**41.9%**
Starved	12.7%	9.5%	**17.3%**
Abused	9.5%	22.4%	**24.3%**
Neglected	4.8%	15.1%	**17.9%**
Parent(s) violent	13.1%	27.9%	**29.3%**
Parent(s) drug/alcohol	9.1%	19.9%	**29.0%**
Parent mentally ill	5.0%	16.6%	**16.9%**
Not get on with family	19.4%	31.7%	**29.5%**
None of the above	43.3%	24.4%	**15.2%**

Part 2: from homelessness to mental illness

"Trauma often happens during homelessness, for example by being a victim or witness of an attack, sexual assault or any other violent event. People can also be re-traumatised by services that leave them feeling powerless and controlled; for example, if they lack privacy and are being challenged in demanding ways"

and

"Homelessness itself can be considered a trauma in multiple ways. Often the loss of a home together with loss of family connections and social roles can be traumatic. This is because "like other traumas, becoming homeless frequently renders people unable to control their daily lives"

(FEANTSA 2017)

Homelessness and Trauma

85% of those in touch with criminal justice, substance misuse and homelessness services have experienced trauma as children

52% of homeless people have experienced violence in the past year, in contrast to 4% of the general population (Newburn and Rock 2004)

An "alarming amount" of these attacks was found to be committed by the "general public," especially against rough sleepers, whose presence in public space makes them vulnerable to "unexpected and disturbing" (ibid.) levels of violence.

67% had suffered theft compared to only 1.4% of the general population

43% encountered damage to property compared to a general population rate of 7%.

Homelessness and Trauma

"Homeless people are often seen as a cause of crime, but the research suggests that in fact they are far more likely to be victims than they are perpetrators. Our findings paint a portrait of ongoing abuse and harassment creating situations of extreme vulnerability for homeless people, particularly in public settings. Al-most two-thirds reported having been insulted publicly whilst sleeping rough and distressingly, one tenth said that someone had urinated on them"

(Newburn and Rock 2004)

Trauma informed care

Services operating on an understanding of trauma and attachment theory

Building trusting relationships
• Takes time, patience and respect
• Needs trained and resilient staff
• See past/through behaviours and emotions
• Buildings, services, ethos
• Supportive culture for staff, actively promotes their health and well-being

http://housingandwellbeing.org/

Homelessness and 'social death'

"Social death" refers to the idea that through a forcible severing of the social relations that make them a somebody among other somebodies, a person no longer inhabits the symbolic sphere of the living.

"Social death" has been found to increase thoughts of self-harm in those affected (Steele, Kidd, and Castano 2015), and so it is not surprising that social is often followed by physical death.

'Social death' and the brain

Study participants were shown pictures of ostensibly homeless people while an MRI measured their brain activity

"Within a moment of seeing the photograph of an apparently homeless man . . . people's brains set off a sequence of reactions **characteristic of disgust and avoidance**. The activated areas included the insula, which is reliably associated with feelings of disgust toward objects such as **garbage and human waste**. Notably, the homeless people's photographs failed to stimulate areas of the brain that usually activate whenever people think about other people, or themselves. Toward the homeless (and drug addicts), these areas simply failed to light up, as if people had stumbled on a pile of trash". (Fiske 2008; see also 2010)

'Social death' and the brain

In animal studies, 'social death' is comparable to the concept of 'social defeat'. In species with a rank hierarchy, **'social defeat' occurs when an animal loses out to another in a rank conflict**.

Studies show that the behavior of animals who have suffered social defeat **resembles behaviours seen in humans** who suffer from mental illness (e.g. Selten 2016)

The '**social defeat hypothesis'** of mental health conditions like depression and schizophrenia therefore suggests that mental illness may be the result of evolved brain responses to repeated experiences of social subjugation

Homelessness and harmful substance use

Harmful substance use is often seen as a separate problematic from mental health.

However, substance use can aggravate some mental health conditions, while at the same time, some people attempt to self-medicate mental health conditions through substance use.

In some cases, substance users report that their harmful substance use is a direct consequence of experiencing 'social death/defeat'.

Destitution and harmful substance use

"I've seen, I've seen, the period I've been around I've seen that one happening, because if somebody has no hope for tomorrow it becomes unbearable, yeah. If he's been waiting for years and no answer, no decision, no nothing, you don't know what it's for and about what, that is a bad situation. It's a mental torture at one point, so that can cause somebody to switch on something which is wrong"

file:///Users/steph%201%202/Documents/HIH%202023/refugees-and-alcohol-report.pdf

Exploring the factors that influence harmful alcohol use through the refugee journey: a qualitative study

IMMIGRATION

Dr Fiona Cuthill & Dr Steph Grohmann

SHAAP
SCOTTISH HEALTH ACTION
ON ALCOHOL PROBLEMS
www.shaap.org.uk

THE UNIVERSITY of EDINBURGH
School of Health in
Social Science

Accessing support

- People experiencing homelessness face **significant barriers** to accessing health services, especially primary care. These barriers are even greater when someone is also actively engaging in harmful substance use

- People who are homeless **attend A&E** 6 times more often than the general population

- They get **admitted to hospitals** 4 – 8 times more, and once admitted, stay 3 times longer than the general population.

- Poor patient experience and **lack of trauma-informed care** can lead to people disengaging or a lack of trust.

Thank you!