MENTAL HEALTH AND SOCIAL EXCLUSION

Crisis's response to a consultation request from the Social Exclusion Unit

September 2003

Consultation on Mental Health and Social Exclusion

'The Social Exclusion Unit of the Office of the Deputy Prime Minister is undertaking a project to investigate how to reduce social exclusion among adults with mental health problems. This project will consider how to improve rates of employment, through support both in retaining and taking up work. It will also consider how to promote social participation and access to a broader range of services in the community.' The project will then deliver a set of concrete recommendations designed to bring about real improvement in services, support and employment opportunities.

The project will aim to answer two key questions:

(i) What more can be done to enable more adults with mental health problems to enter and, crucially, to retain work?

(ii) What more can be done to ensure that adults with mental health problems have the same opportunities for social participation and access to services as the general population?

Crisis Response

Introduction

> *Social exclusion is a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown*[1].

Poor mental health and social exclusion are at the heart of the experience for individuals who are homeless, with mental illness affecting between 30 and 50% of homeless individuals[2]. Mainstream goals -- such as acquiring and maintaining a home or securing ongoing employment – are likely to be severely compromised by the compounding effects of homelessness, social exclusion, and poor mental health. This is especially true for individuals who are categorised as 'non-statutory' or single homeless[3]. Single homelessness is characterised by extreme poverty and marginalisation, aggravated by experiences of social exclusion[4] [5]. There is a clear need to address the issues of mental health and social exclusion amongst single homeless individuals, whose needs remain largely unrecognised by local authorities.

We believe that social inclusion is the key to resolving issues related to homelessness within our society. Efforts toward greater social and economic inclusion, and meaningful mental health promotion are welcomed. We support the governments' desire to enhance the social integration and the promotion of greater self-sufficiency amongst individuals who are dealing with issues of mental illness and social exclusion.

However, there is a need to identify and acknowledge the barriers that exist to this goal, and a need to work towards a more complex understanding of the intersections between mental illness and social exclusion. With this comes a need for a more comprehensive definition of social inclusion – to recognise the complexities and variability of human needs[6], to reconsider how we measure those needs, and what constitutes meaningful choice in reaching those goals.

We believe that there are some fundamental ways to address the issues of social exclusion and mental health problems amongst the homeless: improve access to mainstream housing and social services; improve access to primary and secondary mental health services; promote innovative programmes that offer a wider understanding of meaningful life activities; and finally, create an atmosphere of inclusion through the promotion of consumer led initiatives.

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[1] Social Exclusion Unit (2001) Preventing Social Exclusion Report

[2] Warnes, A., Crane, M., Whitehead, N., and Fu, R. (2003) Homelessness Factfile. Crisis

[3] Single homeless people can be defined as individuals who are homeless without dependent children.

[4] Mohan, J. (2002) Geographies of welfare and social exclusion: dimensions, consequences and methods. Progress in Human Geography 26 (1):65-75

[5] Pleace, N. (1998)Single Homelessness as social exclusion: The unique and the extreme. Social Policy and Administration 32(1): 46-59.

[6] Ignatieff, M. (1994) The Needs of Strangers. Vintage Books (reprint); UK.

The Problem of Single Homelessness and Mental Ill Health

Health and social research illustrate the powerful and adverse relationship that exists between homelessness and poor mental and physical health[7]. Epidemiological studies point to elevated rates of poor physical and mental health amongst individuals who are homeless.[8]

Mental health issues are, in fact, over-represented amongst the homeless as compared to the general population, with prevalence rates of up to 50%[9] [10]. These figures include a substantial percentage of people who are struggling with the most severe and persistent psychiatric disorders, such as schizophrenia, and other major psychotic disorders[11]. Moreover, the pervasiveness of personality disorders has led to some speculation that the diagnostic label is used indiscriminately for individuals who are homeless[12]. This is particularly problematic as many mental health professionals are reluctant to treat personality disorders, leaving these individuals without appropriate treatment or support[13].

Individuals who are homeless or marginally housed are additionally at risk for the *onset* of new mental health problems associated with the harsh and often traumatic life circumstances of homelessness. Self-reported mental health problems amongst a sample of single homeless individuals point to alarming rates of mental health problems overall, and of depression in particular[14].

For some individuals the risks associated with mental illness may be particularly profound. This is especially true of those with long-standing histories of homelessness-- making those with the *least* amount of support in place, the most vulnerable.

?? Single individuals with long-standing histories of homelessness are less likely to be engaged with services, and trying to deal with untreated psychiatric problems on their own.

?? Substance use and misuse often plays a critical role in the lives of some individuals who are homeless and mentally ill, and may contribute to, or heighten an individual's risk. For people who use drugs or alcohol over a long period of time, there may be severe side effects related to prolonged use, such as paranoia or hearing voices.

?? Alcohol or drug use can serve as a means to avoid or minimise the impact of traumatic life events, while for others it can be a way to 'self-medicate', alleviating distressing and symptoms associated with untreated mental illness.

?? Safety and shelter are constant unrelenting demands for individuals in all phases of homelessness – from street based 'rough sleeping' to marginally housed in inadequate or overcrowded housing. Within such a climate, addressing health needs, especially mental health needs, requires a determined and sustained effort.

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[7] Bines (1998) The Health of Single Homeless People. Centre for Housing Policy, University of York.

[8] Martens, WH. (2001) A review of physical and mental health in homeless persons. Public Health Review. 29:13-22

[9] Craig T., and Timms, P. (1992) Out of the Wards and onto the streets? Deinstitutionalization and homelessness in Britain'. Journal of Mental Health, 1, 265-275.

[10] Gill et al 1996 Psychiatric Morbidity among homeless people OPCS Surveys of Psychiatric Morbidity in Great Britain.

[11] Mental Health Foundation (1999) The Fundamental Facts: All the Latest Facts and Figures on Mental Illness.

[12] Bevan P 2002 Homeless Link Good Practice

[13] Bevan P (2002) A new approach to personality disorder

[14] Wilson (2002) Hidden Homelessness and Health Care, Cooper and Wilson.

Accessing appropriate mental health treatment may be quite difficult for someone struggling with the onset of, or persistence of distressing symptoms of mental and/or physical ill health. For individuals who are homeless there are considerable barriers that further impede access to health care:

- Homeless people were 40 times more likely to *not* to be registered with a GP than members of the general population[15]

- Barriers to primary care include: lack of resources; lack of understanding by health care providers; discriminatory practices in GP surgeries.

- Poor access to primary care services has a direct impact on other health care services, with an increased likelihood of people using an A&E as a surrogate for a GP.

- By the time someone presents at an A&E their health problems have gone untreated for longer and may are likely to be greater in severity. This may translate into a more disabling condition, or greater rates of mortality amongst the homeless[16]

The failure to remedy issues of access to care has a cascading effect, contributing the continued segregation of people who are homeless and mentally ill. Moreover this means of exclusion exacerbates existing mental health issues, and may contribute to the emergence of additional difficulties.

Social integration and participation, as well as employment and meaningful life activities are compromised by the presence of persistent and untreated psychiatric and physical health problems for individuals who are homeless. The ability to take steps forward may be limited due to a combination of poor life skills, ongoing mental health issues and/or substance use problems, as well as disruptive life events (lack of stable residence, lack of regular income, victimisation related to street life).

These difficulties are amplified for many as they face multiple health needs, of which mental health issues are particularly prominent[17]. Stigma and discrimination are likely to further frustrate efforts made by homeless individuals to manage their life circumstances and move ahead in a meaningful way.

Together these obstacles complicate the lives of individuals who are homeless and mentally ill, setting them apart from an array of services, and preventing full community integration and participation.

Traditionally, efforts to engage individuals who are mentally ill and/or homeless have endorsed job retraining and psychosocial rehabilitation. There exists an extensive body of literature that is testimony to the links between mental health recovery, reductions in homelessness and the pursuit of meaningful life activities[18]. Many such models of service delivery rely heavily upon the notion of structured 'normative' activities (occupational assessments and job-readiness training, for example) and the creation of routinised work patterns, such as the endorsement of regular attendance during daytime hours. Such services fulfil a specific demand in training and preparing people towards the goal of job readiness. There are clear advantages to participating in such programmes, such as the ability of people to acquire new skills and regain a sense of dignity, confidence and self-esteem.

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[15] Crisis (2002) Critical Condition Vulnerable Single Homeless People and Access to GPs

[16] Morrison, DS. (2003) Death in homeless men in Glasgow, UK. BMJ (7 August, rapid response)

[17] Bevan, P. and van Doorn A. 2002 Mutiple Health Needs, Good Practice Briefing, Homeless Link.

[18] Crane, M., and Warnes, A., (2001) Single Homeless People in London. Sheffield Institute for Studies on Aging.

Whilst this framework offers the necessary structure and support to some individuals, it is important to recognise that this model may prove unhelpful to individuals who are more disenfranchised and whose life circumstances places them outside of the realm of traditional services.

Highly regimented work schemes may underestimate the complexities of the issues of mental health and social exclusion, and how these may be exacerbated for certain groups, such as those who are homeless or marginally housed. Programmes that are heavily structured may unintentionally contribute to added strain and distress for vulnerable individuals. The chaotic lifestyle that accompanies homelessness means that adherence to formalised schedules can become a struggle to maintain, undermining the ability of someone to participate in existing programmes.

Solutions

In order to address the issues specific to mental health and social exclusion amongst individuals who are homeless, we believe there is a need to promote and sponsor services that are flexible in design and intent, particular for the single homeless. Access to services is an initial step towards greater social inclusion.

For individuals who do not meet the criteria for 'statutory' homelessness, there is a need to improve access to supportive services. The continued categorization within homelessness legislation (and services) of those who are homeless as 'deserving' and 'un-deserving' is unhelpful. These policies promote a standard of social exclusion: from placing limits on welfare benefits to blocking access to housing support[19].

Addressing the issues of mental health and social exclusion amongst individuals who are homeless requires greater promotion of access to health care in general, and mental health care specifically. The recent Priorities and Planning Framework endorsed by the Department of Health signal a movement towards the improvement of points of access for people who are homeless. Increasing access to primary and secondary care, and the endorsement of innovative models of care signal steps in the right direction[20]. In addition, attention needs to be focused upon the specialised needs of certain sub-groups, for example, older homeless persons, or members of ethnic minority groups.

We believe there is a need for the promotion of programmes that recognise that many vulnerable individuals may not be ready to pursue employment. Consequently we advocate a broader understanding of what constitutes 'meaningful activity' in the lives of vulnerable persons. Meaningful activities can be defined as personal development activities, that are accessible and non-judgemental, are consumer-initiated, and that recognize the value of 'soft as well as 'hard' skills[21].

Innovative programmes challenge us to think in new ways about the meaning of inclusion and exclusion. Programmes that endorse meaningful activities complement those of traditional job readiness and psychosocial day programmes, providing unique opportunities to explore critical aspects of personal development, like self-confidence and self-esteem. The promotion of personal skills may assist people across a range of opportunities, including accessing services, social integration, and working towards meaningful activities. Moreover the less restrictive nature of these programmes may prove beneficial as a means of engaging individuals in more mainstream services.

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[19] Crane, M., and Warnes, A., (2001) Single Homeless People in London. Sheffield Institute for Studies on Aging

[20] Gorton, S., 2003 Guides to models of delivering health services to homeless people. Crisis Health Action.

[21] 'Soft' skills refers to skills that reflect emotional abilities, such as confidence and team-building, whereas 'hard' skills refers to technical skills, such as computer training.

Key to resolving issues of social exclusion is the need to think differently about the meaning of social inclusion. Consumer-led initiatives, for example, offer unique opportunities towards greater inclusiveness in the decision making process of individuals who have traditionally been excluded or marginalised. Engaging service users in the development and implementation of programmes is one means of moving away from the one-dimensional perception of social inclusion as equivalent to participation in employment or rehabilitative activity.

In order to effect meaningful change in addressing issues of social exclusion, we must think about this concept as multi-dimensional in nature. Creating opportunities for people who are homeless to participate in the decision-making processes marks a step towards true inclusion and integration.

Example of Good Practice: Crisis Skylight

Crisis Skylight is a centre where homeless people take part in free practical and creative workshops. They have opportunities to build on existing skills or develop new ones, discover and grow talents and abilities, learn from one another and meet new people. Activities are open to all and encourage homeless people to integrate with the general public.

Crisis Skylight is currently running 28 activities seven days a week including Yoga, PC maintenance, T'ai Chi, bike repair, gardening skills, IT tasters karate and creative and performance arts sessions.

To find out more visit http://www.crisis.org.uk/skylight

Recommendations

1. **Improving access to mainstream housing and social services overall.**
   The successful engagement of individuals who are socially excluded begins with a commitment to the improved access to services overall (housing, medical and social services) and a re-evaluation of the structural policies that promote social exclusion.

2. **Improving access to mental health services within primary and secondary care.**
   Health promotion and health access issues are particularly acute for individuals who are struggling with mental health issues.

3. **There is a need to fund develop and promote initiatives such as the Skylight Activity Centre that encourage meaningful activities in the lives of individuals who are homeless.**
   The promotion of a range of programmes and, particularly, alternatives to traditional skills development recognises that there are diverse needs within any community. While some homeless people may not be employment ready, engaging them in meaningful activities means taking a step towards social inclusion.

4. **Create inclusiveness through the promotion of user-led initiatives.**
   User-led initiatives help to pave the way towards social inclusion through the creation of power-sharing opportunities. Inclusiveness in the decision-making process allows for a greater partnership between participants and service providers.

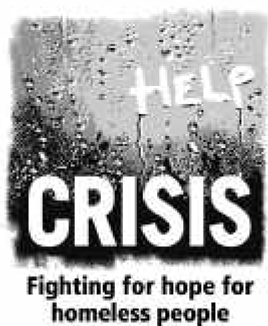
About Crisis

Crisis is the national charity for single homeless people. We work year-round to help vulnerable and marginalised people get through the crisis of homelessness, fulfil their potential and transform their lives.

We work to develop innovative services, which help homeless people rebuild their social and practical skills, join the world of work and reintegrate into society.

We enable homeless people to overcome acute problems such as addictions and mental health problems.

We run services directly or in partnership with organisations across the UK, building upon their grassroots knowledge, local enthusiasm and sense of community. We also regularly commission and publish research and organise events to raise awareness about the causes and nature of homelessness, to find innovative and integrated solutions and share good practice.



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