PARTNERSHIP *for* HEALTH EQUITY

LIVED EXPERIENCES OF HOMELESSNESS AND MENTAL HEALTH

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Background

It is recognised in the research literature that mental ill-health is disproportionately represented among the homeless population.[1] A survey conducted in 2013 on the health status of homeless people in Dublin and Limerick cities, reports that over half of those surveyed suffer from at least one mental illness[2], this compares with 11 % of the general population.[3] Despite the large body of research on homelessness and mental health, little is known about the perspectives of homeless people with a mental health problem on their lived experiences.[4]

Research Objectives

The aims of this research were:

1. To explore a homeless person's **understanding** of a mental health problem
2. To examine a homeless person's **experience of being diagnosed** with a mental health problem
3. To describe a homeless person's everyday experience of **living with a mental health problem**
4. To examine a homeless person's experience of **accessing services**, treatment and support.
5. To explore their **perception of barriers** to recovery.

Methodology

Recruitment: General Practitioners working in two homeless accommodations in Dublin city centre screened for potential candidates using the following eligibility criteria: anyone over the age of 18 years who had been told they had a mental health problem, and who had been

homeless for more than six months. All stakeholders including interviewees signed consent forms.

Interviews: In-depth interviews were conducted with eight participants. Five topic areas, based on the study's objectives, were identified as relevant to the phenomenon under study. All participants were given a €10 voucher for a local store as token of gratitude for taking part in the study.

Analysis: Interviews were transcribed and analysed using a phenomenological approach.

Findings

Heterogeneity: Although commonalities could be found across the narratives of participants, the individuality of experiences and differing needs of each person emerged strongly from the study. There were many and varied types of mental health diagnoses ranging from anxiety to psychosis. As varied as the types of illness, were the ways in which individuals found to cope with their situation, for example, through use of drugs, medication, focusing on their children, focusing on detoxification as a step in their recovery. Different attitudes towards their mental illness also emerged from the narratives. For some, their mental health condition is and is likely to continue to be, a permanent part of their lives. Neither perceived as a cause of their homelessness nor a barrier to exiting homelessness, their mental illness was rather something to be accepted and managed; "once you've got it you've got it […] you have to put up with it" *(Alex, Manic Depression/Anxiety/Psychosis)*. Conversely, others did not accept it as a permanent part of their lives, either it was part of their past or something that would change as soon as their situation changed for example, being housed. The personal identity and agency of each person interviewed contradicted the homogeneous suggestion of labels such as the "mentally ill homeless".

Recommendation: It is important that the diversity of needs of each homeless person with a mental health problem is recognised across the homeless services in Ireland in order to aid the development of services tailored to address these needs.

The Importance of Positive Relationships: The difference in positive versus negative outcomes for participants seemed to be a successful relationship with someone working within the homeless services (be it a keyworker, mental health specialist or GP) versus the absence of such a relationship. Positive outcomes resulting from positive relationships varied among participants from securing housing to alleviating the symptoms of depression through listening and encouragement.

> *"It was just people I was workin' with, keyworkers n' all, makin' me go down and get checked out […] I'm glad I did. Keyworker got me [on] detox, he got me the doctor n' all so….[if I] hadn't got the doctor and detox off tablets, I reckon I'd still be goin' down that road[…] on the heroin" (James, PTSD/Anxiety/Panic Attacks)*

"My keyworker [I see him] every week[…].It's good. He's a good person, he worry and he trying to feel what I feel to understand what I can think about if I am in this situation[…]It's actually good[…] It may not be all I want in my life but it's really good […] I feel myself calmed down after, you know." (Frank, Depression/Anxiety)

Recommendation: Mental health training for all keyworkers and frontline staff in homeless services in Ireland would be beneficial. Capitalising on the already available resource of keyworkers and frontline staff could mean an improvement in services and outcomes for homeless people with a mental health problem sooner rather than later.

The Ambiguity of Services: Participant narratives pointed to a lack of access to mental health services but it seemed that in some cases this was an issue of lack of knowledge of where to go and what was available to the participants rather than an absence of services. Participants were often unclear about what "services" for mental health were and while they spoke about their doctor there was often no distinction made between a methadone doctor, a psychiatrist or a general practitioner. What was clear, however, was that participants were already engaging in services if they were receiving methadone treatment through a clinic yet most were not satisfactorily in receipt of services that may assist their mental health condition.

"…the services don't just jump out at you[…]there is good services but eh, they're hard enough to find, like." (Lucy, Manic Depression/Bipolar)

Recommendation: The mental health services for homeless people that exist and how and where to access them needs to be made clearer to homeless people and their support / keyworker. Access needs to be made easier, service needs to be made friendlier and made appropriate to the individual's need. Mental health interventions and services need to meet people in the services where they are already attending e.g. addiction centres and hostels, rather than having vulnerable people navigate a complex and incoherent system for different problems (which was the experience of the participants).

The Necessity of Housing: Participants described homelessness as having a negative impact on their mental health and being housed was cited by many as a necessary step towards improving their mental health and lives in general. It can be seen through the narratives that participants' homeless status was often considered more critical than their mental condition which appeared to be worn peripherally and did not define them. Solutions in terms of housing were seen as necessity and could only benefit their mental health.

"Aw it's horrible. Especially bein' homeless and sufferin' from depression. At least when you're at home you can kind of deal with it. You can sleep it off or whatever but when you're on the streets, you can't just lie on the side of the road and go asleep. Well, you could but you'd get moved on by the guards

unless it's at night […] If they gave me a house, I'd be a lot better." (Yvonne, Depression)

Recommendation: In its Homelessness Policy Statement in 2013, the Irish government endorsed housing-led approaches to homelessness.[5] It is recommended that the government ensures action is taken on this policy.

Limitations

Generalisability: As is often the case with small-scale qualitative studies, the findings are not generalisable to all homeless individuals who have mental health problems.

Sampling bias: The recruitment process involving a GP may have caused a sampling bias.

Recommendations for Further Research

Housing emerged from the study as an important factor for participants for improved mental health. Further research into the effects Housing First/ Housing-Led approaches for people with mental health problems in an Irish context would be beneficial. A prospective study using mental health as an outcome would provide evidence of effect in an Irish setting.

The findings relating to the importance of positive relationships within the homeless services for positive outcomes for service users highlight the need to explore this theme further through research. Given the recommendations in the study for mental health training for key workers, there is a need to evaluate the impact of this strategy on the mental health of the target population.

References

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