

Homelessness is Caused by a Mental Health Condition... Ours

Is Society in Denial? The Facts Are Out There...

Homelessness kills you. The facts are out there. The average of death of a rough sleeper in England is 47,¹ with one person dying whilst sleeping on the streets of London every two weeks – a quarter of from violent deaths². People who experience homelessness have atrocious health outcomes³, such as being seven times more likely to die⁴ of a respiratory health problem than the general population.

Homelessness is growing. The facts are out there. The number of people sleeping on our streets is rising sharply – more than doubling since 2010⁵. In that time, there are 50% more families in temporary accommodation, with the number in single room 'bed and breakfast' accommodation trebling⁶.

Services are shrinking. The facts are out there. Despite the doubling of rough sleeping, there has been 20% reduction in the number of homeless hostel beds since 2010⁷, with 47% of frontline homelessness services having their funding cut⁸.

Does Society have a Personality Disorder? There is an 'Impairment in Empathy'...

As a society, we know of the serious harm that homelessness causes to people and yet we allow it to grow, before our eyes, under our feet. *'An impairment in empathy: lack of concern for feelings, needs, or suffering of others'*⁹. This diagnostic criteria for a personality disorder fits us well - as a society, when it comes to homelessness, we have a mental health problem.

Does Society Self-Harm? We Waste our Precious Resources...

People are society's most precious resource. When we write off people who are homeless, then we all miss out what people have to offer. Take Jimmy Carlson OBE. After leaving the army in 1973 Jimmy spent the next 23 years on what he described as a *"roundabout – streets, detoxes, dry houses, back out onto the streets, prison, out of prison, detox and then on and on."*¹⁰

In 1996 Jimmy got a flat, got sober and got busy, becoming an inspirational advocate for the rights of homeless people. Jimmy contributed to national policy through Groundswell's Homeless People's Commission and set up numerous client involvement groups and created social clubs for people in recovery from alcohol and drug problems. I was lucky enough to work with Jimmy for 18 years before he died from respiratory health issues a few weeks ago (Jimmy knew the role homelessness played in his COPD having contributed to Groundswell's *Room to Breathe*¹¹research). On receiving his OBE in 2012 Jimmy said *"You would have walked over me in the street 15 years ago and thought I was a lost cause, just another drunk. However I picked myself up and turned my life around and I have gone on to make a decent contribution to my community. Rough sleepers you see on the street today – with the right support they have a lot to offer too. Never give up on anyone"*¹².

Everyone has something to contribute and the experience of homelessness, though often traumatic and damaging, can also mean you gain assets that can be very useful for society. Firstly your story; sharing how you slipped through the net, shows where the holes are in society and what needs to be done to sew them up to ensure others do not follow. Secondly the experience of homelessness can give you an empathy to connect with people who, due to experiences, are often not inclined to trust formal authority figures, so the peer role is essential in accessing those labelled 'Hard to Reach.' ('Easy to Ignore' is more honest).

Groundswell utilises this principle with our Homeless Health Peer Advocacy (HHPA) programme which supports homeless people to attend health appointments. The work, delivered by people who have been homeless themselves, offers practical support to accompany people to attend GPs and hospitals.

As well as improving homeless people's health (the essential pre-requisite to everything else) peers also help people (re) develop trusting relationships.

However just as significant, is the impact of HHPA on the peers themselves. Of the 65 volunteers (all with personal experience of homelessness) who have delivered the work, 43 have gone on to get paid employment. As my colleague, John, says "*Volunteering at Groundswell has given me the confidence to get my life back on track and start working again. I get such a buzz from helping my clients to sort their health out.*" The best way to support people to move on from homelessness is to give someone the opportunity to make a contribution. People need to be needed.

A Department of Health 2010 study¹³ put the cost of homeless healthcare at 85 million pounds (and rough sleeping has doubled since then). Crucially Groundswell have been able to evidence NHS cost savings with an independent evaluation of HHPA from the Young Foundation¹⁴ identifying the clear reductions in unplanned admissions to hospital, missed appointments and use of A&E resulting in a 42% reduction in NHS spending. This enabled HHPA to grow to now deliver 3,000 engagements a year supporting homeless people to access health services in London and we are looking to expand the model across the UK.

But allowing homeless people to have extremely poor health outcomes is not the only way we waste money as society on homelessness. A 2012 government study into the costs of homelessness estimated up to £1 billion was spent as a result of homelessness across all government departments.¹⁵ Whilst the case for the cost saving of 'Supporting People'¹⁶ the programme which funded housing-related support services for vulnerable adults, including single homeless people, was made quite clearly back in 2008. A government funded Cap Gemini evaluation into 'Supporting People' showed it made £3.4 billion of savings. Yet the programme has subsequently been cut by a staggering 67%¹⁷ by Local Authorities (have I mentioned that homelessness has doubled since then?)

As a society when we allow people to die early, when we allow people to rot away on the margins of society, we all suffer from the lack of contribution people have to offer. When as a society we waste money on dealing with the consequences rather than preventing homelessness, we all suffer. '*Deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder.*' This dictionary definition for 'Self-Harm' fits us well - as a society, when it comes to homelessness, we have a mental health problem.

Homelessness is not one of the Five Ways to Well-Being...

On an individual level the relationship between homelessness and mental health is a two way street – both cause and consequence. Proving the causal connection, Heriot Watt University's in-depth Multiple Exclusion Homelessness research¹⁸ with over 1,200 people across England, showed that for the majority of people, mental health problems preceded homelessness; whilst Dr Nick Maguire from University of Southampton shows that "*Psychological disorders strongly predict homelessness.*"¹⁹

The Department for Communities and Local Government guide *Psychologically Informed Services for Homeless People*²⁰ puts the estimate of people in homelessness services with a personality disorder (now, often more politely known as complex trauma) at 60%, compared to 5% in the general population. Whilst Homeless Link's Health Audit²¹ reported that 80% of people in homelessness services had some form of mental health issue, diagnosed or undiagnosed.

It is clear that the cornerstones of good mental health are very hard to maintain whilst homeless – eating well, sleeping well, security, safety, positive social relationships, regular exercise. The Kafkaesque bureaucracy we subject people to does not help either. "*They would not section me at hospital because they said I was 'not a threat of harm to myself or others,' but then they would not let me in to the night shelter, because they said I was too dangerous.*" David, a former colleague, recounted to me. "*I knew I*

was not going to last the night out and I had to get in somewhere, so in the end I got myself arrested.”

The age old ‘dual diagnosis’²² catch 22, remarkably, is still prevalent, with people denied access to mental health services due to drinking and denied access to detox due to mental health issues. Whilst if you are homeless you are ten times (!) more likely²³ to be subjected to the (on occasion, life-threatening²⁴) experience of benefit sanctions.

The complexity of the inter-relationship between homelessness and mental health does not hide the fact that this is a life and death issue - if you are homeless you are nine times more likely to commit suicide than the general population²⁵.

The Future of Homelessness?

Through the secondment element of the Clore Social Leadership Programme I was able to visit California, in the United States looking for the progressive future in tackling homelessness. However that is not what I found...

Hollywood, USA- ripped and filthy tents line every street. People lurch across the road walking in front of traffic. There was stench, fear, hunger, mayhem. Unfortunately this was not at a film studio on the set of a post-nuclear apocalypse zombie movie, but just down from the Hollywood Hills in Skid-Row - a half mile square block in the heart of Downtown Los Angeles. A member of the Housing and Homelessness team from City Hall in Los Angeles took me on the most surreal ‘tour’ of my life. One step to the west and you are in the Financial District, hosting skyscrapers for each of the world’s leading banks and one step to the south you are in the Fashion District, hosting flagship stores for the world’s leading brands; but in Skid Row there are more people sleeping rough each night than there are in the whole of the UK.

The homelessness was also desperate in Berkeley, a city priding itself on its liberal credentials. Spending time in (the only) homeless person’s day centre in the city – I met a young man with no shoes turned away with no shower, no food and no new shoes; I spent time with a woman in her 60s who had worked as a midwife for 40 years, and delivered hundreds of the City’s children, she was pushing her life’s belongings in a trolley...

The City with the highest proportion of rough sleepers in California is San Francisco - with 6,500²⁶ from a population of around 850,000, the rough sleeping rate is over 70 times greater than London. This frightening glimpse of the future is the way we are heading with our homelessness situation if we do not act soon. Across California I asked people what they thought caused the shocking levels of homelessness. There they have developed a way of framing the issue that allows them to keep their heads down and ignore it. Pretty much everyone I met gave me a single answer. *‘Well, people have mental health problems...’*

Acknowledging Our Problem is the First Stage...

As a society, we display a lack of empathy and compassion in allowing the damage of homelessness to affect ever greater numbers. As a society, we harm ourselves through missing out on the contribution people have to offer and through wasting our money on dealing with the consequences rather than addressing the causes of homelessness. Denial? Lack of empathy? Self-harm? As a society, when it comes to homelessness, we have a mental health problem.

Acknowledging we have a problem is the first step to solving it.

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- ¹ [Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England, University of Sheffield \(2012\)](#)
 - ² [Nowhere safe to stay: the dangers of sleeping rough St Mungos \(2016\)](#)
 - ³ [The Unhealthy State of Homelessness, Homeless Link \(2014\)](#)
 - ⁴ [“Nontuberculous respiratory infections among the homeless”, Seminar of Respiratory Infection O’Connell J.J., \(1991\),;](#)
 - ⁵ [Rough Sleeping Statistics Autumn 2016, England DCLG \(2017\)](#)
 - ⁶ [Statutory homelessness and homelessness prevention and relief, England DCLG \(2016\)](#)
 - ⁷ [Single Homeless Support in England: Annual Review 2016 Homeless Link, \(2016\)](#) and [Survey of Needs and Provision 2010, Homeless Link \(2010\)](#)
 - ⁸ [Single Homeless Support in England: Annual Review 2016 Homeless Link, \(2016\)](#)
 - ⁹ [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition \(DSM-5\) \(2013\)](#)
 - ¹⁰ [Jimmy Carlson Obituary, Groundswell \(2017\)](#)
 - ¹¹ [Room to Breathe, Groundswell \(2016\)](#)
 - ¹² [Ex-homeless soldier recognised in Birthday Honours list, BBC News \(2012\)](#)
 - ¹³ [Healthcare for Single Homeless People, Office of Chief Analyst, Department of Health \(2010\)](#)
 - ¹⁴ [Saving Lives, Saving Money, The Young Foundation \(2016\)](#)
 - ¹⁵ [Evidence Review of the Cost of Homelessness, DCLG,\(2012\)](#)
 - ¹⁶ [Cap Gemini, 2008, Research into the financial benefits of the Supporting People programme DCLG](#)
 - ¹⁷ [The Homelessness Monitor: England 2017, Heriot Watt University and Crisis \(2017\)](#)
 - ¹⁸ [Multiple Exclusion Homelessness Across the UK: A Quantitative Survey, Heriot Watt University \(2012\)](#)
 - ¹⁹ [Homelessness and Complex Trauma, University of Southampton, School of Psychology \(2009\)](#)
 - ²⁰ [Psychologically informed services for homeless people, DCLG \(2012\)](#)
 - ²¹ [The Unhealthy State of Homelessness, Homeless Link \(2014\)](#)
 - ²² [Dual Diagnosis – From The Ground Up Podcast. The Pavement and Groundswell \(2017\)](#)
 - ²³ [A High Cost to Pay, The impact of benefit sanctions on homeless people, Homeless Link \(2013\)](#)
 - ²⁴ [Disability Rights News Service \(2015\) Detail on 10 benefit –sanction related suicides: Peer Reviews of Handling of Benefit Claims, Department for Work and Pensions \(2016\)](#)
 - ²⁵ [Homelessness a Silent Killer, Crisis, \(2011\)](#)
 - ²⁶ [Homeless Point in Time Count and Survey Applied Social Research, \(2016\)](#)