

Special Issue - Housing and mental health

Editorial

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It is well documented that mental health impairments can affect anyone, rich or poor, young or old. Indeed one in four of us will experience a mental health problem at some point in our lives. The effects of mental health problems on both individuals and people close to them can be debilitating and very destructive. Each year more than 250,000 people are admitted to psychiatric hospitals and over 4,000 people take their own lives (Mind, 2002). These facts make uncomfortable reading. However, despite the compelling evidence of the widespread prevalence of mental health problems, all too often the impact of such impairments on accessing and maintaining suitable, secure, and appropriate housing are either minimised or simply rendered invisible.

The four papers presented in this special edition of PPP, which were initially written for a specialist workshop stream at the International Academy for Law and Mental Health conference held in Padua in July 2007, raise awareness of the multiple ways in which housing problems can be exacerbated for those with mental health disabilities. While the focus of each paper is on a different aspect of the relationship between law and mental health, a common theme uniting the contributions is a concern with the particular ways in which mental health issues are unrecognised and ignored leading to potential discrimination for those with such impairments. More specifically, each of the papers illustrates the varied and complex ways in which mental health impairments can affect individuals' ability to access and sustain a secure, well maintained, home.

By the 1990s it had become widely recognised in the UK that people with disabilities faced discrimination but it was not until the Disability Discrimination Act 1995 (DDA 1995) was introduced that disability rights were firmly placed on the policy agenda. For the first time an inclusive definition of disability was employed which included anyone with a physical or mental impairment, resulting in a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. Subsequent amendments to the DDA 1995, brought in by the Disability Discrimination Act 2005 (DDA, 2005), further strengthened the rights of disabled people by removing the requirement for the mental illness to be 'clinically well-recognised', before the provisions of the Act could apply. Now people with conditions that are not formally diagnosed by a doctor as well as the more high profile illnesses such as anxiety, depression, bipolar disorder and schizophrenia should be protected from discrimination.

Of equal significance for housing practitioners, the DDA 2005 introduced a more general duty on local authorities and registered social landlords to have due regard to the:

- Promotion of equality of opportunity between disabled people and other people
- Elimination of discrimination that is unlawful under the DDA 1995
- Elimination of harassment of disabled people that is related to their disability
- Promotion of positive attitudes towards disabled people
- Encouragement of participation by disabled people in public life
- Taking steps to meet disabled people's needs, even if this requires more favourable treatment.

These welcome provisions have the potential to both raise the level of awareness of the needs of disabled people and ensure that housing policy be framed to address inequalities. The type of inequalities that commonly effect people with mental health impairments are evidenced by reference to the links between poor quality housing and vulnerability to housing stress. For example, one in four tenants with mental health problems have serious rent arrears and are at risk of losing their home (Social Exclusion Unit, 2004). Concerns about the relationship between housing related problems and mental health conditions are taken up in both Caroline Hunter's and Pascoe Pleasence and Nigel Balmer's papers.

Drawing on data from the first continuous English and Welsh Civil and Social Justice Survey (CSJS) Pleasence and Balmer's paper *Mental Health and the Experience of Housing Problems Involving Rights* explores the relationship between the prevalence of mental illness and the experience of housing rights problems. They examine the frequency with which illness generally and stress related illness in particular, are attributed as a cause and/or a consequence of housing related problems. The empirical evidence presented illustrates the various ways in which people with mental health illnesses are more like to experience housing problems and that those who experience housing problems, such as homelessness, become more vulnerable to stress related illnesses.

The barriers that homeless single people with mental health problems face when trying to access local authority accommodation is an issue that is addressed in more detail in Hunter's paper: *Denying the severity of mental health problems to deny rights to the homeless*. The paper starts by outlining how, in recent years, authorities have been under pressure from central government to reduce the number of homelessness acceptances. One of the ways in which this has been achieved is by minimising the links between mental health impairment and vulnerability. Through consideration of reported court cases, Hunter illustrates how local authorities have tried to limit their duties to those with mental health problems and how the courts have generally been willing to uphold such an approach. The commissioning of private companies such as NowMedical to make assessments as to the precise nature of homeless applicants' medical conditions is criticised on a number of grounds. Frequently, assessments are made solely on the basis of written evidence submitted by the authority, serving to minimise the impact of mental health conditions on housing need and thus reduce the number of acceptances in line with resource constraints.

The stigma and lack of visibility often associated with mental health impairment are issues that are addressed in Slatter's paper on *Treasures, Trash and Tenure*. This original, innovative and timely contribution to the field draws on case study accounts of

hoarding from England and Australia. As well as considering the immediate risks of hoarding (for example, environmental, fire hazards and such like) the discussion of the wider impacts draws attention to the fact that hoarding is a condition which can leave hoarders vulnerable to stigmatisation and conflict at a neighbourhood level. It may be associated with obsessive compulsive disorder and other recognised mental health illnesses, equally age and social isolation are identified as recurrent risk factors. Slatter suggests that the issue of problem hoarding may well become more prevalent as populations age and family links become more tenuous. It is, however, also recognised that management of this type of behaviour is particularly problematic as there is no quick fix, and commonly people who hoard do not recognise their behaviour as being problematic. The article concludes with a discussion about the importance of tenure in terms of the type of legal intervention that can be used and a call for greater recognition and understanding about this growing issue.

In contrast to the hidden and often unacknowledged nature of problem hoarding, Nixon et al.'s contribution to the special edition *Anti-social behaviour and disability in the UK* focuses on the high profile issue of anti-social behaviour. While the recent proliferation of legal and policy measures to address anti-social behaviour may provide relief for victims there is growing concern about the way in which disabled people, particularly those with mental health conditions, are vulnerable to being constructed as perpetrators of ASB. The evidence suggests that a high proportion of people who are the subject of ASB measures such as ASBOs and 'Family Intervention Projects' suffer from mental health impairments. Equally it is clear that levels of victimisation and harassment of people with learning difficulties and mental health problems are particularly acute (Berzins et al., 2003; DRC/Capability Scotland, 2004). The paper raises questions about the efficacy of punitive responses to ASB which may not only fail to address the underlying causes of problem behaviour but could indeed exacerbate the social exclusion and isolation that people with mental health impairments are already vulnerable to.

The four contributions to this special edition on housing and mental health are both timely and fruitful in helping to identify some of the tensions and contradictions between policy interventions designed to limit entitlement to housing or control conduct and the requirement for housing authorities and policy makers to take steps to meet disabled people's needs, even if this requires more favourable treatment. In order for people with mental health impairments to gain greater influence and control in securing and maintaining suitable housing there is a need for improved provision of specialist support services. At the same time the evidence suggests it is important to raise awareness of the daily harassment and discrimination that those with mental health problems face. Given the new duties under the DDA 2005 these are issues which public authorities can no longer ignore and will have to address.

References

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