



Listen Up! Insight 1: Mental Health

Welcome. This is the first in a series of Insights from [Listen Up!](#) Our lived experience-led project seeks to tackle homeless health inequalities by amplifying the voices of people experiencing homelessness to:

1. increase key decision makers' awareness of the barriers to healthcare faced by people experiencing homelessness across the country.
2. create a movement of people experiencing homelessness, influencing decision makers and holding them to account for changes in practice and policy.

Each themed Insight will be accompanied by a webinar where we will co-design a list of recommended actions to be featured on our Action Hub.

This Insight draws on nationwide research interviews with **44** people experiencing homelessness and a selection of stories from our **14** community reporters, who have lived experience of homelessness. We have included extracts from reporter stories and quotes from participant interviews to illustrate our key findings. Some sections draw more heavily on reporter stories or research data, and this is explained.

Summary

- Homelessness and poor housing affect mental health in many ways, including causing feelings of loneliness, insecurity, worthlessness, fear of harm and lack of control.
- Poor mental health can be a major barrier to accessing help with accommodation.
- Supported accommodation (like hostels) which offers talking therapies onsite, meaningful activities and supportive staff can be beneficial to mental health.
- Lack of communication and homelessness create barriers to accessing mental health services.
- People's experiences of mental health services varied. Negative experiences included feeling stigmatised and not being listened to, which could have a detrimental impact on building trust.
- Positive experiences included support through advocacy, receiving good advice and feeling listened to.
- Some informal ways of promoting good mental health include caring for pets, hobbies, volunteering, and support from friends and families. However, we recognise that these ways of supporting wellbeing may be less accessible to people sleeping rough with more pressing priorities.

This Insight and the reporter stories within it cover issues of suicide and mental health experiences. If you need to talk to someone, call the Samaritans on 116 123 or email jo@samaritans.org - any time, any day.



Who we listened to

The [Listen Up!](#) team is carrying out ongoing interviews with people experiencing homelessness across England. We identify specific themes and periodically change our interview questions to reflect these. Whilst we always ask our core questions about healthcare, adding in thematic questions allows us to generate rapid insights into new topics of interest. In this Insight we look at mental health and homelessness, drawing on interviews with 44 men and women experiencing a range of situations including rough sleeping and staying in temporary accommodation and hostels. Interviews have been analysed alongside community reporters' stories, which provide additional rich perspectives.

What we heard

Poor mental health is complexly linked with the experience of homelessness. Homelessness can worsen mental health, while mental ill health is often also a contributing factor and cause of homelessness.

1. Homelessness, housing and mental health

More than two thirds of research participants said that poor housing or homelessness affected their physical and mental health, including causing isolation, fear of violence, panic attacks, anxiety, low self-worth, and lack of access to basic facilities. Lack of a home directly impacted on people's mental states and had repercussions for their ability to take control in their lives.

“Not having a stable place prevents you from making persistent and stable decisions in your life. Without it you lose the ability to keep yourself clean and together. It puts pressure on your mental health and your physical health can deteriorate.”

Poor mental health can create a *barrier* for accessing support with housing. For example, one community reporter felt unable to speak up and get help when they were homeless. Despite services knowing his situation, he felt he was not listened to and this intensified his feelings of low self-worth and lack of control (read the full story [here](#)):

“I spent four and a half years sleeping on the floor, and I think this is because I was quiet. My mental health wasn't good, so it was very difficult to put my point across.”

Challenges in accessing safe housing also *worsened* some people's mental health. Examples included feeling under threat of eviction, the impact of poor physical environments and feeling disconnected. One participant felt they were treated inhumanely by “being chucked out back on the street” and denied help in relocating to an area where they had social connections which would help them feel safe.

“I was homeless during Covid and was picked up off the street. I was housed for a year, and I thought that was permanent, but as soon as the government repealed the law I was chucked



out back on to the street. I tried to go back home to where I am from, but my connection was lost because I had been away for a long time... I wanted to be around people and a place I am familiar with but was denied and that has had a negative impact on my mental health."

Unsurprisingly, being treated humanely, compassionately and supportively had a positive impact on mental health. Participants particularly recounted that having access to hostel accommodation with onsite counsellors, supportive staff, connections to services and fun activities made a positive difference to how they felt about themselves.

"Everyone here is lovely and the staff are really helpful. Even the security guard here is friendly and that helps my mental health. [...] I am in a drama group and that helps my mental health. It builds my confidence."

Case study: Justine

One research participant, who was sleeping on the streets as a result of domestic violence, explained that her mental health issues were compounded by difficulties accessing benefits, which had consequences for seeking help. Stories like Justine's show that there can be serious repercussions for people with multiple needs who feel 'controlled' by systems and, in turn, reject them.

"I have been on the streets for the last year because I've been off benefits and feel too anxious to deal with making a claim. I was on PIP and ESA last but I'm off benefits at the moment. I'm trying to sort them out but because of serious problems with anxiety I have been unable to deal with the system and to make a claim."

"I came to [place] a year ago, fleeing domestic violence. I haven't had benefits since last year. I haven't really asked for help so it's my own fault. That's why I haven't been able to get into a hostel...I haven't wanted to engage with services because I'm a little bit serviced out."

"I had constant PIP meetings with doctors and mental health people, and being totally controlled by a system that just chucked tablets at me, and the situation just got bigger and bigger and I didn't need it and I couldn't handle it. So I just walked away from it to a place off the grid. I was being bullied really hard by some people and I got sick of it and for the sake of my mental health I had to get away from it."



2. Experiences of support services

This section draws primarily from research evidence, as we asked specific interview questions about mental health support. Around two thirds of participants who responded said they had problems with their mental health (26 of 40 respondents). However, fewer had been formally diagnosed with a mental health condition (15 of 41 respondents). A similar number (15 of 39 respondents) said they had received inpatient care for their mental health (e.g., if they had been 'sectioned'). Nearly half of all who responded (19 of 39 respondents) said they had sought help for mental health issues. When asked where they sought help for their mental health, participants identified drop-in centres, GPs, mental health teams, counsellors, psychiatric services, hospitals, mental health consultants, Community Psychiatric Nurse (CPN) health coordinators and homelessness services including hostels.

The main barriers to accessing mental health services included not feeling listened to, feelings of stigma and being in a homeless situation. For many, the combination of living with mental health issues and dealing with homelessness posed significant challenges for maintaining healthcare commitments.

“Being homeless and having mental health issues it was hard to keep appointments.”

Participants described a lack of understanding of the challenges of homelessness amongst mental health service providers, which led some to feel ignored. We commonly heard that people did not feel they were treated respectfully, nor did they feel listened to. We heard of instances where participants who had engaged with medical professionals felt they lacked compassion and did not adequately communicate with them. In one example a participant felt mistreated and abandoned:

“I was carted off to a mental health facility and I was left in a room for 3 weeks. It was a nightmare. The one consultant I did see told me he was going on holiday.”

Lack of communication from health professionals was a key barrier to receiving mental health support. In one example, a participant felt they had not been adequately informed by their GP about their mental health diagnosis and subsequent recording of it on their medical records. This led to them feeling labelled and stigmatised and damaged future interactions with them and trust:

“I have been diagnosed with a personality disorder because I got angry once. It was added to my medical record without my knowledge - I feel this to be stigmatising and I was labelled... and it is a diagnosis I do not agree with. As soon as a personality disorder is mentioned then it is game over. I wish the GP would take me as an open book and the prejudice of previous diagnosis is difficult, if not impossible, to overcome.”

Similarly, a common thread of these experiences of mental health support was a lack of compassion. When asked about the support they received for mental health, one participant explained there was a total lack of aftercare following hospital discharge. In this case there was both a breakdown in communication and a feeling of insufficient care:



“Good while I was in hospital as had professionals but the aftercare after discharge was non-existent and was discharged to the streets.”

A potential risk arising from these negative experiences is that people stop seeking the support they need. Moreover, negative experiences of accessing mental health support and feeling ignored can have lasting and damaging effects on other aspects of people’s lives, including their ability to build trust.

“Had referrals to mental health teams for over 6 years and still waiting for help makes me feel like services don't care.”

In the following example of someone who had tried to take their own life, the rejection of help suggested they were unlikely to turn to help again if needed:

“[I was discharged] from the centre after a suicide attempt and they said I didn't need help which meant I lost faith in people.”

However, as well as many negative experiences of accessing and receiving mental health support there were also lessons from the positive experiences. The key characteristics of positive mental health support included the service working holistically, being provided advocacy and advice, and being listened to. For example, one drop-in service offered a range of holistic support including food, space to relax, meaningful activities and someone to talk to:

“Some of the drop-ins have been helpful and food...somewhere to chill. Sometimes having somewhere to go for a cuppa and somewhere to sit down and sometimes you can go on outings and they have activities, and some provide someone you can discuss problems with.”

Access to mental health professionals who were able to give sound advice, make the right connections to other support and advocate on their behalf improved relationships and resulted in positive experiences of mental health support. This finding has clear implications for ensuring continued support and building trust with people experiencing homelessness in need of mental health support.

“Felt supported as they advocated on my behalf to get me the appropriate care.”

“Staff were engaging, they did a really good assessment. Listened to me and saw that I was struggling. Have lots of advice to support my mental health.”

We asked participants what was *most* important when seeking support for mental health. They told us that clear and accessible communication was fundamental. This included access to interpreters for those who do not speak English as their first language. Counselling was also identified as extremely important when seeking support for mental health.

“Counselling is most important. You need someone to talk to so that you can deal with your emotions rather than having a pill to stop you feeling. It is not all about the medication it is about having someone to talk to so that you can tell them how you are feeling.”



Overall, a key message from the findings was a need for mental health services to be compassionate and respectful to people's needs. This means treating people experiencing homelessness with the dignity they deserve in accessing mental health support.

“Understanding and comfort, empathy, a person-centred approach”

“Dignity, enquiry into condition, promise of solace. Something that changes (the) environment as well as changes me.”

3. Experiences of informal support

Sources of informal support for mental health included caring for pets, volunteering, relationships with friends and family, and spending time on hobbies. The ideas suggested here are similar to those in a guidance leaflet Groundswell recently coproduced with people with experience of homelessness and jointly published with Mind.¹

This section draws on reporter stories only as our research questions did not explore *informal* sources of support for mental health specifically. When we asked research participants where they had sought help for their mental health, no one identified anyone who was not a professional. However, it should be noted that none of our reporters are currently sleeping rough and therefore these suggestions for improving wellbeing may not be accessible to people sleeping rough with more pressing priorities.

Reporters' stories contain several examples of the links between social support and mental health. One reporter explained how developing new friendships had enabled them to overcome past mental ill health. Furthermore, these improvements to their mental health enabled them to help others (see reporter story [here](#)):

“I spent years segregated in my mental ill- health, wasted years I can't ignore, but with strength, patience, and support from new friends I've gathered, I choose now to think positively, reach out when I'm low, share what was freely given to me to others when I'm in good places.”

Informal support also includes animals we have formed attachments to, which provide comfort and safety. In another example a reporter talked about how her pets helped her through dealing with an eviction, rehousing and her partner's mental health issues (see reporter story [here](#)):

“My male cat, Tiger always waited for me on the window to come home. That gave me a sense of comfort and reassurance.”

As well as support from friends, family and our pets, certain activities and hobbies were found to promote good mental health, such as gardening and motorcycling as shared by two reporters (see reporter stories [here](#) and [here](#)). These illustrate that activities which help us to take time out to relax

¹ <https://groundswell.org.uk/wp-content/uploads/2022/10/Groundswell-MentalHealth.pdf>



as well as those which challenge us and help us gain a sense of achievement can be beneficial to mental health.

“I lose track of time when I’m pottering around the garden ... It’s definitely therapeutic and a form of meditation.”

“I passed my CBT to start riding a motorbike and understand that this is big thing for myself with others who have depression...just be free to go wherever, whenever.”

How you can get involved

Our findings show that mental health and homelessness are complexly linked. We have identified barriers to accessing mental health support and shown how poor mental health can also impair access to safe housing. We also share ideas for promoting good mental health and what helps people experiencing homelessness in accessing mental health support. **We’d like your help in co-developing key recommendations for action arising from these and future findings.** To hear more about future Insights, workshops for co-developing recommendations, and the new Action Hub, please join our mailing list at <https://groundswell.us20.list-manage.com/subscribe?u=898f9a6f3bf48a747d1b8a9d0&id=cb4875e542>

The reporter stories cited in this Insight are:

- ‘I Spent Over Three Months on the Floor’ by Charlie (September 2022): <https://groundswell-listenup-hub.org/i-spent-three-months-on-the-floor/>
- ‘Mental Health, Addiction and Being Isolated’ by Miles (March 2022): <https://groundswell-listenup-hub.org/mental-health-addiction-and-being-isolated/>
- ‘How my cats kept me sane during difficult times’ by Anon (September 2022): <https://groundswell-listenup-hub.org/how-my-cats-kept-me-sane-during-difficult-times/>
- ‘Blooming Lovely’ by Karen (August 2022): <https://groundswell-listenup-hub.org/blooming-lovely/>
- ‘Free and Riding: How it’s Helping’ by Laura (August 2022): <https://groundswell-listenup-hub.org/free-and-riding-how-its-helping/>

All the Listen Up! reporter stories are available on our hub: <https://groundswell-listenup-hub.org/>

For more information about the Listen Up! project please visit: <https://groundswell.org.uk/listenup/>

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