

IS HOUSING OF IMPORTANCE TO MENTAL HEALTH?

Rehabilitation & Social Psychiatry Medical Student Essay Prize



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INTRODUCTION

Poor housing quality is often associated with poor physical health such as respiratory illness from dampness, but the impact of housing on mental health should not be underestimated. Under the Maslow's Hierarchy of Needs, housing would fall under the bottom 2 tiers as in Figure 1, as a place to fulfil basic needs of warmth, rest, security and safety. As the lower level needs must be met before seeking higher level needs (McLeod 2014), it is therefore crucial to individuals that housing needs are met before the psychological needs that promote good mental health can be addressed through psychological therapies. This essay will look into housing as predisposing, precipitating and perpetuating factors for poor mental health, and the challenges faced in securing suitable housing in the social aspect of management plans.

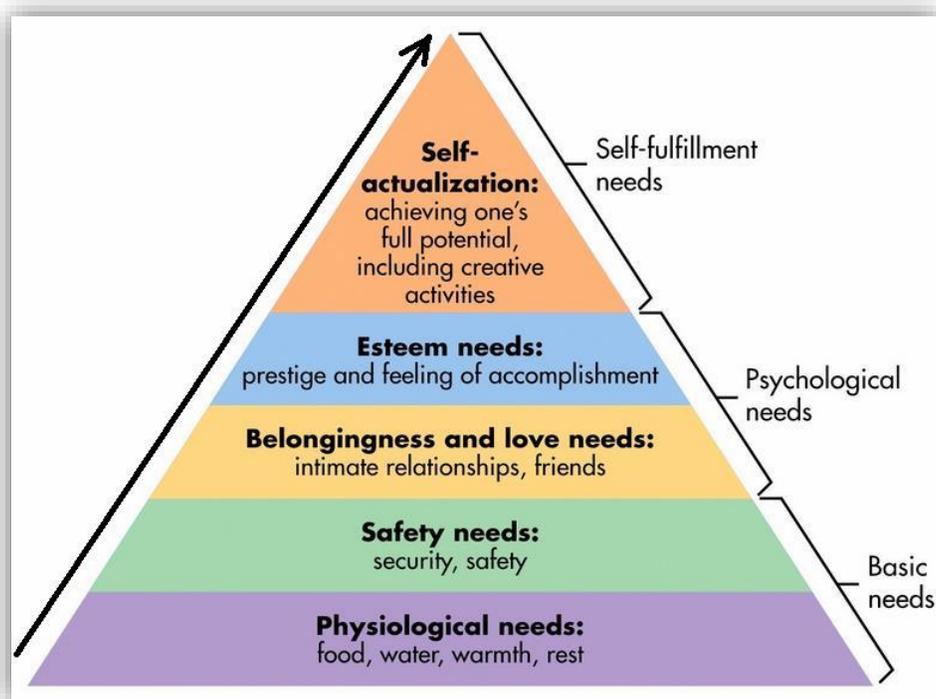


Figure 1: Maslow's Hierarchy of Needs

(Image source: http://studiousquy.com/wp-content/uploads/2015/03/Maslows_Hierarchy_of_Needs.jpg)

HOUSING AS A PREDISPOSING FACTOR

In my psychiatry clinical placement, I have encountered more patients without secure housing as compared to in other specialities. A patient was living out of his car as he was unable to continue paying his rent, while another patient was spending a few days every week at one parent's house and other days with friends. While enquiring about social circumstances may not be as important in other disciplines, it brings to light the possibility that housing conditions could be related to onset of mental illness. Housing conditions can be subdivided into housing quality, overcrowding, affordability and the neighbourhood.

Firstly, quality of housing is a risk factor for mental health problems. Poor quality housing can be a source of stress for individuals (Rogers, Pilgrim 2010, Osypuk 2015), and predispose individuals to mental disorders by lowering their baseline mental health. Low energy efficiency in housing is one aspect that impacts on mental health through fuel poverty, chronic thermal discomfort, and concerns that drought is damaging to physical health and possessions (Liddell, Guiney 2015). These perpetuate negative coping mechanisms which worsen mental health as in Figure 2. Addressing this through energy efficiency housing interventions in UK (Housing for Healthier Hearts) was shown by Liddell and Guiney to improve scores in the mental health components of the SF36 questionnaire and reduce symptoms of mental disorder in the GHQ12 questionnaire (Liddell, Guiney 2015). Specifically in Northern Ireland, there was an associated decrease in the incidence of mental illness from 10.8 % to 4.3% with these measures.

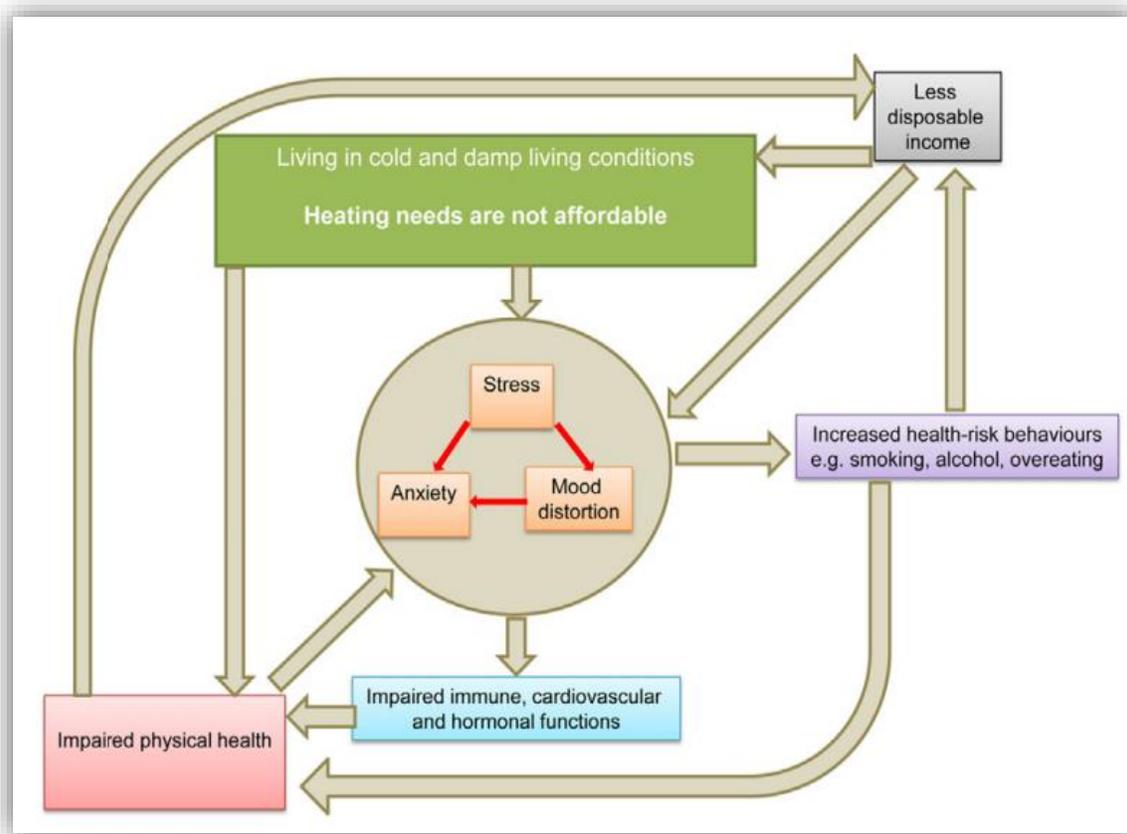


Figure 2: Impacts of energy inefficiency in housing on mental health (Liddell, Guiney 2015)

Aside from damp housing, poor quality housing can manifest in terms of insecure fixtures. Poorly constructed windows and doors can cause anxiety from feelings of insecurity (Ochodo, Ndetei et al. 2014), possibly disrupting sleep quality that is vital to maintaining mental health. It may also provoke or worsen paranoia. They also contribute to poverty and frustration from repair works that add on to mental stress.

Secondly, overcrowding can disrupt behavioural and mental health (Smith, Albanese et al. 2014). Individuals experience 'over-arousal' from an inability to find personal space to withdraw from daily social interactions and loss of control from increased felt demands in the home. They are unable to walk away from distressing situations within the home and lack the time and space to reflect on their thoughts and emotions. This distress is internalized in women resulting in depression or anxiety, but externalized in men via aggression and substance use, as seen in Inuits living in overcrowded dwellings (Riva, Larsen et al. 2014).

Even if housing quality standards are met, the price of housing has to be reasonable. Unaffordable housing has shown to worsen mental health in Australia when people make trade-offs in other areas such as food, transport and medical care to meet housing costs (Mason, Baker et al. 2013). This affects low to mid-income families more significantly (Ochodo, Ndetei et al. 2014, Mason, Baker et al. 2013) due to the larger proportion of income they spend on living expenses. Relative poverty especially in developed countries can be a source of stress through feelings of inferiority and injustice, aside from poorer physical health and living conditions that all contribute to one's mental state.

Home ownership has shown to improve mental well-being in a number of studies. Individuals living in rented accommodation have poorer mental and physical health alongside higher rates of use of antidepressants and psychotropic medication as compared to homeowners (Mauramo, Lallukka et al. 2012). In addition, children living in social housing have more mental disorder symptoms (Osypuk 2015). While differing neighbourhood conditions in estates with predominantly renters and homeowners may contribute to differences in mental health, home ownership in its own can promote mental health through psychological benefits of greater self-esteem and stability. Individuals do not need to worry about housing tenure (Ochodo, Ndetei et al. 2014) and relationships with landlords (Smith, Albanese et al. 2014).

Policies to improve housing quality and housing affordability across all aspects can reverse all the above and lead to positive mental health outcomes (Dal Grande, Chittleborough et al. 2015). They enable a strong foundation to be built as in the Maslow's hierarchy of needs, for individuals to fulfil psychological and self-fulfilment needs for optimum mental health.

Lastly, individual houses not only need to be of good quality, the surrounding neighbourhood has to be supportive of good mental health too. The external built environment should include amenities such as shopping facilities which are easily accessible to make life more convenient. Adequate street lighting and open spaces are also important as they improve security. These can all influence mental health through having a greater sense of control and reduced anxiety as in Figure 3 (Ochodo, Ndetei et al. 2014). This is supported by a longitudinal study in Glasgow which found that the GoWell neighbourhood regeneration project improved mental health in subjects (Liddell, Guiney 2015).

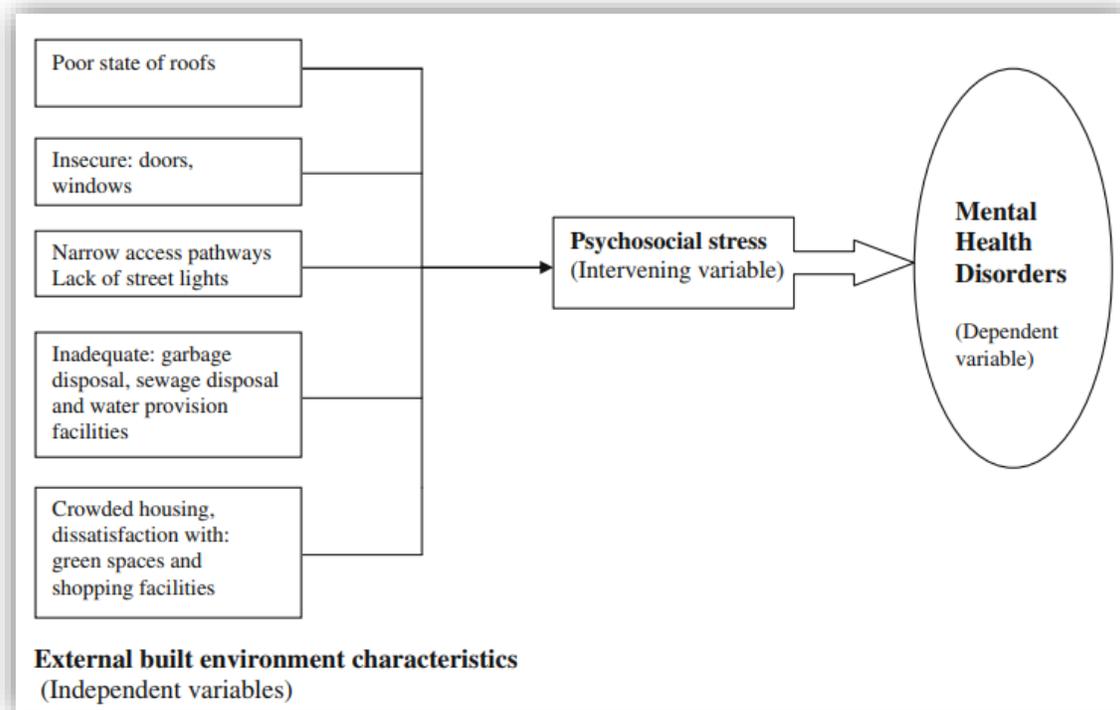


Figure 3: Aspects of the external built environment impacting on mental health (Ochodo, Ndetei et al. 2014)

As part of the improvements to the external environment, green spaces should be incorporated into the neighbourhood for it brings benefits to well-being. When green spaces are incorporated into urban environments, individuals reported better mental health (White, Alcock et al. 2013). It is a space for stress relieving, participation in physical activity and community interaction among other possible explanations. Being in green spaces allow for restoration from psychological stressors and can promote positive feelings as demonstrated in research by Kaplan (Clay 2001).

Aside from housing conditions, homelessness is also associated with increased incidence of developing mental health problems. 1 in 4 homeless people suffer from severe mental illness (Tinland, Fortanier et al. 2013), especially from depression and substance misuse (Rogers, Pilgrim 2010). This could be due to the increased likelihood of adopting health damaging behaviours such as smoking and alcohol use, self-neglect and exposure to violence (Tinland, Fortanier et al. 2013, Rogers, Pilgrim 2010). These are predisposing factors for mental illness. On the other hand, untreated or poorly treated serious mental illness leads to homelessness as well (Henwood, Matejkowski et al. 2014a), accounting for approximately 50% of total bed days within homeless shelters (Macnaughton, Nelson et al. 2013) due to a variety of reasons to be unable to secure long-term accommodation which would be explored later in this essay. Due to the high prevalence of mental illness in the homeless population, a group of medical students initiated mental health screening and education of staff in homeless shelters (Owusu, Kunik et al. 2012) to improve detection and provision of services to them, as they are less likely to have support or seek services. More such initiatives should be introduced to put a break to the vicious cycle of homelessness and mental illness, and reduce the inequality in access to mental health services across the population.

HOUSING AS A PRECIPITATING FACTOR

In other people, they may have had adequate housing in an environment they are familiar with, but changes in residence can disrupt this familiarity and precipitate mental illness. Displacement from existing housing arrangements is a source of stress and can precipitate mental illness in individuals with suboptimal mental health. The initial loss of housing through natural disasters is a stressor but the subsequent consequences that apply even in planned housing changes produce chronic stress that can have a greater impact on mental health. These include disruption to established daily routines and social support systems that lead to social isolation and insecurity (Fussell, Lowe 2014, Smith, Albanese et al. 2014). Changes in type of housing, housing quality and distance of displacement also contribute to stress especially after natural disasters such as after Hurricane Katrina (Fussell, Lowe 2014, Brown, Trapp et al. 2013). These stressors provoke emotional instability and feelings of insecurity that can lead to the first presentation of illness or worsen existing conditions. More psychological support could be offered to these communities such as mental health first-aid programmes, to address psychological distress promptly, reduce immediate risk and prevent prolonged distress leading to more chronic mental health disturbance.

HOUSING AS PART OF MANAGEMENT PLANS

As mentioned previously, mental illness increases the risk of homelessness, therefore provision of housing is also important in the discharge planning for individuals. Housing is key in successful discharge from inpatient mental health services (Bartholomew, Morgan 2015), and serves as the foundation for recovery. It provides stability for change and future life planning to occur (Smith, Albanese et al. 2014). Having suitable secure housing also eliminates it from being a perpetuating factor for mental disease.

Housing First is a rehousing programme first started in United States by the National Alliance to End Homelessness. It was contrary to previous practice of requiring individuals to be committed to treatment and rehabilitation programmes before housing was arranged. Previously individuals had problems accessing public housing in United States as the housing authorities would take into consideration alcohol, substance use and conviction history (Sun 2012). Stresses from having difficulty in securing housing can worsen mental health symptoms and lead to temporary disengagement from services (Zerger, Francombe Pridham et al. 2014). Housing First differs in its approach that it aims to provide housing first without any prerequisites and provide easy access to rehabilitation services subsequently (National Alliance to End Homelessness 2016). It has shown to give better outcomes than conventional rehabilitation first housing policies, reducing the number of homeless people, improving quality of life and treatment outcomes. In a study by Zerger in United States, 80% of homeless individuals with mental health conditions were still in secure housing 5 years after joining the programme (Zerger, Francombe Pridham et al. 2014).

The greatest impact of Housing First would be through improvements in quality of life. The greatest improvement are often seen within the first 6 months (Henwood, Matejkowski et al. 2014b), especially in individuals previously suffering from alcohol and substance use, through reduction in addiction problems (Stergiopoulos, Gozdzik et al. 2014). Clients have greater satisfaction through this approach as they have choice, stability and control (Dunn, van der Meulen et al. 2013, Piat, Boyer et al. 2015). They are able to decide what services they want to use and at what rate they want to undergo rehabilitation (Sun 2012). In contrast to institutionalized programmes, individuals are able to learn to set their own boundaries and rules (Patterson, Currie et al. 2015) without feelings of being restricted by programme structures (Piat, Boyer et al. 2015). Even in women previously housed in secure psychiatric care facilities, community housing has benefits towards psychological recovery through increased freedom and relational security (Barr, Brown et al. 2013).

It also provides a constancy for creating a daily structure to achieve meaningful activity (Henwood, Matejkowski et al. 2014b) and plan for development in social and employment aspects (Patterson, Currie et al. 2015). There is reassurance in having a home to return to at the end of the day instead of spending most of their day worrying about finding shelter for the night.

Having ownership of personal space also brings along benefits to psychological well-being. Individuals develop a sense of pride, positivity towards the future and self-identity (Patterson, Currie et al. 2015). Having a space to call their own also provides privacy to the individual.

In addition, even if commitment to rehabilitation is not clear initially, provision of housing has shown to improve treatment outcomes as compared to treatment first approaches. There is reduced mortality as compared to solely treatment-based services (Palepu, Patterson et al. 2013). For 14% of clients under Tsemberis's study, they were able to step down to less intensive community services after 2 years, which also helped to save costs in the long-term (Tsemberis, Kent et al. 2012). In the same study, most individuals also show a reduction in psychiatric symptoms after the initial year (Tsemberis, Kent et al. 2012). Similarly, in Canada, the Housing First approach

achieved a greater reduction in alcohol addiction as compared to traditional treatment first approaches (Kirst, Zerger et al. 2015). In addition, there is a higher retention rate as compared to the treatment first approach (Sun 2012).

Provision of housing is not sufficient, and appropriate support services have to be available to individuals as required. For many individuals, it is a big step moving from institutions to independent living, especially with the move towards 'deinstitutionalization' (Somers, Patterson et al. 2013). They help to address the sense of loss from leaving familiar and highly controlled surroundings and relearning of life skills (Stergiopoulos, Gozdzik et al. 2014) in addition to condition-specific treatment. Some clients may experience a worsening of mental health temporarily due to newly found personal time and space to reflect, and would need additional support as well (Patterson, Currie et al. 2015). Integration into community is also important in ensuring recovery and in this aspect, existing Housing First programmes are lacking (Henwood, Matejkowski et al. 2014b). Social isolation can worsen mental health hence improvement in community support programmes would have to be looked into in the future.

If homelessness is not addressed, it compromises treatment and recovery of the patient. Individuals tend to place housing over the need for treatment, and would be less likely to engage in recovery when homeless (Sun 2012, Zerger, Francombe Pridham et al. 2014). Access to care, adherence and continuity is reduced (Tinland, Fortanier et al. 2013) and increases the likelihood of engaging in crime (Somers, Patterson et al. 2013). Even the simplest of having an address to post appointment letters to can make a difference in treatment attendance.

CONCLUSION

Rehabilitation in other specialities would involve social workers seeking appropriate housing options such as supported living, nursing homes or planning care packages, and occupational therapists recommending home modifications. Similarly, discharge and rehabilitation in psychiatry should also consider housing options and support. The Housing First initiative is an evidence-based approach that could be extended to other countries to improve treatment success rates and lower relapse rates. With a place to call home, the other aspects of the Maslow's Hierarchy of Needs can be addressed through work placement programmes, support groups and psychological therapies and move towards self-actualisation. Housing will become a protective factor for mental health instead of a predisposing or perpetuating factor.

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