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Homeless in Europe

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FEANTSA

**BEYOND SHELTER:
EUROPE'S DUAL CRISIS OF
HOMELESSNESS
AND MENTAL HEALTH**

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In a recent Eurobarometer, 62% of EU citizens have expressed that recent world events such as the COVID-19 pandemic, the Russian aggression against Ukraine, the climate crisis, unemployment, and food and energy costs “somewhat” or “greatly” affected their mental health.¹

Individuals experiencing mental health challenges are particularly vulnerable to three primary factors contributing to homelessness: poverty, social disconnection, and personal vulnerability. Due to their often limited capacity to maintain employment, they can face financial constraints. Delusional thinking may prompt withdrawal from social connections, reducing their support network and leaving them with fewer resources to navigate difficult circumstances. Additionally, mental illness can undermine an individual's resilience and resourcefulness.

These are all reasons why people with mental health problems are over-represented among people experiencing homelessness. However, treatment reaches less than one-third of homeless individuals experiencing mental health issues. Major obstacles to accessing services include service coordination issues and challenges in obtaining health insurance. Another significant hindrance to receiving essential health and social care is often the presence of stigma.

¹ <https://europa.eu/eurobarometer/surveys/detail/3032>

Over the last decade, the World Health Organisation (WHO) has regularly promoted the goal of improving global mental health. While it has often spoken of the importance of social support and other non-pharmacological alternatives, its efforts have contributed to the spread of standard biomedical health care. On 10 June 2021, WHO published a document entitled *Directions for Community Mental Health Services: Promoting Person-Centred and Rights-Based Approaches*.² To a large extent, the authors have adopted an agenda for change and a reconceptualisation of mental health, calling for a complete change. Highlighting this shift, the following excerpt from the WHO document underscores the often-neglected social factors that impact mental health:

Critical social determinants that affect people's mental health, such as violence, discrimination, poverty, exclusion, isolation, job insecurity or unemployment, lack of access to housing, social safety nets and health services, are often overlooked or excluded from mental health policies and practices. (...) It creates a situation where an individual's mental health is predominantly addressed within health systems, without sufficient interface with the services and social structures needed to address the determinants mentioned above.

² [Guidance on community mental health services: promoting person-centred and rights-based approaches: <https://www.who.int/publications/i/item/guidance-and-technical-packages-on-community-mental-health-services#:~:text=Main%20guidance-,Guidance%20on%20community%20mental%20health%20services%3A%20promoting%20person%2Dcentred%20and%20rights%2Dbased%20approaches,-Seven%20technical%20packages>](https://www.who.int/publications/i/item/guidance-and-technical-packages-on-community-mental-health-services#:~:text=Main%20guidance-,Guidance%20on%20community%20mental%20health%20services%3A%20promoting%20person%2Dcentred%20and%20rights%2Dbased%20approaches,-Seven%20technical%20packages)

EDITORIAL



By **Maria José Aldanas**, Policy Officer, FEANTSA

These social determinants are particularly pronounced in the lives of people experiencing poverty and housing exclusion. Homelessness is often a consequence of these systemic issues, and it may exacerbate mental health problems. By understanding these interrelated factors, we can better grasp the complex reality of mental health in the context of homelessness.

The WHO document sets out a three-fold approach to "rethinking" mental health services. The authors argue that countries should adopt a *human rights-based approach* as a guiding principle, embrace *person-centred approaches to recovery*, and *build services that provide psychosocial and environmental support to people struggling with mental health problems*. This document has had an impact on the approach of homeless service providers to people with mental health problems.

At European level, people in vulnerable situations are considered in the framework of the *EU Approach to Mental Health* and its 20 flagship actions.³ The EU has taken a holistic approach to mental health, based on three guiding principles: adequate and effective prevention, access to high quality and affordable mental healthcare and treatment, and reintegration into society after recovery. FEANTSA has called for targeted measures that should work towards ensuring that this people have access to mental health care.⁴

3 [A Comprehensive Approach to Mental Health: https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/comprehensive-approach-mental-health_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/comprehensive-approach-mental-health_en)

4 [Homelessness is a health issue: A truly comprehensive European approach to mental health must consider the needs and access of people experiencing homelessness: https://www.feantsa.org/en/feantsa-position/2023/06/20/homelessness-is-a-health-issue-a-truly-comprehensive-european-approach-to-mental-health-must-consider-the-needs-and-access-of-people-experiencing-homelessness](https://www.feantsa.org/en/feantsa-position/2023/06/20/homelessness-is-a-health-issue-a-truly-comprehensive-european-approach-to-mental-health-must-consider-the-needs-and-access-of-people-experiencing-homelessness)

The various articles in this magazine provide insights that contribute to a holistic understanding of mental health and homelessness. Most of the articles show commonalities across Europe. Some of them refer to Housing First approaches, where a recovery-focused strategy is adopted to improve well-being, reduce the impact of mental health, improve quality of life, and promote self-sufficiency.

For example, Etxane O. Scott of Autism Europe discusses the heightened risk of homelessness for autistic individuals, and consequent impact on their mental health. *Autistic People Experiencing Homelessness: Double Invisibility?* unveils the challenges faced by people with autism and experiencing homelessness in accessing services, and calls for tailored housing solutions to address their needs. Scott highlights that shelters and housing solutions are often non-adapted to the specific requirements of autistic people.

Similarly, the article *Rethinking Integrated Approaches to Homelessness and Mental Wellbeing: Solutions and Good Practices* by Caterina Cortese and Lucia Fiorillo of Fio.PSD, promotes a nuanced approach to mental health and homelessness, advocating for a multidisciplinary, community-engaged, and holistic strategy. The authors highlight a positive example in Udine, Italy, showcasing collaboration and cultural awareness in a bottom-up integrated service model.

Another good example of mental health integration can be found in the 2019-launched Westminster VAWG Housing First Project. Amy Smith explores this project, and how it is addressing homelessness and multiple disadvantages among women. The article *Housing First for Women: How Westminster's Violence Against Women and Girls (Vawg) Housing First Project Has Contributed to Improvements in Mental Health for Its Service Users* outlines the project's mental health



care implementation through Housing First principles, user-focused approaches, and filling gaps in statutory mental health services. Recommendations include creative referral strategies and designing flexible mental health services to engage women with multiple disadvantages.

In *Addressing the Intersection of Homelessness and Mental Health: A Call for a Psychosocial Approach and Comprehensive Solutions* Fatima Awil and Gina Delaney of Mental Health Europe advocate for tackling the intricate link between homelessness and mental health through a psychosocial model. Personal experiences highlight the profound impact of the challenges, emphasising the need for an intersectional approach. The piece calls for sustained commitment, human rights-based policies, and genuine co-creation with individuals who have lived experiences. Effective practices, such as Ireland's mental health policy, are highlighted as models for addressing housing needs in conjunction with mental health challenges across Europe.

In his article, *The Challenge of Supporting Homeless People with Mental Health Issues: Addressing Complex Needs Through Housing First in Barcelona and Its Metropolitan Area*, Eduard Rafel delves into the intricate task of aiding homeless individuals with mental health issues. Despite Housing First providing stability, a significant lack of trust in public services hinders essential support access. The article emphasises the significance of person-centred care, the need for innovative solutions for severe cases, and the importance of coordinated social and healthcare responses.

The article *For Undocumented Migrants, Mental Health Starts with Residence Papers* by Louise Bonneau, PICUM, discusses research indicating elevated rates of depression, anxiety, and PTSD among undocumented migrants in Europe. It explores the impact of housing exclusion, homelessness, and immigration detention on their mental health. The article calls for a shift in European migration approaches, emphasising the recognition of housing as a right, decriminalisation of support, and securing residence status to address mental health inequalities among undocumented migrants.

Each article adds a layer of complexity, which is why we encourage readers to explore each piece individually. From articles that offer a more theoretical analysis of the issue, we move to others based on the experience of caring for people with mental health problems in homeless services. These analyse where the difficulties and challenges on the ground lie and suggest new approaches and ways of working to overcome them.



AUTISTIC PEOPLE EXPERIENCING HOMELESSNESS: DOUBLE INVISIBILITY?

Drawing attention to the heightened risk of homelessness for autistic individuals, this article discusses the mental health impact of the challenge autistic individuals face in accessing homelessness services and the inadequacy of current support structures. It calls for improvement in the conditions, increased awareness, and tailored housing solutions, to address the mental health needs of this group, breaking the cycle of exclusion.



By **Etxane O. Scott**, Project and Research Officer, Autism-Europe

'I actually want to become a key worker here [at homelessness service], which is odd for someone who has my difficulties but it is because [...] I get what it feels like, I get where the barriers are [...] you can't equip someone with tools if you don't carry them.'

(Ellie, 28-year-old autistic woman having experienced homelessness for the past 12 years, England)¹

Autism is often described as an invisible disability, and people experiencing homelessness may be considered invisible members of society. Autistic people face widespread discrimination and lack of accessibility across different sectors (in employment, health, education, etc.),² which are major risk factors for homelessness. While the links between autism and homelessness have been previously established,³ they continue to be under-researched. There is still much to uncover regarding how many autistic people are homeless, how homelessness among people on the spectrum can be prevented, and crucially what can be done to better support autistic people who currently find themselves in any form of homelessness.

- 1 Beth Stone et al., "The autistic experience of homelessness: Implications from a narrative enquiry," *Autism* 27, no. 2 (2023): 495.
- 2 David Mason et al., "A Systematic Review of What Barriers and Facilitators Prevent and Enable Physical Healthcare Services Access for Autistic Adults," *Journal of Autism and Developmental Disorders*, no. 49 (2019); Valentina Della Fina and Rachele Cera, eds., *Protecting the Rights of People with Autism in the Fields of Education and Employment: International, European and National Perspectives*, (Heidelberg, New York, Dordrecht, London: Springer Open, 2015).
- 3 For an overview of disability and homelessness, see Sonia Panadero Herrero and Miguel Pérez-Lozao Gallego, "Personas sin hogar y discapacidad," *Revista Española de Discapacidad* 2, no. 2 (2014).

Understanding this reality through the prism of this edition's theme – mental health – will hopefully offer the reader a wider perspective on the complex reasons why autistic people are at higher risk of experiencing homelessness and the structural solutions of support that are needed.

HOW MANY AUTISTIC PEOPLE ARE HOMELESS AND WHY?

Establishing a data overview is already challenging as there are no official figures on the number of autistic people per European country. Instead, we must rely on prevalence studies and local research – an issue shared by the homelessness sector. This problem is further compounded by the fact that many autistic people remain undiagnosed, especially adults, women, and minorities.⁴ Estimates suggest that around 1% of the global population is autistic, although recent studies point to a significantly higher percentage.⁵ Among the homeless population, however, this prevalence rate increases at least twelve-fold – a 2019 peer-reviewed paper found that over 12% of people experiencing homelessness from the study had screened positive for autism.⁶ The same percentage was identified by a National Autistic

- 4 Yunhe Huang et al., "Diagnosis of autism in adulthood: A scoping review," *Autism* 24, no. 6 (2020); Georgia Lockwood Estrin et al., "Barriers to autism spectrum disorder diagnosis for young women and girls: a systematic review," *Review Journal of Autism and Developmental Disorders* 8, no. 4 (2021).
- 5 Jinan Zeidan et al., "Global prevalence of autism: A systematic review update," *Autism research: official journal of the International Society for Autism Research* 15, no.5 (2022).
- 6 Alasdair Churchard et al., "The prevalence of autistic traits in a homeless population," *Autism* 23, no. 3 (2019).

Society survey over a decade ago,⁷ while a 2019 study revealed that 18.5% of homeless participants were found to have autistic characteristics.⁸ However, the prevalence of autism among rough sleepers might be even higher than this, as a small local research project in England from 2010 pointed to one in two rough sleepers being autistic.⁹ While this evidence regarding rough sleepers is anecdotal, it is nonetheless revealing of autistic experiences. It also underlines the urgent need for additional research and a greater focus on autism in support services. At the very least, these figures suggest that autistic people are over-represented among the homeless population, which is unfortunately unsurprising.

Researchers have shown that many risk factors for homelessness – such as social isolation, reduced access to education, unemployment, mental health conditions, poverty, etc. – are found disproportionately among the autism community. In fact, 75-90% of autistic people are estimated to be unemployed,¹⁰ and over 70% have a co-occurring mental health condition – such as attention-deficit hyperactivity disorder (ADHD), anxiety, depression, or other conditions.¹¹ The widespread lack of support for autistic people and exclusion across sectors

contribute greatly to the high prevalence of mental health conditions among the autistic community. Autistic people also continue to be institutionalised across the EU,¹² directly violating their right to live independently and be included in the community as stated in Article 19 of the United Nations Convention on the Rights of Persons with Disabilities, which is legally binding across the EU.

It is also crucial to highlight that the autistic community has higher rates of victimisation, as studies show that 44% of autistic individuals have been victims of violence such as 'bullying (47%), child abuse (16%), sexual victimisation (40%)' and others.¹³ Gender-based violence has long been established as a risk factor for homelessness, and research has shown that autistic women might be at an even higher risk of homelessness than other women who are victims of abuse.¹⁴ Considering the extensive barriers autistic people have to face when accessing services – such as potential communication challenges, lack of accommodations and discrimination – the harmful effects of this violence on both their physical and mental health are undoubtedly profound and long-lasting.

7 Rebecca Evans, "The life we choose: shaping autism services in Wales," National Autistic Society (2011).

8 Niko Kargas et al., "Prevalence of clinical autistic traits within a homeless population: barriers to accessing homeless services," *Journal of Social Distress and the Homeless* 28, no. 2 (2019).

9 Colin Pritchard, "An Evaluation of the Devon Individualised Budget project to encourage rough sleepers into accommodation", Exeter City Council (2010).

10 Marco Fasciglione, "Article 27 of the CRPD and the Right of Inclusive Employment of People with Autism" in *Protecting the Rights of People with Autism in the Fields of Education and Employment: International, European and National Perspectives*, 146; Autism-Europe, "I can learn, I can work: Europe-wide awareness-raising campaign 2020-2021," online source (2021).

11 Meng-Chuan Lai et al., "Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis," *The Lancet Psychiatry* 6, no. 10 (2019).

12 Jan Šiška and Julie Beadle-Brown, "Report on the transition from institutional care to community-based services in 27 EU Member States," research report for the European Expert Group on Transition from Institutional to Community-Based Care (2020).

13 Grace Trundle et al., "Prevalence of Victimization in Autistic Individuals: A Systematic Review and Meta-Analysis," *Trauma, violence & abuse* 24, no. 4 (2023).

14 Georgia Lockwood Estrin et al., "Homelessness in autistic women: Defining the research agenda," *Women's Health*, no. 18 (2022): 4.

“[A]t least one out of ten persons that homelessness services encounter is autistic. Shelters, outreach programmes and housing solutions are already in high demand and underfunded as it is, but they are also widely non-adapted to the needs of autistic people.”

WHAT IS THE MENTAL HEALTH IMPACT OF HOMELESSNESS ON AUTISTIC PEOPLE?

Based on the estimates presented above, at least one out of ten persons that homelessness services encounter is autistic. Shelters, outreach programmes and housing solutions are already in high demand and underfunded as it is, but they are also widely non-adapted to the needs of autistic people. These services can be overwhelming for people on the spectrum, both from a sensory aspect – as autistic people can be highly sensitive to light, smell, sound and texture – but also from a functional point of view, as they heavily alter routines and can trigger or worsen certain mental health conditions, not least because these services are highly populated.¹⁵ Autistic people in homelessness

¹⁵ Stone et al., “The autistic experience of homelessness: Implications from a narrative enquiry.”

services have also reported the need to mask autistic behaviours (such as stimming or intense interests) which research has shown to be exhausting and detrimental to their mental health.¹⁶

Additionally, these resources are often not adapted to the communication needs of autistic people, as they might have to face confusing administrative procedures without the possibility of using their preferred form of communication. The fact that many adults remain undiagnosed aggravates this situation, as neither they nor frontline staff might be aware of the accommodations needed to access these services.

¹⁶ Hannah Belcher, “Autistic people and masking,” National Autistic Society (2022) <https://www.autism.org.uk/advice-and-guidance/professional-practice/autistic-masking>; Louise Bradley et al., “Autistic Adults’ Experiences of Camouflaging and Its Perceived Impact on Mental Health,” *Autism in adulthood: challenges and management* 3, no. 4 (2021).

Increasingly worrying however are the reports of autistic people being denied support when approaching homelessness services as their disability or mental health condition is not seen as qualifying them for assistance.¹⁷ Researcher Beth Stone notes that these situations are ‘concerning, given that participants’ substance use escalated, and their mental health deteriorated, during periods of street homelessness. It illustrated a damaging approach to eligibility; meaning that participants’ conditions had to worsen before they were helped’.¹⁸

Autistic experiences of homelessness also point to the fact that navigating the rejection from social services, the administrative hurdles and the difficulties experienced when accessing social housing sometimes impacted their mental health more significantly than other factors.¹⁹

WHAT MEASURES SHOULD BE IMPLEMENTED AT HOMELESSNESS SERVICES TO SUPPORT AUTISTIC PEOPLE AND THEIR MENTAL HEALTH?

While structural solutions aiming at preventing homelessness are of course needed – such as legally binding policies tackling access to education, unemployment, and financial support – immediate action is required to avoid the homelessness and housing exclusion cycle.

¹⁷ Stone et al., “The autistic experience of homelessness: Implications from a narrative enquiry,” 493.

¹⁸ *Ibid.*

¹⁹ *Ibid*; Alex Birch, “It’s time to break the link between autism and homelessness,” *The Century Foundation* (2023), accessed online.

It is essential to raise awareness of autistic experiences of homelessness and develop tools for identifying and better meeting their needs. This can be done by developing autism awareness training, research, and adapted housing solutions, which should be co-produced with autistic people who have lived experience of homelessness to truly be effective. In 2015, Homeless Link prepared a briefing on autism for frontline staff and in 2019 the *Autism and Homelessness Toolkit* was published.²⁰ This guide is a positive step forward as it provides an overview of autism, information on how to recognise it and crucially how to adapt outreach and working strategies to better support the autistic community. These accommodations are a first step towards improving the mental health of autistic people experiencing homelessness and pave the way for the implementation of individualised mental health support. Unfortunately, guidelines like these are rare and not easily available in other European languages.

At a time when the European Commission has identified mental health as being a key priority for the Union, targeting specific actions and funds for autistic people is imperative. As it stands, the widespread lack of support for autistic people and their mental health needs only perpetuates homelessness and exclusion from society.

²⁰ Homeless Link, “Autism and Homelessness, briefing for frontline staff,” online (2015); Homeless Link et al., “Autism and Homelessness Toolkit,” online (2019) <https://homeless.org.uk/knowledge-hub/autism-and-homelessness/>

RETHINKING INTEGRATED APPROACHES TO HOMELESSNESS AND MENTAL WELLBEING: SOLUTIONS AND GOOD PRACTICES

This article emphasises the need for a nuanced approach to mental health and homelessness, considering the complexity of needs regarding identity and access to rights. The authors propose a multidisciplinary, community-engaged, and holistic approach - citing successful experiences in smaller towns. Strategies include continuous professional training, common funds for services, and recognising informal cooperation. A bottom-up integrated service example in Udine, Italy, illustrates positive outcomes, emphasising collaboration and cultural awareness.



By **Caterina Cortese**, Coordinator of the fio.PSD Observatory on Homelessness, fio.PSD, Italy and **Lucia Fiorillo**, Research and Policy Officer, fio.PSD, Italy

MENTAL HEALTH, RIGHTS, AND IDENTITY

Mental health work is tough work. It aims to understand how social transformations affect people's well-being, the dynamics of identity, and how to take care of people who are suffering, to avoid their decline into pathology. Every era expresses a specific suffering; today, mental suffering is growing and is increasingly linked to gender identity, the social withdrawal of young people, traumatic migration experiences, addictions, and social fragility.

'At first glance homeless people all look the same, but they are not', says Dr Renzo Muraccini, a psychiatrist who has worked for many years in a mental health centre in Bologna. People experiencing homelessness and psychiatric problems have simultaneously complex needs and alienated identities. This is worsened by the serial denial of their rights, such as the right of residence and the right to have a general practitioner which excludes them from the social-health system.

It is necessary to work on the intervention paradigm starting from the recognition that traditional solutions to homelessness are often insufficient and inappropriate, the importance of revealing and accompanying the development of the individual's identity, and from the idea that their rights are often denied.

HOW TO ADDRESS THE MENTAL HEALTH PROBLEMS OF PEOPLE EXPERIENCING HOMELESSNESS

Today, the dominant approach to mental health and homelessness within homeless services is based on the provision of material support for basic needs. Usually, the first contact happens on the street through mobile outreach units that guide people to specialised services (e.g., mental health departments, drug addiction services, and psychiatric communities). But the engagement with these people must be focused also on the emotional well-being of the individuals and enabling them to access their basic rights.

The approach based on knowledge and listening is less widespread among social workers and staff at the homelessness shelters, due to a lack of adequate training and resources. Listening to the person's history, learning about traumas experienced (often dating back to childhood), bereavement, identity crises, drug and alcohol addiction, and social and familial problems, are all fundamental in social and health work. People in homelessness who have mental health problems have often experienced 'a stumble' or a breakdown in their life course, such as not being adequately supported by solid social relationships, a decent job, or a home. This leads to a compromised identity, generates dysfunctional behaviour, and gives rise to a marginalised life. However, we cannot ignore their identities. Listening to their life stories and trying to understand what strategies they implement to cope with a hostile social context may be a tiring and complex approach for the worker, but it is crucial in helping people to break out of a blurred identity and to begin to regain an in depth understanding of their history and the course of action to recovery.

People facing homelessness and mental health problems are affected by biopsychosocial¹ suffering, which requires the social and health systems to have relevant competencies to meet people's needs and enable them to exercise their social and civil rights in a mature and informed way. At present, the issue is socially relevant, contradictory, and complex. Due to the complexity of biopsychosocial suffering, specialised services based on sectoral expertise and short-term solutions have been implemented. Over time, this logic of specialisation has created a network of services that includes primary care, drug addiction services, psychiatry, justice, public order, and social services. As Dr Muraccini pointed out, the homeless person with mental health problems 'is kept alive by many services'. A note to make here is that this approach is not an integrated service provision, i.e., each professional only acts according to what they consider their competence, without an overarching view, and thus the system fails to provide holistic responses that address the full range of people's needs.

A distinction must be made between the way in which large cities and provincial towns approach the mental health of the homeless population. Dr Muraccini's experience shows that the provincial territorial system has so far been more effective in re-integrating people facing homelessness into a social circuit. Thanks also to an act of solidarity, this system creates a link between psychiatric operators, the third sector and people with mental health problems, effectively filling the gap left by institutional responses. The metropolitan territorial system is certainly more populated by homeless people and more complex to manage. The issues are dealt with by health and social workers in a more specialised way, but this does not always mean that a long-term solution has been found.

¹ The biopsychosocial model suggests that to understand a person's medical condition it is not simply the biological factors (physiological pathologies) to consider, but also the psychological (thoughts, emotions and behaviours), and social factors (socio-economical, socio-environmental, and cultural factors) and their complex integration.

“Integration, cooperation, and a holistic approach are the key words for effectively tackling the complex phenomenon of mental health among homeless people.”

STRATEGIES TO ADDRESS A COMPLEX PHENOMENON

Integration, cooperation, and a holistic approach are the key words for effectively tackling the complex phenomenon of mental health among homeless people. Some of the strategies that have been proposed by those who, like Dr Muraccini, have been working in this field for many years are as follows:

- Encourage a multidisciplinary approach by bringing professionals closer together. Create places where psychiatrists, general practitioners, nurses, health workers and social workers can work together, sharing knowledge and skills. It is important that these places do not become stagnant, but are designed to be transitional, flexible, and collaborative.
- Be open to the community and invest in engaging the social resources and informal networks that exist in the local area. Mental health is an issue that concerns everyone, and everyone should contribute to supporting the most vulnerable.
- Establish a common fund and a common strategy for social services, psychiatry, mental health, and drug addiction services, in order to set common responsibilities, including economic ones, for the care of the most vulnerable and marginalised people.
- Promote continuous professional training that helps to build a shared vision of how different professionals can work together while maintaining their own professional identity.

- Exhibit caution, sensitivity, and patience in approaching biopsychosocial suffering, which by its very nature requires an effort of understanding that also involves the cultural sphere. This means adopting an attitude of respectful, non-judgmental listening, and offering suggestions and perspectives to the person while leaving them free to live their own identity.
- Recognising and scaling up the forms of informal cooperation and integration that spontaneously emerge between social and health professionals, as demonstrated by certain virtuous practices in small towns.
- Investing in prevention, i.e., multiplying the places where mental health issues are addressed, starting with the family, schools, and workplaces. Prevention must be seen as the basis for tackling mental health problems before they occur.

BOTTOM-UP DEFINITION OF AN INTEGRATED SERVICE: THE EXPERIENCE OF THE OPERA DIOCESANA BETANIA ASSOCIATION²

In the province of Udine, in Friuli Venezia Giulia region, there has long been an awareness of mental health issues, which has now led to consolidated and collaborative practices as well as a culturally informed vision of how to approach the mental health issues of those experiencing homelessness. As pointed out by Maria Luisa Pontelli, coordinator of the Opera diocesana Betania Association, the 1980s were a fertile period: the Basaglia Law (Law 180/78) led to the closure of mental hospitals, and the Alcoholics' Clubs, strongly rooted in the community, spread throughout the region.

² <http://www.caritasudine.it/opera-diocesana-betania/>

Betania was born in this promising cultural framework and immediately focused on the promotion of networking with social, mental health, and addiction services. Thanks to its membership in *fiio.PSD* (Italian Federation of Organisations for Homeless People) and in the Italian Housing First Network, Betania began to rethink extreme poverty as a complex and multidimensional phenomenon and to develop interventions specifically targeted at people experiencing homelessness, often with mental health and addiction problems, who were housed in both residential community accommodations and in independent apartments. The guiding principles of Housing First permeate the practices of the operators and guide the relationships with social and health services. Betania is committed to actively promoting the Housing First approach and raising awareness of the complexity of the homelessness phenomenon and of the need for all the actors to work together, overcoming the fragmentation and hyper-specialisation of interventions.

This work is also made possible by an institutional framework and structured practices of cooperation between services supported by regional laws (LR 41/96³, LR 10/98⁴, LR 6/2006⁵), as well as by locally defined protocols that regulate the modalities of cooperation between social and health services and third sector bodies. This framework provides instruments and mechanisms, such as the so-called Multi-disciplinary Assessment Team, which allows different professionals to work together, also with the beneficiaries, to design tailor-made projects.

3 Regional Law on Framework law for assistance, social integration and the rights of disabled persons, N. 41 - September 25th, 1996.

4 Regional Law, Norms on health protection and social promotion of the elderly, as well as amendments to Article 15 of Regional Law 37/1995 on procedures for health and social-welfare interventions, N. 10 - May, 19th, 1998.

5 Regional Law, Integrated system of interventions and services for the promotion and protection of social citizenship rights, N. 6, March 31st, 2006.

In 2022, Betania accommodated almost 200 people, 60% of whom had mental health issues, alcohol, or drug problems. A third of them were housed in residential communities, while the others were offered scattered throughout different accommodations, including more than thirty people housed in Housing First apartments. The entire network of social and health services is involved in the consultation and implementation of tailor-made projects. Evidence shows that most of the beneficiaries have achieved positive outcomes in terms of housing stability and improved quality of life.

Among the facilitating factors that make the Betania experience a good practice, are:

- A historical conjuncture that has promoted awareness of mental health issues, which has led to the emergence of bottom-up working practices and a common professional culture between social and health services that has been consolidated over the years, and also facilitated by regional legislation.
- A small urban context that has facilitated the development of collaboration practices, even informal ones, between social and health professionals.
- The constant maintenance of collaborative relations with the public sector and the review of practices to maintain a high focus on shared responsibility in the care of people experiencing homelessness.

The realisation of this article was made possible thanks to the precious and competent collaboration of Dr Muraccini, psychiatrist in service at a mental health centre in the city of Bologna, and Maria Luisa Pontelli, psychotherapist and coordinator of Casa Betania in Udine.

HOUSING FIRST FOR WOMEN: HOW WESTMINSTER'S VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) HOUSING FIRST PROJECT HAS CONTRIBUTED TO IMPROVEMENTS IN MENTAL HEALTH FOR ITS SERVICE USERS

Launched in 2019, the Westminster VAWG Housing First Project addresses recurring homelessness and multiple disadvantage among women in Westminster. This article outlines how the project implements mental health care for users. The project follows Housing First principles, emphasising service-user-focused approaches, and bridging gaps in statutory mental health services. Recommendations include creative referral strategies and designing mental health services with enough flexibility to engage women with multiple disadvantages.



By **Amy Smith**, Housing First & Homelessness Programme Manager,
Standing Together Against Domestic Abuse, UK

ABOUT STANDING TOGETHER

Standing Together Against Domestic Abuse (STADA) is a national charity in England, that brings communities together to end domestic abuse. We exist to keep survivors and their families safe, hold abusers to account, and end domestic abuse by transforming the way organisations and individuals think about, prevent, and respond to domestic abuse, using the coordinated community response (CCR).

ABOUT THE WESTMINSTER VAWG HOUSING FIRST PROJECT

The project, which has been running since 2019, is a partnership between STADA; Solace Women's Aid, a specialist domestic abuse support provider in London; Westminster City Council, a London borough local authority; and various registered social landlords and housing partners with housing stock across London. This project has been funded by various UK Central Government funding streams since its inception.

The project was developed in response to local need in Westminster, where high numbers of women were experiencing recurring and entrenched homelessness and multiple disadvantage¹ were being identified. The project adheres to Housing First England's fidelity

1 Multiple disadvantage describes multiple and severe, social problems, such as poor mental health, addiction, criminality, interpersonal violence and homelessness, that are co-occurring, and mutually reinforcing. More information can be found here: <https://meam.org.uk/multiple-needs-and-exclusions/>

principles² and is one of the first Housing First services in England to be delivered with a specialist women's sector - the domestic abuse support provider, Solace Women's Aid.

The Westminster VAWG Housing First Project has five key aims:³

- To support women who are experiencing VAWG and multiple disadvantage, who are currently disengaged or not engaged well with existing services.
- To support women to access good quality independent housing, and to maintain this housing as per the Housing First principles.
- To support women to reach an understanding of the abuse they have experienced so that they can increase their safety and make informed choices.
- To coordinate support and navigate treatment pathways with other services to ensure women are robustly supported in areas such as housing, substance misuse, physical health care, mental health care, and criminal justice engagement.
- To support women to improve their confidence and wellbeing and provide them with opportunities for personal development.

The Westminster VAWG Housing First Project prides itself on being service-user led and survivor-focused. All the work undertaken by the Solace team focuses on the individual woman's priorities and the changes they want to see in their lives and is unconditional, in line with the Housing First principles.

2 <https://homeless.org.uk/knowledge-hub/the-principles-of-housing-first/>

3 <https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/641c5adf3fdd7d19292975ea/1679579873842/Housing+First+Year+3+Evaluation+-+Designed.pdf>

WOMEN'S MENTAL HEALTH AND EXPERIENCES OF MULTIPLE DISADVANTAGE

Poor mental health is one of the primary forms of disadvantage for women experiencing severe and multiple disadvantage in England.⁴ The Westminster VAWG Housing First Project reflects this finding, with all 28 women being supported by the project at the end of year three⁵ (ending September 2022) stating they have experienced poor mental health, and with similar data being recorded in previous evaluations of the service.⁶

Women experiencing VAWG and multiple disadvantage will very often have experienced complex trauma and will continue to experience the

4 <https://lankellychase.org.uk/wp-content/uploads/2020/02/Gender-Matters-full-report-Feb-2020.pdf>

5 Standing Together leads an annual evaluation of the service at the end of each project year – the last evaluation was published in March 2023 for 'year three' of the project, and we refer to the data collected from this report throughout this article.

6 Previous evaluations of the Westminster VAWG Housing First project can be found here: <https://www.standingtogether.org.uk/housing-first-1>

impacts of trauma whilst being supported by the Westminster VAWG Housing First Project. In the UK, statutory mental health services can be difficult to access for women experiencing multiple disadvantage. This is often due to strict referral criteria and a lack of service capacity to support individuals who are experiencing co-occurring issues, such as poor mental health and substance use issues (which we found was the case for 82% of our service users). It is common for mental health services in the UK to require an individual to reduce their substance use or be entirely abstinent from the use of substances before they will be considered for support⁷, as stated by a Solace Women's Aid worker from the Westminster VAWG Housing First Project:

*'Women who do want help around their mental health have been told basically, go away. Deal with the addiction first and then come back.'*⁸

7 <https://meam.org.uk/wp-content/uploads/2022/06/Co-occurring-conditions-briefing-FINAL-June-2022.pdf>

8 https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/629094f2ecba007b/bf0d1ac2/1653642485805/Year+2+Evaluation_Westminster_VAWG_Housing+First.pdf

“Poor mental health is one of the primary forms of disadvantage for women experiencing severe and multiple disadvantage in England.”

ENGAGEMENT WITH MENTAL HEALTH SERVICES

Disengagement and re-engagement with support services is common across Housing First service users. Housing First support teams are equipped to manage this and will continue to promote engagement with the individuals on their caseload. Statutory mental health services in the UK are not similarly well designed, lacking the capacity needed to continually try to engage too often called 'hard to reach' individuals, such as the women in the Westminster VAWG Housing First Project. The outcome is that case referrals will often be closed by the service very soon after referral if they have not established contact (often contact via telephone or letter) with the individual. Unfortunately, this is an issue seen throughout the UK, with mental health services often being inaccessible for so many who need it.

THE IMPACT OF THE WESTMINSTER VAWG HOUSING FIRST PROJECT

Of the 28 women experiencing mental health issues, only two of these women were accessing some form of support at the point of referral into the project. At the end of year three of the project, 21 women were recorded as actively discussing their mental health with the Solace Women's Aid team. Five women were recorded as engaging with some form of support for their mental health. This was possible with the support of the Solace team which facilitated women's access to a range of mental health services including the local Joint Homelessness Team which provides statutory mental health provision; support from GPs to arrange appointments and access medication such as antipsychotics and anti-depressants; and local homelessness specialist psychological support from the South London and Maudsley's Psychology in Hostels team.

Despite the high thresholds for statutory mental health support which make it difficult to link women with these services, it is clear that the work done by the Solace team to find alternative options and services to support women around their mental health was of some benefit to the women in the project, with some of the women stating that they felt their mental health had improved since they started working with the project:

*'I feel that I belong rather than drifting along and feeling lost. Although I have a way to go, I am more hopeful than I have been in a while.'*⁹

⁹ Ibid.

RECOMMENDATIONS

It is important to note here that Westminster has a well-established homelessness support pathway, which has been developed to meet local need, and similar services do not always exist across all areas of the UK for women experiencing homelessness and multiple disadvantage. We recommend:

- **Those delivering services** to women experiencing VAWG and multiple disadvantage need to take the responsibility for engagement away from the woman and think 'outside the box' when it comes to referring them for mental health support. If statutory pathways are blocked, ensure you escalate the issue to a team manager, to escalate to commissioners¹⁰. Investigate other avenues for mental health support in your local area where possible.
- **For those in strategic or commissioning roles**, always consider access to specialist homeless health services, to maximise women's mental and physical wellbeing. Are these available in your area? Could this be explored? Be prepared to escalate blockages in statutory pathways (particularly mental health pathways) to relevant contacts, to encourage solutions to be found.
- **For those commissioning and leading mental health services** – design all services with the capacity and flexibility to be creative in terms of reaching and engaging women who are experiencing multiple disadvantage and upskill the workforce to do this.

¹⁰ Commissioners in this context will typically be those who monitor the service provision, ensuring the service is performing successfully, and manage the service contract and its funding. The role may also include addressing any system barriers or blockages at a strategic level.

Remember, no woman is unsupportable – some may simply require more time and more patience to establish a trusting relationship with and require a more creative support approach than some services are able to provide. Being solution-focused and person-centred is key to ensuring women experiencing multiple disadvantage are supported appropriately and are enabled and empowered to engage in long-term support that meets their support needs.

Those delivering services to women experiencing VAWG and multiple disadvantage need to take the responsibility for engagement away from the woman and think 'outside the box.'

ADDRESSING THE INTERSECTION OF HOMELESSNESS AND MENTAL HEALTH:

A CALL FOR A PSYCHOSOCIAL APPROACH AND COMPREHENSIVE SOLUTIONS

Delving into the complex interrelation of homelessness and mental health, this exploration promotes a psychosocial model for comprehensive solutions. Personal experiences, like Gina's, underscore the lasting impact of intertwined challenges and the need for an intersectional approach. The piece calls for sustained commitment, human rights-based policies, and genuine co-creation with individuals with lived experience. Effective practices, such as Ireland's mental health policy, serve as models for addressing housing needs in tandem with mental health challenges across Europe.



By **Fatima Awil**, Policy & Knowledge Officer, Mental Health Europe
and **Gina Delaney**, Development Officer, Mental Health Ireland

THE INTRICATE INTERCONNECTION BETWEEN HOMELESSNESS AND MENTAL HEALTH

The intersection of homelessness and mental health creates intricate challenges, resulting in difficult situations for individuals caught in this complex web of circumstances. The intertwining of these problems exacerbates the difficulties faced by those lacking a stable place to call home. Over the years, the issue of mental health has received increased visibility at European level. Despite the strides made in acknowledging the importance of mental health, the persistent plight of homelessness continues to pose a challenging public issue. Since mental health and homelessness are interconnected, one cannot be addressed without the other. Without applying an intersectional approach to confronting such barriers, through policies and practices, it is not possible to build a more equal and equitable healthcare system.

People in vulnerable situations and marginalised groups, including those without shelter, ethnic minorities, women, LGBTI and individuals with disabilities, undocumented persons, and those grappling with challenging socio-economic circumstances, face unequal burdens that impact their mental health. Structural discrimination, coupled with limited access to adequate mental health support, perpetuates this inequality, preventing people in vulnerable situations from receiving adequate care. The intersection between mental health and homelessness is complex and multifaceted, significantly influencing the experiences of individuals and families confronting these dual challenges. Understanding these intersections is crucial; failing to adopt an intersectional approach perpetuates barriers, making the goal of an equal and equitable healthcare system unattainable.


There is an urgent need to reorder our priorities in the way we deal with mental health as a society. If we want to improve the lives of people with mental health issues, and if we want to improve prevention, we need a different kind of approach. This demands a model that delves beyond surface-level solutions - a model known as the psychosocial approach. This viewpoint frames psychosocial disability as a human experience; it is not merely a mental health problem but an intersection of societal barriers and long-term challenges. Instead of simply tackling the mental health issue (fixing or suppressing the mental health problem), this model aims to identify and address systemic and societal factors at the root of these problems.

VOICES FROM LIVED EXPERIENCE

Sharing personal experiences underscores the gravity of these intertwined challenges. Gina candidly shares her upbringing, witnessing her mother's mental health challenges, which lead to instances of homelessness during her childhood. This experience left her grappling with feelings of anxiety and a sense of isolation, shaping her adulthood. However, support in later life empowered her to work in the mental health field, leveraging her experiences to shape compassionate and meaningful support systems. Gina recounts:

As a child of a parent navigating mental health challenges, I witnessed first-hand the impact. Despite my mother's best efforts, there were times when she couldn't provide safe accommodation for us.

Being a single parent was difficult; she was trying to work while raising me on her own, and at times she was also dealing with psychosis. When this happened, her beliefs or visions caused her to be fearful



The intersection between mental health and homelessness is complex and multifaceted, significantly influencing the experiences of individuals and families confronting these dual challenges.”

of staying where we were, so the decisions she made to protect and remove us from perceived dangers actually made us homeless and made us vulnerable to other risks. As a child, I didn't fully understand what was happening or why, and I certainly had no control over my situation. The uncertainty of all this caused me to struggle with anxiety, being very worried about what might happen next in my life. I missed a lot of school, I found it hard to be myself and to develop trusting relationships with others.

As a child, I wasn't able to formulate words or thoughts around what I was experiencing, but I still knew that we were different, that I should hide this from others, and I developed a strong need to protect my mother. I was in survival mode rather than experiencing the freedoms of childhood. The experience fostered feelings of shame, fear, and isolation, shaping my adulthood. I got support in later life to heal and recover, and in turn began working in mental health to use my lived experience to help shape how our services, systems and policies support individuals and families in a meaningful, empowering and empathetic way.

TOWARDS HOLISTIC SOLUTIONS TO ADDRESS MENTAL HEALTH AND HOMELESSNESS

To effectively address mental health concerns among people facing homelessness, a concerted effort and a comprehensive approach is necessary. Sustained long-term commitment and accountability are crucial to maintaining the focus on mental health and translating political commitments into tangible actions at European, national, and local levels.

Genuine mental health and wellbeing necessitate a human rights-based approach that prioritises a person-centred perspective and recovery. For this to become a reality, the adoption of a psychosocial understanding is a must, integrating mental health needs into all policies and sectors. Holistic psychosocial services play a pivotal role to fully address the social, personal, and psychological needs of individuals whilst emphasising prevention. For people experiencing homelessness, this requires engaging multidisciplinary teams to efficiently

respond and ensure tailored support and by promoting psychosocial solutions. Upholding a person-centred and human rights-based approach, social exclusion during any phase of the recovery journey should never be an experience for individuals facing mental health difficulties.

RECOVERY IN PRACTICE: PERSONS WITH LIVED EXPERIENCE SHOULD DRIVE CHANGE THROUGH CO-CREATION

At Mental Health Europe, we value the unique perspectives of individuals with lived experiences of mental health issues and their supporters. Authentic co-creation, far beyond ticking boxes, stands as a cornerstone for effective mental health policies and practices. In practical terms, individuals with lived experiences should actively drive mental health initiatives through co-creation, which amplifies diverse expertise and viewpoints equally among all stakeholders.

Co-creation is essential across all tiers: policy level, service development, and individual experiences, to circumvent decision-making echo chambers. Only those who have lived through particular experiences, such as homelessness, possess an intricate understanding of its nuances and can offer invaluable insights into effective solutions. Others can empathise but miss crucial understanding and opportunities for meaningful change. To revolutionise service provision, involving the right people in discussions, including family considerations in housing design and mental health support for children within families, becomes imperative. Such an approach not only promotes diverse perspectives but also brings tangible, credible reasons for change, instilling confidence and motivation among decision-makers leading

to more empathetic and impactful solutions. While recognising that no policy or investment will effectively tackle mental health stigma and discrimination without the insight and expertise provided by people with lived experience and their supporters, co-creation should be central to decision-making and policies at EU level.

Some European countries have already embraced this approach and are finding ways to develop solutions concerning mental health and homelessness by involving all the key perspectives in the co-creation process.

A GLIMPSE INTO EFFECTIVE PRACTICES – A NATIONAL MODEL

Housing stands among the determinants of health outlined by [WHO](#). Sharing insights into policy implementation best practices and challenges nationally, notably through Ireland's national Mental Health policy [Sharing the Vision: A Mental Health Policy for Everyone](#), can serve as a catalyst for positive transformation. Ireland's mental health policy showcases the collaboration between local authorities and mental health services to address the housing needs of people with complex mental health difficulties as part of their local housing plans.

Ireland's proactive approach involves the appointment of Housing Coordinators, pivotal figures dedicated to fostering intersectional work in line with recommendations from both Health and Housing Departments. These coordinators recognise housing as integral to recovery, tackling critical challenges such as housing in the hospital discharge process, providing housing support for people with mental health difficulties, and fostering partnerships with local housing authorities through effective multidisciplinary collaboration.

In line with the co-creation approach, TD Mary Butler, Irish Minister for State for Mental Health and Older People, states that ‘It is essential that people with lived experience and their families are at the heart of mental health service design, development, and delivery at all levels of the system. This will be achieved through effective and robust co-production structures, and underpinned by principles of partnership, recovery and human rights.’

This approach represents a cornerstone for substantial and meaningful change for individuals and families. The exchange of best practices and challenges at member states levels, mirrored in Ireland's Mental Health policy, signifies a rapid pathway toward positive change. Initiatives like appointing Housing Coordinators to address housing challenges in mental health policies exemplify this commitment to intersectional work.

A HUMAN RIGHTS-BASED AND COMPREHENSIVE APPROACH ACROSS EUROPE

In conclusion, a compassionate and comprehensive approach that acknowledges and addresses both the immediate housing needs and underlying mental health issues is imperative. By destigmatising mental health, enhancing access to services, and fostering collaboration, society can create a more supportive environment for those facing the complex interplay of homelessness and mental health challenges.

Note: Mental Health Europe has unveiled [‘Mental Health: The Power of Language’](#) – a comprehensive glossary dedicated to terms and words associated with mental health. This publication strives to contribute to the elimination of stigma and discrimination by encouraging mindful language use in our discussions around mental health.

“Sustained long-term commitment and accountability are crucial to maintaining the focus on mental health and translating political commitments into tangible actions at European, national, and local levels.”

THE CHALLENGE OF SUPPORTING HOMELESS PEOPLE WITH MENTAL HEALTH ISSUES:

ADDRESSING COMPLEX NEEDS THROUGH HOUSING FIRST IN BARCELONA AND ITS METROPOLITAN AREA

Taking a focused approach, this article explores the complex task of aiding homeless individuals with mental health issues in Barcelona, with a Housing First approach. While Housing First provides stability, there remains a significant lack of trust in public services, limiting access to essential support. Highlighting mental health stigma, the article stresses the significance of person-centred care, the need for innovative solutions to address severe cases, and coordinated social and healthcare responses.



By **Eduard Rafel**, Director of the Individual Housing Programme,
Sant Joan de Déu Serveis Socials Barcelona, Spain

In Spain, 59% of people in homelessness suffer from some type of mental health condition, compared to 9% of the general population, according to 2022 data from the INE (Instituto Nacional de Estadística - National Statistics Institute).¹ Data shows homelessness significantly increases the risk of experiencing mental health issues. The World Health Organisation (WHO) recognises the existence of biological and psychological factors that can aggravate mental health conditions.² These can lead to situations of homelessness if other causes converge. Consequently, the relationship between homelessness and mental health is complex.

In our organisation, Sant Joan de Déu Serveis Socials – Barcelona,³ we began working with the Housing First methodology in 2015. This approach allowed us to complement existing models of homelessness support, particularly benefiting individuals affected by mental health issues and addictions who had encountered difficulties with other methods like the staircase model or continuum of care. The local results demonstrate notable improvements and increased stability in these individuals.⁴ However, 24% of the individuals assisted in our Housing First programs, despite maintaining their housing, do not maintain a connection with services from the public health network, employment, mental health, etc., as these are perceived with distrust.

1 INE [en línea] [consulta: 21 de diciembre de 2023].
Disponible en: https://www.ine.es/prensa/epsh_2022.pdf

2 Mental health Key facts, WHO, (2022)
<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

3 Atendemos a personas en situación de sinhogarismo, a través de Housing led, Housing First y centros residenciales. Datos de 2023: 208 plazas en centros residenciales y 250 plazas en viviendas.

4 Ivàlua [en línea] [consulta: 19 de diciembre de 2023].
Disponible en: <https://ivalua.cat/ca/avaluacio/habitatge/programa-primer-la-llar>

'Marta believes that the services are all conspiring to make her life difficult. She shares that she was forced to visit professionals for years when she felt it wasn't necessary. And when she needed them, she couldn't rely on them. She suffered greatly when, by court order, her children were taken into custody... Currently, she has the right to access certain benefits which she avoids obtaining because she does not want to disclose her personal data.'

*'Carlos avoids going to the mental health centre because he believes they give him medication that makes him feel drowsy, which he does not want to experience.'*⁵

This distancing also results in a lack of access to some rights, such as health or mental health. To bring these services closer to the people we assist, our social teams offer support through everyday interactions, in their homes or places where individuals feel comfortable, heard, and acknowledged. This approach promotes their ability to decide how to function in their daily life, offering help and access to certain services if needed, creating a network of support and connections that enable empowerment and participation in decision-making, and allowing individuals to autonomously carry out their life projects.

The acknowledgement of social stigma in mental health isn't new. Organisations, associations, and accounts from influential personalities, alongside various initiatives, are changing the narrative. Mental health is increasingly understood not as something unknown or frightening - paving the way for a greater understanding of the suffering experienced by those affected. In everyday life, we witness acts of compassion towards those who are suffering.

5 The names of individuals in the scenarios described within this article have been changed to maintain their anonymity

'...Montse, when she stops taking her medication, exhibits disconnected speech and becomes irritable. Sometimes she shouts inside her house, asking to be left alone. When this happens, Juan, a neighbour, goes down to see her to calm her down.'

Mutual aid relationships have also been established among those we assist, as well as in their living environments:

'Francisco is a well-known and loved individual in the neighbourhood; he is outgoing and kind, begs near the supermarket, and helps elderly people carry their groceries.'

However, there continue to be difficulties in social acceptance of certain situations. There are also difficulties in understanding certain behaviours:

'Marcos has a somewhat neglected appearance, he is shy and solitary, and speaks little. He drinks alone. One day he dared to tell us that occasionally he finds notes stuck on his door saying, "Go away from here" and "We don't want you in the building".'

The people we support are aware of the misunderstanding and fear their presence may generate in others. As a result, they often develop defence mechanisms in response to what they perceive as hostility:

'Laura has moved houses twice and still believes that all her neighbours conspire to keep her from resting at night. She sometimes shouts through the walls and bangs on them, asking for silence. She uses insults as a means of protection.'

In Spain, 59% of people in homelessness suffer from some type of mental health condition, compared to 9% of the general population.”

Their life experiences often limit their ability to see the narrative from a different perspective. When mental health issues worsen, both physical and psychological/emotional risks for the individual and the community increase:

'...within a few days, Marcos stopped taking his medication, coupled with high toxic substance use...Marcos believed that an organised terrorist group wanted to kill him. He locked himself at home and screamed, fearing for his life. His suffering was immense. And the neighbours called us, scared and uncertain about what was happening, fearing for his life.'

In situations like the one described, the response is emergency-based, dealing with these cases through health professionals and the police, within a hospital network that mostly does not know the person or their circumstances.

Over the course of 2023, 22% of the individuals assisted in our Housing First programmes have experienced worsening mental health, with varying degrees of disruption. In most projects, the professionals providing support in the place of living are solely from the social sector. Without professional support, such individuals could end up in a situation of homelessness again, generating a revolving door effect.⁶ Often, despite the efforts of individuals and social teams, the only possible solution is relocation to another living space in an attempt to start anew, continuing in a circle of vital uprooting.

In these situations, risks arise regarding the continuity of those experiencing poor mental health in Housing First projects, as well as risks for the entities that operate them. This raises a question: how can we tackle the shortcomings in caring for individuals who struggle to maintain their Housing First accommodation?

Housing First has facilitated access to conventional housing, without conditions, for people whose access had been previously unthinkable, thereby initiating recovery processes.

It has also contributed to a transformation of professional practice: from service-centred care to person-centred care, focusing on recovery, prevention, and the improvement of the wellbeing of people who have been excluded and wounded. This is a significant achievement. Time

⁶ Dialnet [en línea] [Consulta 19 de diciembre de 2023]. Disponible en <https://dialnet.unirioja.es/servlet/articulo?codigo=6954901>

“There is an imperative to identify housing solutions that provide a chance for a liveable and dignified life.”

and genuine interest are necessary to understand the experiences of individuals facing homelessness, their suffering, and how best to support them.

Caring for and acknowledging the people we assist as their own individuals has a therapeutic effect,⁷ but in cases where mental health is aggravated, social support cannot solve certain situations. And the ‘assertive-community teams’ cannot respond to all cases.

⁷ LEAL RUBIO, José. Los cuidados en el marco de una ciudadanía inclusiva. En: Revista de la Asociación Española de Neuropsiquiatría [en línea]. 2018, Vol. 38, n. 34, pp. 587-606. ISSN2340-2733. Disponible en: https://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S0211-57352018000200013

In Catalonia, through the integrated social and health care plan,⁸ steps are being taken to improve coordinated social and health care responses. However, the focus must be on particularly severe cases, in the initial phases of crises and in moments of stabilisation, considering the social factors that impact mental health, and vice versa.

There is a need to create conditions that allow people to be heard.⁹ here is also a need for innovation from organisations, with residential projects where more intensive support can be provided depending on the individual's situation. Additionally, there is an imperative to identify housing solutions that provide a chance for a liveable and dignified life. Implementing such solutions would not only prevent suffering but also counter the division and depersonalisation of care. It would lead to increased trust and satisfaction with the services among these individuals.

The WHO's Comprehensive Mental Health Action Plan 2013-2030 calls for an attitude change towards mental health.¹⁰ It is necessary to generate structural changes that would allow services to share information, move beyond their own walls to meet the patient, and coordinate actions with other services and people involved in the lives of those we support. It is important that we all have a broader perspective, understanding firsthand their realities and determinants.

8 [ACORD GOV/91/2019, de 25 de juny, pel qual es crea el Pla d'atenció integrada social i sanitària \(PAISS\). \(gencat.cat\)](#)

9 LEAL RUBIO, José. Las referencias éticas en la prevención y los cuidados. En: [Desenvolupament infantil i atenció precoç; revista de l'Associació catalana d'atenció precoç, n. 27-28, 2006, pp. 13-25. ISSN 1887-1445](#)

10 <https://www.who.int/publications/m/item/mental-health-action-plan-2013-2030-flyer-what-member-states-can-do#:~:text=The%20Comprehensive%20Mental%20Health%20Action%20Plan%202013-2030%20builds,to%20achieve%20universal%20coverage%20for%20mental%20health%20services>

FOR UNDOCUMENTED MIGRANTS, MENTAL HEALTH STARTS WITH RESIDENCE PAPERS

Research indicates higher rates of depression, anxiety, and PTSD among undocumented migrants in Europe. This article explores how housing exclusion, homelessness, and immigration detention contribute to this and demonstrates the importance of changing European approaches to migration to improve the mental health of undocumented migrants. It considers recognising housing as a right, decriminalising support, and securing residence status to address mental health inequalities among undocumented migrants.



By **Louise Bonneau**, Advocacy Officer, PICUM

Migration status shapes every aspect of a person's life - from work to personal relationships, from housing conditions to the ability to seek health care. With national and EU migration policies largely restricting access to rights and services based on such status, undocumented people are pushed into economic dependence, poverty and abuse, which all create the [conditions](#) for poor mental and physical health.

Despite this, EU policies on mental health are largely oblivious to the challenges faced by undocumented people. For instance, the 2023 European Commission's [Communication on a comprehensive approach to mental health](#), mentions nowhere undocumented people or challenges related to living with a precarious residence status.

PSYCHOLOGICAL HEALTH OF UNDOCUMENTED MIGRANTS

[Research](#) from 2022 has found undocumented people face a higher likelihood of experiencing depression, anxiety, and post-traumatic stress disorders (PTSD) when compared to both the general population and documented migrants. For example, in France, a [study](#) showed that one out of six undocumented migrants suffer from PTSD, with a rate at least eight times higher than in the general population. In Austria, a [survey](#) suggests that migration status was a risk factor for mental health problems among adolescents during the COVID-19 pandemic.

This heightened vulnerability may stem from the stress-inducing conditions prevalent during pre-departure, transit, border-crossing, and reception phases of their journey, and living with irregular migration status in Europe. In certain instances, exposure to various forms of violence has been linked to compromised mental well-being. When people are asked to provide information about their story and journey during migration procedures this can also have a retraumatizing effect. The [constant fear](#) of being caught and deported, for instance through random checks in public spaces, leads to further stress, anxiety, depression, and physical illness for many.

“EU and national-level policies on migration go in the direction of more harm and less support for undocumented people.”

HOUSING EXCLUSION AND HOMELESSNESS

Undocumented adults, families, and children living in Europe generally experience poor living conditions, with limited access to adequate housing.

Social housing and the formal rental market often remain inaccessible to many undocumented people who may then fall prey to slumlords or end up in homelessness. In Brussels, for example, up to [70% of homeless people](#) sheltered and supported by humanitarian emergency service Samusocial are undocumented. In France, a [study](#) from 2021 found an over-representation of people in irregular situations among those experiencing homelessness, in emergency accommodation, in slums or in poor housing conditions. Furthermore, a study by the Abbe Pierre Foundation concluded that the deliberate choice made by the state to deny residence permits to undocumented people leads to rights violations and poor housing. Many undocumented people experience discrimination in the housing market, live in cramped, inadequate, and expensive housing, and are relegated to spatially segregated accommodation.

In some European countries, [landlords can be criminalised](#) for renting accommodation to undocumented people, which further restricts people's options to access decent housing. This is, in many member states, due to the transposition of the EU Facilitation Directive, which requires EU member states to adopt 'effective, proportionate and dissuasive sanctions' against people found to 'facilitate' irregular migration. Because the Directive does not explicitly exclude normal interactions between people and transactions without undue financial profit, renting accommodation to undocumented people can also be considered a criminal offence. In some countries, landlords are even required to check the immigration status of tenants before renting out. Because of these criminalisation frameworks, undocumented tenants tend to be more vulnerable to exploitative landlords and may be unable to access complaint mechanisms to hold landlords to account. All of this often results in poor housing conditions.

The combined pressure of living undocumented or with an insecure status, together with housing insecurity and experiences of homelessness, has a significant impact on people's mental health.

“Social housing and the formal rental market often remain inaccessible to many undocumented people who may then fall prey to slumlords or end up in homelessness.”

IMMIGRATION DETENTION

Immigration detention of children, families, people who have suffered torture, violence or trafficking in human beings, people with mental and physical health problems, and people with disabilities is a widespread practice throughout Europe. Many people develop poor mental health conditions, including anxiety, depression, and post-traumatic stress disorder, as a consequence of detention itself. People in immigration detention are found to suffer from [anxiety, depression and post-traumatic stress disorder](#).

When examining Home Office policies affecting the welfare of immigration detainees in the United Kingdom, independent expert Stephan Shaw, former Prisons and Probation Ombudsman for England and Wales, [wrote](#): 'No issue caused me more concern during the course of this review than mental health.' Another [survey](#) in the UK found an average of very high levels of depression in four of every five people in immigration detention. Similar trends can be found across the European Union.

A [study](#) by the Jesuit Refugee Service Europe based on 680 one-on-one interviews shows that even short periods of detention increase individuals' position of vulnerability. Eighty-seven per cent of people interviewed said that psychological assistance was not available to them in detention. In Poland, following the attempted suicide of a resident in the Przemysl immigration detention centre, around 70 people went on a [hunger strike](#) from 05-09 September 2023, protesting against their detention and mistreatment.

MIGRATION POLICIES AND HEALTH

EU and national-level policies on migration go in the direction of more harm and less support for undocumented people. For example, the EU Migration Pact, a set of legislative instruments and policy proposals that are supposed to reform the European migration and asylum system, will most likely lead to [increased immigration detention](#), including that of [children](#), and faster deportations. Adopted in December 2023, the Pact pays little to no attention to enforcing or expanding access to residence permits, services and support for undocumented people.

At the national level, multiple measures and proposals have been made by governments in recent months that curb access to decent housing and restrict mental health support for undocumented migrants. In France, a new [draft immigration law](#) risks to severely restrict health care coverage for undocumented people and access to residence permits for medical reasons. In [Sweden](#), the government is considering to oblige health care professionals to report undocumented patients to law and immigration enforcement. In [Belgium](#), the Flemish Minister for Housing proposed to bar undocumented people from renting any accommodation following the terrorist attack in Brussels on 16 October 2023.

All these measures cause real harm for people with no or precarious status, and only add to existing deeper inequalities.

CHANGING THE SYSTEM

The mental health impact of inequalities experienced by undocumented people show how it is essential to respect undocumented migrants' right to housing.

Practically, this means decriminalising support to undocumented migrants, including renting out accommodation and facilitating access to shelters. It also means ensuring that people will not face immigration enforcement as a result of accessing housing, health and other services, including by implementing strict data protection safeguards so that service providers' data is not accessible or used for immigration enforcement purposes. It means rolling out initiatives to improve housing conditions and the availability of shelters for those living on the streets or in insecure accommodation.

Ultimately, [strengthening mental health and wellbeing](#) can only be achieved if we radically transform the current approach to migration, including and beyond housing, by prioritising access to secure residence status through the development of regular migration pathways on a range of grounds, and the implementation of [regularisation measures](#).

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