

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>