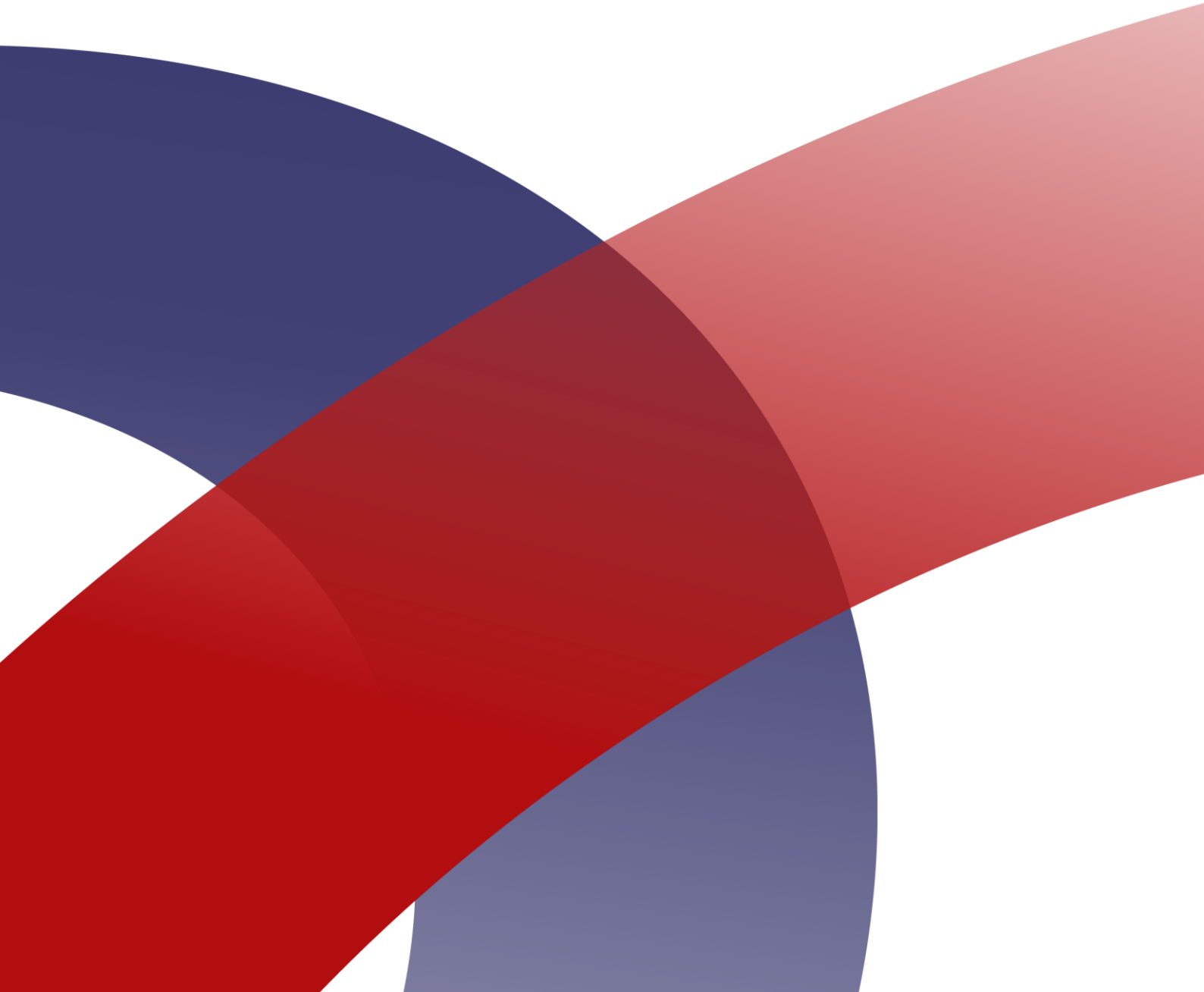




Shelter

SHELTER RESEARCH  
AMONG GPS – HOUSING  
AND MENTAL HEALTH

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# EXECUTIVE SUMMARY

GPs in the six major English cities we spoke to are aware of housing problems both causing and exacerbating mental health conditions in their patients. On the whole, they discuss housing problems and issues as being linked with other factors such as financial concerns and physical health problems. However, there are certain cases where GPs definitely see a relationship between a housing issue and the development of a mental health condition. These are most commonly related to the mental health conditions of anxiety and depression, where poor housing quality, concerns about tenure and affordability have led patients to develop these conditions.

The main housing issues discussed in this report are the condition of the property, affordability of rent, mortgage or a deposit, and insecurity of tenure. On the whole, GPs refer to poor condition of the property as the main housing issue that has an impact on the mental health of their patients, and the most common cases cited appear to be those of anxiety and depression.

GPs are confident in dealing with mental health issues and signposting their patients to support services. However, there appear to be lower levels of knowledge around signposting of patients to support services for their housing problems.

# METHODOLOGY

## OBJECTIVES

To deliver against aims identified by Shelter, ComRes conducted qualitative research amongst GPs in order to understand the situation surrounding housing and mental health.

The aim of the research was to:

- Explore the relationship between housing problems and mental health conditions;
- Explore the presentation of different mental health conditions in association with housing problems. These include and are not exclusive to depression, stress and anxiety;
- Understand whether or not GPs are confident in knowing how to support people with housing problems and if they know where they can direct them to;
- Gather stories and quotes from GPs regarding housing and mental health.

## METHOD

ComRes conducted **20 in depth phone interviews** with GPs based in urban centres throughout the UK. Each of these lasted 30 minutes, and urban centres were chosen to reflect Shelter's presence in these cities: London (4), Manchester (4), Bristol (3), Sheffield (3), Newcastle (2) and Birmingham (4).

ComRes conducted the interviews from 25<sup>th</sup> January to 9<sup>th</sup> February 2017 and explored the following topics.

- GPs' understanding of their patients mental health in their own experience;
- The types of mental health conditions experienced by patients;
- The types of housing problems GPs encountered;
- Examples where GPs could see the links between housing and mental health;
- The presentation of housing as an issue in leading to mental health conditions over time;
- Whether GPs felt supported and confident in their knowledge to address issues of housing and mental health;
- The additional support GPs wanted to deal with these problems in the future.

Following completion of interviews, transcripts and notes from interviews were reviewed by the core project team at ComRes and analysed in a thematic manner. The report was reviewed by others on the project team to ensure it was consistent with the interviews they had conducted.

# HOUSING ISSUES

## HOUSING AS A CONTRIBUTING FACTOR IN THE DEVELOPMENT OF MENTAL HEALTH CONDITIONS

*"I think housing is very important, for example, patients who live in a bedsit or a very cramped, packed accommodation, I think that has a negative effect on their mental health." **GP, London***

*"Well basically, people who live in a stressful situation at home, they're not happy with heating, or there's damp in the house, then obviously there's stress in [sic] the parents about how to help their children so they're very anxious. I mean you should be most happy at home and at work, and if you're not happy in those places, you know, it's going to lead to anxiety and depression." **GP, Birmingham***

On the whole, GPs identify housing issues spontaneously when discussing factors influencing mental health issues, citing it both as a sole cause as well as (more frequently) an exacerbating factor of existing mental health conditions. Where GPs do identify housing issues as the sole cause of mental health conditions, the most commonly cited conditions are anxiety and depression. Where more severe presentations of these illnesses arise among patients, GPs are most likely to see housing issues as part of a larger range of issues contributing to negative mental health. Overall, GPs are most likely to say that the causes of mental health conditions are 'multifactorial' – affected by a wide range of related issues.

*"Do housing problems cause mental health problems? Yes, in that they will cause you stress, which is a problem with mental wellbeing." **GP, Newcastle***

*"It's common, it's probably, ball park figure of 10 or 20% of the consultations around depression or anxiety probably have an element of housing in them, but I'm just plucking that out of the air but that's my feel of it probably." **GP, Manchester***

*"It's multifactorial. Sometimes the environment has an effect on it but everything else, building conditions. It can be familial, it can be medication induced, it could be self-induced, various." **GP, Manchester***

Where housing issues are identified as contributory factors to mental health conditions, this is primarily in conjunction with other financial concerns; for instance benefit cuts. In the interviews conducted, GPs are more likely to indicate that housing was a contributory factor alongside wider financial concerns.

For the majority of GPs interviewed, it is felt that issues with housing contribute towards and exacerbate the severity and presentation of mental health conditions, the most common of these being depression and anxiety. Indeed, GPs are quick to identify housing as one of the precipitating factors, or a 'tipping point', where someone who may be predisposed to mental health conditions can be pushed over the edge. GPs report that finance and job concerns are mentioned in conjunction with housing and cite examples where a patient has been successfully managing a mental health condition over an extended period of time, and deterioration in their housing situation has 'tipped' them over the edge. This is further reinforced in interviews with some GPs who point towards housing problems often being the

cause of a mental health issue in children, while it's seen to be an exacerbating factor in adults with pre-existing conditions.

*"I think generally speaking, you know, I'd say the majority of cases people report a trigger, such as a separation or a loss of a house or a job. However, when you actually speak to people [it's] quite detailed, even before that they can report perhaps not feeling happy with their lives, and a bit of a worrier, but there usually is a single trigger, occasionally multiple, that tends to spiral." GP, Sheffield*

*"In the children, I think the housing situation probably brought it about, but with the adults I think it's maybe they have a pre-existing condition and they're put into a house that isn't as conducive, and then they're slightly worse, and then obviously the children can see that, and then it's fed through. So I think the housing situation, in my experience that is, is more important for the children rather than the adults [in causing mental health problems]." GP, Sheffield*

## TYPES OF HOUSING ISSUES

In the six cities where interviews were conducted, GPs identify a wide range of housing issues ranging from quality of accommodation to homelessness. Particularly interesting to note is the extent to which the housing conditions reported varied by location. For example, the problem of affordability is most strongly felt in London, perhaps due to its high number of private renters, whereas in Manchester and Newcastle, housing conditions are the most common housing issue cited by GPs.

Housing conditions are most commonly mentioned by GPs, with affordability and insecurity of tenure more likely to be mentioned on prompting from the interviewers. Conditions mentioned are generally related to the space, location and disrepair of the house such as damp.

General worries and concerns about meeting the rent each month are mentioned, particularly in the private rented sector. At the other end of the spectrum, a few GPs mention more affluent patients being concerned about getting on the housing ladder. The final area, of insecurity of tenure, is not mentioned without the context of wider financial pressures as there would need to be a situation which precipitated that insecurity. Benefit changes are mentioned several times, for example, GPs cite patients living in social housing being concerned about potential changes in their living situation, such as being asked to downsize.

The most common housing issues encountered in conversations with GPs can be found under the three umbrella terms below.

# HOUSING ISSUES

Conditions

Affordability

Insecurity of tenure

Damp

Not enough living space

Rising house prices

Decrease in benefits

Rogue landlords

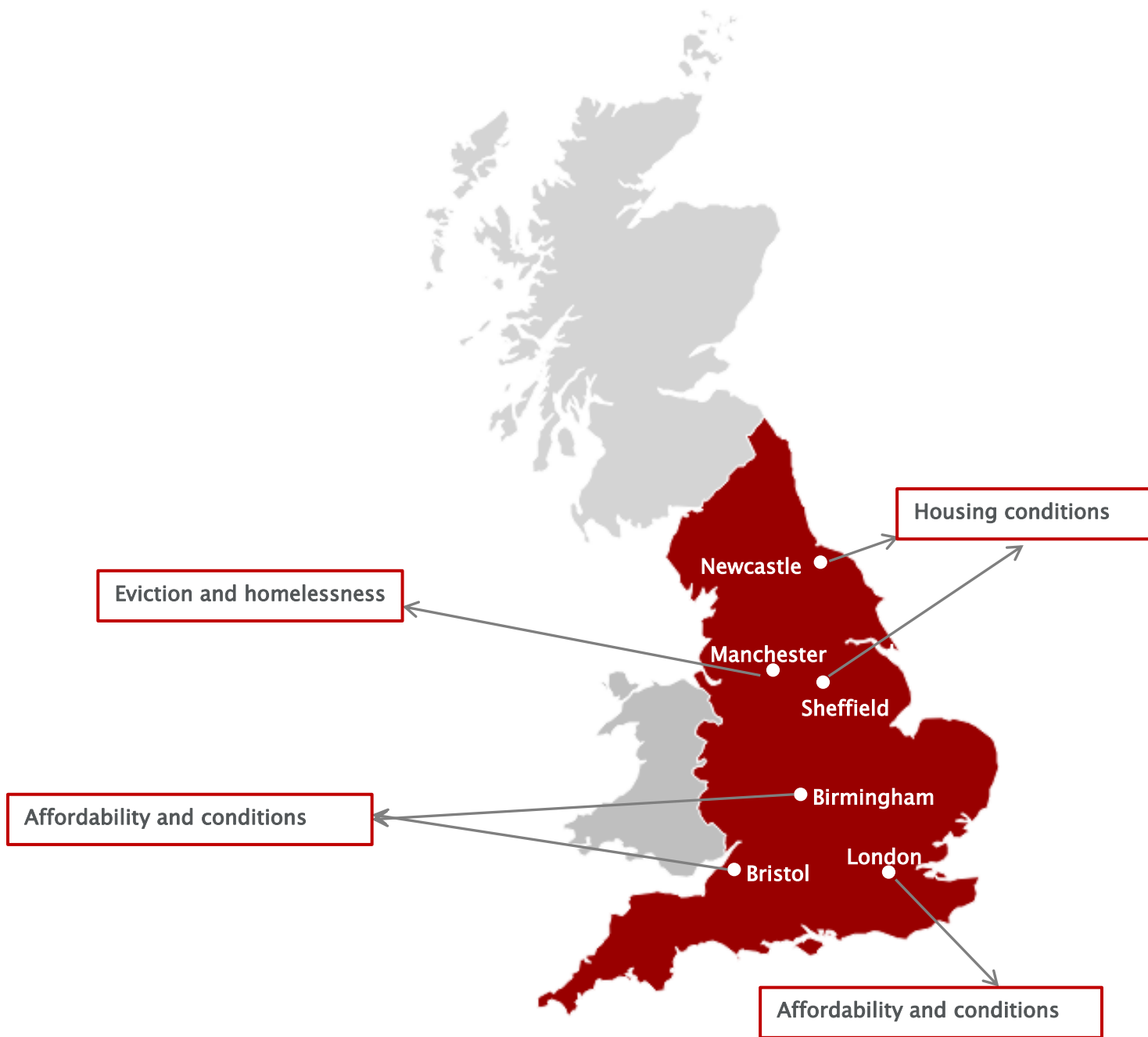
Change housing association

## DIFFERENCES IN HOUSING ISSUES BY CITY

Although qualitative research, and with only a few interviews per city therefore not a robust assessment of the situation across the cities, from the interviews we conducted there appears to be a differentiation in the housing issues discussed by GPs. Interestingly a few GPs note that over time there has been a change in the housing issues that have traditionally been present in each city. For example, one GP within Bristol identifies bad housing conditions as an issue patients traditionally had problems with. However, the GP notes that more recently, patients are coming to them expressing anxiety over affordability: whether they could repay their rent, or manage council tax payments. This would suggest that the issue of affordability is on the rise in other cities outside of the Capital.

*“The other [issue] is that the rent in Bristol is a problem. People are having to leave a reasonably good situation which they’ve been in for a while with a landlord who is charging them less rent or affordable rent, and then the landlord is selling. They’ve got to find somewhere else, and then since they moved in, actually the rental prices have hugely shot up.... I think Bristol is one of the fastest growing markets outside of London.” GP, Bristol*

Figure 1: Most common housing issue by location



A flavour of some of the housing situations identified in each city are included below.

*"I think it's more that the patients I see are often either already in a council house and it's not adequate to their needs. They've got a lot of children in a very small space, or they've got huge problems with mould or upkeep of the actual house."* **GP, Bristol**



*“Or, when people are evicted because they haven’t paid rent, rent arrears, once again, that’s financial, it’s hard to get around that and it’s hard to get new accommodation, so, often hostel accommodation comes into play.” GP, Manchester*

*“For the reason I mentioned before, she’s an example where the landlord wants a bit more for letting out their flat. So, they can stay but he’s putting the rent up and they can’t afford the new price. It’s gone up by, like, 40% or something and they’re just suddenly going to be homeless and struggling to find anywhere locally that they could then rent at that price.” GP, London*

## CYCLICAL NATURE OF HOUSING ISSUES AND MENTAL HEALTH CONDITIONS

A key theme which emerges from the qualitative interviews conducted is the **cyclical nature of the relationship between mental health, finances and housing**. GPs often explicitly state that these are linked, and that one leads to problems with another. What becomes clear in interviews with GPs is how volatile this cycle is and how it can escalate relatively small problems into ones which require significant intervention.

*“A housing problem would lead to stress, which could then lead to not going into work, which then means the loss of a job, and then depression setting in and everything can snowball.” GP, Newcastle*

The possibility of a snowball effect for those in the cycle proves particularly worrying to GPs and with housing problems so clearly being a cause of mental health problems as well as an exacerbating factor. Early intervention to prevent the link between the two is argued by GPs to be an incredibly important factor that must be addressed early on. This is implied as being by other people, so those responsible for housing, or the individual’s support network, rather than by the GP directly. This does raise an opportunity for public and third sector actors to be part of that solution in breaking the cycle.

*“I think clients do need help quick, okay, and it shouldn’t be left to a GP .... Once a patient comes to him, if the patient doesn’t know where to go, we need to direct the patient fast, and after that our involvement should be very minimal.” GP, Birmingham*

Many GPs identify the vital nature of secure housing for those with mental health issues. For example, several note the negative impact of insecure housing on those with anxiety; where this further uncertainty serves to fuel existing anxiety.

*“You’re more likely to relapse if you don’t have housing, you don’t have a secure home situation. It’s really difficult to treat people with mental health and drug and alcohol problems if they do not have housing. They are more likely to relapse into those things and for those things to get worse if they don’t have that basic need met.” GP, Bristol*

# MENTAL HEALTH CONDITIONS CAUSED BY HOUSING

## TYPE AND SEVERITY OF MENTAL HEALTH CONDITIONS CAUSED BY HOUSING PROBLEMS

During conversations with GPs, there is an incredibly vast range of mental health conditions cited by GPs as being prevalent in their surgeries, ranging from low-level anxiety to high performance schizoaffective disorder. However, while GPs experience a large number of mental health conditions amongst patients, anxiety and depression stand out as the most common conditions that GPs see relating to housing.

As discussed in previous chapters, poor housing conditions are the situations most likely to be cited by GPs as having a negative impact on their patients' health, and these ongoing issues are more likely to lead to anxiety and depression rather than a significant shock or change in situation.

There is a combination of factors which can lead to the most common two mental health conditions cited by GPs: depression and anxiety. For example, some GPs interviewed speak unprompted about the gulf for many people between their expectations of housing compared to how they are actually housed which they then see leading to depression.

Another example cited is that of issues of overcrowding in accommodation which then could cause children to become unhappy which would then lead to parents' increased anxiety as a result of their children.

In addition, as shown below, disrepair (damp for example) could then go on to cause respiratory problems, causing anxiety in the patient for their general health. Finally, depending on the neighbourhood environment, a patient may experience an unacceptable amount of noise pollution, leading them to become depressed about the lack of sleep they were receiving.

## CASE STUDIES

We have identified case studies of varying degrees of severity, grouped by the most common housing issues encountered by GPs: poor housing conditions, affordability, and insecurity of tenure. Moreover, each of these examples demonstrates the cyclical effect and damage that both housing and deteriorating mental health can have on each other. One of the most common themes to emerge from interviews is the 'snowball' effect that a relatively low intensity problem with housing can have on a patient's mental well-being further down the line.

## POOR HOUSING CONDITIONS

GPs identified the problem of poor housing conditions when patients were in accommodation that did not meet their individual needs. Anxiety caused by this was particularly prevalent in those who had children. Indeed, one GP identified where a patient in council housing presented to them with anxiety and on further probing highlighted concern for the physical health of their children due to the regularity of damp in their accommodation as well as the children not having enough room. The cyclical nature of housing and mental health can be seen here as well as the resultant anxiety then led the parents to feel they were unable to tackle the damp in their property, thereby leading to even further deterioration of the health of their children.

*“So in the parents, probably depression in that they’re unable to provide a nice environment for their children. In the children, they just tend to get a little bit, sometimes withdrawn, sometimes a bit anxious and angry, you know, running around the house and getting told off by the parents and things.” **GP, Sheffield***

*“One is, not happy with the accommodation because of the actual nature of that’s accommodation state of repair, mould, mouldy walls, often that’s probably just condensation. Of the state of repair, the lack of input from landlords, private landlords or local councils and agencies don’t seem to–, they’re not new properties, they’re old properties and quite often–, and they will need work but that work is often not done.” **GP, Manchester***

## AFFORDABILITY

A GP described how affordability led to deterioration in a patient’s mental health. They described a case where someone had moved away from the social housing system and attempted to rent privately. In this case, the GP identified that when people moved outside the benefit system, without the support of social housing guaranteeing them security of tenure, they found it difficult to keep up repayments on rent. In turn, the move away from a stable environment caused a deterioration in their mental wellbeing.

*“There seem to be people who seem to leave social housing and go into the private sector and seem to struggle, then they’re not able to pay the rent for whatever the reasons. So, it has a real effect on their mental wellbeing, growth and security. So, if things are stable and well, that’s a very good stable environment, and the opposite is true, if things are unstable financially, health wise, housing wise, it does have a negative effect, or it can have a negative effect, I should say.” **GP, Manchester***

Similar to the above, a GP in London highlighted a housing problem which exacerbated a pre-existing mental health concern and led to deterioration in mental health. A patient who had previously managed their anxiety well showed symptoms of increased severity and went to their GP. On seeing the distressed state they were in, and after initial probing, this GP was able to determine that the patient had become aware of rising rent in their accommodation as well as a reduction in their eligible benefits and that this was causing the patient increased anxiety. The GP described that in some cases like this, suicidal thoughts could then become present in the patient.

*“It tends to be things have been stable and then due to changes in housing things have got worse, but they’ve got worse for people who have been coping, probably on the line of coping or not coping. Then, they really do tip over the edge. I’ve seen patients who have committed suicide and things because of changes in their benefits.” **GP, London***

## INSECURITY OF TENURE

Concerns around insecurity of tenure are discussed by GPs in terms of their patients being in situations where they have no control over the decisions their landlords make. In the example discussed below, the GPs’ patient had to leave their home as the landlord decided to sell the property. The outcome of this

was that the patient became homeless for a period of time as their application for social housing was not processed in time.

*“...I’ve also got a patient who lost their housing because the landlord wanted her to leave. They wanted to sell the house and she had a very low rate of rent, but her job couldn’t support her renting anywhere else. She was, sort of, having to go on to the housing list but because the landlord wanted to sell, she had to be kicked out and on to the streets.” **GP, Bristol***

A further example in this area is discussed below, where landlords are looking to increase the rent. This is cited as a particular problem in London where areas become more popular and therefore landlords feel they can increase rents. Again, the outcome of this was that the patient in question wanted to access social housing.

*“She keeps [mother] asking for a council house because people are being evicted from private landlords, houses, because they want to put the rent up and they might have got housing benefit.” **GP, London***

*“Yesterday I saw a woman who came in, who actually probably has got a bit of a tendency to have anxiety-type issues but normally manages quite well. She’s, sort of, 20 and her mum’s in her late 40s and they’re being evicted from their house they’ve lived in for fifteen years. For the reason I mentioned before, she’s an example where the landlord wants a bit more for letting out their flat. So, they can stay but he’s putting the rent up and they can’t afford the new price.” **GP London***

More generally, GPs state that homelessness often leads to both physical and mental health deteriorating which creates even more problems further down the line. Some GPs state that the problem of homelessness is more severe for those suffering with worse mental health conditions. This demonstrates how insecurity of tenure can lead to an exacerbation of a severe mental health condition and put patients at increased risk going forward.

*“Right well, a severe case would be somebody who is psychotic or hallucinating being constantly disturbed in this, they may be renting accommodation or something like that. Be[ing] thrown out by the landlord, and then they become homeless and that is often making the mental condition even worse.” **GP, Manchester***

These case studies are clear indications of how a concern about housing can impact an existing mental health condition or cause one to emerge which can then exacerbate the situation. These also demonstrate the cyclical effect that a housing issue can have on a patient’s mental and physical health.

## PHYSICAL CONSEQUENCES

Throughout interviews with GPs, evidence of deteriorations in physical health due to a mental health condition and housing were flagged both prompted and unprompted by GPs. What became clear from interviewing however, was the way in which different conditions could manifest themselves. Indeed, there was a divide between behaviours caused by a mental health condition that caused a physical health problem going forward, and those where patients had a physical health condition caused by a

housing problem led to a situation where the physical problem worsened as their mental health condition hadn't been treated.

One example highlighted by GPs are where housing issues that have caused a physical health condition remain unfixed as a result of a patient's deteriorating mental health and then going forward there has been a continued deterioration in the physical health of a patient. An example of this could include where problems with damp have caused respiratory conditions, which have gone on to cause depression, meaning the patient has not taken action of sorting out the damp, which in turn has meant the physical condition has worsened: again this reference back to the cycle is evident here.

*"I think if you're wondering about the impact of housing on physical health issues, obviously, there are respiratory conditions, for example. You know, your house is wet and mouldy, that kind of thing, that can have an effect on conditions like asthma." GP, Newcastle*

# SUPPORT

From interviews conducted amongst GPs what was recurrent throughout was a lack of knowledge and available resource for GPs when presented with someone expressing a mental health condition as a result of a housing problem. Indeed, this extends to GPs having to 'Google' where to send patients who expressed housing problems. Of the routes utilised by GPs, whilst they feel their own response is inadequate, most common routes of direction taken are referrals to the Citizens Advice Bureau (CAB) or local social-care worker. In one GPs surgery in London, there is an in-house employee who comes in once a week to deal with housing concerns.

GPs are far more comfortable in dealing with patients with mental health conditions: knowing the routes to take and treating in house, but from interviews, when mental health is in conjunction with problems with housing there is a knowledge gap for GPs, suggesting that in these complex cases only the mental health side is addressed and housing is left behind.

Indeed, the suggestion here would be that whilst GPs are comfortable with dealing with mental health conditions, the knowledge is lacking with regards to addressing housing concerns.

*"...because we've got ten minute appointments. By this sort of patient, we're running over already by twenty minutes, probably. We need to have quick answers. We need to have a quick, sort of, 'Who do I contact?' not all of these different services. Which one is going to be the most useful to contact?" **GP, Bristol***

# CONCLUSIONS

GPs discuss a wide variety of housing situations and mental health conditions experienced by their patients. They have a good understanding of the different factors related to housing situations, including the financial and social problems that can lead to and from problems with housing and mental health, and on the whole perceive the development of mental health conditions as multi-factorial, with housing sometimes playing a part.

The main housing problems noted by GPs are to do with poor conditions which they feel in some cases lead to anxiety and depression among their patients. For example, parents worrying about their children developing respiratory problems as a result of sleeping in damp bedrooms. In addition to these, GPs report concerns about the affordability of the private rented sector leading to families seeking social housing as causing stress and anxiety among patients, and worries about insecurity of tenure in the social housing sector with patients being concerned about being asked to move house as a result of changes to benefits. In the vast majority of these cases, GPs cite anxiety and depression as being the main mental health conditions that have resulted.

GPs are confident in speaking with their patients about their mental health conditions, and also identifying the context in which their patients are living and working, but recognise there could be greater provision for signposting them to support for housing issues.

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