

The impact of housing problems on mental health: Findings of a research project between Shelter and ComRes

KEY FINDINGS

- General Practitioners (GPs) spontaneously identified housing issues when discussing factors involved in their patients' mental health presentations.
- Where housing was seen as the sole cause of mental health conditions, the most commonly cited conditions were anxiety and depression.
- Where patients presented with a mental health condition that was linked to problems with housing, the GPs self-identified a knowledge and support gap.



Shelter's housing and mental health campaign, 2017

THE RESEARCH

The housing and homelessness charity Shelter, in partnership with ComRes, has explored the relationship between housing and mental health through qualitative research undertaken in six of England's largest cities. Twenty in-depth interviews were held between January and February 2017 with general practitioners (GPs) in London (four), Manchester (four), Birmingham (four), Bristol (three), Sheffield (three) and Newcastle (two).

These interviews explored the common mental health presentations of patients attending GP practices, the types of housing problems mentioned by patients to their GPs, and the possible associations that GPs suggested between housing and mental health.

The research found that GPs spontaneously identified housing issues when discussing factors involved in their patients' mental health presentations – both as a sole cause and an exacerbating factor of existing mental health conditions. Where housing was seen as the sole cause, the most commonly cited mental health conditions were anxiety and depression.

Housing issues – such as the condition of properties, the affordability of rented housing and the insecurity of tenancies – were cited by GPs in our six fieldwork areas. The impact upon mental health from specific housing issues (like damp within properties, benefit changes, and eviction from private rented accommodation) were referenced by a number of GPs. The coincidence of financial pressures, such as debt, and housing issues were also mentioned by some GPs – as were concerns about housing issues having a differential impact upon the mental health of children.

'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

GPs signalled confidence in speaking with their patients about their mental health conditions. However, interviews revealed that when patients presented with a mental health condition that was linked to problems with housing, the GPs self-identified a knowledge and support gap. GPs felt unsure of where to signpost patients, and lacked time to establish what was the appropriate service in the absence of an integrated point-of-call. In these instances, the mental health presentation would be addressed with the patient's housing problem remaining unresolved – even though GPs had identified it as a contributory factor.

Concurrent quantitative research carried out by Shelter and ComRes, using a sample representative of the English adult population (n= 3,509), also found that for those who had had housing problems and/or worries in the previous five years, anxiety and depression were the most frequently cited mental health conditions when prompted. 20.7% of the sample (1 in 5) indicated that they had had a housing problem or worry in the last five years, which they identified as having had a negative impact upon their mental health (95% CI 19.3 – 22.0%). The research also found that 5.8% of the sample had visited their GP in the previous years with a physical or mental health issue that they linked to problems with housing (95% CI 5.0 – 6.6%). The primary housing issues that these respondents cited were the affordability of rental and mortgage payments, and the condition of their properties.

'...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 – running around the house and getting told off by the parents and things.' GP, Sheffield

'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

Shelter helps millions of people each year through its advice, support and legal services. It does this through telephone, web chat, online advice pages, face-to-face advice at its local centres and in users' homes. It offers everything from self-help to more intensive, individual support and staff embedded in health settings. This means Shelter can offer help and advice at every level, dependent on what the client needs and how much support they require. Shelter works closely with commissioners, voluntary organisations and community groups to develop new services and help more people.

For more information, visit [shelter.org.uk/housingandmentalhealth](https://www.shelter.org.uk/housingandmentalhealth)

Short note on methodology

Twenty in-depth, semi-structured, telephone interviews were carried out by ComRes with 20 GPs between 25 January and 9 February 2017. Analysis of these interviews was conducted thematically. An online survey of 4,103 GB adults (including 3,509 English adults) was conducted by ComRes between 17 February and 23 February 2017. Data were weighted to be representative of English adults by age, gender and region. Data tables can be found at www.comresglobal.com.