

ADDRESSING THE INTERSECTION OF HOMELESSNESS AND MENTAL HEALTH:

A CALL FOR A PSYCHOSOCIAL APPROACH AND COMPREHENSIVE SOLUTIONS

D elving 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.



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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



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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.

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