UK COLLABORATIVE CENTRE FOR HOUSING EVIDENCE

Housing insecurity and mental health in Wales

An evidence review

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UK COLLABORATIVE CENTRE FOR HOUSING EVIDENCE

Executive Summary

Introduction

There is a large body of research exploring the relationships between mental health and housing (Shelter, 2017, Tsai, 2015). Whilst the associations are complex, how people feel about their housing has an impact on their mental health (Hulse and Saugeres, 2008). Given the reconfiguration of contemporary housing systems, with decreasing affordability, an increasing role for the private rented sector, and worsening housing outcomes compared to previous generations (Preece et al., 2019), it is timely to consider the associations between housing insecurity and mental health. This report focuses on three dimensions of housing insecurity: financial, spatial, and relational. Policy recommendations are made for a number of audiences, including UK and Welsh governments, research communities and mental health charities.

Setting the scene

The Welsh context for housing and mental health services

The housing stock profile for Wales is similar to England, with most households living in owner-occupied housing, but a growing role for the private rented sector which has increased to the highest level of dwellings since 1981 (Statistics for Wales, 2018b). On average, Welsh housing stock is older and less energy efficient than in other UK nations (Statistics for Wales, 2018b), and this may have implications for fuel poverty and mental health impacts related to housing condition (Shelter, 2017).

Housing is one of 20 areas in which the UK Parliament transferred legislative power to the National Assembly for Wales, and devolution has increased policy divergence across the four home nations of the UK (CIH Cymru, 2014). One of the most significant housing policy developments has been the Housing (Wales) Act 2014, which introduced new statutory homelessness prevention and relief duties (Mackie et al., 2017b), and legislated for a national registration and licensing scheme for private sector landlords and agents (Statistics for Wales, 2018b). However, welfare benefits and economic levers such as fiscal and monetary policy are still controlled by Westminster (Clapham, 2014). This is important in a context of welfare retrenchment, particularly for places such as older industrial areas of England and Wales, in which the impact of these changes is concentrated (Beatty and Fothergill, 2016).

The Welsh Government's strategy for mental health and wellbeing, Together for Mental Health, sets out six high-level outcomes around mental health (Welsh Government, 2012). However, people with mental health conditions still experience challenges accessing support services, as can those who do not meet a threshold level of need (Government Social Research, 2018a). Whilst many individuals accessing homelessness services report pre-existing mental health conditions, or a deterioration in their mental health as a result of homelessness or a precarious housing situation (Government Social Research, 2018a), there is also evidence that securing housing for people with mental health problems was the biggest challenge facing housing service providers (Government Social Research, 2018a, p.9).

A number of mental health charities have noted that mental health data in Wales is very limited, making it challenging to understand the extent and consequences of mental ill health and what is required to alleviate these problems (Mental Health Foundation, 2016, Hafal, 2017). It is likely that under-reporting of mental ill health is an issue, given experiences of stigmatisation. Time to Change Wales (2016) found that 1 in 10 people surveyed believed that individuals with a mental illness can never fully recover, and that they are less trustworthy than people without mental health problems. A 2010 poll by YouGov also commissioned by Time to Change found that 66% of people surveyed in Wales would not rent a room in a shared flat to someone with a mental health condition. This is particularly significant given the potential for growing shared living in the private rented sector.

Housing insecurity and mental health: an evidence review

Approach to the review

In setting the specific focus for the review, consideration was given to the Mind review of mental health and housing (Diggle et al., 2017), the intention being to build upon this existing work rather than replicating it. In collaboration with Mind Cymru, the key questions that guide the review are:

- What is the relationship between different dimensions of housing insecurity and mental health, for individuals living in general needs housing?
- What key lessons can be identified within this research literature, and how do they relate to the Welsh service context?

The review focuses on general housing contexts, either in the rented (social or private) or owner-occupied sectors. Housing insecurity is conceptualised in three (interacting) dimensions: financial, spatial, and relational.

In order to search for literature, search terms were set for each of the dimensions of interest (see supplementary material). Initial data searches were carried out in two bibliographic databases, Web of Science and SCOPUS. Searches were limited to: research articles available in English, and post-2008 publications. These were combined with hand searching undertaken in academic journals and through general searching for relevant high-quality non-academic research reports, for example through the websites of research centres and charities.

Financial insecurity

Housing affordability and insecurity is frequently cited as an issue by people experiencing mental ill health (Shelter, 2017). However, the relationship runs both ways – prior mental health predicts current housing outcomes, and housing affordability is also associated with current health. This suggests that a focus on mental health support may prevent affordability issues for some individuals (Baker et al., 2014). There has been particular interest in drawing out the role of tenure in mental health, but the evidence is mixed. It is important to understand the wider institutional context; for example, in the UK the welfare framework appears to offer some protection for private renters experiencing unaffordable housing (Bentley et al., 2016b). However, this research was carried out before significant changes to welfare support, including support for housing costs in the private rented sector.

There is little research into the specific mental health impacts of being unable to access one's tenure of choice. In the UK, narratives of 'Generation Rent' have emphasised the declining affordability of homeownership and private rented housing. There is emerging evidence that people who are unable to achieve their housing goals feel frustration, disappointment, failure, anxiety and stress (McKee and Soaita, 2018). There is scope to apply more in-depth measurements of mental health in future research in this area.

Financial stressors such as being behind on mortgage payments, being heavily indebted, and experiencing fuel payment difficulties also increase the risk of experiencing mental ill health (Downing, 2016, Curl and Kearns, 2017). The wider context of welfare reform in the UK has also been found to have mental health impacts (Moffatt et al., 2016). This may be particularly relevant for those geographical areas in which impacts are known to be concentrated, such as older English and Welsh industrial areas and seaside towns (Beatty and Fothergill, 2016).

Spatial insecurity

It is perhaps unsurprising that evictions and foreclosures have been shown to have an adverse effect on mental health (Vasquez-Vera et al., 2017, Hardy and Gillespie, 2016). Research in Sweden found that individuals facing eviction were four times more likely to attempt suicide than the rest of the population (Rojas and Stenberg, 2016). However, it is not just loss of housing that is related to mental ill health, but also a wider sense of insecurity and the potential to be asked to leave one's home. For those living in the private rented sector, insecurity of tenure has been shown to hinder individuals' ability to feel settled (McKee and Soaita, 2018), and there is evidence that renters may experience 'revenge evictions' as a result of complaints about property or management issues (Bellis et al., 2018).

This raises the issue of un-elective fixity to home and place. Although for some, the ability to remain in a home or neighbourhood contributes to feelings of security and positive mental health, for others the inability to move, being trapped in place, and unable to access other housing options is also an important experience (Barratt et al., 2015). In addition to fear of 'revenge eviction', younger people on low-incomes living in the private rented sector are increasingly being channelled to areas of low-rent housing and Houses in Multiple Occupation (HMOs) (Green et al., 2015). This raises issues of privacy, control, choice, and a range of environmental issues (Smith, 2012).

It is also important to note that individuals living in rural areas face challenges in accessing mental health and housing advice services, with areas such as the Welsh valleys facing limited transport connections to such services (Welsh NHS Confederation, 2018, Archer et al., 2018). With the move towards digital service delivery, increased scrutiny of the infrastructure needs of rural areas is needed.

Relational insecurity

Poor mental health can be seen as both a driver of relational insecurity, placing stresses on relationships, but also as an outcome of challenging relationships. There is very little evidence into the relationship between familial relationships and mental ill health. Research suggests that individuals returning to the family home to access support face complex emotions, including lack of autonomy, disempowerment, and being positioned as a child. Family members and carers also experience conflicting feelings when support at home is no longer seen as possible (Diggle et al., 2017, Moxham, 2016).

It is likely that living in shared housing will become a more common experience for some groups, such as young people on low-incomes, as a result of changes to support for housing costs, but there is limited research with this group. Poor quality housing and the behaviour of other tenants have been shown to be associated with stress, anxiety and insecurity (Green and McCarthy, 2015). For some groups, such as parents with non-resident children, the nature of sharing with strangers may impinge on their ability to develop close relationships with their children (Barratt et al., 2012).

There is little research on the ways in which landlords perceive those with mental health issues, but evidence suggests that private landlords are deterred from letting to groups perceived as 'higher risk', such as benefit claimants (Reeve et al., 2016). The impact of stigma, and the internalisation of wider perceptions of individuals with mental health needs (self-stigma), may be more significant where access to housing is determined by house-sharers (Tuffin and Clark, 2016). More generally, the personal rejection felt by individuals as they are passed over for house shares in favour of others has been linked to low self-esteem and lack of self-confidence (McKee and Soaita, 2018).

Key learning points for a Welsh context

Learning for UK government

- The protective role of the UK welfare state in supporting mental health is significant, but is undermined by austerity programmes. Policy interventions must recognise the psychological distress caused by welfare reforms and Local Housing Allowance caps, and disproportionate geographical impacts.

Learning for Welsh government

- Policy interventions that seek to reduce mental ill health should target individual socioeconomic deprivation, as well as increasing the affordability of housing across tenures for low-income groups.

- Residents across sectors need consistent access to housing advice, to help limit housing-related stress before it escalates to more serious mental health issues. The Welsh Government should consider this in relation to the increasing emphasis on digital methods of communication, and limited access to broadband internet in some areas of Wales. A national telephone advice service could be one way of supporting this as part of homelessness prevention duties.

- An advice service would be particularly valuable for people living in areas with more HMOs, and in rural areas.

- Landlords, particularly in the private rented sector, need to be supported to improve their knowledge of mental health issues, and how to assist tenants to access support. This requires leadership at a national level, but may draw in partners to deliver training and advice services.

- There is a significant opportunity to build on and learn from the mandatory registration and licensing scheme, Rent Smart Wales. Monitoring evictions, no-fault evictions, grievances, and discrimination against tenants, would provide a national-level focus on understanding security of tenure in the private rented sector. It would also provide a clear pathway for tenants to raise complaints.

- The legislative framework for environmental health emphasises building maintenance and hazards to physical health. A more holistic approach should consider the psycho-social impacts of lack of privacy and the condition of communal areas, particularly in relation to HMOs.

Learning for local authorities and housing providers

- Social and private landlords, and local housing authorities, need to ensure adequate training for staff, so that they can better understand the mental health needs of their tenants, as well as how this may change in relation to different stressors.

- Landlords across sectors, property agents, and mortgage providers should review the information that is given to residents as part of arrears escalation processes and eviction proceedings, as this is a key point at which to signpost mental health support services. This is particularly important given the proportion of vulnerable households in the private rented sector.

- Private and social landlords should be recognised as key partners within local housing and social care strategies, alongside floating support services, which support people with mental health problems living in general needs accommodation.

- Given the importance of secure housing in supporting recovery, mental health services should ensure that care and treatment plans outline clearly what housing support service-users can expect and how to access it. Co-locating mental health professionals within housing services could also improve inter-agency working and holistic support.

- Local authorities, landlords and floating support services should consider their role in facilitating shared housing schemes, especially in relation to managing household conflict, and potential for access to mediation and floating support services.

- The use of Discretionary Housing Payments should also be considered by local authority housing teams, where the placement of individuals experiencing mental health problems in shared housing schemes would be inappropriate.

Learning for Mind Cymru

- Mind Cymru can support these recommendations through reviewing the guidance and training that they offer, in particular for local authority staff, social and private landlords, letting agents, and mortgage providers.

- Individuals can experience complex and conflicting emotions when making transitions between the family home and other settings. Mind Cymru should review the advice and support available for extended families and carers of those experiencing mental ill health, particularly in relation to moves between institutional settings and family care.

Learning for research environments

- There is a lack of data to inform policy and practice about housing and mental health in Wales, which is particularly important when considering the divergence of policy across devolved UK nations.
- Specific gaps include: the mental health needs of people living in shared housing, older renters, people who have transitioned into and out of the family home, and the impact of hospitalisation on loss of housing.
- There is value in developing a more nuanced view of affordability, which focuses on lived experiences and relations with mental health, and the temporality of affordability stress.
- Finally, research into changing housing systems and the impact of not being able to achieve desired housing outcomes could develop more refined measures of mental health.

Introduction

There is a large body of research investigating the relationships between mental health and housing (Barratt et al., 2015, Downing, 2016, Pevalin et al., 2008, Pierse et al., 2016, Shelter, 2017). Whilst this recognises the challenges of unpicking complex associations and determining causal relationships, there is evidence that how individuals feel about their housing has an impact on their mental health (Hulse and Saugeres, 2008). People who experience mental ill health are particularly vulnerable if their housing is insecure (Dalton, 2013). In addition, poor housing can add to mental health problems, and without a secure place to live, many aspects of daily life can be difficult (Welsh Government, 2012). In 2018, Mind Cymru commissioned the UK Collaborative Centre for Housing Evidence (CaCHE) to conduct an evidence review into the relationship between housing insecurity and mental health. This report presents the key findings of the evidence review, drawing out lessons of particular relevance to the Welsh housing and mental health service context.

The report is divided into three sections. The first section sets the scene, highlighting key housing and mental health policy issues in Wales. The second section outlines the approach taken to reviewing the international evidence base. The research is discussed under three main areas of housing insecurity: financial insecurity, spatial insecurity, and relational insecurity. The final section draws out key learning from this research, particularly that which is most relevant in the Welsh context.

Part One: Setting the scene

The Welsh context for housing

The housing stock profile for Wales is similar to England, with most households living in owner-occupied housing. Although at its lowest rate since 1993, owner-occupation remains the most common tenure in Wales, with 69% of dwellings owner-occupied in 2017-18 (Statistics for Wales, 2018b). The role of the private rented sector, whilst comparatively smaller making up 13% of dwellings in 2017-18, has nevertheless increased to the highest level since 1981 (Statistics for Wales, 2018b). The growing significance of the private rented sector over the last ten years is in common with the rest of the UK, and was projected to represent 20% of all accommodation by 2020, overtaking social housing (CIH Cymru, 2014). However, austerity measures such as welfare reforms have placed burdens on Welsh social housing services (CIH Cymru, 2014), as well as limiting the resources available for low-income households to be able to afford private sector rents (Government Social Research, 2018a).

On average, Welsh housing stock is older and less energy efficient than in the other UK nations (Statistics for Wales, 2018b). This may have implications for both the broader affordability of housing, because of the associated costs of running a home, and for mental health impacts related to housing condition (Shelter, 2017). Measures of overall housing satisfaction in Wales show variation by tenure, with those in social housing the least satisfied and those in owner-occupied housing the most satisfied (Statistics for Wales, 2018a). Although satisfaction fell between 2014/15 and 2017/18 for all tenures, the fall in satisfaction was most pronounced among those living in the private rented sector, where satisfaction fell from 90% to 82% (Statistics for Wales, 2018a). Whilst the affordability of housing purchase in Wales did not change significantly between 2016 and 2017, with earnings growth higher than house price growth (Office for National Statistics, 2018), measures of affordability are somewhat limited and based only on the gross earnings of full-time employees. This does not fully capture the experience of housing-cost induced poverty, nor the implications of the depth or persistence of poverty (Social Metrics Commission, 2018).

Since 1999, the National Assembly for Wales has exercised devolved powers over a range of domestic policy areas. Housing is one of 20 areas in which the UK Parliament transferred legislative power to the National Assembly for Wales, and devolution has increased policy divergence across the four home nations of the UK (CIH Cymru, 2014). However, welfare benefits and economic levers such as fiscal and monetary policy are still controlled by Westminster (Clapham, 2014). This is important to recognise, particularly in a context of austerity and welfare reforms, in which changes to Housing Benefit, caps to benefits, deductions for under-occupation in social housing (Size Criteria), and reforms to the administration of a number of working-age benefits (Universal Credit) may have considerable impact on people's management of housing costs (Hickman et al., 2018). The extent of welfare reform, and its uneven spatial impact, has been outlined in depth elsewhere (see: Beatty and Fothergill, 2016). Devolved nations have attempted to mitigate some measures, for example through increasing the budget allocated to Discretionary Housing Payments (Welsh Government, 2015b). However, there is evidence in England that local authorities are applying more conditions to the receipt of DHPs and providing them as a short-term measure rather than as a form of long-term mitigation (Hickman et al., 2018, Beatty and Fothergill, 2016). In addition, in the private rented sector, reforms to Local Housing Allowance (LHA) can be summarised as: introducing national caps, reducing the rate payable to the 30th percentile of local rents, and extending the age threshold for the (lower) Shared Accommodation Rate (SAR) to 35 for single claimants (Powell, 2015, Centre for Housing Policy, 2011). This is likely to have significant implications for individuals' access to private sector tenancies, resulting in the spatial concentration of younger people on low-incomes in the cheapest private rented sector accommodation (Powell, 2015).

One of the most significant housing policy developments has been the Housing (Wales) Act 2014. This introduced new statutory homelessness prevention and relief duties (Mackie, 2014, Mackie et al., 2017b), enabled local authorities to discharge homelessness duties into the private rented sector (CIH Cymru, 2014), and legislated for a national mandatory registration and licensing scheme for all landlords and agents in the private sector, delivered through Rent Smart Wales (Statistics for Wales, 2018b). Changes to the way in which homelessness is addressed mean that there is greater emphasis on early interventions to prevent crises, that more people have a right to assistance than before, but that an offer of social housing is no longer the main type of assistance available (Government Social Research, 2018a). However, initial research has found evidence of variation in the interpretation of intentionality of homelessness and local connections, highlighting that care needs to be taken to avoid disadvantaging people with vulnerabilities and complex needs (Government Social Research, 2018a).

The Welsh context for mental health

The Welsh Government's strategy for mental health and wellbeing, Together for Mental Health, sets out six high-level outcomes to improve mental health and wellbeing, reduce the impact of mental illness, reduce stigma, provide better treatment experiences, improve access to early intervention and treatment, and improve the values, attitudes and skills of those treating and supporting individuals of all ages (Welsh Government, 2012). However, the British Medical Association (British Medical Association, 2017) notes that historically, mental health has been chronically underfunded as it has not has the same level of prioritisation as physical health care, despite mental health problems affecting a quarter of the population. Around 12% of the NHS and social services spending in Wales is estimated to be allocated to mental health services (British Medical Association, 2017).

Many individuals accessing homelessness services report pre-existing mental health conditions, or a deterioration in their mental health as a result of homelessness or a precarious housing situation (Government Social Research, 2018a). This highlights the complex and interacting relationship between housing insecurity and mental health. Whilst housing services can increasingly turn to the private rented sector in meeting housing duties, early evaluation of the Housing (Wales) Act stated that: 'significantly, securing accommodation for people with mental health problems was reported as the biggest challenge facing service providers' (Government Social Research, 2018a, p.9).

In addition, it was recognised that people with undiagnosed mental health conditions experience challenges accessing support services, and those who do not meet a threshold level also struggle to access support (Government Social Research, 2018a). This suggests that those with lower-level mental health issues may find it difficult to receive help. This may be compounded by other factors, such as rurality. It is estimated that around one-third of the Welsh population live in a rural area, compared to one-fifth in England (Gartner et al., 2007). Delivering face-to-face services in rural areas can be problematic (Government Social Research, 2018a), and this may have implications for access to mental health support.

A number of mental health charities in Wales have noted that data in relation to mental health in Wales is very limited, making it challenging to understand the extent and consequences of mental ill health and what is required to alleviate these problems (Mental Health Foundation, 2016, Hafal, 2017). Data from Quality and Outcomes Framework show that the number of people with severe mental health problems accessing secondary and tertiary care in Wales increased from 0.6% in 2005 to 0.9% in 2016 (British Medical Association, 2017). Referrals to Child and Adolescent Mental Health Services also doubled between 2010 and 2014 in Wales, whilst prescriptions for antidepressants increased by 88% between 2000 and 2009 (British Medical Association, 2017). National Prescribing Indicators also showed an increase of 8% in anti-depressant prescriptions over 2013/14 to 2014/15 (We Need to Talk Wales, 2016). This increase in demand may reflect more people reporting their mental health problems, but evidence from GPs in Wales found that although more than 50% of GPs were spending more time working on mental health than any other issue, they also felt less confident in managing complexity in mental health and promoting mental wellbeing (British Medical Association, 2017). Increases in prescribing may also reflect lack of availability of talking therapies (We Need to Talk Wales, 2016).

The Mental Health Foundation reported that 13% of adults over the age of 16 in Wales had received treatment for a mental health problem in 2015 (Mental Health Foundation, 2016), but there is a lack of information on mental health issues for which people may not have received specific treatment. It is also likely that under-reporting is an issue, given the underlying stigma associated with mental health. For example, a survey for Time to Change Wales (2016) found that 1 in 10 people surveyed believed that individuals with a mental illness can never fully recover, and that they are less trustworthy than people without mental health problems. A 2010 poll by YouGov also commissioned by Time to Change found that 66% of people surveyed in Wales would not rent a room in a shared flat to someone with a mental health condition. This is particularly significant given the potential for growing shared living in the private rented sector. There is also some evidence of a spatial dimension to mental ill health. The 2015 Welsh Health Survey found that there was poorer mental health in more deprived areas, from 8% of adults being treated for a mental health condition in the least deprived fifth of the country, to 20% in the most deprived fifth (Mental Health Foundation, 2016).

Housing-related support services are funded though the Supporting People programme. This programme was developed in the expectation that the support offered would help to prevent homelessness, and enable people to live independently in their own home rather than enter long-term care (Government Social Research, 2018b). Unlike in other parts of the UK, Welsh Supporting People budgets have continued to be ring-fenced (CIH Cymru, 2014). In line with general trends across the UK, the emphasis on service provision for people with a mental health problems in Wales is focused on community-based support, rather than hospital-based treatment (Mental Health Foundation, 2016). Ensuring that individuals are able to experience housing security is therefore of policy importance; the report now moves on to consider dimensions of housing insecurity and their relationship with mental health.

Part Two: Housing insecurity and mental health – an evidence review

Approach to the review

This chapter presents the key findings from an evidence review of research into the relationship between housing insecurity and mental health. In setting the specific focus for the review, consideration was given to the Mind review of mental health and housing (Diggle et al., 2017), the intention being to build upon this existing work rather than replicating it. In collaboration with Mind Cymru, the key questions that guide the review are:

- What is the relationship between different dimensions of housing insecurity and mental health, for individuals living in general needs housing?
- What key lessons can be identified within this research literature, and how do they relate to the Welsh service context?

The review focuses on general housing contexts, either in the rented (social or private) or owner-occupied sectors. The review does not consider supported or temporary accommodation such as hostels, or specialist mental health services with accommodation. Whilst it is important to acknowledge the relationship between mental health and homelessness, and homelessness as an important outcome of housing insecurity, these areas are not the focus of the review. This is because homelessness, mental health, supported housing interventions and allocations processes/routes into housing have been extensively covered in other publications (Rees, 2009, Mackie et al., 2017a, Gousy, 2016). There has been less focus on mental health and housing in the private sector, and – given its growing significance – there is particular interest in understanding experiences in this sector (Diggle et al., 2017).

Conceptualising housing insecurity

Housing occupies an important position as a social determinant of health; it is part of a package of social and economic conditions that shape individual wellbeing (Bentley et al., 2016b). Housing is not only relevant in relation to its practical use-value as somewhere to dwell, but can also contribute to a sense of self, identity, security and constancy (Hiscock et al., 2001, Benson and Jackson, 2017). Burgard et al (2012) note the importance of considering multiple types of housing instability when considering mental health outcomes. Similarly, Hulse and Saugeres (2008) draw out different dimensions of housing insecurity for low-income renters in Australia, comprising housing mobility, instability, lack of privacy, feeling unsafe, lack of belonging, and lack of physical comfort. The evidence review presented on the following pages focuses on the relationship between housing insecurity and mental health, but looks across different tenures. For the purposes of the chapters that follow, housing insecurity is conceptualised in three (interacting) dimensions: financial, spatial, and relational.

- Financial insecurity includes issues such as the affordability of housing and its relationship with mental health, relationships with tenure, and the impact of housing-related debts and other financial stressors. The impact of housing-related welfare reforms is also briefly considered here.
- Spatial insecurity relates to the ability of an individual or household to remain in a given dwelling, or wider neighbourhood area. This includes issues such as eviction and forced moves and their relationship with mental health, tenure security and insecurity, and rurality. Un-elective fixity is also considered, relating to individuals' inability to exercise housing choices.

- Relational insecurity draws out the way in which individuals' experiences of housing and home are bound up with relationships with others. This includes not only familial and household relationships, but the increasingly significant role of sharing with strangers among young people, and the potential implications this may have for mental health. The issue of stigma is relevant for people's access to different forms of housing, and this is briefly discussed here.

Search protocol and results

In order to search for literature, search terms were set for each of the dimensions of interest (see supplementary material). Initial data searches were carried out in two bibliographic databases, Web of Science and SCOPUS. Searches were limited to: research articles available in English, and post-2008 publications. This date was chosen to capture research undertaken in the post-Global Financial Crisis (GFC) context. Whilst housing systems have been shifting over the long-term, there is considerable evidence that this accelerated post-GFC, that contemporary housing systems are being fundamentally reconfigured, and that they are characterised by decreasing affordability, extended and disrupted transitions to independence for young people, and worsening housing outcomes compared to previous generations (Preece et al., 2019). These may all have implications for relationships with mental health.

Initial searches returned 959 references once duplicates had been removed. Title screening reduced these to 116, and once abstracts had been screened 74 references were found to be within the scope of the review. These were prioritised on a three-point scale according to strength of fit with the precise focus of the research (mental health and dimensions of housing insecurity), robustness of empirical approach, and novelty. When this ranking was complete, 39 references were given the highest rating (1), 23 were rated as 2, and 12 as 3. All the highest rated studies (n=39) were taken forward to the final review.

These were combined with hand searching undertaken in academic journals and through general searching for relevant high-quality non-academic research reports, for example through the websites of research centres and charities. Whilst much of this searching was carried out before the synthesis of material, it was an ongoing and iterative process throughout the review, as a number of additional references were identified during evidence synthesis. For example, particularly relevant citations were followed-up from the references of some publications, and the report also draws on the authors' wider knowledge of research in these areas. In addition, separate searches were also carried out for publications detailing the Welsh context for housing and mental health services.

The nature of the research evidence is mixed. Whilst there is a large amount of research exploring the relationship between different dimensions of housing insecurity and mental health, much is devoted to attempting to isolate the impact of particular factors and to understand causality. This is particularly the case in relation to empirical research around housing affordability, which has sought to isolate a range of variables in relation to individuals' experiences of mental health. Various studies have reflected on the difficulties of accounting for confounding variables in cross-sectional models (Pierse et al., 2016), and of limitations to common measures of mental illness, which may not distinguish between people with a clinically significant level of symptoms and those experiencing general emotional or psychological distress as a lower level (Harris et al., 2010). The available research also has a particular geographical bias. Again, this is particularly apparent in relation to research into housing affordability, of which much draws from Australian datasets. This likely reflects the availability of large scale, relevant data – notably, no research has been carried out specifically in Wales, although there are also a high proportion of studies drawing on UK (but often English) data.

Financial insecurity and mental health

Introduction

This section considers the relationship between housing-related financial insecurity and mental health outcomes. Housing affordability is a growing issue in a number of contemporary housing systems (Arundel and Doling, 2017, Dewilde and De Decker, 2016), and there is evidence that lack of affordability is associated with poorer mental health (Shelter, 2017). This section considers this relationship in more depth, as well as the specific role that tenure may play in mental (ill) health. The evidence on the role of tenure is mixed. Whilst analysis of longitudinal data in the UK has shown those living in social rented and private rented housing to be significantly more likely to experience mental ill health than owner-occupiers (Mind, 2019), other research argues that there is no intrinsic mental health benefit associated with a particular tenure, but rather any benefit flows from the wider institutional framework, through which different normative, legal and economic benefits of tenures may be expressed (Bentley et al., 2016b). Finally, the impact of other financial stressors, such as debt, fuel poverty, and the broader context of austerity and welfare reform in the UK have also been shown to have mental health impacts.

Housing affordability

The relationship between housing affordability and mental health is complex and subject to multiple confounding influences (Pierse et al., 2016). Housing affordability is commonly conceptualised as a relationship between income and housing costs (especially house prices), but this is a relatively limited way of thinking about affordability which lacks nuance, fails to attend to the other fixed costs individuals have to manage, and does little to capture the lived experience of poverty and insecurity (Social Metrics Commission, 2018, Meen, 2018). Nevertheless, there is evidence that people's perceptions of housing affordability impacts on their mental health; research with adults in England highlighted that housing affordability was the most frequently mentioned issue by those who saw housing pressures as negatively impacting their mental health (Shelter, 2017). Parallel research carried out with GPs also underlined the importance of housing condition, the affordability of rental housing, and insecurity of tenancies, where patients were presenting to GPs with mental health problems (Shelter, 2017).

Experiences of insecurity in housing are related to insecurity in other areas of life, and the relationship with employment is particularly relevant. Bentley et al (2016a) explore whether security of employment modifies the effect of housing affordability on mental health. The study – based on analysis of Australian panel survey data over ten years – noted evidence of a small negative effect on mental health when housing became unaffordable for those who were insecurely employed, with no change for those who were securely employed (Bentley et al., 2016a). Whilst the effect size was small, it suggests that interventions seeking to improve mental health should consider not only housing affordability, but also employment security.

Using Australian survey data, Baker et al (2014) provided support for the intuitive notion that the relationship between housing affordability and mental health is bi-directional. That is, prior mental health appears to predict current affordable housing outcomes, and housing affordability is also associated with current health. This suggests that policy measures focused only on improving affordability – such as through housing cost subsidies – miss an opportunity to impact on mental health outcomes through the integration of health and housing services, which may be able to prevent affordability issues by focusing on mental health support (Baker et al., 2014).

Nevertheless, poor housing affordability has been found to be associated with deterioration in mental health in analysis of Australian (Bentley et al., 2011) and UK data, for some groups (Bentley et al., 2016b). Bentley et al (2011) considered changes within individuals longitudinally, comparing individual housing affordability and mental health at two points in time. The mental health impacts of housing unaffordability were limited, however, to individuals living in households in the bottom 40% of the income distribution. This is perhaps to be expected, given that for many higher income households, high housing costs are the result of voluntary housing choices, rather than the greater constraint and trade-offs faced by those in relative poverty (Bentley et al., 2011).

Whilst affordability can be measured at one point in time, there is also value in conceptualising the way in which individuals experience housing (un)affordability as a dynamic process over time, since those who live with deep and persistent affordability problems are likely to have different experiences to those for whom affordability pressures are temporary or short-lived (Baker et al., 2015). Indeed, new proposed poverty measures for the UK seek to take account of the depth and persistence of poverty, to provide greater insight into household experiences (Social Metrics Commission, 2018). Baker et al (2015) considered whether the length of time someone spent in unaffordable housing could be a factor in their mental health, analysing the difference between 'slippers' (those moving in and out of affordable housing) and 'stickers' (in long-term unaffordable housing). Importantly, the study demonstrated that even over a one-year period there was considerable movement of individuals between unaffordable and affordable housing groups (set at a level of 30% of income being spent on housing costs). Whilst the numbers of individuals in housing (un)affordability therefore remained largely the same over a two-year period, longitudinal tracking of individuals showed significant movement, demonstrating that poor housing affordability is experienced by different people over time (Baker et al., 2015, p.287). This suggests that more individuals may be affected but for shorter periods. However, in analysis seeking to understand additional health effects based on the time spent in housing affordability stress, Bentley et al (2012) found that only a small mental health effect could be attributed to affordability stress, and there was no additional impact over time beyond the first year of exposure. This suggested that cumulative impacts were more directly attributable to the individual characteristics of those exposed to affordability stress for consecutive years (Bentley et al., 2012).

Tenure

Empirical research into the relationship between tenure and mental health has challenged the notion that there is any universal, intrinsic benefit to one tenure or another in terms of mental health impacts, and that an understanding of the wider institutional context is crucial (Bentley et al., 2016b). For example, comparative analysis of the UK and Australia has highlighted the importance of 'discarding notions that there are dimensions of housing per se that make one tenure intrinsically more vulnerable or risky than another' (Bentley et al., 2016b, p.218), and instead drawing out the normative, legal and economic dynamics of tenures in particular places that expose households to stress and declining mental health. Therefore, experiences of private renting in one national context may be very different to another, because of the institutional frameworks that surround them. Bentley et al (2016b) found that not only were private renters in the UK much less likely to experience unaffordable housing than those in Australia, but when they did they were also less likely to experience a decline in mental health. The authors highlighted the importance of the different welfare regimes, and the greater access to Housing Benefit for UK households in the private rented sector (Bentley et al., 2016b). Importantly, however, the analysis drew on data from 2001-2008, before the implementation of significant reforms that restrict Housing Benefit (LHA) in the UK private rented sector (Powell, 2015). There is potential for these changes to have a negative impact on affordability, housing choice, housing quality, and mental health.

Within-country analyses have also produced mixed results. Analysis of six waves of Understanding Society data – a UK longitudinal study – found that after controlling for various socio-demographic and housing characteristics (such as housing affordability and overcrowding), people living in the social rented and private rented sectors were significantly more likely to experience poor mental health than homeowners (Mind, 2019). However, limited data was available for housing characteristics and it was not possible to control for the role of physical housing condition. Because of low-rates of moving, there was insufficient data to explore the relationship between mental health and moves between tenure, but this has been possible in other contexts. Analysis

tracking households over time has been conducted on data in New Zealand, with Pierse et al (2016) finding no evidence that moving into homeownership reduced psychological distress or improved mental health. There is some evidence that lower-income private renters experienced poorer mental health when their housing was unaffordable, whereas lower-income homeowners experienced – on average – no difference (Mason et al., 2013). This suggested that – in an Australian context at least – lower-income private renters were more vulnerable to the mental health effects of unaffordable housing compared to lower-income homeowners (Mason et al., 2013).

There is little research on the mental health impacts of being unable to access one's tenure of choice. For example, there is some evidence that young people who are unable to access homeownership because of increasing house prices, insecure employment, and stagnating wages, feel that they lack 'real' housing choices (McKee et al., 2017, McKee and Soaita, 2018). Participants have also commonly reported that if they were unable to achieve their goal of homeownership, and remained renting over the longer term, they would feel frustration, disappointment, and a failure, and that lack of security is a source of anxiety and stress (McKee and Soaita, 2018). However, this emerging area of research has not tended to specifically measure mental health impacts in-depth. Econometric modelling using Australian data has pointed to a decline in the psychological wellbeing of renters when local house purchase prices are higher (Atalay et al., 2017). The authors explain this effect in two ways: renters may face increased housing costs if there is a correlation between house prices and rental rates, and those seeking to buy may find the transition to homeownership more difficult (Atalay et al., 2017). On the latter point, more research is needed to explore the psychological impacts of the 'aspirations gap' (Crawford and McKee, 2016); this should not be limited to homeownership.

As well as variations between tenures, there is also a small amount of research exploring the different attributes individuals associate with a particular tenure, and how this relates to health. For example, assessing the health-promoting potential of housing wealth, Searle et al (2009) argued that homeowners who viewed their home almost exclusively as a financial asset reported lower wellbeing, whilst those who prized the emotional attributes of home reported higher wellbeing. The authors argued that the stress of relying on housing as an investment may therefore be costly for individual wellbeing (Searle et al., 2009). This may have policy impacts in relation to the promotion of housing as an investment and form of asset-based welfare (Ronald and Dewilde, 2017).

One emerging area of research interest is the experience of older people in the private rented sector, which is recognised as a growing group about which little is known, certainly when compared to 'generation rent'. Moving beyond affordability, Morris (2018) highlighted the importance of the predictability of housing costs for older people reliant on pensions for their income. Older private renters in Australia, for example, were 'constantly anxious about the possibility of an untenable rent increase' (Morris, 2018, p.84). By contrast, interviews with social housing tenants suggested that reasonable and predictable housing costs had a 'profoundly positive' impact on their mental health (Morris, 2018, p.85), and there is some interest in revisiting the potential for rent controls in housing markets such as London (Busby, 2018).

Housing-related debts and financial stressors

It is perhaps unsurprising that there is a relationship between debt and financial stressors and mental health. For example, drawing on surveys and interviews with residents in Michigan, Burgard et al (2012) found that those who were behind on mortgage payments were more likely meet criteria for depression than those who had not experienced housing instability. Similarly, those who had recently moved for cost, fallen behind on their mortgage, or were going through foreclosure were significantly more likely to report a recent anxiety attack (Burgard et al., 2012). Indeed, mental health impacts have been found well before the actual loss of housing. A systematic review of foreclosure in the US found that those who experience mortgage-related distress, such as a notice of default, are likely to experience more anxiety and depression (Downing, 2016).

Whilst mortgages have been positioned as 'good debts' in countries such as the US and the UK, because they enable the fulfilment of societal norms around homeownership, it is possible that the housing crisis has shifted perceptions of mortgage debt (Dwyer et al., 2016). Using longitudinal data, Dwyer et al (2016) compared young adults at two time points, before and after the 2008 housing crash in the US, finding a negative shift in the experience of mortgaged homeownership and increases in anxiety. It is worth noting that it is not just debt but also changes to interest rates at a macro level that can impact on mental health. For example, analysing UK panel survey data from 1995 to 2009, Boyce et al (2018) noted an association between changes in central bank interest rates and mental health, such that when interest rates are high, these is an increased risk of poorer mental health among the heavily indebted. Whilst the study could not identify the precise mechanism through which interest rate changes influence mental health, the timing of such changes afford an opportunity to highlight the availability of mental health services.

Whilst discussions of housing affordability tend to focus on income and housing costs, the broader financial position of a household can also have important mental health impacts. There has been a particular focus on fuel poverty and health, although Liddell and Guiney (2015) argue that there has been more attention to physical health impacts than mental health. Whilst detailed research relating to the physical condition of the home is outside the scope of this review, there is some cross-over with fuel poverty and it is worth highlighting some specific pieces of research here. This may be particularly important in the Welsh context because the housing stock is older and less energy efficient than in the rest of the UK (Statistics for Wales, 2018b). A review – itself drawing on a Cochrane review (Thomson et al., 2013) – noted that the evidence testing the link between mental wellbeing and energy efficiency improvements is largely of higher quality than in other areas of health and housing research, although draws from a limited pool of studies (Liddell and Guiney, 2015). The review found that living in a cold and damp house contributed to mental health stressors, including persistent worry about debt and affordability. However, the authors noted that specifying how improved energy efficiency may benefit mental wellbeing 'is a formidable challenge', because of the complexity of understanding causal pathways, and the range of outcomes that appear to be affected (Liddell and Guiney, 2015, p.197).

Housing investment works by Glasgow Housing Partnership were evaluated in relation to measures of housing improvement, fuel affordability and mental health. The study found that after 2008, increases in the frequency of fuel payment difficulties were associated with substantial reductions in the mental health of those who experienced them (Curl and Kearns, 2017, p.435). Similarly, the English 'Warm Front' scheme found that respondents who reported the most difficulty in paying fuel bills also reported the highest levels of stress (Gilbertson et al., 2012). The research drew on surveys with 2,685 individuals before and after the intervention to improve the energy efficiency of their dwelling. The most stressed respondents were over 20 times more likely to have poorer (low) mental health scores, or problems with anxiety or depression. In the majority of cases in which the Warm Front scheme had raised indoor temperatures and/or reduced fuel poverty, individuals reported better mental and physical health (Gilbertson et al., 2012).

Although it is not possible to discuss the research in depth within the review, it is also important to note that the context of austerity and welfare reforms in the UK has been found to have mental health impacts. For example, being affected by the size criteria or 'Bedroom Tax' was found to be associated with financial hardship as well as extreme levels of anxiety, stress, fear and hopelessness, and worsening mental health and wellbeing (Moffatt et al., 2016). Whilst the long-term impacts of cumulative welfare reforms on mental health have yet to be subject to rigorous research, longitudinal research with tenants in the North of England reported that 77% believed that welfare reforms were having an impact on their health and wellbeing (Leeds and West Yorkshire Housing Association, 2015). Given that some places – such as older English and Welsh industrial areas, and seaside towns – have been shown to be disproportionately impacted by welfare reforms (Beatty and Fothergill, 2014, Beatty and Fothergill, 2016), there may be implications for the long-term effectiveness of the kinds of coping strategies highlighted by research, such as drawing on local support from friends and family (Clarke et al., 2015, Power et al., 2014, Moffatt et al., 2016).

Spatial insecurity and mental health

Introduction

This section explores the relationship between mental health and spatial or environmental insecurity. An overall increase in repossession orders across the private and social rented sector presents one of the most acute forms of spatial insecurity, and highlights a growing risk for the mental health of people affected. The expanding private rented sector in particular has the highest proportion of non-decent homes compared to other tenures, lack of secure tenure, and generally short tenancy agreements, which may contribute to mental health problems and discourage individuals from reporting problems to landlords in case of eviction (Parliamentary Office of Science and Technology, 2011). At the same time, research shows that restricted choice and mobility within the housing market is also associated with negative mental health outcomes. Furthermore, a polarised housing market not only leads to the concentration of households according to socio-economic status, but also the concentration of environmental issues relating to safety and security, as well as proximity between housing and public services.

Eviction and forced moves

Insecurity of tenure presents an increasingly prevalent issue for renters in the private sector, and potentially within the social rented sector as well due to the consequences of benefit caps and rising rent levels. The freeze on Local Housing Allowance (LHA) in the PRS has contributed to widespread issues of affordability for people receiving housing benefit, with just a third of private rents in Wales met by LHA (Community Housing Cymru, 2017). The issue of affordability for people receiving support for housing costs must be placed within the context of increasing landlord possession claims and orders in Wales. After decreasing in the three years up to 2017, these have shown a slight increase to 1,421 possession claims made, and 1,172 possession orders given, for the period July to September 2018 (Welsh Government, 2018). It is important to note that between July and September 2018, 79% of possession warrants and 65% of all possession orders were made by social landlords (Welsh Government, 2018). Whilst repossessions have risen overall within the social rented sector, there has also been an increase in 'financial inclusion' activity among social landlords. This includes efforts to engage with tenants experiencing arrears and to provide support with debt advice, and recognising potential mental health issues. Some social landlords have provided in-house support as well as increasing links with local mental health and community-based support services. However, in a survey of social housing providers, Community Housing Cymru have reported issues in accessing those services, inconsistent staff training around mental health, and general discord surrounding the responsibility of social landlords to support tenants with mental health needs, in relation to other agencies (Community Housing Cymru, 2016).

Notwithstanding debates about the role of social landlords, adult social care or health services in managing mental health, the role of private landlords warrants greater scrutiny in this regard. Whilst the social rented sector traditionally houses people who are economically inactive due to age, disability, or ill-health, recent research into the private rented sector in England has shown that 38% contains households who might be considered as vulnerable. This includes households with dependent children, people receiving means tested benefits, and migrant groups (Rugg and Rhodes, 2018). Along with benefit caps and affordability issues, tenure insecurity within the PRS in particular has been attributed to what are known as section 21 or 'no fault' evictions. Eviction claims can be made against a range of reasons under the Housing Act. However, section 21 allows landlords to apply to courts for eviction without a reason, giving rise to evidence of 'revenge evictions' against tenants who have complained about property or management issues (Bellis et al., 2018). Campaigns across all devolved nations are currently pressing the UK government to end section 21 evictions, and if successful may reduce feelings of insecurity for tenants who may avoid reporting problems for fear of eviction. The landlord register introduced in Wales may also go some way to increasing regulation of this sector. However, the negative impact of spatial insecurity does not only arise from eviction or the non-renewal of a private sector tenancy; living in the knowledge that you may have to move with little notice adds to anxieties among renters, and hinders their ability to feel settled (McKee and Soaita, 2018).

Mortgage repossession claims and orders have fallen between 2017 and 2018, with mortgage repossession warrants standing at 265 (Welsh Government, 2018). However, research has also shown that the effect of eviction is strongest for homeowners above renters, where a decline in feelings of security is particularly marked (Pevalin, 2009). Nevertheless, threat of eviction due to issues with paying the rent or mortgage is considered as a main category of housing insecurity by the European Typology on Homelessness and Housing Exclusion, alongside living in insecure accommodation or under threat of violence (FEANTSA, 2005). Systematic reviews have shown that foreclosure (repossession) has an adverse effect on mental health, both at an individual and a community level (Tsai, 2015). Physical health outcomes such as high blood pressure and stress-related illness have been attributed to the process of eviction, although those outcomes vary according to individual characteristics (Vasquez-Vera et al., 2017). Even when controlling for age, gender, socioeconomic status and previous health status, US-based studies have found that people who move due to affordability reasons are more likely to have experienced anxiety than people without reported housing insecurity (Burgard et al., 2012). In Sweden, research has shown a significant association between suicide and the loss of legal rights to home. Using a large sample and logistic regression, people facing eviction were four times more likely to attempt suicide than the rest of the population (Rojas and Stenberg, 2016). The process of eviction proceedings leading up to an eviction itself has been attributed to profoundly negative impacts for mental health (Vasquez-Vera et al., 2017, Hardy and Gillespie, 2016).

Un-elective fixity to home and place

The ability to remain in a home or neighbourhood is crucial for feelings of security and positive mental health. However, restricted ability to move, or un-elective fixity, may also contribute to feelings of insecurity or lack of control over housing choice. Research around houses in multiple occupation (HMOs) has found this to be particularly important (Barratt et al., 2015). With deductions and cuts to Housing Benefit in the social sector, and Local Housing Allowance in the private rented sector, housing options for people receiving support to meet their housing costs have become increasingly limited. There is mounting evidence to suggest that social landlords are excluding people on the basis of affordability (Watts and Fitzpatrick, 2018, Hickman et al., 2018), as well as reasons relating to mental health (Wales Audit Office, 2010). The extent to which PRS landlords will rent to people in receipt of Housing Benefit has been impacted by the roll out of Universal Credit across England and Wales, as landlords become less willing to rent to those in receipt of UC because of perceptions of higher levels of financial risk (Reeve et al., 2016), or mental health (Time to Change Wales, 2011). This highlights the double disadvantage of stigma that people in the greatest need of housing might face, and draws attention to the lack of real choice available to many people within the social and private rental housing market.

Spatial insecurity and mental health risks are also evident in the polarisation that has taken place within housing markets, and the choices available to people renting in the bottom end of the market. Research exploring the links between housing and mental health has sought to unpack the factors that contribute to negative health outcomes, and has linked environmental factors among others to psychological distress (Evans et al., 2003, Barratt et al., 2015). In an Australian study of low-income renting households, housing insecurity was attributed to a lack of privacy, lack of belonging, lack of physical comfort, housing mobility, housing instability, and feeling unsafe (Hulse and Saugeres, 2008). Similarly, another Australian study of private and social renters, and homeowners, explored individual narratives about the impact of tenure on mental health. This study found that feelings of control over tenure and cost, presented profound psycho-social benefits, as well as feelings of control over the environment within the home and neighbourhood (Morris, 2018).

Issues of privacy and spatial security present obvious issues for people living in shared housing or communal housing blocks. HMOs are residential properties with common areas, such as kitchens or bathrooms, which are shared by more than one household (Green et al., 2015). The SAR for single people aged 35 and under, and the level of LHA available, has resulted in a concentration of people with the least economic resources in areas of low rent housing, and HMOs in particular. This contrasts with students and young professionals who have greater incomes and housing choices, and occupy HMOs in higher value areas, but whose choices and aspirations are still subject to limited housing affordability (McKee and Soaita, 2018).

A range of environmental issues have been associated with high volumes of low rent HMOs, including seaside towns such as Colwyn Bay and Llandudno (Smith, 2012, Beatty et al., 2014, Welsh Government, 2015a). Transient populations moving in and out of accommodation, concentrations of students, seasonal workers, people living with social support needs, and higher levels of crime and Anti-Social Behaviour all contribute to social issues in those localities. Whilst much of these environmental issues are part of broader structural and administrative problems that require the efforts of a range of local and national bodies to resolve, feelings of insecurity within homes, neighbourhoods and localities may also be improved through the interventions of local government, landlords and letting agents. With attention to improving safety and standards in communal areas, some of the stigma and psychological stress associated with private rented accommodation may be reduced (Barratt et al., 2012).

Proximity of housing to services in Wales

Access to health services has become increasingly challenging as services specialise and people must travel greater distances to access healthcare, sometimes across the border to England. Distance and transportation is a particular issue for people living in rural Wales, where around a third of the population live (Welsh NHS Confederation, 2018). Mental health issues are also reportedly highest within the most economically deprived areas, which includes rural and non-rural areas (Mental Health Foundation, 2016). Socio-economic polarisation of populations has taken place across the Welsh valleys, where housing markets are broadly determined by access to employment and services. Areas that run throughout the middle of the valleys in particular have the most limited connections to transport, healthcare and other services (Archer et al., 2018). In those areas, access to GP surgeries, community mental health services and adequate transportation is a particular problem, and may restrict the management of low level or more acute mental health issues.

The Joseph Rowntree Foundation has recently called for the introduction of a general housing advice service for all tenure types, for people living in England and Wales (Duggan, 2018). A telephone service would take referrals from job centres, GPs and other local services who come into contact with people in need of advice and support. This proposal follows the extension of local authority homelessness duties to a wider number of people, and concerns about the resources available to meet those demands. An effective point of contact for housing-related issues might reduce the likelihood of psychological distress and presentations to health services further down the line, should issues not be resolved. Research has shown that people are not only unaware of where to go for housing advice, but also struggle to use and navigate online services to report housing issues or manage changes in circumstances (Duggan, 2018). This highlights a broader issue relating to digital-by-default services and the closure of locally staffed offices, which is not only an issue for people who are not comfortable with using online services but for people who have limited access, such as rural areas (Ofcom, 2018).

Relational insecurity and mental health

Introduction

Restrictions to Housing Benefit have been significant in increasing the age at which single adult claimants are entitled to self-contained accommodation, resulting in increasing numbers of young and vulnerable people living in HMOs (Smith, 2012, Green et al., 2015). It is important to consider the ways in which housing insecurity may be influenced by the changing nature of the relationships individuals have with others. Mental health is relevant here in a number of ways; poor mental health can be seen as both potential driver of relational insecurity, placing stresses on existing relationships, but also as an outcome of difficult relationships. In a context in which individuals – particularly those under the age of 35 – are expected to share housing, it is crucial to explore the ways in which individuals negotiate relationships with strangers (such a 'stranger shares') as a route to housing, and the stigma that people with mental health issues may face. Yet, the dynamics of shared living, impacts on mental health, and the experiences of those with mental health issues in shared housing are relatively under-explored in the research literature. Indeed, Green and McCarthy (2015) argue that little research has focused on sharing among young, low-income, vulnerable groups, and that most existing work is preoccupied with sharing as a choice for affluent professionals, or as a temporary stage in the housing pathways of students. This is an important area to develop, given the significant changes in shared living, the growth of the private rented sector, and changes to welfare support which assume sharing for under-35s. As Barratt et al (2012) note, evidence of the relationship between housing and mental health needs to be urgently addressed in order to develop broader housing standards that can be incorporated into existing risk assessment frameworks such as the Housing Health and Safety Ratings System (HHSRS).

Household relationships

Research with individuals in Australia who had a diagnosed mental illness but lived in the community found that many participants lived with family members, usually in the family home (Moxham, 2016). Whilst familial support is important (Larson and Corrigan, 2008), it is also the case that relationships can come under strain. For example, individuals with mental health issues may feel that familial living arrangements reduce their autonomy, that they are positioned as the 'child' in the house, and face various restrictions in their daily life (Moxham, 2016). However, this research also found that participants feared alternative living arrangements, especially where loss of housing could lead to re-hospitalisation. This fear of losing accommodation and entering mental health facilities may prevent individuals from voicing complaints or opinions about their accommodation (Moxham, 2016). Therefore, it can be seen that the housing options available to people living with mental ill health may structure individuals' assessments of their living situation. In general, there is very limited evidence about the difficulty of transitions into and out of the family home, a finding in common with an earlier review of housing and mental health (Diggle et al., 2017).

There are a number of empirical studies around hospital discharge (Forchuk et al., 2008, Herman et al., 2011), but these tend to focus on interventions designed to prevent exits into homelessness, with measures centring on retention of housing at particular points in time post-intervention, rather than a more in-depth understanding of the relationships that enable individuals to remain housed. In addition, because of the different welfare systems in these North American studies, there are limited lessons for a Welsh context in which there is greater statutory support for housing access and costs. However, qualitative evidence has highlighted the importance of feelings of lack of independence, demotivation and disempowerment among adults who returned to the family home, as well as complex emotions when family members no longer felt that they could support individuals to live at home (Diggle et al., 2017). The support available to individuals with mental health needs, as well as their wider families and social support networks, should be reviewed to assess whether it supports the management of such complex household dynamics and conflicting emotions.

A systematic review of studies on housing and severe and persistent mental illness included consideration of research on pathways after discharge from hospital, however the studies varied in terms of design, population, and quality (Kyle and Dunn, 2008). Nevertheless, the general conclusions that could be drawn include the importance of long-term housing and access to a broad range of community services to support independent functioning for those in independent housing. Resident concerns about housing quality, not having a room of their own, and household conflict were also all associated with increasing symptoms of anxiety, anger and/or depression (Kyle and Dunn, 2008, p.11). This highlights the importance of support of various forms post-discharge, including in managing household conflict. There is a lack of empirical evidence in relation to the impact of hospitalisation on loss of housing. Some research has featured case studies of individuals who have lost housing as a result of being institutionalised (Reeve et al., 2016, p.49), but there is little evidence of the potential scale of this issue.

Relationships within shared housing environments can also be significant for mental health. This is a particularly important issue in light of changes to welfare support, which mean that an increasing number of vulnerable people are being forced to reside in the cheapest, least desirable private rented accommodation, such as HMOs (Green et al., 2015). Living in shared accommodation may impact on those with pre-existing mental health issues, because of poor quality environments or the behaviour of other tenants, which may increase feelings of stress, anxiety and insecurity (Green and McCarthy, 2015, Centre for Housing Policy, 2011). As research from the Centre for Housing Policy (2011, p.viii) notes: 'for claimants with mental health or learning difficulties or victims of domestic violence, shared properties could be damaging to their health and wellbeing'.

In general, there has been little research into the dynamics of shared living and its relationship with mental health, although there has been some research specifically in relation to HMOs (Batty et al., 2015). For example, Barratt et al (2012, p.44) argue that within HMOs some of the greatest threats to the mental health of tenants come from the actions of other tenants. Indeed, tenants in shared housing have emphasised the importance of security in their own home, both in terms of their own personal safety, but also more broadly in relation to the ability to remain there; this leads to questions over the role of shared housing in being able to deliver long-term housing solutions (Centre for Housing Policy, 2011).

Other research with landlords and tenants in HMOs has highlighted the heightened surveillance in such housing arrangements, with case studies noting the extensive use of CCTV to monitor tenants' behaviour (Green et al., 2015). Whilst this was often combined with, and defined by landlords and tenants as, 'care', there were also examples of vulnerable tenants being controlled by landlords through the establishment of a more 'caring' relationship (Green et al., 2015). Tenants' views were diverse, however, with some reporting that enhanced monitoring increased their feelings of security, whilst others found it intrusive (Green et al., 2015). Barratt et al (2012) highlight some examples of positive practice in relation to HMOs, including cross-agency working to enforce housing standards and HMO licensing conditions, as well as the provision of substantial social support to the local and transient community. However, they also note that current regulations and enforcement make it difficult to take action where the threat is to mental health, rather than physical health (Barratt et al., 2012).

Research with those sharing housing in the private sector and claiming LHA found that views on sharing were often shaped by the extent to which individuals had been able to exercise choice in their housing (Centre for Housing Policy, 2011). There is evidence that for those experiencing addictions or mental ill health, the insecurity and stress of sharing with strangers were unlikely to contribute to feeling settled or being able to move into education or employment, and that where the type of sharing was inappropriate for an individual this could increase the risk of homelessness (Centre for Housing Policy, 2011).

It is also the case that the form of housing can itself impact on other relationships more broadly. This has particularly been seen as an issue for parents with non-resident children (especially fathers), because the nature of sharing with strangers may impinge on their ability to develop close relationships with their children (Barratt et al., 2012). Issues such as lack of play space, conflict with other household members over children staying, and the unsuitability of shared living environments for children have all been highlighted (Centre for Housing Policy, 2011, Barratt et al., 2012, Muir, 2018). The possible mental health implications of this – for parents and children – have not been subject to robust research.

Landlord perceptions of tenants with mental health needs

There is little research into the ways in which landlords perceive those with mental health issues, particularly in the private sector. A small research project in Sweden explored private and public landlords' experiences of letting houses to tenants with severe mental illnesses (Bengtsson-Tops and Hansson, 2014). In most cases, landlords became aware of mental health issues by accident, for example during maintenance of apartments; the fact that tenants would rarely reveal to landlords that they had mental health needs may be indicative of a degree of concern about associated stigma. Landlords were reportedly conscious that they lacked knowledge about how best to manage issues arising from tenants' mental health issues in a sensitive way, and it was not clear who to contact when problems arose. In this study, landlords highlighted the ways in which they expanded their role when necessary, for example by providing assistance that normally would have been given by social or psychiatric services (Bengtsson-Tops and Hansson, 2014). However, there were concerns that psychiatric care and social services did not always view landlords as an important partner with whom to cooperate, and that the support landlords needed in emergency situations were neglected (Bengtsson-Tops and Hansson, 2014). Whist the study focused on tenants with severe mental illness, the more general conclusions and points of learning also apply to landlords housing people with lower level support needs. Recent research in Wales has also highlighted the desire for more information and support for landlords (Tyfu Tai Cymru, 2019).

Whilst the review has focused on individuals who are already housed – rather than those experiencing homelessness – a report into private landlords' perceptions of letting to homeless people has wider relevance in relation to attitudes towards mental ill health and assessments of risk (Reeve et al., 2016). For example, landlords perceived both benefit claimants and homeless people to be higher risk as tenants, and they were deterred from letting to them by concerns about arrears, property damage, and the perceived need for more intensive tenancy management (Reeve et al., 2016). These issues may also be applied to those with mental health needs, however there is little evidence specifically exploring this.

Systems of floating support may play an important role in enabling access to, and sustaining, tenancies for those with mental ill health. A major benefit of floating support is that it is tenure neutral and can be provided to anyone irrespective of the type of accommodation in which they live (Civis Policy Consulting Research, 2008). Separation of support and landlord functions also enables support workers to be advocates for the service-user and make links with a variety of landlords increasing people's housing options, for example by reassuring landlords that support workers can intervene to resolve issues (Civis Policy Consulting Research, 2008). There is a lack of evidence on landlord attitudes to the provision of floating support, and in relation to the effectiveness of Supporting People programmes as a whole (at least in terms of controlled studies or systematic reviews); however, the available research suggests positive impacts on service-users in terms of quality of life, skills and confidence, independence, and the ability to make lifestyle decisions (Aylward et al., 2010). Part of the challenge in evaluating floating support services has been that categories of intervention activity have been set too broadly (such as 'tenancy sustainment'), which makes it difficult to delineate precisely what is being delivered, and what the effect is (Pleace and Wallace, 2011). In addition, a better understanding is needed of the extent to

which support services promote longer-term sustainable independent living (Pleace and Wallace, 2011). Indeed, research into the key drivers of tenancy failure among the under-35s living in social housing highlighted that the financial circumstances of tenants were the biggest determinant of tenancy failure (Ambrose et al., 2015). Whilst this did not mean that support does not help individuals to sustain tenancies, attention should be given to the type of support that is required, for different groups, and who is best-placed to deliver that support.

Shared housing and stigma

As noted at the start of the chapter, there is a lack of robust research into how living in shared accommodation – for example as a result of changes to housing-related benefits – impacts on mental health (Green and McCarthy, 2015). The concept of stigma is likely to be important, however, and may compound individuals' experiences of mental ill health (Stier and Hinshaw, 2007). Goffman argued that stigma is a fundamentally shared social construction that devalues individuals; at the core of stigma lies social rejection (Tuffin and Clark, 2016, Goffman, 1990). Despite increasing public discussion of mental health issues, and campaigns to end stigma surrounding mental illnesses, stigma is still a significant issue for individuals. One mental health charity in Wales estimated that nine out of ten people with mental health problems experience stigma and discrimination (Dalton, 2013). Over a third of support organisations felt that those with mental health problems faced discrimination in the private rented sector 'always' or 'most times' (Tyfu Tai Cymru, 2019). The bias, prejudice and discrimination arising from the stigmatisation of mental illness also has profound consequences for individuals, through the internalisation of such perspectives, known as 'self-stigma' (Stier and Hinshaw, 2007).

There is little research into the way in which co-residents perceive mental health issues, and whether perceptions lead to discrimination in access to housing. It is notoriously difficult to gain an accurate measure of stigma because of the impact of social desirability bias; it is therefore likely that research into stigma and mental illness underestimates the true extent of stigma (Stier and Hinshaw, 2007). In-depth interviews carried out with ten individuals who had recently been searching for a new flatmate in New Zealand highlighted negative attitudes and preference for greater social distance to be maintained in relation to people with mental health issues (Tuffin and Clark, 2016). Interviewees prioritised the social dynamics of the flat and safety. Whilst some participants suggested they would be tolerant of low-level mental health issues, where they were not overtly noticeable and did not have negative implications on sharing, this highlights the expectation for individuals to control, manage, and make invisible their mental illness (Tuffin and Clark, 2016). This may contribute to prospective sharers feeling the need to hide mental health issues, to prevent exclusion from housing. More generally, young people living in the private rented sector have described the personal rejection they have felt when they were passed over for house shares in favour of others, with repeated rejection linked to low self-esteem and lack of self-confidence (McKee and Soaita, 2018).

Research in Australia has also highlighted the relationship between mental health stigma and rurality, arguing that not only are individuals living with mental illness in rural areas disadvantaged in access to services and housing, but they also face increased visibility as a result of the size of the local population (Moxham, 2016). This issue has also been identified in other Australian research, with participants noting the nature of rural communities in which 'everyone knew everyone's business' making it difficult to have a fresh start after experiencing mental health issues, because stigma continued to follow people through the community (Reupert et al., 2016). This could impact on people's ability to access housing and services. For example, in rural areas greater consideration should to be given to individuals' rights to privacy when accessing services, which may need to be located in less visible, private, spaces (Reupert et al., 2016).

One way of addressing the stigma of shared housing is to intentionally set up sharing schemes for those in housing need – this may include those who face exclusion in housing markets as a result of mental health issues. The Sharing Solutions Programme piloted a number of new models for establishing successful and sustainable sharing arrangements for tenants in housing need in England (Green and McCarthy, 2015). Resistance to sharing was frequently linked to concerns about who people would be sharing with, and stakeholders working with those in housing need noted that resetting expectations about being able to access self-contained accommodation was the most challenging aspect of managing the pilot schemes (Green and McCarthy, 2015). Pilot schemes identified that appropriate matches were a critical element to ensuring that sharing was successful, and this raises issues of how far landlords should 'match' tenants (Green and McCarthy, 2015). However, stakeholders involved in sharing schemes also emphasised that assessing tenants' suitability was complex and could involve fairly lengthy and detailed consideration of individuals' current situation, history, and needs (Batty et al., 2015). It is notable that all the sharing schemes were offering tenancy support, and this was reported to be critical to success, with pre-tenancy training, peer mentoring, and regular visits seen as particularly useful in sustaining tenancies (Green and McCarthy, 2015). However, this support was fairly intensive, and pilots reported that this was an important factor in encouraging private landlords to accommodate their clients (Green and McCarthy, 2015). This has implications for replicating such schemes more widely.

Part Three: Key learning points for a Welsh context

Introduction

This chapter draws out a number of key learning points based on the evidence review of the relationship between dimensions of housing insecurity and mental health. In doing so, and reflecting the brief given by Mind Cymru, it relates this to the Welsh context for housing and mental health services. However, the key points presented here must be seen in light of the limited evidence base of empirical studies conducted in Wales. In addition, as noted at the start of the report, data in relation to the experience of mental health issues in Wales is very limited, making it difficult to formulate conclusions about the services that may be required to alleviate mental ill health (Mental Health Foundation, 2016, Hafal, 2017).

Learning for UK government

- The protective role of the UK welfare state has been highlighted as significant in relation to mental health when compared to other national contexts (Bentley et al., 2016b); austerity programmes have the potential to undermine this.

- Policy interventions must recognise the psychological distress caused by welfare reforms and Local Housing Allowance caps across the social and private rented sector, as well as the disproportionate impact of welfare reforms on certain areas, such as former industrial communities and seaside towns (Beatty and Fothergill, 2014, Beatty and Fothergill, 2016)

Learning for Welsh government

- The evidence contained in this review suggests that policy interventions that seek to reduce mental ill health should consider relieving individual socioeconomic deprivation, across tenures, as well as increasing housing affordability for low-income groups (Pierse et al., 2016, Bentley et al., 2011).

- Access to information for residents around general advice as well as housing rights could help to limit housing-related stress before it escalates to more serious mental health issues. This must be considered in light of the increasing emphasis on digital methods of communication, especially given the limited access that some areas of Wales have to broadband internet. The Joseph Rowntree Foundation has called for a telephone service to be introduced to cover this gap, and address the issues presented by digital-by-default approaches to welfare administration (Duggan, 2018). The Welsh Government might consider the potential of such a service as part of a range of communication methods within local authority homeless prevention duties, which aim to keep people in their homes where possible.

- An advice service would be particularly valuable for people living in areas with high numbers of HMOs, where environmental issues are more prevalent (Beatty et al., 2014, Welsh Government, 2015a), and to households in rural Wales where access to public services is limited (Welsh NHS Confederation, 2018).

- Evidence from PRS access schemes show that landlords not only value financial reassurances such as bond schemes, but also from tenancy support and training provided to tenants (Reeve et al., 2016). However, there is wider evidence that private landlords are frustrated by lack of knowledge about how to support tenants when mental health issues arise (Bengtsson-Tops and Hansson, 2014), and would value easy to access information and support (Tyfu Tai Cymru, 2019). There is a need for better training and advice for landlords in relation to understanding mental health needs, and how to assist tenants in accessing support. This presents an opportunity for third sector agencies such as Mind Cymru, as well homelessness prevention guidance and funding.

- There is a substantial opportunity to build on the progress made by the introduction of Rent Smart Wales. By collecting data on evictions, including no-fault evictions, and forms of discrimination against individuals – including on the basis of mental ill health – landlord behaviours could be monitored as part of a national focus on improving security of tenure within the PRS. Collecting data of this kind might also provide an opportunity to monitor grievances raised by tenants and recurring issues with particular landlords. There is also a need to provide advice and support for tenants who raise grievances against landlords.

- Policy interventions might also consider research which demonstrates the importance of communal and external housing environments as a determinant of mental health. Whilst environmental health legislation emphasises the maintenance of buildings and physical health impacts, the psychosocial impacts of experiencing a lack of privacy and security in communal and external areas are inadequately addressed (Barratt et al., 2012). A more holistic approach to governing Houses for Multiple Occupation (HMOs) in particular is required, outside of existing licensing schemes.

Learning for local authorities and housing providers

- Surveys with housing associations in Wales have shown that staff training around mental health is insufficient (Community Housing Cymru, 2016). This is an important finding given the restricted access which tenants and staff have to mental health services, and the reported increase in mental ill health among tenants as a result of welfare reforms. There is potential for improved training for staff, which may be delivered by external providers (see learning for Mind Cymru, below).

- Evidence has also shown that communication with residents around arrears in the stages leading up to an eviction are also a crucial point for mental ill health (Burgard et al., 2012). This presents an opportunity for landlords, and mortgage providers, to consider the information provided to tenants as part of arrears escalation processes, and is a key point for signposting to mental health support services such as floating support.

- The above findings also apply to landlords and letting agents in the PRS, which contains a significant proportion of households who may be considered as vulnerable (Rugg and Rhodes, 2018). Landlords and agents in the sector should consider the mental health needs of their tenants and the communication and support that they offer.

- Local authorities should consider the active role of landlords within housing and social care strategies, including awareness raising of the role of floating support services across tenures. Evidence has highlighted the importance of partnership working across a range of services, and the importance of recognising landlords as key partners who assist individuals living with mental ill health in general needs housing (Bengtsson-Tops and Hansson, 2014, Green et al., 2015).

- Given the importance of secure housing in supporting recovery, mental health services should ensure that care and treatment plans outline clearly what housing support service-users can expect and how to access it. Co-locating mental health professionals within housing services could also improve inter-agency working and holistic support.

- Shared housing pilots have demonstrated the importance of the support offered to tenants living in shared housing schemes (Green and McCarthy, 2015). Local authorities and housing providers should consider their role in facilitating shared housing, especially in relation to managing household conflict. This may require a review of access to mediation and floating support services (across tenures), which play an important role in sustaining tenancies and help in the fulfilment of duties to prevent homelessness.

- Local authorities might explore the use of Discretionary Housing Payments in situations where sharing might not be appropriate for those experiencing mental health problems (Batty et al., 2015), as well as considering the rights to privacy that individuals living in small rural communities might have in relation to their mental health and housing needs (Reupert et al., 2016).

Learning for Mind Cymru

- The work that Mind and Mind Cymru has undertaken to raise awareness and understandings about mental health across the UK can be applied to enable the training and support that is required across the social and private rented sector. There is a particular need to target local authority staff, social and private landlords, letting agents, and mortgage providers to improve understandings of mental health.

- Mind Cymru could also extend their support to families and carers who support and live with people experiencing mental ill health. The evidence in this review shows that people suffering from mental health issues may experience particularly complex emotions within the home environment (Diggle et al., 2017). This also draws attention to the impact that this might have on the mental health of carers and family members.

Learning for research environments

- There is a significant lack of data to inform policy and practice about housing and mental health in Wales. This is more important when considering the divergence of policy across devolved UK nations.

- This review of evidence has found particular gaps in data relating to the mental health of people living in shared housing, the needs of older renters (Morris, 2018), and for people who have transitioned into and out of the family home (Diggle et al., 2017). There is also a lack of robust evidence in relation to the impact of hospitalisation on loss of housing, or the impact of returning from acute mental health services to the family home.

- There is also value in research that explores housing affordability beyond the confines of tenure. There is potential for research to provide a more nuanced understanding of the lived experience of housing affordability (Social Metrics Commission, 2018, Meen, 2018) and its relationship to mental health. This includes data to identify people at risk of long-term affordability stress (Bentley et al., 2012), which may help to elucidate the indirect pathways through which affordability influences health outcomes.

- Finally, there is potential for a specific focus on the psychological impacts of not being able to achieve one's housing aspirations, including more robust measures of mental health (McKee and Soaita, 2018).

Conclusion

This review of evidence has focused on three dimensions of housing insecurity – financial, spatial, and relational – and the ways in which they relate to the mental health of individuals in general needs housing. Whilst the associations are complex, a number of recommendations have been made for different levels of government, as well as housing providers and third sector organisations working around housing and mental health.

Looking forward, we need more evidence of the impacts that changes to welfare support in the UK, the increasing role of the private rented sector in housing more vulnerable individuals, and the changing nature of sharing, have on individuals' mental health. If access to housing is increasingly governed by a diffuse set of individuals – be it house-sharers or small landlords – then the role of stigma, discrimination and exclusion, outside institutional practices, are likely to be key issues. Given this, work to de-stigmatise mental illness, raise awareness of pathways of support, and monitor and prevent discrimination is crucial to housing security.

Supplementary material

- Methodological approach
- References

Methodological approach

A search protocol was developed using the SPIDER tool (Cooke et al., 2012). The tool was originally designed for qualitative evidence synthesis, but was adapted for this search as it was not necessary to limit the evidence review to a particular research design or evaluative framework. The Boolean searches were structured to combine the primary and secondary phenomenon of interest with the sample. Dimensions of housing were limited to the title of publications in order to return the most relevant publications, whilst other terms were searched for in the title, keywords, and abstract.

Table 1: SPIDER search strategy

Sample	Individual Resident People Tenant Lodger	Co-residing Co-habitee Renter Owner-occupier Homeowner	Men Household Respondent Participant HMO	Male Female Women Men Children Families
Phenomenon of Interest – primary	Dimensions of housing (housing, house, home)		Dimensions of mental health (mental health, mental illness, mentally ill, psychological distress)	
Phenomenon of Interest – secondary	**Financial** (affordability, unaffordable, affordable, afford, debt, welfare reform, food bank, financial stress, housing cost, cost of housing, house price, austerity)	**Spatial** (security of tenure, fixed term tenancies, end of tenancy, fixity, eviction, forced mobility, rural, housing insecurity, tenure insecurity, loss of housing, negative equity)	**Relational** (relationship, shared housing, house shares, homes in multiple occupation, houses in multiple occupation, living with strangers, relational insecurity, social interaction, non-resident parents, stigma, self-stigma)	
Design / Evaluation / Research type	All			

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