



10 September 2009

FEANTSA-MHE JOINT STATEMENT ON HOMELESSNESS AND MENTAL HEALTH

Addressed to the newly elected Members of European Parliament

Mental Health and Homelessness

Homelessness and housing exclusion are complex and multifaceted realities, which are usually the result of a combination of factors. Factors of vulnerability include housing related problems, unstable employment, family and ethnic status, relationship breakdown as well as health and mental health problems. Causes may be of a structural, institutional, relationship-related or personal nature. Understanding why and how people become homeless is key to designing and implementing policies aimed at homelessness prevention and at ensuring everyone's access to services and rights.

Compared to the general population, a high proportion of homeless people are affected by mental health problems, which can be both a cause and a consequence of homelessness. Frequent mental illnesses include schizophrenia, trauma disorders, depression, psychoses, anxiety and personality disorders. Co-morbidity occurs frequently amongst homeless people, including a high incidence of mental illness in association with alcohol and substance misuse (dual diagnosis), lung and heart disease and other serious physical illness. In many countries less than one third of the homeless population receive diagnosis and appropriate treatments¹. In general, access to health care for people who are homeless is problematic for a number of reasons, including administrative and financial barriers. The multiple needs of homeless people often constitute a challenge to the traditional health system.

Acting before mental health problems become severe and intractable is crucial. Poor health, and in particular mental ill-health, is one of the main determinant causes of homelessness. People experiencing poverty and who are faced with severe exclusion are more vulnerable to mental health problems. Financial hardship, long-term unemployment, the lack of a social network and uncertainty about the future may have an adverse impact on people's well-being and health. In this context, several consequences of the current financial and economic situation, such as increasing unemployment rates, financial insecurity, over-indebtedness, the lack of clear prospects for the future, are likely to affect those already in a vulnerable position even more than the general population. Current trends may contribute to a situation where the occurrence of mental health problems will be more likely than in non-crisis times.

Evidence shows that there is clear link between mental health problems and homelessness and recent policy initiatives have brought the issue to the EU agenda. Mental Health Europe and FEANTSA are joining forces to call upon policy and decision makers for a comprehensive strategy at the EU level to tackle this urgent issue in a coordinated way.

¹ See Health Evidence Network, World Health Organisation: "How can health care systems effectively deal with the major health care needs of homeless people?". Document available on the WHO/Regional office for Europe web site: http://www.euro.who.int/HEN/Syntheses/homeless/20050124_12.

Policy background

In 2008, a **European Pact for Mental Health and Well-being** was launched². The Pact is a statement of intent for stakeholders to work together in promoting mental health and well-being at EU level. It is a cross-policy EU initiative (Health, Education and Culture, Employment, Research, Justice). In the meantime, the **European Parliament** has adopted a **Resolution on Mental Health**³, thus clearly supporting the importance of EU-wide cooperation on this issue. The resolution calls for a “European Action Plan on the Mental Health and Well-Being of Citizens”, which should allow for an optimal use of the available European and national resources to promote mental health, in particular through funding of research on preventive measures, new structures for decent care and effective treatment of mental illnesses, labour market integration programmes and the provision of high-quality, accessible, effective and universal mental health services. Besides this, the EU social inclusion strategy aims to include all vulnerable groups in society, including those with mental health problems and people who are homeless.

Although there is a consensus at EU level that homelessness needs to be tackled⁴, more concrete action is required. Having a place to live is a basic human right. Similarly, as stated in widely ratified international human rights instruments as well as in EU Member States’ national provisions, every human being has the right to live in dignity and should be entitled to care and treatment in case of illness. MHE and FEANTSA would also like to draw attention to the need for effective implementation of existing instruments, including the Charter of Fundamental Rights⁵ and the EU Anti-discrimination Directive⁶, which applies to social protection and health care, social benefits, education and access to goods and services including housing. We would furthermore like to refer to the UN Convention on the Rights of People with Disabilities, which has been signed by all EU Member States and came into force in 2008.

MHE and FEANTSA welcome the increased attention towards the issue of mental well-being and severe exclusion, as well as recent EU policy developments in these fields. Following the European Parliament elections and in view of the incoming new European Commission, FEANTSA and MHE feel it is time to remind policy makers of previous commitments and to call for more consideration of people faced with mental health problems, extreme poverty and exclusion.

Key recommendations

MHE and FEANTSA believe that relevant stakeholders, in particular EU and national policy makers, can make a difference and can have an impact on the fight against homelessness and the promotion of the mental well-being of the population. In this context, we would like to make the following recommendations:

- It is important to ensure an effective implementation of the European Pact for Mental Health and Well-being. The respect and safeguarding of human rights and the promotion of mental health and well-being for all should become key priorities in all policies. Everyone has the right to live in a society where he/she feels safe and secure. Also, everyone has a right to housing, to the highest attainable standard of physical and mental health, and to quality healthcare and social services. These rights can only be pursued through integrated policies and coordinated efforts at the different levels.

² See EC web site: http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf

³ See EP web site: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2009-0063+0+DOC+XML+V0//EN>

⁴ See for instance EP written declaration on ending street homelessness: [http://www.europarl.europa.eu/sides/getDoc.do?reference=P6_TA\(2008\)0163&language=EN](http://www.europarl.europa.eu/sides/getDoc.do?reference=P6_TA(2008)0163&language=EN)

⁵ See Charter: http://www.europarl.europa.eu/charter/pdf/text_en.pdf

⁶ See EC web site: <http://ec.europa.eu/social/main.jsp?catId=612> and EP legislative resolution: <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P6-TA-2009-0211&language=EN>

- There is a need for targeted policy measures aimed at fighting extreme poverty, social exclusion and homelessness, as they constitute not only a violation of fundamental rights, but have an unquestionable impact on people's state of health, including mental health.
- Addressing precarious, insecure and inadequate housing conditions should be part of the policy measures aimed at promoting the mental well-being of the population. People suffering from mental health problems should be supported in keeping their accommodation.
- Some groups are faced with additional causes of vulnerability, for instance women fleeing domestic violence or undocumented migrants. This should be taken into account when designing and implementing policy measures aimed at promoting the mental well-being of the general population.
- Stigma and discrimination against people who are mentally ill and/or experiencing homelessness should be combated through specific awareness-raising, anti-stigma and anti-discrimination campaigns. In this context, it is important to complement existing provisions of the EU Anti-discrimination Directive with provisions regarding multiple discrimination, such as discrimination faced by homeless people with mental health problems. Also, the UN Convention on the Rights of Persons with Disabilities should be ratified by the EU and Member States without reservations.
- There is a need to provide appropriate funding, including increased ESF funds, to tackle homelessness and mental health problems. In this context, it is important to highlight the need for an integrated approach when addressing homelessness and mental health. Services need to take into account both social and health needs.
- Moreover, in order to guarantee quality of services, it is important to make sure that there are sufficient qualified social and health care professionals. Appropriate training should allow for a better understanding and capacity to prevent both mental ill-health and mental ill-health leading to homelessness. Also, health professionals should be given the tools and support to better tackle co-morbidity issues. Discharge follow-up should be more carefully taken into account when looking at mental health and homelessness, as some patients end up on the street due to the fact that they do not have a place to stay or recover following discharge from institutions. When institutions are shut down, alternative solutions should be provided.
- There is a need to encourage national governments to place the fight against homelessness and mental health problems high on the political agenda. The exchange of best practices between EU Member States should be fostered, including through a specific focus within the Open Method of Coordination mechanism.
- It is important to strengthen bottom-up approaches, involving the view of homeless and mental health service users as well as NGOs working in the field; they should be involved in policy developments affecting them.
- Finally, there is a need to foster cooperation amongst policy-makers working in different policy areas such as social policy, housing, public health, physical health and mental health, so that a holistic approach can be applied in the area. In the same way, there is a need to promote and support cross-sectoral cooperation through appropriate policy frameworks.



About FEANTSA

FEANTSA, the European Federation of National Organisations Working with the Homeless is an umbrella of not-for-profit organisations which participate in or contribute to the fight against homelessness in Europe. It is the only major European network that focuses on homelessness at the European level.

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About Mental Health Europe

Mental Health Europe (MHE) is an organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of human rights for people with mental health problems, their families and carers. MHE vision is of a Europe where mental health and well-being is given high priority in the political spectrum and on the European health and social agenda, where people with mental health problems live as full citizens with access to appropriate services and support when needed, and where meaningful participation is guaranteed at all levels of decision-making and administration. MHE's values are based on dignity and respect, equal opportunities, freedom of choice, anti-discrimination, social inclusion, democracy and participation.

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