

## Workshop

### **Mental health and homeless people – towards equality of access and outcome**

**Theme:** People living in poverty are likely to experience mental health problems, but will seldom make use of psychiatric services or only as an emergency. Marginalised people with mental health problems will often find themselves living rough or in shelters for the homeless.

*Arnaud Senn, European Commission*

“Our main obsession at EU level is to improve data collection and knowledge”

Senn notes the many health and life expectancy inequalities between member states, and between regions within the same country. He also points out that there is no direct connection between a region’s wealth and life expectancy. He recommended on this subject Professor Michael Marmot’s seminal report “Closing the Gap in a generation”.

The solution, Senn says, is “proportional universalism”. Health cover must be universal but adjusted to social disadvantage. Health must be an essential element of economic and social development.

*Preben Brandt is a Danish psychiatrist who works in Copenhagen with homeless people suffering mental problems, via his Projekt Udenfor (project outside). He’s been doing this for many years.*

Research shows, says Brandt, that 30%-80% of Europe’s homeless people suffer from mental health problems, depending on whether you include drug and alcohol abuse in the definition.

“Denmark is regarded as having the best welfare system in the world,” he says, “and yet we have men and women living out on the street. Politicians and most people in Denmark don’t know about this.

“Mental health and poverty are closely connected. Homeless people may use psychiatric services, but their stay will generally be short.

Doctors and nurses don't know how to handle these people. They don't speak the same 'language'.

"I started to go out in the street in 1990. No one was doing that at the time. I was employed by the municipality of Copenhagen, and they weren't keen. They said I had too good a salary to go out in the streets. But the fact is that when you go out, you are confronted with what is really going on in the community.

"I learned that there is a big difference between young and old mentally ill people. Older people tend to have paranoid psychoses and they've actually chosen this marginal life. Most of them once had a family, an education, a normal life. But over the last 20 years, a new group has emerged – young people with drug and alcohol abuse problems who have never had a normal life. They've suffered neglect, sexual abuse. They aren't welcome anywhere, the doctors don't want anything to do with them, the social services don't want them. They're a real challenge.

"At Projekt Udenfor, we don't expect the people we meet to change. We simply eat with them, take time to talk and have a laugh, give them a birthday present. We bring them Danish home-cooking that smells good but that's easy to chew, because many have problems with their teeth. We offer them a way out only if they want it.

"We also do a lot of ethical reflection about their right to live their own lives, despite our responsibility towards them. This is work that takes time, patience and empathy. It can be very educational to sit on a bench for half an hour and just do nothing. I recommend it."

Brandt says that new groups of homeless poor are showing up; migrants travelling around Europe, including Roma. Some of these people have mental illnesses. He stresses that it is urgent to maintain the physical health of mentally ill people and to ensure that

professional staff receive training in how to take care of mentally ill homeless people.

He cites the case of a homeless woman who told him she very much wanted a dog. When he asked why she didn't get one, she replied, "This is no a life for a dog!"

*Luigi Leoniri, opened a shelter in Rome in 1987, and is director of the Santé Mentale et Exclusion Sociale Europa (SMES)*

"Poverty is a violation of human rights. "

*Lynda Dearlove was in the audience. She works with street women in London, many of them drug users and prostitutes. Her offices are in King's Cross.*

"Some women use drugs to self-medicate, and the incidence of mental health problems appear when we begin to address the drug use. We also see a high incidence of learning disabilities among the young. The chaotic lifestyle they grow up in prevents them from developing the social skills needed to integrate in society."

She talks of the many women migrants on London's streets trafficked into prostitution. She says they are "at the very bottom of pavement culture." Dearlove blames crack for recent ravages. "We know how to deal with heroine addiction," she says, "but crack keeps addicts going in and out all night, buying crack, going back on the street, back to get crack. Crack has changed the nature of street life over the last ten years."

One way of helping these women get away from pavement work is getting them to use their mobile phones. "It gives them control," she says. "It gets them away from street activity and diverts them from the criminal justice system." The sex these women practise is "survival sex". "It's the only thing they have to exchange. I know a woman who paid for her child's First Communion dress in this way. That's real poverty,

when there is no other choice. It's a long journey out and a long journey back."