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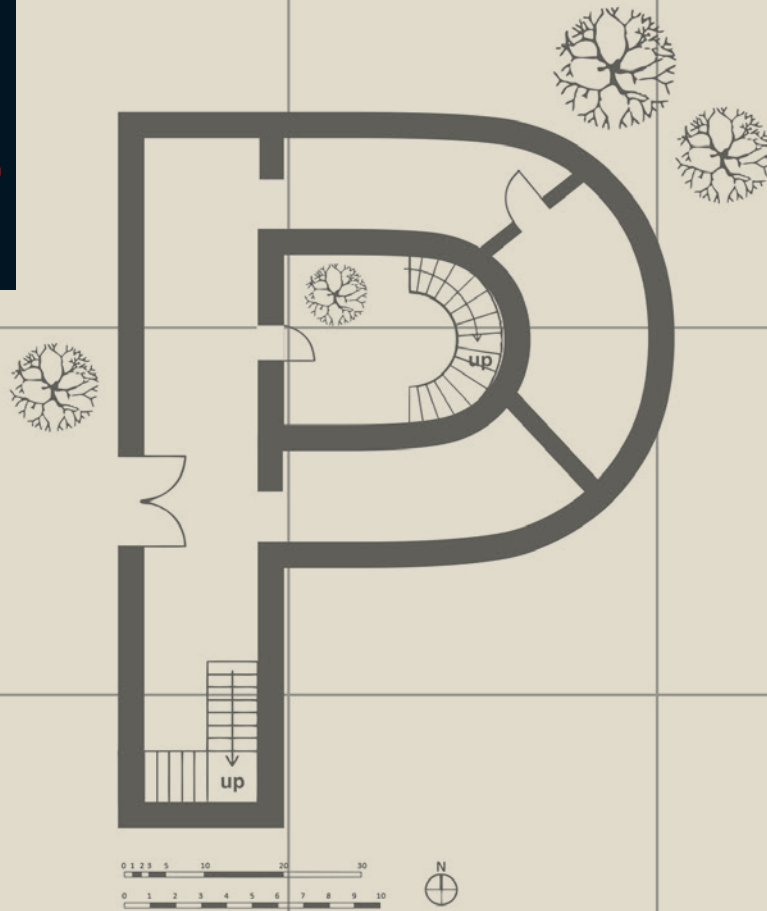
Housing the Mind

by Dr Ciaran Abbey and Dr TBS Balamurali

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Housing the Mind

About the authors

Dr Ciaran Abbey is a consultant psychiatrist who has trained and worked mainly in inner-city London boroughs before moving to Oxfordshire in 2015. She obtained her medical degree in Edinburgh. Her research has focussed on the development and progress of Alzheimer's disease and looking at the effects of isolation, physical health factors, and medical treatments on mental health disorders. She has been particularly interested in exercise and its interaction with mental health. She works for the Oxford Health NHS Foundation Trust clinically and has research links with the University.

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INTRODUCTION

There is a housing crisis in the UK. As psychiatrists, we work with some of the most disadvantaged and vulnerable individuals in society, and the association between the lack of a stable home and mental health is clear. We wanted to ask how where we live, our built environment, and where we recover from illness impacts our health.
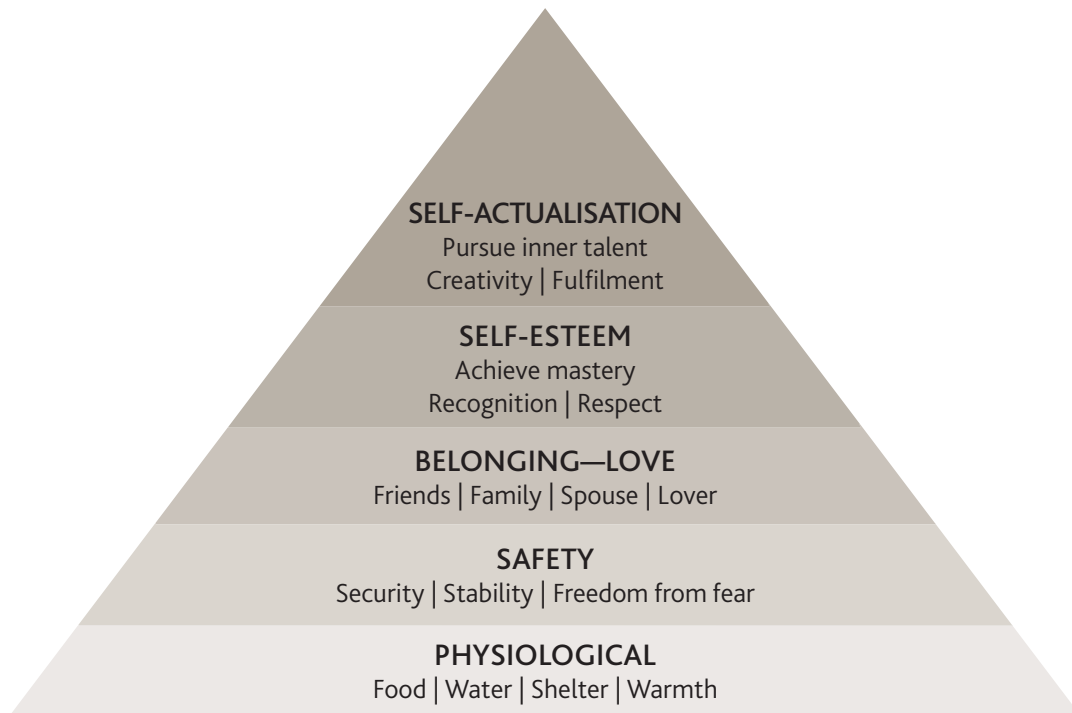
We know that being fit and healthy is not purely about the absence of disease, and good mental health is not simply the absence of a formal diagnosis of mental illness. It is a "state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of daily life, can work productively and fruitfully and is able to make a contribution to his or her community".[1] The home is not only about shelter, it is also symbolic. It is the space where we can be ourselves, form intimate relations, feel safe and keep precious things, all contributors to wellbeing.

Genetics and a person's upbringing have significant effects on mental health, but social environments also play a large role. Environments affect family stress, social support and home stability—factors that, in turn, influence childhood development and, therefore, the future life of that individual.

Good, affordable, spacious housing for individuals and their families is an important determinant of physical and mental health, employment, academic achievement and wellbeing.[2] In the current UK crisis, not only is there a lack of affordable, adequate-quality housing, indications suggest that demand will continue to increase as the proportion of single-occupancy housing increases.

In the UK, the rate at which houses are being built does not reflect demand.[3] The average household size in England is steadily decreasing from 2.33 to 2.16 due, in part, to a rise in single-occupancy households (54%); there is a substantial increase in people over the age of 65 who are living alone. Department for Communities and Local Government data predicts a 27% rise in numbers of households in England over the next 30 years, with over 5.8 million additional households. The British land market is highly volatile and very highly priced. Supply is tight as a result of planning constraints.

The National Planning Policy Framework was introduced in March 2012 with the abolition of the Regional Development Agencies. The idea was for planning to be devolved to local areas, but concerns have already arisen. Local councils are beholden to their residents, who are often reluctant to see new housing in their area, reducing availability for sites and therefore housing. Acquiring sites is a competitive process and the party with the highest bid will secure the deal. This incentivises developers to increase density and reduce the amounts spent on design and build quality. In effect, with current building rules and market forces, developers are being encouraged to build small units. As a result, UK homes appear to be shrinking—they are the smallest in Western Europe for both public and private housing. In Ireland, new homes are 15% bigger, in the Netherlands 53% bigger, and in Denmark, the average newly-built home in 2005 was 80% bigger than in the UK.[4] In England, the newer the home, the smaller it is likely to be. This increases the risk of overcrowding in high-density areas with little to persuade developers to design spaces which are desirable and livable.

SELF-ACTUALISATION
Pursue inner talent
Creativity | Fulfilment

SELF-ESTEEM
Achieve mastery
Recognition | Respect

BELONGING—LOVE
Friends | Family | Spouse | Lover

SAFETY
Security | Stability | Freedom from fear

PHYSIOLOGICAL
Food | Water | Shelter | Warmth

But why does where we live have such a strong impact on our wellbeing? In 1943, Abraham Maslow published the hierarchy of needs—a theory in psychology describing the pattern that human motivations usually move through.[5] Primary are the needs for food and shelter. However housing can also feed into all of the higher levels—providing safety, a sense of belonging, as well as a base from which to progress and generate self-esteem and self-actualisation. Housing is one of the cornerstones from which a human being may develop and flourish.

SAFETY AND SECURITY

Environmental psychology—the study of the relationship between the individual and their environment—has been an area of study since World War II. It has focused on the problems that people can face within a home environment, how these can influence behaviour, as well as how it might be improved wellbeing.

In terms of design for homes, having a "defensible space"[6]—a defined personal territory—can increase the cognitive sense of control. Poor visual surveillance

Above: Maslow's Hierarchy of Needs, 1943

capability (inability to monitor entrances, places for concealment) within the home and the local environment can increase a sense of paranoia and distrust. It increases social dislocation and the perception of crime. Therefore, whilst shelter and a base from which to grow and develop is important, the design of the housing and the surrounding environment have a significant impact on health.

We have both been to areas with dark, dank corridors, corners around which you cannot see, and confusing, poorly-designed layouts, which increase a sense of foreboding and fear. This sense of fear is due to the potential for meeting people you are not prepared for, as they are unexpected or uncontrolled. The effects of this sense of fear have been seen among college students living in high-density rooms situated on long corridors, which led to uncontrolled social interactions. These students showed higher levels of social withdrawal and helplessness than those living in grouped collections of rooms, where chance meetings were more predictable.[7] Places that offer high levels of unpredictable social interactions are perceived to be threatening and can negatively impact on people. To have to live with the threat of undesirable interactions, over which you have no control, day in, day out, will increase paranoia, distrust and anxiety.

Stability of housing is important for humans. We know that security of tenure feeds into our sense of general security. Having rights of tenure or ownership can also have a positive effect on wellbeing.[8] We regularly see people being moved from hostel to bed and breakfast and back again with little continuity or security. Studies in Japan showed that prolonged temporary housing after earthquakes adversely affects mental health[9] and this is likely to be related, in part, to the stress that insecurity and the lack of a home have on people's mental state.

In London, we are seeing people spend a large proportion of their income on housing.[10] Evidence shows that spending more than 30% of income on housing is associated with worse mental health.[11] When a disproportionate amount of income is spent on housing, this leaves people less able to purchase other necessities such as adequate food, increasing the family's vulnerability to disease but also the anxiety and sense of helplessness that results when unable to make ends meet. This is true for people renting as well as owner-occupiers.[12]

For people who have developed mental health problems, welfare and disability incomes have decreased and can be inadequate; this only increases any difficulties they may have in maintaining their homes. This can result in an increased risk of relapse or prolongation of their mental health problems, and can also contribute to the significant problem of social exclusion.[13]

HOMELESSNESS

People who cannot maintain a home financially are at risk of homelessness. The association between homelessness and mental illness is widely known. However it is easy to dismiss homelessness as a failure in the individual, whereas we believe it is clear that lack of suitable housing compounds the issue. Housing is the problem, not

the homeless. Homeless people have a much greater likelihood of developing health problems and life expectancy is reduced by up to 30 years.[14] With a home, people can establish social networks, access education and training and employment. They are more socially included, able to develop and grow.

For those who are homeless, accessing health services and maintaining treatment is a challenge. Around 15% of those admitted to hospital with a mental disorder are homeless.[15] In the UK, it is estimated that around 380,000 people are homeless, with up to 50% of them living on the streets.[16]

We know that there is a bidirectional relationship between homelessness and mental disorders. Not only does a mental disorder affect an individual's ability to find and maintain a home, the stress of homelessness results in higher rates of depression, anxiety and suicide, as well as high levels of substance abuse. Lack of housing means difficulty obtaining benefits, access to primary healthcare, the right to vote, a lack of an identifiable base, etc. There are situational and individual reasons for homelessness and poor housing. We are not arguing that housing and society can fix major mental health dispositional problems, but that those situations may be improved by suitable approaches.

It is clear that providing housing saves money. The cumulative cost of shelters, increased use of health and other services outweigh the simple provision of a place to live and support to stay there.[17] Moving homeless people into housing reduces their need for emergency care.[18] People are more likely to concentrate on their own health and modify their own risk factors when they have a home.[19] Governments should invest in housing people who are homeless for the long-term benefits, not only to the individual, but also to society as a whole.

SENSE OF SELF

Good housing and mental health are fundamentally linked, in fact, to such an extreme that housing crises increase suicide rates as well as psychiatric morbidity.[20] Well-designed houses have the potential to vastly improve quality of life. Buildings can provide a sense of presence and security and grounding. Indeed, most people in the developed world spend the majority of their time in buildings of one kind or another.[21] The built environment can encourage development of communities, affect physical activity and promote good health.[22] A review by Dunn in 2002 showed that "housing, as a central locus of everyday life patterns, is likely to be a crucial component in the ways in which socio-economic factors shape health."[23]

As human beings, we have exaggerated optimism of our place in the world and our importance, and this appears to promote other criteria of mental health, including the ability to care about others, the ability to be happy or contented, and the ability to engage in productive and creative work. Poor housing, homelessness or unstable housing with little support or hope for improvement can have the opposite effect and feed into mental health problems. Learned helplessness, the inability to influence one's environment or experiences, is used to describe what can result from a lack of autonomy or control over a situation.[24] Humans function better in relationships,

employment and economically when they can control their surroundings.[25] With the loss of our natural optimism and positivity, and the development of pessimism and helplessness, comes poor physical health—i.e. "Why should I bother to diet or exercise as it won't change anything"—as well as mental health problems, particularly depression. People who feel helpless over a prolonged period of time become unable to leave that situation even when given a way out. Their locus of control is externalised and they find they are unable to change their own environment themselves, becoming dependent on others. This is echoed in the way people find themselves unable to move from poor housing to improved dwellings; they believe that they can't change anything, that moving will not help their situation and it is therefore better to stay with the familiar. People often need help and support to move, to change and to take control.

COMMUNITY AND SOCIAL INTERACTION

Past studies have focused on high-rise multiple-dwelling units versus low-rise, and shown them to be detrimental to psychological wellbeing.[26] The belief was that social relations are more impersonal in high-rise dwellings. However, when examining the reasons further, it is social isolation, restricted play opportunities for children, no residential control and lack of feelings of ownership and loneliness which cause the difficulties, rather than the form of high-rise blocks themselves. In desirable areas, where high-rise blocks are well run and organised and there is a sense of community, there is no increased risk of psychological problems. When thinking about housing itself, the form of the housing, the desirability and perceived safety of the area and many other conditions contribute towards wellbeing. Keeping children inside because of lack of play areas causes increased tension in the family, and stress on social ties, with less opportunity to meet others.

Limited access to open spaces and nature affects wellbeing. There are various theories as to how this biophilia works; wellbeing appears to be improved through contact with nature and some have suggested that this is mediated by spirituality.[27] There is evidence that exposure to nature increases feelings of wellbeing and energy,[28] and it is known that including landscape paintings[29] and potted plants to an indoor environment[30] will improve the wellbeing of those who live there. Recovery from surgery is faster in a room with a view.[31] High-rise blocks are often huge clustered towers that have been built without any thought as to how families might play, spend time together, seek out friends and take part in the outside world particularly with regard to outside space. It is clear that being outside, enjoying nature and doing exercise makes us feel better. Too many housing schemes from the last century took no notice of this and locked their residents into endless concrete with no escape from the grey, dirty blocks.

The layout of housing affects how people interact with their neighbours, and their sense of community and belonging, as well as their ability and willingness to engage in local community activities, which help the community at large. Greater social awareness results in greater social capital, and improvement in general societal wellbeing.

Loneliness can cause distorted social cognitions.[32] Controlled, unthreatening social interactions that lessen loneliness and isolation are very positive to health. Neuropsychological function improves with community socialisation.[33] Increasing the probability of interaction within residential units by linking paths and having the units facing one another, for example, can promote wellbeing. When planning housing on 'brownfield' sites, considering aspects such as meeting places, parks with neutral territory and good visual prospects can help to reduce social isolation.

However, one size doesn't fit all. When looking specifically at housing for people with chronic mental health disorders, evidence shows that while some will gain from living in group housing, others will fare better in individual homes, preferring to manage their own environments. Increasing the accessibility of the home, so people can get out and enjoy the outdoors, has been shown to increase cognitive function and wellbeing in adults aged 65-70.[34]

Fear of crime increases with exposure to violence and perceived neighbourhood disorder is associated with poorer mental health.[35] Feeling threatened or watched in your environment, as we mentioned earlier, understandably increases senses of paranoia and may precipitate actual paranoid illnesses. Studies indicate that paranoia is associated with poorer social integration (associated with lower subjective wellbeing), although this, too, is bidirectional and those with an innate tendency to paranoia are likely to be mistrusting of neighbours. Paranoia is a predictor of subsequent development of a psychotic illness. Again, this is not necessarily causative, but studies into migration indicate that the effect of not fitting in, or being in a stressful or hostile environment, increases the likelihood of developing paranoid illnesses.

Promoting social integration increases recovery rates. In those with more severe illnesses, supported housing improves social functioning and reduces relapse rates. Although it may seem a bit much to be attributing social isolation and loneliness to housing design—indeed these are largely due to wider social and cultural factors—there are some aspects of housing and town design that can be influential in this matter.

Just as isolation and loneliness produce negative wellbeing so does overcrowding. The current standards in social housing dictate that no one shares a bedroom unless they are a couple, or are children under 10, or aged 10—21 and the same gender.[36] Using this measure, one million children live in overcrowded conditions and 3% of houses were overcrowded in 2008/9. Reynolds for Shelter (2005) found high levels of mental health as well as physical problems such as asthma among those living in overcrowded homes.[37] We are concerned that with the growing pressure on developers to produce increasingly smaller dwellings, overcrowded homes will become more familiar in the future. There is increasing evidence that overcrowding in childhood has long-term effects on wellbeing.[38]

CONCLUSION

Having worked in mental health in a variety of settings over our careers, we have become acutely aware of the effect that housing (or the lack of it) and its specific features can have on our patients, and people in general. Our experiences as psychiatrists mean we see how disadvantaged people can be by the effects of poor housing. A significant proportion of our workload is identifying suitable housing. Ideally, housing would empower people to be physically active, socialise and feel safe. These factors all indicate the importance of housing and its design as well as the surrounding environments on mental health.

Increasingly, we are aware of aesthetic factors that influence pride in environment and self and consequent mood. Good design affects wellbeing. Sowden and White (Lancet 2014) have shown that external (insulation and double glazing) and internal (rewiring, new kitchen and bathroom, central heating) renovations and upgrades to housing in high-rise blocks result in improvements in mental wellbeing.[39] Curl, Kearns et al (2015) in the GO WELL study found improvement in mental health with changes to housing such as new front doors, bathrooms and kitchens, as well as employment.[40] Increasing the quality and aesthetics of housing and neighbourhoods was associated with mental wellbeing in a study of Glasgow.[41] Studies clearly show that there is an association between housing and neighbourhood regeneration and improvement in mental health and wellbeing.[42]

We have seen how housing is vital for a healthy, productive engaged society. For humans, the home is a place to grow, to develop and to actualise. Homes should promote social interactions that lessen loneliness and isolation, which are highly detrimental to health. Those interactions must, however, be controllable and unthreatening. How densely populated these communities are, and how accessible and well planned, will also have an impact on the mental health of adults and children. We must remember what suits one person may not suit another; therefore, choice and information are paramount. The lack of a home causes breakdowns of ties, support and increases the risk of mental health disorders. Housing people who are homeless is cost-effective. There is abundant evidence that the development, course and outcome of almost every mental disorder is influenced by social environment. Building attractive, open and safe communities with ties to resources such as schools, work and play, and access to health, social venues and activities can positively affect wellbeing and mental health. To promote mental health and wellbeing, it is essential that a strong partnership is formed between planners and developers and that due diligence is taken to ensure a healthy, positive environment.

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