Mental health and houses in multiple occupation: the challenge of turning research into practice

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With thanks to Professor Gill Green,
Dr Ewen Speed and Paul Price
Background

• Knowledge Transfer Partnership
• Set up by the Head of Environmental Services
• Linking the university and local government
• Research and interagency working
• Addressed gaps in local knowledge and housing research
Methods

- 20 participants were interviewed (2 had recently moved into self contained accommodation).

- 6 participants were interviewed twice and engaged in participatory photography.

- Interviews focused on current experience of HMO life but also explored their life history and how they came to live in HMO.

- Interviews were transcribed and thematically coded using MAXQDA software.
Results
‘I couldn’t use the bathroom facilities, because I can’t get in and out of the bath, yeah, so I was having to have a wash by the sink. It was starting to get me down, you know, really getting me down...If I hadn’t moved into this room, I think I’d probably be...back in Forest View now [local psychiatric hospital].’

John, aged 56
'With regard to people in bedsits, they are the underclass, they’re usually unemployed, on drugs or alcoholics, most are likely to be in contact with the law – on the wrong side of it – at some stage. They’re usually the people that nobody wants particularly...’

Anna, aged approx 50
‘I get very lonely on my own, and that’s why I suffer depression, but you’ve always got people about here, you know. If you’re ill, like, people will always knock on your door and say ‘Oh do you want a newspaper?’ John, aged 56
Circumstances of move to a bedsit
‘...split up with the wife, who took everything, I went to live with a friend...and he died, so I had nowhere to live. So this is why I moved here...I wouldn’t advise people to rent bedsits but a lot of people have no choice’

Richard, aged 70
‘He’s knocked on my door, and his face is just a mass of blood and he got cuts here and, and apparently they started scrapping with each other...one of them got hold of a knife and [he] got the worst of it. That really put the frighteners on me, because, as you get older, you can’t look after yourself like you used to...So for a couple of nights I was frightened to walk from my room down the corridor to use the toilet’

Anthony, aged 56
‘Err, it would mean a lot...You can feel more relaxed then. At the moment...it’s pretty much a week to week thing, you’re existing week to week and it depends what the management say...They come up with different rules and you don’t necessarily agree with them but you’ve got to abide by them...So you’d be master of your own destiny with your own place you know? It’s a more permanent place you feel more secure, you can lie down roots.’

Adam, aged 42
‘You’re not in a bedsit because you want to be - you’d rather have a house or a flat to go home to but because of what you are that’s how you end up’

Tony, aged 47
So what should we do?

- Organise drop in services in large HMOs
- Information pack for landlords on seeking support
- Stronger relationships between agencies, landlords and local authorities
- Good models of bedsit management explored and publicised
- Tackling demand?
A simple idea...

Research and evidence

Policy and practice
...but more complex reality

Adapted from Court et al. (2005). See also Couch et al. (2012) for discussion in relation to environmental health.
Knowledge and imagination

‘Knowledge is when a sense of uncertainty is reduced sufficiently to take action...we accept when we do act that we do so on the basis that the knowledge we employ might later be proved false’

(Rayner and Lang 2012: 331-332)

‘The task is to produce knowledge which helps frame and guide policy and action through or over the gap between evidence, policy and practice.’

(Rayner and Lang 2012: 333)
‘It [public health imagination] is being sufficiently grounded to dare to think outside conventions...It dares to imagine a world operating within different values, goals and norms’

(Rayner and Lang 2012: 326)
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