Southwark Group of Tenants Organisations

Campaigning for Housing Rights and Council Homes

Mental health and Young people in South London

SGTO Youth Forum speaking before Southwark Cabinet

Southwark Group of Tenants Organisation

1. Southwark Group of Tenants Organisation (SGTO) represents tenants and residents groups within the London Borough of Southwark.   We are a non-political organisation and do not align to any political viewpoint.

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Southwark will struggle to keep pace with rising demand, for example from schools concerned about the mental health and wellbeing of children and young people, unless the current service system is reformed and progress is made on delivering earlier help for children and young people experiencing mental health issues –Southwark Mental Health Social Care Review, 2015

A young person's perspective

Exploring issues of mental distress and psychological pain in young people today - A personal reflection of a wider picture, based on growing up in Kent, London and Scotland.

Many people do not know what mental health looks like, and how to manage poor mental health. Mental health may not be an area any one of us looks into until it becomes clear it is a problem. To borrow from an excellent quote: "this is like taking care of your body only when it hurts you". Often, the uncharitable person in all of us will stop at the calling of the name - "she's insecure", "he's angry all the time", "they're so depressing to be around" – and leave it there, both unwilling, unable and uninterested to go any further.

A history and endemic pattern of abusive, emotionally damaging relationships lie behind such judgements and also such individuals.

For ill mental health is not only found in young people with experience of homelessness, prison, domestic abuse, substance misuse, addiction – these are sometimes the most extreme of cases. But we must also examine the extent to which mental health is damaged in the lives of seemingly functional young people today.
So, a bit more about who that insecure girl might be, and where she came from. (The following commentary is based on real people that I knew at school, in my family network, social network, at university, at theatre group, at work.)

Perhaps her parents or grandparents or great-great grandparents had been immigrants to Britain. In reality, her parents are working in the low-wage economy in the twenty-first century. Their occupations may not be niche by definition: chefs, shop workers, retail, small business, and teaching. But the public's vision and demand for their particular produce forces them into particular niches: takeaways, instant food, boutiques, newsagents, phone shops, martial arts training. This renders them particularly vulnerable to central government and local authority policy changes, to the "lie of the land" as propagated by the media and social perceptions. I might as well mention the Council's New Southwark Plan here, which discriminates against hot food takeaways and gambling establishments. Unfortunately these are the places where a lot of low-income members of the working-class are employed or engaged.

The first thing is to say that this girl's family may be under huge strain, financially, in terms of housing arrangement; socially and politically they may not feel they and their concerns are being represented. Emotional health may not be a factor that anyone in the family can deal with. It is very possible to live and be in poor mental health. This is because poor mental health is not always obviously life-threatening. Mental health is perceived at large as a non-issue until it is an issue, at which point it is something to be "corrected", "stamped out".

I invoked the story of the immigrants' child, but I am not suggesting that the "dissolution of the family unit" is a "minority problem". I'm saying that it is a state problem.

Returning to the "insecure girl" a moment – her parents are extremely hardworking – they have to be – and their work supports their daughter in, first, a good primary school, then a good secondary school, and then a good university.

Her mother and father subscribe to certain norms about gender, race, occupation, sexuality and so on, which are embedded in intersecting English, European, Western cultures as well as intersecting cultural norms from the times and places in which her parents themselves lived. Feminist theory tells this girl one set of things; her parents' principles tell her another. The very public-ness of this news-feed, media-driven world – Diane Abbott MP has called it "the pornification of society" – forces children and young people to navigate a very contradictory, tenuous and often violent world.

In Britain's low-wage economy, it is common to hear stories and patterns of addictive behaviour, aggression, violence, absent parenthood, lack of self-determination, self-esteem and confidence problems. This is reflective of society too, and not only the sector.

As parents, friends, workers and onlookers, we demonise young offenders and people who engage in criminal acts as "monsters", "sociopaths", "antisocial", "terrorists" and wash ourselves of the responsibility for them. We refuse to understand why they have come to be in trouble, whatever that might look like. No wonder these individuals are "angry", especially the ones with knowledge and pride.

Rachel Tam

1. Mental Health

Good mental health is a prerequisite to living a healthy and fulfilling life, for many in the UK good mental health is undermined by many stressful factors, for example the condition and design of general housing has an important impact on the health of individuals and communities. Worryingly, there is evidence increasingly coming to light that young people are experiencing poor mental health, which is affecting the life chances of many young people.

The SGTO wants to better understand the link between housing and mental (health) wellbeing, whether it is related to issues around The Warm Safe and Dry programmes, social isolation on

estates, abuse or homelessness to better inform our Tenants and Residents Association and their residents.

From a mental health perspective, emotional competence, connection to others, attitude to self, neighbourhood trust and autonomous expression are important indicators of mental health and if frustrated can become the precursors for some common mental health problems – World Health Organisation 2001

Research has found that adult mental health problems can be traced back to initial symptom identification between the ages of 11 and 15 years.

This brief paper looks at areas where mental health issues may arise for young people, particularly Homelessness, as well touching upon drug misuse and social expectations.

As the SGTO has now a functioning and active Youth Forum, discussion on the mental state of young people is occurring, this follows the upsurge in scientific and media interest in this area. The Nuffield Foundation in the mid-2000s examined adolescent mental health in the UK for the preceding 25 years and found that emotional problems including anxiety and depression had increased for both girls and boys since the 1980s.

Other studies have found similar trends adding conduct disorders and self-harm, these findings are noted for the prevalence of common mental health problems than for more deeper and chronic conditions such as schizophrenia.

The Chartered Institute for Housing report *Localism: delivering integration across housing, health and care* recommends local authorities taking a more joint approach to housing and health by calling for housing to be represented on local Health and wellbeing Boards.

2. Homelessness among young people

According to York University and University of New South Wales, in there long term research on homelessness in the UK, *Homelessness Monitor 2015*, report:

Almost three quarters of the increase in homelessness acceptances over the past four years was attributable to the sharply rising numbers made homeless from the private rented sector. In London this pattern was even more manifest, with the annual number of London acceptances resulting from private tenancy terminations **rising from 925 to 5,960 in the four years to 2013/14**

The statutory homelessness statistics are informative in highlighting regional divergence, with London's homelessness acceptances up by 80% in the four years to 2013/14.

According to a report by the Mental Health Foundation (MHF), it is difficult to present a concrete picture of the number of people experiencing homelessness, for figures depend on the definition of the populations that are used and the ability of research staff to encounter members of the population to form representative samples. Researchers working with Centrepoint in 2003 noted the paucity of reliable data with which to determine whether youth homelessness was decreasing or increasing.

MHF report, young people experiencing homelessness include:

- Those living in overcrowded housing
- Those who stay with friends and relatives for long periods
- Those accessing health and social services
- The risk is greatest among those who have experienced multiple disadvantage including disrupted family background, poor institutional status and poor health
- Black and ethnic minority groups, care leavers, drug and alcohol users, asylum seekers and refugees, and lesbian, gay, bisexual or transgender people. **There are growing concern that local authorities and housing providers do not monitor the sexuality or gender orientation of their clients**
- 30%-50% of single people experiencing homelessness have mental health problems compared with between 10%-25% of the general public

The last figure should worry local authorities and housing providers in light of the Welfare Reforms by the government which will see under 25s removed from accessing housing benefit, making them additionally vulnerable.

Without private sector or social housing young people turn frequently to the voluntary sector such as hostels and temporary shelters, however demand consistently outstrips demand.

Two factors associated with the above trend are: an increased proportion of young people who report being homeless and an ongoing rise in the incidence of mental health problems among the young.

Further longitudinal research from MHF has also found there is a negative correlation between childhood mental health problems and earnings, qualifications, employment, relationships and family formation, general health and disability in later life.

Research shows that mental illness can develop in people who have misused substances such as alcohol, stimulants (e.g. ecstasy, cocaine) and depressants (e.g. cannabis), but it's unclear whether drugs and alcohol cause mental illness themselves.

However someone with an undiagnosed mental health problem might use drugs and alcohol to relieve their symptoms, but a substance misuse problem may develop from that. Studies indicate that the use of more than one substance or "polydrug use" may be related to mental health problems.

Many factors influence whether a young person tries drugs, including the availability of drugs within the neighbourhood, community, and school and whether the young person's friends are using them. The family environment is also important: Violence, physical or emotional abuse, mental illness, or drug use in the household increase the likelihood a young person will use drugs.

Social expectations

For young people the transition from childhood to adulthood has altered from the traditional pathways[1] sons no longer follow or divert slightly from the occupations of their fathers and daughters are not thought only as future mothers or housewives. Today family and community ties are more fluid, there is no such thing as jobs for life and at the same time young people have more intense exposure to high risk activities through social media and the traditional media's ever present emphasis toward increasing maturity at an earlier age.

Questions for Southwark

In light of the extract at the beginning of this paper, the SGTO Youth Forum are interested in the following questions:

Is housing discussed on Health and Wellbeing Boards in Southwark?

Are there effective monitoring procedures for care leavers regarding housing and accommodation?

In light of Welfare Reforms which exclude under 25s, what appropriate measures Southwark should take to avoid under 25s becoming homeless and the associated stresses?

Do youth provisions in Southwark (intervention, recreational and civil) emphasis strengthening young people's resilience and thereby reduce their risk of encountering mental health problems (particularly young people aged 11-15?

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[1] Making the link between mental health and youth homelessness

Does Southwark have any data to assess the opinion of young people regarding mental health?