Shawmind

Mental health in the homeless

When people think of homelessness they tend to think of people living on the streets. But there are much broader definitions of homelessness for people who only have temporary housing, or live in sheltered housing, and for people who couch surf or stay in hotels and motels, to list just a few. With all these definitions it can sometimes be difficult to gather accurate information on the full scale of the problem. While this brochure will focus solely on statistics relating solely to street sleeping, we acknowledge that homelessness is a much bigger issue. It is also important to acknowledge that due to the transient nature of homelessness it can often be difficult to ascertain accurate or long term statistics, which limits the production of accurate information. We also acknowledge that mental illness can render a person unable to give consent to take part in studies. So when reading this brochure, it's important to keep all these points in mind.

Risk factors

- There are risk factors to the homeless that make them more prone to mental illness.
- There are risk factors for the mentally ill that make them prone to homelessness.
- In some cases, there are risk factors created by the local authorities that may generate environments that foster mental illness.

Starting with this last point, we need to consider that a lack of a universal healthcare system in some countries can make the homeless more vulnerable to mental illness as they are unable to afford the treatment that they require. This can also result in those who are mentally unwell becoming homeless, as they cannot afford both treatment and the upkeep of their living arrangement. Lacking a secure housing option for people leaving inpatient facilities can also be problematic. Japanese researchers are finding that elderly long-term psychiatric patients are at a great risk of homelessness once they leave hospital[1]. Similarly, American researchers are finding that up to 38% of psychiatric discharges are to no known address[2]. This is clearly a big problem, as appropriate housing is an important factor in maintaining positive mental health, and leaving hospital to become homeless is likely to result in deteriorating health or further hospital admissions.

The mentally ill who become homeless are at a great risk of deteriorating; sadly, people who are homeless tend to put a low value on their own health. As such they do not tend to schedule appointments with their doctor. They may not even have a regular physician due to the limitations on accessing services faced by those with no fixed abode. Unfortunately, it is the people who are extremely ill that may be at greatest risk. They may even get to a stage where they are unaware they are unwell, and don't feel they need to seek medical assistance. Those with some illnesses such as substance abuse are often faced with a lot of judgement and stigma, which is especially true when they are homeless. These stigmas can unfortunately act as a barrier to secure housing and treatment which unfortunately perpetuates a person's illness.

Unfortunately, mental illnesses can often make a person difficult to interact with, and can make it extremely difficult for the sufferer to maintain meaningful social relationships. This is another risk factor for homelessness as those who are ill are unable to maintain a healthy support network, and as such, if they have housing problems become, they don't have a network of support to fall back on to. Unfortunately this can lead to the sufferer living on the streets. It can also impede recovery. as a social support network can be vital in the treatment of many conditions.

The harsh life of living on the street can be a key risk factor in mental illness developing in those who are homeless but mentally well. The life of a homeless person is highly stressful and can be filled with many upsetting and dangerous experiences that put a person at risk of some of the illnesses discussed below. The effect these experiences would have on an individual who is already mentally ill can be extremely detrimental.

The combined impact of homelessness and mental health

Unfortunately many people will experience mental illness as well as homelessness, and whilst having either of these independently of each other can negatively affect a person's life, the combination of them both can be extremely debilitating. It is important to note that in many cases there can be problems determining causation; whether mental illness caused homelessness or vice versa. It is often a circular problem: e.g. a person becomes homeless due to a mental illness, then the conditions of homelessness perpetuate and worsen the mental illness, which in turn makes finding stable housing more difficult. Mental illness coupled with homelessness also makes it more difficult for a person to find regular work and a steady income. Without external input this cycle is likely to continue, making life extremely difficult for the sufferer.

There are statistics that show that the combination of mental illness and homelessness can be greatly detrimental. For example, it is thought that this combination results in a mortality rate five times that of the general population[3]. Studies out of the USA have also looked at the effects this combination has on day-to-day life and found that 28% of those suffering used garbage cans as a food source[4]. They also found that these people were more likely to be victimised, with 74% to 87% of the people in the study having been harmed[5]. This has unfortunately been substantiated by numerous USA-based studies showing people being subjected to assaults, rape and battery. Findings also showed that these people were more likely to be arrested, with arrest rates ranging from 63% to 90%[5]. Other researchers suggest that those who are homeless and mentally ill are 40 times more likely to be arrested, and 20 times more likely to be incarcerated than their counterparts in stable accommodation[6]. Unsurprisingly some choose to seek arrest in order to get a bed and hot food.

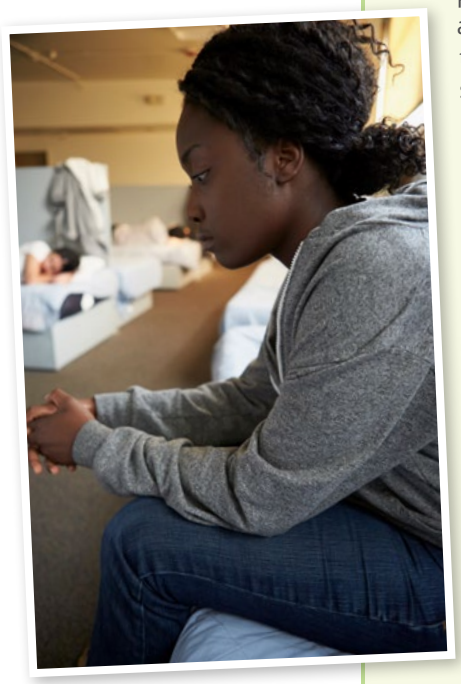
American studies suggest that at any time there are, at minimum, 200,000 homeless people suffering from mental illness

Overall prevalence

The overall prevalence of mental illness in homeless populations globally does vary from country to country; we have summarised the main findings below. This table combines findings from multiple studies to provide a range of potential estimates. We acknowledge that this may not be the most reliable way to arrive at this information, but it helps illustrate the scale of the problem of mental illness in homeless populations worldwide.

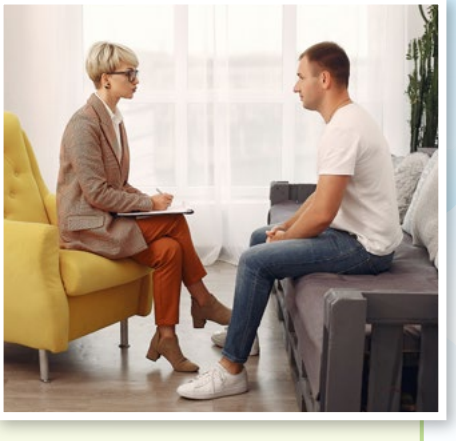
Country	Prevalence of mental illness
USA	2% – 91% [7]
Canada	20% – 90% [7]
Australia	25% – 82% [7]
Ireland	25% [7]
France	57.9% [7]
Netherlands	78% [7]
Norway	82% [7]
Spain	33% [7]
Germany	73% – 94.5% [8,7]
United Kingdom	32% – 55% [9,7]
Japan	18% – 42.1% [1,10]
China (Hong Kong)	56% – 71% [11]
South Africa	50% [12]

As you can see from the chart, many of the ranges are rather sizeable and this can be due to a number of sampling and study conditions. It may also be due to the nature of mental illness in the homeless; with suggestions from South African researchers suggesting that those with mental illness may not remember their diagnosis or may have been unable to access services for a diagnosis. There is also the issue of reaching a diagnosable level and what level each study uses. It is generally accepted that there is also a great deal of sub-clinical symptoms seen in the homeless population which may bias some study results. Regardless of these potential limitations it is clear that mental illness in the homeless is a global problem. Unfortunately, one study out of the USA suggests that it is a problem which has been getting worse since 1970. In some areas, the homeless population with mental illness increased by 363% between 1987 and 2007[13].



It can be difficult to visualise the extent of an issue when just considering percentages, so it can be useful to have some figures to represent the number of people that are affected. For example, American studies suggest that at any time there are, at minimum, 200,000 homeless people suffering from mental illness[14]. Indian researchers have found even more startling figures, suggesting in their study that there are over 15 million homeless people suffering from a form of mental illness[15].

Without comparisons to the general population it can be difficult to truly appreciate how much of a problem mental illness is in the homeless population and how much more at risk these already vulnerable people are. In the UK and USA, estimates suggest that common mental health problems are twice as likely in the homeless[3,16]. This level of risk is also seen in homeless young people in Australia who are also twice as likely as their securely



housed peers to experience a psychiatric disorder[6]. In another UK study it was found that 80% of the sample of 2590 homeless respondents reported some form of mental health issue, with 45% having been diagnosed with a mental health problem; which is significantly higher than the 25% of the general population reporting problems[17]. In the USA, prevalence is again much greater in the homeless population, with 20-25% of the population reporting a severe mental health problem, compared to 6% of the general population[18].

Psychosis and schizophrenia

Schizophrenia and psychosis are disorders that involve a great deal of symptoms, including distorted behaviours, delusional thoughts and paranoid thinking. They are complex disorders that are in most cases severe, and greatly impact a person's daily life. Psychosis and schizophrenia are unfortunately often commonly occurring in the homeless populations, although there can be debate about whether homelessness is the cause or effect of the disorder.

When looking specifically at schizophrenia we can first look at those who are in touch with psychiatric services. In the UK it has been found that just under a third of patients receiving psychiatric care have been homeless at some point in their lives[3]. This is drastically higher than those seeking treatment in Germany and France who reported lifetime homelessness in 8.4% and 12.9% of cases respectively[19]. When looking instead at the homeless population we may get a clearer idea of how big an impact this problem has. In both the UK and Canada, studies have suggested that 6% of the homeless population are suffering with schizophrenia[17,20], compared to 1–3% of the general population[17]. It is also estimated that over 250,000 individuals are currently homeless and suffering with schizophrenia or another manic depressive illness in the USA[21], which is a large number of vulnerable people on the streets. In order to highlight how much of a global problem schizophrenia is in the homeless, we have compiled the table below by combining results from a number of studies. We do acknowledge there are limitations to this approach and encourage anybody with an interest in this area to do their own independent research. This table is simply intended to highlight how much of a problem this disorder is for homeless populations worldwide.

Country	Prevalence of schizophrenia
USA	15% – 20% [7]
Australia	15% [7]
Denmark	20% – 43% [7]
Germany	1.8% – 15% [7,8]
Netherlands	14% [7]
Spain	18% – 26.1% [7]
France	14.9% [7]
Japan	4.4% [10]

Psychosis and psychotic disorders have been looked at independently of schizophrenia, with, arguably, a bleaker outlook. UK findings have suggested that the homeless are 4 to 15 times more likely to suffer from a psychotic disorder compared to the general population[3]; with some claiming that the street homeless are 50 to 100 times more at risk[3]. A systematic review has found that the estimated prevalence for psychosis in the homeless is around 11%[22] with higher rates tending to be reported in European and American based studies. In these studies prevalence can range from 3% to 42% in the homeless[23], with the prevalence of the general population being around 1–2%[23]. This may highlight a problem with the accessibility of services in these countries. However, psychosis in the homeless is not a problem unique to these areas. A small Hong Kong based study has also found prevalence rates around 10%[11] and Australian research on homeless young people found rates of 12%[6].

Alcohol and substance abuse

People with alcohol and substance abuse issues become reliant or dependent on a substance, requiring more of it to garner the same impact. Removal of the substance also causes intense withdrawal symptoms and cravings. Unfortunately there is a global problem with alcohol and substance abuse amongst those who are homeless. This has led to a great deal of research into the area. Below is a short table summarising many of the global studies into the prevalence of the disorders. The table consists of studies that did not differentiate on the substance that was being abused, which may explain the vastly different prevalences. We do acknowledge the limits of using a table which compacts the findings of multiple studies into one range, however this table is designed to give an idea of the problems currently facing the homeless community and is not designed to withstand scientific analysis. We encourage anybody who is interested to conduct their own further research.

Country	Prevalence of alcohol abuse or substance dependence
USA	4% – 86% [7]
Canada	33% – 68% [7,20]
Australia	74% [7]
France	24.9% [7]
Denmark	12% – 55% [7]
Germany	16.7% – 82.9% [7]
Ireland	4.1% – 46% [7]
Netherlands	46% [7]
Russia	60% [7]
Japan	14.0% [10]

As the table clearly shows there is a vast problem with dependency around the globe in a variety of different cultures. Whilst these studies do not differentiate between drugs and alcohol, a number of studies have looked into this. One small Hong Kong based study found that there was no difference in the rates of dependency in their sample. They found that 25% of their homeless sample had an alcohol use disorder and 25% had a substance use disorder[11]. However, other studies have found more substantial differences. A small study out of Germany for example found that 74% of their male-only sample had an alcohol dependency problem compared to 34% who had a drug dependency problem[8]. However, a UK study found the opposite of this finding, suggesting drug problems were the most commonly occurring out of the two disorders. In a street survey they found that 83% of respondents had used drugs in the last

month compared with 68% who had used alcohol[24]. This drug use is substantially more than is seen in the general population, which is often estimated to be 3-20%[24]. When one large study compared studies from across Europe and America they found that drug dependence ranged from 5% to 54%, whilst alcohol dependence ranged from 8% to 58%[23]. This study also went as far as suggesting that the main mental health problem facing the homeless population is alcohol dependence.

Personality disorders

Personality disorders are a group of conditions that cause a person to think and perceive things differently than other people, and affects their behaviour in maladaptive ways. There are a variety of personality disorders and it has been found that these are more prevalent in the homeless population than in the general populous. In fact, one study suggested that personality disorders are thought to affect in excess of 66% of the UK homeless population[3], with many instances being left undiagnosed. Another UK study, this time in Scotland, found even higher rates, with findings showing that 70% of the study sample had a personality disorder, and 40% had two or more personality disorders[3]. However, other studies have not found such high statistics. A third UK study found rates to be nearer 7%, which was still higher than the general population rate of 3–5%[17].

This vast difference in the estimates of personality disorder prevalence was also found in a large study of American and European studies, which provided a prevalence range of 2.2% to 71.0%[23]; finding all but one study had a prevalence of over 4.4% in community samples. This is obviously a massive range and suggests the need for future research in this field. Outside of America and Europe, one Japanese study found that 3.5% of their small sample of homeless participants were suffering from a personality disorder[10]. This highlights that this may be a problem that transcends cultures as well as global regions. Another North American study out of Canada, looking specifically at Anti-Social Personality Disorder, has found that 29% of shelter users were suffering, often in tandem with another condition[20]. This may be used to show that shelters are not enough to help rebuild a person's mental health; fixed long term accommodation is what is needed.

Self-harm

Self-harm is any act that is done with the intention of harming oneself, but does not necessarily have the aim of suicide. Self-harm can occur in many forms including cutting and burns. Unfortunately the rates of deliberate self-harm have been found to be high in the homeless population, and are more prevalent in females than males. It is often difficult to ascertain accurate statistics for self-harming behaviour as many presentations will only be seen when hospital treatment is required. In the UK, one London-based study of hospital admissions found that 15% of people requiring emergency treatment for self-harm injuries were homeless[25]. An Australia study out of Melbourne looked at the homeless youth population and found that a startling 36% of their sample had self-harmed in the previous three months[6], which was drastically higher than their counterparts in secure housing situations. It is important to consider here the conditions that the homeless are living in, and the effect this will have on self-harm injuries. It is likely that those who are homeless will be more susceptible to infection of wounds, and as such, will suffer with further medical complications more frequently than their counterparts who are living in safe housing.

Suicide and suicidal ideation

Suicide is the act of taking one's own life and suicide ideation is the process of thinking and wanting to end one's own life. Unfortunately it appears that suicide rates are greatly increased in those who are homeless, compared to those who are not. Whilst this may be unsurprising due to the harshness of life on the streets, we are hopeful that this increased rate of suicide can begin to decrease in the near future. If you are reading this and are currently suffering from suicidal thoughts then we implore you to contact your local emergency medical services immediately.

Studies from across the globe tend to confirm that homelessness is a great risk for suicide. One Canadian study found estimates of past suicide attempts in homeless youth to be as high as 46%[20]. This finding was partially replicated in a study out of Melbourne Australia which found that 37% of homeless young people had attempted suicide, and 11% had attempted this in the three months prior to the study[6]. This finding is not unique to the Western world as Japanese researchers have found suicide to be high in Tokyo. Whilst this was a small scale study, their findings still support the notion that suicide is common, with 17.7% of participants having tried to commit suicide and 12.2% having a recurring wish to die[26].

To put the problem of suicide into perspective, there have been studies that compare the prevalence in the homeless to those who are housed, and the results are worrying. A Canadian study of young adults found that 15% of males and 30% of females in their homeless sample had attempted suicide at least once in the last year[3]. This compares to 2% of males and 6% of females in the general population. Another Canadian study of males found even worse results; finding that 21% of their sample had attempted suicide in the last year, compared to 4% of non-homeless males. They also found that 43% of their sample had suicidal thoughts, compared to 34% of non-homeless males[20]. Whilst both figures for suicidal thoughts are relatively high, we can clearly see the problem continues to be more pronounced in the homeless community.

Unfortunately there is also evidence that those who survive suicide attempts may attempt suicide again. This is highlighted in a long term UK study of an emergency department which found that over 14 years, 3.6% of the people attending for suicide attempts were of no fixed abode, but these people were responsible for 10% of the presentations seen[3]. This highlights the problems with releasing people from hospital into situations involving non-secure housing. It is also important to consider that many studies looking into suicide may be unrepresentative as those who have already succumbed to suicide are not able to be included.

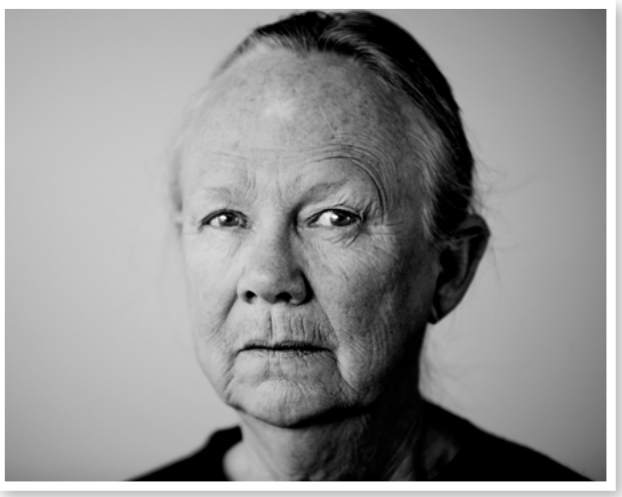
Depression and affective disorders

Affective disorders, also known as mood disorders, are disorders that affect a person's mood state. The most commonly occurring of these disorders are depression and bipolar disorder. Unsurprisingly, these disorders greatly impact a person's day-to-day life and have been found to be extremely prevalent in those who are currently homeless. In fact this problem is so prevalent in the homeless, UK estimates suggest that depression is more than ten times more likely to occur in this population compared with people in safe housing: 36% and 3% respectively[17]. They have also found bipolar disorder to be more commonly occurring, being seen in 6% of the homeless population, compared to 1–3% of the general populous[17].

A lot of research has gone into estimating the prevalence of mood disorders in homeless populations around the globe. Therefore we have summarised a number of findings in the table below. We do acknowledge there are limitations to the use of such a table and the compacting of results from multiple studies. However, this brochure is simply designed to give you an insight into the problems that the homeless population is facing and we encourage you to conduct your own further research. Those marked with an asterix (*) signify studies that do not differentiate between depression and bipolar, instead using the catch-all term of mood disorders.

Country	Prevalence of depression
USA	4% – 35% [7]
Canada	20% – 60% [20,7]
Australia	14% – 49% [6,7]
France	33.7% [7]
Netherlands	22% [7]
Ireland	2.9% – 14.3% [7]
Spain	20% – 20.7% [7]
Germany	4.6% – 15%* [7,8]
United Kingdom	36% [17]
Japan	17.5%* [10]
China (Hong Kong)	30%* [11]
South Africa	45% – 58% [12]

Unfortunately the rates of deliberate self-harm have been found to be high in the homeless population, and are more prevalent in females than males



Anxiety disorders

Anxiety disorders revolve around fear and anxiety. Some commonly occurring anxiety disorders are panic disorder, social anxiety disorder and obsessive compulsive disorder. Anxiety disorders appear to be much more common in the homeless population than they are in the general populous. For the sake of this brochure we are grouping all anxiety disorders together, but it is entirely possible that specific disorders may be more commonly occurring than others. The prevalence of anxiety disorders, whilst high, does appear to differ depending on the region of the world where a study is conducted. For example, one Japanese study found that 2.6% of 114 homeless participants met criteria for an anxiety disorder[10], which is drastically lower than estimates seen in another small study out of Hong Kong, which found estimates of 10% prevalence[11]. This figure continues to climb when looking at the homeless youth in Australia, with researchers finding 12% of their participants met the clinical diagnosis for anxiety[6]. Startlingly, even higher figures were seen in homeless males in one German region, where anxiety disorder levels reached 25%[8]. Whilst we can clearly see that there are differing participant groups that may be partially responsible for these differing estimates, we can also see that anxiety disorders are a prominent problem in the global homeless population.

Dual diagnosis

The term dual diagnosis can be applied in two different ways. It can be strictly applied, meaning it refers to a mental illness present when another illness is already present, for example a person suffering from anxiety and depression at the same time. Alternatively, it can be used more liberally to describe a person who suffers from a mental health problem whilst suffering from a substance abuse disorder. This can explain why some studies have such drastically different estimates, especially when it is not made clear how they have defined dual diagnosis. Unfortunately, regardless of the definition used, dual diagnosis is a problem within the homeless community worldwide.

When looking at the stricter definition, studies in the UK have found the rate of dual diagnosis in the homeless to be between 10-20%[3]. Researchers out of Dublin have found similar results, finding that 16.5% of psychiatric assessments relating to homeless people qualified for dual diagnosis[27]. Indian studies reported a drastically larger problem, reporting that 55.7% of their studied homeless population had a secondary psychiatric condition[28]. When Indian researchers looked into substance abuse they found estimates of dual diagnosis of 44.3% which is still alarmingly higher. The problem is also seen as substantial in the German region of Tubingen where researchers put the prevalence of dual diagnosis at 67%[8]. When asked about their experiences with substance abuse and a dual diagnosis of substance abuse, researchers found that shelters in Ontario, Canada reported that the majority of their users would qualify as having these problems[20]. Whilst these people may not be trained researchers, it is alarming to hear their thoughts on the sheer number of people who have to deal with the problems of homelessness, in addition to one or more mental health condition and substance abuse problems.

Are people receiving treatment?

Unfortunately there appears to be a trend that those who need mental health care don't receive it if they are in a marginalised group of society. When looking at the homeless population there are seemingly mixed results. In some of the previously mentioned studies in this brochure, you will have noticed that patients receiving psychiatric care may have been discharged to 'no fixed abode'. Whilst this is disappointing it does highlight that a certain percentage of the population is receiving treatment. When trying to estimate the exact percentage of people receiving treatment one small UK study found that only 44% of their sample was receiving the right support and close to 20% were not receiving any support at all[17]. Not only does this highlight a vast number of people being left untreated, it also suggests that many people are receiving treatment, but maybe not treatment suitable to their needs. When looking at the other side of the globe, the situation may be worse. One small study out of Hong Kong has found that, at the time of study, 87% of their participants were not receiving psychiatric care[11]. This is an alarmingly high percentage of people.

It may be easy to look at these two studies and think that this is the case because those suffering do not want treatment. Whilst this is likely to be the case in some instances, this is not the case for everyone. One UK-based study found that 28% of their participants already receiving treatment would like more help. Another found that 17.5% of those with a mental illness who were not receiving treatment did want help[29], with a similar percentage being seen in those with alcohol issues. This highlights a significant problem in the way that mental health in the homeless is handled. People who are already vulnerable are looking for help, but are unable to find it.

Solutions

The solution to this problem is simple on paper, but in reality, is likely to be exceptionally difficult to implement. This solution is to find a way to house those that are homeless, which in an ideal world would be possible. Unfortunately, in many societies this is not a reality due to a number of financial and other restraints. However, an integration of the social housing and mental health care systems, when required, would likely be greatly beneficial. People who are homeless and mentally ill are unlikely to be able to successfully navigate the paperwork of two separate systems, so combining them and providing support is likely to go a long way in the recovery process. There have also been studies showing that systems requiring certain levels of engagement in treatment, prior to the provision of housing, are not successful, and are not advised. This is unsurprising as housing provides security, and without that security it is difficult to engage in treatments and programmes. Obviously, where possible, we would like to see housing being provided to the homeless, and especially to those who are mentally ill. Multiple studies show that having a home increases access to health services, and psychiatric care can reduce the risk of homelessness by one third. Therefore, providing housing will likely reduce the strain on mental health services and future housing demands.

For more information on living with mental health problems please visit our website: **www.shawmind.org**

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