

[PLoS Med.](#) 2008 Dec 2;5(12):e225. doi: 10.1371/journal.pmed.0050225.

## The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis.

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[Author information](#)

[Abstract](#)

### BACKGROUND:

There are well over a million homeless people in Western Europe and North America, but reliable estimates of the prevalence of major mental disorders among this population are lacking. We undertook a systematic review of surveys of such disorders in homeless people.

### METHODS AND FINDINGS:

We searched for surveys of the prevalence of psychotic illness, major depression, alcohol and drug dependence, and personality disorder that were based on interviews of samples of unselected homeless people. We searched bibliographic indexes, scanned reference lists, and corresponded with authors. We explored potential sources of any observed heterogeneity in the estimates by meta-regression analysis, including geographical region, sample size, and diagnostic method. Twenty-nine eligible surveys provided estimates obtained from **5,684 homeless individuals from seven countries**. Substantial heterogeneity was observed in prevalence estimates for mental disorders among the studies (all Cochran's  $\chi^2$  significant at  $p < 0.001$  and all  $I(2) > 85\%$ ). The most common mental disorders were **alcohol dependence, which ranged from 8.1% to 58.5%**, and **drug dependence, which ranged from 4.5% to 54.2%**. For **psychotic illness, the prevalence ranged from 2.8% to 42.3%**, with similar findings for major depression. The prevalence of alcohol dependence was found to have increased over recent decades.

### CONCLUSIONS:

Homeless people in Western countries are substantially more likely to have **alcohol and drug dependence** than the age-matched general population in those countries, and the prevalences of **psychotic illnesses and personality disorders** are higher. Models of psychiatric and social care that can best meet these mental health needs requires further investigation

[Schizophr Bull.](#) 2011 May;37(3):572-9. doi: 10.1093/schbul/sbp112. Epub 2009 Oct 12.

## Homicide of strangers by people with a psychotic illness.

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[Author information](#)

[Abstract](#)

### BACKGROUND:

The homicide of strangers by people with psychosis, referred to here as "stranger homicides," are rare and tragic events that generate adverse publicity for mental health services and have resulted in significant changes in mental health policy and law.

### AIM:

To estimate the incidence of stranger homicides, using data from previously published studies, and to compare the characteristics of psychotic offenders who killed strangers with the characteristics of those who killed a close relative.

### METHOD:

Meta-analysis of the population-based studies of homicide by persons suffering from a psychosis in which the number of subjects who killed strangers was also reported. Characteristics of stranger homicide and family homicide offenders were examined in a multicenter case-control study of homicide during psychotic illness in four high-income countries.

### RESULTS:

A pooled estimate of 1 stranger homicide per 14.3 million people per year (95% confidence interval, 1 in 18.9 million to 1 in 11.5 million people per year) was calculated by meta-analysis of 7 studies. The characteristics of the 42 stranger homicide offenders from New South Wales [NSW], Quebec and Eastern Ontario, Finland, and the Netherlands were identified. Twenty seven (64%) of these had never previously received treatment with antipsychotic medication. **The stranger homicide offenders were more likely to be homeless, have exhibited antisocial conduct**, and had fewer negative symptoms than those who killed family members. The victims of stranger homicide were mostly adult males and the homicides rarely occurred in the victim's home or workplace.

### CONCLUSIONS:

**Stranger homicide in psychosis is extremely rare and is even rarer for a patient who has received treatment with antipsychotic medication. A lack of distinguishing characteristics of stranger homicide offenders and an extremely low base rate of stranger-homicide suggests that risk assessment of patients known to have a psychotic illness will be of little assistance in the prevention of stranger homicides**

[Psychiatr Serv.](#) 2010 Mar;61(3):264-71. doi: 10.1176/appi.ps.61.3.264.

## Mental disorders among homeless people admitted to a French psychiatric emergency service.

[Henry JM<sup>1</sup>](#), [Boyer L](#), [Belzeaux R](#), [Baumstarck-Barrau K](#), [Samuelian JC](#).

[Author information](#)

[Abstract](#)

### OBJECTIVE:

The aim of this study was to identify factors associated with homelessness status among patients admitted to the psychiatric emergency ward of a French public teaching hospital over a six-year study period (2001-2006).

#### METHODS:

The study was based on a retrospective review of the psychiatric emergency ward's administrative and medical computer databases. Each emergency care episode had accompanying data that included demographic, financial, clinical, and management information.

#### RESULTS:

During this six-year study, the psychiatric service recorded 16,754 care episodes for 8,860 different patients, of which 591 were homeless (6.7%) and 8,269 were nonhomeless (93.3%). The mean $\pm$ SD number of visits to the psychiatric emergency service was higher for homeless patients (4.9 $\pm$ 12.3) than for nonhomeless patients (1.7 $\pm$ 2.4) ( $p < .001$ ). A total of 331 homeless patients (56.0%) had more than one care episode, whereas 2,180 (26.4%) of nonhomeless patients had more than one care episode. Factors associated with homelessness included being male, being single, and receiving financial assistance through government social programs. Schizophrenia (43.7%) and substance use disorders (31.0%) were the most common disorders among homeless patients. Aggressive behavior and violence were reported equally among homeless patients (3.5%) and nonhomeless patients (3.2%). Homeless patients were less likely than nonhomeless patients to be hospitalized after receiving care in the emergency ward (47.8% versus 51.1%) ( $p = .002$ ).

#### CONCLUSIONS:

Although there is near-universal access to free mental health care in France, study findings suggest that the quality and adequacy of subsequent care are not guaranteed. Multidisciplinary and collaborative solutions are needed to improve the management of mental health care for homeless patients

[Encephale](#). 2013 Oct 3. pii: S0013-7006(13)00168-1. doi: 10.1016/j.encep.2013.01.002. [Epub ahead of print]

## [Frequent visitors to psychiatric emergency service: Demographical and clinical analysis.]

[Article in French]

[Schmoll S](#)<sup>1</sup>, [Boyer L](#), [Henry JM](#), [Belzeaux R](#).

[Author information](#)

[Abstract](#)

#### INTRODUCTION:

Frequent visitors of psychiatric emergency wards are an important health care problem. Previous studies underlined that 2 % to 9 % of patients induce 15 % to 33 % of total clinical activity. Those patients have chronic and severe mental illness such as schizophrenia, associated with social and financial difficulties.

#### OBJECTIVE:

The aim of this study was to describe demographic and clinical characteristics of frequent visitors to a psychiatric emergency ward in a French Academic hospital over 6 years in comparison to non-frequent visitors.

#### METHODS:

The study is based on a retrospective review of the psychiatric emergency wards' administrative and medical computer databases; data that included demographic, financial, clinical, and management information. During this 6-year study, the psychiatric ward recorded 16,754 care episodes for 8800 different patients. We compared frequent visitors with other visitors using univariate and multivariate analyses. Frequent visitors were defined by a number of visits greater than 2 of the mean standard deviation.

#### RESULTS:

Two percent of patients ( $n=192$ ) had nine or more visits during the period. These patients caused 21 % of the total number of the visits. In the univariate analysis, the most significant reasons for referral in frequent visitors versus others ( $P < 0.001$ ) were: more frequent anxiety (37.6 % vs. 32.1 %), less frequent disruptive behavior (8.4 % vs. 12.9 %), depression (7.8 % vs. 17.2 %) and suicide attempt (4.5 % vs. 11.1 %). Factors associated with frequent visitors ( $P < 0.001$ ), after including all significant or confounding variables (multivariate analysis), were: schizophrenia and schizophrenia spectrum disorders (OR=29.5, IC: 11.4-76), DSM-IV cluster B personality disorders (OR=5.5, IC: 3.6-8.4), mental and behavioral disorders due to psychoactive substance use (OR=4.6, IC: 3.1-7), financial assistance through social government programs (OR range: 9.1-2.4, all significant) and being homeless (OR=2.7, IC: 1.8-4). Factors associated with non-frequent visitors were mood disorders (OR=0.07, IC: 0.03-0.19) and neurotic, stress-related, and somatoform disorders (OR=0.14, IC: 0.05-0.4). Sex and age were not significant in multivariate analysis.

#### DISCUSSION:

This study identifies significant demographic and clinical factors associated with frequent visits in psychiatric emergency ward in accordance with the large majority of previous studies. We found that psychotic disorders or schizophrenia were the main diagnosis of these patients. Moreover, precariousness (homeless, financial assistance) is an important demographic factor associated with recurrence. However, contrary to numerous studies, we found no effect of sex or age. Due to this important economical and clinical burden, more specific care and alternative solutions to emergency care have to be proposed to this population of patients.

[Int J Soc Psychiatry](#). 2014 Mar 3. [Epub ahead of print]

## Homeless and incarcerated: An epidemiological study from Canada.

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[Author information](#)

[Abstract](#)

#### BACKGROUND:

Incarceration and homelessness are closely related yet studied rarely. This article aimed to study the incarcerated homeless and identify specific vulnerabilities, which rendered them different from the nonincarcerated homeless. It also aimed to describe the homeless population and its significant involvement with the criminal justice and enforcement system.

#### METHODS:

Data were derived from the British Columbia Health of the Homeless Study (BCHOHS), carried out in three cities in British Columbia, Canada: the large urban center Vancouver (n = 250), Victoria (n = 150) and Prince George (n = 100). Measures included socio-demographic information, the Maudsley Addiction Profile (MAP), the Childhood Trauma Questionnaire (CTQ) and the Mini International Neuropsychiatric Interview (MINI) Plus.

**RESULTS:**

Incarcerated homeless were more often male (66.6%), were in foster care (56.4%) and had greater substance use especially of crack cocaine (69.6%) and crystal methamphetamine (78.7%). They also had greater scores on emotional and sexual abuse domains of CTQ, indicating greater abuse. A higher prevalence of depression (57%) and psychotic disorders (55.3%) was also observed. Risk factors identified which had a positive predictor value were male gender (p < .001; odds ratio (OR) = 2.8; 95% confidence interval (CI): 1.7-4.4), a diagnosis of depression (p = .02; 95% CI: 1.1-4.4) and severe emotional neglect (p = .02; 95% CI: 1.1-3.2) in the childhood.

**CONCLUSION:**

Homeless individuals may be traumatized at an early age, put into foster care, rendered homeless, initiated into substance use and re-traumatized on repeated occasions in adult life, rendering them vulnerable to incarceration and mental illness

[Soc Psychiatry Psychiatr Epidemiol.](#) 2013 Aug;48(8):1235-43. doi: 10.1007/s00127-012-0649-8. Epub 2013 Jan 9.

## **Mental disorder, service use, and barriers to care among 500 homeless people in 3 different urban settings.**

[Krausz RM<sup>1</sup>](#), [Clarkson AF](#), [Strehlau V](#), [Torchalla I](#), [Li K](#), [Schuetz CG](#).

[Author information](#)

**Abstract**

**OBJECTIVE:**

To determine the standardized rates of mental disorder, health service use and barriers to care in a representatively diverse sample of homeless adults in three different sized urban centers in British Columbia, Canada.

**METHOD:**

Five hundred homeless adults from Vancouver, Victoria and Prince George were recruited. The MINI-International Neuropsychiatric Interview PLUS was used to determine current and lifetime rates of mental disorder, mental disorder episodes and suicidality. Health service use and barriers to care were recorded.

**RESULTS:**

Overall, 92.8 % of participants met criteria for a current mental disorder: 82.6 % for alcohol or drug dependence, 57.3 % anxiety disorder, 31.5 % mood disorder. Over half (53.4 %) met criteria for a concurrent disorder. Only 14.9 % had seen a psychiatrist and 12.7 % a mental health team in the year prior to the survey. Most common barriers included being poorly connected to the system of care and issues related to homelessness. Mental disorder rates across sites were high, however, differences were found that reflected the composition of the samples.

**CONCLUSION:**

Improving the mental health state of the homeless will require significant capacity for mental health and concurrent disorder programming that is tailored to the community it intends to serve. Demographic features of the population may help in directing assessments of need

[Encephale.](#) 1997 Nov-Dec;23(6):420-30.

## **[Mental health of homeless persons. Critical review of the Anglo-Saxon literature].**

[Article in French]

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**Abstract**

Because the visibility of homeless persons congregating in urban areas has increased since the 1980's, the relationship between homelessness and mental illness has caused more and more concern. A multitude of epidemiological surveys have been organized in Great Britain, Australia, Canada, and mainly in United States, and have attempted to evaluate scientifically the psychiatric morbidity of this population. This literature review reveals disparity of epidemiological methods in assessing the type and extent of mental illness among homeless adults. The lack of consensual definition of homelessness, the choice of different settings in which the research is organized (street, health centres, shelters), and the use of diverse instruments of psychiatric evaluation (diagnosis by clinician, by scale or by structured diagnostic interview) lead to a great disparity of the results. Thus, 1/3 of the homeless adults had prior history of psychiatric hospitalisation. Rates of psychosis range to 70% and it is estimated that 4% to 74% of the homeless persons suffer from affective disorders. Substance abuse disorder remains a problem for a significant number of these individuals, with a high frequency of dual diagnosis. Such divergent data highlight the anglo-saxon debate between those who accuse desinstitutionalisation as a reason of homelessness, and those who blame the socioeconomic background

[Int J Soc Psychiatry.](#) 2013 Oct 1. [Epub ahead of print]

## **Homeless mentally ill in Athens area: A cross-sectional study on unmet needs and help-seeking.**

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[Author information](#)

**Abstract**

**BACKGROUND:**

Homelessness, a worldwide psychosocial phenomenon, is now also prevalent in Greece, mainly in Athens area.

#### METHODS:

The possible psychiatric morbidity related to help-seeking and the underlying factors were explored in a sample of 254 homeless people from Greater Athens area, using the Mini International Neuropsychiatric Interview (M.I.N.I.).

#### RESULTS:

The sample was predominantly male (74%) with mean age of 51 years, being in their majority homeless for over 25 months, 34.3% of them living in rough sleeping places. Overall, 56.7% of the sample met the criteria for a current Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) psychiatric disorder with 20.8% comorbidity. Only 36.2% of the identified psychiatric cases had any recent psychiatric care, while 44.4% were taking non-prescribed medication and 20.2% have been hospitalized in the last year. On the contrary, 70% of alcohol- and drug-dependent persons have been treated in a psychiatric agency, while 60.0% of them participated in rehabilitation program the last year. Logistic regression analysis revealed that being older, more educated with longer duration of homelessness, recognizing the suffering from a psychiatric problem as well as being diagnosed as 'psychotic' increased the likelihood to seek help.

#### CONCLUSIONS:

The vast majority of the homeless mentally ill persons were lacking any current psychiatric care. The planning of a mental health-care delivery parallel to the existing social welfare system is needed to serve the unmet mental health needs of this population.

[Psychiatriki](#). 2012 Oct-Dec;23(4):334-43.

## [Studies of psychopathology of homeless individuals in European countries].

[Article in Greek, Modern]

[Chondraki P<sup>1</sup>](#), [Madianos M](#), [Papadimitriou GN](#).

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#### Abstract

Most research on the homeless is coming from the US, where the prevalence of mental disorders concerning this population was pointed out. The surveys for the homeless in European countries focus on the mental state and community care of the homeless very early, since the 1980's. Homelessness is gradually developing in these countries, while in the countries of North America the phenomenon is much older. The prevalence of mental disorders in European countries is higher in the homeless population, with **rates of 58% -100%** compared with the general population. In countries like Germany, Spain, Holland, France, Switzerland, where the phenomenon of homelessness has been studied, one of the most striking features was **the high prevalence of substance abuse disorders, emotional disorders, while small percentages were reported for psychotic disorders**. The prevalence of alcohol abuse was very high in Germany, perhaps because it is easily accessible and less expensive than in other countries. Limited use by homeless of relevant health services was also very common in this country. The same observation was also recorded in Spain, France and the Netherlands. High rates in these countries was reported for comorbidity, most often concerning the **combination of substance abuse disorder and emotional disorders**. Another interesting finding in the European countries is the high prevalence of depressive and anxiety disorders and the low prevalence of schizophrenia and antisocial personality disorder. The low prevalence of **schizophrenia and antisocial personality disorder** is in contrast with studies from North America according to some authors who compared their samples with samples of homeless people in Los Angeles. The level of abuse of illegal substances was also found high in countries such as England. In Spain **affective disorders** was reported to be very high among the homeless population. The homeless population faces many complex mental health problems compared with those of the general population. What is a source of concern is that these problems are not adequately faced either by mental health services and rehabilitation programs, or the social services for the homeless. It is recommended that these services have to achieve integration in therapeutic and organizational level, in order to better meet the needs of this complex and heterogeneous population

[Public Health Rev](#). 2001;29(1):13-33.

## A review of physical and mental health in homeless persons.

[Martens WH](#).

[Author information](#)

#### Abstract

#### OBJECTIVE:

To review the physical and mental status in homeless people.

#### DATA SOURCES:

A MEDLINE database search covering 5 decades was supplemented by tracing back through references from existing review work. Over 200 articles were extracted, and 106 were selected for review.

#### MAIN FINDINGS:

Homeless persons suffer frequently from physical health problems like tuberculosis, asthma, bronchitis, HIV infection, and as a consequence, they run an increased risk for premature mortality. The prevalence of mental disorders among homeless individuals varies from 80-95% in the USA, Australia, Canada, Norway, and Germany to 25-33% in Ireland and Spain. The most prominent mental disorders among the homeless, which vary from country to country, are depression, affective disorders, substance abuse, psychotic disorders, schizophrenia, and personality disorders.

#### CONCLUSION:

Homelessness is a major public health problem that should have our special interest.

[J Psychiatr Pract](#). 2012 Sep;18(5):349-60.

## Mental health, concurrent disorders, and health care utilization in homeless women.

[Strehlau V<sup>1</sup>](#), [Torchalla I](#), [Kathy L](#), [Schuetz C](#), [Krausz M](#).

[Author information](#)

#### Abstract

#### PURPOSE:

This study assessed lifetime and current prevalence rates of mental disorders and concurrent mental and substance use disorders in a sample of homeless women. Current suicide risk and recent health service utilization were also examined in order to understand the complex mental health issues of this population and to inform the development of new treatment strategies that better meet their specific needs.

**METHODS:**

A cross-sectional survey of 196 adult homeless women in three different Canadian cities was done. Participants were assessed using DSM-IV-based structured clinical interviews. Current diagnoses were compared to available mental health prevalence rates in the Canadian female general population.

**RESULTS:**

Current prevalence rates were 63% for any mental disorder, excluding substance use disorders; 17% for depressive episode; 10% for manic episode; 7% for psychotic disorder; 39% for anxiety disorders, 28% for posttraumatic stress disorder; and 19% for obsessive-compulsive disorder; 58% had concurrent substance dependence and mental disorders. Lifetime prevalence rates were notably higher. Current moderate or high suicide risk was found in 22% of the women. Participants used a variety of health services, especially emergency rooms, general practitioners, and walk-in clinics.

**CONCLUSION:**

Prevalence rates of mental disorders among homeless participants were substantially higher than among women from the general Canadian population. The percentage of participants with moderate or high suicide risk and concurrent disorders indicates a high severity of mental health symptomatology. Treatment and housing programs need to be accompanied by multidisciplinary, specialized interventions that account for high rates of complex mental health conditions