Modern Psychological Studies

Volume 26 | Number 1 Article 2

January 2021

Precursors and outcomes: A look at mental health in relation to homelessness

Mercedes Pinillo
Whittier College, mpinillo@poets.whittier.edu

Precursors and Outcomes: A Look at Mental Health in Relation to Homelessness

Mercedes Pinillo

Whittier College

Abstract

The homeless epidemic has reached new heights with over half a million individuals reporting experiencing homelessness in the past year alone. Mental health problems such as bipolar/mood disorders, schizophrenia, and post-traumatic stress disorder (PTSD) have been found as predictors of homelessness. Mental health problems such as fear, anxiety, depression, and suicidal ideations have been identified as outcomes of experiencing homelessness. Treatment options follow either the housing-first or treatment-first model. Housing-first treatments yield better and longer-lasting results of housing stability and improved mental health than treatment-first services. A lack of proper funding and mental health problems were found to be barriers to treatment for homeless individuals. More focus on mental health problems as outcomes of homelessness, mixed-measure studies that include observations, and possible relationships between traumatic brain injuries (TBI) and assault experienced during homelessness are suggested for topics of future research.

Precursors and Outcomes: A Look at the Relationship Between Mental Health and Homelessness

The U.S. Department of Housing and Urban Development (U.S. HUD, 2018) reported that on any given night, roughly 553,000 people experienced homelessness across the United States; 65% of these homeless stayed in shelters or emergency facilities and 35% of these homeless stayed in unsheltered locations, such as abandoned buildings or places unsuitable for human habitation. Homelessness, as defined by U.S. HUD (2018), is when a person does not have a fixed, regular, or adequate residence for the nighttime. U.S. HUD (2018) also estimated that 20.1% of these homeless individuals are also living with serious mental illnesses. Individuals who suffer from mental illness face more adversities than those of the general population. More specifically, individuals suffering from mental illness are 10 to 20 times more likely to become homeless than those in the general population (Susser et al., 1993 as cited in Nishio et al., 2016). Transitional housing facilities and shelters for the homeless often do not prioritize mental health treatments while processing the individuals that filter through their facilities (Nishio et al., 2016). There is confusion and misinterpretation of behaviors exhibited by these individuals that make it harder to determine what type of assistance they need (Kerman, Sirohi, Curwood, & Trainor, 2017). Behaviors that are attributable to mental illness are often first believed to be the result of drug or alcohol abuse, leading to treatment professionals' inability to provide the appropriate initial treatment needed (Kerman et al., 2017; Nishio et al., 2016).

Due to the recent surge of research in this area, the current literature review is needed in order to comprehend the severity of the nationwide public health emergency of mental health problems in our homeless population. Current research has explored whether or not these individuals were living with mental illness before becoming homeless or developed mental

health problems as a result of being homeless. Identifying this difference plays a key role in the delivery of treatment to these homeless individuals and can be the deciding factor of whether or not they are able to make it out of homelessness. Past literature reviews have looked at the relationship between mental illness and homelessness, yet none have reviewed how mental illness can lead to homelessness or how it can also be an outcome of homelessness (Edidin, Ganim, Hunter, & Karnik, 2012). Other literature reviews have also looked at research indicating the best treatment options and their effectiveness (Chaviano, 2013), but again none of them have looked at whether or not these mental illnesses were present before or after an individual experienced homelessness.

This literature review will specifically look at how the presence of serious mental illnesses, such as bipolar/mood disorders, schizophrenia, and PTSD in veterans, can lead to homelessness. This literature review will then look at how experiencing homelessness can lead to the development of mental illnesses, such as anxiety disorders and depression. Finally, this literature review will look at what kinds of treatment options are available to and accessible for these homeless individuals and what type of outcomes they produce. A discussion for future research will conclude this literature review.

Mental Illness as a Precursor to Homelessness

Bipolar/Mood Disorders and Traumatic Brain Injury

Individuals diagnosed with mood disorders experience more difficulties with expressing their emotions and controlling their actions than do those in the general population (Oh & DeVylder, 2014). According to the Diagnostic and Statistical Manual of Mental Disorders - 5th Edition (DSM-V), Bipolar Disorder (BD) is one of many classifications of a mood disorder and is characterized as having at least one manic episode followed by a major depressive episode.

Manic episodes have characteristics such as high energy, a reduced need for sleep, and a loss of touch with reality (DSM-V). Depressive episodes are characterized by low energy, lack of motivation, and a loss of interest in daily activities (DSM-V). Mood instability as a result of bipolar and mood disorders can lead to sporadic behavior, which results in difficulties maintaining healthy interpersonal relationships (Creech et al., 2015; Oh & DeVylder, 2014).

Scatter-mindedness and an inability to focus during a manic episode directly followed by increased isolation and a lack of motivation during a depressive episode can lead to an individual's inconsistent daily routine (Bacciardi et al., 2017; Oh & DeVylder, 2014). Oh and DeVylder (2014) found that it is the fluctuation and inconsistency of the individual's mood and behaviors that damage their reputation and relationship with their employers, eventually leading to the loss of their job. This leads to financial strain, which many individuals in the homeless population have reported being one of the leading causes of their homelessness (Creech et al., 2015; Okamura et al., 2015). Consistent with this, individuals diagnosed with mood disorders are 3 to 4 times more likely to experience homelessness than those not diagnosed with mood disorders (Oh & DeVylder, 2014).

Individuals diagnosed with BD experience greater incidents of physical injuries than do those in the general population (Bacciardi et al., 2017, Creech et al., 2015), and mood disorders, such as BD, can be a result of Traumatic Brain Injuries (TBI), which are the most prevalent physical health issue found in the homeless population (Bacciardi et al., 2017; Creech et al., 2015). Altered brain functioning due to TBI can severely impair an individual's everyday functioning, such as routine social interactions and the ability to maintain a steady source of income (Creech et al., 2015). This factor paired with an already existing mental health problem drastically increases these individuals' likelihood of experiencing homelessness (Bacciardi et al.,

2017; Creech et al., 2015). Interestingly, Bacciardi et al. (2017) found that just as TBI can be a risk factor for BD, an already existing mental illness, such as BD, can also be a risk factor for TBI. The direction of effect needs to be further researched, as neither Bacciardi et al. (2017) nor Creech et al. (2015) looked at which problem (mental or physical) is more likely to lead to the other. For example, although Creech et al. (2015) mentioned TBI in relationship with BD in their sample of veterans, they did not explore why TBI has such a high prevalence in homeless veterans with BD. Additionally, neither of these studies looked at how the financial drain from their medical emergency can also worsen their mental illness, further leading to their homelessness.

No research has looked at the homeless population as a whole when searching for participants; they all looked into specific subpopulations within the homeless population. Oh and DeVylder (2014) looked at mood disorders in the underrepresented Asian American and Latinx homeless population, Creech et al. (2015) looked at BD in the Veteran homeless population, and Bacciardi et al. (2017) looked at BD in homeless individuals who have had TBI. Though all of their findings were consistent with one another no matter the subpopulation, further research should be done in the general homeless population to further support the generalizability of their findings.

Schizophrenia

Individuals diagnosed with schizophrenia have also been shown to have a high risk of homelessness due to their mental illness (Girard et al., 2017)**.** Schizophrenia, according to the DSM-V, is characterized by thoughts and expressions that appear to be out of touch with reality, a decrease in daily activity and functioning, an increase in paranoia and suspicion, and disorganized speech, thoughts, and behaviors. In one study, 36.8% of homeless individuals were

diagnosed with schizophrenia, 32.6% of whom were sheltered, and 43.3% of whom were unsheltered (Llerena, Gabrielian, & Green, 2018). The first signs of schizophrenia are often sudden and perceived as a psychotic outburst (Ran et al., 2018)**.** Individuals diagnosed with schizophrenia have poor independent-life skills, impaired cognitive functioning, and few interpersonal relationships (Girard et al., 2017; Llerena et al., 2018). This lack of interpersonal relationships can lead to severe isolation, which can further damage their psychological functioning. Research has found that individuals diagnosed with schizophrenia self-reported difficulties maintaining their routine landlord-tenant relationships (Llerena et al., 2018), as well as their family life, friends, and emotional well-being (Girard et al., 2017; Ran et al., 2018).

A 14-year longitudinal study of psychiatric patients, 10.5% of whom became homeless, found that a delay of diagnosis and treatment lead to more severe cases and outcomes of schizophrenia (Ran et al., 2018). When any severe condition goes untreated for a prolonged amount of time it is bound to get worse. This is evident in mental health just as much as physical health. Those who became homeless had more severe cases of schizophrenia and exhibited higher levels of paranoia and distrust, making it even more difficult for these individuals to properly function within society (Ran et al., 2018). Their inability to trust and build relationships with their peers further lead to obstacles for obtaining and maintaining proper housing, leaving them homeless and in unsheltered locations (Llerena et al., 2018; Ran et al., 2018).

Through individual interviews, it became clear that these individuals also experienced cognitive disfunctions, which can further impair their ability to read job descriptions, housing contracts, and tenant-landlord agreements (Girard et al., 2017; Llerena et al., 2018). Impairment of communication and vocabular abilities also create dissonance between individuals diagnosed with schizophrenia and their peers (Girard et al., 2017). The inability to properly communicate

significantly hinders an individual's ability to function within society and maintain proper employment. Living without a consistent stream of income along with a clinical diagnosis of schizophrenia is significant to an individual's risk of becoming homeless (Ran et al., 2006 as cited in Ran et al., 2018).

A major critique of the Girard et al. (2017) study, that came directly from its participants, was that some of the questions were too insensitive and intrusive and many participants did not want to answer them. When uncomfortable with the questions, a few participants in the study gave hostile answers and became visibly upset. The participants commented that the questions regarding familial and personal relationships, were particularly triggering and too intrusive. For this reason, many questions about family and friend relationships were left unanswered and some of their findings were inconclusive.

Post-Traumatic Stress Disorder in Veterans

The homeless population is comprised of 14% veterans (Tsai, Link, Rosenheck, & Pietrzak, 2016), and of this percentage, 53% of homeless veterans were diagnosed with Post-Traumatic Stress Disorder (PTSD) (Creech et al., 2015). PTSD is characterized as anxiety and flashbacks that are triggered by experienced traumatic events (Tsai, Hoff, & Harpaz-Rotem, 2017). Though PTSD can happen to anyone, especially in the homeless population, abundant research has been done on PTSD specifically in veteran populations. Veterans diagnosed with PTSD are nearly twice as likely to be homeless than veterans not diagnosed with PTSD (Tsai et al., 2016). Creech et al. (2015) found that among veterans who were deployed to Iraq and Afghanistan, PTSD was a significant predictor for risk of homelessness. This research suggests that there is a strong relationship between a PTSD diagnoses and an individual's likelihood to experience homelessness.

PTSD outbursts are brought on by specific sounds, sights, and stimuli that trigger memories from a traumatic experience (Metraux, Cusack, Byrne, & Hunt-Johnson, 2017; Tsai et al., 2016). These triggers vary depending on the type of trauma experienced, and can lead to mild, or even in severe cases, explosive behavioral outbursts (Creech et al., 2015; Metraux et al., 2017). Veterans suffering from PTSD often avoid people, places, or activities that could trigger unwanted thoughts and feelings of past traumatic events (Metraux et al., 2017; Tsai et al., 2016). This avoidance of public spaces and interactions leads to isolation and withdrawal from everyday activities (Metraux et al., 2017). Strain is placed on more formal relationships such as those between a landlord and tenant, employer and employee, and mental/physical health care provider and patient (Creech et al., 2015; Metraux et al., 2017; Tsai et al., 2017)). Additionally, strained interpersonal relationships with family and friends are a result of this avoidance of social activities, and lead to homeless veterans with little to no social support systems (Metraux et al., 2017; Tsai et al., 2016). This also suggests that by having a strong social support system, veterans could be able to have a smoother transition back into society and better maintain their mental health.

Previously deployed veterans report impacts on their mental health both during and after their military service (Metraux et al., 2017). These negative psychological impacts caused their reintegration back into society to be more difficult than those that did not experience psychological damage from deployment (Metraux et al., 2017; Tsai et al., 2017). As a result of these negative psychological impacts, anger and anxiety were heightened and contributed to veterans' difficulties returning to their daily routines after returning home from their deployment (Metraux et al., 2017). Homeless veterans report lower levels of emotional stability than housed veterans (Metraux et al., 2017; Tsai et al., 2017). This suggests that decreased emotional stability

and avoidance of public places and social interaction as outcomes of PTSD hinder veterans' daily lifestyle, further hindering their ability to maintain a steady job and avoid homelessness.

Mental Health Problems as Outcomes of Homelessness

There have not been as many studies done on mental health problems as outcomes of homelessness as there have been on mental health problems as precursors to homelessness. Studying mental health problems as outcomes of homelessness is just as important in the battle of helping homeless individuals successfully exit homelessness and better their mental health as studying mental health problems as precursors to homelessness. This is still a relatively new area of research and there is much that still needs to be explored.

Fear, Anxiety, and Depression

In addition to the stress of being homeless, homeless individuals experience many other life stressors that can lead to mental health problems. Some of these stressors include fear of and actually experiencing physical and emotional assault, food scarcity, isolation, damaged interpersonal relationships, and a lack of income (Fitzpatrick, 2016; Fitzpatrick, Myrstol, & Miller, 2014; Lee et al., 2017; Lim, Rice, & Rhoades, 2015). Homeless individuals report higher rates of being assaulted as well as witnessing assaults on other homeless individuals (Lee et al., 2017; Lim et al., 2015). In one study, 56.9% of homeless individuals reported being the victim of a crime, both violent and non-violent (Powell, Adair, Streiner, Mayo, & Latimer, 2017). Experiencing and witnessing these violent acts leaves homeless individuals with high rates of anxiety and fear for their well-being (Lee et al., 2017). This suggests that living in a constant state of fear and anxiety can cause serious damage to the human psyche leading to mental health problems.

Consistent with prior research, isolation and withdrawal from social activities as a result of experiencing homelessness also affect a homeless individual's mental health. High rates of isolation have been found to lead to paranoia, cognitive deterioration, and depressive symptoms (Coohey, Easton, Kong, & Bockenstedt, 2014). In a homeless population with mental health problems, 60% exhibited clinical characteristics for depression (Fitzpatrick et al., 2014), and of that 60%, many reported feelings of isolation and withdrawal from societal obligations (Coohey et al., 2014). Studies have found that stronger social ties and larger social support systems lead to lower depressive symptoms in homeless individuals with mental health problems (Fitzpatrick et al., 2014). This suggests that lack of strong social ties due to isolation experienced during homelessness, may lead to increased depressive disorder among homeless individuals. These findings lend further support to the notion that strong social ties are beneficial to overcoming mental health problems in the homeless population.

Additionally, those who are exposed to more daily hassles than the average homeless person, experience a greater number of depressive symptoms (Fitzpatrick et al., 2014). Daily hassles include difficulties obtaining food, lack of privacy, unsanitary living conditions, noisy and overcrowded living facilities, problematic facility staff and fellow residents, and feeling unsafe in a living environment (Fitzpatrick et al., 2014). In one study, 26% of homeless individuals were diagnosed with a depressive disorder, and nearly all of them reported their depressive symptoms developed after they became homeless (Coohey et al., 2014). Similarly, in a longitudinal study of homeless youth, those with minimal to no mental health problems at the time of their initial interview developed a mood disorder, such as depression, by the time of their follow up interview 10 to 20 months after the initial interview (Hodgson, Shelton, & Marianne, 2015). Those of the sample that developed depressive disorders reported higher levels of life

stressors than those that did not develop depressive disorders (Hodgson et al., 2015). These findings suggest that by decreasing the number of daily hassles and life stressors that a homeless individual faces, their chance of developing fear, anxiety, and depression will also decrease.

Suicidal Ideation

Between 17% (Coohey et al., 2014) and 41% (Lee et al., 2017) of homeless individuals report having serious suicidal thoughts since first experiencing homelessness. Nearly 22% of these individuals report having attempted suicide in their past (Lee et al., 2017). Suicide rates are 10 times higher in the homeless population than the general population (Lee et al., 2017; Okamura, Ito, Morikawa, & Awata, 2014). For a homeless individual, gender, history and presence of mental health problems, and the number of psychological pains that they experience are significant factors in their likelihood of having suicidal thoughts (Coohey et al., 2014; Hodgson et al., 2015; Lee et al., 2017). Although homeless women are more likely than men to suffer from depressive symptoms (Lee et al., 2017, Lim et al., 2015), homeless men are more likely than women to experience suicidal thoughts and tendencies (Coohey et al., 2014, Lim et al., 2015). The disproportionate rate of men having more suicidal thoughts and tendencies than women could be attributed to the fact that men tend to stay in homelessness for longer periods of time than women do (Coohey et al., 2014; Okamura et al., 2014). Studies have shown that longer durations of homelessness lead to worsened mental health problems and higher frequencies of suicidal thoughts (Okamura et al., 2014). Recent research has not explored factors that correlate to men staying in homelessness longer than women.

One study found that schizophrenia is closely related to suicidal thoughts and attempts, with 10% of homeless individuals with schizophrenia having completed suicide (Lee et al., 2017). This percentage is two to five times higher than that of the general population (Lee et al.,

2017). Though studies looked at which mental health problems were more likely to lead to suicidal thoughts and attempts, research has not explored why homeless individuals with schizophrenia above all other mental health disorders have such a significantly higher risk of suicidal thoughts and attempts.

Many other mental health problems, such as depression, anxiety, and PTSD are significant risk determinants for suicidal thoughts and tendencies (Lee et al., 2017). Homeless individuals with depressive disorders are 1.8 times more likely than the general population to have increased suicide risk (Lee et al., 2017). Depression was found to be related to suicidal thoughts, but when other factors such as gender and history of suicidal thoughts were taken into account, depression and suicidal thoughts were not as strongly related as they were first thought to be (Coohey et al., 2014). Okamura et al. (2014) did not account for these other factors, and found that depression had the strongest association with suicidal thoughts and attempts. Coohey et al's (2014) findings suggest that there are more risk factors for suicidal thoughts than only the presence of a depressive disorder. Additional research is needed in order to draw consistencies with these studies, and for more effective treatment options to be implemented in housing and mental health facilities.

Studies have found that sources of psychological pain such as, physical and emotional abuse, strained family and friend relationships, and alcohol and drug abuse are also closely related to a homeless individual's likelihood of developing suicidal ideations (Coohey et al., 2014; Hodgson et al., 2015). Coohey et al. (2014) found that emotional abuse posed the greatest risk of suicidal ideations out of all sources of psychological pain, whereas Hodgson et al. (2015) found that strained family and friend relationships that lead to social ostracization posed the greatest risk of suicidal ideations over all other sources. These findings suggest that there may be

other underlying factors that link emotional abuse to strained family and friend relationships that these studies did not include. It could be that the emotional abuse came from the homeless individual's family or friends and that could be why they attributed their suicidal ideations to these sources of psychological pain. These studies did not differentiate between whether these sources of psychological pain were present before, during, or after experiencing homelessness. This is a factor that needs to be looked at in future research.

Treatment

Options and Outcomes

Homeless shelters and mental health facilities aim to treat underlying conditions that a homeless individual may have, and ultimately help them escape homelessness (Aubry, Duhoux, Klodawsky, Ecker, & Hay, 2016; Pakzad et al., 2017). There are various types of housing and mental health facilities that are available to homeless individuals, and they follow either one of two service models: housing-first and treatment-first (Pakzad et al., 2017; Powell et al., 2017; Zerger et al., 2014). The housing-first model focusses on providing housing for homeless individuals without conditions of sobriety or initial participation in treatments (Pakzad et al., 2017), while the treatment-first model requires their participants to meet initial guidelines before they are allowed into housing facilities (Zerger et al., 2014). The majority of homeless and mental health service programs follow the treatment-first model, as the housing-first model is relatively new (Powell et al., 2017). While both models show positive results in helping individuals exit homelessness and maintain housing stability, many studies have found that the housing-first model yields the best and most positive outcomes of homelessness and mental well-being (Pakzad et al., 2017; Powell et al., 2017; Zerger et al., 2014). A longitudinal study of homeless individuals with mental health problems in housing-first programs found that after five

years, 88% of previously homeless individuals were still housed (Powell et al., 2017; Zerger et al., 2014). This suggests that the housing-first model has fewer returning patients and that the benefits are longer-lasting than those of the treatment-first model.

Homeless individuals that have completed housing-first programs and successfully exited homelessness reported higher senses of control and personal empowerment (Aubry et al., 2016; Zerger et al., 2014). These individuals attribute their success with housing stability and positive mental health outcomes to having access to a full range of flexible and personalized services and resources, such as counseling, job training, physical and mental health treatments, and community-based involvement (Pakzad et al., 2017; Rowe, Styron, & David, 2015). This suggests that treatment programs that are specifically designed for a homeless individual's special needs give them a sense of security and control, which allows them to fully benefit from these services. Personalized services also suggest the need to develop better and deeper interpersonal relationships between the service provider and patient (Zerger et al., 2014). Rowe et al. (2015) found that when housing and mental health facility workers approach homeless individuals as people first rather than patients, they receive less resistance and build better interpersonal relationships. These positive interpersonal relationships lead to a growing social support system for homeless individuals, which have been shown to be essential to housing stability (Aubry et al., 2016).

Additionally, studies have shown that homeless individuals that participate in housing-first services show better improved mental health status over time than those that participate in treatment-first services (Aubry et al., 2016; Pakzad et al., 2017; Powell et al., 2017). The perception of better housing quality through housing-first programs has shown to positively impact a homeless individual's mental health (Aubry et al., 2016). Homeless individuals who

participated in the At Home/Chez Soi Housing-First program were able to choose their own housing (Powell et al., 2017), and reported better-quality living facilities than those who did not have a choice of housing (Aubry et al., 2016; Powell et al., 2017). Homeless individuals with perceived better housing quality report lower levels of depression, anxiety, and suicidal ideation than those with perceived lower housing quality (Aubry et al., 2016; Pakzad et al., 2017; Powell et al., 2017). This suggests that having a more personal and better-quality living environment aides homeless individuals in overcoming their mental health problems and maintaining their housing status. At Home/Chez Soi housing-first, participants also reported moving into permanent housing from the program faster than participants in treatment-first programs (Zerger et el., 2014). Other housing-first studies support this finding, and found that in addition to moving into permanent housing sooner, homeless individuals who participate in housing-first programs report higher quality of life scores than do those who stay in the housing-first program for longer periods of time (Powell et al., 2017; Rowe et al., 2015). These findings suggest that better interpersonal relationships, higher quality living environments, and less time spent in transitional housing facilities provide better mental health outcomes and help predict housing stability for homeless individuals.

Barriers to Treatment

Though there are numerous treatment services available to the homeless population, there are also many barriers in addition to being homeless and having mental health problems that prevent individuals from accessing the proper treatments they need. Psychiatric and housing service providers report a lack of funding and professional training as barriers to treating homeless individuals (Kerman et al., 2017). A lack of funding results in fewer and inadequate services that do not treat the full scope of problems that homeless individuals suffer from

(Forenza & Lardier, 2017; Kerman et al., 2017). Understaffing is one of many results of funding cuts that housing and mental health facilities receive (Kerman et al., 2017), leading to inadequate job and service training (Ponce et al., 2017). This further hinders service providers from being able to offer and fulfill the treatment options that homeless individuals need (Kerman et al., 2017; Ponce et al., 2017). Due to their inability to provide adequate treatments, service providers are not able to build connections and interpersonal relationships with the homeless individuals that seek their help (Aubry et al., 2016; Kerman et al., 2017). This suggests that interpersonal strain between the service provider and the homeless individuals further impedes proper treatment.

Mental health problems within the homeless population are also a barrier that prevents homeless individuals from seeking and receiving proper treatment. Community-oriented treatment programs are particularly difficult to complete for many homeless individuals with mental health problems due to their inability to build interpersonal relationships (Aubry et al., 2016; Forenza & Lardier, 2017). Homeless individuals with mental health problems report lower levels of trust in authority than those in the general population (Forenza & Lardier, 2017). This is not surprising because lack of trust, paranoia, and isolation are symptoms of many mental illnesses, such as mood disorders, schizophrenia, and PTSD (Aubry et al., 2016; Llerena et al., 2018). The inability to trust a service provider leaves homeless individuals with difficulties building interpersonal relationships (Aubry et al., 2016; Forenza & Lardier, 2017; Ponce et al., 2017). Isolation and withdrawal from social activities not only hinder a homeless individual's relationship with a service provider, but also their relationships with fellow housing and mental health facility residents (Forenza & Lardier, 2017). Community-oriented treatment programs emphasize the importance of social support systems in a homeless individual's ability to

successfully exit homelessness and improve their mental health (Forenza & Lardier, 2017). Homeless individuals with smaller social support systems are less likely to successfully exit homelessness than are those with larger social support systems (Aubry et al., 2016). This suggests that the inability to develop interpersonal relationships with their service providers furthers their personal resistance and can make them less likely to seek treatment.

Conclusions and Future Research

Homelessness is a major crisis across the nation, and research has sought to identify the many risk factors that lead individuals to becoming homeless. A strong relationship between mental health problems and homelessness has been found, and current research has explored how mental illness can lead to homelessness, as well as be an outcome of homelessness. Additionally, current research has examined the various treatment options that are available to the homeless population while also exploring the types of barriers that prevent homeless individuals from seeking and receiving proper treatments.

Research has maintained consistency with identifying the types of mental health problems that are present in the homeless population. Across studies, mood disorders/BD, schizophrenia, and PTSD in veterans have been identified as the top mental health precursors to homelessness. Anxiety, fear, depression, as well as suicidal ideations have consistently been found as outcomes of homelessness throughout research. Though two studies on suicidal ideations contradicted each other in their findings, both studies identified that there is a relationship between depression and suicidal ideations in homeless individuals (Coohey et al., 2014; Okamura et al., 2014).

Future research should encompass a more generalized homeless population with mental health problems to create a baseline of statistics for further studies to build off of. Many of the

studies focused on specific subpopulations within the homeless population such as individuals with specific disorders, veterans, and individuals with traumatic brain injuries. Studies with very specific subgroups may not be generalized to the entire homeless population, and there were studies with findings that were not consistent.

Few studies used a longitudinal design for research. Longitudinal studies are very useful for looking at long-term outcomes, the strongest and most consistent research on this topic used longitudinal designs. More longitudinal designs will provide more accurate and predictive results of housing stability and mental health outcomes after experiencing treatment. All of the studies reviewed in the literature utilized self-report measures, which proved to be useful in connecting the homeless individuals' past experiences with their current mental health and living state. Though this was useful, mixed measures should be used in future research to account for limitations of self-reporting, such as false reports, inaccurate timelines, and incomplete data. None of the research used clinical observations in their studies, which could prove useful in detecting other factors that were not self-reported by the homeless participants.

Positive interpersonal relationships and strong social support systems were consistently found to aid homeless individuals in successfully exiting homelessness and improving their mental health. Future research should include an additional section that explores family and friend perceptions of homeless individuals. Current research has only been able to collect data on the homeless individuals' perception of their interpersonal relationships, therefore it would prove useful to include reports from the homeless individuals' family and friends to aid researchers in identifying any unknown factors that may impact homeless individuals' interpersonal relationships with their family and friends.

Relevant to this challenge, Girard et al's (2017) study was critiqued by the participants of the study due to questions on the survey being perceived as too intrusive and insensitive. Many of the participants reported feeling uncomfortable and emotional when asked to respond to questions regarding their family and friend relationships (Girard et al., 2017). As a result, many of the questions were left unanswered and data were inconclusive (Girard et al., 2017) . A way to remedy this would be to have interviewers begin by asking more general questions about family and friend relationships so that they are able gauge the participants' reactions to the topics. Once a sense of comfort is achieved, the interviewer can begin to ask the more difficult and specific questions. This is so that even if the participants are still resistant to answering the more difficult questions, there were a set of general questions that would still provide researchers with data on the topic of family and friend relationships.

Research has shown relationships between homeless individuals with mental health problems and high rates of physical assault (Lee et al., 2017; Lim et al., 2015), as well as the development of mental health problems after suffering a TBI (Bacciardi et al., 2017). Future research might explore the development of mental health problems after suffering a TBI from an assault while homeless. Research suggests that there is a relationship between TBI and mood disorders in particular, that future research should explore.

Mental health problems as an outcome of homelessness have not been as heavily and extensively researched as mental health problems as precursors to homelessness. Studies have found that there are clear correlations between experiencing homelessness and developing mental health problems, and more research should be done in this area to fully examine the magnitude of this correlation. Understanding that mental health problems can be a result of experiencing homelessness can aid service providers in implementing more effective treatment

services, such as housing-first. Both mental health problems and homelessness are rapidly growing in today's society, and with proper knowledge and treatment, we could see a drastic decrease in the number of individuals in our population who are homeless with mental health disorders.

References

Aubry, T., Duhoux, A., Klodawsky, F., Ecker, J., & Hay, E. (2016). A longitudinal study of predictors of housing stability, housing quality, and mental health functioning among single homeless individuals staying in emergency shelters. *American Journal of Community Psychology, 58*(1-2), 123–135. doi:10.1002/ajcp.12067

Bacciardi, S., Maremmani, A. G., Nikoo, N., Cambioli, L., Schutz, C., Jang, K., & Krausz, M. (2017). Is bipolar disorder associated with traumatic brain injury in the homeless? *Rivista Di Psichiatria, 52*(1), 40–46. doi:10.1708/2631.27053

Chaviano, C. L. (2013). A place of our own: A narrative review of the family housing services literature. *Child & Family Social Work, 21*(1), 36–43. doi:10.1111/cfs.12102

Coohey, C., Easton, S. D., Kong, J., & Bockenstedt, J. K. W. (2014). Sources of psychological pain and suicidal thoughts among homeless adults. *Suicide and Life-Threatening Behavior, 45*(3), 271–280. doi:10.1111/sltb.12126

Creech, S. K., Johnson, E., Borgia, M., Bourgault, C., Redihan, S., & O'Toole, T. P. (2015). Identifying mental and physical health correlates of homelessness among first-time and chronically homeless veterans. *Journal of Community Psychology*, *43*(5), 619–627. doi:10.1002/jcop.21707

Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry and Human Development, 43*(3), 354–375. doi:10.1007/s10578-011-0270-1

Fitzpatrick, K. M. (2016). How positive is their future? Assessing the role of optimism and social support in understanding mental health symptomatology among homeless adults. *Stress and Health, 33*(2), 92–101. doi:10.1002/smi.2676

Fitzpatrick, K., Myrstol, B. A., & Miller, E. (2014). Does context matter? Examining the mental health among homeless people. *Community Mental Health Journal, 51*(2), 215–221. doi:10.1007/s10597-014-9747-2

Forenza, B., & Lardier, D. T. (2017). Sense of community through supportive housing among formerly homeless individuals with serious mental illness. *Journal of Social Distress and the Homeless, 26*(1), 33–41. doi:10.1080/10530789.2017.1294973

Girard, V., Tinland, A., Bonin, J. P., Olive, F., Poule, J., Lancon, C., … Simeoni, M. C. (2017). Relevance of a subjective quality of life questionnaire for long-term homeless persons with schizophrenia. *BMC Psychiatry, 17*(1). doi:10.1186/s12888-017-1227-0

Hodgson, K. J., Shelton, K. H., & Marianne B. M. Van Den Bree. (2015). Psychopathology among young homeless people: Longitudinal mental health outcomes for different subgroups. *British Journal of Clinical Psychology, 54*(3), 307–325. doi:10.1111/bjc.12075

Kerman, N., Sirohi, R., Curwood, S. E., & Trainor, J. (2017). Canadian service providers' perceptions of barriers and support gaps in housing and mental health. *Canadian Journal of Community Mental Health, 36*(2), 61–75. doi:10.7870/cjcmh-2017-009

Lee, K. H., Kim, J. S., Roh, S., Moon, S. S., Bukonda, N., & Hines, L. (2017). Mental health, substance abuse, and suicide among homeless adults. *Journal of Evidence-Informed Social Work, 14*(4), 229–242. doi:10.1080/23761407.2017.1316221

Lim, C., Rice, E., & Rhoades, H. (2015). Depressive symptoms and their association with adverse environmental factors and substance use in runaway and homeless youths. *Journal of Research on Adolescence, 26*(3), 403–417. doi:10.1111/jora.12200

Llerena, K., Gabrielian, S., & Green, M. F. (2018). Clinical and cognitive correlates of

unsheltered status in homeless persons with psychotic disorders. *Schizophrenia Research*, *197*, 421–427. doi:10.1016/j.schres.2018.02.023

Metraux, S., Cusack, M., Byrne, T. H., & Hunt-Johnson, N. (2017). Pathways into homelessness among post-9/11-era veterans. *Psychological Services*, *14*(2), 229–237. doi:10.1037/ser0000136

Nishio, A., Horita, R., Sado, T., Mizutani, S., Watanabe, T., Uehara, R., & Yamamoto, M. (2016). Causes of homelessness prevalence: Relationship between homelessness and disability. *Psychiatry and Clinical Neurosciences*, *71*(3), 180–188. doi:10.1111/pcn.12469

Oh, H. Y., & Devylder, J. E. (2014). Mental health correlates of past homelessness in Latinos and Asians. *Community Mental Health Journal*, *50*(8), 953–959. doi:10.1007/s10597-014-9721-z

Okamura, T., Ito, K., Morikawa, S., & Awata, S. (2014). Suicidal behavior among homeless people in Japan. *Social Psychiatry and Psychiatric Epidemiology*, *49*(4), 573–582. doi:10.1007/s00127-013-0791-y

Okamura, T., Takeshima, T., Tachimori, H., Takiwaki, K., Matoba, Y., & Awata, S. (2015). Characteristics of individuals with mental illness in Tokyo homeless shelters. *Psychiatric Services*, *66*(12), 1290–1295. doi:10.1176/appi.ps.201400517

Pakzad, S., Bourque, P.-É., Bourque, J., Aubry, T., Gallant, L., Leblanc, S. R., & Tivendell, J (2017). A comparison of the use of physical and mental health services by homeless people with severe mental health problems in the Moncton area through the At Home/Chez Soi Program. *Canadian Journal of Community Mental Health*, *36*(2), 77–105. doi:10.7870/cjcmh-2017-024

Ponce, A. N., Cowan, B. A., Toro, P. A., Schumacher, J. E., Gross, S. Z., Bray, J. H., … Milburn, N. G. (2017). Psychologists' roles in ending homelessness. *Journal of Social Distress and the Homeless, 26*(2), 116–127. doi:10.1080/10530789.2017.1349597

Powell, G. A., Adair, C. E., Streiner, D. L., Mayo, N., & Latimer, E. (2017). Changes in quality of life from a homelessness intervention: True change, response shift, or random variation. *Quality of Life Research, 26*(7), 1853–1864. doi:10.1007/s11136-017-1522-8

Ran, M.-S., Xiao, Y., Chui, C. H., Hu, X.-Z., Yu, Y.-H., Peng, M.-M., … Chan, C. L.-W. (2018). Duration of untreated psychosis (DUP) and outcome of people with schizophrenia in rural China: 14-year follow-up study. *Psychiatry Research, 267*, 340–345. doi:10.1016/j.psychres.2018.06.043

Rowe, M., Styron, T., & David, D. H. (2015). Mental health outreach to persons who are homeless: Implications for practice from a statewide study. *Community Mental Health Journal, 52*(1), 56–65. doi:10.1007/s10597-015-9963-4

Tsai, J., Hoff, R. A., & Harpaz-Rotem, I. (2017). One-year incidence and predictors of homelessness among 300,000 U.S. Veterans seen in specialty mental health care. *Psychological Services, 14*(2), 203–207. doi:10.1037/ser0000083

Tsai, J., Link, B., Rosenheck, R. A., & Pietrzak, R. H. (2016). Homelessness among a nationally representative sample of US veterans: prevalence, service utilization, and correlates. *Social Psychiatry and Psychiatric Epidemiology, 51*(6), 907–916. doi:10.1007/s00127-016-1210-y

U.S. Department of Housing and Urban Development (U.S. HUD). (2018). The 2018 annual homeless assessment report (AHAR) to Congress part 1: Point in time estimates of

homelessness. Retrieved from https://www.hudexchange.info/resources/documents/2018-AHAR- Part-1.pdf

Zerger, S., Pridham, K. F., Jeyaratnam, J., Connelly, J., Hwang, S., O'Campo, P., & Stergiopoulos, V. (2014). The role and meaning of interim housing in housing first programs for people experiencing homelessness and mental illness. *American Journal of Orthopsychiatry, 84*(4), 431–437. doi:10.1037/h0099842