Introduction to the special issue: Homelessness and health

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Homelessness affects millions of people all over the world and has important physical and mental health implications that, very often, have been ignored when analyzing their condition. While many investigators have taken into consideration the labor status and social relationships of excluded populations (Castel, 2000), there is a third dimension that greatly impacts these people, but unfortunately, it is not often studied; it concerns their lack of access to the resources of the health/sanitary system and to information about healthy habits.

Homeless people suffer from a wide range of problems throughout their lives (Muñoz et al., 2004). In this sense, health problems, including abuse of alcohol and substances, depression, seizures, chronic obstructive pulmonary disease, musculoskeletal disorders, tuberculosis, skin diseases, foot problems, oral health, HIV infection, and diabetes or hypertension (Hwang, 2001), conform one of the most relevant dimensions. Furthermore, the severity of these diseases may have a deeper impact than on housed populations, as homeless people have difficulties to adhere to treatments, are more likely to have cognitive impairment, their diseases may go undetected for longer periods, and their living conditions are usually harsh, as they are exposed to extreme weather conditions that affect their health status (hypothermia, sunburns, etc.). Homeless people in their forties and fifties often develop health disabilities that are more commonly seen only in people who are decades older, especially those who live in the streets.

Homeless people have also a greatly increased risk of death. For instance, a study that compared the general youth population of Quebec with a population of homeless youth found that mortality rates among street youth in Montreal are 9 times higher for males and 31 times higher for females (Roy et al., 1998). However, there are striking differences between countries. Death rates among homeless men in Canada are about one-half that of homeless men in US cities (Hwang, 2000), which underlines the need of taking into account different social and health policy issues (Vázquez, Muñoz, & Rodriguez, 1999).
Besides suffering high prevalence of physical and mental health problems, homeless people also face barriers that impair their access to health care (Muñoz, Vázquez, & Vázquez, 2003; Craig & Timms, 2000). In many countries, most of the homeless people do not fill prescriptions they have received because they often do not have insurance benefits and cannot afford the cost of the medication. Even in countries like France, UK, Spain, Denmark, or Canada, which have a system of universal health insurance, many homeless people do not possess proof of coverage because their identification has been lost or stolen or, simply, they do not attend medical services.

The care of homeless people requires a very broad array of multiple interventions in many different areas (Hwang, 2000), as they present not only visible medical problems (e.g., seizures, chronic obstructive pulmonary disease, arthritis, etc.) but also conditions such as hypertension, diabetes, and anemia that are often inadequately controlled and may go undetected for long periods. Furthermore, homeless people also present other apparently minor problems that can prevent them from having a normal daily life (e.g., foot disorders, unintentional injuries, etc.). Violence is also a constant threat to the health integrity of homeless people. Homeless men are about 9 times more likely to be murdered than their counterparts in the general population. Therefore, health interventions should always include a comprehensive array of strategies and professionals.

Most of the research and interventions on homeless people have been conducted from a social perspective that, despite its importance, has also some limitations if it ignores the wide array of health problems affecting these people. In fact, comprehensive intervention programs should always seek to integrate psychosocial and health aspects (Leonori et al., 2000). The limitations of treating homelessness problems as a purely housing problem, without addressing their broader needs of mental and physical health, care, and support must be now recognized. In fact, there is ample evidence of the need of initiatives aimed at providing access to health services in this population as a critical issue.
in any rehabilitation program (Access to Community Care and Effective Services and Supports, Morrisey et al., 2002).

When the editor of the International Journal of Mental Health invited us to prepare a special issue on the health of the homelessness, we thought of this as both an opportunity and a challenge. It was a challenge, as the idea was to provide a rather wide scope of different problems and circumstances that affect research and intervention on homelessness in different countries, because the issue was aimed at covering the homelessness problem in several countries. Although mostly focused on Western countries, this special issue presents the reader with the opportunity to reflect not only on the health status of the homeless population but also on the efforts of researchers and health care providers to improve the conditions of these vulnerable persons. Our intention with this issue is to provide some examples of different approaches to tackle the homeless people’s health problems in different countries, in the hope that these multiple perspectives can shed some light on developing good practices in the research and treatment of this undeserved population. At the same time, an effort has been made to select different methodological approaches that combine quantitative and qualitative strategies, surveys and registers, combinations of data from various studies and countries to offer a current outlook of the state of the question and its main lines of development in the near future.

The articles selected for this special issue review the situation in various countries: UK, Spain, USA, and Denmark. Most of the works emphasize the perspective of gender; in the case of the US, the work focuses exclusively on the situation of homeless women. Moreover, throughout the volume, the role of cross-cultural comparison in this kind of population is emphasized by including a comparison between Madrid (Spain) and Washington DC (US). The issue ends with a reflection about the new services to attend to the homeless and the new ways that open up for this purpose.
The issue starts with a historical review by Prof. M. Gittelmann of the aspects related to mental illness and homelessness in various European countries and the US. Along with the various alternatives of attention developed over the past 50 years, the author reflects upon the increase of homelessness in the last 25 years and the current situation in the US. His presentation ends with a question that is hard to answer and that reminds us of Bob Dylan’s questions, which left their mark on an epoch.

In the first article included in the special issue, Joan Smith (London Metropolitan University) presents a review of the incessant dynamic between legislative changes (in the definition of homelessness, coverage of the problem, and possible social solutions) occurring in the UK and the changes in the way old needs are attended to and new ones appear. The case of UK is particularly interesting because it is one of the few countries in which there is a specific legislation on homelessness and a requirement for the public powers to attend to this problem (essentially by means of social housing). In her article, Smith reveals the advantages and limitations of this legislative effort. The author reviews various studies about homeless youths and families and underlines the role of stressing life events in the lives of these people and the poor health status of all the homeless groups studied. Lastly, she emphasizes the role of housing as a protection and rehabilitation factor.

The next work presents a Spanish study that addresses two relevant aspects simultaneously. First, Manuel Muñoz, María Crespo, and Eloísa Pérez-Santos (Madrid Complutense University) make progress in the differentiation between homelessness and poverty. A representative sample of homeless people is compared with a high-risk group of persons, matched for their level of poverty with the homeless, but who are housed. In general terms, the protector role of housing in the health of people and the deterioration suffered by the homeless, even in comparison with groups of people who use some of the social resources for the homeless, are identified. Second, the results are analyzed from a
gender perspective. The appropriateness of this kind of differential analysis is manifested in the different risk behavior patterns and in the different incidence of disorders in men and women.

In the work by Lisa Arangua, Ronald Andersen, and Lillian Gelberg (University of California, Los Angeles), an analysis of the situation of homeless women in the US is presented. From this outlook, it is of maximum interest to identify differences as a function of racial group. Thus, white homeless women present more social and health difficulties than do non-white women. The authors analyze the situation from the viewpoint of a behavioral model for vulnerable populations that helps integrate the relevant information for the homeless, underlining the importance of considering predisposing and vulnerability factors.

The work of Ivan Christensen and Henrik Vinther (The Danish National Institute of Social Research) presents the situation of the homeless in Denmark. In addition to the interest in the Danish situation, the report adds a methodological approach that combines data from surveys and documentary registers to identify the trajectories of the homeless people that manage to improve their situation. The results identify women as the group with the best perspectives and possibilities of recovery. The authors comment on the data from the viewpoint of the welfare state and its resources.

The following work presents the effort of a cross-cultural investigation of special relevance. The authors (Carmelo Vázquez, Manuel Muñoz, María Crespo, Ana B. Guisado, and Mike Dennis from the Madrid Complutense University and Chestnut Health Systems) compare the chief health-related variables in two samples of homeless people that are representative of two cities: Madrid (Spain) and Washington (Washington, DC). The results reveal the need to carry out this kind of comparative studies to identify relevant similarities and differences between the samples from these cities in the variables of health and in the
characteristics of homelessness. The importance of the different health habits and the influence of the different socio-sanitary systems are underlined in the article.

Lastly, Phillip Timms (South London and Maudsley NHS Trust) reflects on the relations between homelessness and schizophrenia, as the representative of chronic mental illness over the last few years in western countries, especially the UK, the UE, and the US. The author searches for the origin of this relationship, from Germany to the US, and reviews the role of the lack of social ties, the symptoms of the illness itself, the design of the services for homeless people, the lack of contact with the Mental Health Services and the psychiatric deinstitutionalization of homelessness. The design of new services, mainly in London, reveals that the outreach teams, community hospitals, the reduction of barriers to free-access clinics, community assertive treatment and psychosocial rehabilitation, intervention in crises, and innovative residential alternatives have led to a change in the way to approach this population in the last few years. Lastly, the author proposes some guidelines for the functioning of these kinds of services.

Homelessness affects a significant number of human beings of all ages and is associated with a high burden of illness; yet the health care system may not adequately meet the needs of homeless people. More research is needed to identify better ways to deliver care to this population. Health interventions alone, however, are unlikely to overcome the adverse effects of homelessness and related social ills. The search for long-term solutions to the problem of homelessness itself must remain a key priority.

We hope that the findings reported in this issue may shed light on how to tackle this complex problem. Different views from different authors and different countries may help to build better ways to handle a human situation that should not be allowed in modern societies.
REFERENCES


