# SAMENTA
# Psychiatric disorders among homeless people: evidences for improving psychiatric services and housing policies.
## Preliminary results

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# Context

- Increasing national interest in the issue of homelessness and mental health
- Reports of difficulties in access to health care services
- Need for data for the policymakers

# Aims

- Estimate the prevalence of psychiatric disorders and addiction among the homeless in the Ile-de-France region (Paris and suburbs)

- Propose recommendations for improving access to mental health services and guidelines for housing policies

# Methods (I)

- **Definition of the homeless population**

  Person without personal housing sleeping in rough places or hosted by organisations offering shelter for free or with little financial participation.
  At least once during the last 5 days.
  Only French-speaking adults (18 years +) were interviewed.

- **3 types of services**
  - ✓ Emergency (day centres, emergency shelters, hot meal distribution)
  - ✓ Long term rehabilitation centres
  - ✓ Hostels (social hostels or hotels prepaid by organisations)

- **Random three-degree sampling method**
  - ✓ Selection of services stratified by type and size
  - ✓ Randomisation of days of interviews in each selected service
  - ✓ Selection of the person among those present in the service on the day of interview
  - ✓ Generalised Weight Share Method (Lavallée, 1995) for unbiased estimates with minimum variance

# Methods (II)

**910 services**

↓

**169 services selected**

↓

**125 services accepted to participate**

↓

**859 interviews (Feb. – April 2009)**

↓

**840 questionnaires**

**Participation rate : 71 %**

# Methods (III)

- **Questionnaire**
  - ✓ Demographics, professional experience, financial resources, housing and homelessness
  - ✓ Reported somatic health, treatment and care
  - ✓ MINI plus 6.0 *(Mini International Neuropsychiatric Interview)*
  - ✓ Access to mental health services
  - ✓ Alcohol (AUDIT), drugs use
  - ✓ ….
- **Diagnosis procedure**
  - ✓ Fieldwork : 30 pairs of interviewers
    lay interviewer + clinician psychologist
  - ✓ Post-interview : 4 psychiatrists + clinician psychologists

# Diagnosis procedure (test )

- **Method**
  - ✓ 45 homeless with a medical record : 24 with psychiatric diagnoses and 21 without psychiatric diagnoses
  - ✓ 3 pairs of interviewers and clinician psychologists blinded to diagnosis
  - ✓ 2 psychiatrists blinded to diagnosis
- **Analysis**
  - ✓ Kappa coefficients to assess agreement (i) between diagnosis in medical records and diagnosis by psychiatrists, (ii) between two psychiatrists and (iii) between psychiatrist and MINI
- **Results on agreement**
  - ✓ between diagnosis in medical records and diagnosis by psychiatrists : GOOD
  - ✓ between psychiatrists : VERY GOOD
  - ✓ between psychiatrist and MINI : MODERATE for psychotic disorders
- **Conclusion**
  - ✓ Framework adequate for diagnosis procedure
  - ✓ MINI + clinicians (psychologists and psychiatrists)

# Results

- Estimated population = **21 176** [IC 95%: 17 582 ; 24 770]

| **Women** (%) | **Mean age (years)** | **Born in France** (%) | **Living alone** (%) | **Living with child** (%) |
|---|---|---|---|---|
| **34.9 (n = 7 399)** | **38** | **40.0 (n = 8 469)** | **70.2 (n = 14 857)** | **23.9 (n = 5 067)** |

- Mean duration homelessness = 7.0 years [IC 95%: 6.1 ; 8.0]
- Pathways into homelessness :
  - ✓ 35% economic reasons
  - ✓ 29% domestic conflict
  - ✓ 28% lost/left accommodation
  - ✓ 13% migration / moving house
  - ✓ 4% health / addiction problems

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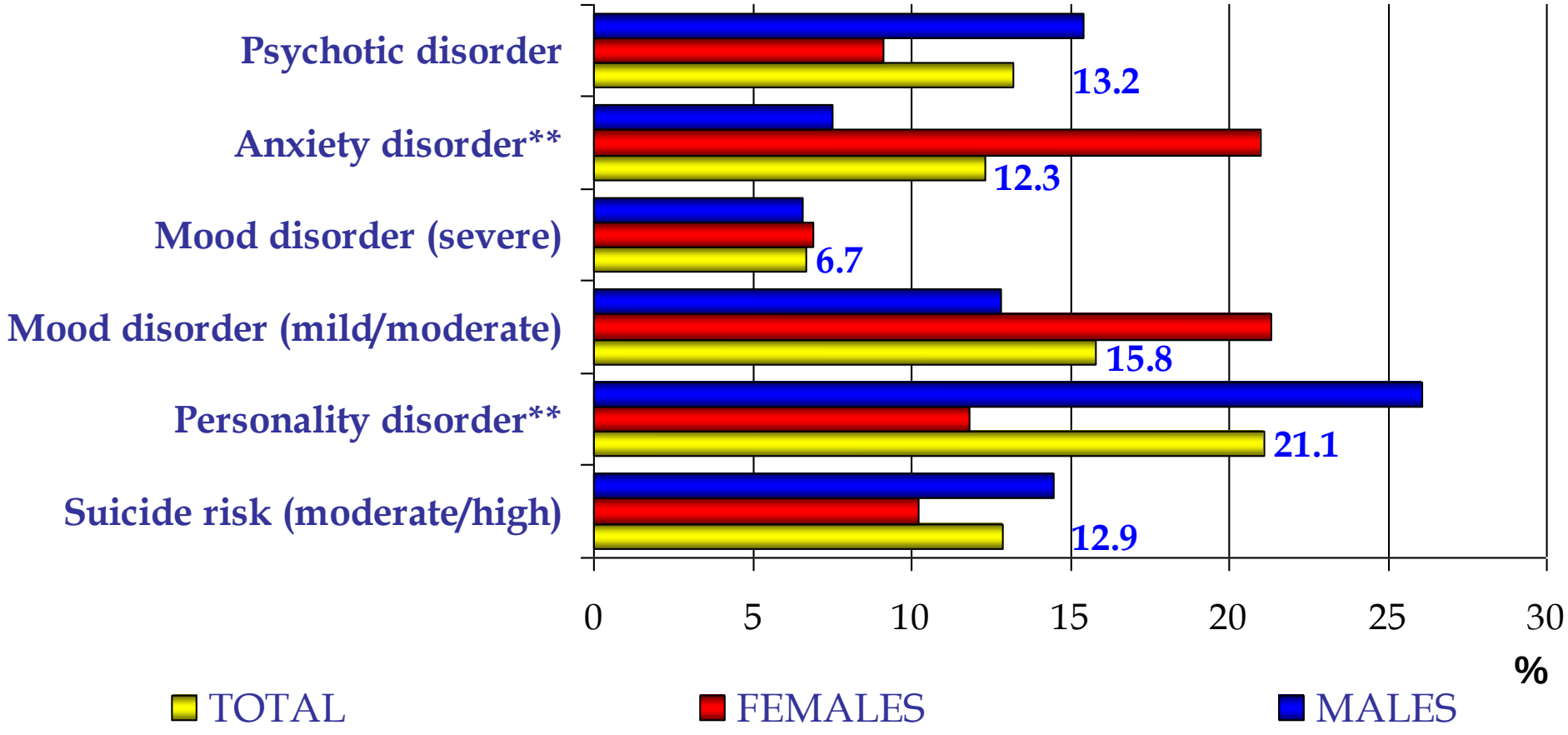
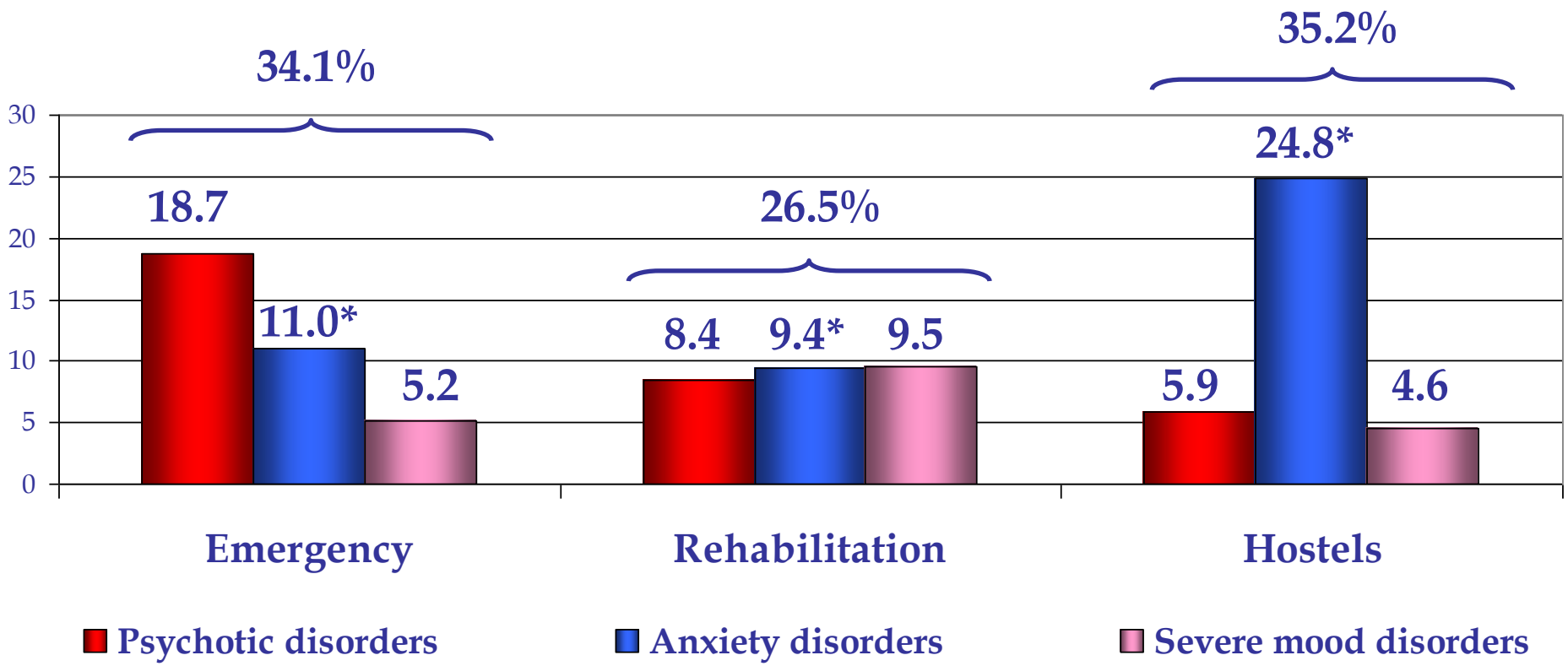
| **Emergency services (n = 10 587)** | 15.2 | 42 | 41.6 | 88.5 | 13.4 |
| **Rehabilitation (n = 7 747)** | 47.8 | 34 | 48.8 | 67.5 | 44.0 |
| **Hostels (n = 2 842)** | 73.4 | 34 | 10.5 | 9.2 | 89.5 |

# Prevalence of psychiatric disorders



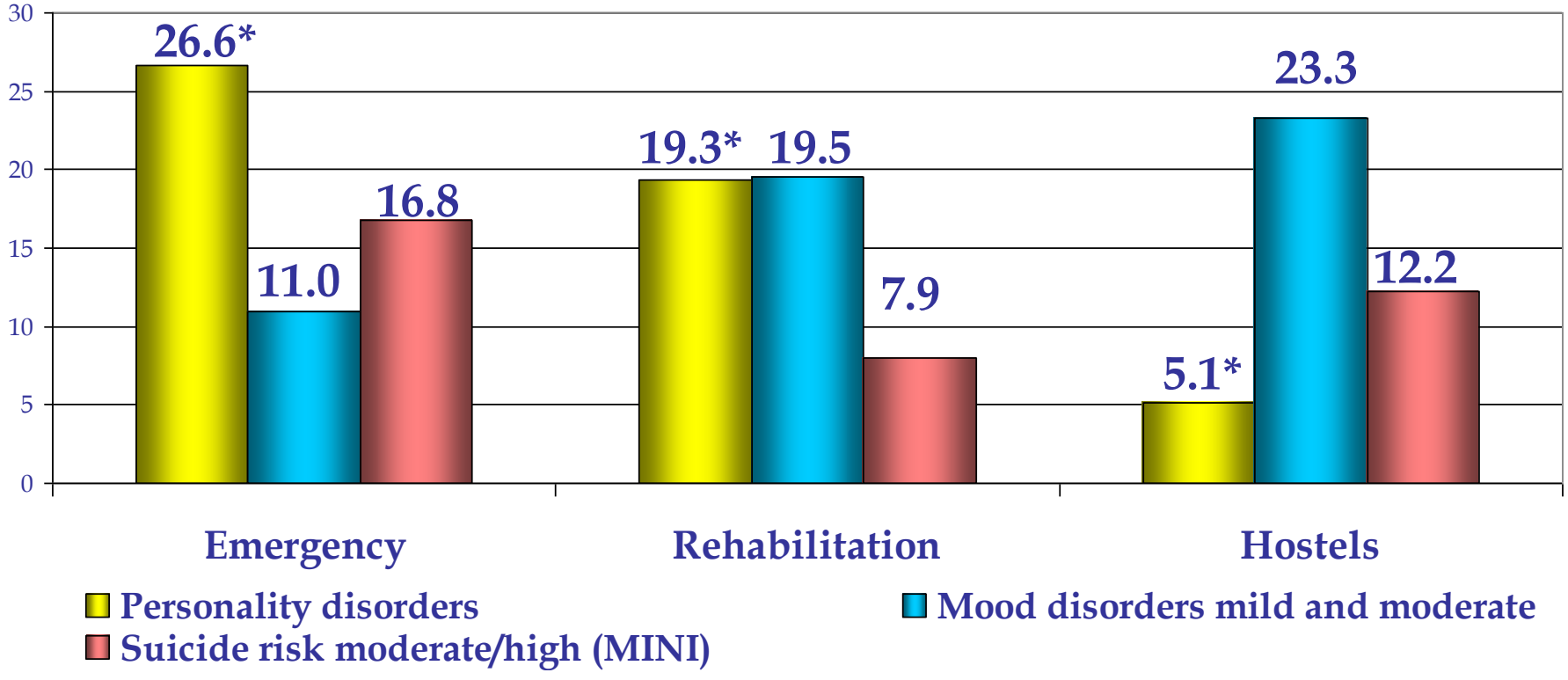

**p<.01

# Prevalence of psychiatric disorders by type of services (I)




* p<.05

# Prevalence of psychiatric disorders by type of services (II)




* p<.05

# Comorbid disorders

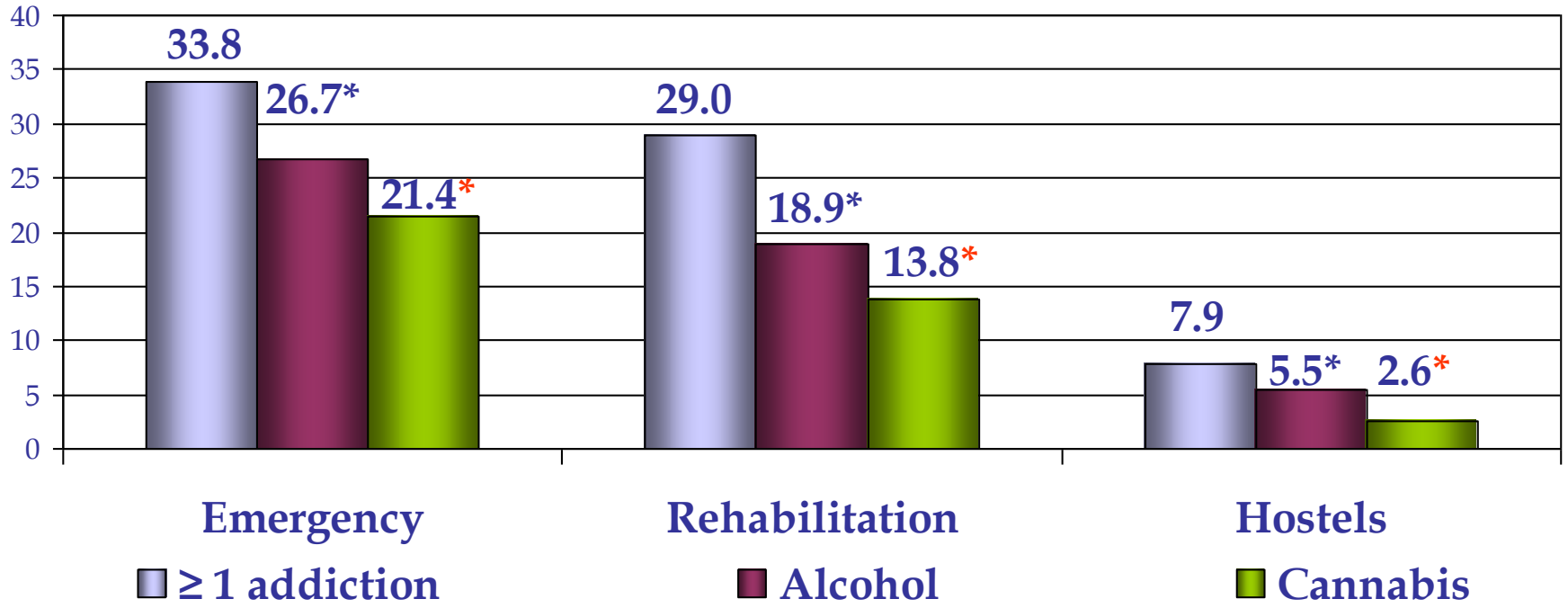
| % | Suicide risk | Mood | Anxiety | Personality | Psychotic |
|---|---|---|---|---|---|
| **Mood** | 13.9 [1] | | 10.0 | 18.0 | 1.6* |
| **Anxiety** | 18.1 | 18.4 | | 10.6 | 0* |
| **Personality** | 20.6* | 19.2 | 6.2 | | 0* |
| **Psychotic** | 21.9 | 2.7* | 0* | 0* | |

[1] Of the individuals with mood disorders, 13.9% presented a moderate or high suicide risk

# Addiction

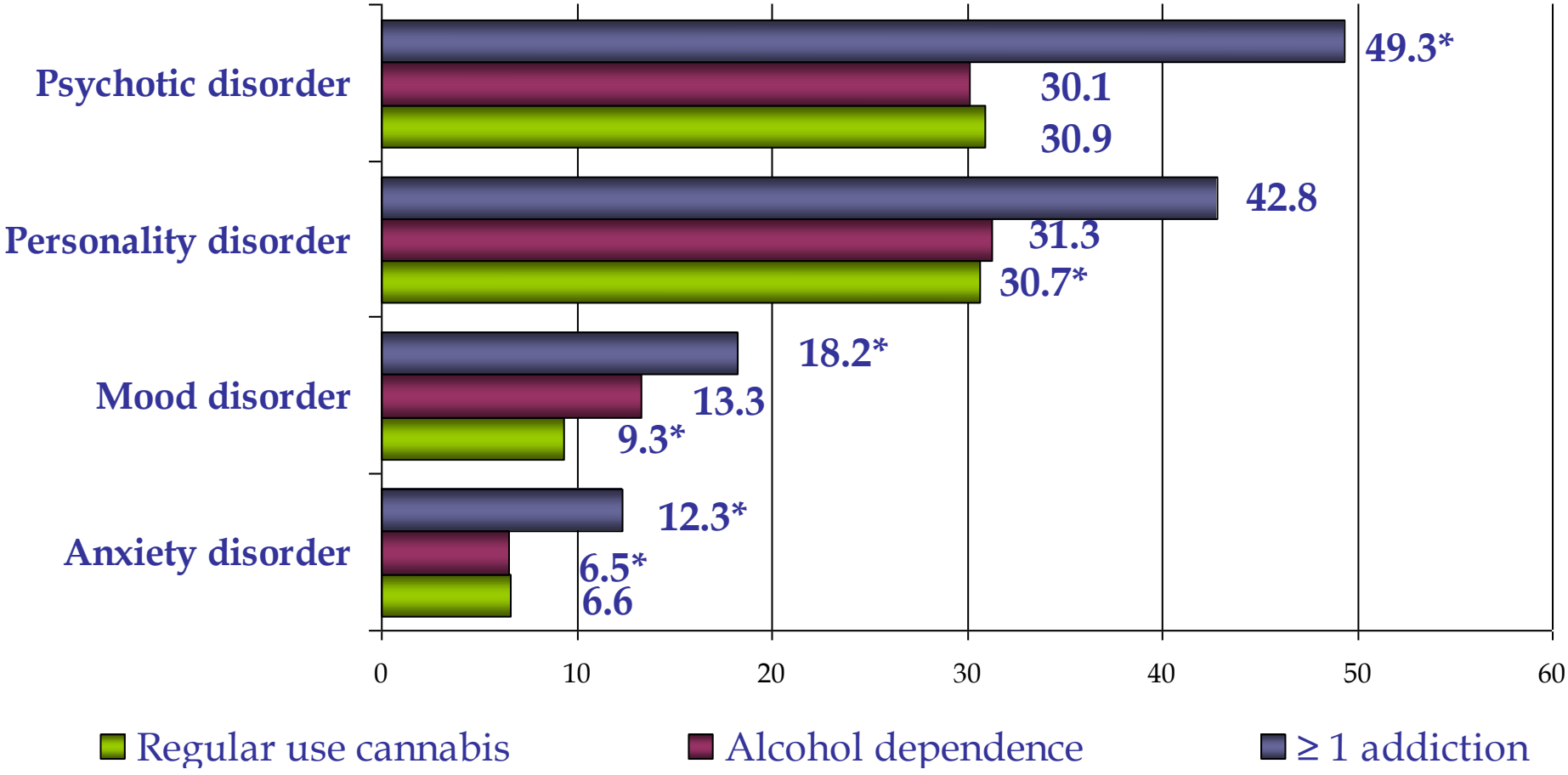
- ≥ 1 addiction : 28.5 %
  - ✓ Dependence to alcohol : 21.0 %
  - ✓ Regular cannabis use : 16.1 %
  - ✓ Regular cocaine use : 2.4 %
  - ✓ Regular use of other drugs (heroine, crack, methadone…) : <1%

**Prevalence of addiction (alcohol, drugs) by type of services**




* p<0,05

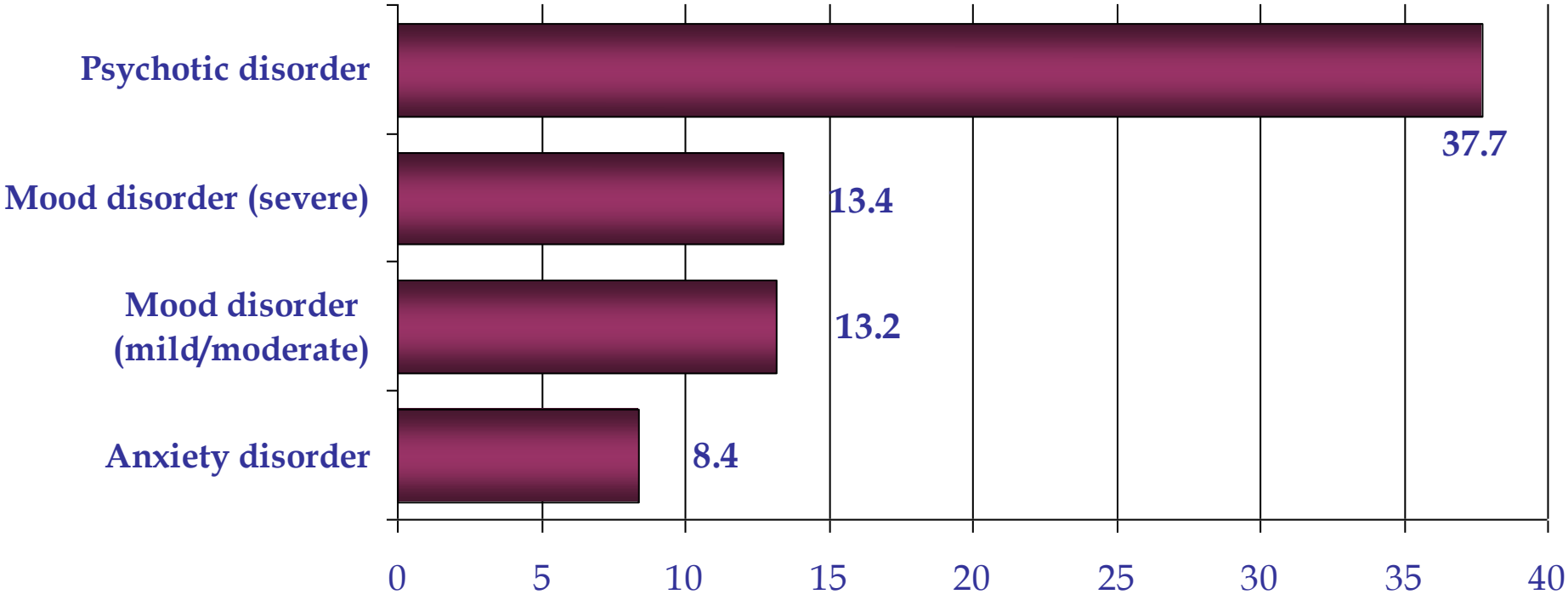
# Comorbidity between psychiatric disorders and addiction




* p<0,05

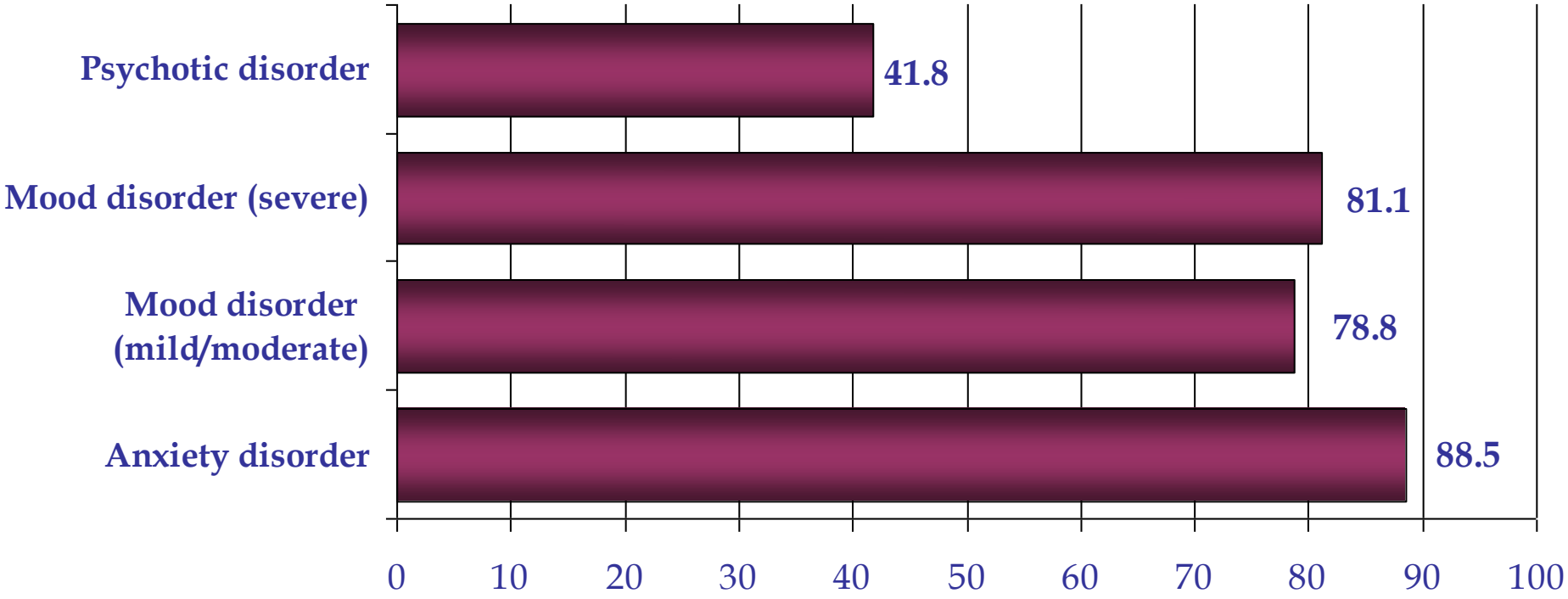
# Access to mental health services

- **Life time access to mental health services (health professional / hospitalisation / treatment) = 68.2 %**
- **Current access to mental health services = 18.2 %**



# Lost contact with mental health services

- **Lost contact with mental health services = 71.8%**



# Discussion (I)

- Limits
  - ✓ Homeless persons who never use services
- Psychotic disorders, 13.2%
  - ✓ Homeless 12.7% [95%CI 10.2 – 15.2] (Fazel, PLoS Med. 2008), Paris 1996: 16% (Kovess, Soc Psychiat Epidemiol 1999)
- Mood disorders, 20.3%
  - ✓ Homeless 11.4% [95%CI 8.4 – 14.4] (Fazel), Paris 1996: 23.7%
  - ✓ Severe (4.5%) ~ 3.2% general population Fr (Health Barometer)
  - ✓ Mild/moderate (15.8%) > 4.6% general population Fr (HB)
- Personality disorders, 21.1%
  - ✓ Homeless 23.1% [95%CI 15.5 – 30.8] (Fazel)
- Anxiety disorders, 12.3%
  - ✓ Prevalence x 3 in females vs. males (21.0% vs. 7.5%)
  - ✓ 9.8% general population Fr (ESEMeD)

# Discussion (II)

- Alcohol dependence, 21%
  - ✓ Prevalence x 3 in males vs. females (27.2% vs. 9.3%)
  - ✓ Homeless 37.9% [95%CI 27.8 – 48.0] (Fazel), Paris 1996: 23.7%
  - ✓ 0.3 - 0.9% general population Fr (ESEMeD, HB)
  - ✓ 17.6% no alcohol lifetime > 8.4% general population Fr ( HB)
- Drug regular use, 17.5%
  - ✓ Homeless drug dependence 24.4% [95%CI 13.2 – 35.6] (Fazel), Paris 1996 dependence/abuse : 10.3%
  - ✓ Cannabis 16% > 7.5% general population Fr (HB)
  - ✓ Other drugs ~ 1% homeless and general population Fr (HB)
- Low levels of comorbidity
- Mental health care, 68.2% lifetime, 71.8% lost contact
  - ✓ Homeless Paris 1996 : 59.3% lifetime

# Conclusion

- Prevalence of psychiatric disorders and addiction
  - ✓ Higher than in general population
  - ✓ Different according to services
    - ❖ Psychotic and personality disorders in emergency services
    - ❖ Anxiety disorders in hostels

- Implications for health services for the homeless
  - ✓ Low access to health services
  - ✓ High rates of loss to follow up

➔Integrating treatment for psychiatric disorders and social/housing interventions should be considered

# Recommendations

- Prevent social exclusion of individuals with severe mental illness
- Better detection of psychiatric disorders and mental distress in homeless individuals
  - ✓ Reinforce the coordination between psychiatric care and other professionals providing outreach care to homeless people
  - ✓ Inform and train the welfare/social professionals to refer to the "mobile mental health services for the precarious"
- Maintain contact with the health care system
  - ✓ Collaboration between the psychiatric system and social professionals
- Advocacy against the double stigma of mental illness and homelessness

# Acknowledgements


- All the homeless people who participated in this study
- Field interviewers and psychologists
- Settings where the study took place
- Voluntary drivers of the camper-vans where interviews were carried
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- Samusocial services which ensured the management of the study
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Thank you
for your attention