

# Health Care for the Homeless

# RESEARCH UPDATE

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Each quarter, relevant databases are searched for research publications and projects related to health care and homelessness. Results of this customized search will be added to a comprehensive research database on the HCH Information Resource Center website ([www.prainc.com/hch](http://www.prainc.com/hch)). This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from May-July 2003. Summaries are categorized into themes which will vary each quarter.

## **BUPRENORPHINE**

□ Title: Homelessness and High-Dosage Buprenorphine

Title: Homelessness and High-Dosage Buprenorphine Misuse

Authors: Blanchon T; Boissonnas A; Vareseon I; Vidal-Trecan G

Source: Substance Use & Misuse, 38(3-6):429-42, Feb-May 2003.

Summary: This study sought to determine whether intravenous drug users (IDUs) are more likely to misuse high dosage buprenorphine (HDB) if they are homeless. We carried out a cross-sectional study using data collected from HDB users between 1998 and 1999. Data were collected by use of a structured questionnaire with questions about demographic characteristics, and use of HDB and other substances. IDUs were considered to be homeless if they did not live on their own or with their parents or friends. IDUs were recruited from three centers for the treatment of drug users, three health care networks, one prison, one sleep-in, and two centers that provide psychosocial support for IDUs. Of the 788 eligible patients, 779 answered the questionnaire (response rate: 98.9%). Homeless IDUs were more likely to have injected HDB than those who were not homeless (67% vs. 47%), and their injection behaviors were more likely to be unsafe. The first HDB injection was more likely to result in medical complications in the homeless group than in the nonhomeless group (58% vs. 38%). Homeless IDUs were less likely to receive medical followed-up and were less well informed about the correct way of using HDB than nonhomeless IDUs. Homeless IDUs are more likely to misuse HDB. Thus, HDB maintenance therapy may not be the most appropriate maintenance therapy for this group.

## **CASE MANAGEMENT**

Title: The Therapeutic Alliance: The Key to Effective Patient Outcome? A Descriptive Review of the Evidence in Community Mental Health Case Management

Authors: Howgego IM; Yellowlees P; Owen C; Meldrum L; Dark F

Journal: Australian and New Zealand Journal Of Psychiatry, 37(2):169-83, Apr 2003.

Abstract: The aim of this review was to examine the level of evidence supporting the assumed link between a positive therapeutic alliance among patients and case managers and effective outcome for patients with a mental illness who are managed in community mental health services. MedLine, PsychINFO and Social Sciences Index search of articles from 1986 to 2001 returned 84 articles and two texts. Inclusion criteria were the use of validated measures and relevance to psychiatry and community case management. A definite correlation exists in the psychotherapy literature between the therapeutic relationship and improved outcomes, with its potential as a prognostic indicator acknowledged. Issues of definition, quantification and measurement of the relationship caused rigorous debate in the literature. Case management research demonstrating the importance of the therapeutic relationship and 'goodness-of-fit' between patients and case managers was sparse with no published Australian studies. The level of evidence supporting the link between the therapeutic alliance of patients with mental illness and improved outcomes although sparse is encouraging. It indicates the potential of the alliance as a predictor of outcome for patients engaged in case management services in community mental health. Research to determine the role and effectiveness of the alliance in the patient/case manager dyad is needed to define this potential. Effectiveness of clinical practice in the case management field could be enhanced if research findings confirmed the genesis and value of the alliance in case management. Focus on relationship strategies as a clinical tool gives the clinician and service provider a potential vehicle for promoting partnerships with the seriously mentally ill person in managing their illness and optimizing their strengths in the community.

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**Title: Cost-Effectiveness of Critical Time Intervention to Reduce Homelessness Among Persons with Mental Illness**

**Authors:** Jones K; Colson PW; Holter MC; Lin S; Valencia E; Susser E; Wyatt RJ

**Source:** Psychiatric Services, 54(6):884-90, June 2003.

**Summary:** Cost-effective programs are needed to assist homeless persons with severe mental illness in their transition from shelters to community living. The authors investigated the cost-effectiveness of the critical time intervention program, a time-limited adaptation of intensive case management, which has been shown to significantly reduce recurrent homelessness among men with severe mental illness. Ninety-six study participants recruited from a psychiatric program in a men's public shelter from 1991 to 1993 were randomly assigned to the critical time intervention program or to usual services. Costs and housing outcomes for the two groups were examined over 18 months. Over the study period, the critical time intervention group and the usual services group incurred mean costs of 52,374 dollars and 51,649 dollars, respectively, for acute care services, outpatient services, housing and shelter services, criminal justice services, and transfer income. During the same period, the critical time intervention group experienced significantly fewer homeless nights than the usual care group (32 nights versus 90 nights). For each willingness-to-pay value--the additional price society is willing to spend for an additional nonhomeless night--greater than 152 dollars, the critical time intervention group exhibited a significantly greater net housing stability benefit, indicating cost-effectiveness, compared with usual care. Although difficult to conduct, studies of the cost-effectiveness of community mental health programs can yield rich information for policy makers and program planners. The critical time intervention program is not only an effective method to reduce recurrent homelessness among persons with severe mental illness but also represents a cost-effective alternative to the status quo.

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**HEALTH CARE SERVICE USE AND ACCESS**

**Title: Health Care Utilization Among Homeless Adolescents And Young Adults**

**Authors:** Barkin SL; Balkrishnan R; Manuel J; Anderson RM; Gelberg L

**Source:** Journal of Adolescent Health, 32(4):253-56, Apr 2003.

**Summary:** A probability sample of 433 Californian homeless females (ranging in age from 15 to 34 years) was examined for health service utilization, comparing adolescents to older women. Adolescent homeless women reported higher outpatient visit use. Possessing public health insurance increased the odds of outpatient visits. Future research might use the outpatient setting to aid adolescents in exiting homelessness.

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**Title: African-Americans and Comprehensive Service Use**

**Authors:** Theriot MT; Segal SP; Cowser MJ

**Source:** Community Mental Health Journal, 39(3):225-37, June 2003.

**Summary:** This study examined African-Americans' use of comprehensive mental health services. 248 long-term users of self-help agencies (SHAs) were interviewed about their use of 37 different mental health services from various providers in a six-

month period. Multiple regression analysis showed that the homeless and African-Americans were the high users in our sample. A subsequent MANOVA procedure suggested that this may be the result of African-Americans' increased use of SHAs. While African-Americans are low service users in traditional studies focusing on a narrow list of services and providers, this research argues for including SHAs in future studies of African-American service use.

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**Title: Unmet Drug and Alcohol Service Needs of Homeless People in London: A Complex Issue**

**Authors:** Fountain J; Howes S; Strang J

**Source:** Substance Use & Misuse, 38(3-6):377-93, Feb-May 2003.

**Summary:** Little research has been conducted on the drug use of those who sleep rough (on the streets) in the United Kingdom (UK). During 2000, to fill in the gaps in the knowledge base, researchers at the National Addiction Centre, London, carried out a community survey using a structured questionnaire amongst 389 homeless people recently or currently sleeping rough, in order to investigate their met and unmet drug and alcohol service needs. In total, 265 (68%) had a need for drug services and 97 (25%) for alcohol services. Over half of the current drug users (170/324, 52%) and 88 (33%) of the 264 current alcohol users wanted help with their substance use, but few were currently accessing the appropriate services, other than needle exchanges. The challenge for services is to build these potential clients' motivation to accept health-conferring intervention.

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**Title: The Individual and Beyond: A Socio-Rational Choice Model of Service Participation Among Homeless Adults with Substance Abuse Problems**

**Authors:** Sosin MR; Grossman SF

**Source:** Substance Use & Misuse, 38(3-6):503-49, Feb-May 2003.

**Summary:** While substance user service programs can help homeless adults solve their substance use and housing problems, relatively few needy individuals use and complete these programs. The lack of participation is poorly explained by typical empirical studies, most of which consider the role in service participation of various personal traits and client problems. The current article instead seeks to explain service participation through the application of an alternative, "socio-rational choice" model. This model has three premises: Clients weigh the costs and benefits of participating in services against alternative uses of their time and resources. The clients' weighing procedures reflect their personal situations and perceptions of the treatment environment. The perceptions of their personal situations and perceptions of the treatment environment are affected by the manner in which clients react to representatives of service systems, members of their social network including both housed and homeless persons, and other individuals. Secondary evidence supports many of the model's hypotheses and generally suggests that homeless clients may be heavily affected by their experiences with individuals and systems with which they come into contact.

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**Title: Challenges for Psychiatry in Serving Homeless People with Psychiatric Disorders**

**Authors:** McQuiston HL; Finnerty M; Hirschowitz J; Susser ES

**Source:** Psychiatric Services, 54(5):669-76, May 2003.

**Summary:** The authors examine current challenges confronting psychiatry in caring for homeless people with psychiatric disorders. After reviewing how psychiatry has historically addressed homelessness and mental illness, the authors discuss the roles that the profession has developed in working with homeless populations. These roles, which encompass clinical, administrative, academic, and advocacy functions, have evolved as a result of trends both in homelessness services and within the profession of psychiatry. Challenges implicit in this evolution are discussed, including recent trends in homelessness, particularly an increase in prevalence, especially among families and children and some clinical subpopulations. The authors propose that these epidemiological trends are affecting the mental health care needs of homeless people. To be effective and credible in continuing to help solve the problems of homeless people with psychiatric disorders, psychiatry must adapt to these new challenges, using the roles it has developed.

**COMMUNITY CARE**

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**Title: Community Care for People who are Homeless and Mentally Ill**

**Author:** Drury LJ

**Source:** Journal of Health Care for the Poor and Underserved, 14(2):194-207, May 2003.

**Summary:** This qualitative longitudinal study documents the experiences of 60 people who are homeless and mentally ill from their state mental hospital discharge through their first two years in community housing. The study explores the personal, cultural, and environmental contexts of life for adults who are homeless and mentally ill and examines the interaction between an individual's needs and community resources. The research identifies forces that perpetuate homelessness and traces the struggles that people who are homeless and mentally ill encounter during the transition from the streets to stable housing. The findings describe a culturally based pattern of mutual avoidance between homeless mentally ill clients and caregivers, which limits delivery of services to the population. Recommendations include development of alternative systems of care delivery, expansion of educational experiences with underserved populations, and increased funding for service or research with people who are homeless and mentally ill.

**SUBSTANCE ABUSE TREATMENT**

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**Title: Comparing Treatments for Dual Diagnosis: Twelve-Step and Self-Management and Recovery Training**

**Authors:** Brooks AJ; Penn PE

**Source:** American Journal of Drug and Alcohol Abuse, 29(2):359-83, 2003.

**Summary:** The purpose of this study was to compare the effectiveness of 12-step and cognitive-behavioral (Self-Management and Recovery Training [SMART]) approaches for persons with a dual diagnosis of serious mental illness and substance use disorder in an intensive outpatient/partial

hospitalization setting. Participants (n = 112) were alternately assigned to the two treatment conditions, with 50 participants completing the 6-month treatment program. Assessments occurred at baseline, 3 months, and 6 months during treatment, and at 3- and 12-month follow-ups. Analyses were conducted on participants who had completed 3 months of treatment (n = 70). The 12-step intervention was more effective in decreasing alcohol use and increasing social interactions. However, a worsening of medical problems, health status, employment status, and psychiatric hospitalization were associated with the 12-step intervention. SMART was more effective in improving health and employment status, but marijuana use was greater for SMART participants. Improvements in alcohol use and life satisfaction occurred in both approaches. Covariates associated with treatment outcome were identified, with greater attendance being positively related to outcome. Involvement with the criminal justice system was positively related to treatment completion but negatively associated with medical problems. Less alcohol use, fewer medical problems, and better financial well-being at baseline were associated with better attendance.

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**Title: Homelessness, Substance Misuse, and Access to Public Entitlements in a Soup Kitchen Population**

**Authors:** Nwakeze PC; Magura S; Rosenblum A; Joseph H

**Source:** Substance Use & Misuse, 38(3-6):645-68, Feb-May 2003.

**Summary:** The study examined the effects of homelessness on access to public entitlements (Medicaid and food stamp programs) in a soup kitchen population. Data were collected between 1997 and 1999 from a sample of 343 adults at two soup kitchen sites in New York City. Five hypotheses, focusing on the effects of housing status (literal homelessness, unstable housing, and domiciled), frequency of drug/heavy alcohol use, drug/alcohol-user treatment history and childcare responsibilities on access to Medicaid and food stamp programs were tested. Multiple logistic regression analysis indicated that both literal homelessness and unstable housing were associated with less access to Medicaid and food stamps. Other significant findings were: current drug/alcohol-user treatment experience was associated with greater access to both Medicaid and food stamps, frequency of drug/heavy alcohol use was associated with less access to Medicaid only, and caring for children was associated with greater access to food stamps only. These findings support the crucial role of housing status in mediating access to entitlements, and the importance of drug/alcohol-user treatment involvement as a cue to seeking entitlements. The need to reduce health disparities through active and sustained outreach programs designed to enhance homeless persons' access to Medicaid and food stamp programs was discussed.

**EDUCATION**

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**Title: A Multidisciplinary, Learner-Centered, Student-Run Clinic for the Homeless**

**Authors:** Clark DL; Melillo A; Wallace D; Pierrel S; Buck DS

**Source:** Family Medicine, 35(6):394-97, June 2003.

**Summary:** Houston Outreach Medicine Education and Social Services teaches students, in multidisciplinary teams, using the

learner-centered model, to provide primary health care to the homeless. The founding and operational aspects of this educational intervention are presented. Student response to this service-learning program is assessed in terms of educational value using a survey and an analysis of student reflections. Clinical service activities are measured to demonstrate program efficacy. Student participants, especially basic science medical students, value the program due to its contributions to their professional and personal education, as well as their increased understanding of biopsychosocial issues. Learners develop empathy, compassion, and heightened social awareness.

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**Title: The Effect of an Interdisciplinary Community Health Project on Student Attitudes Toward Community Health, People who are Indigent and Homeless, and Team Leadership Skill Development**

**Authors:** Rose MA; Lyons KJ; Swenson Miller K; Cornman-Levy D

**Source:** Journal of Allied Health, 32(2):122-25, Summer 2003.

**Summary:** This study examined whether students' attitudes about community health practice, attitudes toward people who are indigent and homeless, and perceived leadership skills changed after participation in a planned interdisciplinary community health experience with an urban homeless or formerly homeless population. Data were collected from medicine, nursing, occupational therapy, physical therapy, and social work students who participated in the community health experiences and from students in these disciplines who did not participate in this curriculum. The interdisciplinary community health curriculum and practicum experiences, based on the Community Health Empowerment Model (CHEM), were designed and implemented by a coalition of community and academic partners. Students in the CHEM project self-selected into the curriculum and initially showed more positive attitudes about community health and indigent and homeless people than their peers not participating. Despite the CHEM students' positive initial attitudes, data from pretests and posttests revealed a significant positive change in their attitudes toward community health practice at the completion of the curriculum.

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**Title: Outbreak of Tuberculosis in a Homeless Men's Shelter**

**Authors:** Morrow CB; Cibula DA; Novick LF

**Source:** American Journal of Preventive Medicine, 24(4 Suppl):124-27, May 2003.

**Summary:** This case-tuberculosis in a homeless men's shelter-is one of a series of teaching cases in the Case-Based Series in Population-Oriented Prevention (C-POP). It has been developed for use in medical school and residency prevention curricula. The complete set of cases is presented in this supplement to the American Journal of Preventive Medicine. Tuberculosis presents a significant public health challenge. In this teaching case, medical students are given information about four cases of active tuberculosis that occurred over a short period of time in residents of a homeless men's shelter. The students then walk through the steps that a local health department takes to identify and screen those individuals at risk for transmission of tuberculosis during an outbreak. During this process, they learn skills in

epidemiology (such as defining "epidemic" and distinguishing uses for incidence and prevalence) as well as in population-based prevention of tuberculosis. Finally students discuss health policy as it relates to the control and prevention of tuberculosis.

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**ADOLESCENTS**

**Title: Ethical Issues in Qualitative Health Research with Homeless Youths**

**Author:** Ensign J

**Source:** Journal of Advanced Nursing, 43(1):43-50, July 2003.

**Summary:** There is a need for increased guidance for the ethical conduct of qualitative research with vulnerable populations such as homeless youths. The purpose of this paper is to provide an overview of the main ethical challenges of conducting qualitative research with homeless youths and to propose possible solutions to these challenges. This paper was informed by a review of professional guidelines for the ethical conduct of adolescent health research, national (US) and international bioethics bibliographical searches, and personal experience with qualitative research with homeless youths. The main ethical challenges of conducting qualitative research with homeless youths include establishing and maintaining healthy researcher roles and boundaries, addressing the risks of researcher burn-out and safety issues, assuring optimal confidentiality, and avoiding sensationalism and voyeurism. It is important for qualitative researchers who work with vulnerable populations to ensure that research is conducted in the most ethical way possible.

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**Title: Personal Strengths of Homeless Adolescents Living in a High-Risk Environment**

**Authors:** Rew L; Horner SD

**Source:** Advances in Nursing Science, 26(2):90-101, Apr-June 2003.

**Summary:** Health-risk behaviors and associated adverse health outcomes in homeless adolescents are well documented. Strengths of these youth that contribute to their health and well-being are seldom acknowledged. The purpose of this secondary analysis of qualitative data was to identify strengths that protect homeless youth. Two types of strengths emerged: resources and self-improvement. Resources served as the foundation for survival whereas self-improvement served as a process that enabled youth to consider a more healthy future. By recognizing the many strengths of homeless youth, nurses may develop community-based programs to help this population reenter society.

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**WOMEN AND HIV**

**Title: Project Assist: A Modified Therapeutic Community for Homeless Women Living with HIV/AIDS and Chemical Dependency**

**Authors:** Bride BE; Real E

**Source:** Health and Social Work, 28(2):166-68, May 2003.

**Summary:** This article describes a substance abuse treatment program for homeless women who abuse substances and are living with HIV/AIDS. A therapeutic community model was modified to meet the unique needs of this population. However, in light of criticism that the traditional TC model fails to attend to

women's issues (Brown et al., 1996), the program uses a gender-specific treatment approach. In addition, the treatment program incorporates a variety of HIV support and education services, and provides enhanced health services to address the multiple medical needs of this population. To date, limited treatment options have been available to address the unique issues of women who are homeless, chemically dependent, and HIV-positive. To our knowledge, this is the first description of such a program to appear in the professional literature.

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**Title: Prevalence And Predictors of HIV Testing Among a Probability Sample of Homeless Women in Los Angeles County**

**Authors:** Herndon B; Asch SM; Kilbourne AM; Wang M; Lee M; Wenzel SL; Andersen R; Gelberg L

**Source:** Public Health Report, 118(3):261-9, May-June 2003.

**Summary:** The purpose of this study is to describe the prevalence and predictors of HIV testing in a probability cluster sample of urban homeless women. Data analyzed were from the University of California Los Angeles-RAND Access to Health Care for Homeless Women of Reproductive Age Study, a survey conducted in six waves from January 1997 through November 1997 at shelters and soup kitchens in Los Angeles (LA) County, California. The sampling unit consists of homeless woman-visits, and data were collected using structured face-to-face interviews for which respondents were paid US dollars 10. Each sampling unit was weighted to take into account the frequency with which the respondent used shelters or meal programs. The main outcome measure was receipt of HIV test in the past year. The response rate was 83%, and the final sample size was N=970. Sixty-eight percent of our sample reported receiving an HIV test in the past year, and 1.6% reported ever being diagnosed with HIV. HIV testing in the past year was most strongly associated with pregnancy in the past year and having a regular source of care. Approximately 25% of homeless women with indications for HIV testing had not been tested in the past year. The reported HIV seroprevalence of greater than 1% suggests that providers should offer and encourage HIV testing for all homeless women in LA County. Our data, which show a high rate of testing and few statistically significant independent predictors, indicate that this may be what is happening in practice.

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**Title: Violence, Homelessness, And HIV Risk Among Crack-Using African-American Women**

**Authors:** Wechsberg WM; Lam WK; Zule W; Hall G; Middlesteadt R; Edwards J

**Source:** Substance Use & Misuse, 38(3-6):669-700, Feb-May 2003.

**Summary:** This study compares the characteristics of out-of-treatment, homeless, crack-using African-American women with those who are not homeless to determine what risks and protective factors differentiate the two groups. From 1999 to 2001, 683 out-of-treatment, African-American crack-using women (of whom 219 were categorized as homeless) were interviewed and serologically tested. Risk factors that were examined include adverse childhood experiences, psychological distress, physical health, violence and victimization, drug use, a

nd risky sex behaviors. Protective factors that were examined include marital status, education, public assistance, and the responsibility of caring for children. Overall, both groups of women started crack use in their mid-twenties and started drug use with alcohol in their teenage years, though differed significantly on each risk factor examined. Logistic regression analysis found that variables associated with increased odds of being homeless are physical abuse before age 18, crack runs greater than 24 hours, income less than dollars 500 in the last 30 days, depression, and current cigarette smoking. Protective factors found are marital status, living with children under 18, having had a physical in the past year, and receiving money from welfare in the last 30 days. Being sexually assaulted in the past 90 days was marginally associated with homelessness in the model. These findings, specific to crack-using African-American women, suggest that not only do these women overall report painful histories and currently stressful lives, but homeless women are more likely than women who are not homeless to have experienced childhood abuse and are more involved with drug use. Interventions designed for these women need to consider gender, cultural, and contextual issues that not only incorporate aspects of risk reduction related to violence, alcohol use, and comorbid conditions, but also linkages that will address housing issues, education, and skills for independence.

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**SUBSTANCE USE AND MISUSE**

**Title: Alcohol Use and Other Psychiatric Disorders in the Formerly Homeless and Never Homeless: Prevalence, Age of Onset, Comorbidity, Temporal Sequencing, And Service Utilization**

**Authors:** Reardon ML; Burns AB; Preist R; Sachs-Ericsson N; Lang AR

**Source:** Substance Use & Misuse, 38(3-6):601-44, Feb-May 2003.

**Summary:** Interview survey data were collected on a large (n = 4730) general population sample of adults subsequently classified as "never homeless" (NH) or "formerly homeless" (FH), with the latter group consisting of persons who had past experience of at least a one-month period with no regular place to live. The objective was to analyze differences, as a function of this classification, in the prevalence, age of onset, comorbidity, temporal sequencing, and service utilization pertinent to alcohol-use and other psychiatric disorders. Almost half of the FH group were found to have a one-year DSM diagnosis, nearly twice the rate seen in the NH group. Moreover, at 15.1%, the prevalence of alcohol-use disorder (AUD) comorbid with one or more other psychiatric disorders was five times that reported by NH participants. Subsequent analyses addressed differences between the FH (n = 167) and NH (n = 1031) groups within the subset who met criteria for one or more psychiatric diagnoses. Focusing on drinking behavior, we found that among the FH, dual-diagnosis was associated with elevated rates of alcohol-use problem symptoms and with greater alcohol consumption than were evident in the FH with AUD alone. Also, among the FH with comorbid AUD, as well as among those with two or more psychiatric disorders unrelated to alcohol, there was an earlier onset of psychiatric disorders than in the NH. This earlier onset

may have placed these individuals at greater risk for later homelessness and AUD, and may also be indicative of a more severe course of illness. Differences between the FH and the NH suggest the importance of devoting special attention to this unique sample.

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**Title: Deviance Over The Life Course: The Case of Homeless Substance Abusers**

**Author:** Hartwell S

**Source:** Substance Use & Misuse, 38(3-6):475-502, Feb-May 2003.

**Summary:** Characteristics of the homeless population highlight current and emerging social problems in America. It is estimated there are two to three million homeless people in the United States and that between 20% and 80% have substance abuse problems. In this paper I apply Hirschi's social bond theory to a qualitative study of 31 male homeless substance users from New Haven, Connecticut. I interviewed each man once in 1992 and a second time during 1993. The interview data provide evidence of non-normative attachments to families, friends, and institutions where there is little commitment to conventional goals. I conclude that for these men, being homeless and abusing substances is normative to their lives.

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**Title: Homelessness and Substance Misuse: A Tale of Two Cities**

**Authors:** Glasser I; Zywiak WH

**Source:** Substance Use & Misuse, 38(3-6):551-76, Feb-May 2003.

**Summary:** In this article we examine the relationship between alcohol and drug misuse among the literally homeless (those living out of doors and in emergency shelters) in Hartford, Connecticut and Providence, Rhode Island, two northeastern U.S. cities of comparable size. We worked with homeless advocacy organizations in both cities, using a point-in-time census (N = 1058) and random sample (N = 66) in Hartford, and a sampling of clients (N = 82) of six shelters serving residents of Providence (N = 82). We found substance misuse relevant in 47.2% of the homeless in Hartford and in 45.1% of the homeless in Providence. We conclude that there is a great need for substance treatment services inside shelters, soup kitchens, and day centers so that homeless individuals have an opportunity to engage in treatment within their own milieu.

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**NATIONAL MORBIDITY SURVEY**

**Title: The National Psychiatric Morbidity Surveys of Great Britain--Strategy and Methods**

**Authors:** Jenkins R; Bebbington P; Brugha T; Farrell M; Gill B; Lewis G; Meltzer H; Petticrew M

**Source:** International Review of Psychiatry, 15:5-13, 2003.

**Summary:** This paper describes the rationale and methodology of the first National Psychiatric Morbidity Surveys to be carried out in Great Britain. The objectives of the surveys were to estimate the prevalence of psychiatric morbidity among adults aged 16-64 living in Great Britain; to identify the nature and extent of social disabilities associated with psychiatric morbidity; to describe the use of health and social services by people with

psychiatric morbidity and to investigate the association between mental illness and potential environmental risk factors in a household sample. Four separate surveys were carried out in order to meet the objectives; a private household sample (n = 10,108), a sample of institutions caring for the mentally ill (n = 1191), a sample of homeless people (n = 1166), and a supplementary sample of patients with psychosis living in private households (n = 350). A two-stage assessment procedure was used, in which all subjects were given the Revised Clinical Interview Schedule (CIS-R) administered by lay interviewers to assess neurotic symptoms and disorders and a psychosis screen, including the Psychosis Screening Questionnaire. Those who were positive on the psychosis screen were then interviewed by psychiatrists using the SCAN (incorporating the tenth edition of the Present State Examination). Large scale national surveys such as this augment the inadequate data on psychiatric morbidity that are routinely available and are, therefore, an important source of information upon which to base policy and generate aetiological hypotheses. These surveys provide a possible model for similar surveys in other countries.

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**SUICIDE**

**Title: Suicidal Ideation and Suicide Attempts in a Sample of Homeless People with Mental Illness**

**Authors:** Desai RA; Liu-Mares W; Dausey DJ; Rosenheck RA

**Source:** Journal of Nervous and Mental Disease, 191(6):365-71, June 2003.

**Summary:** This study utilized data from the national ACCESS program (N = 7224) to investigate the prevalence of suicidal ideation and suicide attempts in a sample of homeless people with mental illness. The prevalence of suicidal ideation in this sample was high (66.2% lifetime prevalence). In addition, 51.3% of the sample reported that they had ever attempted suicide, 26.9% reported an attempt that resulted in a nonpsychiatric hospitalization, and 8% reported an attempt in the previous 30 days. Youth, substance abuse, and psychiatric symptoms were all significantly associated with suicide attempts. Those who reported a recent attempt also reported higher rates of mental health care utilization, particularly inpatient care. The authors conclude that homeless people with mental illness are at particularly high risk for suicidal behavior, however, only in part because of the high prevalence of traditional risk factors.

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**FOR MORE INFORMATION ON HCH RESEARCH RESOURCES:**

*Contact:*

Suzanne Zerger, Research Specialist  
National Health Care for the Homeless Council  
Ph: 416.489.1836 Fax: 416.489.2861  
e-mail: [szerger@nhhc.org](mailto:szerger@nhhc.org)

*Visit:*

National HCH Council website: <http://www.nhhc.org>