Global Homelessness:
Connecting The Dots Between Homelessness And The Structures Of Society

Dr Julian Freidin
Melbourne
Australia


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Capital ■ City, Town ●
Hema Maps Australia
Ph: +61 7 3340 0000 Fax: +61 7 3340 0099
manager@hemamaps.com.au
www.hemamaps.com
Hema Maps New Zealand
Ph: +64 9 273 6459 Fax: +64 9 273 6479
sales@hemamaps.co.nz
Hema Maps North America
Ph: +1 317 257 4362 Fax: +1 317 257 5362
info@hemamaps.com
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ARCTIC OCEAN
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Bellingshausen Sea
Drake Passage
Scotia Sea
Tasman Sea
Coral Sea
Arafura Sea
Timor Sea
Bay of Bengal
Arabian Sea
South China Sea
East China Sea
Sea of Japan (East Sea)
Sea of Okhotsk
Bering Sea
Gulf of Alaska
Beaufort Sea
Chukchi Sea
East Siberian Sea
Laptev Sea
Kara Sea
Barents Sea
Norwegian Sea
Gulf of Mexico
Caribbean Sea
Hudson Bay
Labrador Sea
Baffin Bay
Gulf of Guinea
Mediterranean Sea
Black Sea
Bay of Biscay
Antarctic Circle
Tropic of Capricorn
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Tropic of Cancer
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NORWAY
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ICELAND
Country Abbreviations
BOSNIA HERZ. Bosnia Herzegovina
BULG. Bulgaria
KO. Kosovo
LIE. Liechtenstein
LUX. Luxembourg
MAC. Macedonia
MONT. Montenegro
RUS. FED. Russian Federation

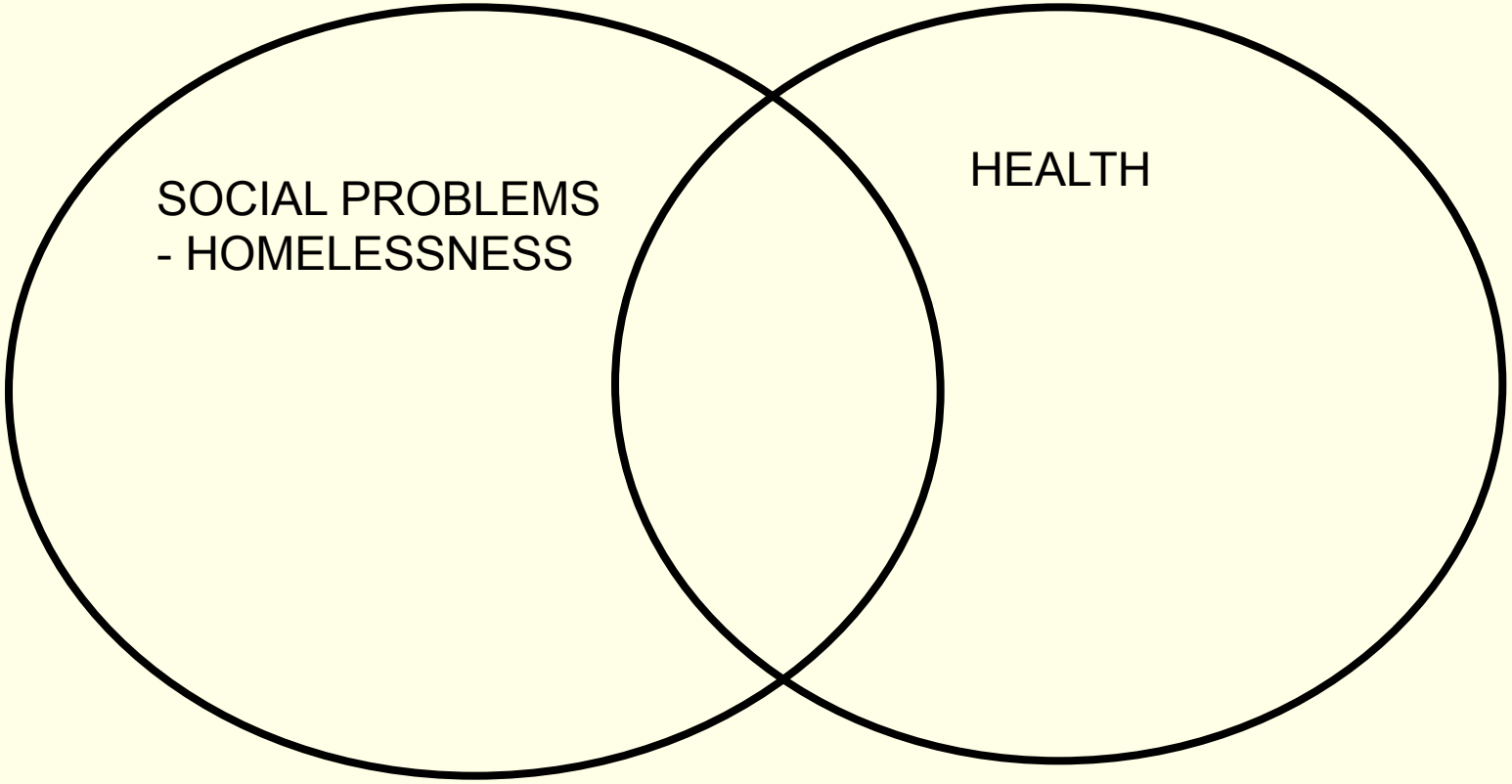
Two Questions and Two Assumptions

- What are the links between how a society understands homelessness and mental illness and how that society intervenes?
- If we wish to change the lives of homeless people who have mental illness then where should we attempt to intervene?
- Society influences policy which influences service delivery.
- Developed nations should not have large populations of homeless people suffering mental illness.

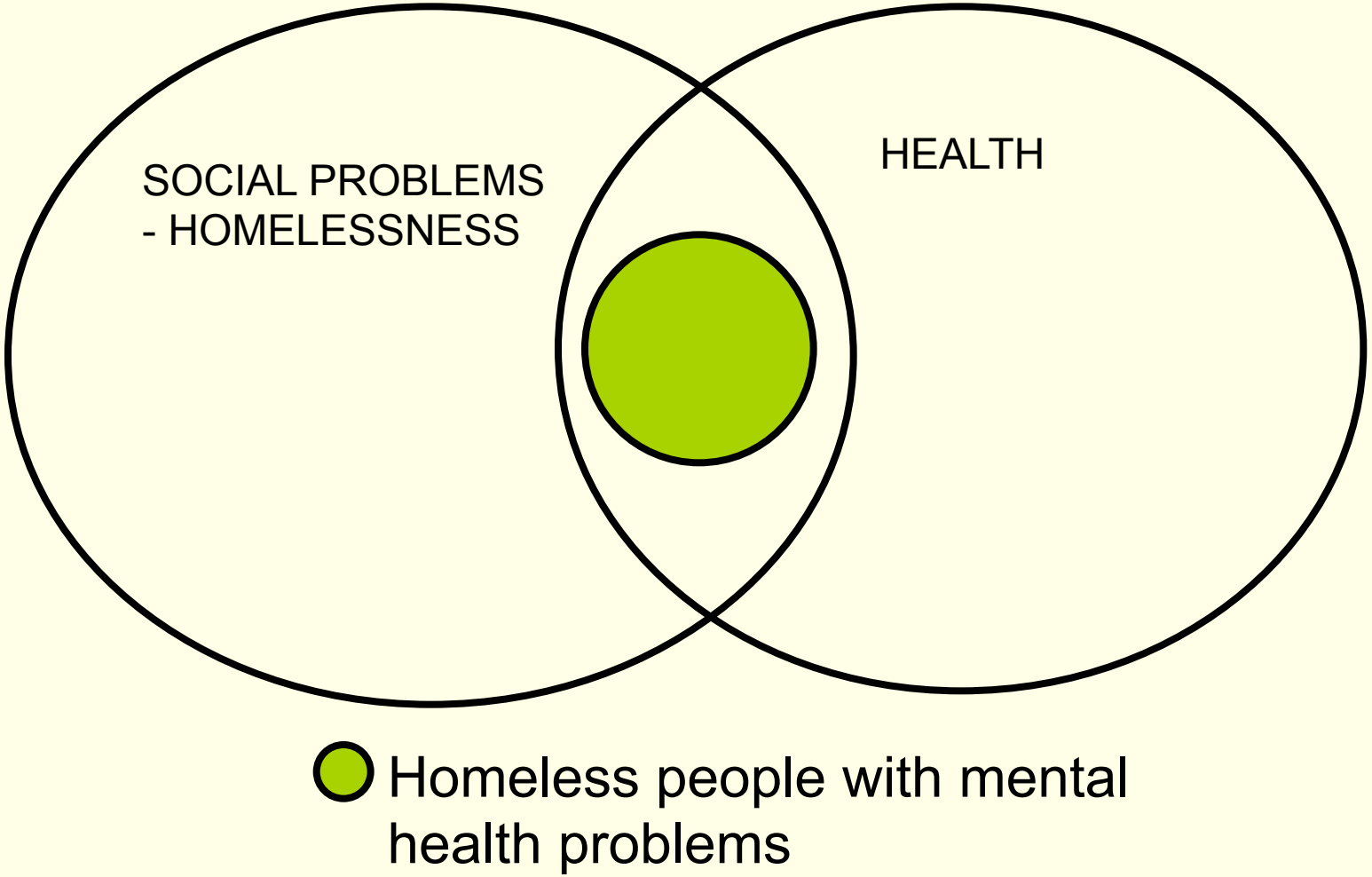
Relationships between homelessness and mental illness

- Complex interactions cause a spiral of decline
  - Mental Illness causes Homelessness (Schizophrenia)
  - Homelessness causes Mental Illness (Depression, Anxiety)
  - Other issues cause both Homelessness and Mental Illness (Substance Abuse)
- Homelessness is an indicator of illness severity
- Complex clinical pathways
- Complex service delivery systems are required

Societal understanding and responding



Societal understanding and responding in developed countries



Differences between Societies

- Homelessness
  - Normal in many countries
    - Worldwide estimates between 100 million and over 1 billion, reflecting varying definitions of homelessness.
    - 500,000 street children in the six largest cities in Bangladesh
    - Millions of people in slums in Brazil
    - Half the population of Mumbai are homeless or live in slums

Mumbai

Recent trends

- Homelessness
  - Economic changes causing significant increase

Differences between Societies

- Homelessness
  - Drivers / Causes
    - Economy
    - Politics
    - Conflict
    - Disasters
    - Social structures
    - Housing eligibility
    - Social security

Differences between Societies

- Homelessness
  - Responsibility for being homeless
    - the individual
    - extended family
    - community
    - state
  - Responsibility for change

Differences between Societies

- Health and Illness
  - Responsibility of the individual, extended family, community or state
  - Health care a right or a privilege
  - Cost and access

Differences between Societies

- Mental Illness
  - Health problem or social problem or neither
    - Spiritual
    - Behavioural
    - Criminal
    - Normal

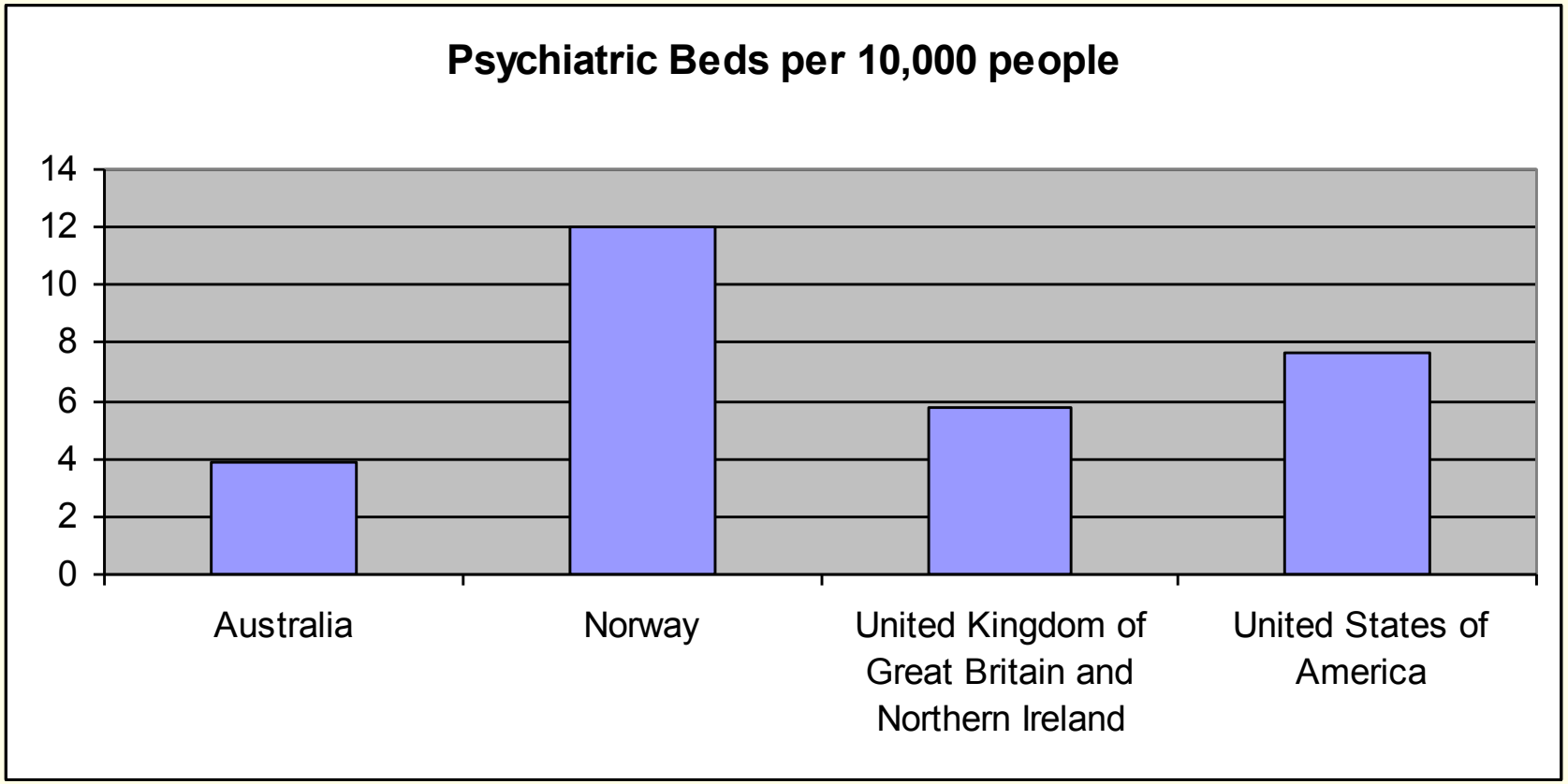
Differences between Societies

- Mental Illness interventions
  - Mental Health legislation
    - Involuntary Treatment
  - Right to receive treatment and the right to refuse treatment
  - Stigma reduction
    - Human rights of consumers
    - Shame from responsibility
  - Who has the right to advocate
  - Outcome measurement and accountability

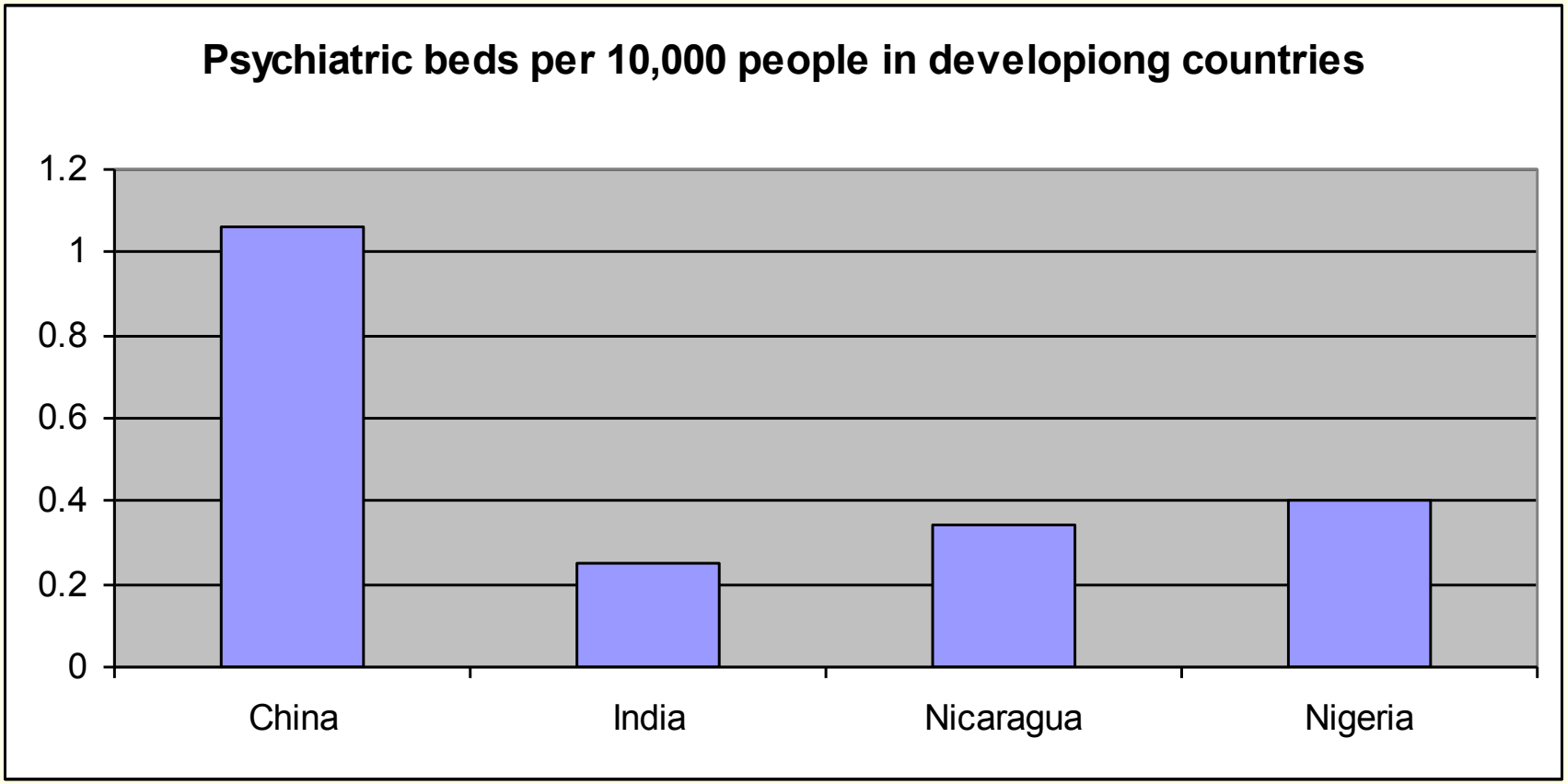
Differences in Services and Resources

- Delivery of clinical services depends on the availability of mental health clinical resources.
- Data from WHO Mental Health Atlas
  - Psychiatric Beds
  - Mental Health Nurses
- Other data at http://apps.who.int/globalatlas/

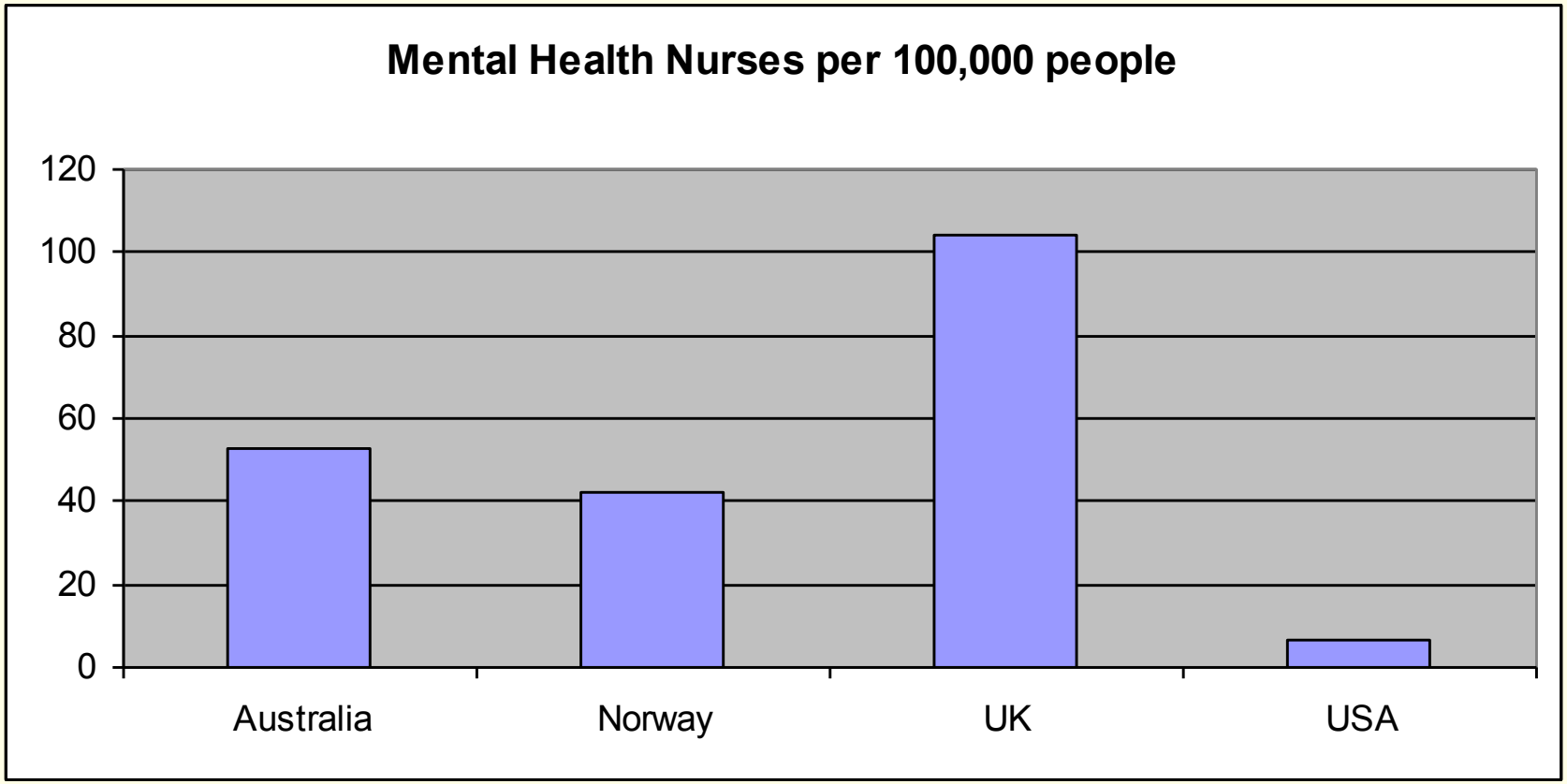
Developed countries: shift away from bed-based services



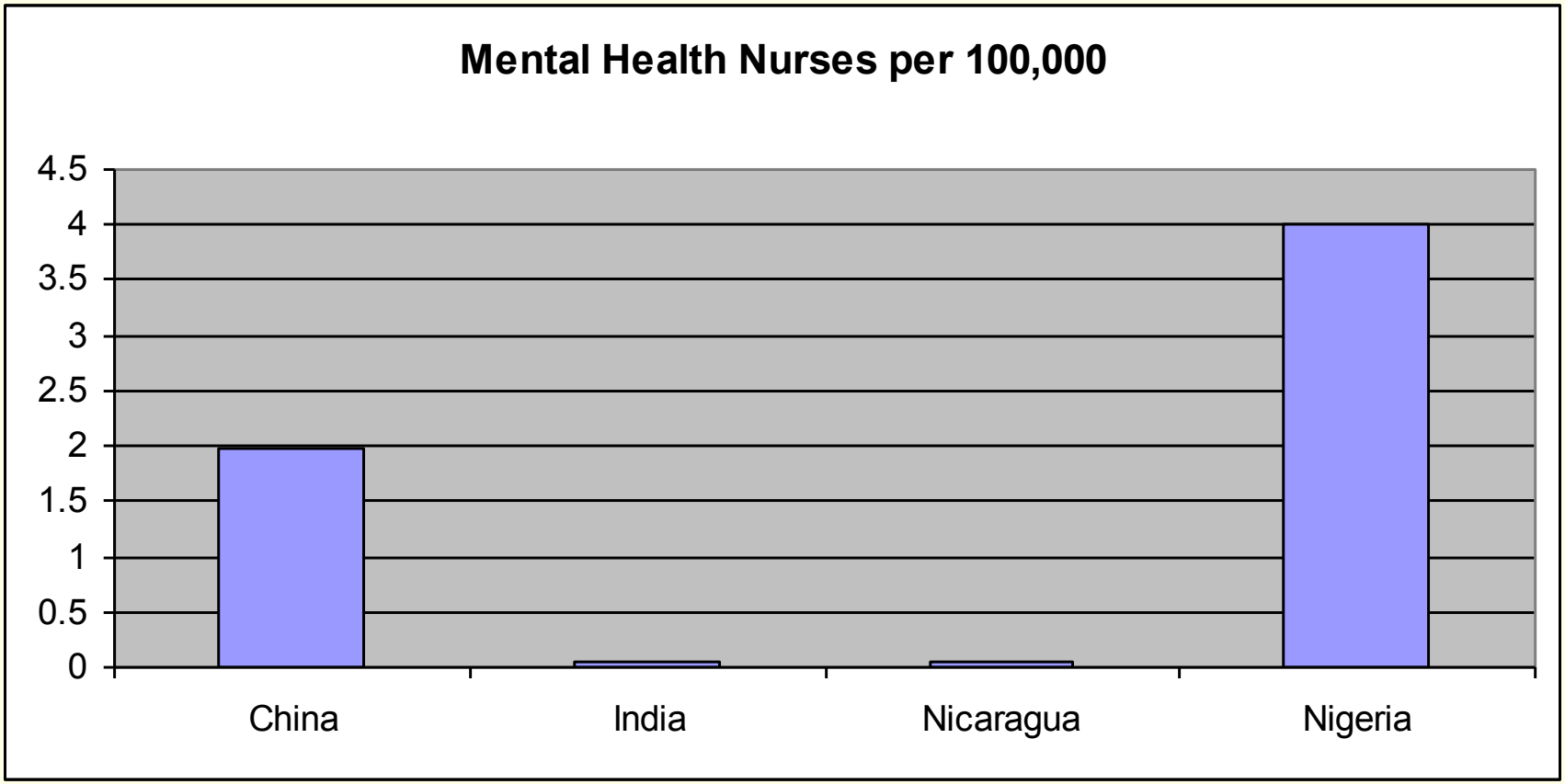
Developing countries: few resources



Developed countries: staff differences



Developing countries: few staff



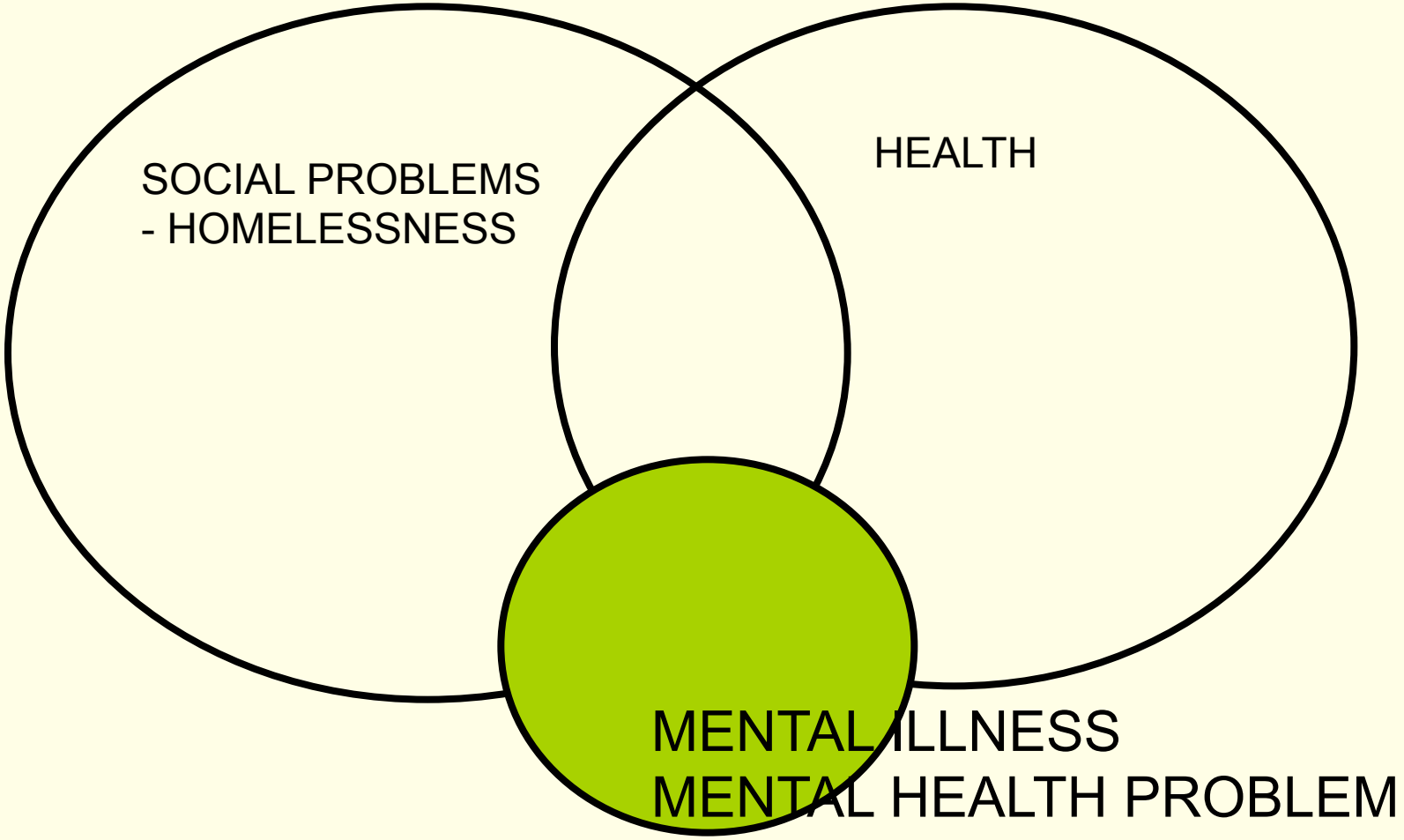
Service model in developed countries for homeless people with mental illness

- Housing stability
- Recognition of the importance of addressing needs as perceived by the person
- Assertive outreach with flexible hours
- Provision of adequate time to build relationships based on trust,
- Appropriate responses to unpredictable fluctuations in needs and capacities,
- Consistent support,
- Cross service coordination,
- Planning for crises
- Addressing interagency issues

Services in developing countries

- Scarcity of resources, different understanding of causation and lack of interventions.
  - Political and economic stability
  - Human rights
  - Improved national mental health literacy and treatment reaches the homeless population
  - Community engagement
  - Psycho-social interventions rather than medication
  - Input from consumers (patients, clients, service users) and carers (family) in service development and delivery

Societal understanding and responding in developing countries



Conclusions 1

- Complex clinical and non-clinical systems of care with multiple players
- Any attempt to address the needs of homeless people with mental illness needs to shift from a "health" model of care to an integrated model that addresses the broad range of social problems alongside the health problems, and an understanding of the broader community context.
- Targeted mental health services to homeless people must be integrated with housing services, but also need to be linked with primary care, physical health services, rehabilitation services, employment services, financial support services, substance abuse services and the justice system.

Conclusions 2

- Learning from developing countries
- Social context and interventions
  - Community education to reduce stigma
  - Community responsibility and engagement
  - Funding of mental health services (to match the burden of disease?)
  - Legislation that facilitates both rights and treatment
  - Central role of consumers and carers in service development and delivery