

Multimorbidity and mental health for people who have experienced homelessness: Analysis of the 2007 and 2014 Adult Psychiatric Morbidity Surveys

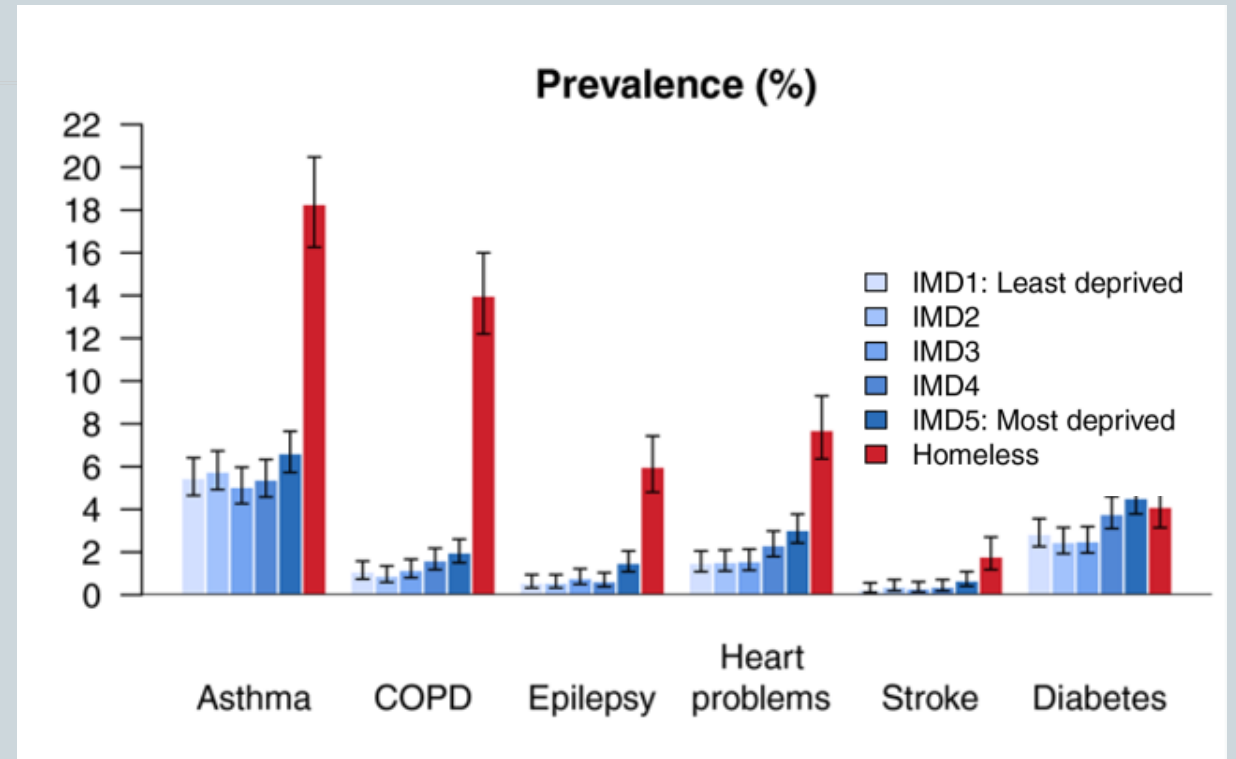
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Background

A ‘cliff’ of mental and physical health inequities for people who experience homelessness

76.2% prevalence of any current mental health condition (Gutwinski et al., 2021)



Lewer, D., Aldridge, R. W., Menezes, D., Sawyer, C., Zaninotto, P., Dedicoat, M., ... & Story, A. (2019). Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England. *BMJ open*, 9(4), e025192.

Where studies have looked at multimorbidity, this has been with samples of people using specialist homelessness services (Queen et al., 2017; Bowen et al, 2019)

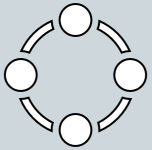
Adult Psychiatric Morbidity Survey (APMS)



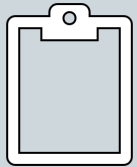
Nationally representative private household survey in England



2007 and 2014 (total n=14,949)



Aim of the current study: To describe the presence, prevalence, and nature of mental and physical health multimorbidities in individuals who have previously experienced homelessness.



Measures:

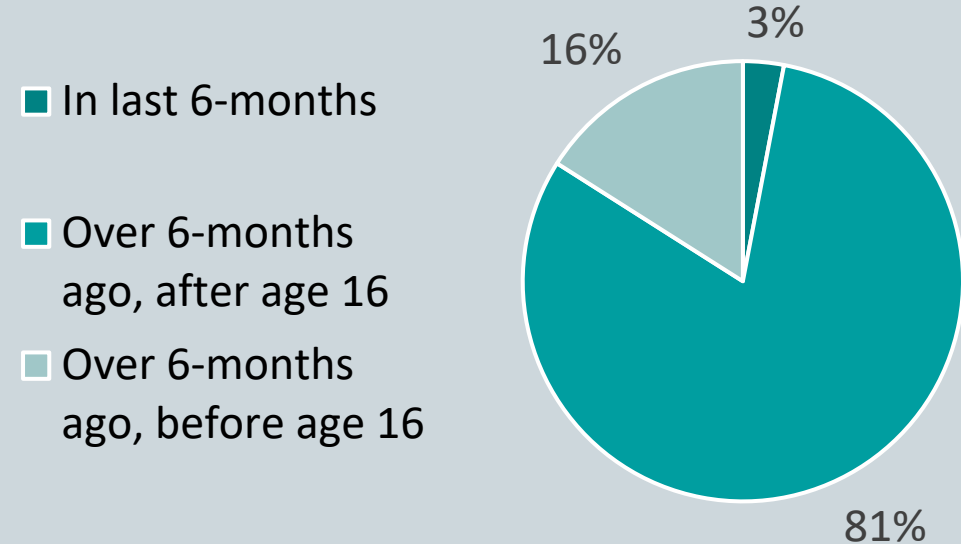
- Self-reported previous experience of homelessness
- Structured, validated scales for current Common Mental Disorders (CIS-R, Lewis et al., 1992) and alcohol use (AUDIT, Saunders et al., 1993)
- Self-reported physical health from a list of 21 conditions (eg asthma, diabetes)
- Questions based on the Diagnostic and Statistical Manual of Mental Disorders for substance dependency

Prevalence of homelessness

Out of the total sample of 14,949 participants, 599 people reported a previous experience homelessness.

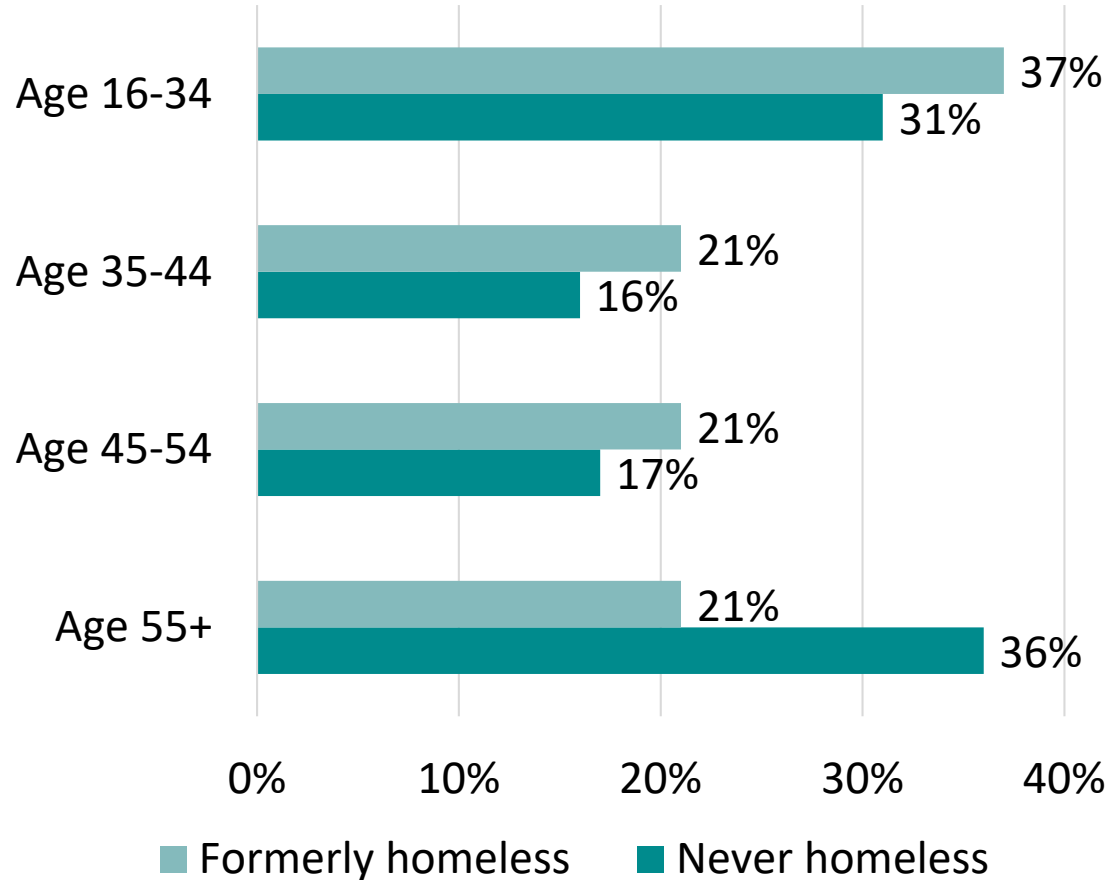
Survey-weighted prevalence=**3.7%**
(95% CI 3.40-4.09)

"When did that [homelessness] happen?"
[If several events, ask about the **most recent** one]

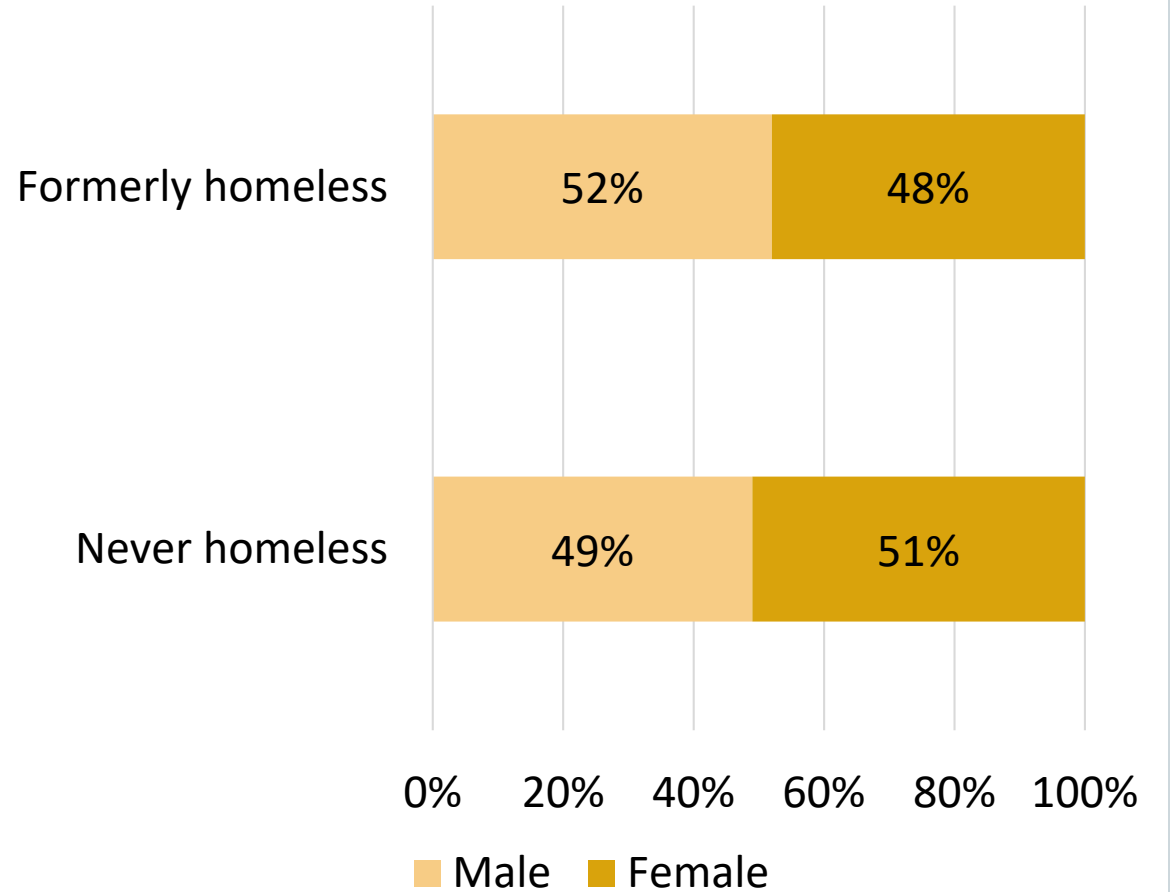


Demographics

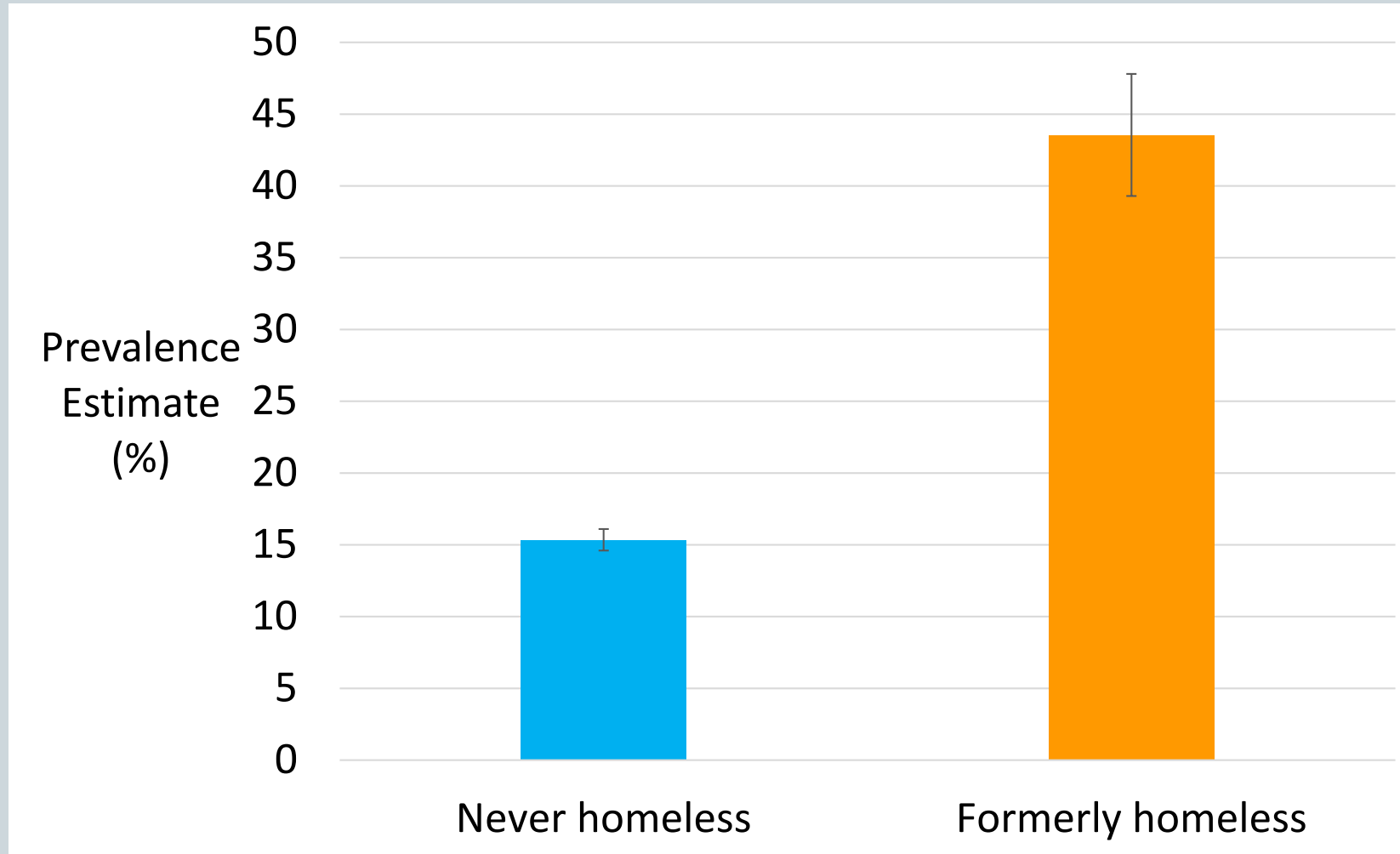
Age (Survey Weighted Proportions)



Sex (Survey Weighted Proportions)



Prevalence of Common Mental Disorders (age and sex adjusted)

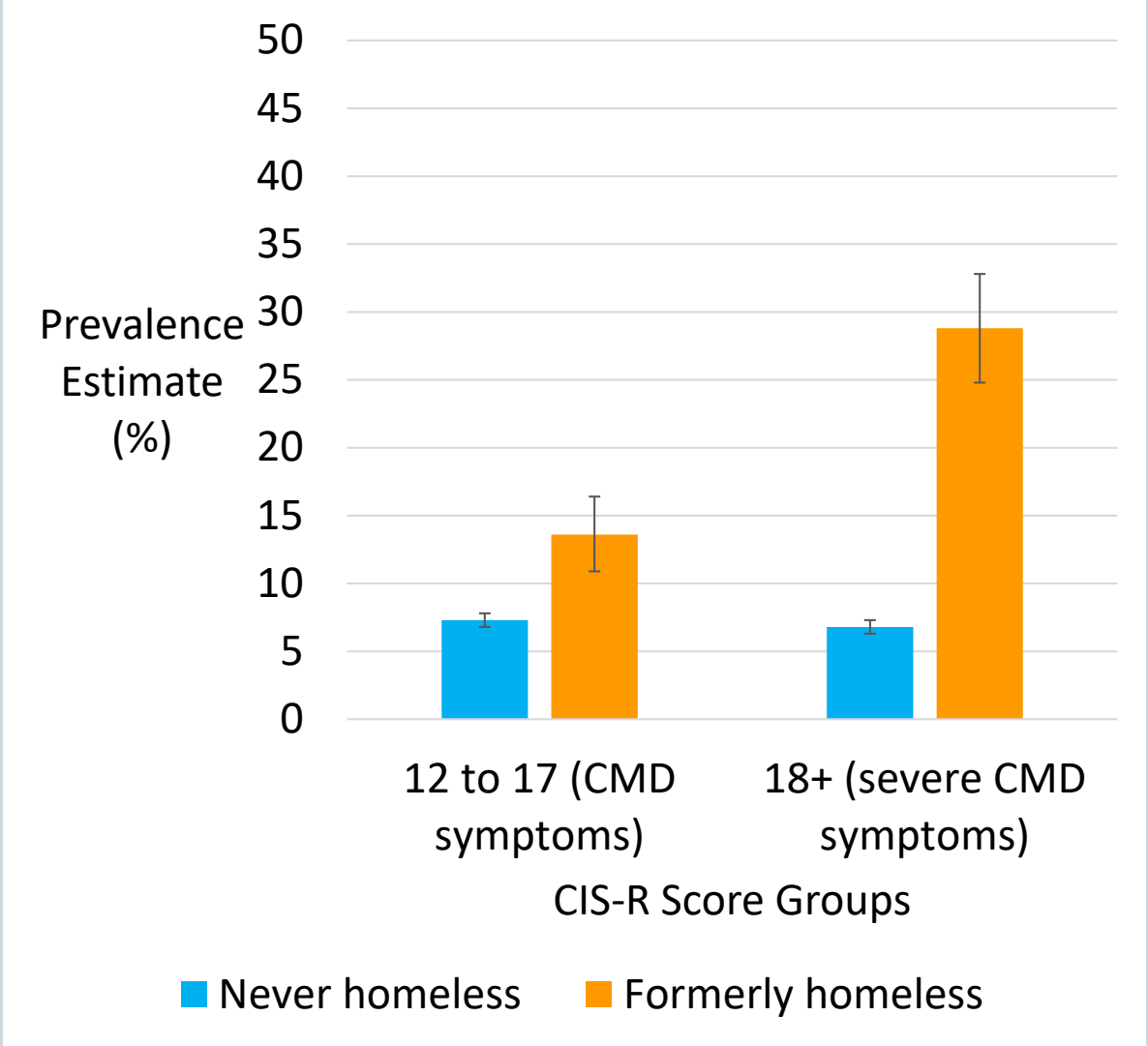


The CIS-R: validated scale asking after CMD symptoms in the last month and week (score threshold: 12+)

Severity of Common Mental Disorder (age and sex adjusted)

A score of 12 + indicates that a level of CMD symptoms is present such that primary care recognition is warranted

A score of 18+ indicates more severe or pervasive symptoms of a level very likely to warrant intervention such as medication or psychological therapy



Physical health conditions (stratified by age)

Formerly homeless
Never homeless

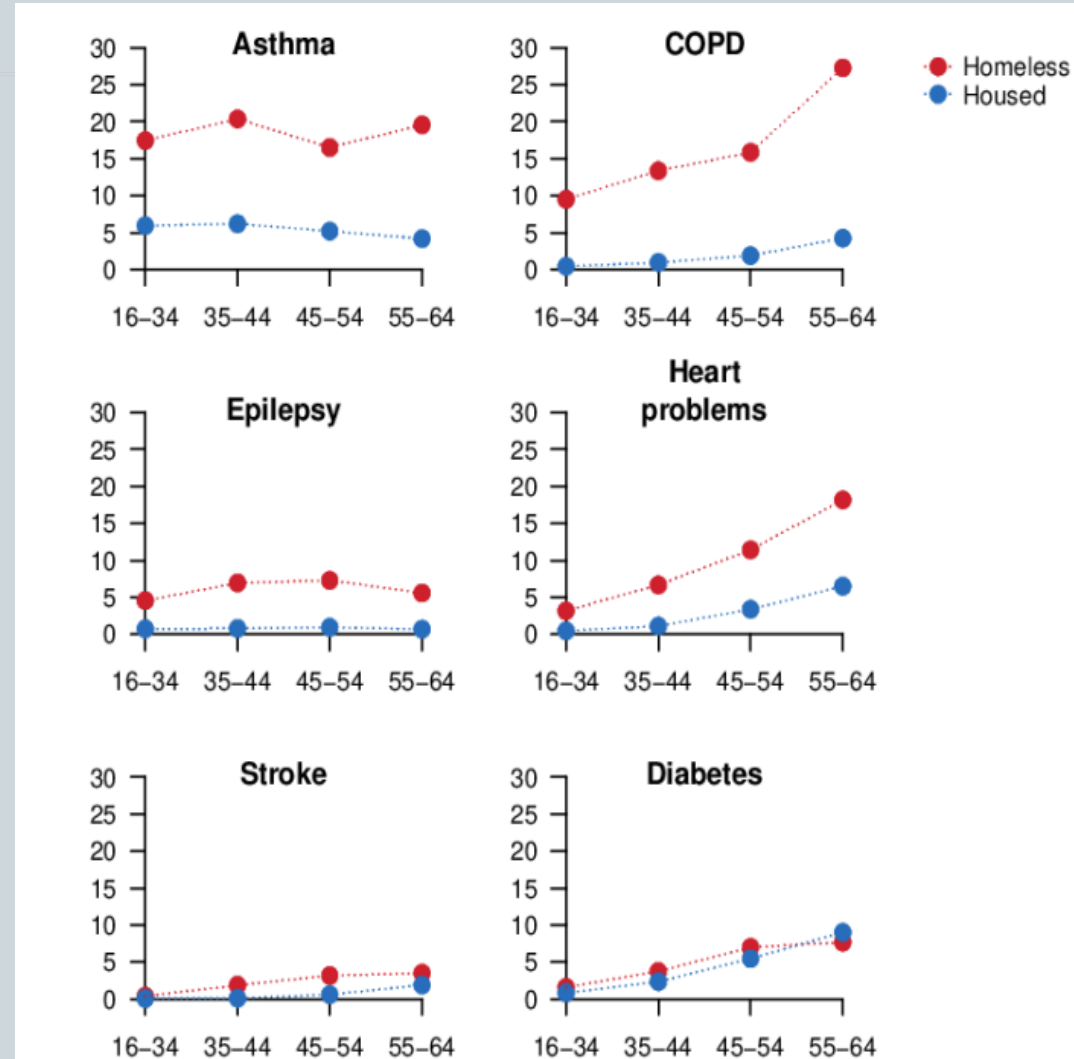
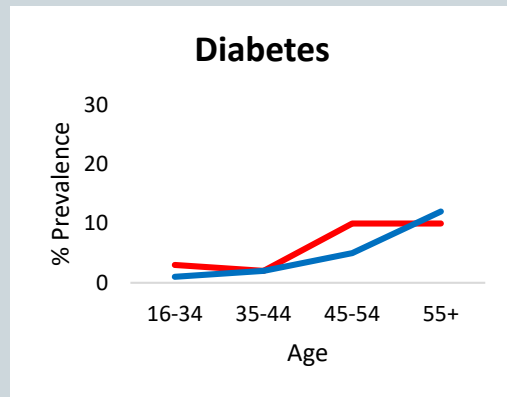
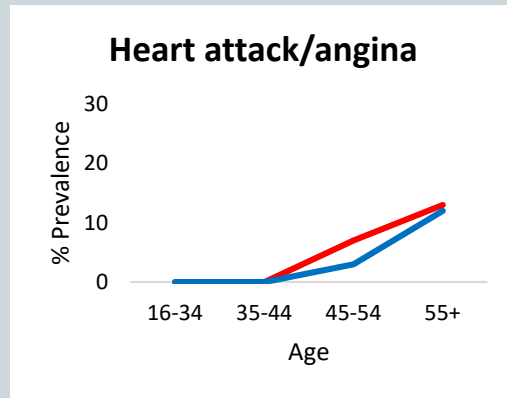
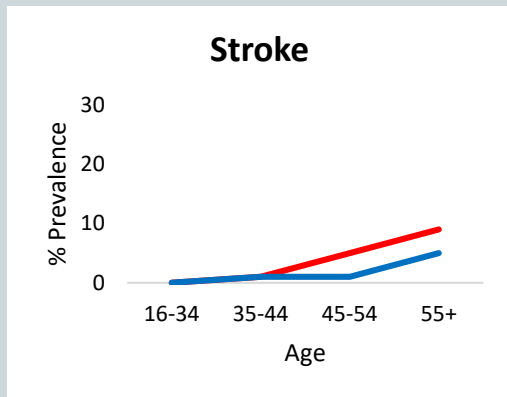
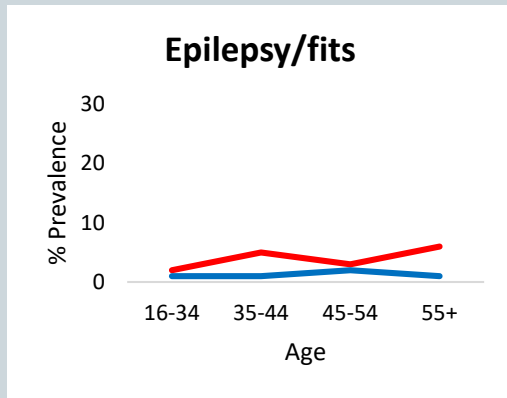
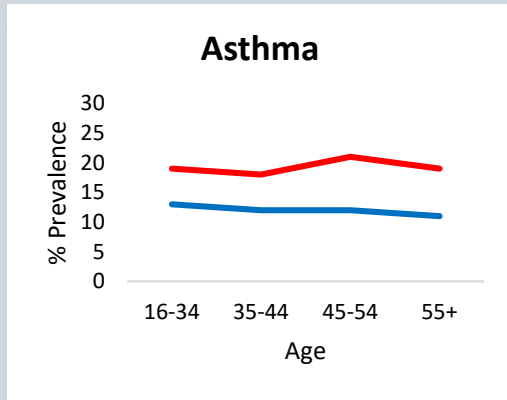
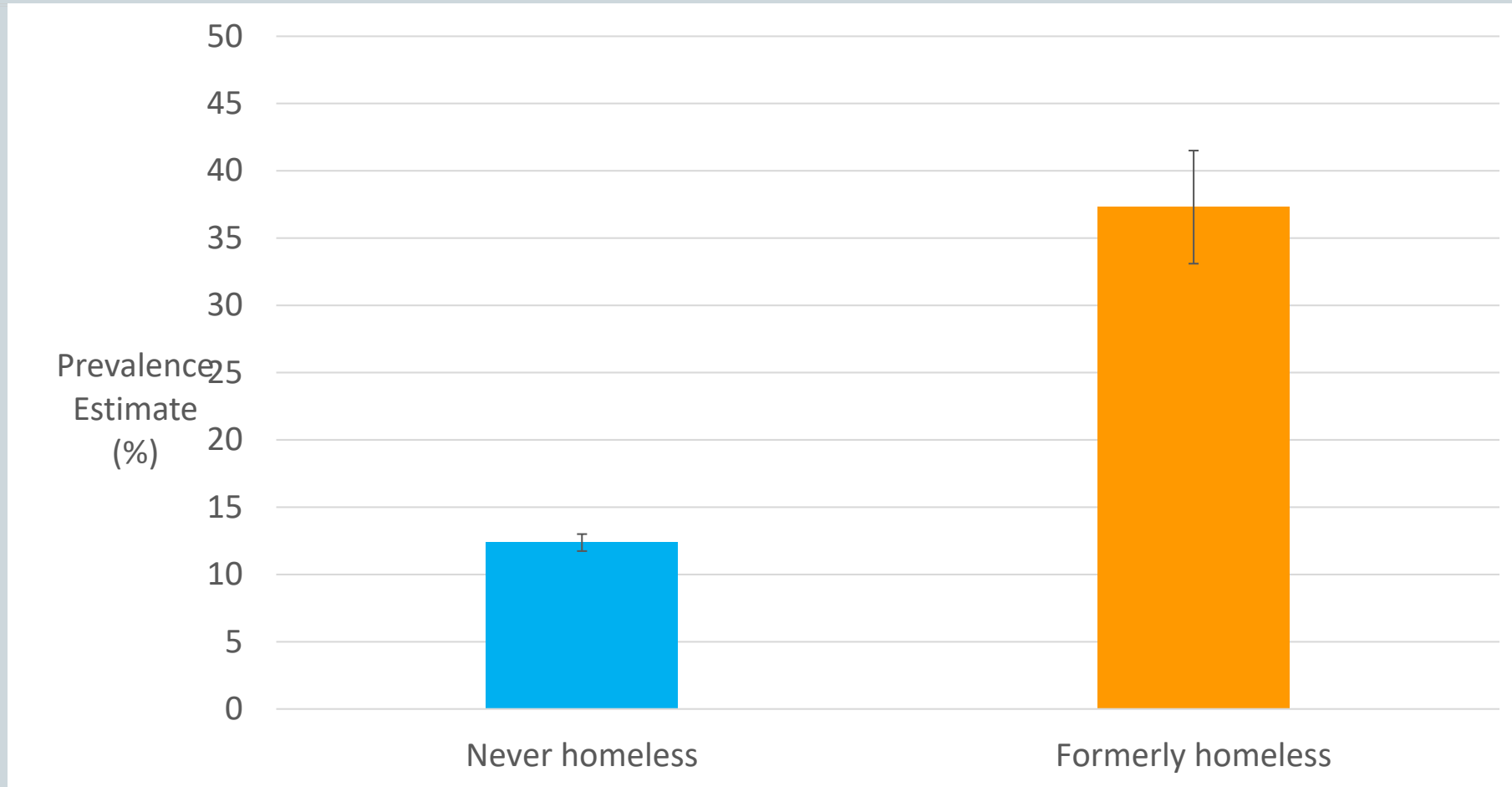


Figure 1 Percentage reporting long-term conditions, by age group. COPD, chronic obstructive pulmonary disease.

Lewer, D., Aldridge, R. W., Menezes, D., Sawyer, C., Zaninotto, P., Dedicoat, M., ... & Story, A. (2019). Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England. *BMJ open*, 9(4), e025192.

Mental & Physical Multimorbidity

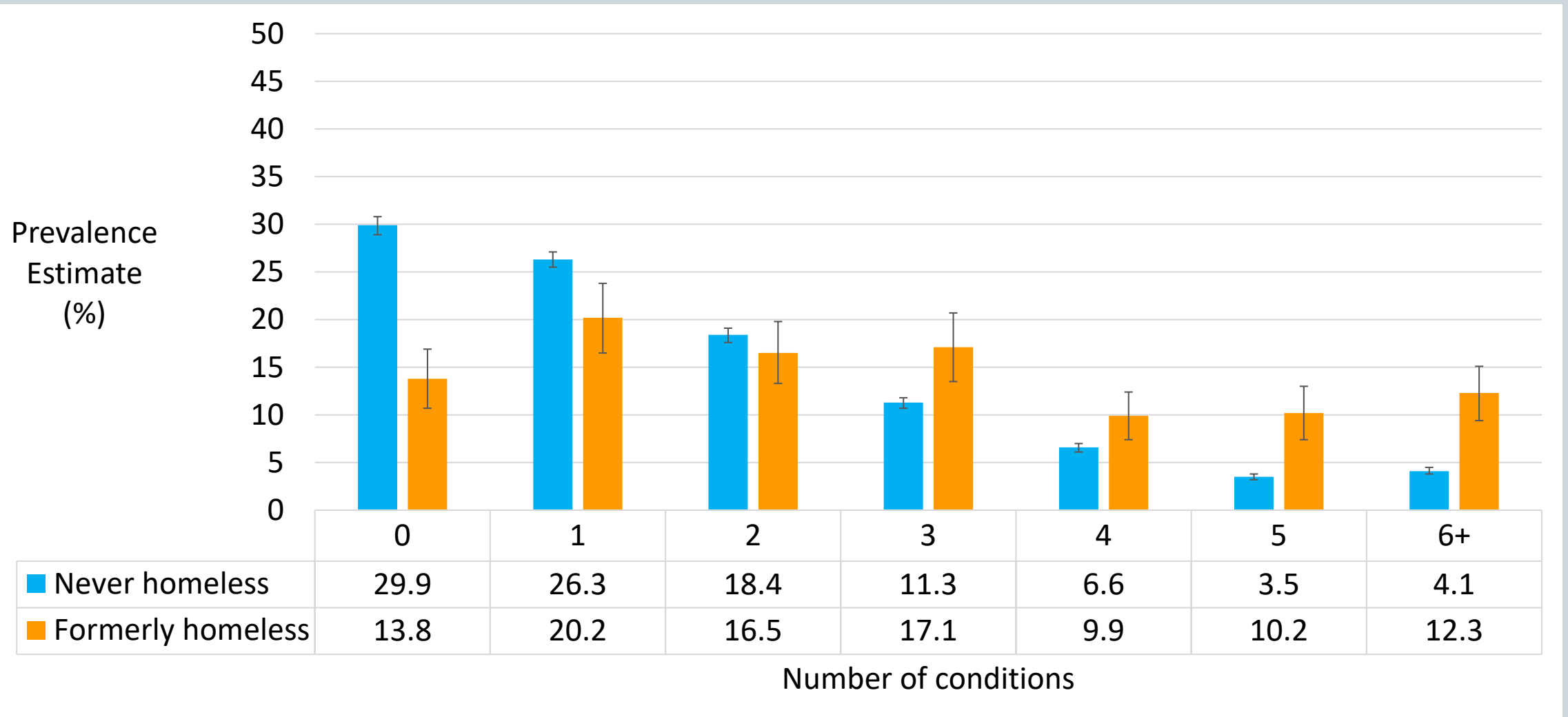


Physical health conditions: self-reported from a list of 21 conditions, in the last 12-months

Common mental disorder (CMD): CIS-R score 12+

Mental & physical multimorbidity: a CMD and at least 1 physical health condition

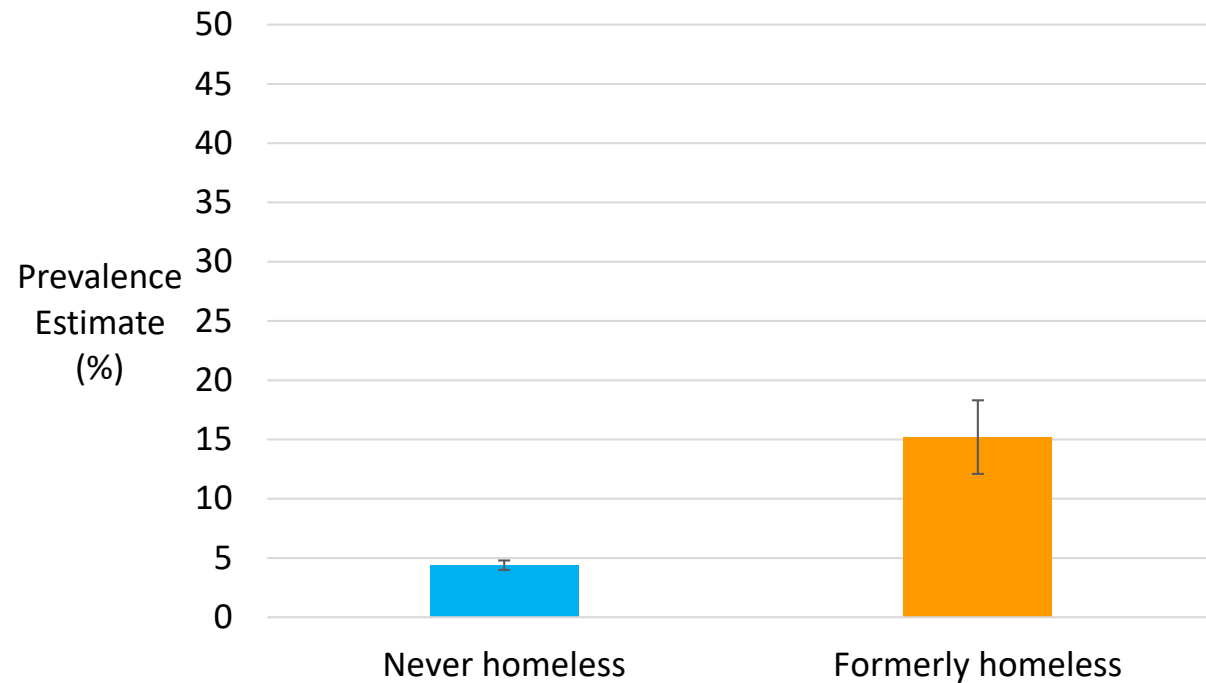
Multimorbidity count (age and sex adjusted)



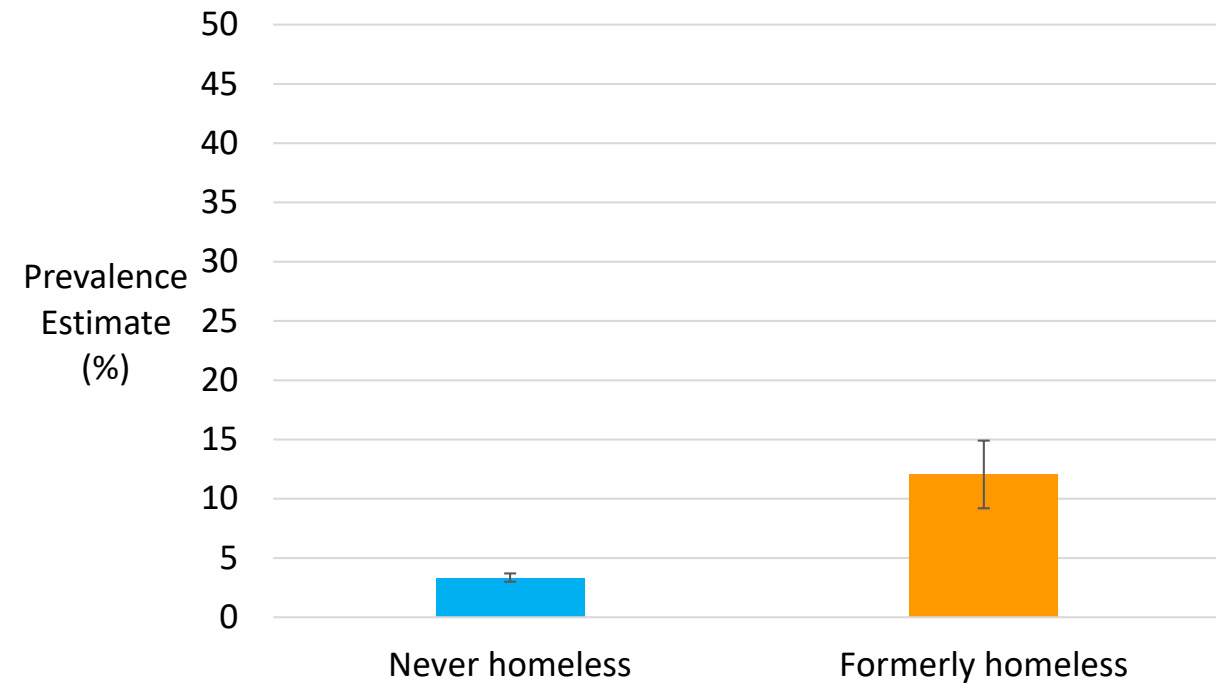
Physical health conditions: self-reported from a list of 21 conditions, in the last 12-months
Common mental disorder: CIS-R score 12+

Mental Health, Physical Health, Substance Use Problems

Dual diagnosis
(CMD & Substance Use Problem)



Tri-morbidity
(CMD & Physical Health & Substance Use Problem)



Physical health conditions: self-reported from a list of 21 conditions, in the last 12-months

Common mental disorder (CMD): CIS-R score 12+

Substance use problem: AUDIT score 8+ or substance dependency (DSM questions)

Strengths:

Nationally representative household survey using structured, validated scales.

Limitations:

Cross-sectional secondary data from private households.

Key takeaway:

Prior experience of homelessness is associated with severe inequities in mental/physical multimorbidity in a nationally representative sample of private households, highlighting the importance of integrated care for this group.

Thank you to

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The NatCen APMS team & NHS Digital

Dan Lewer

Rethink Mental Illness

The ESRC London Interdisciplinary Social Science Doctoral Training Partnership

References

Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLoS medicine*, 18(8), e1003750.

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Lewis, G., et al., Measuring psychiatric disorder in the community: a standardized assessment for use by lay interviewers. *Psychological medicine*, 1992. 22(2): p. 465-486.

Saunders, J.B., et al., Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-II. *Addiction*, 1993. 88(6): p. 791-804.