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Housing Circumstances and Mental Health Outcomes: A Systematic Review

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ABSTRACT

Background

Homelessness remains a pressing public health concern in many countries, with mental illness contributing significantly to the elevated rates of disease and mortality observed in homeless populations. A growing body of research has documented the strong association between homelessness and poor mental health outcomes, alongside efforts to quantify the prevalence of psychiatric disorders within this vulnerable group. This systematic review synthesises existing evidence on the relationship between homelessness and mental health outcomes.

Methods

A comprehensive search of observational studies was conducted across electronic databases including PubMed, Web of Science, and PsycINFO. Studies were eligible for inclusion if they focused exclusively on homeless individuals,

employed validated diagnostic criteria for mental disorders, and were conducted in high-income countries. The methodological quality of included studies was assessed using the Risk of Bias tool.

Findings
Thirty primary studies met the inclusion criteria. Across these studies, a consistent link was observed between homelessness and adverse mental health outcomes. Anxiety and stress-related disorders were the most frequently diagnosed, followed by depression, substance use disorders involving alcohol and drugs, and schizophrenia. Notably, gaps in the literature were identified regarding specific subpopulations—such as women and immigrants—as well as unmet healthcare needs.

Conclusions
Public health initiatives aimed at improving the wellbeing of homeless individuals must address the high burden and complexity of psychiatric illness within this population. The findings underscore the need for regular mental health assessments and tailored interventions within healthcare systems. In particular, the prevalence of schizophrenia and substance use disorders warrants targeted service development and resource allocation.

KEYWORDS

Homelessness, Mental Health, Anxiety, Depression, Substance Use, Psychiatric Morbidity.

INTRODUCTION

Access to stable housing is widely recognised as a cornerstone of health and wellbeing. Yet for millions of people around the world, this basic need remains unmet. Homelessness is not only a social and economic issue—it is a profound public health concern. Individuals experiencing homelessness face significantly higher rates of disease and premature death compared to housed populations, with mortality estimated to be three to eleven times greater in high-income countries (Fazel et al., 2014; Aldridge et al., 2018). These disparities are driven by a constellation of risks: exposure to harsh environmental conditions, vulnerability to violence, poor nutrition and hygiene, limited access to healthcare, and pervasive stigma (Public Health England, 2019; CDC, 2024).

Across Europe, homelessness continues to rise, fuelled by economic instability, shrinking welfare support, and chronic housing shortages (Fitzpatrick et al., 2018). Rehousing individuals who are homeless or at risk of homelessness is increasingly viewed as a critical public health intervention (Burridge & Ormandy, 1993; Fitzpatrick et al., 2018). The shift from institutional to community-based mental health care further underscores the importance of secure housing, with stability and employment often serving as key pillars of recovery (Lai et al., 2021).

Globally, an estimated 150 million people are homeless, and 1.8 billion live in inadequate housing conditions (Hopkins & Narasimhan, 2022). The health consequences are far-reaching. Homeless populations are disproportionately affected by poverty-related illnesses, undernutrition, chronic pain, poor oral health, and psychological distress (Frazer & Kroll, 2022; Gooding et al., 2024). International data consistently show elevated morbidity and mortality among homeless groups: in Denmark, mortality risk is fourfold higher (Nielsen et al., 2019); in Finland, fivefold (Stenius-Ayoade et al., 2017); and in Spain, life expectancy among homeless individuals averages just 49 years (Calvo et al., 2021). In Australia, homelessness shortens life expectancy by approximately 12 years (Seastres et al., 2020).

While systematic reviews are increasingly used to synthesise evidence on housing and health (Baxter et al., 2019), many lack methodological rigour or fail to focus specifically on psychological wellbeing (Woodhall-Melnik & Dunn, 2016; Aubry et al., 2020). This gap is particularly concerning given the growing recognition of homelessness as a global public health emergency (Padgett, 2020; Miler et al., 2020). In the United States alone, an estimated 4.2% of individuals will experience homelessness at some point in their lives, with over 550,000 homeless on any given night (Tsai, 2018). This population faces elevated rates of chronic illness, frequent hospitalisation, and premature death (Fazel et al., 2014; Aldridge et al., 2018). Co-occurring mental health disorders compound these risks, contributing to higher mortality, increased stigma, criminalisation, and prolonged homelessness (Baxter et al., 2021; Lewer et al., 2022; Poremski et al., 2016; Nishio et al., 2017).

Housing is a fundamental social determinant of mental health (Silva et al., 2016; Lund et al., 2018). Poor housing conditions, overcrowding, and financial stressors such as rent burdens and evictions are consistently linked to anxiety, depression, and other adverse psychological outcomes (Mason et al., 2013; Bentley et al., 2016; Chung et al., 2019). Yet the long-term mental health consequences of housing instability remain poorly understood. Existing reviews often apply broad inclusion criteria, diluting their focus on housing-specific determinants and limiting their utility for targeted policy and practice (Aidala et al., 2016; Vasquez-Vera et al.,

2017).

Given the volume and variability of primary research, there is a clear need for a comprehensive and focused systematic review to synthesise current evidence, clarify causal relationships, and identify critical knowledge gaps. Such work is essential to inform public health strategies, guide policy development, and improve service delivery for homeless populations—ultimately aiming to reduce health disparities and promote mental wellbeing among those most at risk.

METHODS

Search Strategy

A structured, multistage approach was employed to identify relevant literature for this review. The process began with a preliminary search of PubMed to explore appropriate index keywords and Medical Subject Headings (MeSH), which informed the development of a comprehensive search strategy. This strategy was then adapted for use in Web of Science and PsycINFO, ensuring consistency across databases while accounting for differences in indexing systems. Each database was reviewed individually to confirm the use of controlled vocabularies, supported by hierarchically organised and regularly updated thesauruses.

The final search was conducted on 8 August 2022. To enhance coverage and minimise the risk of missing relevant studies, the reference lists of all included articles were manually screened for additional eligible publications. A detailed overview of the search terms and strategy is presented in Appendix 1.

Inclusion and Exclusion Criteria

Eligibility criteria for this systematic review were developed using the PICOS framework, which provides a structured approach to defining the Population, Intervention (or exposure), Comparison, Outcomes, and Study design. This method ensured clarity and consistency in study selection and is widely recognised for enhancing the rigour of evidence synthesis (Robinson et al., 2011; Saaiq & Ashraf, 2017; Amir-Behghadami et al., 2021). A detailed overview of the criteria is presented in Table 1.

Table 1: PICOS Framework

Population	Persons aged 18 and above who are unable to find other acceptable housing options and who are currently residing in an unsuitable residence that does not provide them with control over or access to a place for social interactions, has no tenure, or whose initial tenure is brief and not extensible. People sleeping outside, in tents, or in makeshift housing are examples of this. Other examples include those receiving subsidised housing, people temporarily living in other households — couch surfing, people staying in residence halls or other short-term accommodations, or people whose homes are overly congested.
Intervention	Included were all housing programmes designed to give homeless people access to safe, suitable homes.
Comparator	Study comparators were not subject to any limitations. Accordingly, any action involving shelter or services for the homeless was included.
Outcomes	To represent the purpose of the systematic review, the primary outcomes were selected. They were incorporated into the search parameters because there is evidence of a high incidence of anxiety and depression among groups of people who are homeless, and since these conditions contribute significantly to the general worldwide disease burden. Substance use is another health-related effect that has been shown in homeless populations and is commonly described in the literature. As a result, it was mentioned in the review's reporting.

Study designs	There were no constraints on the kinds of studies that might be conducted, with the exception of pilot or protocol studies, because the systematic review was exploratory in nature. Any additional research design was thus considered while determining the criterion.

Epidemiological studies examining the relationship between housing circumstances and psychological outcomes were considered eligible for inclusion. Both prospective and retrospective cohort designs were accepted to capture a broad spectrum of evidence. No restrictions were placed on definitions of housing conditions, study design (with the exception of pilot studies and research protocols), time frame, or geographic location, allowing for a diverse and comprehensive evidence base. To ensure methodological rigour and relevance, only peer-reviewed journal articles published in English were included, with a focus on commonly reported mental health conditions such as anxiety, depression, and related psychological disorders.

Study Selection

Following the database search, titles and abstracts of all retrieved records were screened for relevance, and duplicate entries were removed. Eligible studies were then assessed in full text to determine their alignment with the predefined inclusion criteria. This process was conducted in accordance with PRISMA guidelines, with reasons for exclusion at the full-text stage systematically recorded and reported to ensure transparency.

Data Extraction

To support consistent and comprehensive data collection, customised extraction forms were developed based on the objectives of the review. Key study characteristics were recorded, including author names, year of publication, population demographics, definitions of exposures and outcomes, measurement tools, timing between exposure and outcome assessment, and sample size. In addition to these core parameters, primary findings, reported limitations, uncertainty around effect estimates, and assessments of potential bias were also captured. Where studies examined multiple housing-related exposures or psychological outcomes, data were extracted independently for each relevant association.

Quality Assessment

The methodological quality of included studies was evaluated using the Risk of Bias tool specifically designed for prevalence research (Hoy et al., 2012). This instrument assesses both external and internal validity, including sampling methods, measurement reliability, and reporting clarity. Each study was rated as having low, moderate, or high risk of bias based on a structured set of criteria (see Appendix 2), allowing for a nuanced appraisal of study rigor and psychometric strength.

Evidence Synthesis

Given the considerable heterogeneity across studies—particularly in how housing conditions were classified, psychological outcomes defined, and assessment methods applied—a meta-analytic approach was deemed inappropriate. Instead, a qualitative synthesis was conducted, focusing on recurrent themes and patterns emerging across the literature. This approach allowed for a more nuanced interpretation of findings, accommodating the diversity of study designs and contextual factors.

RESULTS

Included Studies

The initial search across electronic databases yielded a total of 8,790 records. After removing duplicates, 5,110 unique studies were screened by title and abstract. Of these, 155 articles were deemed potentially relevant and underwent full-text review. Following detailed assessment against the inclusion criteria, 30 studies were selected for data extraction and synthesis. The study selection process, including reasons for exclusion, is illustrated in the PRISMA flow diagram presented in Figure 1.

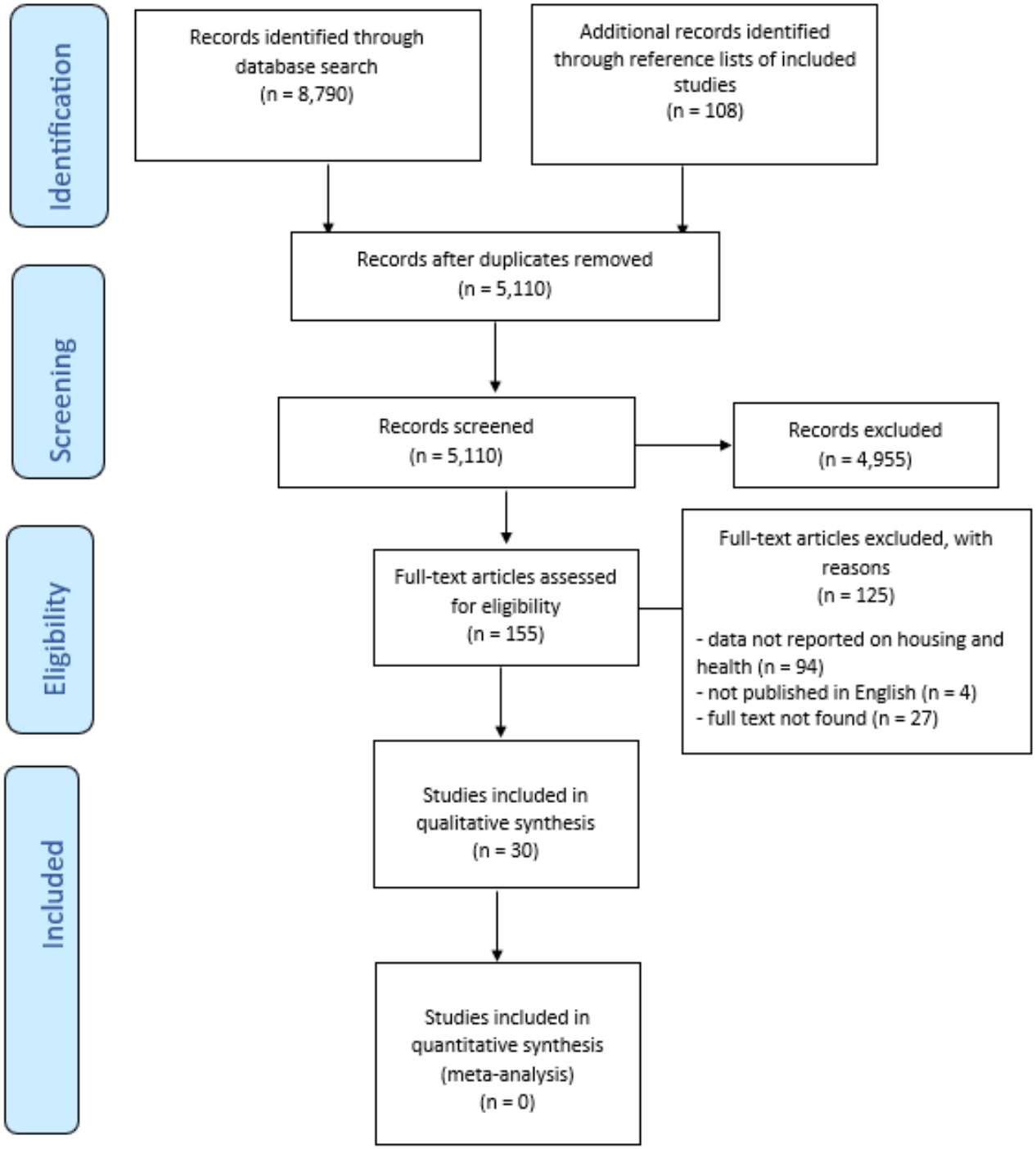

Figure 1. PRISMA Flowchart

Study Characteristics

The majority of included studies were published after the year 2000, with five earlier exceptions dating from 1986 to 1999 (Fischer et al., 1986; Geddes et al., 1994; Adams et al., 1996; Haugland et al., 1997; Sadowski et al., 1999). Most research originated from high-income countries, reflecting the geographic focus of the review.

Of the 30 studies included in this review, the majority were published after the year 2000, with five earlier exceptions: Fischer et al. (1986), Geddes et al. (1994), Adams et al. (1996), Haugland et al. (1997), and Sadowski et al. (1999). Most studies originated from high-income countries, reflecting the review's geographic focus.

- United States (11 studies): Fischer et al. (1986), Tsemberis et al. (2004), Blair et al. (2011), Alley et al. (2011), Fowler et al. (2015), Whitbeck et al. (2015), Rollings et al. (2017), Harris et al. (2019),

Byrne et al. (2019), Haugland et al. (2019), Hoke & Boen (2021)

- United Kingdom (5 studies): Geddes et al. (1994), Adams et al. (1996), Pevalin et al. (2017), Clair & Hughes (2018), Sadowski et al. (2019)
- Australia (4 studies): Browne & Courtney (2004), Bentley et al. (2011), Rumbold et al. (2012), Kingsbury et al. (2018)
- France (2 studies): Laporte et al. (2018), Fond et al. (2019)
- Germany (2 studies): Fichter & Quadflieg (2001), Salize et al. (2001)
- South Korea (2 studies): Kang et al. (2016), Kim et al. (2021)
- China (2 studies): Li & Liu (2018), Chan et al. (2019)
- Japan (1 study): Nishio et al. (2015)
- Ireland (1 study): Hynes et al. (2019)

Studies covered a range of age groups. Most (26 out of 30) focused exclusively on adults. Two studies included both children and adults: Rumbold et al. (2012) and Rollings et al. (2017). One study focused solely on children (Blair et al., 2011), and another on adolescents (Fowler et al., 2015). Whitbeck et al. (2015) specifically examined outcomes among homeless women.

In terms of study design, 13 were longitudinal, 16 were cross-sectional, and one was experimental (Tsemberis et al., 2004). Seven studies reported a response rate of ≥60.2%: Fischer et al. (1986), Adams et al. (1996), Blair et al. (2011), Bentley et al. (2011), Laporte et al. (2018), Chan et al. (2019), and Harris et al. (2019). Only two studies—Adams et al. (1996) and Browne & Courtney (2004)—provided clear information about participants' housing arrangements, indicating residence in boarding facilities, private homes, or hostels. The remaining 28 studies either lacked specificity or presented inconsistent sampling details.

Data Extraction

Data extraction table (see Appendix 3) shows the results of the data extraction of included studies.

Quality Assessment

Table 2 shows the results of the quality assessment of included studies.

Table 2: Quality Assessment (Risk of Bias Tool)

	Included Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Rating
1.	Adams et al., 1996	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
2.	Alley et al., 2011	NA	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Moderate Risk
3.	Blair et al., 2011	NA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
4.	Bentley et al., 2011	NA	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
5.	Browne & Courtney, 2004	NA	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
6.	Byrne et al., 2019	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
7.	Chan et al., 2019	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
8.	Clair & Hughes, 2018	NA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
9.	Fichter & Quadflieg, 2001	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Low Risk

10.	Fischer et al., 1986	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
11.	Fond et al., 2019	NA	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Moderate Risk
12.	Fowler et al., 2015	NA	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Moderate Risk
13.	Geddes et al., 1994	NA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
14.	Harris et al., 2019	NA	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Moderate Risk
15.	Haugland et al., 1997	NA	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Moderate Risk
16.	Hoke & Boen, 2021	NA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
17.	Hynes et al., 2019	NA	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Low Risk
18.	Kang et al., 2016	NA	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Moderate Risk
19.	Kim et al., 2021	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
20.	Kingsbury et al., 2018	NA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
21.	Laporte et al., 2018	NA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
22.	Li & Liu, 2018	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
23.	Nishio et al., 2015	NA	Yes	No	No	Yes	Yes	No	Yes	No	Yes	Moderate Risk
24.	Pevalin et al., 2017	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Low Risk
25.	Rollings et al., 2017	NA	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Low Risk
26.	Rumbold et al., 2012	NA	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
27.	Sadowski et al., 2019	NA	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Moderate Risk
28.	Salize et al., 2002	NA	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk
29.	Tsemberis et al., 2004	NA	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Low Risk
30.	Whitbeck 2015	NA	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Moderate Risk

Key to Questions

Q1. (Considered irrelevant for the purpose of this review, hence not included)
Q2. Was the target population accurately or roughly represented by the sample frame?
Q3. Were the sample chosen at random in any way, or was a census conducted?
Q4. Was there a little chance of non-response bias?

Q5. Rather than using a proxy, were data acquired directly from the subjects?
Q6. Was a proper case definition employed in the investigation?
Q7. Was it demonstrated that the research instrument's reliability and validity, if applicable for example, its capacity to evaluate the proportion of subjects with headache—were appropriate?
Q8. All individuals underwent the identical method of data gathering, right?
Q9. A good length for the parameter of interest's shortest prevalence period was chosen, right?
Q10. Did the numerator(s) and denominator(s) of the relevant metric meet the necessary criteria?

Qualitative Synthesis

1. Housing Circumstances and Anxiety

Eight studies identified a clear association between adverse housing conditions—such as downsizing and living in substandard or insecure environments—and elevated levels of anxiety. These studies include Haugland et al. (1997), Browne & Courtney (2004), Blair et al. (2011), Kang et al. (2016), Li & Liu (2018), Laporte et al. (2018), Harris et al. (2019), and Sadowski et al. (2019). Six of these studies—Haugland et al. (1997), Browne et al. (2004), Li and Liu (2018), Laporte et al. (2018), Harris et al. (2019), and Sadowski et al. (2019)—were cross-sectional in nature, while the other two—Blair et al. (2011) and Kang et al. (2016)—were longitudinal prospective cohort studies with follow-up intervals ranging from two to four years. All eight studies demonstrated moderate to high methodological quality, and no significant differences in outcomes were attributable to study design or follow-up duration. Collectively, these findings suggest that poor housing conditions may contribute to heightened anxiety across diverse populations and settings.

2. Housing Circumstances and Stress

Nine studies reported associations between housing instability and indicators of psychological stress: Browne & Courtney (2004), Blair et al. (2011), Bentley et al. (2011), Li & Liu (2018), Clair & Hughes (2018), Byrne et al. (2019), Harris et al. (2019), Chan et al. (2019), and Hoke & Boen (2021). Methodological quality across these studies ranged from moderate to good. Notably, Blair et al. (2011) examined physiological stress responses in children, using salivary cortisol as a biomarker of allostatic load. The study found that cumulative exposure to poor housing conditions over a 42-month period was significantly associated with elevated cortisol levels, indicating chronic stress.

3. Housing Circumstances and Depression

The emotional toll of housing instability and homelessness is well documented, with numerous studies highlighting its role in precipitating depressive symptoms. Eleven investigations reported significant associations between housing conditions and depression: Fischer et al. (1986), Geddes et al. (1994), Haugland et al. (1997), Fichter & Quadflieg (2001), Whitbeck et al. (2015), Li & Liu (2018), Hynes et al. (2019), Byrne et al. (2019), Harris et al. (2019), Hoke & Boen (2021), and Kim et al. (2021). These studies span several decades and geographic contexts, yet consistently demonstrate that housing insecurity—whether through homelessness, overcrowding, or poor physical conditions—can significantly increase the risk of depression.

4. Housing Circumstances and Other Mental Disorders

A. Bipolar Disorder

Seven studies identified associations between housing instability and bipolar disorder: Geddes et al. (1994), Haugland et al. (1997), Fichter & Quadflieg (2001), Tsemberis et al. (2004), Whitbeck et al. (2015), Fond et al. (2019), and Hynes et al. (2019). Across these investigations, female participants were generally more likely to report symptoms of bipolar disorder compared to males. An exception was noted in Fichter & Quadflieg (2001), which focused exclusively on a male cohort. These findings suggest that gender may play a role in the manifestation or reporting of bipolar symptoms in the context of housing instability, although further research is needed to explore underlying mechanisms.

B. Personality Disorders

Nine studies reported links between housing conditions and personality disorders: Fischer et al. (1986), Geddes et al. (1994), Haugland et al. (1997), Fichter & Quadflieg (2001), Whitbeck et al. (2015), Nishio et al. (2015), Laporte et al. (2018), Fond et al. (2019), and Hynes et al. (2019). These studies spanned multiple countries and populations, consistently highlighting the vulnerability of individuals with personality disorders to housing instability. The findings underscore the importance of integrated mental health and housing support services, particularly for individuals with complex psychological profiles.

C. Schizophrenia

Eleven studies examined the relationship between housing conditions and schizophrenia: Fischer et al. (1986), Geddes et al. (1994), Adams et al. (1996),

Haugland et al. (1997), Fichter & Quadflieg (2001), Browne & Courtney (2004), Nishio et al. (2015), Laporte et al. (2018), Hynes et al. (2019), Fond et al. (2019), and Byrne et al. (2019). A notable finding emerged from Browne & Courtney (2004), which compared symptom severity among individuals with schizophrenia living in boarding homes versus private accommodation in Australia. Residents of boarding homes exhibited significantly higher symptom severity scores. However, as the study was cross-sectional, it could not account for potential confounding factors such as illness duration or prior treatment history, limiting the strength of causal inference.

5. Housing Circumstances and Substance Abuse

Substance abuse emerged as a prominent theme across the reviewed literature, with 19 out of 30 studies identifying associations between housing conditions and drug or alcohol use. Eight studies specifically examined substance use disorders, while six focused on alcoholism: Adams et al. (1996), Salize et al. (2002), Kang et al. (2016), Laporte et al. (2018), Fond et al. (2019), and Kim et al. (2021). Additional studies exploring substance use disorders included Haugland et al. (1997), Fichter & Quadflieg (2001), Tsemberis et al. (2004), Fowler et al. (2015), Whitbeck et al. (2015), Laporte et al. (2018), Harris et al. (2019), and Hoke & Boen (2021). The remaining studies addressed broader patterns of substance abuse, encompassing both drug addiction and alcoholism: Fischer et al. (1986), Geddes et al. (1994), Browne & Courtney (2004), Nishio et al. (2015), Byrne et al. (2019), and Hynes et al. (2019).

Notably, studies with smaller sample sizes and those conducted in Germany—specifically Fichter & Quadflieg (2001) and Salize et al. (2002)—reported significantly higher rates of chronic alcoholism than studies from other countries. This may reflect regional differences in diagnostic practices, cultural norms, or service accessibility. In contrast, studies employing randomised sampling methods, such as Tsemberis et al. (2004), tended to report lower prevalence rates of drug use disorders, suggesting that sampling technique may influence observed outcomes.

Tsemberis et al. (2004), in a New York-based study, found no significant differences in mental health symptoms or substance use between control and treatment groups over time. Importantly, participants in the treatment group—who were provided housing without requiring prior engagement in psychological care or sobriety—did not exhibit worse outcomes than those in conditional housing arrangements. These findings challenge conventional models that tie housing eligibility to treatment compliance and suggest that unconditional housing may be equally effective in supporting individuals with co-occurring mental health and substance use disorders.

6. Housing Circumstances and Life-Course Theories

Two studies in this review applied life-course perspectives to explore how early housing experiences shape long-term mental health outcomes. Rumbold et al. (2012) found that women who moved into smaller housing within two years postpartum exhibited a higher prevalence of depression. This suggests that housing transitions during critical periods—such as early motherhood—may have lasting psychological effects, particularly when those transitions involve perceived loss or instability.

Similarly, Sadowski et al. (2019) identified a gender-specific association between overcrowded housing at birth and depression in adulthood. Among participants aged 32–34, those who had experienced overpopulation in their birth home were more likely to report depressive symptoms, but this effect was observed only in male respondents. These findings highlight the importance of considering gender and timing when evaluating the mental health impacts of housing conditions.

DISCUSSION

This systematic review provides timely insights into the relationship between housing deprivation and psychological health, particularly as the demand for rigorous, policy-relevant evidence continues to grow. Across the included studies, a consistent and temporally ordered association was observed between poor housing conditions and adverse mental health outcomes. Although the overall evidence base remains limited, the emergence of higher-quality studies in recent years (2011–2024) reflects methodological advancements and improved data availability, signalling a shift toward more temporally sensitive research designs (Saunders et al., 2021; Page et al., 2021; Rienties et al., 2022).

The findings reinforce the well-established link between homelessness and mental illness, where intersecting socioeconomic and housing challenges compound psychological vulnerability. Homeless individuals frequently face financial exclusion, including indebtedness and lack of access to banking services, alongside extreme social marginalisation (Schreiter et al., 2019; 2020a; 2020b; 2021). Fragmented service systems often fail to address these interconnected needs, leaving many mental health concerns unrecognised or untreated (Salize et al., 2001; Desai et al., 2005; Currie et al., 2014). These gaps highlight the urgent need for improved governance and integrated care models.

The COVID-19 pandemic further exposed systemic vulnerabilities but also demonstrated the potential for rapid and coordinated housing interventions. In several European countries, governments and voluntary organisations successfully housed large numbers of rough sleepers, illustrating the feasibility of swift action

under crisis conditions (Waldron et al., 2019; Richardson, 2022).

This review confirms that historical housing difficulties are predictive of current mental health status. Persistently poor housing—especially among disadvantaged groups—has enduring psychological consequences. Contributing factors include limited housing availability, underfunded support systems, and chronic financial strain (Kuhn et al., 2021). While self-reported housing problems may introduce measurement error, lagged models that account for individual differences suggest the findings are robust. Nonetheless, reverse causality remains a possibility; early-life psychological disorders may reduce future housing opportunities (Pevalin et al., 2017; Fusar-Poli et al., 2021). Regional studies could help clarify contextual influences and strengthen causal inference.

Future research would benefit from natural experiments that isolate external shocks to housing conditions (Garboden et al., 2017). Understanding how familial, institutional, and community-level factors interact with housing experiences is essential (Pevalin et al., 2017). Preventative strategies are particularly valuable: stabilising housing can preserve mental health and reduce long-term costs. Income supports may help low-income households maintain adequate housing, while regulatory reforms could incentivise landlords to improve property standards. Evidence suggests that resolving housing issues is associated with sustained improvements in psychological wellbeing.

Despite modest improvements in housing conditions prior to the pandemic, many UK households continued to face significant challenges in 2019 (Tomaz et al., 2021). The combined impact of COVID-19 and austerity-driven policy cutbacks has likely exacerbated these difficulties (Vilenica et al., 2020), underscoring the urgency of policy reform.

This review identified consistent associations between poor housing and poor mental health, with the strongest evidence emerging for anxiety. Birth cohort studies further suggest that early-life housing deprivation has long-term psychological consequences. Housing affects wellbeing through multiple pathways—physical deficiencies such as dampness and cold, and financial stressors like rent burden and eviction risk—which may operate independently or interactively (Thomson & Thomas, 2015). Clarifying these mechanisms remains a priority for future research.

Significant gaps persist in the evidence base. While supportive housing models show promise, findings on long-term outcomes for individuals with severe mental illness are mixed, as housing instability often continues (Patel et al., 2016; Baker et al., 2021). Housing research remains under-theorised, frequently relying on inconsistent definitions and weak study designs (Kyle & Dunn, 2008; Hastings, 2021). Stronger longitudinal studies, natural experiments, and qualitative approaches are needed to advance the field. The adoption of shared metrics would facilitate meta-analyses and enable more consistent evaluation of housing policies (Jones & Valero-Silva, 2021).

Policy recommendations emerging from this review emphasise the integration of housing within mental health care. Housing should be considered at the point of assessment and treatment—not deferred until after medical stabilisation (WHO, 2021). Secure housing provides a foundation for therapy, rehabilitation, and recovery (McMahan et al., 2021). Longer housing stability is associated with reduced hospitalisations and improved clinical outcomes (Rog et al., 2014; Aubry et al., 2016). Housing programmes should allow indefinite stays and protect individuals from eviction during hospital admissions. Simplified financial and community supports, combined with affordable housing and flexible services, can promote long-term community integration and mental wellbeing (Sullivan et al., 2019).

CONCLUSION

This systematic review reinforces the growing body of epidemiological evidence linking adverse housing experiences to poorer mental health outcomes. Housing emerges as a critical socioeconomic determinant of psychological wellbeing, with implications that extend far beyond individual circumstances. Policy initiatives aimed at addressing housing insecurity—through improved access, affordability, and quality—have the potential to yield substantial public health benefits, particularly in reducing the burden of mental illness across communities.

While most of the existing research has focused on high-income countries, extending investigations to low- and middle-income nations is essential. Such expansion would account for the diverse housing, economic, and socio-political contexts that shape mental health globally. Moreover, further exploration of the causal pathways through which housing-related stressors—such as overcrowding, instability, and poor physical conditions—contribute to psychological distress is needed to inform targeted interventions.

In high-income settings, the prevalence of mental health disorders among homeless populations remains alarmingly high. Individuals facing housing deprivation frequently experience comorbid conditions, including substance use disorders, schizophrenia, anxiety, and depression. Future research should prioritise integrated care models that address these overlapping needs, with particular attention to marginalised subgroups such as migrants and homeless women—groups often underrepresented in existing studies.

Longitudinal research is especially valuable for tracing the complex trajectories between housing instability and mental illness over time. By identifying key inflection points and protective factors, such studies can inform the design of more effective preventative strategies. Ultimately, addressing housing as a foundational component of mental health care is not only evidence-based—it is a moral imperative for advancing equity and wellbeing.

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The authors declare that he has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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APPENDICES

Appendix 1: Search Strategy

	AND		AND		AND		AND	
housing OR residence OR home OR shelter OR dwelling OR apartment OR public housing OR crowding OR rent* OR accommodation OR hostel OR habitation OR house OR lodging OR living space OR settlement		cross-sectional studies OR cross-sectional study OR cross-sectional analysis OR cross-sectional design OR cross-sectional evaluation OR cross-sectional research OR cross-sectional study OR cross-sectional survey OR longitudinal studies OR longitudinal analysis OR longitudinal design OR longitudinal evaluation OR longitudinal research OR longitudinal study OR longitudinal survey OR follow up studies OR follow up analysis OR follow up design OR follow up		mental health OR depression OR anxiety OR stress OR psychological disorder OR mental hygiene OR social wellbeing OR hypervigilance OR nervousness OR social anxiety/anxieties OR social phobia OR anxiety disorders OR depressive disorders OR depressive symptoms OR emotional disorders		Adolescent OR child OR family OR global OR holistic OR infant OR men's OR mental OR minority OR occupational OR one OR oral OR population OR rural OR suburban OR urban OR public OR reproductive OR sexual OR social determinants of OR veterans OR women's OR maternal		homeless person/s OR street person OR street people OR homelessness OR homeless youth OR homeless*

		evaluation OR follow up research follow up study OR follow up survey OR prospective studies OR prospective analysis OR prospective design OR prospective evaluation OR prospective research OR prospective study OR prospective survey						

Appendix 2: Quality Assessment Criteria

Study	Questions								
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
	Was the target population accurately or roughly represented by the sample frame?	Were the sample chosen at random in any way, or was a census conducted?	Was there a little chance of non-response bias?	Rather than using a proxy, were data acquired directly from the subjects?	Was a proper case definition employed in the investigation?	Was it demonstrated that the research instrument's reliability and validity, if applicable—for example, its capacity to evaluate the proportion of subjects with headache—were appropriate?	All individuals underwent the identical method of data gathering, right?	A good length for the parameter of interest's shortest prevalence period was chosen, right?	Did the numerator(s) and denominator(s) of the relevant metric meet the necessary criteria?
Expected Responses									
	Yes/No	Yes/NO	Yes/NO	Yes/NO	Yes/NO	Yes/NO	Yes/N0	Yes/N0	Yes/No
Expected Rating: Low/Medium/High Risk									

Table Credit: Hoy et al., 2012

Appendix 3: Data Extraction Table

	Study	Location	Research Focus	Research Design	Recruitment & Methods	Results	Remarks
1.	Adams et al., 1996	UK	In order to offer information that will be useful for improving the services provided to this specific population, a thorough assessment of the pathologies, previous record, history, behaviour, social function, and brain function of all inmates of a dormitory for homeless women is necessary.	Prevalence study	A male psychiatrist with training and expertise in interviewing techniques performed each interview. The physician visited once a week at the hostel for many months prior to the study's start in order to establish a rapport with employees and guests. The physician was always available for interviews from 24th March, 1991 to 20th April, 1991, the study's	The women came from a variety of socioeconomic backgrounds, and early family breakup was typical. One-half had a "serious mental disease," and the majority were not getting pharmacological therapy. There were significant amounts of active psychotic symptoms. Compared to women without psychosis, women with psychosis had had a larger intellectual deterioration from premorbid levels of functioning.	The investigation supported the conclusions of prior case-series studies. Caretakers were managing women with significant degrees of mental illness and social dysfunction in a way that would encourage stabilization instead of a descent into the streets.

					time frame. No incentives were employed, and each hostel resident received a detailed description of the interview's goals.		
2.	Alley et al., 2011	USA	Using information from the Health and Retirement Study, a longitudinal questionnaire typical of US individuals over 50 years old, to assess relationships involving mortgage defaults and variations in health-related resources over a two-year period.	Longitudinal study	Participants (n = 2474) who had slipped behind on their loan repayments since 2006 were asked if they had done so in 2008. The respondents who slipped behind with their house payments were compared to those who did not using logistic regression to examine health-related changes such as incide	The defaulters started off with a lower health state and fewer access to health-related resources than the compliant individuals. During the follow-up period, they were also noticeably more likely to experience episodic symptoms of depression, food shortages, and non-compliance due to inability to pay for prescriptions.	Mortgage default was linked to a considerable increase in the prevalence of mental health issues and material disadvantages that were important to health. Mortgage foreclosure on a large scale might have significant effects on public health.

					nce of increased symptoms of depression, significant declines in self-rated health), and access to resources relevant to health (food, prescription medications).		
3.	Bentley et al., 2011	Australia	To determine if, in addition to other types of financial stress, participants who had housing expenditures that exceeded 30% of their family income also had a decline in their psychological wellbeing and health (using the Short Form 36 Mental Component	Longitudinal study	The authors examined 38,610 answers from 10,047 participants in the Household, Income, and Labour Dynamics in Australia (HILDA) Survey who were aged 25 to 64 using fixed-effects longitudinal regression (2001–2007). Respondents	Irrespective of adjustments in equivalent household income or having moved, persons in low-to-moderate income families who entered costly housing experienced a little decline in their mental health score. The authors could find no proof to back up their claim that higher income households are associated.	The investigation offers compelling evidence in favour of a link between home affordability and low-income populations' mental health. Additionally, the results imply that measures to increase low-income groups' access to affordable housing will probably lessen mental health disparities.

			Summary).		included people who had migrated between inexpensive and expensive housing over two waves or had stayed in cheap homes for two waves in a row.	They discovered that people living in low-to-moderate income homes suffer mental health problems when they move into costly homes.	
4.	Blair et al., 2011	USA	Longitudinal	To investigate the relationship between a child's basal or resting cortisol level and environmental challenges related to impoverishment.	1135 kids who were assessed at 7, 15, 24, 35, and 48 months of age made up the prospective longitudinal sample utilised by the investigators.	Poor living conditions, African American ethnicity, and low levels of good caregiving behaviour were found to have major effects and each was specifically linked to an aggregate greater concentration of cortisol from age seven to 48 months. Additionally, it was discovered that adult departures from the house and felt economic inadequacy, two elements of the early environment in the setting	Over time, it would be predicted that programmes that reduce poverty and protect households against some of its worst effects will have a positive impact on low-income children's regulatory and allostasis trajectories.

						of poverty, were associated to salivary corti sol levels in a time-dependent fashion.	
5.	Browne & Courtney, 2004	Australia	To research the effects of staying at home versus at a boarding house on persons suffering from schizophrenia.	Cross-sectional study	The total number of subjects was 3231, with 3033 residing in their individual dwellings and 201 in residence halls. The Health of the Nation Outcomes Scale, which assesses present symptoms, and a condensed version of the Life Skills Profile, which gauges overall functioning, were two essential elements from the Mental Health Classifica	People who lived in boarding homes had fewer access to social support, worthwhile activities, and jobs; they also had a much worse level of global functioning, despite there being no variations in the severity of mental symptoms they experienced.	These findings debunk the widespread belief that persons with schizophrenia live in boarding houses due to their degree of impairment and point out a possible area for community-based health agencies to intervene.

					tion and Service Cost Project that were utilised in the study.		
6.	Byrne et al., 2019	USA	To create and evaluate models for predicting residential instabilities and homelessness utilising the outcomes to a quick screening tool used across the Veterans Health Administration (VHA).	Predictive modelling	For the purpose of creating prediction models, the authors randomly picked 80% of the Veterans in the dataset. By using last 20% of samples, they assessed how well random forests and logistic regression, two machine learning algorithms, performed.	All models performed either satisfactorily or more effectively. In comparison to logistic regression, random forest models were less accurate at predicting housing instability, but they were more sensitive at predicting both homelessness and instability of housing. Veterans in the greatest risk stratum according to the model had the highest rates of positive screenings for both outcomes.	The Homelessness Screening Clinical Reminder (HSCR) screening process may be made more effective and new engagement methods can be informed by predictive models based on medical record data that can recognize Veterans prone to report residential disruptions and destitution. For devices of a comparable nature in different healthcare systems, our findings have consequences.
7.	Chan et al., 2019	China	To better understand how seniors in Hong Kong experience stress and	Cross-sectional study	In a cross-sectional community-based survey conducte	Living density was substantially correlated with inhabitants' stress and anxiety after	These findings demonstrated how housing density has a major effect on stress and anxiety levels in individuals.

			anxiety as a result of living close together.		d in 2014–2015, 1,978 Hong Kong people were chosen at random and examined. Anxiety and stress were employed as the mental health indicators, and descriptive statistics and logistic regressions were utilised to examine the relationship between housing characteristics and these indicators.	adjusting for demographic factors, economic poverty, home ownership, and housing cost.	Additionally, people who were female, younger, or had low incomes were more susceptible to worry and stress.
8.	Clair & Hughes, 2018	UK	To employ a biomarker linked to inflammation and stress and to highlight connections to a number of housing-	Longitudinal study	The UK Household Longitudinal Study data on housing information, demographics, and health behaviour	Housing tenure, kind, financial load, and desire to remain in one's existing residence all had an impact on CRP. Private tenants had CRP that was	A number of housing traits were linked to CRP. These findings provide more evidence that housing has a significant effect in health.

			related metrics		s were combined with C-reactive protein (CRP), a sensor linked to stress and infection. When accountin g for confound ing variables, the hierarchic al linear regressio n model was used to predict CRP for each individua l housing feature as well as for all accessibl e housing characteri stics.	noticeably greater (worse) than home owners with mortgages. Respondents with residential units had lower CRPs than those with semidetached , terraced, or flats, regardless of their style of property.	
9.	Fichter & Quadfl ieg, 2001	Germany	To accurately measure the proportion of DSM-IV psychologi cal disorders in a sample of Munich's homeless males.	Cross-sectiona l study	Accordin g to a prelimina ry study, there are an estimated 1022 single homeless males living in Munich, classified into three groups: those who use shelters,	For homeless males in Munich, the lifetime general reported prevalence (any DSM-IV axis I diagnosis) was 93.2%, whereas the 1-month prevalence was 73.4%. Overall, a similar picture of homeless	Homeless people had 2.4 times higher cumulative DSM-IV axis I mental illnesses than the community control.

					those who utilise services, and those who live on the streets. From these three groups, a representative selection of 265 unmarried homeless men was interviewed. 178 males who were in an age-matched control population were chosen at random from a local registration. For diagnostic coding, the Structured Clinical Interview for DSM-IV (SCID-IV) was employed.	guys in Munich at 1-month and lifetime prevalence rates is shown. Prevalence for any and all kinds of illnesses was significantly greater in homeless males than in men in the neighborhood. For cognitive impairment, which was not evaluated in the population sample, comparison was not feasible. Only 25.8% (lifetime 6.7%) of respondents reported no DSM-IV mental illness in the month before the interview.	
10.	Fischer et al., 1986	USA	To ascertain the social traits of those who are	Cross-sectional	51 homeless people who were randomly chosen	Although a lower percentage of homeless people obtained	When compared to guys their age within the same town, the homeless show

		Fischer et al., 1986	USA	To ascertain the social traits of those who are homeless in Eastern Baltimore and to calculate the proportion of psychological health issues within this community.	Cross-sectional	homeless in Eastern Baltimore and to calculate the proportion of psychological health issues within this community.		from missions to participate in the study were compared to 1,338 males between the ages of 18 and 64 who lived in homes and participated in the NIMH Epidemiologic Catchment Area survey that was done in Eastern Baltimore.	ambulatory treatment, they reported greater hospitalisation rates than household males for both mental (33 vs. 5%) and physical (20 vs. 10%) issues (41% vs 50%). Fewer social connections and higher rates of adult arrests among homeless males (58 vs. 24 %), including repeated arrests (38 vs. 9 %) and felony convictions, were indicators of social dysfunction (16% vs 5%).	quite different patterns of using health services. Future study must focus on estimating the number, demographic makeup, and morbidity of subgroups' contributions to the overall homeless populations, such as the deinstitutionalized versus others..
11.	Fond et al., 2019	France		To examine the risk variables for violent conduct in a sizable multi-center sample of homeless people with schizophrenia and bipolar disorder.	Cross-sectional study	Paris, Lille, Marseille, and Toulouse were the four French cities where this multicenter study was carried out. At least one incident			Relatively young age, the amount of nights spent on the streets, BD diagnosis, greater severity of the present illness (CGI score), increased rates of existing manic events, present alcohol	Clinicians should give mania, antidepressant iatrogenic effects, and alcohol use disorder treatment priority when dealing with aggressive behaviour in HSB individuals. These conditions can be treated with

					of either physical or verbal aggression in the previous six months was required to qualify a behaviour as violent.	problems, psychopathy, and antidepressant usage were all related with violence. Although no particular antipsychotic or mood stabiliser was linked to lower rates of aggressive behaviour, clozapine, lithium, and carbamazepine continued to be underprescribed.	both pharmaceutical and non-pharmacological methods. The standard therapies for this population should be clozapine, lithium, and carbamazepine, albeit these might be challenging to administer in some circumstances.
12.	Fowler et al., 2015	USA	To look at the long-term impact of shifting family dynamics and unstable housing throughout adolescence on functioning during the adulthood transition.	Longitudinal study	The National Longitudinal Study of Adolescent Health provided the information for this study (Add Health). Add Health is a school-based, representative sample study of young people who were enrolled in grades 7 through 12 in the	Youngsters living in extended family homes had a higher probability of being detained than youngsters in single-generation homes, and residential migration in youth projected worse performance spanning domains in young adulthood. But neither alterations in family structure nor their interactions	This study has a number of restrictions. First, due to the Add Health study's design, only 2 data angles (baseline and follow-up) during a period of around 12 months are used to evaluate changes in mobility and family composition. This provides a cautious estimate of instability by allowing for approximately one move and one change in the make-up of the household.

					academic year 1994–1995 (i.e., at the time). Parents and children were interviewed at baseline and again a year later in their homes. During 2001 and 2002 and yet again during 2008 and 2009, youth were monitored. The available database from Waves I, II, and III was used in the current study.	with racial or residential instability are connected to young person results. The distinctive impact of home migration in the setting of changing household compositions was highlighted by the findings.	Significant associations between instability and unfavourable outcomes may be found with a more thorough history of teenagers' family compositions. Second, we do not take into account the distances between transfers or if they happened at the same time as changes in schools, both of which would probably affect the degree of interruption to an adolescent's life. Unfortunately, Add Health statistics were unable to differentiate between typical educational transitions—such as moving from junior high to high school—and changes brought on by migrations. In connection with this, the circumstances of movements—which may happen as a result of unfavourable events like job loss or eviction

							vs favourable situations like securing a fresh employment neighbourhood settings of moves were not taken into consideration. More accurate estimations will be available from future research that takes into account neighbourhood and school mobility as another significant contextual degree of instability. Thirdly, because familial instability that occurred before the initial examination in youth was not taken into account, estimations are unable to account for cumulative or delayed effects of instability. Fourth, measurements of smoking and arrest history relied on unreliable single-item self-reports. Family stability may be better understood by objective asses sments of these dimensions,

							however these instruments are not accessible for this study.
13.	Geddes et al., 1994	UK	To find out if there has been a change in the frequency of psychosis among homeless people living in hostels in Edinburgh from 1966-1992.	Cross-sectional study	Only a small portion of the general homeless population—which also includes "roofless" people and people who stay in bed and breakfasts—were the subjects, who were inhabitants of hostels or other shared housing facilities. The other categories were not attempted to be included in this study. With equal-sized samples (the 1966 response rate restricted this one to 79 entries in	Compared to 20M79 (25%) in 1966, the schizophrenia prevalence was 12/136 (9%) in 1992. Logistic modelling was used to correct for age, present hostel, and length of unemployment confounding factors, and the resultant adjusted odds ratio was 0.22. (0.08 to 0.58).	Homeless persons have a high rate of mental illness. Despite a 66% decrease in non-geriatric psychiatric beds during the same time period, the frequency of schizophrenia among inhabitants of residential halls in Edinburgh was less in 1992 (9%) when compared to 1966 (25%) at that time. There is no need for the community care policy and decrease in psychiatric beds to raise the frequency of schizophrenia among hostel residents who are homeless. Schizophrenia is still far more common among the homeless when compared to the overall population.

					each group), the investigation's power to detect a rise in schizophrenia prevalence from 25 percent to 50 percent at P 0 05 was estimated to be roughly 90%. In order to account for the projected 50% non-response rate, which was thought to be feasible in this demographic, the goal was to strive to recruit about 150 respondents. On May 25, 1992, the sample frame included every person residing in the 9 residential halls in		

					Edinburgh . A random sample of 50% of each hostel's listing was chosen. There were 198 generated as a sample.		
14.	Harris et al., 2019	USA	To comprehend how tenants of permanent supportive housing (PSH) experience changes in their psychological wellbeing.	Longitudinal study	The sample for this long-term study includes homeless persons who entered PSH in Los Angeles County (LAC) from August 2014 — January 2016. Through agency recommendations and targeted enrollment at lease-up events, researchers collaborated with 26 housing providers in LAC	Positive MCSI screens reduced throughout time (56%, 54%, and 50%) compared to baseline, whereas PC-PTSD screens initially fell (40%), with minor declines at the subsequent follow-ups (39% and 38%). In controlled models, these disparities remained substantial. A longitudinal rise in a positive MCSI screening was linked to gaining a romantic partner. Between individuals,	Though positive screenings are still common, housing may help improve the mental health of PSH residents. Interventions in social networks are necessary to foster prosocial interactions and favourable interpersonal interactions among residents.

					to find individuals moving into PSH. Most residential contractors in Los Angeles County are represented by the agencies, which also include some of the biggest PSH providers in LAC. In order to truly comprehend the communities served by specialty programmes (such as residential placing, medical support, and home ownership) within each partnering agency, a part of the parent study involved the selection of qualitative	physicians and case management staff were protective, but mental health counsellors and members of discordant networks were connected with an increased possibility in positive screens.	

					statistics via telephone surveys with supervisory staff (such as program managers) from 23 of the 26 selected organizations. Among the agencies whose representatives were contacted, 43% (n = 10) had a specialised programme for people with severe mental illnesses, 35% (n = 8) had one for people with substance use disorders, 39% (n = 9) had one for homeless physically disabled people, 65% (n = 15) had one for		

					veterans, and 65% (n = 15) included one for people who were chronically homeless. Participants were eligible for the research if they were 39 years of age or older, could speak English or Spanish, and were unaccompanied adults who were currently experiencing homelessness. Participants were evaluated for study participation over the telephone or face-to-face for those who had no vulnerable children.		

15.	Haugland et al., 1997	USA	To compare the residence histories of homeless people who have been diagnosed with a mental illness and those who have not, as well as the incidence of mental diseases, alcohol and drug misuse, and these behaviours.	Cross-sectional study	The 201-person sample, which included 89 percent men and had a mean age of 37, constituted 77% of all those who applied for a single shelter in a row during the research period. In order to recreate respondents' housing record for the previous five years, including instances of destitution and time spent in establishments, information from an admission evaluation was supplemented with material from a	The cohort's 21% with mental illness was categorised as such.51% were diagnosed with alcoholism, and 72% got a diagnosis of substance abuse or dependence. When compared to other homeless people, those with mental illnesses considerably used less cocaine and heroin while using alcohol more frequently. In addition, people with mental illness experienced some form of homelessness over a period of time that was significantly longer than that of other subjects (an average of 7 years as opposed to 3 years), and they spent nearly two times as many weeks actually without a place to live	Users of shelters who have mental illnesses not only have higher rates of residential instability, but over time, public institutions are crucial to their accommodations. Some mentally ill homeless people may use the cycle of shelters, rehab centres, jails, and prisons as a temporary replacement for inpatient care or supported housing, which might further marginalise this demographic.

					semi-structured questionnaire.	in the previous five years. Both groups spent the same amount of time in institutions, the majority of which was spent in jail or prison.	
16.	Hoke & Boen, 2021	USA	To thoroughly evaluate the associations between evictions and depression likelihood and self-rated health during early adulthood, focusing in particular to the pressure mechanisms that connect eviction and health. Strong longitudinal relationships between eviction and depression risk, in particular, are shown by the results.	Longitudinal study	The National Longitudinal Study of Adolescent to Adult Health (Add Health), a longitudinal study of adolescents in the United States conducted from 1994 to 2009, provided the data for this study (Harris et al., 2009). Using a school-based complex cluster sample frame, Add Health started in 1994–1995	According to the prospective regression models, youngsters who had recently been evicted had lower self-rated health and more depressive symptoms than those who had not. This was true after controlling for a variety of background factors. Young adults who were evicted had greater anxiety and depression than those who were not (5.921 vs. 4.998 depressed symptoms, p = 0.003), according to the results of the study using treatment	Only a few studies have looked at the effects of eviction on young people's health and wellbeing as they transition from youth to early adulthood. Overall, the findings showed that as young people mature, the experience of being evicted represents a substantial stressor that is linked to decreased functional and self-reported health outcomes. Importantly, among those who have reported suffering recent eviction, higher perceived psychosocial stress is a crucial channel via the experience of forced removal

			According to the prospective regression models, youngsters who had recently been evicted had lower self-rated health and more depressive symptoms than those who had not. This was true after controlling for a variety of background factors.		with in-school surveys and in-home interviews for Wave I. Following that, Add Health conducted a series of in-home interviews with respondents in 1996 (Wave II), 2001–2002 (Wave III), and 2007–2008. (Wave IV). This study makes use of information from Waves I, III, and IV's in-home interviews as well as Wave I, III, and IV's Census tract-level data connected to respondents' homes.	weighting approaches. Nearly 18% of the correlations between eviction and depressed symptoms were mediated by perceived social stress (p 0.001) Net of changes in other markers of socioeconomic position and residential instability, the first difference models found that young individuals who faced foreclosure between survey waves showed larger increases in depression symptoms as time progressed in comparison to those who had not been evicted. All things considered, our findings point to the recent spikes in foreclosures in the US as a serious danger to community health during	increases health risk. To more clearly understand the impacts of eviction on health, further research is required, particularly longitudinal and prospective studies. The need for further study is more critical than ever because of the possibility of a severe eviction issue in the U.S. as a result of the current financial downturn brought on by the COVID-19 epidemic. In order to effectively target regulatory and interventional efforts to prevent public health consequences, future research should look at additional possible routes via which displacement may impact people as well as the potentially varying effects of eviction over the life course.

						the early adult phase, with particularly dire repercussions for low-income populations and people of colour.	
17.	Hynes et al., 2019	Ireland	To depict the incidence of mental illness within a section of Dublin's homeless population.	Cross-sectional study	The surveyors were cognizant of the respondents' right to secrecy while they performed the interviews day and night in public areas of the city, frequently with individuals who were wary and cautious or unable to undergo extended examination to varying degrees, and occasionally in front of curious onlookers. We conseque	22 people were identified, and 16 of them were evaluated. Thirty percent of people had no formal disorders, thirty percent had serious mental illness, and thirty percent misused alcohol or other drugs. 10% of cases with co-occurring psychiatric disorder and drug or alcohol abuse were found to have dual diagnoses.	A documented psychological condition was established in the majority, but not all, of Dublin's long-term rough sleepers. Less than one-third of people had a serious mental disease. This shows that among the community of long-term rough sleepers, individualised patient-centered social and health services will be necessary on a case-by-case basis.

					ntly think that the diagnostic techniques used in this study of the Dublin ERS population are the only real, superior alternative.		
18.	Kang et al., 2016	South Korea	To learn more about the incidence, durability, and prevalence of anxiety among community-dwelling Korean seniors throughout a two-year period.	Longitudinal study	909 of the 1,204 elderly Korean participants who underwent baseline evaluation and follow-up assessments were still alive two years later. At both the baseline and follow-up interviews, the communal variant of the Geriatric Mental State Schedule was employed to calculate anxiety. The terms "incidenc	Anxiety symptoms were present in 38.1% of people, occured 29.3% of the time, and persisted 41.1% of the time. Independently, female gender, leased housing, more distressing experiences and illnesses, physical inactivity, sadness, sleeplessness, and worse cognitive function were linked to prevalent anxiety symptoms. Senior age, female gender, despair, and sleeplessness were	As despair was linked to frequent, sporadic, and chronic anxiety symptoms in older persons, it's crucial to effectively identify and treat it. Additionally, preventative collaboration and care should be taken into account, especially for older, female patients who suffer from insomnia.

					e" and "persistence" were used to describe the rates of perceived stress at follow-up in individuals who had baseline anxiety symptoms as well as those who had baseline anxiety cases. "Prevalence" was defined as the frequency of anxiety and depression at follow-up for both initial cases and benchmark sub-threshold anxiety. Implementing multivariate logistic regression models, associations between different variables and	associated with incident anxiety symptoms, whereas more chronic illnesses and baseline depression were associated with persistent symptoms.	

					anxiety level were investigated.		
19.	Kim et al., 2021	South Korea	To look at the connection between poor housing and depression.	Longitudinal study	A sample taken from waves 11 (2016) through 13 of the Korea Welfare Panel Study's panel data was used (2018). Three criteria were used to determine substandard housing: the least suburban neighborhood and number of units required for the application, the minimum requirements for facilities, and environmental norms. The CESD-11 was used to assess depression. It was determine	In comparison to individuals who are not residing in inadequate housing, those who do had greater depression ratings (male: 0.63, female: 0.40). Those who do not live in inadequate housing had greater depression ratings than respondents who do (male: 0.85; female: 0.66); the results are evident including both men and women.	This study found a statistically significant link between poor housing and depression in both sexes. Environmental standards were discovered by the researchers to be the most probable of the three variables to be linked to depression. To lessen the effects of poor living conditions on mental health, housing conditions should be addressed.

					d whether there were any correlations between CESD-11 scores and housing conditions using a generalised estimating equation model.		
20.	Kingsbury et al., 2018	Australia	To ascertain if social hardship that pregnant women encounter is linked to their profiles of depression and anxiety over the duration of their reproductive lives.	Longitudinal study	Data came from a group of women who were recruited at their first antenatal clinic visit during an index gestation (time point 1) and at six further time points up to 27 years after the baby was born. Estimating the trajectories of women's depression symptoms during	Over the course of the 27 years, having major health issues when pregnant, serious financial difficulties, housing issues, serious conflicts with partners, and serious disagreements with others were all linked to membership in the high and intermediate depression trajectories. Being close to someone who passes away or has a serious disease was the sole factor linked to the high	Adversity during pregnancy is a strong predictor of patterns of mother depression across the course of a woman's reproductive life. It is unclear if adverse pregnancy experiences were directly linked to postpartum depression or if there are alternative reasons for the observed connection.

					this time was done using latent class growth modelling. After accounting for relevant confounders, the predicted relationship between prenatal adversity scores and 27-year postpartum psychosis and depression trajectories were revealed.	depression trajectory. The likelihood that a woman would follow a high or intermediate depression trajectory increases with younger gestational age and lower family income at the initial clinic visit.	
21.	Laporte et al., 2018	France	To determine how common mental conditions are among homeless persons.	Cross-sectional study	A 3-phase random sampling of 859 homeless people who used daytime facilities, temporary housing, hot meal programmes, lengthy rehabilitation facilities, and social	At minimum one serious mental condition—psychotic disorders (13%), anxiety disorders (12%), or severe mood disorders (7%)—was present in one-third of the homeless persons in the Paris region. One in five people had a drinking	The findings call for improvements in mental homeless person detection, placement, and care—not just for the most apparent segment of the population, as well as for homeless households. They also support addressing the more systemic causes of homelessness,

					hotels was used in a cross-sectional study. A layperson interviewer used the Mini International Neuropsychiatric Interview to gather data, and a psychologist used an open clinical interview to finish it. The final diagnosis was made by a psychiatrist using the 10th edition of the International Statistical Classification of Diseases and Related Health Problems.	problem, and 18% used drugs. In comparison to males, who were more prone to experience psychotic illnesses, homeless women exhibited a much greater frequency of depression and anxiety disorders. People who had different negative life experiences before the 18th birthday (getting away, sexual abuse, family disagreements, and/or addictions) as well as those who first encountered homelessness before the age of 26 all had a greater chance of developing SPD than those who were not of French ancestry. In line with findings from other Western cities, the reported prevalence of the major mental	which entails altering some policies that have an impact on poor households' stability, health, and well-being (in terms of wealth distribution, housing, employment, and education, for example). This is necessary for the efficient mitigation of destitution, which begins with child development in stable environments and ends with fully developed, healthy adults.

						diseases among the homeless population in our research are comparable.	
22.	Li & Liu, 2018	China	To look into how poor housing conditions affect the mental health of China's migrant community, who are mainly shut out of the formal housing market.	Cross-sectional study	A total of 2394 valid samples were obtained via the survey's face-to-face structured interviews, which were used to conduct it. In terms of gender and migration pattern, the sample structure is similar to that from the 2010 National Population Census. However, compared to the 2010 census, our sample had lower numbers of migratory children and senior	This study indicated that, when compared to those living in dormitories and official housing, occupants of informal housing have the greatest levels of reported stress and the worse mental health conditions. While the social environment of the neighbourhood strongly predicts both felt stress and mental health, poor housing conditions are significantly connected with emotional exhaustion but not with psychological wellbeing.	To tackle the susceptibility and hardship of migrant settlements, more ethnographic research is required on migrants' resiliency and stress-coping mechanisms as well as more focus in urban design and housing policy.

					citizens due to the purpose of the empirical investigation. Only a subset of renting, including migrants who are already living in dorms supplied by their companies, renting informal housing (usually in urban villages), and renting a formal unit, were included in this analysis. Homeowners were specifically left out of the study's three concerns. First off, just 4.65% of the sample's migrating population reported owning the apartment where they were		

					most recently residing. Second, the findings of our model study are likely to be biassed since owners and renters significantly differ on the basis of their sociodemographic profiles, as well as in terms of the characteristics of their homes and neighbourhoods. Third, only tenants have access to some housing factors, such as the burden of housing costs.		
23.	Nishio et al., 2015	Japan	To thoroughly evaluate the occurrence of	Cross-sectional study	There were 114 homeless people that took part.	42.1% of all participants had a diagnosis of a mental disease,	Compared to the overall Japanese population, homeless people are far

			psychiatric conditions, cognitive handicap, and their interaction among Nagoya, Japan's homeless population.		Relying on semi-structured interviews done by psychiatrists, mental illness was identified. The diagnosis of intellectual/cognitive impairment was made using the Wechsler Adult Intelligence Scale-III (WAIS-III, simplified form).	including 4.4% who had schizophrenia or another psychotic condition, 17.5% who had a depressive episode, 2.6% who had an anxiety attack, 14.0% who had a problem with drugs or alcohol, and 3.5% who had a personality issue. Additionally, 20.2% of people had mild cognitive impairment, while 14.0% had severe or moderate impairment. There was a 15.8% comorbidity of psychiatric disorder and memory deficits. Only 39.5 percent of total of the subjects were deemed to be free of any cognitive or psychological impairment. Based on the existence or absence of psychiatric condition and/or	more likely to have a mental disease or cognitive handicap. Based on the specifics of a person's psychological and cognitive situation, appropriate support techniques should be developed and put into practise.

						cognitive handicap, participants were split into four groups. The only people who expressed a substantial inclination to not want to abandon their homeless situation were those with cognitive disabilities.	
24.	Pevalin et al., 2017	UK	To determine if continued substandard housing has an impact on mental health in addition to the effects of the current housing situation.	Longitudinal study	The period of time (in years) that a household had housing issues in the preceding four examined the persistence of housing problems, according to statistics from 13 yearly cycles of the British Household Panel Survey (1996-2008). The General Health	When housing difficulties persisted longer in properly adjusted models, psychological wellbeing deteriorated. The results were mitigated but not explained by accounting for existing housing circumstances. The effects of long-term substandard accommodation on psychological wellbeing were modulated by tenure type, indicating that people who own	Bad living conditions can have a lasting, damaging impact on mental health. Prior to the Global Financial Crisis, housing conditions in the UK looked to be somewhat improving, but in 2008, almost one-fifth of the population was still experiencing one or more housing issues. The Global Financial Crisis has probably made matters worse, and the ongoing implementation of austerity measures has added to the strain on household finances.

					Questionnaire was used to evaluate mental health, and OLS regression models and lagged-change regression models were employed to quantify the impact of previous and present housing circumstances on mental health.	their homes wholly and those who reside in council homes are the most significantly impacted. Regardless of present housing circumstances, continued substandard housing was associated with decreased mental health, adding to the body of research showing that long-term habitation of subpar housing has detrimental effects on mental health.	Housing issues might deteriorate under these circumstances, which would have long-term effects on mental health.
25.	Rollings et al., 2017	USA	To investigate the interactions between neighbourhood and physical home quality, as well as how these factors affect the development of 341 rural children in the United States,	Longitudinal study	Structure, clutter/cleanliness, interior climate, risks, crowding/privacy, and community qualities (street connection, density, land use mix, nearby building/s	Low-quality housing was linked throughout a 15-year period, from ages 9 to 24, to worse psychological health (internalising and externalising symptoms) as well as somewhat greater despair on a functional task,	The research comes as a lesson of the significance of researching how settings impact people over time. Researchers studying the relationship between the environment and behaviour need to get more involved in the dynamics of these interactions. Environmental

			aged 9 to 24.		idewalk conditions, neighbourhood stability, and closeness to nature/amenities) were all evaluated using standardised measures. Two crucial aspects of a child's growth were the focus of the analyses: psychological health and helplessness.	according to growth curve studies with multilevel modelling. Income level was statistically adjusted for in all studies. Neither psychological well-being nor motivation were correlated with neighbourhood quality or its connection with housing quality.	exposures' timing and length may be just as essential as their intensity, if not more so.
26.	Rumbold et al., 2012	Australia	Using information from a longitudinal research, to investigate links between child behaviour issues and the quantity, timing, and kind of house movement	Longitudinal study	The Generation 1 project is a long-term cohort study of mothers and their offspring (n = 557) that was started in Adelaide, South Australia, between 1998 and 2000. Pregnant	An elevated internalising behavioural pattern score around age 9 was linked to moving homes 2 times before the age of 2. After adjusting for socioeconomic and demographic and household characteristics, this connection maintained.	These results may point to a critical period in early life during which exposure to increasing home mobility may have a negative impact on a child's mental health later in life.

			s during childhood.		women were enlisted in a health centre or through the independent offices of three obstetricians before to 16 weeks of gestation. Women had to be Caucasian, under the age of 18, and free from specific illnesses that are known to have an impact on foetus growth. The moms in the sample were largely typical of all the ladies who delivered in South Australia at the time the cohort was created.	Increased home mobility throughout other time periods did not correlate with internalising behaviour, and mobility during any time period did not correlate with externalising behaviour. The amount of moves made throughout the course of one's lifetime or the trajectory of one's housing market had no bearing. A housing trajectory with constant rental occupancy, however, was linked to a higher externalising behaviour score.	

27.	Sadowski et al., 1999	UK	To investigate the relative impacts of various adversities as well as the effects of early childhood adversity on adult depression.	Cross-sectional study	Statistics from the Newcastle Thousand Family Study are used in this study. The individuals' psychosocial wellbeing data was taken at the age of 33 years old, whereas data on developmental adversities was collected when they reached 5 years old. Blind to the findings of early adversity, psychological health data were examined, and best-estimate assessments of major clinical depression were produced in accordan	A severe depressive illness in adulthood is significantly more likely to develop when a youngster experiences several familial disadvantages. These drawbacks include unstable family or marital relationships, a confluence of bad maternal care and poor somatic care, and a confluence of reliance on social assistance and congestion. Major depression in women was specifically correlated with the calibre of early-life parenting.	Childhood social and family disadvantages, especially those involving numerous families, enhance a person's likelihood of developing serious depression when they get older.

					ce with DSM-Ill-R criteria.		
28.	Salize et al., 2002	Germany	To determine the frequency of co-occurring somatic and alcohol problems among the homeless.	Cross-sectional study	A sample of the local homeless was used in an epidemiology cross-sectional field investigation. The research was carried out in Germany's inner-city Mannheim from 1997-1999, habitation of nearly 320,000 people. 102 single homeless individuals, representing 15–16% of the projected total number of single homeless individuals in the city. The SCID was used to diagnose	Among the research participants, 63.7% had problematic alcohol use or the alcohol dependency syndrome, and 61.7% were now experiencing somatic symptoms or issues. Probands with alcoholism had considerably more somatic illnesses overall, as well as greater liver disease, alcoholic polyneuropathies, and brain degeneration. Alcoholism, life satisfaction, length of homelessness, and a lack of social support were all found to be significant explanatory variables for developing a psychosomatic disorder by multiple stepwise regression. Alcoholism	One of the main causes of homeless people's physical illness is alcoholism. For proper service planning or supply, the rehabilitation or treatment of homeless people's compulsive behaviour should be a top priority.

					substance misuse, mental illnesses, and alcoholism. An expert doctor did the medical examinations. Urine samples and blood samples were both obtained. Additional analyses were done to look for variables that could be related to physical or mental health.	more than quadrupled the chance of physical illness.	
29.	Tsemberis et al., 2004	USA	To investigate the long-term impact of a Housing First programme on the consumer choices, housing stability, drug use, treatment usage, and psychiatric symptoms of homeless,	Experimental study	250 individuals were divided into two groups at random: those receiving housing only after completing treatment and maintaining sobriety (the control group); and those	The experimental group had more perceived options and was able to find homes more quickly and steadily. There were no changes in substance use or mental symptoms, however the control group used substance addiction therapy at a	Without sacrificing their mental or drug misuse symptoms, Housing First participants were able to find and keep independent housing.

			mentally ill people.		receiving immediate housing without any treatment requirements (experimental). For twenty-four (24) months, interviews were performed every six months.	considerably greater rate.	
30.	Whitbeck et al., 2015	USA	To describe the prevalence of Borderline Personality Disorder (BPD) and Axis I mental and drug use disorders among 3 randomly chosen American cities' female homeless residents.	Cross-sectional	156 women made up the sample, 38 of them were from Portland, OR, 39 from Pittsburgh, PA, and 79 from Omaha, NE. There were 16 ladies from meal sites and 140 women from shelters. The latent class method was	Eighty-four percent of the women (84.6%) met the criterion for at least one mental problem in their lifetime, around three-quarters (73.1%) fulfilled the requirement for a mental condition in the previous year, and 39.7% matched the criteria for a mental conditions in the previous month. 73.7 percent of the sample met lifetime criterion for at least two conditions, 53.9 percent	These women will come with complicated backgrounds of several significant mental problems in shelters and treatment facilities. In addition to other psychiatric symptoms, they are quite likely to exhibit BPD, PTSD, and drug addiction disorders symptoms, which will increase clinical difficulties.

					employed to assess BPD symptoms.	met eligibility for at least three disorders, and 39.1 percent screened positive for four or more disorders. According to latent class analyses, 19.9% of the women had high self-harm BPD, compared to 16.7% of the women who had low self-harm BPD.	