



## Homelessness in mental illness: Opportunities & prospects in the Indian context



Fahim Ul hassan<sup>a</sup>, LN Sastry Nagavarapu<sup>b</sup>, Krishna Prasad M<sup>c,\*</sup>, Aravind Raj<sup>d</sup>, Kasi Sekhar<sup>e</sup>

<sup>a</sup> Junior Consultant of Psychiatric Social Work, Psychiatric Rehabilitation Services, NIMHANS, Bangalore - 560029

<sup>b</sup> Department of Psychiatry, NIMHANS, Bangalore - 560029

<sup>c</sup> Associate Professor of Psychiatry, Psychiatric Rehabilitation Services, Department of Psychiatry, NIMHANS, Bangalore - 560029

<sup>d</sup> Associate Professor, Department of Psychiatric Social Work, NIMHANS, Bangalore - 560029

<sup>e</sup> Department of Psychiatric Social Work, NIMHANS, Bangalore - 560029

### ARTICLE INFO

#### Keywords:

Homelessness  
Homeless mentally ill  
Mental illness and legislations

### ABSTRACT

Homelessness is considered a serious public health concern. Bidirectional relationship has been established between homelessness and mental illness by research studies and its association with compromised well-being, poor quality of life and low productivity. Recent legislative enactments in India have necessitated on the part of the state to address issues related to the rights of persons with mental illness including shelter and housing. Therefore, it becomes imperative to discuss opportunities and prospects in India towards rehabilitating homeless mentally ill in context of existing programs, policies and legislations.

### 1. Introduction

Homelessness is a mounting public health concern eluding existing mechanisms and solutions designed for its containment (Bassuk et al., 2014). Although, the Universal Declaration of Human Rights contends right to housing as fundamental under article 25 stating decent housing is important for meeting basic standards of living sufficient for individual's well-being and health (Morsink, 1999). However, for many globally, this right appears far from reality (Munthe-Kaas et al., 2016). Uniform definitions of homelessness have been promulgated across different countries to determine admissibility for provisions of social welfare measures. European Union has delineated four groups of homelessness: roofless, houseless, insecure housing and inadequate housing (Edgar et al., 2005). Homelessness is described as living in an emergency shelter, temporary housing program, or habitation not meant for human by the United States Department of Housing and Urban Development. Statistics on homelessness highlight its severity across the countries. In USA itself on a given night, nearly 565 000 people experience homelessness (National Alliance to End Homelessness, 2016). In 2017, 33 250 persons reported homelessness in Sweden (Anderberg and Dahlberg, 2019) and 30 330 households in the United Kingdom in 2018 (Ministry of Housing, Communities and Local Government, 2019). In Canada, 200 000 (Kirst et al., 2014) and 255 657 persons received homelessness assistance in Australia between 2014 and 2015 (Steen, 2018). In developing countries, not much is

known about the magnitude of homelessness owing to dearth of reliable data (Speak and Tipple, 2004). In India, the term “houseless population”, is used to refer to people not living in houses (i.e. house which has a roof) instead dwelling in unprotected and exposed places including footpaths, under staircases and flyovers, railway stations or platforms etc. India had 449 761 such households as per 2011 census (Kaur and Pathak, 2016). Lack of reliable data in India and varying definition of homelessness (Munthe-Kaas et al., 2016) calculating accurately the prevalence of this phenomenon becomes challenging. While discussing causes of homelessness, research suggests that interaction between multiple factors lead to state of homelessness. Factors such as breakdown of family bonds, unaffordable and limited housing choices, disasters, forced migration, social marginalization, poor will and stability of ruling elite (Singh et al., 2018), and mental health disorders (Koegel, 2004) can contribute to homelessness and host of negative outcomes. Three types of homelessness are enlisted in research such as crisis or transitional homelessness, intermittent homelessness, and chronic homelessness (Kuhn and Culhane, 1998).

- (1) Homelessness lasting for shorter period of time (not more than a year) due an unforeseen negative life event (for example loss of employment, separation from loved ones, dislodgement) is defined as transitional or crisis homelessness.
- (2) Individuals moving in and outside of cycles of homelessness repetitively, sometimes switching between housing and institutional

\* Corresponding author: Tel.: 080-26995250

E-mail address: [krishnadoc2004@gmail.com](mailto:krishnadoc2004@gmail.com) (K. Prasad M).

<https://doi.org/10.1016/j.ajp.2019.08.011>

Received 22 July 2019; Received in revised form 22 August 2019; Accepted 22 August 2019

1876-2018/ © 2019 Elsevier B.V. All rights reserved.

care (hospitals, prisons, treatment programs) is referred as intermittent homelessness.

- (3) Chronic homelessness is which persists for not less a year or persons with disabling condition undergoing three to four episodes of homelessness in last two years.

The enactments of the Rights of Persons with Disability Act 2016 and Mental Health Care Act 2017 took place in India to harmonize its existing legislations with United Nations Convention on Rights of Persons with Disabilities. The Supreme Court of India had directed the Union Government for drafting guidelines for States and Union Territories regarding setting up of rehabilitation facilities for homeless mentally ill. It recently sought compliance report on these directions from all the state governments. These developments impose obligations on the part of union and state governments to address several of the issues related to the rights of persons with mental illness including shelter and housing. The objectives of this paper are to understand the homelessness and its relationship with mental illness, and to discuss opportunities and prospects in India towards rehabilitating homeless mentally ill in context of existing programs, policies and legislations.

## 2. Homelessness and mental illness: a bi-directional relationship

Persons experiencing homelessness often suffer from serious health conditions (Levy and O'Connell, 2004). Skin related problems, assaults and injuries are commonly reported vulnerabilities of street life (Kushel et al., 2003). Sexually transmitted infections, tuberculosis and hepatitis are very much prevalent. Due to poor access to health care facilities, hypertension, diabetes and cardiovascular ailments are poorly controlled in homeless people as compared to the general population (Hwang et al., 2005). Homeless children are reported to be more vulnerable to asthma and behavioral disorders (McLean et al., 2004; Vostanis et al., 1998). Mental health disorders are more common in the homeless population especially depression and substance use disorders. Homeless mentally ill are also reported frequent users of hospital services as compared to general population (Moulin et al., 2018). Mental health disorders increase the risk of homelessness, and being homeless in turn might lead to development of mental health conditions. Mental illnesses constitute a key risk factor for homelessness (Fazel et al., 2008; Johnson, 2012; Park et al., 2012) due to poorly coordinated service systems, marginalization, lack of support system, and persisting stigma inside social service delivery mechanism and society (Robinson, 2005). The risk of homelessness among persons with mental illness is reported ten to twenty times higher in comparison to general populace (Susser et al., 1997). On the other hand, homelessness exposes individuals to vicious cycle of poverty, poor health, substance misuse, violence, unemployment and poor accessibility to welfare measures makes them susceptible to negative social and health outcomes. Nearly 45% of homeless in England were reported to have a diagnosed mental health condition (Homeless Link, 2014). A study from United States, found 25–35% of homeless suffering from major depression, schizophrenia and bipolar disorder (Folsom et al., 2005). An Australian study found that 43% homeless had a mental illness, out of these, one-third were already suffering from psychiatric conditions prior to homelessness, whereas majority developed, psychiatric conditions post homelessness (Johnson and Chamberlain, 2008). In another study conducted on homeless population in Germany, reported 26% of sample had anxiety disorders, 15% affective disorders, while 11% were diagnosed with schizophrenia (Längle et al., 2005). There is dearth of clear statistics on prevalence of homeless mentally ill in India. However, the National Mental Health Survey approximately estimates it around 1% and to be as high as 15,000 in some states (National Mental Health Survey, 2016). A hospital based study conducted on homeless individuals in northern India with one hundred and forty homeless reported majority (90.7%) of participants had mental illness and rest had diagnosis of intellectual disabilities. It also revealed more than half

of participants (84%) were mentally ill before becoming homeless and (54%) left home themselves because of illness (Tripathi et al., 2013). Another study in India reported majority of sample (60%) met criteria for at least one mental health condition (Gupta et al., 2012). Yet another study, reported that majority of the patients brought as homeless or “Unknown” to a tertiary hospital setting had severe mental disorders (Gowda et al., 2017).

## 3. Housing interventions for homeless mentally ill

Decent Housing has been recognized crucial factor that makes the difference between health and illness, with positive effect on person's autonomy, satisfaction, and self-confidence (Ogilvie, 1997). Multiple paradigms emerged within the field of mental health to meet lodging and support needs of persons having psychiatric disabilities with emphasis on community integration. One of the paradigms is Supported Housing, which replaced traditional Continuum of Care (COC) model of housing by which individual with psychiatric disability are required to advance through sequential phases of housing before moving to permanent supported accommodation. At each phase client has to show 'housing readiness, which is usually decided on basis of person's compliance with prescribed psychiatric treatment (Tsemberis et al., 2004). Any exacerbation of mental illness or decay in functioning pushes individual back to a stage on the continuum, which provides treatment that is more intensive (Ridgway and Zippel, 1990). In contrast, supported housing advocates independent housing facilities for persons with mental illness amalgamated with community based mental health and care services. It acknowledges varying needs of individuals, and provides flexible multiple housing options with necessary support to facilitate transition from restricted living to more independent housing within the community (Rog, 2004). Housing First (HF) is one of the evidence-based approach of supported housing that talk about provision of secure, independent housing facilities, to homeless along with rigorous individualized case management to meet their complex needs. This model has been widely embraced and implemented in North American and European countries (Ly and Latimer, 2015). Housing First model discards housing readiness concept of COC model, instead it promotes the stable housing for homeless mental illness irrespective of any prerequisites (Kyle and Dunn, 2008). Evidence based research has shown effectiveness of Housing First interventions to reduce psychiatric symptoms (Greenwood et al., 2005) substance use (Westermeyer and Lee, 2013) housing retention (Desilva et al., 2011; Montgomery et al., 2013; Palepu et al., 2013) cost reduction (Srebnik et al., 2013) and Improvement in quality of life (Gulcur et al., 2007). In India, the Planning commission since its seventh 5-Year Plan (1985–90) has taken initiatives to address mental health concerns of population. The emphasis of these initiatives was on consolidation of existing infrastructure and development of the community-based services through integration of mental health services with general health delivery systems (Kaur and Pathak, 2016). The National Mental Health Policy of India envisions prevention of disability, promotion of mental health, and facilitating recovery from psychiatric illness. One of the objectives of the policy states provision of accessible, affordable and quality mental health care services to homeless (Ministry of Health and Family Welfare, 2014).

## 4. Legislative mandate for homeless mentally ill: revised persons with disability (RPWD) act, 2016 & mental health care (MHC) act, 2017

Properly implemented legislation plays a key role in protecting the rights of the disadvantaged groups, and guarantee their access to the health care delivery systems, social welfare services and promote social justice for persons with disabilities, and their carers. RPWD Act, 2016, under section 5 states that the Government shall take all indispensable actions to ensure that the individuals with disabilities enjoy the right to

live in the community. The Act also delineates that individuals with disabilities are not bound to live in any particular living arrangement. They should be given access to wide range of residential and other community support services, including personal help necessary to support their living. The legislation under section 24 outlines formulation of necessary schemes and programs by appropriate Governmental agencies within its economic capacity to protect and uphold the right of persons with disabilities enabling them to live independently in the community. Ensuring reservation of five per cent in allotment of land on concessional rate, for promoting housing, and shelter for persons with disabilities (Ministry of Social Justice and Empowerment, 2016)

Mental Health Care Act 2017, provides right to live with dignity for persons with mental illness. Under section 19, it recognizes the right to community living of persons with mental illness. The Act provides the right to live in society without being isolated from it. The Act also describes that person with psychiatric disability cannot remain confined in a mental health establishment due to lack of family support or unavailability of community-based support services. The legislation directs appropriate government to support the setting up of less restrictive community-based rehabilitation facilities including group homes, halfway homes, or other institutions for individuals not requiring treatment in restrictive mental health institutions (Ministry of Law and Justice, 2017)

##### 5. Existing opportunities and programs for homeless in India

Sustainable Development Goals (SDGs) which are embraced by 193 member states of United Nations set 17 ambitious goals with the aim of attaining them by 2030 (Housing Europe, 2017). These goals delineate blue print for action in a global partnership to work towards reducing poverty, improving education and health sectors, minimizing disparities, incentivizing economic growth, addressing climate change and conserving natural assets. SDGs crusade for access to adequate, safe and reasonable housing to all, specifically for children, women, older persons and individuals with disabilities to provide them opportunity of reaching their full potential (United Nations, 2015). In India, National Development Agenda lead by NITI (National Institution for Transforming India) Ayog, reflect prominence of SDGs in them (NITI Aayog, 2018). Government of India has taken many initiatives to address problem of homelessness in India. One such step is Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM). It is one of the flagship programs launched by the Ministry of Housing and Urban Poverty Alleviation, Government of India to decrease vulnerabilities of urban poor by unleashing their capabilities and skill development to generate sustainable livelihoods. The program is targeted towards providing lodging furnished with essential facilities to urban homeless. One of the objectives of the DAY-NULM is to accommodate the needs of urban homeless such as dependent children, aged, disabled, and mentally ill by designing special sections for them within these shelters and provisioning them with social welfare entitlements (Ministry of Housing and Urban Affairs, 2013). Government of India launched Pradhan Mantri Awas Yojana for both rural and urban population to ensure affordable housing for weaker sections of the society to achieve its mission of 'Housing for All' by 2020. Under the scheme, priority is earmarked for the beneficiaries belonging to lower income groups including persons with disabilities (Singh et al., 2018). Ministry of Child and Women Development, acknowledging the necessity to prevent exploitation of homeless women and to extend them support in difficult circumstances came up with SWADHAR Greh scheme. The scheme is running throughout India and provides transitory accommodation, maintenance and rehabilitative services to women in distress (Ministry of Child and Women Development, 2015). The Government run beggars' homes (for e.g. the Nirashritara Parihara Kendra), state homes for women and destitute homes are other places where sheltered accommodations are provided (Central Relief Committee, 2016). The

Deendayal Disabled Rehabilitation Scheme (Department of Empowerment of Persons with Disabilities, 2018) makes provision for the facilitation of halfway homes for treated mentally ill persons. The State Government of Karnataka has started the government run short stay facilities for the mentally ill, namely the Manasa Kendras (Department for the Empowerment of Differently Abled and Senior Citizens, 2019).

In India, the Homeless Mentally Ill have gained lot of attention from Non-Governmental Organizations. Measures in the country's capital Delhi, include *Rain Baseras* and Group Homes in Delhi by Aashray Adhikar Abhiyan (right to home initiative), Delhi State Legal Services Authority, and Institute of Human Behaviour and Allied Sciences. Tata Institute of Social Sciences (TISS) in Mumbai runs *Koshish* that provides rehabilitative services to institutionalized populations including homeless mentally ill. *Koshish* works on matters related to Health & Mental Health, Food Security, and Housing Rights etc. by liaising with various groups of organizations. Banyan's *Adaikalam* (place of shelter) in Chennai offer psychosocial interventions through multidisciplinary approach to support homeless women with mental illness. In addition, "Home Again" model of the Banyan also provides for shared housing in the community for women with mental illness (Kaur and Pathak, 2016). *Ashdeep* in the northeastern state of Assam provides lodging and treatment facilities for mentally ill especially homeless women with mental illness. Similarly, other NGOs like *Chittadhama* in Mysore, *Samarpan* in Indore, *Iswar Sankalapa* in Kolkata, and *Anbagam* in Chennai have developed wide-ranging services for the Homeless Mentally Ill (Thara and Patel, 2010). Despite various models of care developed by non-governmental organization for homeless mentally ill, accessibility and availability remain limited (Tripathi et al., 2013).

##### 6. Conclusion and way forward

Homelessness is a complicated public health concern and homeless mentally ill (HMI) form a highly vulnerable and underprivileged section, who are even deprived of their minimal human rights. Homeless Mentally Ill have multifaceted psychosocial needs, therefore any program or policy should consider them carefully to arrive at more informed decisions. Programs for homeless mentally should combine both comprehensive psychosocial interventions (such as psycho-education, Social Skill Training, Cognitive Behavioral Therapy and strategies to reduce discrimination), and housing or shelter services in order to achieve better outcomes (Li et al., 2018). Further, to improve conditions of Homeless Mentally Ill in India there is a need of conducting national level surveys on homelessness periodically with special focus on homeless mentally ill in order to not only estimate the prevalence of homelessness but also to understand their psycho-socio-economic needs time to time. This will also help in developing appropriate interventions to cater issue of homelessness in more effective manner. Priority should be given to reintegrate homeless mentally with their families by adopting modern technologies such as Google Maps, Electronic records and What App (Gowda et al., 2019). Proposing a more inclusive definition of homeless as in terms of not only one who lack shelter or housing but also those individuals wherein their housing or lodging failed to meet minimum basic standards of health and socio-economic development. Provisions of Aadhaar and Ration cards, enrollment in MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act) or other income generation programs, and affordable housing schemes can play crucial role in facilitating extension of social welfare benefits and assurance of minimum human rights (Singh et al., 2018). Creating holistic community-based facilities for rehabilitation and recovery, and upgrading existing programs and schemes to meet requirements of Homeless Mentally Ill and according to the standards of care prescribed by the legislative rules and regulations becomes necessary. Encouraging Non-Governmental Organizations for setting up of rehabilitation homes in their respective states or even helping those NGOs currently running services for homeless mentally to expand their

existing services for wider reach through financial support by state governments. Rehabilitation homes besides ensuring access to health care should also provide vocational training to homeless mentally ill so that they can attain as well as retain the basic skills necessary for living independently. Intersectoral collaborations among various sectors other than health for homeless population can prove more effective to address issue of homelessness in general and particularly among mentally ill.

## Funding

Nil.

## Declaration of Competing Interest

None.

## Acknowledgement

None.

## References

- Anderberg, M., Dahlberg, M., 2019. Homelessness and social exclusion in two Swedish cities. *Eur. J. Home. 13*, 28.
- Bassuk, E.L., DeCandia, C.J., Tsertsvadze, A., Richard, M.K., 2014. The effectiveness of housing interventions and housing and service interventions on ending family homelessness: a systematic review. *Am. J. Orthopsychiat.* 84, 457–474. <https://doi.org/10.1037/ort0000020>.
- Department for the Empowerment of Differently Aabled and Senior Citizens, Government of Karnataka, n.d. Manasa Kendra [WWW Document]. URL [http://www.dwdsc.kar.nic.in/departamental\\_institutes.asp](http://www.dwdsc.kar.nic.in/departamental_institutes.asp) (accessed 7.22.19).
- Desilva, M.B., Manworren, J., Targonski, P., 2011. Impact of a housing first program on health utilization outcomes among chronically homeless persons. *J. Prim. Care Community Health* 2, 16–20. <https://doi.org/10.1177/2150131910385248>.
- Edgar, B., Meert, H., European Observatory on Homelessness, FEANSTA (Organization), 2005. Fourth Review of Statistics on Homelessness in Europe: The ETHOS Definition of Homelessness. AISBL, Brussels, Belgium.
- Fazel, S., Khosla, V., Doll, H., Geddes, J., 2008. The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. *PLoS Med.* 5, e225. <https://doi.org/10.1371/journal.pmed.0050225>.
- Folsom, R.P., Hawthorne, W., Lindamer, L., Gilmer, T., Bailey, A., Golshan, S., Garcia, P., Unützer, J., Hough, R., Jeste, D.V., 2005. Prevalence and risk factors for homelessness and utilization of mental health services among 10,340 patients with serious mental illness in a large public mental health system. *Am. J. Psychiatry* 162, 370–376. <https://doi.org/10.1176/appi.ajp.162.2.370>.
- Central Relief Committee, 2016. Nirashrithara Parihara Kendra [WWW Document]. Government of Karnataka. URL <https://www.karnataka.gov.in/crcbng/Pages/NPK.aspx> (accessed 7.21.19).
- Department of Empowerment of Persons with Disabilities, 2018. Ministry of Social Justice & Empowerment, Government of India. Can be accessed. Deendayal Disabled Rehabilitation Scheme. [http://disabilityaffairs.gov.in/upload/uploadfiles/files/ddrs\(1\).pdf](http://disabilityaffairs.gov.in/upload/uploadfiles/files/ddrs(1).pdf).
- Gowda, G.S., Gopika, G., Manjunatha, N., Kumar, C.N., Yadav, R., Srinivas, D., Rose Dawn, B., Math, S.B., 2017. Sociodemographic and clinical profiles of homeless mentally ill admitted in mental health institute of South India: 'Know the Unknown' project. *Int. J. Soc. Psychiatry* 63, 525–531. <https://doi.org/10.1177/0020764017714494>.
- Greenwood, R.M., Schaefer-McDaniel, N.J., Winkel, G., Tsemberis, S.J., 2005. Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *Am. J. Community Psychol.* 36, 223–238. <https://doi.org/10.1007/s10464-005-8617-z>.
- Gulcur, L., Tsemberis, S., Stefancic, A., Greenwood, R.M., 2007. Community integration of adults with psychiatric disabilities and histories of homelessness. *Community Ment. Health J.* 43, 211–228. <https://doi.org/10.1007/s10597-006-9073-4>.
- Gupta, R., Nehra, D.K., Kumar, V., Sharma, P., 2012. Psychiatric illnesses in homeless (runaway or throwaway) girl inmates: a preliminary study. *Dysphrenia* 7.
- Homeless Link, 2014. The Unhealthy State of Homelessness: Health Audit Results 2014. Can be accessed from. <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>.
- Housing Europe, 2017. How Housing Europe Members Deliver on the Sustainable Development Goals (SDG): Investing in Affordable Housing Is Investing in Sustainable Development. Can be accessed from. <http://www.housingeurope.eu/resource-997/housing-and-the-sustainable-development-goals>.
- Hwang, S.W., Tolomiczenko, G., Kouyoumdjian, F.G., Garner, R.E., 2005. Interventions to improve the health of the homeless: a systematic review. *Am. J. Prev. Med.* 29, 311–319. <https://doi.org/10.1016/j.amepre.2005.06.017>.
- Johnson, D.G., Chamberlain, C., 2008. Homelessness and Substance Abuse: Which Comes First? *Aust. Soc. Work* 61, 342–356. <https://doi.org/10.1080/03124070802428191>.
- Johnson, G., 2012. Housing first “down under”: revolution, realignment or rhetoric? *European Journal of Homelessness* 6, 183–191.
- Kaur, R., Pathak, R.K., 2016. Homelessness and mental health in India. *Lancet Psychiatry* 3, 500–501. [https://doi.org/10.1016/S2215-0366\(16\)30050-5](https://doi.org/10.1016/S2215-0366(16)30050-5).
- Kirst, M., Zenger, S., Harris, D.W., Plenert, E., Stergiopoulos, V., 2014. The promise of recovery: narratives of hope among homeless individuals with mental illness participating in a Housing First randomised controlled trial in Toronto, Canada. *BMJ Open* 4, e004379. <https://doi.org/10.1136/bmjopen-2013-004379>.
- Koegel, P., 2004. Causes of homelessness: overview. In: Levinson, D. (Ed.), *Encyclopedia of Homelessness*. SAGE Publications, Inc., 2455 Teller Road, Thousand Oaks California 91320 United States, pp. 245–255. <https://doi.org/10.4135/9781412952569.n21>.
- Kuhn, R., Culhane, D.P., 1998. Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: results from the analysis of administrative data. *Am. J. Community Psychol.* 26, 207–232. <https://doi.org/10.1023/A:1022176402357>.
- Kushel, M.B., Evans, J.L., Perry, S., Robertson, M.J., Moss, A.R., 2003. No door to lock: victimization among homeless and marginally housed persons. *Arch. Intern. Med.* 163, 2492–2499. <https://doi.org/10.1001/archinte.163.20.2492>.
- Kyle, T., Dunn, J.R., 2008. Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental illness: a review. *Health Soc. Care Community* 16, 1–15. <https://doi.org/10.1111/j.1365-2524.2007.00723.x>.
- Längle, G., Egerter, B., Albrecht, F., Petrasch, M., Buchkremer, G., 2005. Prevalence of mental illness among homeless men in the community—approach to a full census in a southern German university town. *Soc. Psychiatry Psychiatr. Epidemiol.* 40, 382–390. <https://doi.org/10.1007/s00127-005-0902-5>.
- Levy, B.D., O'Connell, J.J., 2004. Health care for homeless persons. *N. Engl. J. Med.* 350, 2329–2332. <https://doi.org/10.1056/NEJMp038222>.
- Ly, A., Latimer, E., 2015. Housing first impact on costs and associated cost offsets: a review of the literature. *Can. J. Psychiatry* 60, 475–487. <https://doi.org/10.1177/070674371506001103>.
- McLean, D.E., Bowen, S., Drezner, K., Rowe, A., Sherman, P., Schroeder, S., Redlener, K., Redlener, I., 2004. Asthma among homeless children: undercounting and undertreating the underserved. *Arch. Pediatr. Adolesc. Med.* 158, 244–249. <https://doi.org/10.1001/archpedi.158.3.244>.
- Ministry of Child and Women Development, 2015. Government of Karnataka: SWADHAR GREH: A Scheme That Caters to Primary Needs of Women in Difficult Circumstances. Can be accessed from. <https://wcd.nic.in/schemes/swadhar-greh-scheme-women-difficult-circumstances>.
- Ministry of Housing and Urban Affairs, 2013. Government of India: Deendayal Antyodaya Yojana National Urban Livelihoods Mission. Can be accessed from. [https://nulm.gov.in/PDF/NULM\\_Mission/NULM\\_mission\\_document.pdf](https://nulm.gov.in/PDF/NULM_Mission/NULM_mission_document.pdf).
- Ministry of Housing, Communities & Local Government, 2019. Government of UK: Statutory Homelessness, October to December 2018: England. Can be accessed from. <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-october-to-december-2018>.
- Ministry of Law and Justice, 2017. Government of India: Mental Health Care Act 2017. Can be accessed from. The Gazette of India (Extraordinary), Part II Section 1. 7th April 2017. <https://www.prsindia.org/uploads/media/Mental%20Health/Mental%20Healthcare%20Act,%202017.pdf>.
- Ministry of Social Justice and Empowerment, 2016. Government of India: the Rights of Persons with Disabilities Act, 2016. Can be accessed from. The Gazette of India (Extraordinary) 28th December 2016, Part II, Section (I). <http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD%20ACT%202016.pdf>.
- Montgomery, A.E., Hill, L.L., Kane, V., Culhane, D.P., 2013. Housing chronically homeless veterans: evaluating the efficacy of a housing first approach to HUD-vash. *J. Community Psychol.* 41, 505–514. <https://doi.org/10.1002/jcop.21554>.
- Morsink, J., 1999. *The Universal Declaration of Human Rights: Origins, Drafting, and Intent*. University of Pennsylvania Press.
- Moulin, A., Evans, E.J., Xing, G., Melnikow, J., 2018. Substance use, homelessness, mental illness and medicaid coverage: a set-up for high emergency department utilization. *West. J. Emerg. Med.* 19, 902–906. <https://doi.org/10.5811/westjem.2018.9.38954>.
- Munthe-Kaas, H., Berg, R.C., Blaasvør, N., 2016. Effectiveness of Interventions to Reduce Homelessness: A Systematic Review, NIPH Systematic Reviews. Knowledge Centre for the Health Services at The Norwegian Institute of Public Health (NIPH), Oslo, Norway.
- National Alliance to End Homelessness, 2016. The State of HOMELESSNESS STATE in America: An Examination of Trends in Homelessness, Homeless Assistance, and At-risk Populations at the National and State Levels. Can be accessed from. <http://endhomelessness.org/wp-content/uploads/2016/10/2016-soh.pdf>.
- National Mental Health Survey of India, 2016. Prevalence, Pattern and Outcomes 2015-2016. Can be accessed from. National Institute of Mental Health and Neuro Sciences, Bengaluru, India. ISBN: ISBN: 81-86478-00-X. <http://www.nimhans.ac.in/sites/default/files/u197/NMHS%20Report%20%28Prevalence%20patterns%20and%20outcomes%29%201.pdf>.
- Ministry of Health and Family Welfare, 2014. Government of India: National Mental Health Policy of India: New Pathways New Hope. Can be accessed from. <https://www.nhp.gov.in/sites/default/files/pdf/national%20mental%20health%20policy%20of%20india%202014.pdf>.
- NITI Aayog, 2018. Government of India: Sustainable Development Goals India Index: A Baseline Report. Can be accessed from. <http://4dj7dt2ychlw3310xlowzop2.wpengine.netdna-cdn.com/wp-content/uploads/2018/12/SDX-Index-India-21-12-2018.pdf>.
- Ogilvie, R.J., 1997. The state of supported housing for mental health consumers: a literature review. *Psychiatr. Rehabil. J.* 21, 122–131. <https://doi.org/10.1037/h0095329>.

- Palepu, A., Patterson, M.L., Moniruzzaman, A., Frankish, C.J., Somers, J., 2013. Housing first improves residential stability in homeless adults with concurrent substance dependence and mental disorders. *Am. J. Public Health* 103 (Suppl 2), e30–36. <https://doi.org/10.2105/AJPH.2013.301628>.
- Park, J.M., Metraux, S., Culhane, D.P., Mandell, D.S., 2012. Homelessness and children's use of mental health services: a population-based study. *Child. Youth Serv. Rev.* 34, 261–265. <https://doi.org/10.1016/j.chidyouth.2011.10.022>.
- Gowda, G.S., Telang, A., Sharath, C.R., Issac, T.G., Haripriya, C., Ramu, P.S., Math, S.B., 2019. Use of newer technologies with existing service for family reintegration of unknown psychiatric patients: a case series. *Asian J. Psychiatr.* 43, 205–207. <https://doi.org/10.1016/j.ajp.2017.10.022>.
- Li, J., Huang, Y.-G., Ran, M.-S., Fan, Y., Chen, W., Evans-Lacko, S., Thornicroft, G., 2018. Community-based comprehensive intervention for people with schizophrenia in Guangzhou, China: Effects on clinical symptoms, social functioning, internalized stigma and discrimination. *Asian J. Psychiatr.* 34, 21–30. <https://doi.org/10.1016/j.ajp.2018.04.017>.
- Ridgway, P., Zippel, A.M., 1990. The paradigm shift in residential services: from the linear continuum to supported housing approaches. *Psychosoc. Rehabil. J.* 13, 11–31. <https://doi.org/10.1037/h0099479>.
- Robinson, C., 2005. Grieving home. *Soc. Cult. Geogr.* 6, 47–60. <https://doi.org/10.1080/1464936052000335964>.
- Rog, D.J., 2004. The evidence on supported housing. *Psychiatr. Rehabil. J.* 27, 334–344. <https://doi.org/10.2975/27.2004.334.344>.
- Singh, N., Koiri, P., Shukla, S.K., 2018. Signposting invisibles: a study of the homeless population in India. *Chinese Sociol. Dialogue* 3, 179–196. <https://doi.org/10.1177/2397200918763087>.
- Speak, S., Tipple, G., 2004. Housing and homelessness in developing nations. In: Levinson, D. (Ed.), *Encyclopedia of Homelessness*. SAGE Publications, Inc., 2455 Teller Road, Thousand Oaks California 91320 United States, pp. 270–277. <https://doi.org/10.4135/9781412952569.n76>.
- Srebnik, D., Connor, T., Sylla, L., 2013. A pilot study of the impact of housing first-supported housing for intensive users of medical hospitalization and sobering services. *Am. J. Public Health* 103, 316–321. <https://doi.org/10.2105/AJPH.2012.300867>.
- Steen, A., 2018. The many costs of homelessness. *Med. J. Aust.* 208, 167–168. <https://doi.org/10.5694/mja17.01197>.
- Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W.Y., Wyatt, R.J., 1997. Preventing recurrent homelessness among mentally ill men: a “critical time” intervention after discharge from a shelter. *Am. J. Public Health* 87, 256–262.
- Thara, R., Patel, V., 2010. Role of non-governmental organizations in mental health in India. *Indian J. Psychiatry* 52, S389–S395. <https://doi.org/10.4103/0019-5545.69276>.
- Tripathi, A., Nischal, A., Dalal, P.K., Agarwal, V., Agarwal, M., Trivedi, J.K., Gupta, B., Arya, A., 2013. Sociodemographic and clinical profile of homeless mentally ill inpatients in a north Indian medical university. *Asian J. Psychiatr.* 6, 404–409. <https://doi.org/10.1016/j.ajp.2013.05.002>.
- Tsemberis, S., Gulcur, L., Nakae, M., 2004. Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Am. J. Public Health* 94, 651–656.
- United Nations, 2015. Transforming Our World: the 2030 Agenda for Sustainable Development: Sustainable Development Knowledge Platform [WWW Document]. URL <https://sustainabledevelopment.un.org/post2015/transformingourworld> (accessed 7.21.19).
- Vostanis, P., Grattan, E., Cumella, S., 1998. Mental health problems of homeless children and families: longitudinal study. *BMJ* 316, 899–902.
- Westermeyer, J., Lee, K., 2013. Residential placement for veterans with addiction: american Society of Addiction Medicine criteria vs. A veterans homeless program. *J. Nerv. Ment. Dis.* 201, 567–571. <https://doi.org/10.1097/NMD.0b013e3182982d1a>.