

Beyond the City Limits: The Causes and Consequences of the Stigmatization of Homelessness in Suburban Areas

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ABSTRACT

Since urban and suburban homelessness manifests differently, suburban homelessness is underresearched and underserved. Despite the documented prevalence of suburban homelessness, a large portion of suburban homeless individuals still go unnoticed. While urban homelessness most often manifests as easily visible by being on the streets of compacted cities, suburban homelessness may manifest itself in less apparent forms, including individuals couch-surfing, living in cars, or doubling up living spaces with friends and family. Stigma is a universal challenge for individuals experiencing homelessness, regardless of location; both individuals experiencing homelessness in urban areas and their suburban counterparts suffer from stigma. Specifically, stigma leads to a range of negative outcomes, including avoidance of help-seeking behavior, worsened mental health disorders, and reduced access to healthcare. In suburban areas, these effects are often compounded by limited resources and lower public visibility. Therefore, more in-depth research on stigma specifically in the context of suburban areas is needed. Furthermore, the development and testing of interventions tailored to address stigma and the unique challenges faced by the suburban homeless population are also critically necessary. The central goal of this paper is to fill a research gap by achieving several key objectives, including exploring how stigma uniquely affects individuals experiencing homelessness in suburban areas and examining the significant negative outcomes of this stigma, which are often compounded in suburban environments due to fewer available resources. Lastly, the ultimate purpose of this research is to emphasize the urgent need for new, tailored intervention, arguing that solutions developed for urban homelessness may not always be effective in the suburbs.

Keywords: Suburban homelessness; social stigma; hidden homelessness; healthcare access; vulnerable populations; geographically sensitive approaches; homelessness interventions

INTRODUCTION

Homelessness represents a highly complex, deeply rooted, and multifaceted social issue demanding increased urgency and awareness from all communities, policy makers, and researchers. The HUD Exchange defined homelessness as an individual who lacks a fixed and regular adequate nighttime permanent residence which includes places not meant for human habitation,

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staying in shelters or temporary arrangements, and exiting an institution such as a hospital, jail, or treatment center if they were residing in a shelter immediately before entering the institution (1).

Although the broad issue of homelessness is globally recognized, its reality manifests with distinct underlying factors that significantly differ in rural, suburban, and urban environments. Urban homelessness, often characterized by visible encampments, frequent shelters, and concentrated populations, typically garners the most attention from policymakers, resources, and public discourse. In contrast to urban areas, homelessness in suburban and rural areas is frequently hidden, underreported, and misunderstood, characterized by dispersed populations, limited services, and distinct structural barriers that hinder both visibility and therefore access to support. This structural context aligns with social disorganization theory, which suggests that a lack of community cohesion and institutional support can contribute to and perpetuate social problems, including homelessness (2).

According to a study done by Martha R. Burt *et al.* (1999), despite the lack of research that has been done on suburban homelessness as compared to its rural or urban manifestations, 21% of the homeless individuals in the US live in suburban areas (1). Of these, 45% have been homeless three or more times, compared to 33% of central city homeless individuals and 23% of rural individuals, meaning that recurring homelessness is an even more significant problem for this population. In addition, 69% of homeless individuals in suburban Toronto tend to stay out of sight, further promoting the idea of suburban homeless individuals being engulfed by the shadows due to lack of awareness (3).

This geographic divide presents a critical challenge: addressing homelessness effectively requires moving beyond a one-size-fits-all approach and accounting for the nuanced realities of place. Yet the limited scholarship focused specifically on suburban homelessness means that context-sensitive interventions remain underdeveloped, leaving a substantial portion of the homeless population underserved. One particularly important distinction across geographic settings is the role of stigma—defined as the negative beliefs or perceptions that society attaches to individuals based on their circumstances or characteristics—which significantly shapes experiences of homelessness and warrants further investigation (3). This paper reviews the literature on suburban homelessness with a particular emphasis on stigma, its health consequences,

and potential interventions. By examining the unique dynamics of suburban contexts, it highlights the urgent need for geographically tailored responses.

METHODS AND MATERIALS

A search of academic databases was performed to identify relevant peer-reviewed studies, literature reviews, and scholarly articles. Each study was characterized as either quantitative, qualitative, or mixed methods. The participant demographics were recorded, and key points from the research were noted down. In evaluating the quality of the research, the following criteria were considered: sample size, method bias, study population and demographics. A systematic literature search was performed in June 2025 across multiple academic databases to identify relevant peer-reviewed studies. The databases searched included PubMed, PsychINFO, and JSTOR, which ensured a broad coverage of research from medical, psychological, and social science perspectives. The search strategy was developed using a combination of keywords and Boolean operators. The specific search terms used were: (suburban homelessness) OR (homelessness) AND (suburban); (hidden homelessness); (couch-surfing) OR (living in cars) OR (doubled up); (stigma) OR (social isolation) OR (help-seeking barriers). I included peer-reviewed quantitative, qualitative, and mixed-methods studies, as well as literature reviews and scholarly articles to ensure a comprehensive understanding of the topic. Only studies published in English were included and the search was limited to studies published between 2012 and 2025 to ensure relevance to current issues for homeless populations.

RESULTS

Stigma in Suburban Homelessness

Despite its universal presence, its intensity and impact of stigma against homeless individuals can vary depending on multiple unique factors such as geographical location or experience with past homeless individuals. For example, a study by Smith & Byrne [2022] has found that while increased exposure to homelessness does increase the degree to which individuals view homelessness as being beyond individual control, it does not seem like this association is different between rural and urban study participants, hence stigma is still a significant factor in the experience of homelessness across various settings (5).

Additionally, research from Frommeyer (2020), which was based on interviews with organizers of resources for homeless individuals, demonstrates that many of the challenges facing these individuals are similar regardless of whether or not they are in rural or urban areas: namely, mental health problems, and stigma (6). However, this research also emphasizes the drastic difference in visibility of homeless individuals between rural and urban areas, suggesting the need for different interventions and policy changes.

Overall, there is a dearth of research that directly compares the intensity of or manifestation of stigma for individuals in rural, suburban, and urban areas. Nevertheless, existing research shows that stigma is prevalent regardless of this physical context, meaning that individuals experiencing homelessness in the suburbs experience many of the same negative effects of stigma as their rural or urban peers. This dynamic can be understood through the lens of labeling theory, a concept within symbolic interactionism. The label of 'homeless' is not merely descriptive; it carries a powerful stigma that can shape an individual's identity and limit their access to conventional opportunities and support systems (7).

The Impact of Stigma on Health and Well-Being

Crucially, stigma directly impacts health-seeking behaviors and overall well-being. Individuals who perceive themselves as stigmatized are less likely to seek necessary healthcare, fearing judgment, discrimination, or inadequate treatment (Table 1). This internalized stigma, stemming from others' negative perceptions, often leads to unhealthy choices and a dismissal of healthcare needs. Such avoidance of care frequently exacerbates existing physical and mental health conditions, resulting in poorer outcomes like delayed diagnoses, neglected treatment of chronic medical conditions, and unaddressed mental health challenges (8). Moreover, factors such as insufficient access to nutritious food, exposure to the elements, the prevalence of violence and sexual assault, and infectious disease also increase the likelihood of new medical disorders developing (9).

Stigmatization creates a pervasive negative environment for homeless individuals. For example, a study by Anna Skosireva *et al.* (2014) found that 42% of homeless individuals, who participated in baseline data collection at a Toronto site, reported experiencing at least one type of perceived discrimination, often linked to mental disorders or drug use (10). This high

rate of perceived discrimination clearly demonstrates a significant negative impact on their individual health, including worsening their mental health and increasing their likelihood of drug use. Furthermore, around 21-23% of homeless individuals experience stigma as a barrier to access to getting help with their physical or mental health (11). Thus, stigma fundamentally manifests as a dismissive force, deterring homeless individuals from seeking general healthcare both due to external judgment and internalized shame.

While low access to healthcare is a direct consequence, stigma also manifests by creating profound emotional barriers for homeless individuals. Research indicates that many homeless individuals avoid healthcare providers due to consistently negative experiences, often feeling "treated with prejudice and receive substandard care" compared to non-homeless individuals (12). For example, in a study surveying both homeless individuals in Calgary and healthcare employees who have interacted with them, it has become clear that, due to stigma, multiple emotional barriers present themselves when it comes to healthcare access for homeless individuals (13). Providers, in turn, may make assumptions, particularly about drug use, which further instills fear and distrust in clients. In addition to the negligence from providers, there's a lack of effort or training around how they can clearly explain treatment plans, medication regimens, or possible side-effects to homeless individuals, leading to patients being unaware about how to move forward. This negative and unwelcoming experience significantly impacts whether individuals seek healthcare at all.

In a 2023 study from Madrid, similar conclusions were drawn: partly due to poor treatment by physicians, all 11 homeless individuals sampled had either a physical or mental health issue (14). This can stem from physicians making assumptions about drug use in homeless individuals, creating an unhealthy mindset and leads to unequal access to healthcare resources. Professionals in this study had noted that a large proportion of the surveyed individuals had multiple diagnosed mental health disorders, or expressed severe mental distress even in the absence of formal diagnoses, which can be directly linked to their negative experiences with healthcare providers.

Negative experiences with healthcare providers can significantly deter individuals from seeking care. Such negative encounters can damage trust and create frustration and dissatisfaction that discourage future health-seeking behaviors. When people feel unheard,

Table 1. Studies on Stigmatization in Homeless Populations

Reference	Name of Study	Methodology	Participant Demographics	Key Findings
10	Different faces of discrimination: perceived discrimination among homeless adults with mental illness in healthcare settings	baseline data, bivariate statistics, & multivariable logistic regression models for analysis	the Toronto site of the At Home/Chez Soi randomized controlled trial of Housing First for homeless adults with mental illness (large urban center)	Homeless individuals experience continuous discrimination, with drug use and mental illness being the most frequently cited factors. Constant discrimination and overlooking stigma creates unhealthy habits & effects like the ones discussed by previous sources.
13	Primary healthcare needs and barriers to care among Calgary's homeless populations	qualitative descriptive study (both employees who have interacted with the homeless individuals and the homeless themselves)	variety of stakeholders who are involved in healthcare among Calgary's homeless populations, these included individuals experiencing homelessness as well as employees from several healthcare service providers for those experiencing homelessness	There are many barriers discussed, such as discrimination, stigma, and an overall lack of education. Addiction & mental health disorders have been frequent cases among the homeless individuals.
14	Barriers and facilitators to health care access for people experiencing homelessness in four European countries: an exploratory qualitative study	qualitative study, interviews with social care & health care professionals, and the homeless (69 interviews: 35 PEH, 15 professionals, 19 social care professionals)	health care & social professionals & homeless individuals in Europe	Mental health among homeless individuals can deteriorate at an extensive rate due to barriers such as stigma and past experiences. Many PEH note that treatment from providers have been poor when compared to the general public.
15	Health, illness and healthcare-seeking behaviour of the street dwellers of Dhaka City, B	qualitative explorative study, in-depth interviews and group discussions	15 in-depth interviews & 6 informal group discussions with 40 street dwellers, and key informant interviews with service providers and policymakers	Due to lingering stigma, reluctance to healthcare-seeking behaviors have still proved itself to be prominent. Additionally, it takes into account the poor system & services for homeless individuals receive. Lastly, it's shown to be that the health of homeless individuals are at least of a priority.
17	Factors Associated With Stigmatization of Persons With Mental Illness	research survey with 116 undergraduate students (68 women and 48 men)	general education classes at a small public liberal arts university in the Southeast (mainly white)	Stigmatization of the homeless individuals were compared to people who aren't homeless and the results show that more positive attitudes correlate to less stigma & vice versa.
11	What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies	review of quantitative & qualitative studies	189 participants	Here, avoidance of health-seeking behavior is observed as stigma is a driving force in this behavior. Stigma acts as a highly ranked barrier to homeless individuals receiving healthcare.

mistreated, or neglected, they often seek alternatives, for example fully declining seeking healthcare from providers as a whole, or pursuing substandard alternatives.

To compensate for avoiding formal healthcare, homeless individuals often seek alternative forms of 'care'. For example, in order to avoid stigmatizing healthcare interactions, 87% of homeless individuals report that their first choice of treatment is retail drug stores due to the healthcare system dehumanizing their actions and the inefficiency with the access to homeless services (15). However, retail drug stores don't provide anywhere near the same level of expertise, education, or substance to their quick care compared to traditional in-office or hospital-based healthcare. Furthermore, as stigma intensifies, homeless individuals' engagement in proactive health-seeking behaviors often diminishes, placing their health at a lower personal priority (8, 16).

In particular, stigmatization can specifically lead to the formation and worsening of mental disorders. For example, through research conducted by Mann *et al.*, involving 201 participants in semi-structured interviews, it was demonstrated that there was more discrimination with schizophrenic homeless individuals than depressed homeless individuals (17). However, discrimination still plays a huge role in determining mental health outcomes, regardless of the specific disorder in question. Indeed, further research is necessary to determine whether and how these experiences of an individual differ based on whether they are experiencing rural, urban, or suburban homelessness.

Overall, discussing the effects of stigmatization reveals multiple barriers. For example, in a 2014 systematic review, homeless individuals reported high rates of shame and embarrassment, fear of negative social judgement, and concerns about confidentiality, with a range of 4-73% across different studies of the different subpopulations describing an experience of stigma, demonstrating its significant impact on particular groups (18). Stigma affects one's mindset, leading to a shameful and negative self-perception and view of the world, which may contribute to mental health issues like depression. These barriers include but are not limited to, treatment barriers, fear of social judgement, and avoidance in health-seeking behaviors.

Promising Solutions and Interventions

While more research still needs to be done in order to ensure we are able to directly address the negative

effects of discrimination and stigma on homeless individuals, including on their ability to access healthcare, some solutions have been attempted to both materially support homeless individuals and aid them with their mental health (Table 2). These can include providing stable housing, increasing access to low-barrier healthcare services, acknowledging geographical location (urban, rural, or suburban) offering education on healthcare necessities, and more. Although these efforts show promise, their effectiveness varies, and continued research is essential to develop comprehensive, evidence-based strategies that can be scaled and sustained over time, including in suburban areas.

To reduce stigma against homeless individuals, interventions such as Cognitive Behavioral Therapy (CBT), affordable housing programs, more accessible services (e.g., informal outreach), and improved healthcare access coupled with better-educated healthcare providers have shown positive outcomes.

Many of these interventions are localized to urban areas such as Boston, but have not been tried in suburban areas. If they were to be tried, there may be challenges including the challenge of transport to areas with resources and a lack of awareness of services compared to the concentrated nature of urban areas.

However, a solution to possibly correct the stigma associated with homeless individuals is CBT. CBT is a type of psychotherapeutic treatment that helps balance self-disruption behaviors and emotions stemming from stigma (19). Along with assisting mental health care, CBT also has great effects treating chronic low-back pain, which is highly associated with many disorders like anxiety or depression (20). Although it should be acknowledged that certain areas such as cities, suburbs, and rural areas all have different levels of accessibility and opportunity based on population and awareness. In turn, access to in-person CBT might be difficult for someone experiencing suburban homelessness to access due to the scarcity in resources and the widespread geographical location of suburban areas. Given the promising results of CBT use on other populations, which results in dramatically decreased substance use, mental health symptoms related to conditions such as anxiety and depression, as well as improving overall psychological wellbeing, it could be a cost-effective and highly impactful intervention in homeless populations as well (21). Pertaining to specifically children who are homeless, individual CBT sessions for trauma found itself to be highly effective as the study resulted in a

Table 2. Interventions for Homelessness and Stigma Reduction

References	Name of Study	Methodology	Patient Demographics	Key Findings
20	Cognitive-behavioral therapy for management of mental health and stress-related disorders: Recent advances in techniques and technologies	Literature search for systematic reviews, controlled clinical trials, and review articles	subjects in stressful situations among general and clinical populations, to help mental and physical health	CBT is a type of therapy to help people identify and change negative thought patterns that influence behavior and emotions. CBT intends to eliminate avoidant and safety-seeking behaviors, reduce stigma.
21	The effectiveness of psychological interventions for people experiencing homelessness: A systematic review and meta-analysis	Systematic review and meta-analysis on other studies across 5 databases	Sample sizes ranged from 27 to 270 participants. (Mothers with kids,homeless children,cocaine- addicted, veterans, people with serious mental illnesses, females, men who have sex with men, living with HIV, and also older women)	CBT h is very cost-effective and impactful in reducing substance use, symptom severity in anxiety and depression, and PTSD symptoms.
22	A Randomized Controlled Study of Cognitive-Behavioral Therapy for Posttraumatic Stress in Street Children in Mexico City	Randomized controlled trial with CBT sessions and self-reports following the sessions	Street children in Mexico City	For reducing symptoms of PTSD among homeless children in Mexico City, CBT has found to be highly effective on all measures including a broader range of mental health symptoms like a reduction in anxiety and depression.
23	Outreach-based clinical pharmacist prescribing input into the healthcare of people experiencing homelessness: a qualitative investigation	Qualitative study involved semi-structured face-to-face interviews	40 purposively sampled individuals with current or recent experience of homelessness, all staff involved in frontline delivery of the service, and 10 representatives of stakeholder agencies working in partnership with the service and/or with the same client group	After witnessing true engagement from providers and staff, patients seemed to successfully receive healthcare when they have declined or strayed away from it before. Establishing a credible and trustworthy relationship and having an efficient consultant/ pharmacists would make it easier for people to access healthcare.
24	The Evidence Behind Approaches that Drive an End to Homelessness	Qualitative and quantitative	Testing solutions on homeless individuals.	Prioritizing permanent housing seems to be helping reduce homelessness worldwide. Implementing programs that quickly re-house families and create supportive environments appears to have quite beneficial effects.

reduction of broad mental health symptoms such as depression, anxiety, and anger among the sample of homeless children (22).

Additionally, while interventions such as outreach-based clinical pharmacist programs have been suggested to help with re-introducing quick provider interaction between the healthcare providers and homeless individuals, this intervention remains to be tested empirically (23). Details such as improving relationships with providers due to past negative experience, and therefore building trust has been thoroughly discussed. It provides further inquiry to whether this program would be effective for suburban areas, where homeless individuals might face significant transportation barriers to accessing these programs, a challenge less prevalent in more concentrated urban areas.

Even though we do not currently have a plethora of research designed at addressing stigma against homeless individuals directly, especially not that focused on individuals in a particular geographic milieu, it has been demonstrated that offering stable housing opportunities could help individuals escape the cycle of homelessness and, hopefully, the accompanying stigma.

Offering stable housing has shown numerous benefits. For example, prioritizing permanent housing can reduce homelessness rates, with one initiative resulting in a 13% reduction (24). Although this percentage may seem modest, it still accounts for a large majority of homeless individuals transitioning into more stable housing situations. Additionally, after providing access to such programs, 80% of homeless individuals had permanent housing upon exit of the For Supportive Services for Veteran Families program. Furthermore, more programs like these should be implemented due to the efficiency in turning around homeless individuals' lives and their cost-effectiveness. For example, on average, it cost \$6578 for re-housing but more than 5 times more when compared with regular transitional housing, emergency shelter, or permanent subsidy. This proves the efficiency and low-cost benefits when the government provides such support. Also, when providing programs for homeless individuals (specifically in LA) such as supportive housing and access to hospitals/healthcare, more than 96% of these individuals remained stably housed.

However, it is important to acknowledge that since this data was collected from a city, the results can certainly differ as in suburban and rural areas, where there are fewer opportunities due to the sheer scale of

the problem coupled with the low level of awareness. Although these programs have primarily been developed and evaluated in urban settings, they still offer valuable frameworks that can guide meaningful progress and inspire transformative change for homeless individuals in suburban and rural areas as well.

CONCLUSION

Overall, suburban homelessness receives disproportionately less attention than its rural or urban counterparts, both in research on its scope and impact and in the testing of key interventions. While homelessness in cities and rural areas tends to be highlighted, a significant number of individuals struggling still reside in suburban areas. This lack of visibility does not equate to a lack of severity. In fact, individuals facing homelessness in suburban settings often encounter unique challenges, such as limited access to shelters, public transportation, and supportive services that are more readily available in urban centers. Furthermore, regardless of location, homeless individuals universally experience stigma.

Lastly, suburban homelessness is heavily understudied, leaving the general public as well as policymakers with insufficient information to understand and address it effectively. As it accounts for a large portion of all homeless individuals, suburban homelessness deserves serious consideration in both academic and policy endeavors. Interventions that have been proved successful in the general population or for homeless individuals in suburban areas, such as CBT, affordable housing, support services programs, and increased access to healthcare, should also be adjusted for and applied to suburban homeless individuals. In the future, research should focus on creating efficient and flexible solutions that suburban homeless individuals can benefit from, drawing lessons from urban homelessness interventions. Additionally, it is crucial to research the specific type of stigma while addressing the assumptions and incorrect beliefs about homeless individuals everywhere, but in suburban areas specifically. Overall, raising awareness for this issue is vital to foster the urgency required to address this pressing social problem effectively. The systemic nature of suburban homelessness, with its unique challenges and lack of resources, highlights a functional breakdown in the social support systems designed to prevent it – a clear manifestation of structural dysfunction, where societal institutions fail to adequately provide housing

and support for vulnerable populations. Addressing this problem effectively requires more than individual-level interventions; it demands a re-evaluation of how our social structures and institutions are equipped to provide for all members of society.

CONFLICT OF INTERESTS

The author declares no conflicts of interest related to this work.

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