Opinion-Perspective Article

Mental Health In Homelessness: A Global Health Crisis

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ABSTRACT

This article argues that the intersection of homelessness and mental health represents an urgent global health and human rights crisis. Homelessness and mental illness reinforce each other through a cyclical relationship, and addressing this crisis requires integrated, housing-centered interventions. While socioeconomic factors differ between high-income countries like the United States and low-income regions such as South Asia and Africa, the core problem remains the same: structural inequality, trauma, and inadequate access to mental health care perpetuate the cycle. The article supports a cautious interpretation of the Housing First model as a promising approach when implemented alongside broader policy reforms. The Housing First model's rationale centers on eliminating traditional barriers to housing access and prioritizing stability, which, in turn, leads to better outcomes and often lower societal costs. Ultimately, this perspective calls for global commitments that expand mental health services, address root causes of homelessness, and ensure equitable access to stable, affordable housing.

Keywords: Mental health; homelessness; global health crisis; Housing First model; policy-based solutions; health equity

INTRODUCTION

Homelessness represents a critical global issue and an urgent human rights challenge that affects millions of individuals worldwide and carries profound implications for public health and human dignity. Beyond the lack of stable shelter, homelessness reflects deeper structural and systemic failures and is intertwined with severe and persistent physical and mental health conditions (1). The stress associated with living without shelter may trigger pre-existing mental health disorders, including but not limited to depression, anxiety, and posttraumatic stress disorder (PTSD), while mental illness itself can directly contribute to housing instability by impairing an individual's ability to maintain stable housing. This relationship creates a self-reinforcing cycle in which homelessness and mental illness perpetuate one another (2, 3). The purpose of this paper is to argue that homelessness should be addressed as both a human rights and a public health issue, and that evidence-informed approaches, such as the Housing First model, offer a more effective alternative to traditional housing strategies. Additionally, this paper analyzes the challenges and proposes policy solutions related to homelessness and mental health.

Social costs of homelessness

The global health crisis associated with homelessness can be conceptualized as a three-tiered structure (Figure 1). At the foundational level, the crisis is defined by social costs and the erosion of fundamental rights, including increased healthcare expenditures, reliance on emergency services, and loss of productivity (4). The intermediate level reflects public health consequences, as individuals

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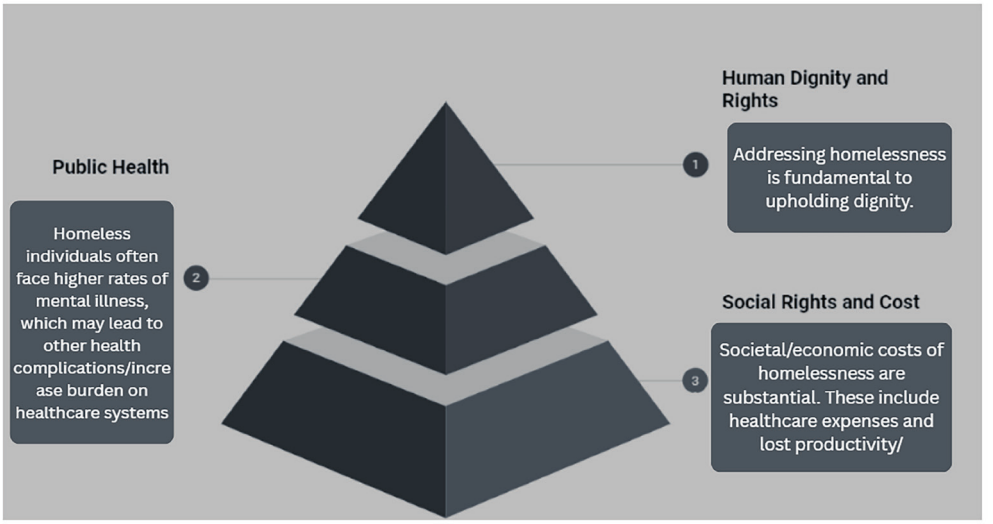

Figure 1. *Conceptual three-tier framework illustrating the social, public health, and human rights dimensions of homelessness.*

experiencing homelessness face significantly higher rates of mental illness, which contribute to complex health complications and strain healthcare systems (5). At the highest level, the crisis implicates human dignity and fundamental rights, as addressing homelessness is essential to preserving basic human dignity (6, 7).

Homelessness results in both acute and chronic physical and psychological health challenges. Mental health conditions such as depression, anxiety, and PTSD are disproportionately prevalent among individuals experiencing homelessness across global regions. Global systematic reviews and meta-analyses estimate PTSD prevalence among high-income homeless populations, specifically in Denmark, Sweden, Switzerland, and Norway, range between 21 and 30 percent (8, 9). In other high-income countries, European countries, including the United Kingdom and Germany, prevalence estimates range from 15 percent to 25 percent and are frequently linked to internal displacement and substance use (10). In Australia, the reported prevalence of PTSD ranges from 35 percent to 41 percent, reflecting high rates of complex trauma originating in early life (11). Ultimately, in high-income countries such as the United States, Australia, and France, homelessness is primarily driven by housing market failures, rising rental costs, and insufficient public subsidies, resulting in housing insecurity despite adequate physical housing supply (12, 13). Although prevalence varies by region, the evidence consistently demonstrates that homelessness both results from and contributes to severe psychological trauma.

Vulnerability factors for homelessness

Mental illness can increase vulnerability to homelessness, particularly when untreated symptoms interfere with employment, financial stability, or the ability to maintain consistent housing (14, 15). The longer individuals remain unhoused, the more likely they are to develop persistent and severe mental health conditions that become increasingly difficult to treat (16). Chronic uncertainty related to shelter, food access, and personal safety further exacerbates depression and anxiety over time (17).

This bidirectional relationship creates a self-reinforcing cycle in which mental illness and homelessness perpetuate one another. Understanding this cycle is critical for developing effective interventions. Research indicates that systemic barriers, including insufficient rental assistance and limited access to mental health care, contribute to this crisis. Data from the Center on Budget and Policy Priorities (CBPP) and the Urban Institute indicate that only one in four extremely low-income households at risk of homelessness receives federal rental assistance, reflecting a significant policy gap (18, 19).

In addition, constant stress, trauma, and a lack of access to proper healthcare intensify existing conditions in the homeless population. According to the Boston Health Care for the Homeless Program article, the average age of death for people experiencing homelessness is approximately 50-53 years old, nearly three decades less than the general U.S. population (20).

Therefore, homelessness is driven by a self-reinforcing cycle of untreated mental illness and housing instability (21), compounded by systemic policy gaps (22) and regional economic drivers (22) that collectively result in severe health disparities and a shortened lifespan (23).

Policy reform for homelessness

One widely studied intervention in the U.S, Australia, and the UK is the Housing First Model, which prioritizes immediate access to stable housing combined with voluntary mental, physical, and social support services. This approach contrasts with traditional Treatment First or linear models, which require individuals to demonstrate clinical stability before obtaining housing, and with Rapid Rehousing programs that emphasize short-term rental assistance and rapid placement rather than long-term stability (11, 13, 20). The primary distinction among these models lies in barriers to entry. Linear models impose strict treatment and behavioral requirements, meaning that relapses often result in eviction and a return to homelessness, contributing to low housing retention rates (13, 20). Rapid Rehousing programs are effective for individuals experiencing temporary housing crises, but are often insufficient for chronically homeless individuals with severe mental illness. Rental assistance typically lasts between three and twelve months, creating a high risk of housing loss once subsidies end (22).

In contrast, Housing First demonstrates consistently higher housing retention outcomes. Studies report that between 75 percent and 98 percent of participants remain housed after one year, substantially outperforming treatment-first approaches (11, 13, 20). Stable housing also reduces exposure to environmental stressors and supports improved engagement in voluntary mental health care, which is associated with better psychiatric outcomes (6, 21).

Despite its effectiveness, Housing First faces documented implementation challenges, including high upfront costs, limited availability of affordable housing, and political resistance to low-barrier housing policies. However, economic evaluations indicate that these costs are often offset by reductions in emergency department visits, hospitalizations, and criminal justice involvement. One analysis estimated that Housing First programs saved approximately one dollar and forty-four cents for every dollar invested, largely due to reduced reliance on emergency services (20, 23).

Taken together, these findings indicate that while no single housing intervention is universally applicable, Housing First represents the most effective approach for chronically homeless individuals with complex mental health needs when implemented alongside broader housing and mental health policy reforms.

CONCLUSION

The intersection of homelessness and mental health represents an escalating global health and human rights crisis. The cycle is insidious: mental illness can lead to homelessness, and homelessness exposes individuals to trauma that worsens psychiatric symptoms. This challenge is universal, manifesting differently depending on local conditions ranging from economic inequality and housing shortages in high-income nations to poverty and conflict in developing regions.

However, this cycle is not unbreakable. Integrated interventions, such as the Housing First model, offer a promising pathway forward, demonstrating that stable housing can help individuals regain security and access to necessary health services. Addressing this crisis requires systemic change. Policymakers must prioritize mental health care accessibility, invest in affordable housing, and address the structural inequalities that fuel homelessness.

By adopting holistic, person-centered approaches and challenging the systemic barriers that perpetuate this crisis, communities can work toward a future where homelessness and its mental health toll are significantly reduced.

CONFLICT OF INTEREST

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

REFERENCES

1. Robinson M. The link between global homelessness and poor mental health [Internet]. London: Depaul International; 2023 Oct 10 [cited 2025 Dec 20]. Available from: https://int.depaulcharity.org/news/the-link-between-global-homelessness-and-poor-mental-health/
2. Balasuriya L, Buelt E, Tsai J. The never-ending loop: homelessness, psychiatric disorder, and mortality. Psychiatr Times [Internet]. 2020 Jun 2 [cited 2025 Dec 20];37(6). Available from: https://www.psychiatrictimes.com/view/never-ending-loop-homelessness-psychiatric-disorder-and-mortality

3. Susser E. Homelessness and mental illness: a challenge to our society [Internet]. New York: Brain & Behavior Research Foundation; 2018 Sep 26 [cited 2025 Dec 20]. Available from: https://bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society
4. Newman T. Most homeless Americans are battling mental illness [Internet]. Washington, D.C.: U.S. News & World Report; 2024 Mar 18 [cited 2024 Mar 22]. Available from: https://www.usnews.com/news/health-news/articles/2024-03-18/most-homeless-americans-are-battling-mental-illness
5. Ali S. Mental health in homelessness: a global health crisis [Internet]. 2024 Oct 13 [cited 2025 Dec 20]. Video: 07:10. Available from: https://www.youtube.com/watch?v=r2ozX6r0WuA
6. Tsai J, Szymkowiak D, Shore S, Rosenheck R. Housing First and the role of homeless status in medical and mental health outcomes. *PubMed Central [Internet]*. 2022 Dec [cited 2025 Dec 20]; 10 (4): 112-121. Available from: https://pmc.ncbi.nlm.nih.gov/
7. Cunningham M. Homelessness and mental health: what the research tells us [Internet]. Washington, D.C.: Housing Matters, Urban Institute; 2018 Sep 12 [cited 2025 Dec 20]. Available from: https://housingmatters.urban.org/research-summary/homelessness-and-mental-health-what-research-tells-us
8. Adabanya U, Awosika A, Moon JH, Reddy YU & Ugwuja F. Mental health and homelessness. *Dtsch Arztebl Int [Internet].* 2023 Aug 11 [cited 2025 Dec 20]; 120 (31-32): 513-20. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10449002/ doi: 10.3238/arztebl.m2023.0139
9. Jackson House. The psychological toll of homelessness [Internet]. La Mesa (CA): Jackson House; 2024 [cited 2025 Dec 20]. Available from: https://jacksonhousecares.com/about-us/blog/the-psychological-toll-of-homelessness/
10. World Population Review. Homelessness by country 2025 [Internet]. Walnut (CA): World Population Review; 2025 [cited 2025 Dec 20]. Available from: https://worldpopulationreview.com/country-rankings/homelessness-by-country
11. U.S. Department of Housing and Urban Development. Housing First: a review of the evidence [Internet]. Washington, D.C.: HUD User; 2023 [cited 2025 Dec 20]. Available from: https://archives.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html
12. Filipenco D. Homelessness statistics in the world: causes and facts [Internet]. DevelopmentAid; 2025 Mar 27 [cited 2025 Dec 20]. Available from: https://www.developmentaid.org/news-stream/post/157797/homelessness-statistics-in-the-world
13. Aubry T, Nelson G, Tsemberis S. A randomized controlled trial of Housing First for people with absolute homelessness and serious mental illness. *Am J Public Health*. 2015 Jul; 105 (7): 1409-15. doi: 10.2105/AJPH.2014.302326
14. Roncarati JS, Baggett TP, O'Connell JJ, Hwang SW, Cook EF, Krieger N, *et al*. Mortality among unsheltered homeless adults in Boston, Massachusetts, 2000-2009. *JAMA Intern Med*. 2018; 178 (9): 1242-1248. doi:10.1001/jamainternmed.2018.2924
15. Gutwinski S, Schreiter S, Deutscher K, Zeermann U. The prevalence of mental disorders among homeless people in high income countries: an updated systematic review and meta analysis. *PLoS Med.* 2021; 18 (8): e1003750. https://doi.org/10.1371/journal.pmed.1003750
16. National Center for PTSD. Homelessness and PTSD [Internet]. Washington (DC): U.S. Department of Veterans Affairs; 2024 [cited 2025 Dec 31].
17. Sundin J, Baggaley RF. Mental health of the homeless: a global perspective. *Lancet Public Health*. 2022; 7(9): e728-e729. https://doi.org/10.1016/S2468-2667(22)00193-1
18. Australian Institute of Health and Welfare. Mental health services for people experiencing homelessness [Internet]. Canberra: AIHW; 2023 [cited 2025 Dec 31].
19. National Alliance to End Homelessness. Trauma and homelessness [Internet]. Washington (DC): NAEH; 2022 [cited 2025 Dec 31].
20. Tsemberis S. Housing First: The Pathways Model to End Homelessness with Psycho Social Rehabilitation. 2nd ed. Center for Capacity Building; 2022.
21. National Alliance to End Homelessness. Housing First [Internet]. Washington (DC): NAEH; 2022 [cited 2025 Dec 31].
22. Urban Institute. Rapid Rehousing: Challenges and Opportunities [Internet]. Washington (DC): Urban Institute; 2023 [cited 2025 Dec 31].
23. Collins SE. Overview of the evidence base: Housing First state of the science [Internet]. Seattle (WA): University of Washington; 2025 [cited 2025 Dec 31].