



Perceptions of health and health service utilization among homeless and housed psychiatric consumer/survivors

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Homelessness has a direct impact on health. Homeless individuals report several barriers to accessing health care. Although research exists regarding the utilization of health services for homeless and housed psychiatric consumer/survivors, few studies have compared the perceived health and service utilization of these two groups. The objective of this study was to determine whether or not differences exist between the utilization of health services and the perceptions of health of homeless and housed psychiatric consumer/survivors in London, Ontario, Canada. It was hypothesized that differences would exist between homeless and housed psychiatric consumer/survivors on all health-related variables examined. A secondary analysis of quantitative data was conducted in a Community–University Research Alliance on Mental Health and Housing project funded by the Social Sciences and Humanities Research Council of Canada. Key findings include significant differences in the characteristics of each population, the use of health services and their perceptions of health. Implications for practice and policy are discussed.

Keywords: health, homeless, housing, mental health, policy, service utilization

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Introduction

Homelessness has a direct impact on health (Frankish *et al.* 2005). Homelessness is most commonly defined as living on the streets, in public places or in shelter-type accommodations (Tsemberis *et al.* 2004). Previous literature indicates that homelessness affects the physical health of individuals by creating and complicating physical illness. Homelessness has been found to be associated with a high rate of musculoskeletal disorders (Perkins *et al.* 1998). In addition, homelessness exposes shelter users to tuberculo-

sis, human immunodeficiency virus/acquired immunodeficiency syndrome, and influenza, and complicates the management of diabetes and asthma (O’Connell 2004). However, it is important to note that many risk factors that are associated with homelessness, such as poverty and substance abuse, are also strong independent risk factors for ill health (Frankish *et al.* 2005).

In addition to increased health risks, increased mortality rates have been observed in the homeless population. Hwang (2000) conducted a cohort study of 8933 men who used homeless shelters in Toronto, Ontario, Canada,