MRC/CSO
Social and Public Health
Sciences Unit

Briefing: Review of published evidence about the health of people experiencing co-occurring homelessness, imprisonment, substance use, sex work and/or severe mental illness

Published August 2021

Why did we do this study?

We know that people who experience homelessness, imprisonment, substance use, sex work or severe mental illness have much poorer health than others in the population, with high rates of premature death and avoidable illness.

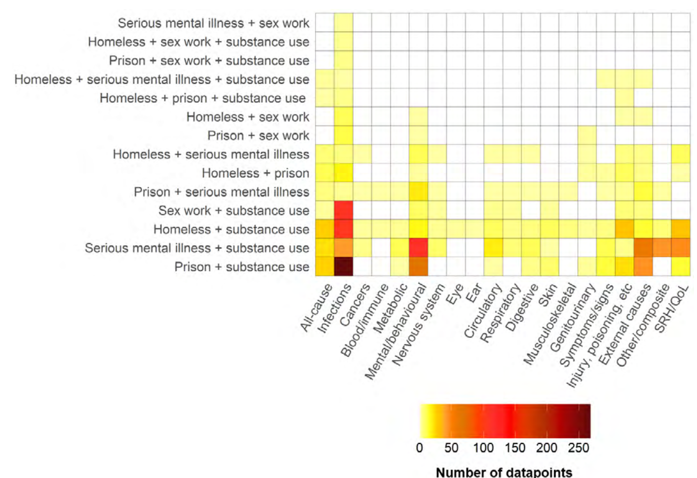
However, these experiences commonly occur in combination, rather than on their own. There's good reason to think that this overlap might affect health – for instance, we know that the time after being released from prison is a high-risk period for drug-related death – but the evidence on this question hasn't previously been brought together.

What did we do?

We searched evidence databases for previously published research carried out in high-income countries that investigated death, ill-health, or self-rated health or quality of life (SRH/QoL) among people with more than one of these experiences. We synthesised the results of these studies by summarising the different study types, combinations of experiences studied, and outcomes examined, and by looking at whether they found that outcomes were better, worse, or no different to people with single or no such experiences. Where possible, we also pooled the numerical estimates from different studies to obtain a summary measure of inequalities in these outcomes between people with multiple vs fewer experiences.

What did we find?

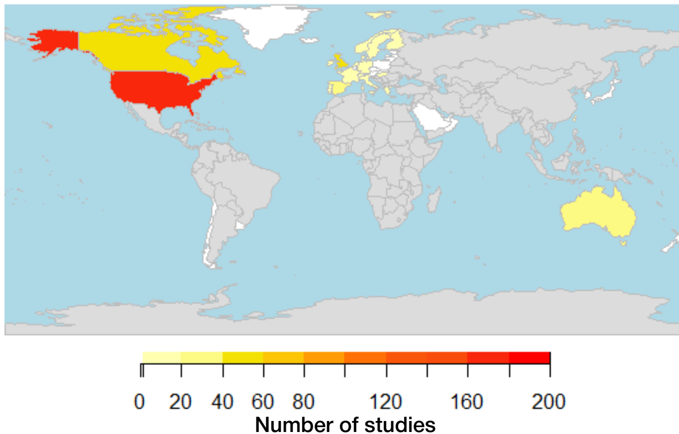
- The most common health outcomes studied were infections, mental health problems, and 'external causes' (i.e. overdoses, suicide and self-harm, violence, and accidents). Infectious diseases were the most common condition studied by far, accounting for 40% of all outcomes reported – blood borne viruses (like HIV and hepatitis C) accounted for 31% in total. There was relatively little evidence available on common conditions such as heart disease, cancer, lung disease, and diabetes, with no data at all reported on these conditions for some combinations of experiences.



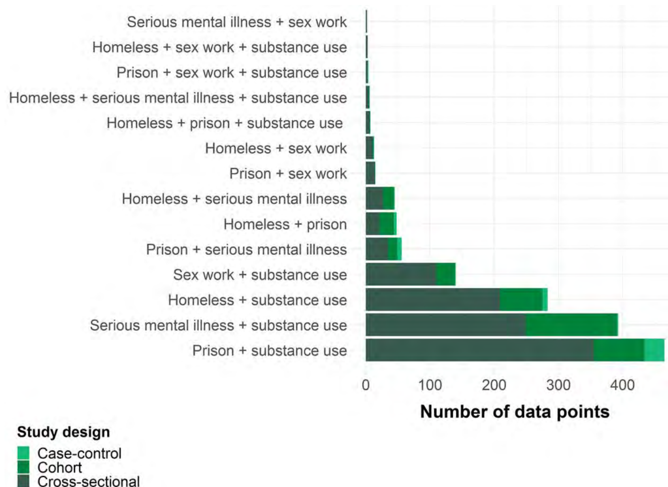
MRC/CSO Social and Public Health Sciences Unit

MRC Medical Research Council
CHIEF SCIENTIST OFFICE
University of Glasgow

- The vast majority (80%) of outcomes included showed that people with multiple experiences had poorer health. For instance, they were 57% more likely to die from any cause during follow-up – this is over and above the 8-12x higher risk of death seen between people with one experience and the rest of the population, suggesting profound health inequalities.
- In terms of gaps in research, most of the 444 studies included in the review were from the USA, Canada, Australia, or the UK.



- Most studies used a 'cross-sectional' design, where experiences and health outcomes are measured at the same point in time; in general, this results in poorer-quality evidence than studies which make multiple measurements over time ('cohort' designs).
- Studies to date on this topic have examined a relatively limited set of experiences, with prison/substance use and severe mental illness/substance use most common. Very few studies we found had investigated health outcomes among people with 3 experiences in combination and none looked at 4.



What next?

- Research should focus on a broader range of combinations of experiences, and of health outcomes – especially common long-term conditions like heart disease, cancer, diabetes, and lung disease
- This is especially true for studies in the UK, of which there were relatively few
- To address the profound health inequalities experienced by these populations, there's a need for co-ordinated services and policies spanning multiple sectors, including housing, justice systems, and social security, as well as healthcare
- This includes expanding provision for evidence-based interventions for people with multiple disadvantage, such as Housing First, assertive outreach, and throughcare support in custodial settings, as well as action to address the underlying causes of these experiences

Link to paper:

http://dx.doi.org/10.1136/jech-2020-215975

Authors:

Emily Tweed, Rachel Thomson, Dan Lewer, Colin Sumpter, Amir Kirolos, Paul Southworth, Amrit Kaur Purba, Robert Aldridge, Andrew Hayward, Alistair Story, Stephen Hwang and Srinivasa Vittal Katikireddi

This work was funded by a Clinical Academic Fellowship from the Chief Scientist Office (CAF/17/11)