



Centre for
Homelessness Impact.

Evidence Summary

Homelessness- related mortality: a health inequality with avoidable causes

What we found

Risk of death is more than twice as high among people exposed to homelessness when compared with people who have not experienced homelessness, a systematic review and meta-analysis commissioned by the Centre for Homelessness Impact has found. Relative risk among this group is 2.21. Elevated mortality is present across all types of homelessness examined, and is not confined to rough sleeping, although this is where the risk is highest.

People who sleep rough are more than seven times more likely to die prematurely than people in comparison populations. For people impacted by homelessness who have stayed in bed and breakfast accommodation, single occupancy housing with a shared bathroom or low cost hotel, the risk is five times higher. Individuals who stay in a homelessness hostel, refuge or shelter are more than three times more likely to die prematurely.

Table 1: Risk of all-cause mortality by type

Rough sleeping	7.63
Low cost hotels / B&B	5.18
Shelter / hostel	3.44
All forms of homelessness	2.21

There was no evidence of a difference in relative risk of death between men (relative risk: 4.04) and women (relative risk: 3.58) affected by homelessness.

Geographically, mortality risks for people experiencing homelessness are higher in studies from Europe and Canada than in studies from the United States.

Table 2: Geographical risk of all-cause mortality

Canada	3.11
Europe	3.09
India	1.87
United States	1.81
Australia	1.51
South America	1.37

Causes of death among people exposed to homelessness

Researchers examined 36 causes of death from the studies reviewed and found that the risk of mortality was elevated for 33 of these causes relative to comparison populations.

“Deaths attributed to psychoactive substance use disorder were more than 20 times more likely among people who had experienced homelessness compared to those who had not”

Deaths attributed to psychoactive substance use disorder showed by far the largest inequality of any cause examined: more than 20 times the risk in comparison populations. The scale of risk associated with psychoactive-substance-use disorders was very high and was described by the authors as “of a magnitude rarely seen in modern epidemiology”.

Other causes associated with particularly high relative mortality risks included external causes of accidental injury (relative risk: 13.15), drug overdose (relative risk: 11.65), accidents (relative risk: 9.40), alcohol-related causes (relative risk: 5.93) and suicide (relative risk: 4.11). The researchers say drug and alcohol misuse are likely to be implicated in several of these causes, including accidental deaths.

Implications for policy and practice

“Inequalities in the risk of death between people who have experienced homelessness and those who have not are stark and many of these deaths are preventable”

Mortality among people experiencing homelessness is a serious and avoidable health inequality. Several of the causes with the largest inequalities identified in the review, including substance use disorders, overdose and alcohol-related deaths, are treatable and preventable. Evidence-based approaches include methadone and buprenorphine maintenance for opioid dependence, naloxone distribution to reverse opioid overdose, psychosocial interventions, and support services integrated with rapid-response housing, schemes as in the Housing First model.

The high relative mortality risk among people experiencing homelessness who stay in low-cost hotels, bed and breakfast accommodation or single-occupancy housing with shared facilities should be considered by commissioners who see these as long-term housing solutions.

Responsibility for reducing mortality among people affected by homelessness should be shared across housing, public health, and social care. Closer working among and across health, housing and social services teams is needed to enable earlier identification of risks among individuals experiencing homelessness.

About the review

A systematic review and meta analysis of risk of mortality among people experiencing homelessness was conducted by academics at Cardiff University and University College London for the Centre for Homelessness Impact. The lead author was Professor James White at the Centre for Trials Research at Cardiff University's School of Medicine. The study examined risks of death among people who experience all forms of homelessness and is the first anywhere in the world to look at the association between homelessness and 36 specific causes of mortality. It is also by far the largest systematic review on homelessness and mortality. The results are published in the *International Journal of Epidemiology*.

"This is the largest study in the world to look at the association between homelessness and specific causes of mortality"

Researchers examined findings from 116 studies (114 published studies and two unpublished data sets). These involved at least 131.9 million people across 22 countries, including 2.56 million people with experience of homelessness. More than half (57.1%) of the studies were rated as high quality. Almost all of the studies (96.5%) were from high-income countries.

The value of evidence synthesis

A systematic review and meta analysis of this kind examines hundreds of research studies to assess if they are relevant to the question being explored. Authors identify relevant studies, assess their quality and risk of bias, and synthesise the findings using transparent and systematic methods. By bringing together studies with comparison populations and synthesising the most comprehensively adjusted estimates, it allows us to quantify the excess mortality associated with homelessness, compare different experiences of homelessness and examine where greatest inequalities from specific causes of death lie.

Evidence synthesis is therefore fundamentally different to a single original study which, however valuable, may prove to be an outlier by generating results that do not reflect what happens in other contexts or under different conditions.

Context

Current widely cited data on mortality and homelessness tends to focus on people who sleep rough or in shelters. While important, this has not provided insights into the relative risk of premature death among individuals who are exposed to other types of homelessness. Previous research has also expressed risk in terms of average age of death but has not been able to tell us how much greater the risk of death is for someone experiencing homelessness than for someone who is not. Nor has it provided a statistical aggregation of the association between homelessness across specific causes of death.

Limitations

Studies included in this analysis used a range of definitions of homelessness, both in types of homelessness included and whether experiences of homelessness were current or historic. There was also variation across studies included in comparator groups. Some used data from the general population, while others were cohort studies that followed groups over time and a number used comparator populations with higher relative deprivation. For these reasons, caution should be used when interpreting estimates.

It was not possible to determine the length of time over which people who featured in studies had experienced homelessness. For this reason, it was not possible to analyse whether longer exposure to homelessness was associated with an increased risk of mortality.

The authors found very limited evidence on sofa-surfing and no studies from low-income countries. This is observational evidence, which cannot on its own tell us which interventions reduce mortality.

Glossary

Elevated mortality	A higher rate of death than in the comparison group
Relative risk	The chance of an event among one group compared with the chance of it happening in another group
All-cause mortality	Death from any cause, rather than a specific cause
Psychoactive substance use disorder	Mental or behavioural disorders due to use of psychoactive substances such as alcohol, opioids and other drugs

Read the full report here

<https://www.homelessnessimpact.org/publication/mortality-in-people-experiencing-homelessness-a-systematic-review-and-meta-analysis>

