



## Homeless people—their health and their children's health

400 000 in Europe. 550 000 in the USA. About 3000 in Paris, Barcelona, or London. Those are the estimates of the number of people homeless nightly. Although methodological and definition differences challenge estimations of the number of people who are homeless and comparisons between countries, still those numbers speak for themselves. What they might not reveal, however, are the visages, the lives and stories behind those estimates.

The causes of homelessness are complex, and most often are the convergence of individual and structural factors—such as poverty, childhood adverse experiences, mental and behavioural disorders, availability and affordability of housing, and income support.

Homeless people have higher rates of premature mortality and an increased prevalence of infectious diseases and mental and behavioural disorders than the general population. On Nov 11, in *The Lancet*, Robert Aldridge and colleagues' systematic review and meta-analysis of morbidity and mortality in socially excluded populations (homeless individuals, prisoners, sex workers, and individuals with substance use disorders) reported that these populations have a mortality rate about eight times higher for men and 12 times higher for women than the average population (standardised mortality ratio [SMR] 7.88, 95% CI 7.03–8.74, for men, SMR 11.86, 10.42–13.30, for women). The excess mortality associated with social exclusion is clearly extreme. For Aldridge "These extreme inequities demand an intensive cross-sectoral policy and service response to prevent exclusion and improve health outcomes." The accompanying Review on inclusion health—an approach that aims to address extreme health and social inequities, outlines effective interventions for these marginalised populations.

Homeless people can also be parents. The effects of homelessness on offspring's health are difficult to assess, and research is scarce. According to the 2016 Annual Homeless Assessment during one night-time count of homeless people in the USA, more than one-fifth of people homeless were children; there were 194 716 people in families with children experiencing homelessness, representing 35% of the homeless population. The health of these children deserves attention.

In this issue of *The Lancet Public Health*, Sandra Feodor Nilsson and colleagues look into the associations between parental homelessness and child mental health. They report the first nationwide register-based cohort study with data from more than 1 million children aged 0–16 years in Denmark assessing both the mother's and father's history of homelessness and its association with children's risk of psychiatric and behavioural disorders. They found that the incidence of any psychiatric disorder was 15.1 cases per 1000 person-years (95% CI 14.4–15.8) in offspring with at least one parent with a history of homelessness, compared with 6.0 per 1000 person-years (95% CI 6.0–6.1) in those whose parents had not been homeless. The risk was higher with maternal than paternal homelessness. The children were at greater risk of attachment disorder and substance use disorder.

Writing the linked Comment, Wayne Hall notes that these findings strengthen the case for improving health services and social support for homeless adults and their children. Importantly, he adds "finding better ways to address parental homelessness should be a research priority for services that seek to improve the mental health of homeless people and their children".

Nilsson and colleagues' study not only adds a new perspective by focusing on parental history of homelessness as a social determinant, but also adds to the growing body of evidence around intergenerational transmission of complex adversity. Better support for marginalised and homeless families could lead to sizeable improvements in the mental health of their children.

There is also an economic argument. According to the European Commission Confronting Homelessness in the European Union, the cost of not addressing homelessness is very high. For example, the annual cost of homelessness in Canada was estimated at between CAN\$4.5 billion and 6.0 billion. The social costs of homelessness are especially high for the justice and health systems.

For Michael Marmot, writing in *The Lancet*, "We need the involvement of society as a whole to tackle the causes of the causes of social exclusion and its dramatic health consequences. This approach might save money and it is the right thing to do." It surely is.

■ *The Lancet Public Health*

For the Article by Aldridge and colleagues see [Articles Lancet 2017](#); published online November 11. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31869-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext)

For the Review on Inclusion health see [Review Lancet 2017](#); published online November 11. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31959-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31959-1/fulltext)

For the Comment by Marmot see [Comment Lancet 2017](#); published online November 11. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32848-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32848-9/fulltext)

For the paper by Feodor Nilsson and colleagues see [Articles e541](#)

For the comment by Hall see [Comment](#) page e530

For the 2016 Annual Homeless Assessment Report see <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>

For the Confronting Homelessness in the European Union paper see <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52013SC0042&from=EN>

For the Homelessness Series see <http://www.thelancet.com/series/homelessness>