

**UNDERSTANDING HOMELESS WITH REFERENCE TO MENTAL HEALTH;
CASE STUDY IN GEORGETOWN, PENANG**

by

HAFIZZUL AMRI BIN HASSAN

Thesis submitted in fulfillment of the requirements for Master degree (Mix Mode)

January 2014

ACKNOWLEDGEMENT

In the Name of Allah, the Most Gracious, the Most Merciful

I am owed to thank my supervisor Dr. Bala Raju Nikku for his invaluable supervision, guidance and advice not only in completing this study, but also in shaping my thoughts and ideas greatly. My thank goes to Associate Professor Dr. Azlinda Azman for her initial supervision and encouragement to this study. I would like to thank our dean of school of social sciences Nor Malina Malek for her support and a highly appreciable treatment of us. I would also like to remember non-academic staff of our school: Encik Abdul Aziz, Puan Roslina Idros, Puan Rosin Yusoff, And Puan Aniza Malik who always helped this study willingly.

I take this opportunity to express my sense of gratitude to our University Sains Malaysia for its support of my study. I am thankful to all participants, who were the sustenance of this study, for a true participation and the sharing of vital information Mr. Peter and all members of KAWAN, Penang are also recalled at this movement with an appreciation for their assistances to this study during data collection. All my close friends, fellow students are also thanked for their moral support. Finally, I am grateful to my mother Saadiah Binti Abdul Hamid, father Hassan Bin Kasim and family members for their unwavering support and commitment of this study at the expense of their physical presence and emotional attachment with me.

TABLE OF CONTENTS		Page
ACKNOWLEDGEMENT		ii
TABLE OF CONTENTS		iii
LIST OF TABLES		vi
LIST OF APPENDICES		vii
LIST OF ABBREVIATIONS		viii
ABSTRAK		ix
ABSTRACT		x
CHAPTER ONE	INTRODUCTION	1
1.1	Research Background	1
1.2	Problem Statement	4
1.3	Research Objectives	6
1.4	Research Question	6
1.5	Research Limitation	6
1.6	Research Significance	7
1.7	Conceptual And Operational Definition	8
	1.7.1 Mental Health	
	1.7.2 Homeless	
1.8	Organization of the Research	9
CHAPTER TWO	LITERATURE REVIEW	11
2.1	Introduction	11
2.2	Homeless	11
2.3	Mental Health	12
2.4	Causes for Homelessness	14
	2.4.1 Poverty and Homelessness	
	2.4.2 Mental Health Issues	
	2.4.3 Addiction	
	2.4.4 Domestic Violence and Victimization	
	2.4.5 Unemployment	
	2.4.6 Disability	
	2.4.7 Family Problems	
	2.4.8 Health Issues	
2.5	Conclusion	24

CHAPTER THREE	METHODOLOGY	25
3.1	Introduction	25
3.2	Research Design	25
3.3	Research Sampling	25
	3.3.1 Sampling Procedure	
3.4	Research Location	27
3.5	Research Instrument	28
	3.5.1 Part A	
	3.5.2 Part B	
	3.5.3 Part C	
3.6	Data Collection	30
	3.6.1 Primary Data	
	3.6.2 Secondary Data	
3.7	Data Analysis	31
	3.7.1 Spss Analysis	
	3.7.2 Content Analysis	
3.8	Research Ethics	32
CHAPTER FOUR	RESEARCH FINDINGS	33
4.1	Introduction	33
4.2	Respondent Background (Part A)	33
	4.2.1 Age Range of Respondents	
	4.2.2 Gender Distributions of Respondents	
	4.2.3 Ethnicity of Respondents	
	4.2.4 Religion of Respondents	
	4.2.5 Social Status of Respondents	
	4.2.6 Region of Respondents	
	4.2.7 Homelessness Duration Scale of Respondents	
	4.2.8 Education Level of Respondents	
	4.2.9 Occupation of Respondents	
	4.2.10 Diseases of Respondents	
	4.2.11 Root Causes for Homelessness	
4.3	MHI-38 Analysis Result (Part B)	42
	4.3.1 Anxiety Scale Analysis Result	
	4.3.2 Depression Scale Analysis Result	
	4.3.3 General Positive Affect Analysis Result	
	4.3.4 Emotional Ties Analysis Result	
4.4	Interview Analysis (Part C)	49
	4.4.1 Respondent Background	
	4.4.2 Causes for Homelessness	
	4.4.2.1 Addiction	
	4.4.2.2 Unemployment	
	4.4.2.3 Family Problems	
	4.4.2.4 Mental Problems	

	4.4.2.5 Victimization	
	4.4.2.6 Institutionalization	
	4.4.2.7 Monetary Problems	
	4.4.2.7 Migration	
4.5	4.4.3 Homeless Needs in Georgetown	75
	Conclusion	
CHAPTER FIVE	DISCUSSION AND CONCLUSION	76
5.1	Introduction	76
5.2	Research Objective Discussion	76
	5.2.1 Root Factors of Homelessness in Georgetown, Penang	
	5.2.2 Level of Mental Health among Homeless in Georgetown, Penang	
5.3	Social Work Interventions	79
	5.3.1 Homelessness	
	Individual	
	Family	
	Policy	
	5.3.2 Mental Health	
	Peers/ Homeless Friends	
	Health Care Provider	
	Institutions and NGOs	
5.4	Conclusion	82
	REFERENCES	84
	APPENDICES	93

LIST OF TABLES

Table No.	Title	Page
	CHAPTER ONE (Introduction)	
Table 1.1	<i>Number of Homeless in Malaysia (2009 to 2011)</i>	2
Table 1.2	<i>Details of Homelessness in Malaysia's States-2011</i>	2
	CHAPTER TWO (Literature Review)	
Table 2.1	<i>Some of the Definition of Homeless at a Glance</i>	11
	CHAPTER THREE (Methodology)	
Table 3.1	<i>Item Composition of Four Subscale Included in MHI-38</i>	29
	CHAPTER FOUR (Research Findings)	
Table 4.1	<i>Demographic Information of Homeless in Georgetown Penang</i>	33
Table 4.2	<i>Mental Health Inventory-38</i>	43
Table 4.3	<i>Respondent with Severe MHI-38 Result Explanation</i>	44
Table 4.4	<i>Anxiety Level of Respondents</i>	45
Table 4.5	<i>Depression Level of Respondents</i>	46
Table 4.6	<i>Respondent with Severe Depression Explanation</i>	47
Table 4.7	<i>General Positive Affect Level of Respondents</i>	48
Table 4.8	<i>Emotional Ties of Respondents</i>	49
Table 4.9	<i>Respondent Background (Interview)</i>	50
Table 4.10	<i>Causes for Homelessness</i>	52

LIST OF APPENDICES

Appendices	Contents	Page
A	Research Questionnaire	93
B	Respondent Interview Transcript	101
C	Approval Letter from School for Data Collection	134

LIST OF ABBREVIATIONS

AHAR	Annual Homeless Assessment Report
CODs	Co-Occurring Disorders
DHUD	Department of Housing and Urban Development
KOMTAR	Kompleks Tun Abdul Razak
MHI-38	Mental Health Inventory-38
NCH	National Coalition of Homelessness
NGOs	Non Government Organizations
NHCHC	National Health Care for the Homeless Council
SPSS	Statistical Package for Social Sciences
SRO	Single Room Occupancy
U.S	United States
WHO	World Health Organization

MEMAHAMI GELANDANGAN DENGAN MERUJUK KEPADA KESIHATAN MENTAL; KAJIAN KES DI GEORGETOWN, PENANG.

ABSTRAK

Isu gelandangan di Georgetown yang kian meruncing mewujudkan kerisauan yang tinggi dalam kalangan masyarakat di Pulau Pinang khususnya. Kewujudan gelandangan di Georgetown didasari dengan pelbagai faktor seperti pengangguran, masalah ketagihan, penyalahgunaan dadah, sejarah hidup (banduan), masalah keluarga dan kemiskinan. Statistik menunjukkan jumlah gelandangan seluruh Malaysia pada tahun 2011 adalah sebanyak 1446, dan gelandangan di Pulau Pinang mencatatkan bilangan kedua tertinggi selepas Kuala Lumpur iaitu sebanyak 343 orang. Objektif kajian ini adalah untuk: 1) mengenalpasti faktor asal/utama yang mewujudkan gelandangan di Georgetown Penang, 2) menganalisis tahap kesihatan mental gelandangan di Georgetown Penang, 3) mengenalpasti keperluan gelandangan di Georgetown Penang, 4) mencadangkan intervensi Kerja Sosial yang sesuai untuk menyelesaikan isu gelandangan di Georgetown Penang. Kajian ini menggunakan metodologi kajian campuran iaitu rekabentuk kuantitatif dan kualitatif, dengan kaedah persampelan bertujuan. 30 gelandangan telah dipilih secara rawak untuk menjawab soal selidik yang berkaitan kesihatan mental. Kajian ini juga telah menemui 3 gelandangan untuk memahami permasalahan yang mereka hadapi serta mengenalpasti keperluan mereka. Hasil kajian ini telah mengenalpasti 3 faktor utama yang mewujudkan gelandangan di Georgetown iaitu masalah ketagihan, pengangguran dan masalah keluarga. Secara umumnya, 40% gelandangan yang menjadi responden dalam kajian ini dikenalpasti menghadapi tahap kesihatan mental yang teruk manakala secara khusus 30% gelandangan dalam kajian ini juga dikenalpasti menghadapi kemurungan yang teruk dan 40% gelandangan ini menghadapi tahap keresahan yang teruk. Gelandangan di Georgetown Penang berisiko tinggi untuk menghadapi sakit mental sekiranya berterusan menghadapi tahap kesihatan mental yang teruk. Intervensi Kerja Sosial yang sesuai dan realistik mampu mengurangkan risiko mereka untuk mendapat sakit mental dan seterusnya menyelesaikan masalah gelandangan di Georgetown Penang. Gelandangan perlu bijak bertindak secara individu untuk mencari bantuan yang telah disediakan oleh kerajaan dan NGO. Proses integrasi semula gelandangan kepada keluarga juga perlu dilaksanakan untuk memastikan golongan ini mendapat sokongan yang secukupnya dan tidak kembali semula ke jalanan. Meningkatkan tahap kesihatan mental gelandangan dan mengembalikan kefungsi sosial gelandangan kepada normal memerlukan sokongan, bantuan dan kerjasama yang baik daripada semua pihak. Kegagalan sesetengah pihak untuk menyalurkan bantuan secara tidak langsung menjejaskan serta melambatkan usaha membasmi gelandangan di Georgetown Penang.

**UNDERSTANDING HOMELESS WITH REFERENCE TO MENTAL HEALTH;
CASE STUDY IN GEORGETOWN, PENANG**

ABSTRACT

Homeless issue in Georgetown is worsening and create a high anxiety among people in Pulau Pinang particularly. Existences of homeless in Georgetown due from various factors such as unemployment, addiction, substance abuse, history of life (prisoners), family problems and poverty. Statistics shows number of homeless throughout Malaysia in 2011 was 1446, and homeless in Penang was second highest after Kuala Lumpur with 343 people. The objectives of study were to: 1) Identify the factors of the original/main that causes homelessness in Georgetown Penang, 2) Analyze the mental health of homeless people in Georgetown Penang, 3) Identify the needs of homeless people in Georgetown Penang, 4) To suggest possible Social Work intervention to address homeless issue in Georgetown, Penang. This study used a mixed research methodology: quantitative and qualitative design as well as used purposive sampling. 30 homeless were randomly selected to answer questionnaire that related to mental health. This study also interviewed three homeless people to understand their problems deeply and identify their needs. This study identified three main factors that cause homelessness in Georgetown: 1) addiction problems, 2) unemployment, 3) family problems. Generally 40 % of homeless in this study identified suffer from severe mental health. Specifically, 30 % of homeless in this study were identified suffer from severe depression and 40 % of them suffer from severe anxiety level. Based on findings, homeless was at high risk to suffer from mental illness if they are being ignored. Possible and realistic Social Work Intervention able to reduce homeless risk for mental illness and finally solve the homeless problem in Georgetown Penang. Homeless should act ingenious to find assistances that had been provided by the government and NGOs. Reintegration process of homeless to families need to be implemented to ensure these people receive adequate support and avoid them from relapse. Improving mental health of homeless and their social functioning to normal condition cannot be happened without a strong support, assistance and cooperation of all parties. The failure of some parties extend assistance indirectly affect and delay the effort to eradicate homeless in Georgetown, Penang.

CHAPTER ONE

INTRODUCTION

1.1 Research Background

Homelessness is one of a key social issues that Malaysia faces today. The existence of homeless persons indirectly affects the Malaysian image as a country which is popularly known for tourism and rapid economic growth. The other challenges like Illegal migrant workers, refugees, drug addiction, prisoners, delinquents, domestic violence, child abuse, and higher prevalence of disability also hinder the progress of Malaysia today. However there is less number of researchs about homeless in Malaysia especially in specific places or city. Malaysian government should put all effort to find a solution to eradicate the number and in future will overcome the homeless problems in Malaysia.

In Malaysia, Social Welfare Department has an authority and responsibility to trace, and keep the homeless people safe. The Social Welfare Department of Malaysia will publish the report that contains the statistics of homeless that have been kept safe under their responsibility every year. A report has shown the number of homeless that have been looked after by the Social Welfare Department since 2009 to 2011. The highest number of homeless was in 2009 with 1934 persons but in 2010 the number has decreased to 1434 and which show a positive result than 2009 (Social Welfare Department Report, 2011). However, in 2011 the number has increased to 1446 persons. Even though it was only increasing a bit and it needs a solution or improvement to make sure that the number of homeless that is being taken care of is always decreased by Social Welfare Department

Table 1.1

Number of Homeless in Malaysia (2009 to 2011)

Year	Homeless Total
2009	1934
2010	1434
2011	1446

Source: Social Welfare Department Report (2009 - 2011).

Table 1.2 below, showed the homeless cases in Malaysia's states in 2011. Kuala Lumpur shows the highest cases (437 persons) of homeless in 2011, and followed by Pulau Pinang with 373 persons. The number of homeless cases in Pulau Pinang showed the severity of the problem in this state. The number of cases is a supporting evidence for this problem statement, especially to argue as to why the researcher is eager to focus in Pulau Pinang.

Table 1.2

Details of Homelessness in Malaysia's States-2011

State	2011		
	Male	Female	Total
Johor	104	32	136
Kedah	28	9	37
Kelantan	5	2	7
Melaka	27	5	32
Negeri Sembilan	19	13	32
Pahang	22	3	25
Perak	67	14	81
Perlis	6	3	9
Pulau Pinang	301	72	373
Sabah	0	0	0
Sarawak	5	3	8
Selangor	146	60	206
Terengganu	31	30	61
W.P Kuala Lumpur	279	158	437
W.P Labuan	2	0	2
Total	1042	404	1446

Source: Social Welfare Department Report (2011).

Research indicates that homeless individuals are unskilled, having very low employability, unemployed, suffer in poverty, have poor health status, and facing with family disintegration or dysfunctional (Begging and Anti Social Behavior, 2003). The statement

shows how serious is this problem and without a proper and timely intervention this problem might become more serious. Various stakeholders such as NGOs, policy makers, social workers, researchers, educators students, activists as well as community has a responsibility and chances to voice out their opinion and work together to help the homeless from dysfunctional to functional. Department for Communities and Local Government, London (2010) defined that someone is homeless when he/she does not have an accommodation to which he/she has a legal right to occupy, which is accessible and physically available to them (and their household) and which would be reasonable for them to continue to live in.

National Destitute People Act (1977), define homeless as “any idle person found in a public place, whether he is begging or not, who has no means of livelihood in the face of residence or who is unable to express himself satisfactorily”. A variety of definitions about homeless make this social problem become more complicated to understand, but in the other angle, it can be witnessed that previous researchers could help us to define a homeless person more specifically and clearly. Other than that different definitions helped researcher to find the most suitable definition that is related to the objectives of the research.

Such other social problems, homeless as well would not afford from other complication or factor that blend together in homeless issue. One of the big issues that related to homeless is mental health issue, mental health issue can be a factor that bring someone in the street and become homeless or homelessness can make someone face a critical episode of mental health problems. Mental health can be defined, as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2007). Furthermore, Healthy People Article (2010), that published by the U.S. government, mental health is a state of successful mental functioning, resulting in productive

individual activities, fulfilling relationship, and the ability to adapt to change and cope with adversity or the environment.

As a normal person, we cannot run from depression or stress that result from workload or examination, but the homeless scope it will be more interesting because they are surviving with a hard life. Homeless person survive in life without a house and lots of complications such as jobless and hunger, so that we cannot simply assume that their mental health condition is same as normal people. Report from the U.S. Conference of Mayors (2005) found that approximately 16% of the single adult homeless population suffers from some form of severe and persistent mental illness. The report shows how difficult one homeless to survive and finally they will face or suffer from severe mental illness.

Understand the homeless issue in Malaysia as well as did a research on their mental health condition will provide a new knowledge in Malaysian education. Though there is a limitation on a research but dealing with homeless in Malaysia especially in specific place such in Georgetown Penang will provide a new experience to researcher and in further it will contributed to development of knowledge regarding to homeless in Malaysia.

1.2 Problems Statement

Homelessness issues in Georgetown, Penang seem to be increasingly serious and upsetting. In 2011, the number of homeless people identified in Penang was 373, which was second highest in the country after Kuala Lumpur with 437 persons. Although no recent data are available, observations around Georgetown, Penang shows that the number of the homeless is still considerable, in particular, they can be found around Komtar, Padang Kota Lama, Ferry Port, and Masjid Kapitan Keling.

National Coalition for the Homeless (2007), listed few factors that cause homelessness including poverty, lack of employment opportunities, decline in public assistance and housing, domestic violence, mental illness and issues with regards to

addiction. Although the homelessness is an individual problem, it is the basis of various factors and it is chronic in nature, therefore, an appropriate intervention is needed to rehabilitate and make the homeless persons back to their normal life.

Lack of prevention and rehabilitation will increase the number of homeless people around Georgetown and indirectly affect the image of Penang as a famous tourist destination. Questions such as why are they become homeless? What are the key factors that cause them to become homeless? Often be questioned, but the effort to study these people is still lacking. These people mostly do not work or unemployed and some of them either regularly or occasionally perform activities such as begging to get money in easy ways. Begging activity among the homeless has added negative perception among them and some of the community members indirectly see them as individuals who are not useful and should not be helped.

Other than trigger various stigma and bad views, this group also indirectly harms themselves if they continue homelessness life. According to Phelan and Link (1999), homelessness has long term consequences and effects. It leads to various problems such as basic health problems, loss of self confidence, dignity and self respect, as well as drug and alcohol abuse. Homelessness life is exposed and involved with varied of non healthy group such as a drug seller/drug addicts, prostitution, beggars and others that lead their lives to be more complicated, chronic and more difficult to help.

Previous research conducted abroad had found a variety of findings that related to homeless in their country. According to Kim, Ford, Howard, and Bradford, (2010) these precipitating situations may include family disruptions, domestic violence, alcohol and drug dependence, poverty, criminal history, lack of employment opportunities, educational deficiencies, and/or mental health or medical conditions. The statement has given a rough insight about the problems that may be faced by homeless in Georgetown, Penang. However, the findings cannot give a true picture of the homeless problems in Georgetown and either

homeless in Georgetown suffer from mental health problems? Still cannot be proven unless specific research being conducted on the homeless in Georgetown.

The literature review provides a very little view about the problems and needs of this group in general. Environmental, economic stability, culture and policies in Malaysia indirectly distinguish the homeless in Georgetown with homeless in other countries. This research was to examine the problems face by homeless in Georgetown Penang and study in depth what causes them to become homeless.

1.3 Research Objectives:

This research had four objectives.

1. To identify root factors that contributed to homelessness in Georgetown, Penang.
 - a) Investigate reasons for street life.
 - b) Explore physical, psychological, and social problems that homeless suffer.
2. To analyse level of mental health among homeless in Georgetown, Penang.
3. To identify needs of homeless in Georgetown, Penang.
4. To suggest possible social work intervention to address homeless issue in Georgetown, Penang.

1.4 Research Questions

1. What are the root factors that contribute to homelessness in Georgetown, Penang?
2. What are the level of mental health among homeless in Georgetown Penang?
3. What are the problems and psychosocial needs of the homeless in Georgetown, Penang?

1.5 Research Limitation

This research has its own limitation, limitation needs to be clarified in advance to prevent from misunderstanding among readers or further researchers.

1. Research findings cannot be generalized to all homeless in Penang or Malaysia since this research only focussed on Georgetown area and not include all districts in Penang such in Kepala Batas, Bukit Mertajam and others.
2. The criteria of the respondents that include in this research itself are a limitation. This research focussed on the homeless that stay around Georgetown Penang, anybody that researcher found sleeping or staying on the street including destitute, vagrant or idle was the respondents in this research. This is because researcher focused on the respondent's condition at the time researcher found him or her. If he or she looks and acts as a homeless person, he or she has a potential to be chosen as a respondent for this research.
3. Research about homeless in Malaysia is less rather than other social problems, in this research mostly literature review has been taken from developed countries such as the United States, the United Kingdom and other countries that face difficulties due to homelessness. Difficulties to find previous research on homeless in Malaysia have forced researcher to use more review from other countries and some of the information about homeless have been taken from newspapers but the references or the URL of the site address will be given in the references.

1.6 Research Significance

1. This study finding will provide new insight about mental health among the homeless which would be very useful for various parties especially Social Welfare Department and policy makers in framing the strategy to eradicate homelessness in Malaysia.
2. This study helped the institution (Desa Diri Diri, Rumah Seri Kenangan and others NGOs) to improve their services from the interview with the homeless in Georgetown Penang.

3. From research finding, review and discussion, this study will suggest a social work intervention to address homeless issue in Georgetown, Penang.

1.7 Conceptual and Operational Definition

Research definition was divided into two categories that is conceptual and operational definition. Conceptual definition was refers to definition that has been publish by previous researcher and new researcher use it in literature review part. Operational definition is a definition that created by researcher to make sure it will truly suitable with research objective. Develop a researcher own operational definition is very important because scope of research will different than other research that have been done by previous researchers.

1.7.1 Mental health

Conceptual Definition:

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (WHO, 2001).

Operational Definition:

Mental health in this research refers to the mental health level of homeless who stay around Georgetown, Penang that will be characterized by his/her ability to cope with depression, anxiety, loss behavior/emotional control, general positive affect, emotional ties, and life satisfaction.

1.7.2 Homeless

Conceptual Definition:

Homeless person, includes those who lacks a fixed, regular and adequate night time residence, who has a primary night time that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill; an institution that provides a

temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (McKinney, 2001).

Second conceptual definition, homeless is defined as any idle person found in a public place, whether have or not he is begging, who have no means of livelihood in the face of residence or who are unable to express himself satisfactorily (National Destitute People Act, 1977).

Operational Definition:

Homeless in this research can be defined as a person that found by researcher sleep, vagrancy, or begging on the street for any personal purposes and unable to express himself satisfactorily (his/her home) in the area of Georgetown Penang specifically near KOMTAR (Bus Station), Kapitan Keling, Penang Street, Ferry Jetty, and Penang General Hospital.

1.8 Organizations of the Research

This research consists of five chapters; introduction, literature review, methodology, research findings, discussion and conclusion. In Chapter 1, research background, problem statement, research objectives, research questions, research significance and operational definitions are presented.

Chapter two in this research focuses on a literature review. Literature review describes homelessness and mental health in general view. Furthermore this chapter also includes findings of previous studies related to homelessness, mental health, and causes of homelessness.

Chapter 3 focuses on the methodology of this research. This research used both quantitative and qualitative approaches (mix methodology). In addition, the sampling technique and size, research location, research instruments, data collection and data analysis are discussed.

Chapter four focuses on reporting research findings. Findings organized by data that gathered from the survey as well as interview and had been analyzed. This chapter reporting the sociodemographic profile of the respondents and outcomes of survey and interview including level of mental health among the homeless, root causes of homeless and needs of homeless in Georgetown, Penang.

Discussion and conclusion, which build on the findings of chapter four are presented in chapter five. Discussion and research findings are part of the process to produce a new knowledge especially in social work field. In this chapter, the researcher also has suggested some ideas to effectively minimize the problem of homelessness, empower the homeless, and help them to move out from homeless life.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discussed in depth about the definition and scope of research. Past research findings in this chapter must be related to research title about homelessness and mental health, as well as related to research objectives in order to help researcher answer the research question.

2.2 Homeless

Homeless definition is variety and come all around world. United States face a high increase number of homeless after great depression. This problem encourage researcher in United States to do a research on homeless and finally they come out with new definition about homeless. Defining homeless and homelessness is a difficult tasks, this research generally recognizes homelessness as a condition of people with out of regular dwelling. Furthermore it is important to note that the various definitions reflect different purposes, values, ideologies and political agendas (Olufemi, 2002; Tipple & Speak, 2005).

Table 2.1

Some of the Definition of Homeless at a Glance

National Destitute People Act (1977)	Homeless is defined as any idle person found in a public place, whether have or not he is begging, who have no means of livelihood in the face of residence or who are unable to express himself satisfactorily.
McKinney Vento Homeless Assistance Act (2001)	Stated homeless individual or homeless person, includes those who lacks a fixed, regular and adequate night time residence, who has a primary night time that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill; an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Continue

U.S. Dept. of Housing and Urban Development, (2010) in National Coalition for the Homeless (2009)	Homeless person lacks a fixed, regular, adequate nightly residence. Individuals who fit this definition often find themselves living on the streets or accessing the shelter system.
The Housing, Homeless Persons Act (1977) in Robson & Poustie (1996)	In Britain, the Housing (Homeless Persons Act 1977) and subsequent homelessness legislation covers not only people 'sleeping rough' or staying in temporary homeless accommodation, but also those about to lose their accommodation ('threatened with homelessness') or living in 'unreasonable' accommodation (for example, where it is substandard or there is a threat of domestic violence).
Frankish et al. (2003)	Homelessness as a continuum, ranging from people at risk of becoming homeless to those who currently have no shelter of their own and live and sleep on the streets.
Olufemi (2000)	Defines the homeless in South African as those who lack real homes, live in bad housing, sleep on pavements; lack basic needs (with no access to safe water, sanitation) and lack personal needs (self determination, creativity, dignity, expression and voice).

Source: Understanding Homeless with Reference to Mental Health; Case Study in Georgetown, Penang (2013)

The table show that the legal/academic definition of homeless from country to country/ different institutions. The term homeless include a variety of service seekers. Researcher had collected homeless definition from various sources and compile in one table for better understanding about homelessness.

2.3 Mental Health

World Health Organization (1946) constitution stated that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

Kahn and Jan (2008) stated that mental health is a continuum, ranging from the annoyances of stressful random nuisances to serious mental disorder. However it varies with definition by Healthy People (2010) published by the U.S. Government recognized mental health as a state of successful mental functioning, resulting in productive activities, fulfilling relationship, and the ability to adapt to change and cope with adversity. Furthermore, according to Higher Education Authority (1997) that stated mental health is the emotional and spiritual resilience which enable us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well being and an underlying belief in our own and others dignity and worth. Variety definition by a different agency or researcher indirectly help new researchers to clearly understand about the criteria and the gist of mental health.

Vicky and Bob (2007) also defining mental health on their research and according to them mental health can be understood in negative side as “the absence of objectively diagnosable disease” (WHO, 1946) or positive side as “a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community” (WHO, 2001). The definition by Vicky and Bob (2007) argued that mental health can be defined in both positively and negatively. Mental health level from mild, moderate or severe will not be happened without a certain factors that affect it directly or indirectly.

World Health Organizations (N.D) mention that multiple factor such as social, psychological, and biological factors can determine the level of mental health of a person at any point of time. This is what exactly happens to homeless person where as they are exposed to various factors that can affect his or her mental health level. For example, persistent socioeconomic pressures are recognized as risks to mental health of individuals and communities. Evidence that is associated with indicators such as poverty, including low levels of education that is happen in most of homeless where as they are under marginalize

group that have poor education background. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence and physical ill health and human rights violations. There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors and imbalances in chemicals in the brain (WHO, N.D).

Evidence from the World Health Organizations, indicates that in 2004, over 150 million people worldwide experienced depression and 26 million people had diagnosis of schizophrenia (Karban, 2011). From the number it should increase awareness and concern among public, social agency and government about how important to care about our mental health condition and start to take a prevention strategies and develop more therapy for vulnerable such homeless in order to achieve mental well being among Malaysian citizen.

2.4 Causes for Homelessness

Models of causal pathways have suggested that early acquired personal vulnerabilities, mental and physical health problems, and deficient economic and social resources are the most influential risks in later life (Cohen, 1999; Susser et al., 1993). The reasons for a person experiencing homelessness are varied and interrelated. These precipitating situations may include family disruptions, domestic violence, alcohol and drug dependence, poverty, criminal history, lack of employment opportunities, educational deficiencies, and/or mental health or medical conditions (Kim, Ford, Howard, & Bradford, 2010).

The public views homelessness as an undesirable social problem and wants it addressed, while at the same time they hold negative views toward people who are homeless and stigmatize them (Link et al., 1995; Phelan, Link, Stueve, & Moore, 1997). It is not surprising that many studies of people who are homeless find that they express a sense of

hopelessness (John & Bruce, 2012). Furthermore, homeless people go through harsh experiences, such as harassment, mugging and exposure to rape and diseases (Rizzini & Lusk, 1995; Olufemi, 2000). The impact of homelessness has long term consequences. It often leads to various problems of basic health, loss of self-confidence, dignity and self-respect, and drug and alcohol abuse (Phelan & Link, 1999). According to Stacey & Teresa (2012), working with the most severely mentally ill individuals presents many unique challenges. When these individuals have been labeled “chronic” and lack the most basic resources such as shelter or money, empowering them and fostering their independence can feel like insurmountable goals.

Debates about the roots of homelessness have focused on the individual versus the structural causal factors such as policy and poverty (Clapham, 2003). Other than that, Sosin (2003) had an argument that the pathways into homelessness are complicated and may be due less to individual attributes and more to transitions, resources, and events. The connection to the potential causes of homelessness lies in the issues of poverty, unemployment, low-paying jobs, policy changes limiting access to social security disability benefits, reductions in welfare support, lack of affordable housing, inability to access affordable health care, domestic violence, prison release, mental illness, and addiction (National Coalition for the Homeless, 2003). However not all of this causes suitable or became a root causes for homelessness in certain country. To determine the real root causes it needs a research and the research findings may answer or identify some root causes of homelessness in certain places such as Georgetown, Penang.

2.4.1 Poverty and Homelessness

Homelessness and poverty are intrinsically linked. Poor people are frequently unable to pay for housing, food, childcare, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped.

Estimated number between 2005 and 2010, the total number of poor people around the world fell by nearly half a billion people, from over 1.3 billion in 2005 to under 900 million in 2010. Looking ahead to 2015, extreme poverty could fall to under 600 million people less than half the number regularly cited in describing the number of poor people in the world today. Person who live under stress that affect by his/her living condition such homeless and live under poverty rate will increase more social problems and contribute to poor health condition especially mental health problems.

Poverty and homelessness are intrinsically connected (Daly, 1996; Olufemi, 2000, 2002; Tipple & Speak, 2005). Poverty is overriding and intertwined in homelessness. People without financial resources unable to meet basic needs such as housing and food, nor can they obtain other needed services (Roger & David, 2010). A number of factors contribute to poverty including unemployment, the declining value of the minimum wage, housing costs, and health care and other services (NCH, 2007; U.S. Conference of Mayors, 2005).

2.4.2 Mental Health Issues

According to Kahn and Jan (2008), stated that mental health issues vary among individual cultures and types of communities. Many people experience culture shock when they are caught between two worlds, particularly those who transition from agrarian to urbanized setting. When worker from disparate backgrounds are placed in new environment, mental and physical symptoms may include anxiety and frustration, fatigue, headaches and stomach pain.

According to Bland et al. (2009), Mental illness doesn't occur in splendid biological or genetic isolation but it evolves out of the messy reality of our lives (epidemiological factors). The knock on effects of mental illness in our lives may include homelessness, poverty, estrangement from family and friends, under employment or unemployment, and myriad of other experiences that speak of our marginalization or otherness. This is the 'lived experience' of madness and for each of us it is unique.

Many researchers have found, not surprisingly, that the relationship between mental illness and homelessness is a complicated one. For example, one study noted that a number of issues predicted homelessness, many developing in childhood (Stacey & Teresa, 2012). It is true that approximately one-third of the homeless suffer from a combination of severe mental illness and/or addictions (Bassuk et al., 1998; Center For Mental Health Service, 2003; Shinn et al., 1998), while the remaining two thirds of the homeless do not (Burt et al., 1999; Caton et al., 2000).

Igor et al. (2009), stated that homeless are a high prevalence of addiction (78%) and mental health problems (21%) were encountered. Ilan et al. (2011) that do research on homeless veteran found that like other homeless people, homeless veterans are at high risk for serious mental illness, trauma, and substance abuse and dependence. Approximately 16% of the single adult homeless population suffers. According to An-Pyng Sun (2012), those individual who is suffering in Co-Occuring Disorders (CODs)/mental illness and substance use disorder are one of the most vulnerable population.

Furthermore, The United States Conferences of Mayors, (2008) had mention that one person with severe mental illnesses (mental health problems) were particularly vulnerable to becoming homeless. The 23 cities that provided this information reported that 26 % of their homeless population suffered from a serious mental illness. Based on the conference of mayor reported that homeless and mental illness, mental health problem, mental disorder, and

severe level in general mental health was significance and strong related. As an addition, it has been estimated that 15% of individuals with mental illness are homeless. Men appear to be homeless more frequently than women (Stacey & Teresa, 2012). Based on the statement, literature had shown that men are more risky to be homeless and suffering with mental illness rather than women so that men are more needed mental health care rather than women.

2.4.3 Addiction

The relationship between addiction and homelessness is complex and controversial. While rates of alcohol and drug abuse are disproportionately high among the homeless population, the increase in homelessness over the past two decades cannot be explained by addiction alone. Many people who are addicted to alcohol and drugs never become homeless, but people who are poor and addicted are clearly at increased risk of homelessness. There is a previous research estimated that as many as 50% of homeless men misuse some substance (Wright, Rubin, & Devine, 1998) and that as many as 15% to 30% of homeless individuals misuse other drugs (Shlay & Rossi, 1992).

During the 1980s, competition for increasingly scarce low income housing grew so intense that those with disabilities such as addiction and mental illness were more likely to lose out and find themselves on the streets. The loss of Single Room Occupancy (SRO) housing, a source of stability for many poor people suffering from addiction and/or mental illness, and was a major factor in increased homelessness in many communities.

However, prevalence rates may differ by subpopulation. It is estimated that between 20% and 80% of the homeless population has some form of substance abuse problem (Hartwell, 2003), and it is believed that prevalence of substance misuse is higher among the homeless. Indeed, the connection between substance abuse and homelessness is so pervasive that in some cultures (Glasser & Zywiak, 2003). Furthermore, Johnson, Freels, Parsons, & VanGrest (1997) concluded that drug use was one of the most important risk factors for the

first episode of homelessness. The statement show that addiction and misuse of drug highly contribute to homelessness in certain community.

A common finding is that homeless people have higher rates of problematic substance use than people in the general community (Teesson, Hodder, & Buhrich, 2003). In their recent study of 210 homeless people in Sydney, Teesson et al. (2003, p. 467) found that “homeless people were six times more likely to have a drug use disorder and 33 times more likely to have an opiate use disorder than the Australian general population”. We found that 15% of the sample had substance abuse problems prior to becoming homeless for the first time. In the public domain, substance abuse is regularly seen as the main cause of homelessness, yet for most people in our sample other factors resulted in them becoming homeless (Johnson & Chamberlain, 2008).

Habitual of heavy substance use is often cited as a major contribution to homelessness. Compared with the general population, adult homeless persons have a much higher rate of substance abuse (Barber, 1994; Lehman & Cordray, 1993; NCH, 2007; Federal Task Force on Homelessness and Severe Mental Illness, 1992; Tam, Zlotnick, & Robertson, 2003). The presumption that first episodes of homelessness are frequently the result of alcohol abuse was supported by a study of 303 homeless individuals and people at risk of homelessness in Cook County, IL, finding that substance abuse was highly associated with first episodes of homelessness (Johnson, Freels, Parsons, & Vangeest, 1997). Additionally, these findings suggested a multi-directional model in which substance abuse is both a precursor and consequence of homelessness. In a sample of homeless persons at a city soup kitchen, 75% had used drugs in the preceding month (Magura, Nwakeze, Rosenblum, & Joseph, 2000).

2.4.4 Domestic Violence & Victimization

Battered women who live in poverty are often forced to choose between abusive relationships and homelessness. In a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1997-1998). In addition, 50% of the cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 2005). Studying the entire country, though, reveals that the problem is even more serious. Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence (Zorza, 1991; National Coalition Against Domestic Violence, 2001).

2.4.5 Unemployment

Media reports of a growing economy and low unemployment mask a number of important reasons why homelessness persists, and, in some areas of the country, is worsening. These reasons include stagnant or falling incomes and less secure jobs which offer fewer benefits. The connection between impoverished workers and homelessness can be seen in homeless shelters, many of which house significant numbers of full-time wage earners. A survey of 24 cities in U.S. found that 13% of persons in homeless situations are employed (U.S. Conference of Mayors, 2005).

Lack of employment is often identified as a major cause of homelessness. However, many homeless persons report being employed or having occasional work (Economic Policy Institute, 2005; U.S. Conference of Mayors, 2005). The difficulty is that many of these jobs do not provide adequate wages and benefits for self-sufficiency, a trend spanning a number of years. Across all age, gender and race groups, joblessness was cited by 10 interviewees as the major factor that ultimately drove them out of their homes and into the streets. Closely linked to joblessness are limitations such as disability, either from birth or through injuries, diseases

or accidents, lack of relevant job skills and retrenchments. This finding is in line with American findings that 'structural factors such as labor market changes, an inadequate supply of low-cost housing, and cuts in income assistance programs have created the social conditions in which homelessness has grown during the past 15 years (Herman et al., 1997:249).

However, from the previous research result cannot indicate what is exactly happen in Malaysia but researcher will use this number to compare with this research result and find out is it most of the homeless in Georgetown Penang is employed or unemployed. Furthermore there is a common stereotypes that seen homeless men are lazy and do not want to work, the men who were interviewed all wanted to work for a living. Most had worked before, some had been laid off, and many expressed a great deal of frustration at not being able to work. Some spoke of the idle time in the shelter and how they wanted to contribute to society, rather than sit in the shelter wasting time (Jennifer, 2011).

2.4.6 Disability

Disability also a big issue that said to be related with homeless. Some of the person with disability and not able to work have a potential to become a homeless especially if they are alone without family or relatives. The Annual Homeless Assessment Report (AHAR) sample data suggests that 25 percent of all sheltered homeless adults are disabled. As addition, people with disabilities are considered chronically homeless if they are homeless as unaccompanied individuals and have long or repeated episodes of homelessness (U.S. DHUD Report, 2007).

2.4.7 Family Problems

According to Farrow, Deisher, Brown, and Kulig (1992) describe four categories of homeless youth based on reasons for leaving their housing. situational runaways, who tend to leave home following a disagreement and return after a few days, (chronic) runaways, who

leave home due to serious problems, such as abuse, and stay away for long periods of time, throwaways, who are abandoned or “thrown out” by parents, and system youth, who have little family contact and are living in foster care or institutional facilities before becoming homeless. Some young homeless females end up on the streets for reasons such as domestic conflicts with parents, early pregnancies, lack of sufficient education, poverty, or a difficult upbringing involving relatives or foster care (Makiwane et al., 2010).

Homeless women and runaway youth are especially vulnerable to falling into prostitution. Studies of homeless youth involved in prostitution range from ten to fifty percent (Greenblatt & Robertson, 1993). A Chicago study found that 50% of women involved in prostitution had been homeless (Mueller, 2005). Prostitution is frequently associated with drug addiction (McClanahan, McClelland, Abram, & Teplin, 1999; Silbert, Pines, & Lynch, 1982).

British and American studies have found that many cases of homelessness in late middle age and older ages are preceded by marital breakdown or household disputes, job terminations, widowhood, the loss of support following the death of a parent (for those who have always lived at home), and evictions for rent arrears (Cohen & Sokolovsky, 1989; Crane, 1999; Crane & Warnes, 2000, 2001b; Hecht & Coyle, 2001; Keigher, 1992; Wilson, 1995).

Women were significantly more likely to report that ‘relationship breakdown’ was a contributory cause. Men were much more likely to say that they left their last accommodation because of payment arrears (Warnes & Crane 2006). Previous research identified relationship breakdown as a cause significantly more often for women than men, and heavy drinking and relationship breakdown significantly more often for the younger than the older age group (Warnes & Crane, 2006).

Regardless of the factors involved, the availability of social support whether from friends, relatives, or agencies appears to influence both risks for and recovery from homelessness. Kingree et al. (1999), for example, found that low levels of support from friends were associated with homelessness after completion of a substance abuse treatment program. Similarly, personal crisis such as divorce and widowhood remove support systems and may make individuals more vulnerable to homelessness (Roger & David 2010).

2.4.8 Health Issues

Health problems such as mental illness and substance abuse are well recognized as risk factors for homelessness. Additionally, other medical problems and infirmities often represent risk factors for homelessness (Rosenheck et al., 1998). Studies of health problems in the homeless population indicate that 46% have chronic health problems such as arthritis, high blood pressure, diabetes, and cancer; 26% report acute infections conditions such as bronchitis, pneumonia, and tuberculosis. Health problems in themselves often create stress and anxiety and a sense of vulnerability, which affects one's psychological functioning, further heightening the risk for homelessness (Rogers, 2008). Just as lack of health care can be identified as a risk factor, medical illness and disability may result in loss of employment and income and bankruptcy (Himmelstein, Warren, & Woolhandler, 2005). For individuals and families struggling to barely meet daily living expenses, a medical crisis can deplete financial resources and push them into homelessness (NHCHC, 2008).

2.5 Conclusion

This Chapter had explained about varied of definition that relate with this research such homelessness and mental health. Other than that, this chapter also had explained and discuss about causes for homelessness with supported by previous research findings or statement. Findings and statements from previous research that had been compiled in this chapter is important to support or argue findings of this research. Furthermore, previous research findings also help in guidance this research to achieve the research objectives.