A co-produced qualitative systematic review of the international evidence on lived experiences of trauma during homelessness and impacts on mental health including substance use

EA Adams¹, MRJ Aquino¹, V Bartle², K Brennan-Tovey¹, J Kennedy^{2,3}, S Koehne⁴, J McGrath⁵, M Ogden^{2,6}, J Parker^{2,7}, S Thirkle¹, E Kaner¹, and SE Ramsay¹

¹Newcastle University, UK; ² Lived experience; ³ Crisis Skylight Newcastle, UK; ⁴ Pathway, UK; ⁵ Northumbria University, UK; ⁶ Crisis, UK; ⁷ Pathway Expert by Experience, UK

Introduction

Trauma can take place at any age and have lasting impacts on mental health and wellbeing. Everyone reacts to trauma differently and there are various forms of trauma. Much of what we know about trauma within homeless populations focuses on events in childhood and not beyond, creating a gap in our understanding. Using co-production principles, we aimed to synthesise qualitative evidence exploring the impact of trauma during homelessness in adulthood on mental health (including substance use).

Results:

Number of articles:

- 18,315 hits from the databases, 10,332 duplicates removed
- 7,983 titles and abstracts screened; 7,784 deemed irrelevant

Methods

This co-produced systematic review was registered with PROSPERO (CRD42022349742)1.

Searching the literature:



ASSIA, CINAHL, Cochrane, EMBASE, MEDLINE, Proquest theses and dissertations, Psychlnfo, Scopus and Web of Science were searched from inception until September 2022.

Key words were developed relating to homelessness, trauma, mental health and substance use, and qualitative research.

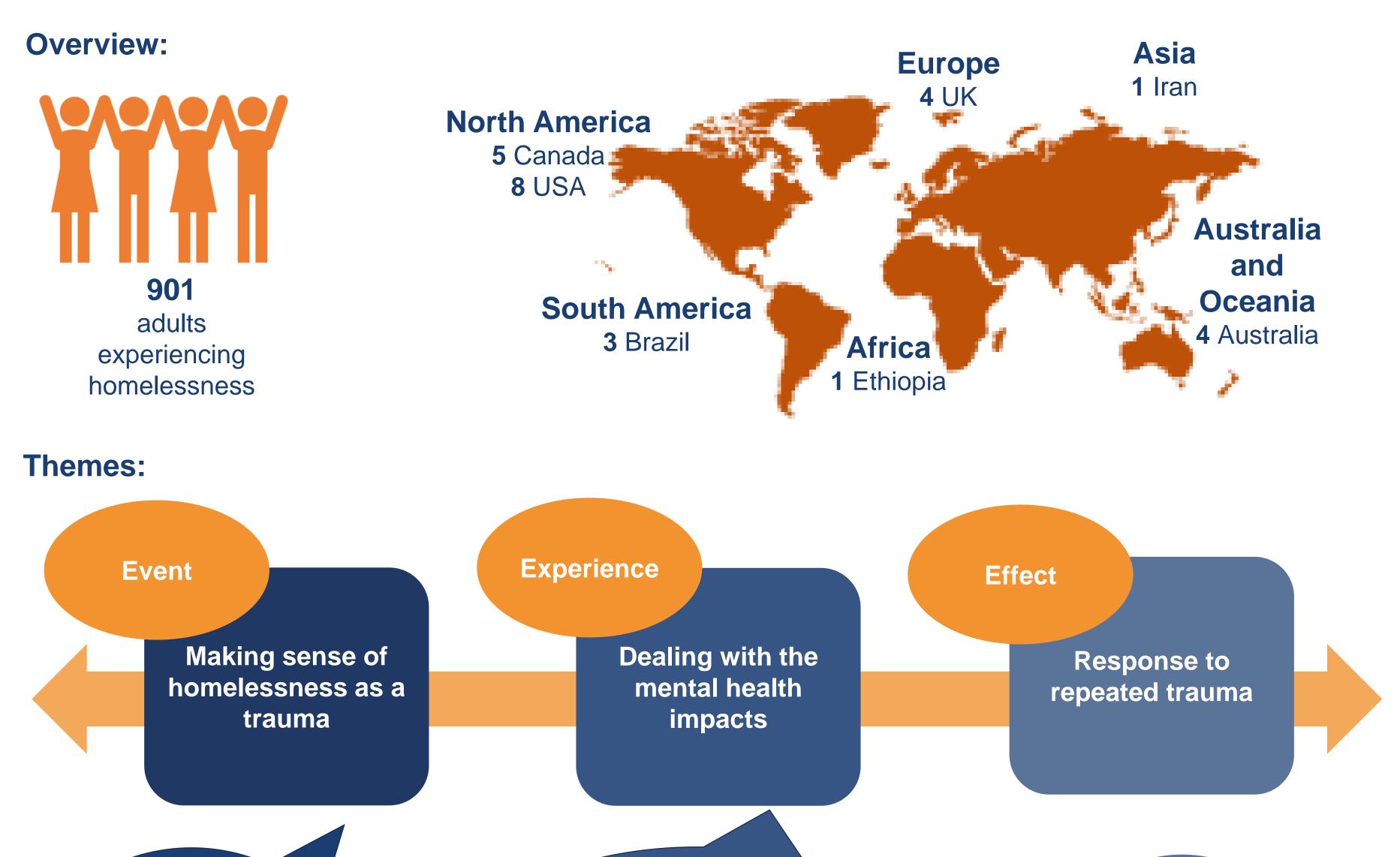
Assessing eligibility and relevance:

Any design of qualitative studies.



Homeless adults (18 years of age) who were: rough sleeping, temporary residents of hostel accommodation or supported temporary accommodation, in unsupported temporary accommodation (B&Bs), temporarily staying with friends or family ('sofa surfing'), or squatting.

- **198** full texts reviewed; **23** were not retrieved, **152** deemed irrelevant
- **1** identified through forward and backwards citation checking
- 26 articles included for data extraction, analysis, and synthesis



Trauma could be immediately prior and the antecedent to an experience of homelessness or take place during homelessness.

Outcome was perceptions and views on the impact of trauma during homelessness on mental health.

Double screening of titles, abstracts, and full text was supported by EndNote and Rayyan

Data extraction, analysis, and synthesis:



Data was extracted using an excel form and word documents for the results

Quality was assessed using the CASP tool and a modified ranking scale for relevancy

'Best-fit' framework synthesis was used to analyse the data, with the SAMSHA Three "E's" of trauma model² as the *a priori* framework.

Co-production

NIHR School for Primary Care Research

We used the ACTIVE Framework to identify the 12 stages for involvement³. Stages where we had involvement from people with lived experience of homelessness are highlighted below in orange, along with some illustrative examples.

3. Write & 4. Develop 2. Plan 1. Develop publish methods question search protocol

"even if I had fifty people around me, I still felt alone, because I was so detached from everything else and everyone [...]"⁴

> "Some places you go to, it sucks more than being homeless. ... I'd rather sleep in fresh air and freeze to death" ⁵

"I'm out in the cold. And the burden hit me hard, like, man it took all the breath from me when that happened, it just, my chest got real heavy, my mind started racing and wandering trying to figure out, man, what I'm going to do..." 6

> "...the smack kind of kept me sane. It made me able to handle my homelessness"⁷

"given up on everything"⁸

"I think it was definitely hope, so believing that there is something else and that it cannot end like this" ⁹

Conclusions:

Area for future research: More evidence on experiences in rural or coastal regions.

5. Run search	6. Select studies	7. Collect data	8. Assess risk of bias
9. Analyse data	10. Interpret findings	11. Write & publish review	12. Knowledge translation & impact

Area for future policy: Policies encouraging holistic approach to understanding and addressing trauma across

the life course (including while experiencing homelessness).

Area for future practice: Support to address coping with the impact of trauma should focus on ensuring people do not become desensitised and prevent deterioration of mental health and substance use.

Snapshot of involvement: Determined the inclusion and exclusion criteria Screened **1873** titles & abstracts using Rayyan Screened 60 full texts Co-developed primary themes and subthemes Co-wrote protocol and final paper

NIHR School for Social Care Research

You can check out our references by scanning the QR code or asking for a printed copy:

NIHR School for Public Health Research



Want to learn more? Contact Emma at:



emma.adams@newcastle.ac.uk



@AdamsEmmaAudrey

The NIHR Schools for Primary Care Research (SPCR), Public Health Research (SPHR) and Social Care Research (SSCR) ("three schools") have joined together in a unique collaboration between leading academic centres in England to collaborate on a programme of work on Mental Health, led by the SCPR and funded through the National Institute for Health and Care Research (NIHR).

EEA held a Career Development Award (MH036) which was funded as part of the Three NIHR Research Schools Mental Health Programme. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.