

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

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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).

Methods

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

Searching the literature:



ASSIA, CINAHL, Cochrane, EMBASE, MEDLINE, Proquest theses and dissertations, PsychInfo, 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.

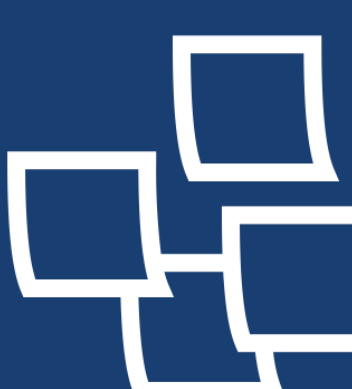
Homeless adults (18 years of age) who were: rough sleeping, temporary residents of hostel accommodation or supported temporary accommodation, in unsupported temporary accommodation (B&Bs), temporarily staying with friends or family ('sofa surfing'), or squatting.

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

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.

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

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

Results:

Number of articles:

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

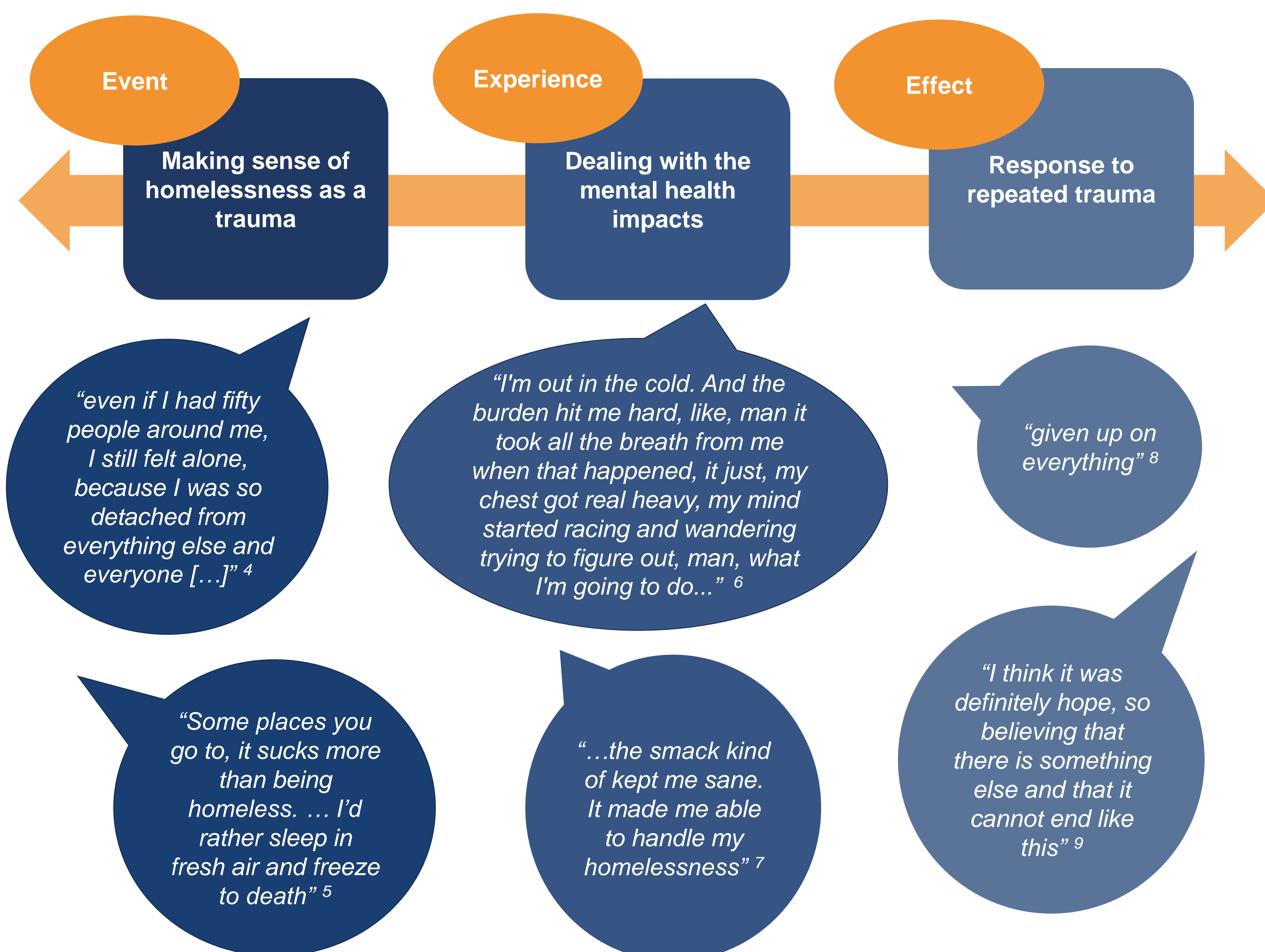
Overview:



901 adults experiencing homelessness



Themes:



Conclusions:

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

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.

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



Want to learn more?

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