Substance Use and Psychological Distress Is Related With Accommodation Status Among Homeless Immigrants

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Abstract

Immigrant homelessness constitutes a cruel expression of social exclusion. We analyzed the relation of socio-demographic characteristics with stressful life events, substance use and psychological distress, giving a special importance to the influence of the time spent on the streets and the accommodation status of 107 homeless immigrants. To this end, both quantitative and qualitative methodologies were combined. Discussion groups with care resources practitioners and service users, were followed by in depth interviews combined with psychometric questionnaires. Results show clear interrelations between stressful life events, alcohol and drug use, psychological distress, and the duration of (current) homelessness. This information, and especially the contextualization which took place within the analytical framework of this project, may provide practitioners and policymakers with information that can help overcome barriers preventing homeless immigrants' full citizenship and social participation.

Keywords: Homelessness, alcohol, drugs, stressful life events, accommodation status, mixed methods

Introduction

Avramov (1995) defines homelessness as the inability to maintain adequate housing adapted to personal needs, providing a stable framework for coexistence to lead an autonomous life, regardless of whether it is because of economic, personal difficulties or other social barriers. Homelessness is a complex condition that should be framed in a more general context, namely social exclusion (Shinn, 2010).

Laparra (2009) uses three approaches to explain processes influencing social exclusion:

1. Structural Processes: Society models with different integration approaches.

2. Political and ideological processes: Structural processes based on decisions taken at the policy level.

3. Individual and collective response processes: Focused on the abilities, beliefs and values of individuals and groups suffering exclusion.

As Rowe and Pelletier (2012) put forward, housing does not, in itself, lead to community integration or full membership. In other words, social exclusion is not limited to insufficient financial resources and lack of housing. It manifests itself also in multiple areas such as social relations (Bassuk, 1996; Solarz & Bogat, 1990), access to services (Marmot, 2005), and social participation (Rowe, Kloos, Chinman, Davidson, & Cross, 2001). Furthermore, there are complex relationships between different features of social exclusion (Levitas et al., 2007).

Profiles of homeless people include an increasingly complex picture. In addition to the classical profile (low educated middle-aged men, suffering severe psychological distress and/or addictions); women (Edgar & Doherty, 2001), young adults (Nyamathi et al., 2012), immigrants and asylum seekers (Edgar, Doherty, & Meert, 2004) are increasing their presence in homeless services. According to Edgar et al. (2004), compared with their native born peers, homeless immigrants may have added difficulties

such as problems with legal status, racism, lack of community relationships and even less stable social networks. Despite the lack of up-to-date and well-designed epidemiological studies in the countries of origin, several studies carried out in Western countries with immigrants and asylum seekers show increased levels of distress as compared with age-matched native populations (M. Fazel, Wheeler, & Danesh, 2005; Lindert, Ehrenstein, Priebe, Mielck, & Brähler, 2009). Furthermore, the difficulties faced by these groups in the access to full citizenship is one of their largest sources of psychosocial distress (Brune, Eiroa-Orosa, Fischer-Ortman, & Haasen, 2014). Among extremely socially excluded populations, a topic of special relevance is the role of mental health and substance use problems in the onset and maintenance of homelessness. In the case of homeless immigrants, in addition to deficiencies related to support networks and knowledge of institutional resources, mental health problems or substance abuse may result in a more complicated social situation. This might happen due to added difficulties such as accessing protected jobs or social benefits.

Nor should it be forgotten that extreme social exclusion experienced by homeless people produces psychological distress precipitating the onset of mental health and substance abuse problems (Goodman, Saxe, & Harvey, 1991; Thornicroft & Tansella, 1999). Among the risk factors involved in the incidence of psychological problems in the homeless population, stressful life events and traumatic experiences are of particular importance (D'Ercole & Struening, 1990; Ingram, Corning, & Schmidt, 1996; North & Smith, 1992). In this regard, immigrants and asylum seekers might have higher levels of previous exposure to violence than their native-born peers. In addition, victimization is associated with psychotic symptoms, alcohol abuse, and criminal history (Lam & Rosenheck, 1998).

A meta-analysis (S. Fazel, Khosla, Doll, & Geddes, 2008) carried with a joint sample of 5,684 homeless subjects, showed a great heterogeneity in the prevalence of mental health and substance use problems. Rates of alcohol dependence ranged between 8.5 and 58.1%, drug dependence between 4.5 and 54.2%, and psychotic disorders between 2.8 and 42.3%. According to the authors, this heterogeneity cannot be only attributed to socio-demographic factors, but it might be related to the availability of social and mental health services. Other factors involved have to do with the specific characteristics of the studies. For instance, participation is negatively correlated with rates of psychosis, more trained interviewers tend to diagnose depression to a lesser extent. Alcohol consumption among this population has undergone a change, probably due to lowering alcohol prices. In a similar way to the so-called Latin paradox in the US (Markides & Coreil, 1986), it seems that recent homeless immigrants, have a better health status than their non-recent immigrants and native-born age-matched counterparts (Chiu, Redelmeier, Tolomiczenko, Kiss, & Hwang, 2009).

When doing research with such special groups, ways to approach participants and management of personal conflicts are of special importance (Cloke, Cooke, Cursons, Milbourne, & Widdowfield, 2000). Qualitative techniques are often used for a deeper analysis of the specific features of homelessness (May, 2000; Snow & Anderson, 1993). These techniques have also been used among homeless immigrants (Järvinen, 2003), to explore strategies to fight stigma. Qualitative methods have been useful to study cases of extreme exclusion, collect narratives and provide in-depth and comprehensive descriptions of homeless people´s lifestyles.

As Brown, Kennedy, Tucker, Golinelli, & Wenzel (2013) point out in the introduction of a mixed methods study about sexual risk behaviors among homeless men, mixed methods might enable researchers to integrate data obtained and analyzed under

qualitative and quantitative approaches. The former (qualitative) approaches, may approximate us to the actual experiences of homeless subjects and help us understand cultural differences in understanding everyday concepts, the latter (quantitative approaches) allow us to make inferences that may be useful for intervention and policy design. This study intended to accomplish both tasks using the experiences of immigrant homeless in Bilbao (Basque Country, Spain). Following a mixed methods approach, our goal was to be as comprehensive as possible in the description and understanding of the relationship between stressful life events, substance use and psychological distress with accommodation status among homeless immigrants. We have explored the possibilities of combinations between qualitative and quantitative approaches enabling concepts to evolve.

Methods

Study Design and participants

The main objective of this research was to analyze how stressful life events, substance abuse and psychological distress influence the current situation of homeless immigrants. A secondary objective was to analyze how people subjectively perceive the influence of the variables under study. We followed a convergent parallel design with the purpose of simultaneously collecting both quantitative and qualitative data, merging these data, and using the results to understand the relations between the variables under study (Creswell & Plano Clark, 2010). The basic rationale for this design was the inability of quantitative measures alone to deepen in the experiences of homeless people. Therefore, we tried to contextualize quantitative relationships using focus groups, structured interviews and life stories the results of the latter will have been published elsewhere (Navarro Lashayas, 2016). A flow chart of the study can be seen in figure 1.

Based on the experience of the authors working with immigrants and asylum seekers, an interview protocol that included the main variables (stressful life events, substance use and psychological distress) under study was designed. Before its use, two discussion groups composed of eight care resources practitioners and ten homeless persons respectively were performed. The goal of the former was to explore the views of practitioners working with the homeless with respect to the variables under study. The goal of the latter was to test the questionnaire before approving the final version.

The questionnaire contained both psychometric scales (scored using a Likert system) as well as open-ended questions. It was administered to a total of 107 people, from any country in the world (except EU-15, North America, Australia and New Zealand), who were in one of these two situations:

• People currently living on the street, temporary structures, abandoned buildings, etc. or by combining such situations with short stays (less than a week) in emergency housing resources (n=60).

• People living in homeless accommodations for medium to long stays (three or more months) who have had recent history (less than a year) of homelessness (n=47).

These people were reached in different settings targeting homeless and at-risk populations (e.g. soup kitchens, day-care centers, shelters, etc.): All of them were contacted by practitioners working on care resources. The final sample constituted an estimated 25% of the homeless immigrant population in the city of Bilbao according to the last night count performed by the Basqeu Government (Onartu Comission, 2010) Socio-demographic characteristics and length of stay in the street can be seen in the results section. Only one person declined to be interviewed. He reported feeling *"with a low mood to talk about these things"*. Four interviews were discarded; one because the person did not spend any night on the street or any emergency resource, and three for not

meeting the required profile in terms of geographical origin. Variables collected with the questionnaire were:

Socio-demographic and street information

1.1 General socio-demographic information:
  - Gender
  - Age
  - Country of birth
  - Education level.
1.2 Migration plans:
  - Reason for choice of Bilbao to live
  - Travel plan
  - Time spent in Spain
  - Length of stay in Bilbao
  - Travels to other regions.
1.3 Social ties:
  - Relatives living in Spain
  - Marital status
  - Children
  - Relationship with their family in their country of origin
  - Relationship with family living in Spain.
1.4 Bureaucratic status:
  - Legal status
  - Reasons for being undocumented
  - City council registration
  - Location, and duration of city council registration
  - Reasons for not being registered.
1.5 Job and income:
  - Benefits
  - Employment status
  - Work history.
1.6 Street information:
  - Length of time in the street
  - History of accommodation types

Stressful life events

An *ad hoc* tool was built based on the adaptation and extension of the LTE-Q (List of Threatening Experiences Questionnaire, Brugha & Cragg, 1990), conducted by Muñoz and Vazquez (Muñoz et al., 1995; Muñoz, Vázquez, & Vázquez, 2003) and the Inventory of Extreme Experiences (IEEs) of the VIVO project (Pérez-Sales et al., 2012). We performed an adaptation of these instruments by adding some experiences that were not in the LTE-Q or the IEEs, but however were considered relevant to understand

participants' current situation. We included 22 questions including trauma, loss, grief and violence situations. Moreover, questions extracted from the Extreme Experiences Inventory of the VIVO questionnaire (Pérez-Sales et al., 2012) were modified to better understand how the experience had affected the lives of the interviewees. According to this questionnaire, in the event of any of the appointed stressful life events (SLEs) the subjects should indicate three things:

- If the event occurred before finding themselves homeless, after, or at both times.

- How much they considered the event to have affected their lives.

- How much they considered the event to have influenced their current homeless situation.

Mental health and substance abuse

Because of its simplicity, we used the 12-item version of the General Health Questionnaire (GHQ-12, Goldberg & Williams, 1988), Spanish version (Lobo, Muñoz, Goldberg, & Williams, 2010) to measure psychological distress. We adapted the Social Exclusion Indicators System (Vidal, Mota, Lázaro, Rubio, & Iglesias, 2006) to measure substance use and abuse, mentioning the street as a place of consumption. This questionnaire explores the frequency of alcohol consumption, where it is consumed, and who with they usually consume it. Regarding the use of other psychoactive substances, the questionnaire inquiries about the type of drug, frequency and route of consumption. The interviews were carried out during the period from November 2011 to March 2012. All participants provided informed consent before inclusion in the study. This research followed Helsinki Convention norms and its later amendments.

We intended to relate stressful life events, substance use and psychological distress and current accommodation status from a mixed methods perspective. Therefore we used a *fixed*, *interactive* (direct interaction between qualitative and quantitative strands), *dynamic* (levels of interaction constantly elaborated), *convergent* (mixture of data collection techniques), design in which both qualitative and quantitative procedures were used to illustrate each other (Creswell & Plano Clark, 2010).

Analyses

Quantitative analyses

Confirmation of the reliability of the instruments was done through Cronbach's alpha. Socio-demographic and street information, stressful events, mental health and substance use variables were described using descriptive statistics (means and standard deviations or frequencies and percentages) and their correlations analyzed using bivariate techniques depending on the nature of each variable and compliance with normality and minimum frequency assumptions (t, Mann-Whitney, Chi squared and Fisher's exact tests). We also performed an exploratory factor analysis with all the SLEs variables to group them into coherent groups. A logistic forward stepwise regression was used to identify the variables most related to current accommodation status. Statistical analyses were conducted using IBM SPSS 18.0. A 95% confidence interval was used for all statistical tests.

Qualitative (content) analyses

Once the interviews had been recorded and transcribed, we distinguished four consecutive stages in the implementation of categorical content analysis following Glaser's constant comparative method (Elo & Kyngäs, 2008; Glaser, 1965; Krippendorff, 2013).

1. Open coding: At this stage, the focus was the organization of the material to be analyzed, scanning for meaningful material.

2. Relations: Relations between open codes were labelled.

3. Categories: We identified words, sentences, themes or concepts within the data so that the underlying patterns could be identified and analyzed. We used inductive coding, i.e. the text was read without applying any previous criteria or dimensions, just identifying the issues that seem relevant.

4. Abstraction: The purpose of this stage was to organize and catalogue the units obtained. Once the categories were established, we tested for relations between them, trying to find common themes in order to formulate a general description of the research topics. To integrate this information with the quantitative results, relations between the codes created based on the stories of the people interviewed were established. The codes were not quantified since the aim was to expand and clarify the quantitative results.

In order to provide a coherent narrative, we have integrated the presentation of quantitative and qualitative results. We believe that in this way, reading the following section will be easier.

Results

Socio-demographic and street information

The total surveyed sample (N=107) was composed of people who have been fully interviewed using the previously described semi-structured interview. The information by subsample can be seen in table 1. The average age was 32 years, with almost 50% of the sample under 30 years of age. No statistically significant differences were found for any socio-demographic variable between the groups comprised of people living in accommodations and people living in the street. The average time living in Spain was 5 years and 7 months. Over 60% had already spent more than three years living in Spain.

Regarding the length of the homelessness process, 66% have been on the street less than a year, with 33.7% of them having spent more than a year on the street. The average length was 13 months, (SD of 18.9 months), indicating a mix of more long-term Homelessness and homelessness of more recent onset.

Regarding the countries of origin, the most numerous group came from the Maghreb followed by Sub-Saharan Africa. Most participants had only completed basic studies, although there was a higher proportion of homeless persons with secondary education among people living in a shelter (statistical tendency, $p=.062$). Most participants were single. Less than a third had a relative living in Spain. As for the legal status, most were undocumented (72%). We should stress that 21.6% of people having permission to live and work were nevertheless sleeping on the street. It is also important to note that none of the asylum seekers had any support from social services. Employment was limited to poorly paid impermanent jobs. Social aids were being given to 24.3% of the respondents. This variable is not reported in the table as only one person sleeping in the street had any social aid allocated.

Table 1: *Socio-demographic and street information of the surveyed sample*

	Living in the street	Living in homeless accommodations

		M	SD	M	SD
Age		32.43	8,82	31.70	9,55
Duration of stay in Spain (months)		74.01	59,49	61.12	86,83
Length of employment in the past year (months)		1.10	1,79	0.63	1,33
Length of homelessness (months)		13.22	17,96	13.83	20,43
		N	% *	N	% **
	Maghreb	39	65	30	63.8
	Sub-Saharan African countries	13	21.7	16	34
Place of origin	Latin America	5	8.3	1	2.1
	Eastern Europe	2	3.3	0	0
	Asia	1	1.7	0	0
Educational level (% secondary or higher)		12	20	17	36.2
Marital status (% single)		50	83.3	41	87.2
Adult family members in Spain		22	36.7	12	25.5
Undocumented		46	76.7	40	85.1

N=107. No statistically significant differences were found between groups in any of the variables
*Within those living in the street
**Within those living in homeless accommodations

Together with the quantitative results, we present content analysis quotes, codes, categories and relations. The first codifications were performed within the analyses of the focus groups and were complemented with the interviews. Open coding was created while analyzing the text, and subsequently, the categories were created. In some of the narratives, relations between different codes could be observed. Accordingly, we labelled them according to different conceptual levels. Finally in the abstraction phase, we examined whether the structural relationships could constitute a coherent framework. Open coding, relations and categories can be seen in Table 2.

Table 2. Results of the content analysis

Categories	**Open codification**	**Relations**	

Substance abuse	Abstinence	Organization of the daily routine in the street
		Relationship with associations and immigrant reception resources
		Resident registration
		Social assistance schemes
	Company drinking	Sense of belonging to a community
	Consequences of drinking	Conflicting relationship or absence of family contact
		Undocumented
		Stressful life events related to violence
	Attempts and achievements of substance abuse	Relationship with care professionals
	Drug use	Stressful life events related to violence
	Reasons for drinking	Avoid rumination
		Loneliness
		Hardness of homelessness
		Stressful life events related to violence
		Negative emotions such as fear
		Street robberies
		Police interventions related to sleeping in the street
		Homelessness perceived as a parallel universe
		Change in personal identity
		Sense of belonging to a community
	Changes in the volume of consumption since homelessness	Hardness of homelessness
		Stressful life events related to violence
	Substance abuse in the country of origin	
Distress	Psychological stress	Stressful life events related to violence
		Street robberies
	Sadness	Hardness of homelessness
		Stressful life events related to violence
		Inability to make a normal life when you're on the street
	Fear	Avoid contact with other homeless
		Mutual support for sleeping on the street
		Street robberies
	Avoidance	Hardness of homelessness
	Perceived uncontrollability	Use of alcohol as an escape
		Rumination
		Loneliness
		Hardness of homelessness
		Stressful life events related to violence
		Negative emotions such as fear
		Homelessness perceived as a parallel universe
		Change in the personal identity
Stressful life events	Mental Health and Substance Abuse	Drug use
		Stressful life events related to violence
		Confinement

		Police interventions related to sleeping in the street
		Problems in the country of origin
Suicide attempts		Hardness of homelessness
		Perceived uncontrollability
		Substance abuse consequences
		Perceived uncontrollability
Violent actions		Hardness of homelessness
		Homelessness perceived as a parallel universe

As can be seen, stressful life events were related to mental health, substance abuse and interpersonal violence. Perceived uncontrollability when sleeping in the street, and hardness of this type of life were strongly associated with substance abuse and interpersonal violence, though not exclusively, as they also appear to be linked to avoidance behaviors causing sadness and distress. Events occurring when they were sleeping in the street, such as robberies and violence, may cause life on the streets to be perceived as something very different from "normal people´s world", causing feelings of anxiety, fear, sense of uncontrollability, ruminations and hopelessness. Finally, substance abuse appears to be related with difficulties arising from street life. The consequences may very serious, including critical events such as police interventions, changes in personal identity, conflicts with families of origin, robberies, violence, etc. There were also people who avoided alcohol, strengthening social supportive links with friends and acquaintances, social resources, social workers, etc.

Stressful life events

The descriptive analysis of SLEs suffered by the respondents ordered by time of occurrence (before and after homelessness), self-perceived life impact, and influence on homelessness, is showed in table 3. On average, participants had experienced seven SLEs. Particularly high rates were found for those events related to death of a loved one (84.1%), employment problems (70.1 %), assault or robbery (57.9%) and aggressions (52.3%).

Lower percentages correspond to severe mental health problems (7.5%), psychiatric hospital admissions (6.5%), physical and psychological violence within couple relations (1.9% and 5.6% respectively), and sexual abuse (1.9%).

Table 3. *Stressful life events descriptive data*

	Lifetime occurrence	Time of first occurrence		Life impact*	Influence on homelessness*
		Before homelessness	After homelessness		
Death of a relative	84.1	72.9	26.2	94.4	4.4
Have a serious or prolonged illness. injury or surgery	15.9	58.8	41.2	88.2	39.9
Divorce or breakup of a relationship	50.5	87	13	92.6	9.3
Serious problems related to employment	70.1	62.6	51.4	96	94.7
Binge drinking	45.8	53	47	83.7	65.3
Drug use	27.1	82.7	17.2	75.9	48.3
Imprisonment	15	87.5	12.5	87.5	50
Confinement in a mental institution	6.5	57.1	42.9	85.7	57.1
Stay in a juvenile detention centre	11.2	8.4	2.8	33.3	41.7
Experiencing serious mental health problems	7.5	62.6	37.5	100	75
Suicide attempt	13.1	35.7	64.3	100	35.7
Major accident	19.6	17.8	1.9	61.9	9.5
Natural Disaster with significant personal losses	15	12.1	2.8	87.5	6.3
Received death threats, physical assaults or beatings	52.3	46.4	53.6	71.4	19.6
Physical violence in a relationship	1.9	1.9	0	100	50
Psychological violence in a relationship	5.6	3.7	1.9	100	50
Sexual abuse	1.9	0.9	0.9	100	0
Robbery or assault	57.9	30.6	69.4	27.4	14.5
Integrity-threatening situations in the country of origin	22.4	21.5	0.9	95.8	8.3
Integrity-threatening situations during the trip to Spain	24.3	24.3	0	69.2	7.7
Aggression or offensive racist insults	50.5	44.5	55.5	66.7	1.9

*Measured as a dichotomised variable. within those having experienced the incident

Qualitative results related to SLEs, show narratives of violence appearing often in the interviews.

"In the street even the devils can appear. I've fought many times on the street ... the street has its way, each seeks his life and it's hard, you have to defend yourself, these are ways of street life, is like being a soldier who is at war".

(Mauritania, 31 years)

Regarding the correlation of alcohol and drugs, there were more people who claimed to have drunk too much after being homeless (35%, this issue will be analyzed in depth below) and the opposite for drug abuse, where 22.4% of respondents have used them before becoming homeless. From those interviewees who had abused alcohol, nearly 90% of those who see a clear influence on the homeless situation also see a high influence in their actual life. The same applies to drug abuse, psychiatric hospitalizations, mental health problems and suicide attempts. The relationship between drugs and alcohol reached statistical significance. Some people linked violence in the street with substance abuse problems, mental health problems, lack of personal control, nervousness and even idiosyncrasies of life on the street ("doing things to be respected").

"I'm always drunk and in the end I have a lot of fights. I ended up being nicked, shitty luck. I have already been nicked twice, and everything for fighting drunk…the street as ever ... no one can stand the street".

(Morocco, 21 years)

Although 3.7% of people claim to have been admitted to a psychiatric hospital before being homeless (vs. 2.8% after), there were more people who claimed to have had a serious mental health problem (5.6%) or attempted suicide (9.3%) after being homeless.

"I was in the Special Forces, I have been in Afghanistan and all places around, I've seen a lot: dead, this, that…these are things that you recall … I also have 'paranoia' of the fucking war, but do not want to go to a psychiatrist".
(Nicaragua, 46 years)

As commented in the analysis section, considering the information contained in the contingency tables on time of occurrence of the event, life impact and influence on the homelessness process, we performed an exploratory factor analysis with all the SLEs variables. The sedimentation graph of the exploratory factor analysis constrained to six factors showed an important weight for a factor that brought together the majority of the stressful events related to mental health and substance abuse (drug abuse, severe mental health problems, suicide attempt, and alcohol abuse but not admission in a psychiatric institution) plus death threat and imprisonment, which explained 15.75% of the variance. Accordingly, we grouped the four mental health and substance abuse variables that were grouped in the first analysis and performed an exploratory factor analysis constrained to one factor. We obtained a model which explained a 52.41% of the variance with all factor loadings above 0.65, therefore justifying a sum score. For further information on the reliability and validity of the SVEs sum scores used please see Navarro Lashayas (2014, 2015).

We conducted mean comparisons (t-tests) to test whether there were differences in the number of SLEs linked to mental health or substance abuse by current accommodation and length of time in the street, finding statistical significant differences by current accommodation. Those living in the street were found to have a higher mean of SLEs linked to mental health or substance abuse (street mean=1.13 vs. shelter=0.68; t=2.173, p=.032).

We also correlated the number of this type of SLEs with age, length of homelessness, length of stay in Spain, and length of employment in the past year, finding moderate statistical significant Pearson correlations of the SLEs sum score with homelessness (r=.323, p<.001) and length of stay in Spain (r=.461, p<.0001).

Alcohol and drug consumption

Forty percent of the participants were actively consuming alcohol. Among the latter, 25.6% consumed every day (alcohol abusers), 60.5% presented a moderate recreational consumption pattern (weekend or a few days per month), and the rest are somewhere in between consuming several days a week. Qualitative analyses of the interviews evidence that the amount of alcohol consumed among those who consume every day is, in their own words, very high.

Discussion groups carried with homeless people highlighted that the access to drugs and alcohol is very easy on the street, constituting sometimes a means of socialization with other people. For some people, drinking is understood as a coping strategy towards the situation they are experiencing.

"On the street you have an open door for all, you can always find someone who is consuming and will always invite you. Ninety-nine per cent of what it teaches you, what you find in the street, are bad things".

(Algeria, 38 years)

As in the case of SLEs, we correlated frequent alcohol consumption with socio-demographic variables. A longer stay in Spain was found among alcohol abusers (57.06±75.33 months of stay for abstainers vs. 85.16±65.85 for alcohol users, z=-3.12, p<.005), frequent consumers (62.84±73.34 months of stay for abstainers and occasional users vs. 105±57.84 for frequent alcohol users, z=-3.07, p<.005) as well as a longer homelessness process among frequent consumers (11.46±16.11 months of stay for

abstainers and occasional users vs. 26.93±29.69 for frequent alcohol users, z=-1.94, p<.05). Although quantitative data seems to point in the direction of a parallel process between homelessness chronification and alcohol abuse, the discussion group carried with care resources practitioners showed some disagreement on whether consumption is pre-migration, or if it occurs as a result of the social situation that homeless immigrants are going through.

"The person who comes, who is homeless and whose main cause of being so is that he is in an irregular situation… we have seldom seen that consumption appears".
"Most immigrants we have, are persons who already consume or consumed 'at home'"(talking about those currently consuming).

Those who were sleeping on the streets or emergency shelters had a higher proportion of frequent alcohol use than those living in stable accommodations, whose abuse of alcohol was almost marginal (only one person was found to have frequent alcohol use within this group). The rest of the variables were not found to have any relation with alcohol consumption (absolute or frequent).

"I drank a lot before and after being "on the road". In the street even more…twenty-four hours in the street and that influences you a lot…drink and drink… not to think. "
(Cuba, 41years)

We performed chi-square tests to see if there was any statistical relationship between the frequency of alcohol consumption (occasional vs. frequent) and the drinking places (normalized spaces such as bars and nightclubs vs. street consumption). The use of normalized spaces for alcohol consumption was more frequent among occasional users (χ^2= 6.107, p<.05). The opposite was true for people who frequently consumed, whose main place of consumption was the street (χ^2= 19.815, p<.001).

Likewise, chi squared tests were used to test the relationship between the drinking place and company (i.e. if they consumed with other people). The results showed a statistical significant correlation for the combination of drinking alone and drinking on the street (χ^2 = 9.345, p<.05). The 90.9% of people who drank alone did it more frequently on the street. In order to test whether people drinking in the street alone correspond to those having higher consumption levels, we performed another Chi squared test that showed a statistical significant relation (χ^2 = 8.309, p < .05), with 60% of regular street lonely drinkers presenting alcohol abuse. One of the participants talked about group influences in drinking patterns:

"My friends tell me I have to drink alcohol to warm up, so I started to drink, but you realize it's not worth it at all, so I stopped."

(Gambia, 27 years)

The consequences of continued use, beyond being addiction disorders themselves, are the increase in violence in the street, difficulties related with keeping contact with the family in their country of origin, lack of access to "normalized" social networks, difficulties in access to jobs and regularization processes, and a significant economic burden in relation to the financial resources they have available.

"I drank because I had problems, I drank because I was in the street, without passport, without anything, no family…I had nothing. If I had money and I felt bad, I drank. I used to buy something in the supermarket and drink it myself on the street".

(Algeria, 28 years)

Thirteen per cent of respondents reported consuming hashish. Among them, 57.1% reported consuming it three or more days during the week. Hashish use showed a significant co-occurrence with alcohol use (Fisher's exact test<.0001) but not with

frequent alcohol use, nor a relationship between cannabis use and the type of accommodation or time in Spain or in the street was found.

"It's in those times, when you are in the street, having a drink and smoking something, helps you to get some sleep. I used to smoke hashish almost every day (...). I don't know, I can say that marijuana has helped me... sometimes it does, sometimes when I smoke, I get a little bit of perspective."

(Cameroon, 21 years)

Psychological distress

The GHQ-12 scores showed a statistically significant difference according to the type of accommodation. Those living in the street had a score of 5.12 ± 2.55 while those with accommodation had 3.19 ± 2.29 ($t=4.06$, $p<.0001$). We also found a statistically significant moderate correlation with the length of stay in Spain ($r=.248$, $p<.01$), a significant low correlation with length of work in the last year ($r=.169$, $p<.05$), and a significant low correlation with the number of SLEs linked to addiction and mental health ($r=.191$, $p<.05$). Surprisingly enough, no statistically significant correlations were found between psychological distress and the length of homelessness.

"Very sad, the road is very hard, if in my country I had known that I would have spent time in the street, I would have not come. There are no people who can help or listen, even you don't tell to your family what's wrong, and it's very hard".

(Algeria, 28 years)

When people who have found a stable accommodation were asked about the differences regarding the time when they were sleeping on the street, they explained not only practical aspects, but also important psychological and emotional changes.

"The most important thing is what you feel inside. You feel that you are a person like everyone else, have a roof and a bed, shower when you want, you're clean, the moral

aspect also changes a lot, you're on the street and have a beard and you leave it… fuck it! But at home it's different, your head is organized differently".

(Morocco, 33 years)

Variables associated with current accommodation status

A logistic forward stepwise regression was used to identify the variables most related to current accommodation status. Frequent alcohol use and social aid could not be used as variables as there were not enough participants in both groups (only one person currently sleeping in the street had social aid, and only one person with a more stable current accommodation consumed alcohol frequently). Therefore, independent variables used included the sum of SLEs and the GHQ-12 score. The final model (Nagelkerke R Square= 0.18) included only the GHQ-12 score (Wald=13.169, OR=.73, 95% CI=.62-.87, p<.0001). In the focus groups, practitioners agreed in believing that homeless migrants have lower substance abuse and better mental health levels than native born homeless persons. For them, sleeping on the street is a major risk factor both for psychological distress and alcohol abuse. Furthermore, protraction of social exclusion facilitates performing behaviors and developing relational styles which in turn favor the onset of substance abuse.

"If you're long on the street you get much attached to the street and you normalize behaviors that are necessary to survive on the street… you do them yours. That happens a lot with North Africans, when they spend time in the street they start drinking even if they are not supposed to be drinking (talking about religious reasons)*, and they say they do so, just to be on the street. They argue that when they will leave the street they will no longer drink. The identity of a person living the street is created to keep the order".*

(Care resources practitioners' discussion group)

Discussion

In this study, just as in past research (S. Fazel et al., 2008; Goodman et al., 1991; Lam & Rosenheck, 2000), frequent alcohol consumption and psychological distress have been shown as important variables when analyzing the general picture of homelessness, both regarding the length of stay in the street and the current accommodation status. Also in agreement with past research (Caton et al., 2005; Stein & Gelberg, 1995), we have seen a clear relationship between the occurrence of events related to mental health (such as hospital admissions) and substance abuse (violence), the length and the severity of homelessness. One of the innovations introduced by this paper is the influence of other contextual factors on the homelessness status. The proportion of homeless people without legal visas is much higher than in the immigrant population with a residence permit. Content analysis of interviews and life stories shows that the absence of a legal status puts the immigrant or refugee in a situation of total vulnerability, preventing their access to basic health and social support. We hypothesize that the administrative situation is one of the main reasons leading people to live in the streets. The analysis of the influence of the legal status in the protraction of homelessness among migrants, must be a clear line of research in the future.

Alcohol abusers were found to have been longer in Spain, regardless of the time they have spent being homeless. This is consistent with some theories that speak about the influence of acculturation processes on substance use, leading to increasing consumption among immigrants (Qureshi et al., 2013). This strengthens the idea expressed by some of those interviewed (mainly Muslims) that those who consume alcohol have forgotten their religion and customs (Navarro Lashayas, 2015). We might talk about a negative acculturation process in which negative health behaviors have been incorporated. However, we do not believe that our findings are related to a rejection of

the culture of origin. Rather, we suggest that migration is stressful to the extent that it is experienced as such by the individual in relation to available personal, social and material resources (Qureshi, Collazos, Ramos, & Casas, 2008). Thus, acculturative stress can be a variable to consider when taking into consideration social exclusion of migrants as long as it represents cultural issues and adaptation to social norms and customs, and is linked to the political and social context in which the person is inserted. In the introduction of the paper we referred to research showing the relationship between the context refuge and psychosocial distress (Brune et al., 2014). In our opinion, this is a great challenge lying ahead. In these times when Europe is absorbing a massive influx of refugees, the conditions in which they are welcomed, the acceptance by the host society, and administrative support are fundamental to preventing serious social exclusion. It is noteworthy the time lag between the arrival in the city and the onset of homelessness. Newcomers are not who usually end up sleeping on the street. Data shows an evolution in the city before ending up socially excluded. The acculturation process facilitating the consumption of alcohol, problems getting jobs and a new role in society, frustrated integration efforts and the accumulation of stressful life events may explain these results. Neither qualitative nor quantitative data analyses can clarify if our participants drink because they are on the street, or if alcohol abuse is a risk factor for homelessness (Mallett, Rosenthal, & Keys, 2005). However, according to respondents' stories, it can be inferred that the street is a major risk factor for people who at some point in their life have had a previous alcohol consumption, generating relapse if they had managed to overcome it, and increasing consumption in case of continuity. There were also participants without previous risky consumption, who started to abuse alcohol once they were in the street. Discussion groups did not reach an agreement regarding the extension of this profile, but the idea that there is a greater number of people who had previous consumption before

being homeless, than those who have never tried alcohol and began their consumption after being homeless prevailed. Content analysis of the interviews shows a clear trend regarding previous consumption. Whether or not there was pre-consumption, homelessness exacerbates consumption of alcohol, with participants seeking to avoid frustration feelings, forgetting about the current situation, or building relationships with other homeless people.

The GHQ was also correlated positively with the length of residence in Spain, giving higher scores of psychological distress with increasing stay length. Possibly, a protracted precarious social situation, combined with frustrated expectations of stability, may trigger greater psychological distress. However, the bigger interactions with psychological distress were related to current accommodation status, showing the importance of material resources to promote psychological well-being (Biswas-Diener & Diener, 2006). This has important implications for social organizations. The type of accommodation, social resources provided, and administrative support situation are fundamental to the wellbeing of immigrant homeless people. We probably have to be more focused on the quality of services provided and not so much in what services are provided. Policies should not only be focused on providing a place to sleep, but to promote a space for the recovery of dignity.

While Spanish epidemiological data shows prevalences of suicidal ideation between 4.4% and 1.5%, our participants reported 13.1% of suicide attempts, tripling the percentage of the general population (Gabilondo et al., 2007). The high rate of suicidal ideation coincides with the testimonies of the participants and the harshness of street life. Housing is an enclosed space that protects us and where we can establish our life and social references. It is a space where we can build our intimacy, and its lack may have significant emotional impact on us. Consequences include social isolation caused by the

outrageous feelings of social failure; social stigma enabling the emergence of feelings of dehumanization; alienation; feelings of sadness and frustration; irritability; changes in personal identity; anomie and hopelessness (Navarro Lashayas, 2014). All these aspects are barely addressed within mental health and social exclusion research, and in our opinion, they should be the subject of further research. Addressing homelessness requires expensive public policy interventions that are not always funded by governments. The European Union has set as goal to end homelessness by 2015[1]. This objective requires strong coordination between social housing policies, strengthening social and mental health services, employment and minimum income policies, and awareness campaigns addressed to the general public (Navarro Lashayas, 2013). The results of our study point towards the role of government in preventing homelessness among migrants and refugees. Institutions should provide administrative stability as soon as possible and make available sufficient material resources for survival, avoiding additional stress, thus not increasing the number of SLEs. Moreover, social organizations must be made aware that any intervention made must respect the dignity of persons and promote recovering control over their own lives. For instance, current massive temporary resources for refugees in Greece or Italy do not meet either of these criteria (Doctors without Borders, 2016). Finally, the host society also has an important role in the demand for equal rights for all people and combating discrimination, both of which influence acculturative stress among immigrants.

Some limitations of the study should also be highlighted. Although we tried to reach as many homeless immigrants as possible, the type of contact approach that we performed could bias the study, as in order to contact them, they should have had some

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[1] Declaration of the European Parliament of 16 December er 2010 on an EU homelessness strategy (P7_TA(2010)0499)

contact with a care resource. However, our goal was not to obtain a representative sample, but to illustrate how mental health and substance abuse are embedded within the process of homelessness. Complex problems require complex analyses, and gathering the necessary information, implies establishing personal relationships with participants, especially those who are in a situation of social vulnerability. Hence, mixed methodology has allowed us to carry an analysis where the quantitative part was justified by the qualitative and vice versa.

In conclusion, we should not forget that homeless people are part of the society in which we live. This research has shown the challenges and difficulties happening in the life of homeless immigrants. We found clear relationships between stressful life events, substance abuse, psychological distress, and the current accommodation status and length of stay in the street. This clearly indicates that the solution may not exclusively rely on giving material resources, but may also require substantial psychosocial support to demand their universal right to health and ultimately, the exercise of Citizenship (Rowe & Pelletier, 2012; Rowe et al., 2009), being coordinated multidisciplinary work fundamental for these ends (Bunger, 2010; Momsen, Rasmussen, Nielsen, Iversen, & Lund, 2012).

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