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**RESEARCH ARTICLE**

## **Mental Illness Treatment Non-Adherence: A Perpetuating Factor of Homelessness among Indigenous People**

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**ABSTRACT**

Mental illness correlates with homelessness, and a vicious cycle exists between the two. Breaking this vicious cycle will entail propagating effective interventional mental illness treatment modalities which need to be adhered to by the patients. Non-adherence to mental illness treatment, even if socio-economic supports were provided, perpetuates homelessness. Homelessness among indigenous people is higher when compared to non-indigenous people in countries like Canada, Australia, New Zealand, and the United States. This study aims to look at the extent to which non-adherence to mental illness treatment perpetuates homelessness and also the socio-cultural, medical practice, and policy implications. A retrospective literature review was carried out, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline. Relevant articles were sourced from the PubMed, Google Scholar, and Cochrane Systematic Review databases. The Medical Subject Heading (MeSH) thesaurus was employed to identify relevant concepts. The Boolean method was used to combine the keywords to create a uniform search for articles across the databases. Included articles were free full texts published between 2003 and 2023 in the English language. Fifty-three articles were obtained, and the information obtained confirmed that non-adherence to mental illness treatment would impede recovery and perpetuate homelessness. This article developed a graphical illustration of the homelessness – mental illness vicious cycle and the adjacent mental illness treatment non-adherence and adherence pathways. This illustration could be useful for future studies to better conceptualize mental illness engendered homelessness and the interactions between medical treatment and other variables like housing and intergenerational trauma. This study concludes and recommends that indigenous people-centred policies and Interventional approaches that take the indigenous people's sensitivities and proclivities should be formulated, propagated, and constantly reviewed to address perpetual homelessness. It is recommended that healthcare practitioners should be aware of and respect these socio-cultural sensitivities and proclivities.

**KEYWORDS**

Homelessness, Mental Ill-Health, Indigenous Population, Aboriginals, Treatment Non-Adherence, Treatment Adherence

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### **1. Introduction**

Homelessness is a prevalent social problem. It affects a growing number of people worldwide and presents a complex challenge for policymakers and service providers (UNCSO, 2019; OECD, 2020).

Homelessness can substantially reduce a homeless person's length and quality of life (Frankish et al., 2005; Fazel et al., 2014). The homeless population is susceptible to myriad health problems due to their living conditions. Prominent among the various health problem is mental illness.

A good number of homeless people are mentally ill, and a vicious circle exists between homelessness and mental illness (Ventriglio et al., 2015).

Mental illness is a complex situation that lends itself to perpetual long-term and, most times, lifelong treatment. The resolution of mental illnesses entails adherence to treatment at this level of treatment.

Mental illnesses among homeless individuals are most often treatable, improvement is possible, and complete remission can be achieved. Many people with mental illness can return to full normalcy, and some mental illnesses are preventable (UNCSD, 2019; W.H.O., 2022; APA, 2022).

Unfortunately, non-adherence to treatment by patients with serious mental illness is a major concern of mental health services, up to one-third of individuals with serious mental illnesses who have had contact with a mental health service disengage from care (Doyle et al., 2014; Kreyenbuhl et al., 2009).

Treatment nonadherence in patients with mental illness is similar to or higher than other chronic conditions. At least 61% of patients with schizophrenia, 57% of patients with bipolar disorder, and 52% of patients with depression had problems with adherence (Malik and Kumari, 2020).

In Canada, the situation is not so different. It is estimated that 235,000 individuals in Canada experience homelessness annually (Gaetz, 2012; Statistics Canada, 2022).

### **1.1 Aim of this Research**

The three primary goals of this article are:

1. To provide a background understanding of homelessness and the relationship between homelessness and mental illness with a focus on Canada
2. To highlight the extent to which treatment non-adherence might have and could be affecting remission of symptoms and signs of mental illness, thereby perpetuating homelessness, and
3. To spur discussion regarding strategic directions for future research.

To this extent, this research will endeavour to answer these relevant questions:

- To what extent does non-adherence to mental illness treatment perpetuate homelessness?
- What are the socio-cultural and economic implications?
- What are the implications for medical practice?
- Are there policy implications?

## **2. Literature Review**

### **2.1 The Concept of Homelessness**

*"Homelessness is not just about having a job or an apartment. Too often homelessness is due to a disordered mind."* (Steel, 2012)

Those words of Danielle Steele (an American world-renown author, writer, and novelist) described the relationship between homelessness and "disordered mind" (more aptly called mental illness). That is, too often, homelessness is due to mental illness. This relationship has been echoed by many researchers and research.

Homelessness is a phenomenon experienced by about 100 million people worldwide (UNCSD, 2019; OECD, 2020). In high-income countries, around 2 million people have been homeless over the past decade (OECD, 2020), and in the US, the lifetime prevalence of homelessness is estimated at 4.2% of the general population (Tsai, 2018), with circa 553,000 individuals deemed not to have fixed, regular, and adequate residence on any night (USDHUD, 2010).

### **2.2 Homelessness, the Negative Impact on Health and Wellbeing, and the vicious cycle with Mental illness**

It has been recognized that homelessness can substantially reduce a homeless person's length and quality of life, and the negative effects of homelessness on the health and well-being of people who are homeless are well documented (Frankish et al., 2005; Fazel et al., 2014). The homeless population is susceptible to myriad health problems due to their living conditions. Prominent among the various health problem is mental illness.

A good number of homeless people are mentally ill, and a vicious circle exists between homelessness and mental illness.

- Mental illness contributes to the homeless situation of most homeless people.
- Homelessness perpetuates mental illness.

Mental illness (variously described as a mental disorder or mental disease) is any of a range of medical conditions like major depressive disorder, schizophrenia, obsessive-compulsive disorder, or panic disorder, that manifest principally by disorganization of personality, mind, or emotions to impair normal psychological functioning and cause marked distress or disability and that are typically associated with a disruption in normal thinking, feeling, mood, affect, behavior, interpersonal interactions, and or daily functioning (W.H.O., 2022; APA, 2022).

It was observed that as of the year 2019, 1 in 8 people worldwide live with a mental disorder and that by the year 2020, there was an even greater increase in the number of people with mental illness worldwide, a phenomenon accentuated by the advent of COVID-19 in the year 2019 (W.H.O., 2022).

Due to the disturbance of their cognition, emotion, or behavior, and their lack of insight into their situation, mentally ill individuals tend to make abnormal and, at times, totally irrational decisions and or behave abnormally or irrationally, including living rough and in the open, shelter-less condition, moving or wandering from place to place, with no fixed abode. They also might be eating food that is not hygienic and wearing clothes that are inadequate or inappropriate for the different seasons. This is what defines homelessness.

### ***2.3 Homelessness in Canada – Highlighting the Aboriginals’ Situation***

In Canada, the situation is not so different. It is estimated that 235,000 individuals in Canada experience homelessness annually (Gaetz, 2012; Statistics Canada, 2022), and a good proportion of these individuals are mentally ill.

What is somehow different in the Canadian context is that the Aboriginals are disproportionately more homeless and inadequately housed. A series of reasons have been adduced for this, including the historical dispossession of Aboriginal lands, colonial- and neo-colonial practices of cultural oppression and erosion, intergenerational traumas, systemic racism, governmental policies, and the current economy and housing markets (Gaetz, 2012; Statistics Canada, 2022).

### ***2.4 Treatment of Mental Illness among the Homeless Population***

Mental illnesses among homeless individuals are most often treatable, improvement is possible, and complete remission can be achieved. Many people with mental illness can return to full normalcy, and some mental illnesses are preventable (UNCSD, 2019; W.H.O., 2022; APA, 2022). Mental illness treatment is often individualized to take into consideration the often-peculiar condition of each patient. It is developed in collaboration with a mental health clinician and sometimes involves a close relationship with the patient. Treatment may include psychotherapy, pharmacotherapy, lifestyle modification, or other supportive treatments. A combination of these therapies is usually the most effective.

At the societal and community level, there is a departure from the obsolete pattern of mental illness treatment, where mentally ill individuals are mostly confined and restricted to institutionalized homes and hospitals, with their rights mostly taken away, and were subjected to degrading and sometimes in-human treatments. Presently, mentally ill persons are no longer forced into mental homes, except if they portend a danger to themselves or other people, they are otherwise allowed to live as normal a live as possible, mingling and relating with every other person within society.

### ***2.5 Non-Adherence to Treatment***

Mental illness is a complex situation that lends itself to perpetual long-term and, most times, lifelong treatment. The resolution of mental illnesses entails adherence to treatment at this level of treatment.

Treatment nonadherence in patients with mental illness is similar to or higher than other chronic conditions. At least 61% of patients with schizophrenia, 57% of patients with bipolar disorder, and 52% of patients with depression had problems with adherence (Malik and Kumari, 2020).

Non-adherence to treatment leads to relapse of symptoms and accentuates mental illness, which invariably ends up in the mental illness–homelessness vicious circle. It is, therefore, imperative that the impact of non-adherence to treatment be investigated.

The following quote from Danielle Steele is relevant:

“The homeless need so many things from us. In addition to housing, medical care, mental health care, and job training, they need a strong hand to help them up. And aside from what we can do practically, we need to share our strength and give them hope: the hope that things can change and the courage to hang on.”  
(Steel, 2012)

### 3. Methodology

This review was conducted, guided by the 2020 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, as possible. The use of the PRISMA 2020 is to assist readers in assessing the appropriateness of the methods and, therefore, the trustworthiness of the findings (BMJ, 2021).

#### 3.1 Inclusion and Exclusion Criteria

This research looked at the role of non-adherence to the treatment of mental illness in perpetuating homelessness, with a focus on homelessness among the Indigenous population in Canada. A review of systematic reviews dating between 2013 and 2023 was intended, but relevant narrative and scoping pieces of literature, both published and grey ones, dating between 2003 and 2023, written in the English language and freely available as full texts were included.

Pieces of literature relating to Northern American (United States and Canada) situations were the primary target of the research, but the scope was broadened to include relevant literature from international organizations like the United Nations and the World Health Organization, with global oversight, whose operational activities would normally impact the Canadian society.

#### 3.2 Information Sources and Search Strategy:

A search for articles was conducted on three electronic databases: PubMed (encompassing MEDLINE and PubMed Central), the Cochrane Collaboration Library, and Google Scholar. A broad list of terms related to mental illness and treatment adherence as it affects homelessness was compiled and used as standalone key terms or combined with others to create key search terms. The search involved three steps:

- The concepts (keywords) within the title were used to search PubMed to develop and confirm MeSH terms (Please see Table 1).
- Use of the keywords and the MeSH terms to search for articles across the three databases (abstract and title search only), and
- Manual search of reference lists of relevant included articles.

**Table 1: Concepts and their Respective Relevant Synonyms and MeSH Terms Developed from PubMed.**

Concept	Relevant Synonyms (Including MeSH Terms)
Homelessness	"ill-housed persons"[MeSH Terms] OR homelessness[Text Word]; Panhandling; Destitution; Rootlessness; Street People
Mental Illness	"mental disorders"[MeSH Terms] OR Mental illness[Text Word]; Persons with Mental Disability; Mental Ill-health
Indigenous People	"indigenous peoples"[MeSH Terms] OR indigenous population[Text Word]
Treatment Adherence	"treatment adherence and compliance"[MeSH Terms] OR Treatment adherence[Text Word]
Canada	No synonym

Please see Table 2 (in the Results Section) for the findings of the search of the three databases for relevant publications.

The identified concepts, their respective synonyms, and the MeSH formulae were used to carry out an advanced search of the PubMed online library, using 10 years & Systematic Review as Filters. The following (Table 2) is the result of the searches.

**Table 2: Results of the MeSH Searches on PubMed for Articles with Various Keywords.**

Keywords and Concept Searched	Number of articles
ill-housed persons"[MeSH Terms] OR homelessness[Text Word] OR Pan-handling OR Destitution OR Rootlessness OR Street People	226
"mental disorders"[MeSH Terms] OR Mental illness[Text Word] OR Persons with Mental Disability OR Mental Ill-health	13,325

"indigenous peoples"[MeSH Terms] OR indigenous population[Text Word]	478
AND "treatment adherence and compliance"[MeSH Terms] OR Treatment adherence[Text Word]	5,935
"ill-housed persons"[MeSH Terms] OR homelessness[Text Word] OR Pan-handling OR Destitution OR Rootlessness OR Street People AND "mental disorders"[MeSH Terms] OR Mental illness[Text Word] OR Persons with Mental Disability OR Mental Ill-health AND "indigenous peoples"[MeSH Terms] OR indigenous population[Text Word] AND "treatment adherence and compliance"[MeSH Terms] OR Treatment adherence[Text Word] AND Canada	45
Total	20,009

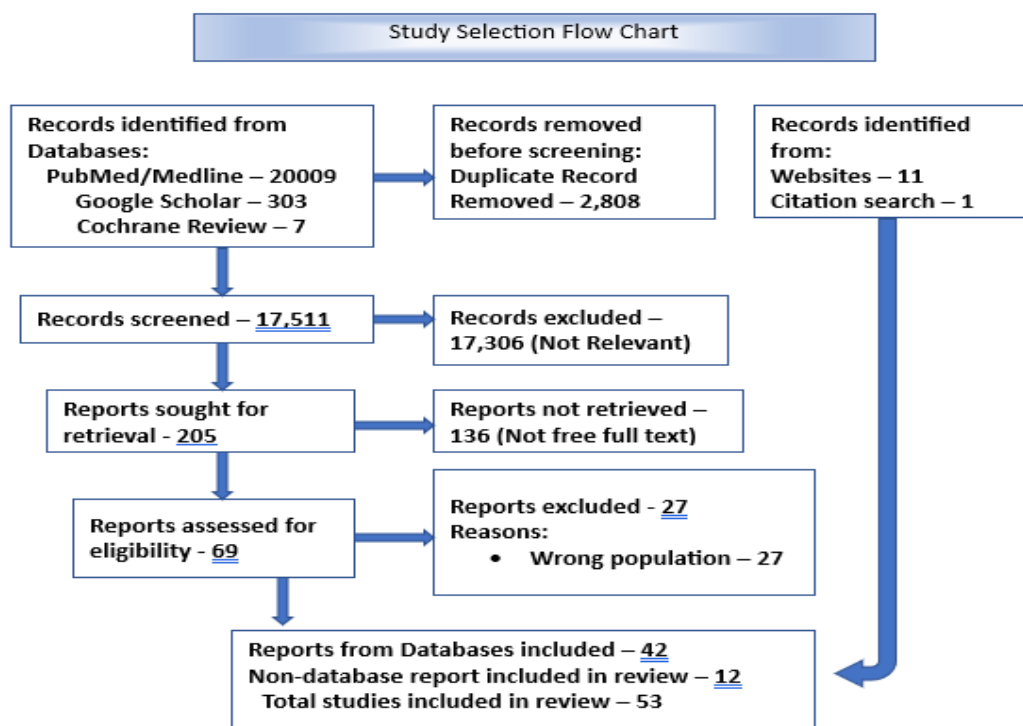
45 articles and publications were obtained from the search using the MeSH formula: "ill-housed persons"[MeSH Terms] OR homelessness[Text Word] OR Pan-handling OR Destitution OR Rootlessness OR Street People AND "mental disorders"[MeSH Terms] OR Mental illness[Text Word] OR Persons with Mental Disability OR Mental Ill-health AND "indigenous peoples"[MeSH Terms] OR indigenous population[Text Word] AND "treatment adherence and compliance"[MeSH Terms] OR Treatment adherence[Text Word] AND Canada

Searches were also carried out in Cochrane Review and Google Scholar databases. Table 3 shows the results of the search of these databases.

**Table 3: Results of the Searches on Google Scholar and Cochrane Review for Articles with the Various Keywords**

Keywords and Concepts	No. of Articles Obtained from Searching the Respective Databases			
	Google Scholar <i>Search Date</i>		Cochrane Review <i>Search Date March 12, 2023</i>	
	Total	Relevant	Total	Relevant
Homelessness AND Mental Ill-health	11,300	59	4	2
Homelessness AND Indigenous People	2,190	26	7	1
Mental Illness AND Treatment Adherence	18,100	36	16	0
Mental Illness AND Indigenous Population	10,500	69	11	2
Mental Illness AND Treatment Adherence AND Canada	19,700	42	2	2
Mental Illness AND Indigenous Population AND Canada	19,100	57	0	0
Homelessness AND Mental Illness AND Indigenous Population AND Treatment Adherence	2,450	12	0	0
Homelessness AND Mental Illness AND Indigenous Population AND Treatment Adherence AND Canada	4	2	0	0
Total		303		7

All the identified studies from the different databases and those from website and citation searches were further processed for relevance and eligibility. The result is depicted in Figure 1. Fifty-three studies were eventually selected.



**Figure 1: Study Selection Flow Chart**

### 3.3 Quality Appraisal

Two independent investigators (the first and last author) performed article selection, assessment, and analyses in each step. If there was a contradictory result regarding an article's eligibility, its full text was reassessed by consensus within the group.

None of the fifty-three studies extracted for the study concisely studied the impact of non-adherence to the treatment of mental ill-health on the prevalence of homelessness among the homeless indigenous people in Canada. They, however, provided ample information on the different concepts that made up this study, from which this review article was written.

## 4. Results/Findings

### 4.1 Conceptualising Homelessness

It is imperative to have a concise definition and conceptualization of homelessness, as it can have deep implications for planning and formulation, resource allocation, implementation, and indices and variables for the evaluation of the performance of homelessness policies and initiatives. Interestingly, various authors, researchers, organizations, and even governments have, over the years, defined and conceptualized homelessness in various ways. This difference in definitions of homelessness has been deemed necessary and desirable because the different definitions are influenced by the language, socioeconomic conditions, and cultural norms of the groups affected and, of course, the purpose of the respective definitions (OHCHR - U.N., 2019).

A prominent definition is that homelessness refers to the "situation of an individual, family, or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability to acquire it" (Gaetz, 2012).

Another definition is that homelessness is a phenomenon occurring along a continuum. At the extreme end of the continuum are those living in the open and in other places not intended for human dwelling (unsheltered); they are followed by those living in shelters (emergency sheltered). These two sets of individuals are referred to as being "absolutely homeless" (Gaetz, 2012; Frankish et al., 2009).

The continuum continues with people who are staying with friends or family on a temporary basis (referred to as "couch surfing" or being "doubled up"), followed by those at risk of being homeless (including persons who are living in substandard or unsafe housing and persons who are spending a very large proportion of their monthly income on housing (Frankish et al., 2009; Baskin, 2007; City of Toronto, 2007; UNCSD, 2019).

The term 'concealed homeless' has been used to describe people who are living in transition homes, jails and detox centers, as well as those who 'couch surf' by perpetually staying with family or friends (Baskin, 2007; Ruttan et al., 2010). This phenomenon is described as 'hidden homelessness' by some other authors (Klodawsky, 2009).

Yet, some other authors have conceptualized homelessness in a "spiritual" sense, alluding to what is referred to as 'spiritual homelessness', and describing it as the separation from traditional lands, family, and kinship networks. This type of conceptualization is especially used to describe the lived realities of Indigenous groups (OHCHR - U.N., 2019; Distasio et al., 2005).

#### ***4.2 Scale and Scope of Homelessness***

Homelessness exists globally, found in all countries of the world. It affects the health and wellness of a good number of people, with an estimated 100 million people world-wide affected as of the year 2005 ((UN-Habitat, 2015; W.H.O., 2022). More recently, in high-income countries, around 2 million people have been homeless over the past decade (OECD, 2022). In the US, the lifetime prevalence of homelessness is estimated at 4.2% (Tsai, 2018), with circa 553,000 individuals deemed to have lacked fixed, regular, and adequate residence on any night (USDHUD 2010). Meanwhile, in Canada, it is estimated that 235,000 individuals experience homelessness annually (Statistics Canada, 2022).

The homeless populations' experiences as been deemed to be heterogeneous in the sense that it is born out of individual risk factors and societal issues, such as marginalization, exclusion, and economic situations. This heterogeneity is deepened by the fact that these individual risk factors and societal issues affect family units, single men and women, youths, migrants and refugees, and different ethnicities in different and varied ways (Frankish et al., 2005; Novac et al., 2006; Shapcott, 2007). In addition, homelessness does not exist in a fixed state – it could be a transient or episodic problem for some individuals but could be a chronic condition for a distinctly different subgroup (Frankish et al., 2005; Patrick, 2014).

#### ***4.3 Homelessness – Effect on General Health and Wellbeing***

Homelessness can reduce a homeless lifespan and quality of life. Many researchers and authors have noted that individuals who are homeless or inadequately housed disproportionately experience high levels of illness as compared to the general population (Frankish et al., 2005; Adelson, 2005; Higgitt et al., 2003; Benoit et al., 2003; Chrystal et al., 2015; Fazel et al., 2008).

The Office of the United Nations High Commissioner for Human Rights (OHCHR) observed that homelessness causes several thousand premature and preventable deaths yearly. It was noted that being exposed to homelessness strongly impairs the health of those affected, undermining their right to the highest attainable standard of health (OHCHR, 2019).

Homeless people experience an array of physical and mental health problems and underutilize health services due to numerous accessibility and socio-economic barriers (Osei et al., 2020). Being homeless or unsuitably housed can aggravate pre-existing medical conditions, making it more challenging to access and receive treatment and recover from illness and increasing the risk of both infectious diseases and mental ill-health (Singer 2003).

A homeless or unsuitably housed individual could hardly sleep, much less have a good sleep, leading to a state of sleep deprivation, and sleep deprivation can lead to or exacerbate a variety of medical and psychiatric conditions (Street Health, 2007).

Meanwhile, it has been noted that of all the health problems to which homeless people are exposed, mental illness is by far the most prominent and deleterious (Frankish et al., 2005; Adelson, 2005; Higgitt et al., 2003; Benoit et al., 2003; Chrystal et al., 2015; Fazel et al., 2008; Singer 2003; Street Health, 2007).

#### ***4.4 Mental Illness Among Homeless People***

Mental illness has been described as any of a broad range of medical conditions (such as major depression, schizophrenia, obsessive compulsive disorder, or panic disorder) that are marked primarily by sufficient disorganization of personality, mind, or emotions to impair normal psychological functioning and cause marked distress or disability. It is associated with a disruption in normal thinking, feeling, mood, behavior, interpersonal interactions, or daily functioning in social, work or family activities (APA, 2022; Ganesh, 2013; WHO, 2022).

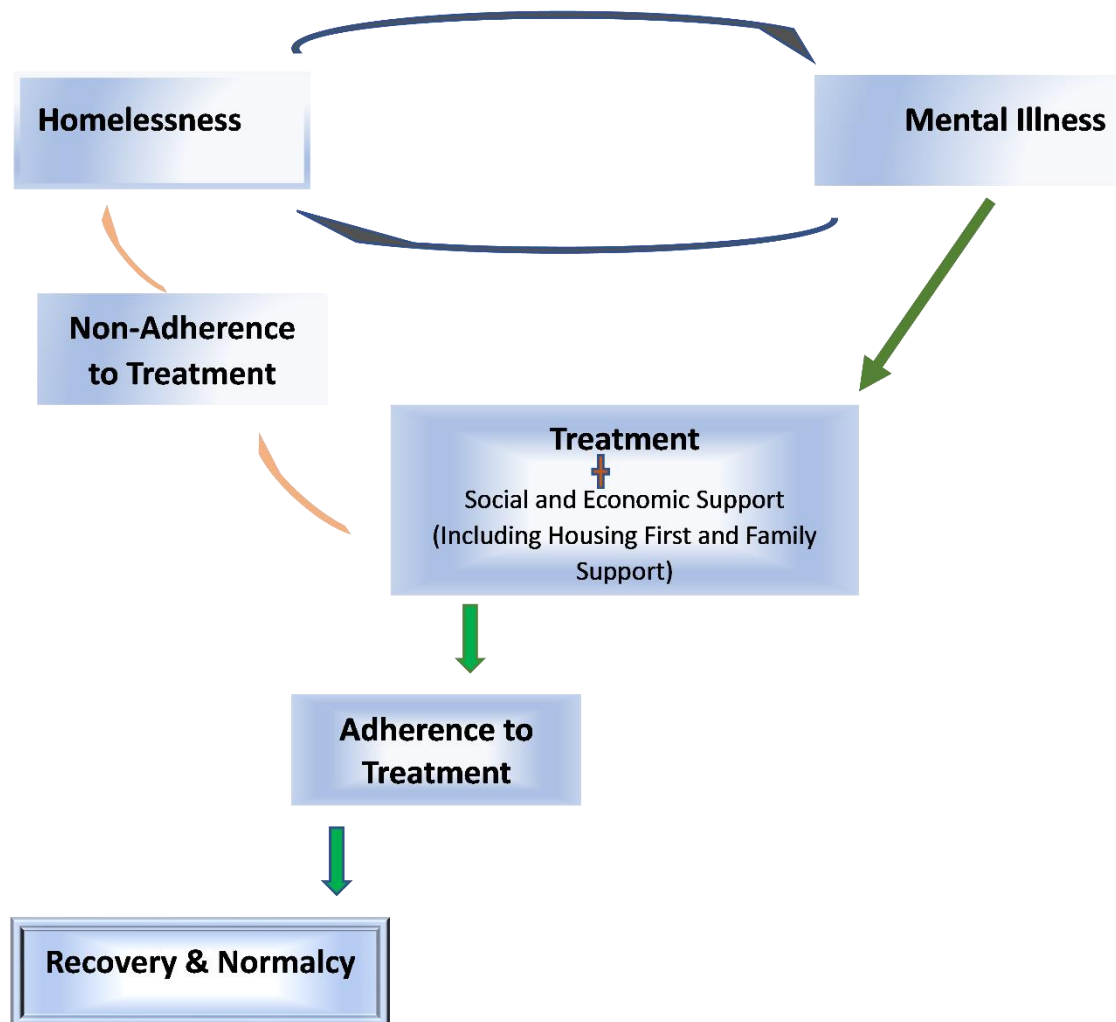
It was observed that as of the year 2019, 1 in 8 people worldwide lives with a mental disorder and that by the year 2020, there was an even greater increase in the number of people with mental illness worldwide, no thanks to the advent of COVID-19 in the year 2019 (WHO, 2022).

In a U.S. study, it was determined that people with Serious Mental Illness (SMI) are 10 to 20 times more likely to experience homelessness than the general population; People Experiencing Homelessness (PEH) with SMI have high rates of chronic disease, increased morbidity and mortality, fragmented service use, poor primary care experiences, and social isolation (Gabrielian et al., 2021; Chrystal et al., 2015; Fazel, 2014). In Canada, on average, 30–35% of homeless people have mental health problems (Gaetz, 2012).

A good number of homeless people are mentally ill (Gutwinski et al., 2021), and a vicious circle has been identified between homelessness and mental illness (Ventriglio et al., 2015).

- Mental illness contributes to the homeless situation of most homeless people.
- Homelessness perpetuates mental illness.

The two concepts tend to feed into each other (Figure 2).



**Fig 2. Illustration of the Homelessness – Mental Illness Vicious Cycle, and the Non-Adherence & Adherence Pathways**

**Legends:**

- 👉 Grey Arrows – Homelessness – Mental Illness Vicious Cycle
- 👉 Brown Arrows – Non-Adherence to Treatment Pathway
- 👉 Green Arrows – Adherence to Treatment Pathway

Individuals who are severely and chronically mentally ill are highly prone to experience extended and repetitive periods of homelessness (Goering et al., 2014). The relationship between mental health and homelessness has been deemed to be bidirectional, a situation in which individuals with mental illness are more at risk of becoming homeless, and the psychological



trauma of homelessness has an adverse effect on their mental health. And even when mental health issues are not the direct cause of homelessness, they can reinforce and lengthen the experience of homelessness (Kaplan et al., 2019; Gewirtz O'Brien, 2020; Winiarski et al., 2020).

With the high burden of mental illness on homelessness and the negative impact of homelessness on homeless people's mental health, it follows naturally that effective treatment of mental illness will contribute immensely to reducing homelessness. Hence, concerted efforts should be made to initiate and propagate efficient and effective intervention and treatment approaches to mental illness.

Where there is an existing treatment approach, its test of efficiency and effectiveness should be reflected in the desired result, which should be remission and or the eradication or reduction of symptoms and signs. It follows, therefore, that the perpetuation of societal signs of homelessness means whatever policy, treatment approach, and or clinical practices in place are or are not effective and efficient, that is, they are failing. And where nonadherence to treatment could be identified as the reason for the failure, it should be adequately understood.

#### **4.5 Non-Adherence to Mental Illness Treatment**

As earlier noted in this article, mental illness can be treated, improvement is possible, and complete remission can be achieved<sup>11</sup>. Mental illness treatment is often individualized to take into consideration the peculiar condition of the patient<sup>28</sup>. It has been shown that early detection, effective intervention, and long-term treatment can improve symptoms and functioning and reduce relapse risk among individuals experiencing mental illness (Addington et al., 2003; Stowkowy et al., 2012).

However, the effectiveness of any intervention program or treatment model depends, in part, on the willingness of the patient to engage with the intervention and adhere to treatment in a sustained manner (Doyle et al., 2014; Kreyenbuhl et al., 2009; Conus et al., 2010).

Unfortunately, non-adherence to treatment by patients with serious mental illness is a major concern of mental health services, up to one-third of individuals with serious mental illnesses who have had contact with a mental health service disengage from care (Doyle et al., 2014; Kreyenbuhl et al., 2009).

There was no universal definition of non-adherence (disengagement) across studies. However, Turner et al. described it as the termination of treatment despite therapeutic need (Turner et al., 2007). It may also be defined as a situation where the patient drops out of the treatment program before thirty months, with dropping out defined as not returning phone calls or not attending appointments for three months (Stowkowy et al., 2012).

Generally, the impact of nonadherence to medical treatment is overwhelming. It is estimated that at least 50% of patients with chronic health conditions are nonadherent. In the US, nonadherence is responsible for an estimated 125,000 deaths and between \$100 to \$300 billion in medical costs annually (Malik and Kumari, 2020; Kleinsinger, 2018). Treatment nonadherence in patients with psychiatric disorders is similar to or higher than with other chronic conditions (Semahegn et al., 2020). At least 61% of patients with schizophrenia, 57% of patients with bipolar disorder, and 52% of patients with depression had problems with adherence (Malik and Kumari, 2020; Cutler et al., 2018); non-adherence to treatment is, therefore, a leading risk factor of relapse.

Despite the seeming overwhelming impact of nonadherence to the treatment of people experiencing homelessness with serious mental illness, very little research has been conducted on this very important factor within the Canadian space, especially as it affects the Canadian Aboriginal population. This article's search for relevant literature on that subject has turned up with nothing.

#### **4.6 Homelessness Among Canadian Indigenous Population**

It has been established that Indigenous peoples worldwide face significant barriers to their enjoyment of the right to housing compared with non-indigenous peoples and that they have disproportionately high rates of homelessness<sup>1</sup>. This is also reflected in the Canadian space, as indigenous peoples, who account for 4.9% of the Canadian population, are markedly overrepresented, comprising 20% - 50% of the homeless population (COH, 2021).

The indigenous population faces the same socio-economic situation as the non-indigenous population, with the addition however that they have experienced (and probably still experiencing) what has been referred to as intergenerational or historical trauma. The overrepresentation of indigenous people among the homeless population has therefore been attributed to a host of factors that are also attributed to homelessness among non-indigenous people who are homeless, however plus a unique experience of intergenerational trauma (COH, 2021; Czyzewski, 201; Menzies, 2010).

Intergenerational trauma could be a cause of the mental illness that engender homelessness. It may also be a reason for treatment non-adherence. We will not know this if the subject of non-adherence to treatment by itself is not adequately studied.

Unfortunately, there presently exists a dearth of literature that adequately looks at the issue of non-adherence to treatment as a contributory factor.

## 5. Conclusion

This article opines that all necessary interventional efforts should be made and propagated towards eradicating homelessness. Where homelessness is engendered by mental illness, appropriate and effective treatment approaches should be initiated. For any treatment approach to be effective and efficient, it needs to be individualized to take the peculiar situation of the patient into consideration. It is also imperative that the patient adhere to a mutually decided treatment regime.

In the case of the Canadian jurisdiction, as should be the case with every other country with an indigenous population (for example, Australia, New Zealand, and the United States) that has a similar homelessness situation, an efficient and effective intervention approach should take cultural sensitivities and social proclivities into consideration to eradicate, or at least reduce, the over-representation of the indigenous population among the homeless. This article, therefore, recommends that:

- More studies need to be carried out to better understand the indigenous people's homelessness situation, especially as it pertains to treatment and interventional approaches and any treatment non-adherence thereof.
- Interventional approaches that take the cultural sensitivities and social proclivities of the aboriginals should be initiated and propagated.
- Health care practitioners (especially mental health care practitioners) should be aware of and respect these cultural sensitivities and social proclivities and hence approach the treatment of this group of patients as such.
- Appropriate policies should be formulated to address and redress the perpetual homelessness situation. These policies should be formulated with the active contribution of all stakeholders, especially that of the indigenous population.
- Policies, approaches and treatment modalities should be constantly reviewed, assessed, and updated to ensure their continual relevance, efficiency, and effectiveness.

## 6. Statements and Declarations

**Financial Relationships:** This research received no external funding. All authors have declared that they have no financial support of any sort from any organization in carrying out this work. All authors also declare that they do not have any financial relationships with any organizations that might have an interest in the submitted work.

**Conflicts of Interest:** All authors declare there are no conflicts of interest whatsoever relating to the submitted work.

**Ethical Approval:** This study was conducted strictly through a review of relevant literature. It did not include a clinical trial, any field experiment, or any laboratory experiment; hence no ethical approval was sought or obtained in carrying out the study.

**Informed Consent:** This study was conducted strictly through a review of relevant literature. It did not include any participation of human subjects; hence no informed consent was sought or obtained.

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