COMMENTARY

This study used a large public mental health system database to evaluate the prevalence of homelessness, as well as compare the frequency and types of mental healthcare use of homeless versus housed individuals. The one year prevalence of homelessness was 15% and homeless patients were found to use emergency services more often (and routine outpatient services less often) than their housed counterparts.

The study is limited, however, by the factors inherent in the use of any administrative database, including variation in outcome and covariate ascertainment by clinical staff, coding errors, an inability to capture services received outside of the service system database, and missing data. For example, 2867 individuals were excluded from the study due to missing data for either race or Global Assessment of Functioning Scale score. While the exclusion of these subjects from multivariate analyses is necessary, some description of the outcome status for these individuals, as well as reporting of unadjusted odds ratios for the entire sample would be informative.

Folsom et al make a significant contribution to the understudied area of homelessness and its correlates among a large sample of people with severe mental illness. Prior efforts to study mental health services among homeless individuals that have sampled homeless people or homeless service users and used self report data lack the broader perspective of mental health systems provided in this paper. This research reinforces how homelessness is associated with significantly higher rates of costly inpatient and emergency services. To address this compelling issue, the authors highlight two potentially modifiable areas for policy or service intervention—the lack of Medicaid and comorbid substance use disorders.

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