

## · Commentary ·

## Homelessness in China and the West

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The recent paper by Chen, Xu and Wang<sup>[1]</sup> is perhaps the most thorough and rigorously designed study of mental illness and homelessness to emerge from China thus far. Based on a careful clinical description of hospitalized homeless people treated at the Jiading District Mental Health Center in Shanghai between 2007 and 2009, the study compares a well-characterized homeless sample with a similar sample of hospitalized psychiatric patients who were not homeless. The homeless sample turned out to be more likely than the non-homeless sample to be male, single, from another province, and to lack a source of income. There was little difference in the psychiatric diagnoses of homeless patients compared to other hospitalized patients (a high proportion of both groups had schizophrenia) but the homeless were more likely to have comorbid general medical problems and to have had a pre-admission episode that disrupted social order in the community. Strikingly, the proportion of all admitted patients at the Jiading Mental Health Center who were homeless almost doubled from May 2008 to April 2009.

The report is an important early-warning sign for mental health practitioners in China. The migration of hundreds of millions of single adults from poor rural communities to large cities where they are often disconnected from their families has serious mental health consequences. In China, like in other parts of the world, homeless people are often less visible or, if visible, do not really come to the attention of the general public unless they are socially disruptive or until they become the focus of concern of poverty-oriented advocacy groups.

Homelessness has emerged and re-emerged as a social problem in European and North American countries over and over again since the 1600s, often in response to major social changes; for example, in post-war situations when large numbers of discharged soldiers roamed the highways of Europe as vagabonds and beggars threatening the safety of travelers<sup>[2]</sup>. The recent re-emergence of homelessness as a recognized social problem in North America and Western Europe started in the 1980s and

first appeared—like this report from Shanghai—to reflect problems in the community management of persons with severe mental illnesses. In North America and Europe this was related to the closure of many large, government-run psychiatric hospitals and the failure to develop services to take care of the discharged patients in non-institutional community settings<sup>[2,3]</sup>. Gradually, however, it was recognized that the homeless mentally ill were only one part of an even larger social problem. Homelessness can also occur when decreased public support for low-cost housing or the gentrification of poor urban neighborhoods decreases the availability of inexpensive housing<sup>[3]</sup>. And in many Western settings high levels of alcohol and substance addiction appear to be a relatively more important cause of homelessness than other serious mental illness<sup>[4]</sup>. The low rate of substance abuse in the homeless individuals identified in the Shanghai study is a remarkable finding that highlights the differences between the homeless situation in China versus that seen in western countries.

As Chen, Xu and Wang aptly note in their discussion, housing, poverty, law enforcement policies and the characteristics of the mental health service system may be more important determinants of homelessness than the prevalence of mental illnesses. Thus, homelessness is a social problem that affects several vulnerable groups in the community—including those with disabling mental illnesses. But it is not a problem that is limited to those with mental illnesses so it must be addressed by social policy rather than by medical technology<sup>[5]</sup>.

The pioneering study of Chen, Xu and Wang represents the beginning of the study of homelessness in China. There is much more to be learned about the broader Chinese context before it will be possible to recommend social policies that could help reduce the problem. Learning about how homelessness in China is similar to and different from homelessness in North America and Europe will help elaborate more realistic theoretical models for this complex social problem and, thus, generate

new ideas for intervention. We look forward to increased exchange and collaboration between Chinese and international researchers on this important issue.

References

1. Chen Q, Xu JN, Wang JJ. Retrospective comparison of the characteristics of 98 homeless psychiatric inpatients in Shanghai with those of 98 inpatients who were not homeless. *Shanghai Archives of Psychiatry*, 2011, 23 (3): 148-153.
2. Caton CL. *Homeless in America*. New York: Oxford University Press, 1990.

3. Burt M, Aron LY, Lee E. *Helping America's Homeless: Emergency Shelter or Affordable Housing*. Washington DC: Urban Institute Press, 2001.
4. Greenberg G, Rosenheck RA. Mental Health Correlates of Past Homelessness in the National Comorbidity Study Replication. *Journal of Health Care for the Poor and Underserved*, 2010, 21: 1234-1249.
5. Rosenheck RA. Service Models for Assisting Homeless People with Mental Health Problems: Cost-Effectiveness and Policy Relevance. In Ellen IG, O'Flaherty B (Eds.), *How to House the Homeless*. New York: Russell Sage Foundation, 2010: 17-36.

• 述评 •

# 中国和西方的流浪者

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近期陈清等<sup>[1]</sup>的报道可能是迄今为止中国关于流浪精神疾病患者的最彻底、设计最严格的研究。该研究对 2007-2009 年间在上海市嘉定区精神卫生中心治疗的住院流浪患者的临床特征进行了详细描述, 并与较小样本的住院非流浪精神疾病患者的特征进行了比较。与非流浪精神病患者相比, 流浪精神病患者更有可能为男性、未婚、来自外省市及无收入来源。流浪精神病患者与其他住院患者的精神疾病诊断鲜有差异(两组均有较高比例的精神分裂症), 但流浪组更有可能共患躯体疾病, 既往因肇事肇祸而住院过。令人惊讶的是, 从 2008 年 5 月到 2009 年 4 月, 嘉定区精神卫生中心收治的流浪者的比例几乎翻倍。

该报道为中国精神卫生从业者提出了重要的预警信号。数以千万计的单身成年人从贫困的乡村进入到大城市, 常中断了与家人的联系, 从而出现一系列精神卫生问题。在中国, 如同国际上的其他一些地方, 较少看到流浪者, 能够被人们看到的流浪者也未真正受到公共卫生的关注, 除非他们危害社会或引起那些倡议关注贫困团体的关注。

从 17 世纪开始, 在欧洲和北美国家, 流浪者屡次成为社会问题, 往往随着重大社会变革而出现, 例如, 战后欧洲大量退伍的士兵成为游民和乞讨者在高速路上游荡, 危及游客安全<sup>[2]</sup>。近年再次出现在北美和欧洲的、被认为是社会问题的流浪始于 1980 年代, 就像来自上海的报道一样, 首先反映了对严重精神疾病者的社区管理问题。在北美和欧洲, 它与许多大的政府管理的精神病院的关闭及未能对出院患者设立

非机构性社区服务有关<sup>[2,3]</sup>。然而, 人们逐渐认识到流浪精神疾病只不过是更大的社会问题的一部分。当对低收入者的社会支持减少或中产阶级回迁到市区, 与低收入市民比邻而居, 使廉价的住房减少<sup>[3]</sup>。在许多西方国家, 酒和物质成瘾的情况较为严重, 与其他重性精神疾病相比, 更有可能是导致流浪的重要原因<sup>[4]</sup>。来自上海的研究发现流浪者的物质滥用比例较低, 突出显示了中国与西方国家流浪者情况的差异, 这一结果值得引起人们的注意。

在讨论部分, 陈清及其同事适当地注意到在流浪的决定因素中, 居住情况、贫穷、法律法规及精神卫生服务体系的特点比精神疾病患病率更重要。因此, 流浪是一个社会问题, 影响到社会上的一些弱势群体, 包括残疾的精神疾病患者。但它并非仅限于那些精神障碍者, 所以应通过制订社会政策而不是医学技术来解决它<sup>[5]</sup>。

陈清等开拓性的研究代表了中国开始对流浪问题进行研究。人们需要知道有关中国的更多情况, 才有可能就社会政策提出建议, 以便解决这一问题。了解中国与北美和欧洲国家的流浪问题在多大程度上存在相似或不同的地方将有助于为这个复杂的社会问题建立更现实的理论模型, 从而为干预找到新的思路。我们期盼中国与国际上的研究者就这一问题进行更多的交流与合作。

参考文献

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