



# Mental health of homeless people in China amid and beyond COVID-19

Zhaohui Su,<sup>a,b\*</sup> Barry L. Bentley,<sup>c,d</sup> Ali Cheshmehzangi,<sup>e,f</sup> Dean McDonnell,<sup>g</sup> Junaid Ahmad,<sup>h</sup> Sabina Šegalo,<sup>i</sup> Claudimar Pereira da Veiga,<sup>j,\*</sup> and Yu-Tao Xiang<sup>k,\*</sup>

<sup>a</sup>School of Public Health, Southeast University, Nanjing, 210009, China

<sup>b</sup>Center on Smart and Connected Health Technologies, Mays Cancer Center, School of Nursing, UT Health San Antonio, San Antonio, TX 78229, USA

<sup>c</sup>Cardiff School of Technologies, Cardiff Metropolitan University, Cardiff, United Kingdom

<sup>d</sup>Collaboration for the Advancement of Sustainable Medical Innovation, University College London, London, UK

<sup>e</sup>Faculty of Science and Engineering, University of Nottingham Ningbo China, Ningbo, Zhejiang, 315100, China

<sup>f</sup>Network for Education and Research on Peace and Sustainability (NERPS), Hiroshima University, Hiroshima, 739-8530, Japan

<sup>g</sup>Department of Humanities, South East Technological University, Ireland, R93 V960

<sup>h</sup>Prime Institute of Public Health, Peshawar Medical College, Peshawar, Warsak Road, Peshawar, 25160, Pakistan

<sup>i</sup>Faculty of Health Studies, University of Sarajevo, 71000 Sarajevo, Bosnia and Herzegovina

<sup>j</sup>Fundação Dom Cabral - FDC, Av. Princesa Diana, 760 Alphaville, Lagoa dos Ingleses, Nova Lima, MG, 34018-006, Brazil

<sup>k</sup>Unit of Psychiatry, Department of Public Health and Medicinal Administration; Institute of Translational Medicine, Faculty of Health Sciences; Centre for Cognitive and Brain Sciences; Institute of Advanced Studies in Humanities and Social Sciences, University of Macau, Macao SAR, China

Homelessness is seldom a choice. Oftentimes, homelessness reflects the systemic failures that can result from social issues being dismissed or disregarded.<sup>1</sup> Globally, approximately 1.6 billion people lack adequate housing, with 15 million more individuals being evicted on an annual basis.<sup>2</sup> This situation is often profoundly worse in low- and middle-income countries like China. It is estimated that 300 million people in the country—home to 1.4 billion Chinese—are homeless.<sup>3</sup> However, despite the scale of this issue, China does not have a robust health and social infrastructure—preventive and proactive systems that could ensure people have stable and sustainable access to opportunities that are essential to their survival (e.g., food and shelter) and growth (e.g., training, education, and employment programs)—for homeless people. Research shows that, for instance, rather than relying on services provided by the local government, homeless people in Shanghai, one of the most advanced metropolitan areas in China, often have to address basic needs such as food and shelter on their own,<sup>4</sup> let alone illnesses that demand structured mental or physical health services.

Although this lack of care is a threat to every member of society, especially disadvantaged homeless people, it disproportionately impacts those with mental health challenges. Accumulated evidence shows that homeless people often suffer from mental illness. In a study

conducted in Hong Kong, researchers found that rates of depressive disorders amongst homeless people are four times greater than those in the general population.<sup>5</sup> While conditions are already alarming, the pandemic could further compound the situation. To control COVID-19, China is substantially reliant on measures such as partial or full lockdowns.<sup>6</sup> Though necessary to curb virus spread,<sup>7</sup> these strategies could nonetheless cause unintended consequences such as the loss of homeless people's access to food, shelter, and essential health services. In a study conducted in 2020, researchers found that homeless people in Guangzhou have faced atypical discriminatory treatment amid the pandemic.<sup>8</sup> Specifically, in the name of pandemic control, local officials have been observed to not only reduce or remove essential services, like rescue stations and shelters, but also intensify efforts to evict homeless people away from urban areas,<sup>8</sup> often to their birthplaces located in less developed rural regions. This could subject homeless people to further hardship, as they often rely on social opportunities that only large cities provide, such as the availability of well-equipped shelters, accessible food waste and salvageable materials, as well as donations and voluntary aid from members of the community.

Just as homelessness is seldom a choice, so are the circumstances that homeless people are subjected to. The lack of humane care seen in the evictions reported from cities like Guangzhou,<sup>8</sup> even in times of crises like COVID-19 that demand social unity to address, can and should be eliminated and eradicated. First, society should ensure homeless people are treated with proper respect, dignity, and care. Rather than closing rescue stations and shelters, officials could develop creative solutions, such as the “Pandemic Bubbles” seen amid the

**The Lancet Regional Health - Western Pacific 2022;25: 100544**  
Published online xxx  
<https://doi.org/10.1016/j.lanwpc.2022.100544>

\*Corresponding authors.

E-mail addresses: [suzhaohuiszh@yeah.net](mailto:suzhaohuiszh@yeah.net) (Z. Su), [claudimar.veiga@fdc.org.br](mailto:claudimar.veiga@fdc.org.br) (C.P. da Veiga), [ytxiang@um.edu.mo](mailto:ytxiang@um.edu.mo) (Y.-T. Xiang).

© 2022 Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

2022 Beijing Olympic Games—COVID-free environments that are equipped with tailored services to protect participants' mental and physical health, to ensure homeless people have secure and stable access to essentials like food, shelter, and health services even amid pandemic-induced lockdowns. Second, society should make mental health protection a priority in the treatment of homeless people. Timely and effective mental health screening and services could ensure homeless people are sufficiently cared for, and in turn, have a greater chance of being reintegrated into society as more productive members. Third, China should invest greater resources in developing critical social infrastructures, such as stigma-free and accessible mental health services and disaster psychiatry protocols,<sup>9</sup> to prevent people with mental illness from becoming homeless.

Although strategies are present, as illustrated by China's national action plan on depression,<sup>7</sup> fair and equitable access to mental health services has clearly yet to be achieved. Furthermore, though mental illnesses are a potent contributing factor,<sup>10</sup> they seldom directly result in homelessness. Rather, a combination of factors, such as poor mental health, substandard psychiatric services, and insufficient social infrastructures (e.g., insecure social safety nets), are often at play in perpetuating the homeless epidemic. The multifactorial nature of homelessness means that policymakers should develop strategic, evidence-based and sustainable solutions that could ensure that, in otherwise normal times, vulnerable populations, especially those with mental illness, receive timely and quality care so that they do not become at risk of homelessness; and during turbulent times like COVID-19, conflicts, and climate disasters, officials are able to mobilize mental health professionals and targeted resources proactively and preventively to reduce the adverse impacts of these events on society as a whole. Homelessness does not and should not equate to learned helplessness and hopelessness. As a member of the international community, China has an irrefutable duty and a responsibility to protect and promote the betterment of humanity, starting with rendering help to and rekindling hope in homeless people, regardless of their current health or housing status. The time to act is now.

#### List of abbreviations

NA.

#### Contributors

Conceptualisation and writing – original draft (Z.S.); Investigation, methodology, resources, software, and validation (Z.S., B.L.B., A.C., D.M.D., J.A., S.S., C.P.dV., & Y.T.X.); writing— review & editing (Z.S., B.L.B., A.C., D.M.D., J.A., S.S., C.P.dV., & Y.T.X.)

#### Data sharing statement

Data are available upon reasonable request to the corresponding authors.

#### Declaration of interests

The authors have no competing interests to declare.

#### Acknowledgements

The authors wish to express their gratitude the editors and reviewers for their constructive input and insightful feedback. No funding was received for this paper.

#### References

- 1 Tsai J, Wilson M. COVID-19: a potential public health problem for homeless populations. *Lancet Public Health*. 2020;5(4):e186–e187.
- 2 United Nations. *Affordable Housing and Social Protection Systems for all to Address Homelessness*. 2022. [https://digitallibrary.un.org/record/3840349/files/E\\_CN-5\\_2020\\_3-EN.pdf](https://digitallibrary.un.org/record/3840349/files/E_CN-5_2020_3-EN.pdf). Accessed 14 May 2022.
- 3 He H, Su Z, Zhao J, Pang Y, Wang Z. Homelessness and the universal family in China. *Am J Econ Sociol*. 2020;79(2):453–474.
- 4 Hao J, Zhu J, Thompson S. Surviving in the post-repatriation era: home-making strategies of homeless people in post-socialist China. *Hous Stud*. 2022;37(2):292–314.
- 5 Yim LC-L, Leung HC-M, Chan WC, Lam MH-B, Lim VW-M. Prevalence of mental illness among homeless people in Hong Kong. *PLoS One*. 2015;10(10):e0140940.
- 6 Burki T. Dynamic zero COVID policy in the fight against COVID. *Lancet Respirat Med*. 2022. [https://doi.org/10.1016/S2213-2600\(22\)00142-4](https://doi.org/10.1016/S2213-2600(22)00142-4).
- 7 Cai J, Deng X, Yang J, et al. Modeling transmission of SARS-CoV-2 Omicron in China. *Nat Med*. 2022. <https://doi.org/10.1038/s41591-022-01855-7>.
- 8 Wang Y, Hua L, Zou S, et al. The homeless people in China during the COVID-19 pandemic: victims of the strict pandemic control measures of the government. *Front Public Health*. 2021;9:1–16. <https://doi.org/10.3389/fpubh.2021.679429>.
- 9 Dotson S, Ciarocco S, Koh KA. Disaster psychiatry and homelessness: creating a mental health COVID-19 response. *Lancet Psychiatry*. 2020;7(12):1006–1008.
- 10 Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet North Am Ed*. 2014;384(9953):1529–1540.