

UDC 714.1

DOI: [10.61727/ssspj/2.2023.47](https://doi.org/10.61727/ssspj/2.2023.47)

## Homelessness and suicidality: How new emigrants confront the dilemma? Evidence from existing research conducted in Canada

Nasar Khan\*

Master of Philosophy, Lecturer  
University of Chitral  
WR87+FP4, Lasht, Khyber Pakhtunkhwa, Chitral, Pakistan  
<https://orcid.org/0000-0001-9152-184X>

**Abstract.** The purpose of this study, framed under a systematic review design, is to extract specific evidence about how homelessness is associated with suicidality among new emigrants to Canada. A database search strategy was adopted, and bias in the selection of studies was avoided by consulting with two independent reviewers. 18 studies were sampled purposively. It is concluded that migration to Canada is an important component of Canadian society. However, like other social processes there are certain cons of migration to Canada. The newly emigrated individual confronts economic vulnerability, whereby homelessness is one of its outcomes. Homelessness is directly and indirectly associated with suicidality.

**Keywords:** suicidality; emigration; mental health; homelessness

### INTRODUCTION

Migration to Canada (emigration) is one of the hallmarks of Canadian society. Individuals from Arab and Asian regions found Canada to be a place of opportunities due to its acceptance and tolerance of different cultures, nationalities, etc. However, emigrants, specifically those who move to Canada for employment, still face substantial problems upon arrival. They face numerous problems, but an important issue or problem is homelessness. Homelessness in Canada is common among new immigrants, though emigrants in Canada who have settled for years also face this issue. Homelessness and mental health problems are linked. This

systematic review focuses on homelessness as a precursor for mental health problems leading to suicide and related behaviours.

### MATERIALS AND METHODS

This is a systematic review based on searching through keywords in indexed databases. The bias was avoided by sending the selected papers to 2 independent reviewers who were university professors in sociology. The databases included Sociological Abstracts (showing 870 results), EBSCOhost (showing 21 results), and Academic Search Complete (provided with 3 highly

**Article's History:** Received: 04.09.2023 Revised: 16.11.2023 Accepted: 26.12.2023

### Suggested Citation:

Khan, N. (2023). Homelessness and suicidality: How new emigrants confront the dilemma? Evidence from existing research conducted in Canada. *Scientific Studios on Social and Political Psychology*, 29(2), 47-52. doi: [10.61727/ssspj/2.2023.47](https://doi.org/10.61727/ssspj/2.2023.47).



Copyright © The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (<https://creativecommons.org/licenses/by/4.0/>)

\*Corresponding author

specific publications). 18 studies were sampled purposively, and criteria included a) research must be conducted in Canada, b) research should be specific to homelessness and mental health, and c) the research must be focused on suicidality as an outcome of homelessness directly or indirectly.

## RESULTS AND DISCUSSION

A study by P. Kissoon (2010) found that immigrants are one of the most vulnerable social groups to be homeless in Canada. Higher levels of poverty substantially contribute to homelessness among them. Emigrants, specifically those who are new to Canada and the United Kingdom, are often dealt with by welfare organisations. For many years, they often don't find themselves able to have their own residence when on rent. For some, homelessness becomes an issue for their whole life.

A study by P. Miller *et al.* (2017) is also specific to homelessness in Canada. The study shows that homelessness is widespread in Canada among young persons, as the majority of immigrants are young persons. The percentage of homeless youth is as high as 24% in Calgary. The purpose of emigration is search for better employment and education. The experiences of emigrants to Canada are often negative, for example, negation, stress, lack of sleep, food scarcity, etc. This put them on the brink of psychological issues as well. The authors describe the issues associated with homeless youth in Canada, for instance, homeless youth are at high risk of becoming victims of violence and exploitation. The researchers refer to numerous studies that demonstrate the connection between mental disorders and homelessness by comparing homeless and non-homeless youth. Life on the streets is a sort of nightmare for homeless individuals in Canada.

C.H. Lindquist *et al.* (1999) explained that emigrants are vulnerable to many health-related complications. The majority of them are psychological; however, physical illnesses and symptoms also prevail. New immigrants are susceptible to stress and anxiety, which, in many instances, leads to depression as well. The reasons are unmet needs, unemployment, and homelessness. Suicide is a global concern. There is no country free of the dilemma of suicide. However, suicide is relative; for example, the numbers, the causes, and patterns also vary.

L. Sher (2010) investigated the socio-cultural determinants of suicide in Canada. The study is substantial in terms of framing suicide in Canada under economic theories or frameworks. However, the social variable, indicators, and attributes are also framed under economic variables. For example, the social aspects are theorised under economic frameworks. Firstly, gender has been conceptualised in terms of unemployment rates. It is evident that higher unemployment rates put men at higher risk of mental illness and suicidal ideation. Masculinity may be an attribute and mediating factor in this

connection, such as men are expected to earn and take care of family, whereby failure leads to stress, mental illness, and suicidality. Secondly, the author found that per capita income affects mental health; for instance, widespread unemployment and mental health indicators are substantially correlated. The lower the per capita income, the worse the mental health indicators. Intriguingly, the study also indicates that societies with less per capita income and higher unemployment rates have higher levels of alcohol consumption. Alcohol consumption, on the other hand, is linked with mental illnesses and, concomitantly, suicide. For emigrants at the early stage, the unemployment rates are high, and therefore, low per capita income and alcohol consumption are evident. This may be an important indicator of suicidality among immigrants. Thirdly, the researcher mentions risk-taking behaviours whereby suicide is included in such behaviours. There is no doubt that low income is linked with risk-taking behaviours, and this is true for emigrants, at least in the early days of migration. The author called it the role of occupational stress in mental illness, leading to suicidality. Cyclical fluctuations in income are highly evident in the lives of emigrants, and in Canada, it certainly leads to mental illness and results in suicidality. For emigrant individuals, low income and occupational stress are substantial risk factors. As a matter of fact, they lack integration, such as friends and family. Further, the policies are also important for immigrants, as there is evidence that Canada's migration policies are not very friendly. This makes the situation worse for them in terms of income, occupational stress, alcoholism, and mental illnesses. The author also mentions Canada's suicide prevention policies, for example, the failure to implement the United Nations guidelines.

Homelessness and problems in life are connected. Unmet needs, stigma, and mental health are also connected in this connection. C.F. Wong *et al.* (2016) established that homelessness is substantially correlated with mental health problems. On the minor side, stress and anxiety are the common issues, while depression and even bipolar disorders are the major ones. An argument made by Gutwinski *et al.* (2021) illustrate that homelessness is a concern for many European countries, specifically due to higher emigration rates. There is substantial evidence that the mental health of homeless people has been compared to the non-homeless. In psychiatric wards, the visits of homeless people are substantial, whereby homelessness is labelled as a major indicator for minor and major mental health problems.

Homelessness is a global issue, however, certain social groups are more vulnerable to being homeless. Emigrants are one of such social groups who are highly vulnerable to being homeless. Gendering the homelessness is also important. Homelessness is a situation or condition whereby one does not have a

regular and/or fixed place to sleep at nighttime. Next are its numbers: About 0.7 per cent of the general population in Canada and the United States remain homeless, whereas as high as 33% of new immigrants remain homeless for the first month of their migration. This means that 33% of immigrants are vulnerable to mental illness in the US and Canada. There is also another sort of relationship. For example, mental illness among emigrants leads to homelessness. Stress is the most common culprit. Stress and depression are linked with decreased productivity in work. This often is the result of living away from one's families, which may lead to mental illness, and loss of work in another country means homelessness. Therefore, there is a two-way relationship; firstly, emigrants remain unemployed for some time, leading to homelessness; secondly, mental illness affects their work performance, leading to unemployment and homelessness. However, whichever is the case, homelessness and migration are linked along with the mediating factor, which is mental illness. In between are the different attributes, including drug use, loneliness, lack of social support, stress, social stigma, negation, etc. (Nishio *et al.*, 2017).

Bipolar illnesses or disorders substantially affect an individual's ability to control and express emotion, or one can say that there is a lack of balance between control and expression. At least, there is a lack of balance when compared to the general population. This situation is a problem on its own; however, it affects individuals' relationships and interaction patterns. It substantially affects not only familial life but also the workplace. Family and friends are more adaptive in terms of taking care of and avoiding behaviour issues, whereas at the workplace, often, there is a lack of blood relationships and the emotional attachment associated with it. In addition, loss of energy and lack of concentration are also the outcomes of bipolar mood disorders, resulting in loss of job for many. This results in the loss of jobs for many, which means homelessness for a few such people. Simply, mental illness is one of the causes of homelessness in Canada. On the other hand, it is also evident that mental illnesses are common among emigrants. Therefore, there is a two-way relationship. Statistically, it is evident that there is a 4-fold higher probability of mentally ill people becoming unemployed at a time, leading to homelessness (Oh *et al.*, 2015).

The mental health situation is also connected with physical health as well. Poor mental health leads to poor physical health; it is a simple hypothesis that is proved by a bulk of studies. Poor physical health related to mental health leads to exacerbating situations at the workplace, often resulting in loss of job. Loss of jobs for a few individuals means homelessness. The routine social interaction and findings and maintaining ways to get a permanent or relatively steady source of income is a challenge for people with mental illness that also affects their physical health (Bacciardi *et al.*, 2017).

There is another essential attribute and mediating factor between mental illness and homelessness, which is fear of being homeless. Homelessness is the outcome of a population explosion or an unplanned demographic process. In recent times, as evident from studies, fear and anxiety of being homeless is an important aspect of mental health research. Many people develop a mental illness because they predict that their job or profession is not sustainable, and they can be homeless at any time. When such stress is exacerbated, it can lead to suicidal ideation as well, which is evident among very few individuals, but still, it cannot be sidelined. For such people who become homeless and priorly they predicted it, the life stressors exacerbate. They already have fears and anxieties, and the stress levels are exacerbated whereby additional stressors in their lives, such as feeling unsafe and social stigma, also start circling around them. This adds to problems such as isolation and scarcity of food; for many, getting help to eat food is a substantial stressor (Fitzpatrick *et al.*, 2007).

A study by M. Pinillo (2020) is substantial regarding mental illness and homelessness. Homeless people are highly vulnerable to assaults in Canada. For example, statistics show that 56.9 per cent of people who are homeless have confronted some violence, which is substantially higher compared to the general population. In simple words, homeless individuals are vulnerable to crime. The author established that individuals confronting crime, witnessing crimes, and being victims are more vulnerable to mental illness along with developing suicidal ideation. However, one attribute is important, which is the duration of homelessness; for example, if it is lengthy, the probability of mental illness and suicidality increases.

A study made by S. Fitzpatrick *et al.* (2013) is important. Homelessness plays a substantial role in avoiding social activities, as the majority of individuals cannot bear the burden of the social stigma associated with homelessness. Some specific mental illnesses are evident in the cases of avoiding social activities due to social stigma resulting from homelessness, including cognitive deterioration and depressive symptoms to be specific. Statistically, it is evident for homeless people in terms of depression as it is identified by many studies that approximately 60% of homeless exhibits some depressive symptoms. The most common reason among these people is avoiding social activities and withdrawing from societal obligations. The author believes that a solution is a social integration where communal and governmental responsibilities are important to be considered. The more efforts for homeless people in the context of integrating them into society, the lower the probability of mental illness and suicidal ideation.

K.J. Hodgson *et al.* (2014) determined that depressive symptoms among homeless people are linked with routine and daily troubles. The most notable issues are meeting food-related needs and the lack of privacy;

in the case of communal services, the stay facilities are overcrowded and there are feelings of being unsafe among the undesired fellows. It was established that individuals confronting these problems are at 3-fold higher risk of developing suicidal ideation following mental illness.

C.F. Wong *et al.* (2016) determined that self-injury behaviours are commonly identified among homeless individuals. In England, many studies confirmed that homelessness has been one of the causes of deliberate self-harm. R. Eynon *et al.* (2012) investigated different aspects of homelessness contributing to suicidality. In this regard, for example, the timing and duration of homelessness were an individual aspect. The correlation is simple: the longer the duration of homelessness, the more increased the risk of suicide and related behaviours. The mediating factor was mental illness. Thus, if homelessness leads to mental health issues, it can lead to suicidal ideation. Further, the study produced intriguing results in the context of gender, homelessness, and suicidality. For example, men are identified to be at higher risk of developing risks of suicidal behaviours compared to women. One factor in this connection was the percentage of men being homeless, as there is a higher number of homeless people who are emigrants to Europe. Mental illness was identified to be the most important indicator of suicidal ideation.

E. Lau *et al.* (2017) investigate specifically regarding depression, emigration, and suicidal ideation. Situations confronted by emigrants are the root cause of mental illnesses leading to suicidality. The difficulties in life, specifically at the early stage of emigration, are substantial. If the duration of difficulties faced is lengthy, there is a higher probability of poor physical and mental health. Poor physical and mental health is strongly correlated with suicidal ideation among new emigrants. The authors conceptualised the emigration stress. Emigration stress includes a broad range of variables. Leaving family behind exacerbates stress levels. Interacting with new people at the place of destination creates new stressors. Loss of social position and having the status of being an emigrant leads to burdensomeness. Being homeless adds to this condition, leading to higher stress levels, which often convert to minor and major depression. Minor and major depression are substantial indicators in terms of the development of suicide and related behaviours.

Homelessness is the outcome of financial problems. Financial problem with any doubt is key concerns for emigrants. For majority of emigrants financial problems are inevitable. This is one of the reasons for homelessness, and homelessness creates stress, stigma and an inferiority complex, leading to suicidality. There is another sort of connection between emigration, homelessness, and suicidality. There is another indicator, substance use and abuse. The stressors in the life of emigrants compel them to relieve their stress through

substance, and it is evident from research so far that emigrants are at risk of substance abuse. The feelings of being alone and away from family, when combined with living alone, lead to feelings of burdensomeness and suicidal ideation.

Linking suicidal and related behaviours with homelessness among migrants is a crucial area of researchers for social researchers. In this regard, T. Okamura *et al.* (2014) state that emigrants who are homeless are at increased risk of attempting suicide, specifically suicidal ideation, which is as high as 41%. 17% of such people suffer from serious suicidal and related behaviours. However, researchers also add other attributes that mediate between emigration, suicidality, and homelessness. It includes previous history of suicidal thoughts, gender, and previous life experiences such as painful events in life. Gender specifically plays an important role. It is a fact that the majority of immigrants are men; therefore, rates of suicide attempts among men are higher as compared to women. Another factor identified was that men often remain homeless for longer periods; it is because of societal response whereby gendered perceptions lead to a relatively quick response to women to get out of poverty and homelessness, whereas men being masculine are considered as tough, receiving minimal societal response in case of homelessness. Like previously mentioned studies, the authors also assert that homelessness leads to suicidal ideations. However, the relationship is not a direct one. Rather, mental illness is the precursor.

J. Lee *et al.* (2017) determined that schizophrenia is one of the mentionable mental illnesses identified in homeless people, particularly those remaining homeless for 5 years. 10 per cent of individuals living homeless for more than 5 years are reported with schizophrenia symptoms which is quite high as compared to the general population.

J.H. Lumme *et al.* (2013) assert that Canada's government so far has not been successful in dealing with suicide as a public health issue. Since 1920, suicide has been continuously reported in Canada, and the statistics are exacerbating instead of improving. The suicide prevention strategy is vague, but there is a need for applicability to specific populations such as immigrants, the elderly, individuals with mental illness, etc.

## CONCLUSIONS

It is concluded that emigrants are one of the most vulnerable social groups to be homeless in Canada. Higher levels of poverty substantially contribute to homelessness among them. Homelessness is widespread in Canada among young persons, as the majority of emigrants are young. The percentage of homeless youth is as high as 24% in Calgary. Emigrants are vulnerable to many health-related complications, including physical and psychological. These are due to their socio-economic status. Like homelessness, suicide is a global concern.

This is no country free of the dilemma of suicide. However, suicide is relative; for example, the numbers, the causes, and patterns also vary. There are numerous socio-cultural determinants of suicide in Canada. It ranges from individual level to group level. For emigrants, the situation is the same, whereby personal status and socioeconomic status lead to suicidal ideation. For immigrants in Canada, the key causes of suicide include low per capita income, unemployment, occupational stress, and cyclical fluctuations in income. Such an economic situation among immigrants in Canada is linked to homelessness and homelessness leads to mental illness. Mental illnesses among emigrants are inevitable facts in Canada. Mental illness among immigrants is the outcome of the socioeconomic conditions caused by homelessness, for example, poverty, social negation, social stigma, unequal routine life, etc. Thus,

homelessness creates conditions for mental health deterioration, such as stress, anxiety, and depression, which are culprits for suicide and related behaviours. The synthesis of the review is that there is a three-way relationship; for example, mental illness is common among emigrants, leading to suicidality; homelessness is common among emigrants, leading to suicidal and related behaviour; therefore, socio-economic conditions of emigrants can lead to homelessness or mental illness which are associated leading to suicidal and related behaviours.

#### ACKNOWLEDGEMENTS

None.

#### CONFLICT OF INTEREST

The author declares no conflict of interest.

#### REFERENCES

- [1] Bacciardi, S., Maremmani, A., Nikoo, M., Cambioli, L., Schütz, C., Jang, K., & Krausz, M. (2017). Is bipolar disorder associated with traumatic brain injury in the homeless? *Rivista di Psichiatria*, 52(1), 40-46. doi: [10.1708/2631.27053](https://doi.org/10.1708/2631.27053).
- [2] Eynan, R., Langley, J., Tolomiczenko, G., Hodges, A.E., Links, P., Wasylenki, D., & Goering, P. (2002). The association between homelessness and suicidal ideation and behaviors: Results of a cross-sectional survey. *Suicide and Life-Threatening Behavior*, 32(4), 418-427. doi: [10.1111/suli.32.4.418.22341](https://doi.org/10.1111/suli.32.4.418.22341).
- [3] Fitzpatrick, K., Irwin, J., Lagory, M., & Ritchey, F. (2007). Just thinking about it: Social capital and suicide ideation among homeless persons. *Journal of Health Psychology*, 12(5), 750-760. doi: [10.1177/1359105307080604](https://doi.org/10.1177/1359105307080604).
- [4] Fitzpatrick, S., Bramley, G., & Johnsen, S. (2007). Pathways into multiple exclusion homelessness in seven UK cities. *Urban Studies*, 50(1), 148-168. doi: [10.1177/00420965062452329](https://doi.org/10.1177/00420965062452329).
- [5] Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, M. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLOS Medicine*, 18(8), article number 1003750. doi: [10.1371/journal.pmed.1003750](https://doi.org/10.1371/journal.pmed.1003750).
- [6] Hammer, J.H., Vogel, D.L., & Heimerdinger-Edwards, S.R. (2013). Men's help seeking: Examination of differences across community size, education, and income. *Psychology of Men & Masculinity*, 14(1), 65-75. doi: [10.1037/a0026813](https://doi.org/10.1037/a0026813).
- [7] Hodgson, K.J., Shelton, K.H., & van den Bree, M.B.M. (2014). Mental health problems in young people with experiences of homelessness and the relationship with health service use: A follow-up study. *Evidence-Based Mental Health*, 17(3), 76-80. doi: [10.1136/eb-2014-101810](https://doi.org/10.1136/eb-2014-101810).
- [8] Kissoon, P. (2010). From persecution to destitution: A snapshot of asylum seekers' housing and settlement experiences in Canada and the United Kingdom. *Journal of Immigration & Refugee Studies*, 8, 4-31. doi: [10.1080/15562940903575020](https://doi.org/10.1080/15562940903575020).
- [9] Lau, E., Hamzah, S.N.Z., Tan, S.C.C., & Simonetti, B. (2017). Suicide and socioeconomic determinants in Canada: Beyond morality and philosophy. *Quality & Quantity*, 51, 1843-1860. doi: [10.1007/s11135-016-0370-x](https://doi.org/10.1007/s11135-016-0370-x).
- [10] Lee, C., Oliffe, J.L., Kelly, M.T., & Ferlatte, O. (2017). Depression and suicidality in men: Implications for health care providers. *American Journal of Men's Health*, 11(4), 910-919. doi: [10.1177/1557988316685492](https://doi.org/10.1177/1557988316685492).
- [11] Lindquist, C.H., Lagory, M., & Ritchey, F.J. (1999). The myth of the migrant homeless: Exploration of the psychosocial consequences of migration. *Sociological Perspectives*, 42(4), 691-709. doi: [10.2307/1389580](https://doi.org/10.2307/1389580).
- [12] Miller, P., Donahue, P., Este, D., & Hofer, M. (2004). Experiences of being homeless and at risk of being homeless among Canadian youths. *Adolescence*, 39(156), 735-755.
- [13] Nishio, A., Horita, R., Sado, T., Mizutani, S., Watanabe, T., Uehara, R., & Yamamoto, M. (2019). Causes of homelessness prevalence: Relationship between homelessness and disability. *Psychiatry and Clinical Neurosciences*, 71, 180-188. doi: [10.1111/pcn.12469](https://doi.org/10.1111/pcn.12469).
- [14] Oh, H., DeVlyder, J.E., & Chen, F. (2015). To treat or not to treat: Responding to psychotic experiences. *The British Journal of Social Work*, 45(7), 2003-2019. doi: [10.1093/bjsw/bct199](https://doi.org/10.1093/bjsw/bct199).
- [15] Okamura, T., Ito, K., Morikawa, S., & Awata, S. (2014). Suicidal behavior among homeless people in Japan. *Social Psychiatry and Psychiatric Epidemiology*, 49(4), 573-582. doi: [10.1007/s00127-013-0791-y](https://doi.org/10.1007/s00127-013-0791-y).

- [16] Pinto, M. (2020). [Precursors and outcomes: A look at mental health in relation to homelessness](#). *Modern Psychological Studies*, 26(1), 1-26.
- [17] Sheppard, J. (2010). A model of suicidal behavior among depressed immigrants. *Expert Review of Neurotherapeutics*, 10(1), 15-20. [doi: 10.1586/ern.09.122](#).
- [18] Wong, C.F., Clark, L.F., & Marlotte, L. (2016). The impact of specific and complex trauma on the mental health of homeless youth. *Journal of Interpersonal Violence*, 31(5), 831-854. [doi: 10.1177/0886260514556770](#).

### **Бездомність і схильність до самогубства: як нові імігранти стикаються з дилемою? Докази наших досліджень, проведених у Канаді**

**Насар Хан**

Магістр філософії, викладач  
Університет Читралу  
WR87+FP4, Лашт, провінція Хайбер-Пахтунхва, м. Читрал, Пакистан  
<https://orcid.org/0000-0002-3162-184X>

**Анотація.** У рамках систематичного огляду, дане дослідження мало на меті отримати конкретні докази взаємозв'язку між бездомністю та схильністю до самогубства серед нових емігрантів до Канади. Була використана стратегія пошуку в базах даних, а вибір досліджень здійснювався без упередженості завдяки консультації з двома незалежними рецензентами. Загалом, було відібрано 18 робіт за цільовим підходом. Встановлено, що міграція до Канади є важливою складовою канадського суспільства. Проте, як і у випадку інших соціальних процесів, міграція супроводжується певними негативними аспектами. Новоприбулі особи стикаються з економічною вразливістю, що може призвести до бездомності, яка, у свою чергу, прямо чи опосередковано пов'язана з підвищеною схильністю до самогубства.

**Ключові слова:** суїцидальність; еміграція; психічне здоров'я; бездомність