RESEARCH ARTICLE

Mental illness due to homelessness: a qualitative case study in Melaka, Malaysia [version 1; peer review: 1 approved]

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Abstract

Background: Extreme poverty can result in people barely surviving with poor living standards to the extent of living on the streets, often in fear. With limited access to healthcare services and a clean environment, they are more vulnerable to life adversities. Highly stressful living conditions like these can cause mental illnesses such as depressive disorders, anxiety disorders, psychological distress, and others.

Purpose: This research aimed to investigate factors that led to the development of mental illness among homeless people under extreme poverty.

Design/methodology/approach: This was a qualitative case study that involved a face-to-face interview with a key informant at the Pertubuhan Kebajikan Villa Harapan Melaka (Villa Harapan). Villa Harapan is a licensed caretaker centre established by the Department of Welfare, Melaka that provides shelter to homeless people with mental illness.

Findings: Homeless people suffered from mental disturbances due to loss of jobs, lack of income, broken families, separation from their children, and other vulnerabilities. They are not getting appropriate care and attention for their problem and sickness. Non-supportive family, extreme poverty, and chronic stress were the main factors that led to mental illness among Villa Harapan residents.

Research limitations: The study focused on the mental illness of dispossessed people who were brought to Villa Harapan by the Welfare Department.

Originality/value: This was an empirical case study on mental illness among homeless people at a care centre known as Villa Harapan.

Keywords

Mental illness, homelessness, support, poverty

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1

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Introduction

Poverty is related to the lack of food, clothing, shelter, or a general deficiency of necessities for physical wellbeing.¹ Poverty is related to income level and rate of school dropouts.^{2,3} The Malaysian Poverty Line Income (PLI) in the year 2020 ranged from RM908 (USD220) to RM2,208 (USD532) monthly.⁴ PLI represents the minimum amount of monthly income considered sufficient to accommodate the basic needs of a household.

Traditionally, research on mental illness has been conducted within the psychological field⁵ in relation to brain functions, the symptoms of its dysfunctionality, and possible pharmacological treatment. Furthermore, evidence has shown that the lack of income can adversely impact mental health⁶ and predisposes individuals to mental disorders, such as schizophrenia.⁷ Depression secondary to low quality of life has also been linked to a higher risk of suicidal behaviour.⁸ In addition, mental diseases also lead to productivity loss as people cannot work due to disability or sickness.⁹

To date, there is a lack of research on the association between mental illness and social factors. Therefore, this research attempted to explore possible predisposing factors of mental illness. The Pertubuhan Kebajikan Villa Harapan (Villa Harapan), a licensed centre established by the Department of Welfare in Melaka that provides shelter for homeless people with mental illnesses from different backgrounds. Villa Harapan is the only shelter for mental illness in Malaysia.

Villa Harapan background

Villa Harapan was established on 17th May 2010 by the former Chief Minister of Melaka, Mohamad Ali Rustam. It is located approximately 10 km from Melaka City and 140 km from Kuala Lumpur. It is surrounded by shady palm oil trees and green forest, far away from residential and business areas but still accessible by car. Galvanized mesh wire fences and an asphalt road encircle the perimeter of Villa Harapan. It is a small complex with three single-storey buildings connected by covered walkways. The main building in the middle is flanked by two buildings on the left and right, one each for male and female residents respectively. Villa Harapan is staffed by 11 employees, including a nurse. The residents are mainly homeless with mental illness between 22 and 86 years old, with 40% of them being above 50 years old.

The researcher selected the manager of Villa Harapan as an informant in this study based on her knowledge about homeless persons with mental illness under the care at Villa Harapan.

Related work

Homeless people are more predisposed to mental illness due to higher levels of stress from joblessness and isolation from relatives and peers. Living on the streets can lead to anxiety, misery, fear, insomnia. Homeless persons often fall to drug abuse as a coping mechanism. It was reported that having a safe shelter promoted the recovery of mental illness patients because they can focus on treatment and rehabilitation in the safe environment. According to the National Mental Health Commission, housing availability, homelessness, and mental health are all closely related.^{10,11} Commonly, people who suffer from mental illness are from poor families and have lower levels of education. Homelessness is closely associated with higher levels of mental distress.^{12,13} Poor social connection, deprived economic condition, and collapses of close relationships are the main driving factors of homelessness.¹⁴

Methods

This research employed a case study method. A case study is useful when there is a need to obtain an in-depth analysis of an issue, event, or phenomenon of interest in a real-life context.¹⁵ Purposive sampling was applied in this study. The researcher used a telephone call to contact Villa Harapan and requested for a meeting with their management officers. The purpose for the request was explained and the management gladly welcomed the researcher and a suitable date for an interview was agreed. The researchers prepared an interview guide for the purpose of exploring issues which may brought forward by the participant. The manager agreed and a suitable date was set for an interview. Following that, the researcher attended the meeting at the management office of Villa Harapan. One of the managers was chosen to be interviewed as she had vast experience in handling people with mental illness.

Before the interview began, the researcher once again introduced herself and explained the purpose of her visit. The participant agreed to be interviewed and signed an informed consent form. There was another officer during the interview. The researcher is a female academician holding a Master's Degree with more than 12 years' experience at Multimedia University. The researcher informed the interview would be recorded with an electronic audio recorder. Then the researcher initiated an ice-breaking session to make the participant more at ease during the interview. The participant was able to warm up and the vibrant spirit continued throughout the whole interview. The face-to-face interview provided a lot of freedom for the participant to express what was in her mind.

The audio recording was listened to multiple times and transcribed verbatim after the interview. Analysis was carried out in stages. First, the audio was transcribed into text. The transcripts were read repeatedly to obtain an overall impression of

the interview. This process helped the researchers to familiarise themselves with the data and identify relevant points. The researchers asked common questions such as “What is the participant saying?” or “What happened here?” for selected passages in the text. Data coding was performed manually using paper and pencil by three researchers. Manual coding was acceptable for a small-scale project.¹⁶ The coding process was an important part of the data categorisation and analysis. The first cycle of coding was relatively easy in which codes were assigned to each line of the text in the transcript. The initial codes provided an overall understanding of the data. Data validation was performed by providing the interview transcript to the participant to obtain her comment on whether the final themes crafted adequately reflected the phenomena that were being investigated. The result was corroborated by comparing the outcomes from other published papers that explored the same phenomenon.

Findings

General codes (initial codes)

The majority of the text was labelled with the general codes. The codes were then refined and rearranged to determine the patterns. Table 1 illustrates the initial codes derived from the transcripts.

The initial codes were compared and reorganised to obtain distinctive patterns. Similar codes or codes that shared something in common were grouped. The grouped codes formed categories. The most significant categories relevant to this research were selected in the process of determining the emerged themes. The themes were derived from the data which were the outcome of the coding process. The final themes determined included “extreme poverty”, “lack of family support”, and “mental illness” (Table 2).

Extreme poverty

Some of the residents in Villa Harapan ran away from home due to family conflicts and feelings of being neglected. They had no place to go and ended up living on the streets. This scenario was highlighted from the following excerpt:

Table 1. Initial codes.

Transcript	Codes
Parents were divorced.	parents, divorce, mother joined bad friends, drug abuse, no job, unemployed, begging, no money, no food, no shelter, live on the street, unstable.
Lived with mother but mother remarried.	married again, neglected by mother/father/parents
Cannot live with stepfather.	Expression of feeling/stepfather
Ran away from home.	Ran away/homeless
A few of them would greet me happily when I reached the gate.	Feeling/love/affection/attention

Table 2. Themes and subthemes.

Themes	Example of response
Theme 1: Extreme poverty a) Live on the street. b) No income.	a) She stayed just outside the McDonald's restaurant. b) When they ran away from home, away from families without any source of income, they became homeless.
Theme 2: Lack of family support a) Broken family. b) The unwillingness of family to take care of them. c) Longing for family love and attention.	a) Most of the Villa Harapan residents came from broken families. b) Their families refused to take them home. c) She went to the same spot on the street because her daughter was working in the same area.
Theme 3: Chronic stress a) Importance of medication. b) Not getting appropriate care and attention for their problem and sickness.	a) Their family must look after them and be alert to the medication routine. b) Even people with other types of health problems such as cancer or fibroid would not go to a hospital because of reasons such as financial distress and feeling of not being cared for.

“When they ran away from home, away from families without any source of income, they started to become homeless. There was one girl who hated her stepfather. Hence, she left home. That was how she became homeless and eventually suffered mental illness. One hardship led to another.”

Most of them could not find a job to sustain their daily lives. They were also constantly exposed to various social problems. These stressors increased their vulnerability to high levels of stress and anxiety. Due to the lack of financial means, they failed to obtain prompt medical treatment for their illness, thus prolonging the ailment. Inability to work or generating income is a major part of the problem faced by homeless people that further jeopardises their quality of life. In addition, homeless people also did not have proper access to the water supply to drink and or to clean themselves, not to mention the lack of clothing and food to stave off hunger. As a result, poverty can adversely affect people in many ways, including the deterioration of physical and mental health.

The poverty level of the homeless is extremely high as shown in previous studies.^{12,13,18} The lack of monetary resources, basic needs, and capabilities are the main contributing factors to poor mental health among homeless people.¹⁷

Lack of family support

Regardless of age, both young and old people need family support. Humans are social creatures that cannot live alone. Financial and emotional wellbeing are parts of human needs. People who are neglected or being far away from family members with no financial and emotional support are highly vulnerable to life adversities that may not be visible to others. The participant highlighted this issue by saying:

“Most of the Villa Harapan residents came from a broken family. When they were at home they didn’t receive the much-needed attention and care. They felt neglected and unwanted.”

Most homeless people who suffer mental illness did not receive the necessary support from their family and society.^{10,17} A complete failure of relationships with people closest to them became the final straw that drove them to homelessness.¹⁴ Homeless people are the side-lined groups that are omitted from the communities. They often stay away from others due to various reasons.^{19,20}

People who were sent to the Villa Harapan were provided with certain support in the form of food, clothing, medical treatment, and more importantly, the touch of human love, care, and attention from the staff. They also received a safe shelter that they could call home and treated the staff as their family members. A few of them managed to recover from the mental illness and returned as volunteers at Villa Harapan.

Chronic stress

The mental distress of living in poverty may result in the wrong decision-making of leaving one’s home to live on the streets. Homelessness can predispose to a high level of stress. People with chronic stress can recover with proper care and medication with sufficient time and patience. However, poverty often hinders these people from seeking medical treatment. Family members play an essential role in taking care of the wellbeing of those who were less fortunate. The participant voiced the following opinion:

“Their family must look after them and be alert of the medication routine. A few of them showed improvement. They were allowed to go home provided that their family members were willing to provide proper care and attention. Otherwise, their mental illness will recur.”

A few residents with mental illness at Villa Harapan improved with medication and could turn over a new leaf. However, they must be compliant with their medication. Therefore, the task of ensuring medication compliance became the responsibility of the family members.

Homelessness is frequently related to higher levels of stress, anxiety, and desolation.^{10–13} Unpleasant childhood experiences, behavioural disorders, and unstable emotions are all closely related to subsequent homelessness.^{21–23}

Conclusion

Poverty stems from mainly a lack of income. People will easily become lost and helpless when faced with poverty, especially if they lack family support or continue to be in prolonged vulnerability. Living under bare necessities on the streets is extremely harmful to emotional wellbeing. All homeless people deserve attention from family, peers, society, organisation, and government. Villa Harapan is the only care centre for homeless people with mental illness in Malaysia. The government should establish more centres like Villa Harapan in other states of Malaysia. Homeless people can recover from mental illness if they are provided with safe shelter, proper care, and medical treatment. Government

agencies such as Jabatan Kebajikan Masyarakat (Welfare Department) and other relevant health services must provide the necessary assistance to homeless people at an early stage to prevent the development of mental illness. Family members, especially those with poor socioeconomic backgrounds, should be supported with some monetary or non-monetary benefits to relieve their burden. With these incentives, more will be willing to take care of family members with mental illness.

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Author contributions

The first author carried out the research, conceptualised the central research idea, provided the theoretical framework, and wrote the paper. The second author transcribed the interview and revised the article. The fourth author conducted the interviews while the third author reviewed and approved the article submission.

Data availability

Underlying data

Figshare: Underlying data for 'Mental illness due to homelessness: a qualitative case study in Melaka, Malaysia'. <https://figshare.com/s/9158865f4219efc5c7d6>

Data are available under the terms of the [Creative Commons Attribution 4.0 International license](#) (CC-BY 4.0).

Ethics approval and consent to participate

Ethical Approval No.: EA1042021 for Homeless project was obtained from Technology Transfer Office (TTO), Multimedia University. Participant has given written consent to publish.

Data set: <https://figshare.com/s/9158865f4219efc5c7d6>

Ethical Approval No.: EA1042021 from Technology Transfer Office (TTO), Multimedia University

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Noralina Omar

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Overall, the work is presented clearly and well explained. The findings may give new information, knowledge, and insight regarding mental illness among homeless people. The conclusion is sound, good, and impactful.

To improve the quality of the manuscript, here are my suggestions:

1. Add one more keyword on abstract - life adversities.
2. Explanation on chronic stress (findings): Some explanations are inappropriate. For this part, just focus on how chronic stress contributes to mental illness, omit the explanation regarding the support (family members) or move it to 'lack of family support' part.
3. It would be more proper if 'findings' section end with conclusion sentences to summarize the findings.
4. In the title: Melaka change to Malacca

Is the work clearly and accurately presented and does it cite the current literature?

Partly

Is the study design appropriate and is the work technically sound?

Yes

Are sufficient details of methods and analysis provided to allow replication by others?

Yes

If applicable, is the statistical analysis and its interpretation appropriate?

Yes

Are all the source data underlying the results available to ensure full reproducibility?

Yes

Are the conclusions drawn adequately supported by the results?

Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: social work, social intervention

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

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