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Bibliometric insights into the challenges and needs of homeless persons with mental disorders

Abstract

This study presents a bibliometric analysis of scholarly literature on the challenges and needs of homeless persons with mental disorders. Utilising data from the Scopus database and analytical tools such as Biblioshiny, VOSviewer, and CiteSpace, the research maps global scientific output and intellectual structure in this interdisciplinary field. The analysis reveals steady growth in publications, with a significant rise after

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2010, reflecting increasing academic interest in the intersection of homelessness and mental health. Leading contributors include researchers from the United States and Canada, with top journals such as *Psychiatric Services* and the *Community Mental Health Journal* serving as primary dissemination platforms. Co-citation and bibliographic coupling analyses reveal thematic cohesion centred on housing-first interventions, dual diagnosis, and integrated care models. Keyword co-occurrence and trend topic analyses highlight ongoing interest in trauma, substance use, and public health, while newer terms like COVID-19 and indigenous mental health signal responsive adaptation to contemporary challenges. Thematic mapping identifies underexplored areas such as incarceration, veterans, and youth mental health as emerging yet underdeveloped. The findings underscore the field's evolution from foundational to service-oriented research, with a growing focus on equity and recovery. Despite progress, gaps remain in digital health integration and cross-sectoral approaches. These insights inform future research directions and underscore the need for inclusive, policy-aligned strategies to support this vulnerable population.

Keywords: homeless, bibliometric analysis, Biblioshiny, Vosviewer, mental disorder

1. Introduction

Homelessness and mental disorder are two of the most pressing and complex public health issues confronting societies around the world (Okereke et al., 2023; Kerman & Stergiopoulos, 2024). Nearly one billion people around the world suffer from mental disorders ranging from addiction to schizophrenia (The Lancet Global Health, 2020). And the prevalence of mental disorders among persons experiencing homelessness has been reported to be 67%, with a lifetime prevalence of 77% (Barry et al., 2024). When they intersect, they create a highly vulnerable population that is often marginalised, stigmatised, and underserved (González-Sanguino et al., 2022; Martens, 2001). Homeless individuals with mental disorders experience a range of challenges that impact their access to healthcare, housing, social support, and basic human dignity (Pearson & Linz, 2011). These challenges are deeply rooted in systemic issues, including poverty, inadequate mental health infrastructure, societal neglect, and fragmented policy implementation (Grigg & Johnson, 2007; Narendorf, 2017).

One of the key challenges in this population is reduced mental health care access and continuity (Kuno et al., 2004). Homeless individuals often lack identification, health insurance, and stability, which hinders their access to consistent healthcare services (Chwastiak et al., 2012). Most have severe mental illnesses such as schizophrenia, bipolar disorder, and major depression, which, if left untreated, worsen functional impairment and reduce the chances of leaving homelessness (Okereke et al., 2023). The mobile nature of homelessness makes it even harder to perform outreach and long-term therapy, and it routinely leads to serial hospitalisation or jail incarceration instead of long-lasting mental health recovery (Nibin et al., 2021).

Social isolation and a lack of support relationships are another burden experienced in this population (Archard & Murphy, 2015; Rea, 2022). The absence of a support

network or family in the community renders them incapable of supporting themselves or accessing the resources available to them (Bell & Walsh, 2015). Most have histories of trauma, abuse, or chemical use, all serving to complicate mental illness (Archard & Murphy, 2015). These psychosocial stressors can cause and maintain homelessness (Rea, 2022). Discrimination and stigma from society in general, as well as service systems, further alienate these individuals, causing them to withdraw from the systems intended to assist them (Oudshoorn et al., 2021).

Meeting the needs of homeless individuals with mental disorders requires a multi-pronged approach that addresses not only clinical care but also social reintegration, housing stability, and income support (Kowaleski, 2013; White et al., 2024). There is an increasing recognition of the importance of trauma-informed and person-centred services (Ponnuchamy et al., 2024). Initiatives like the “Housing First” model, which provides permanent housing without preconditions, have shown promise in improving health outcomes and reducing costs (Zaykowski et al., 2016). However, scaling up such interventions requires substantial policy reforms, interdisciplinary collaboration, and, crucially, an evidence-based understanding of the evolving research landscape in this area (Fleisch & Kelly, 2014).

In recent decades, a growing volume of research has mapped the intersection between mental health and homelessness (Seager, 2011). Psychologists, psychiatrists, public health scholars, social workers, and urban specialists have examined various aspects of the topic, ranging from measures of prevalence and patterns of service utilisation to outcomes for models of intervention and systemic impediments (Marçal, 2016). This model prioritises the provision of necessities like shelter and stable housing before providing support services to achieve personal goals and well-being. Although interest in the topic continues to grow, research is often dispersed across disciplines, and fundamental patterns, trends, and conceptual frameworks within the area remain underexamined (Law et al., 2024). As public unease about mental health inequity and housing instability grows worldwide, a broad synthesis of research findings globally is needed to serve as a basis for informed policies and practices (Park et al., 2025; Sulkowski & Michael, 2014).

This study presents a bibliometric analysis of the scholarly literature related to the challenges and needs of homeless persons with mental disorders. By examining scientific publications indexed in the Scopus database, it aims to identify publication trends, influential authors, collaborative networks, core journals, and emerging themes in this interdisciplinary domain (Abas et al., 2023). The analysis focuses on literature published over the past three decades, reflecting both the historical development and current status of research (Agbo et al., 2021). The study has an international scope, drawing contributions from various countries, research institutions, and knowledge clusters, thereby providing a global perspective on this critical issue (Agac et al., 2023).

The bibliometric approach offers a valuable means of aggregating large datasets of literature in a systematic and organised manner (Bales et al., 2020). Unlike traditional narrative reviews, bibliometric analysis offers a macro-level study of knowledge production and dissemination (Alsharif et al., 2020). While tracing the pattern and dynamics of mental illness and homelessness research, this paper helps reveal key contributors, monitor research lacunas, and track scientific discourse changes over

time. Such data can be used to inform priorities in new research, policy discussions, and fundraising activities aimed at addressing the needs of this vulnerable population (Ali et al., 2022).

To conduct the bibliometric analysis, the study utilised three popular software programmes – Biblioshiny, VOSviewer, and CiteSpace – each introducing new features to the analytical procedure (John et al., 2024; Mathew et al., 2024). Biblioshiny, the web client for the R-language Bibliometrix package, provides convenient access to descriptive and inferential statistics at multiple levels (Fahamsyah et al., 2023; Komperda, 2017; Racine, 2012). It was applied to prepare performance analysis, compute annual growth in publication, identify leading journals, and examine author productivity (Thangavel & Chandra, 2023). Interactive dashboard and data visualisation options in Biblioshiny enabled an in-depth examination of thematic patterns and citation distributions (Waghmare, 2021).

VOSviewer and CiteSpace enhanced the analysis by supplying advanced visualisation and network mapping capabilities (Ding & Yang, 2022; Ye, 2018). VOSviewer was applied primarily to develop and interpret co-authorship, co-citation, and keyword co-occurrence networks. Its clustering feature revealed intellectual and social structures in the field (Kumar et al., 2024; Van Eck & Waltman, 2010). CiteSpace, on the other hand, played a crucial role in identifying emerging patterns, citation bursts, and thematic evolution (Ding & Yang, 2022; Li et al., 2022). Its timeline and dual-map overlay enabled temporal investigation of topic evolution and disciplinary connections (Yang et al., 2017; Xie & Li, 2020). Together, these applications created an effective system for discerning the quantitative impact and qualitative richness of the literature.

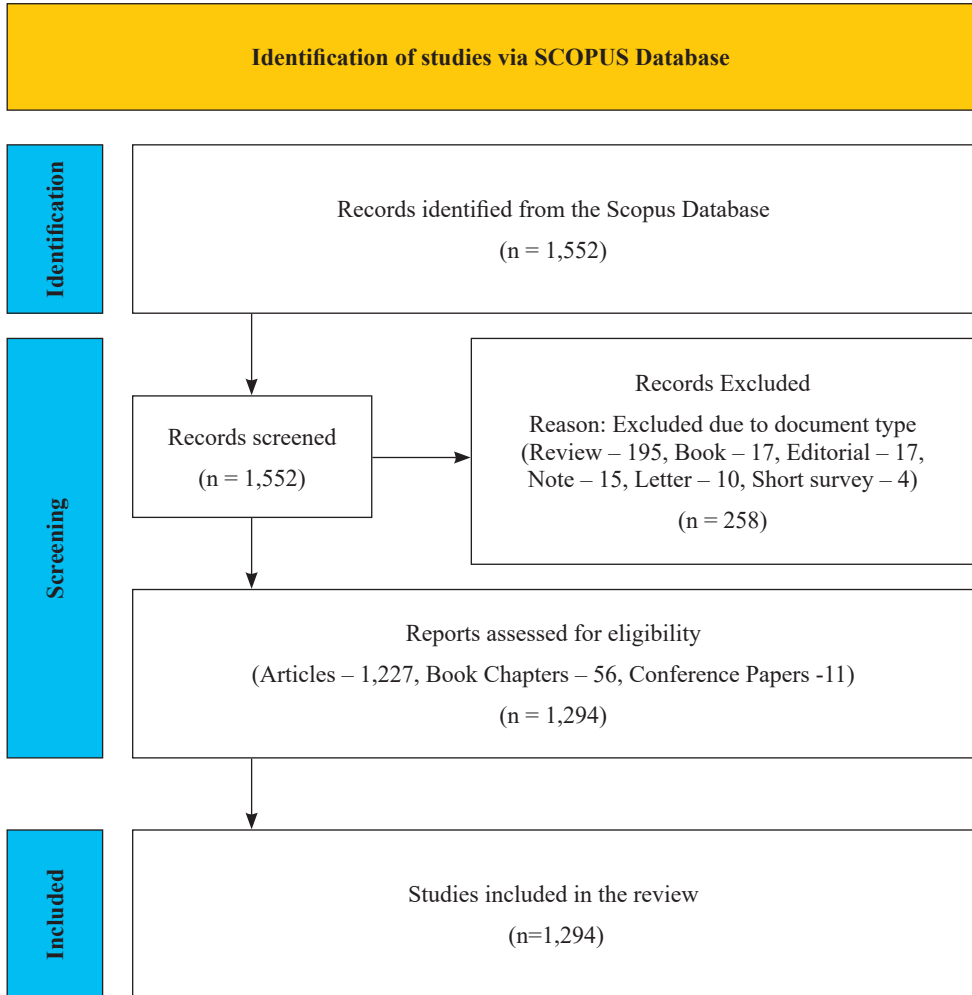
The key objective of this bibliometric study is to systematically chart and map global research output on the needs and challenges among homeless individuals afflicted with mental disorders. Specifically, the study aims to (a) identify productive authors, institutions, and countries that contribute to the literature; (b) determine key journals and citation behaviours; (c) portray networks of collaborations and co-citation structures; (d) examine thematic patterns and evolution in research topics; and (e) discern potential lacunae and avenues for new research in the literature. To achieve these goals, the study provides a clearer understanding of the scholarly terrain and offers input for evidence-informed interventions and policy decisions.

2. Materials and methods

We extracted the bibliometric dataset for this study from the Scopus database, widely acknowledged for its extensive coverage of peer-reviewed scientific publications (Gavel & Iselid, 2008; Harzing & Alakangas, 2016). Other databases like Web of Science and PubMed were also considered, but Scopus was prioritised for its comprehensive curation and to avoid duplication. This database is also compatible with the bibliometric analysis software used in this study and offers reliable metadata. We formulated a targeted search strategy using the (TITLE-ABS-KEY (“homeless”) OR TITLE-ABS-KEY (“homelessness”) OR TITLE-ABS-KEY (“unhoused”) OR TITLE-ABS-KEY (“street dweller”) AND TITLE-ABS-KEY (“mental illness”))

OR TITLE-ABS-KEY (“mental disorder”) OR TITLE-ABS-KEY (“psychiatric disorder”) OR TITLE-ABS-KEY (“psychological disorder”) AND TITLE-ABS-KEY (“needs”) OR TITLE-ABS-KEY (“concerns”) OR TITLE-ABS-KEY (“challenges”)) to retrieve literature specifically focused on the homeless and mental disorder domain. This initial search yielded 1,552 records, comprising journal articles, conference proceedings, and book chapters. Non-analytical items, such as reviews, editorials, notes, letters, short surveys, and books, were excluded in an ongoing process of screening to maintain relevancy and data homogeneity. Though these items are valuable in synthesising knowledge, the variations in terms of peer-review status, citation patterns, and metadata structure can introduce inconsistency in network-based analyses. Following this refinement, 1,294 documents – comprising 1,227 journal articles, 11 conference proceedings, and 56 book chapters – remained to be made available for analysis, in line with the PRISMA protocol (Wang et al., 2014). The PRISMA protocol was applied to ensure methodological transparency and replicability throughout the selection process. Each stage – identification, screening, eligibility, and inclusion – was carried out systematically and documented in the PRISMA flow diagram (Figure 1). During screening, duplicates and non-analytical records were excluded, and only peer-reviewed documents directly addressing both homelessness and mental disorders were retained. This structured approach minimised bias, ensured data quality, and aligned the bibliometric dataset with PRISMA’s evidence-based reporting standards. We further exported the cleaned data in CSV and RIS formats to enable in-depth analysis using Biblioshiny (Bibliometrix R package), VOSviewer, and CiteSpace (version 6.2, R3 Advanced). Each software package had a well-defined specific task in the process of bibliometrics in this study: Biblioshiny provided descriptive and trend analyses on publication counts, author productivity, and source impact; VOSviewer provided support in building networks to represent bibliographic couplings and visualisation of co-occurrence patterns in keywords; and CiteSpace provided support in detecting citation bursts and in tracing thematic shift through time.

Figure 1. The PRISMA flow diagram is used to identify, screen, and include papers in the bibliometric analysis



3. Findings

3.1. Key information regarding the investigation

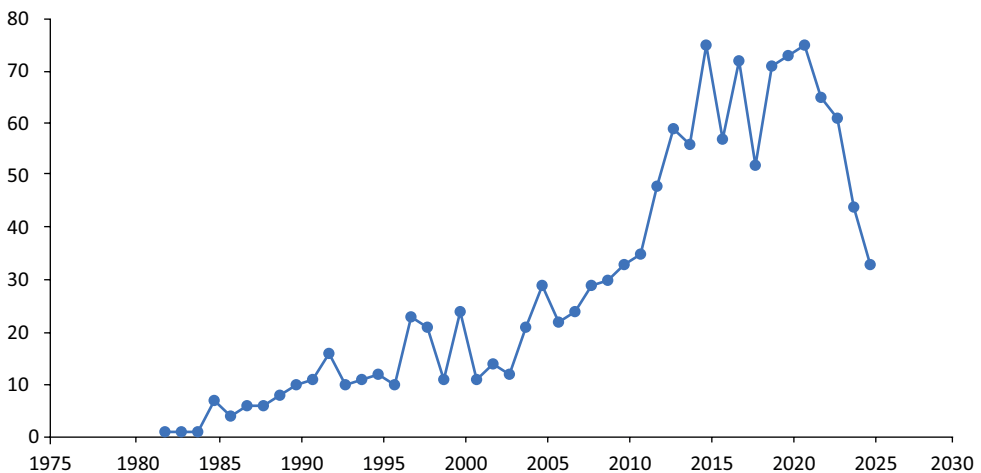
This bibliometric study covers the period from 1982 to 2025 and includes a total of 1,294 documents obtained from 543 journals, books, and conference proceedings addressing the challenges and needs of homeless individuals with mental disorders.

The field has exhibited a healthy annual growth rate of 8.47%, with an average document age of 12.6 years, indicating a sustained scholarly interest over time. Each document garners an average of 26.27 citations, indicating a moderate to high impact of the research output. The dataset contains a substantial number of references (44,510), and a rich conceptual landscape is evident from 3,335 keywords and 1,976 author-provided keywords. Authorship is collaborative in nature, with 4,366 authors contributing, and an average of 4.64 co-authors per document; however, only 7.34% involve international co-authorship. The publication types are dominated by journal articles (1,227), followed by a smaller number of book chapters (56) and conference papers (11), suggesting a strong preference for peer-reviewed dissemination.

3.2. Scientific output over the years

Figure 2 illustrates that the academic output on homelessness and mental disorders has exhibited a steady increase from 1982 to 2021, indicating a rising interest among scholars and policymakers. From a modest beginning with just one publication annually in the early 1980s, the field experienced a gradual rise in the 1990s and early 2000s. A significant surge is noticeable from 2012 onward, with peak publication years being 2015 and 2021, each recording 75 documents. This peak period (2013–2021) represents the most prolific phase of research activity, likely due to increased global attention to mental health, homelessness, and integrated care models. However, there is a visible decline in publication counts after 2021, with numbers dropping to 44 in 2024 and 33 in 2025 (partial year), which may reflect delays in indexing, post-pandemic research shifts, or saturation in certain research themes. Overall, the trend underscores a maturing yet dynamic field that continues to evolve in response to societal challenges.

Figure 2. Annual scientific production from 1982 to 2025



3.3. Top influential researchers

Table 1 lists the key influential researchers in this area to date, based on the number of publications they have produced. At 61 publications, the first is Vicky Stergiopoulos, exhibiting sustained, substantive impact in research topics such as Housing First, community mental health, and integration in care. Second is Stephen W. Hwang, with 47 articles, renowned for research at the intersection of homelessness, public health, and population health equity. Robert A. Rosenheck, with 37 publications, made seminal contributions in mental health policy, veterans' care, and service system studies. Other prominent names include Julian M. Somers, Patricia O'Campo, and Tim Aubry, all recognised for their contributions to evidence-informed interventions and social determinants of health. The appearances of Rosane Nisenbaum, Eric Latimer, Benjamin F. Henwood, and Akm Moniruzzaman on this list equally bear testament to this area's multidisciplinary and collaborative nature. Individually, this list provides evidence for an intellectual foundation that informs both scholarly debate and practical policy reform.

Table 1. Most relevant authors

Authors	Articles
Stergiopoulos, Vicky	61
Hwang, Stephen W.	47
Rosenheck, Robert A.	37
Somers, Julian M.	26
O'Campo, Patricia	22
Aubry, Tim	21
Nisenbaum, Rosane	21
Latimer, Eric	18
Henwood, Benjamin F.	17
Moniruzzaman, Akm	17

3.4. Prominent scientific journals

Table 2 illustrates the most influential journals that publish research in this field, highlighting its interdisciplinary nature. Psychiatric Services emerges as the leading outlet with 58 articles, emphasising the centrality of mental health systems, service delivery, and policy in addressing homelessness. The Community Mental Health Journal closely follows with 47 publications, reinforcing the importance of localised, community-based interventions. Journals such as the American Journal of Public Health and BMC Public Health (each featuring 18 articles) demonstrate the relevance of this topic within broader public health discourse, particularly concerning social determinants and population-level strategies. Health services and accessibility are further reflected through BMC Health Services Research (17 articles) and the Journal

of Health Care for the Poor and Underserved (16 articles), highlighting concerns around equity and vulnerable populations. The presence of psychiatric journals, such as the Canadian Journal of Psychiatry, International Journal of Social Psychiatry, and American Journal of Orthopsychiatry, demonstrates a continued interest in the diagnostic, therapeutic, and psychosocial aspects. Additionally, the International Journal of Environmental Research and Public Health contributes an emerging perspective, linking environmental and public health dimensions to homelessness. Collectively, these journals highlight a multi-sectoral approach that encompasses psychiatry, public health, social work, and policy.

Table 2. Prominent scientific journals

Sources	Articles
Psychiatric Services	58
Community Mental Health Journal	47
American Journal of Public Health	18
BMC Public Health	18
BMC Health Services Research	17
Canadian Journal of Psychiatry	16
International Journal of Social Psychiatry	16
Journal of Health Care for The Poor and Underserved	16
American Journal of Orthopsychiatry	15
International Journal of Environmental Research and Public Health	15

3.5. Global research contributions by nation

Table 3 reveals the geographical distribution of research output on homelessness and mental disorders, with a clear dominance by high-income, English-speaking countries. The United States leads substantially with 681 publications, accounting for more than half of the total scientific output. This reflects the country's extensive research infrastructure, high rates of homelessness, and policy-driven interest in mental health services. Canada follows with 218 documents, which is significant given smaller population size, likely due to the country's influential research centres and its commitment to housing-first models. The United Kingdom and Australia, with 117 and 85 publications respectively, also contribute robustly, underlining their national policy concerns around homelessness and social care systems. Beyond these top contributors, countries like India (35 documents) are notable for representing research efforts from the Global South, although their representation is still limited compared to Western nations. France, Germany, and the Netherlands each contribute over 20 documents, reflecting growing European engagement with socio-psychiatric challenges. Spain and Ireland, although smaller in output, consistently participate in the discourse.

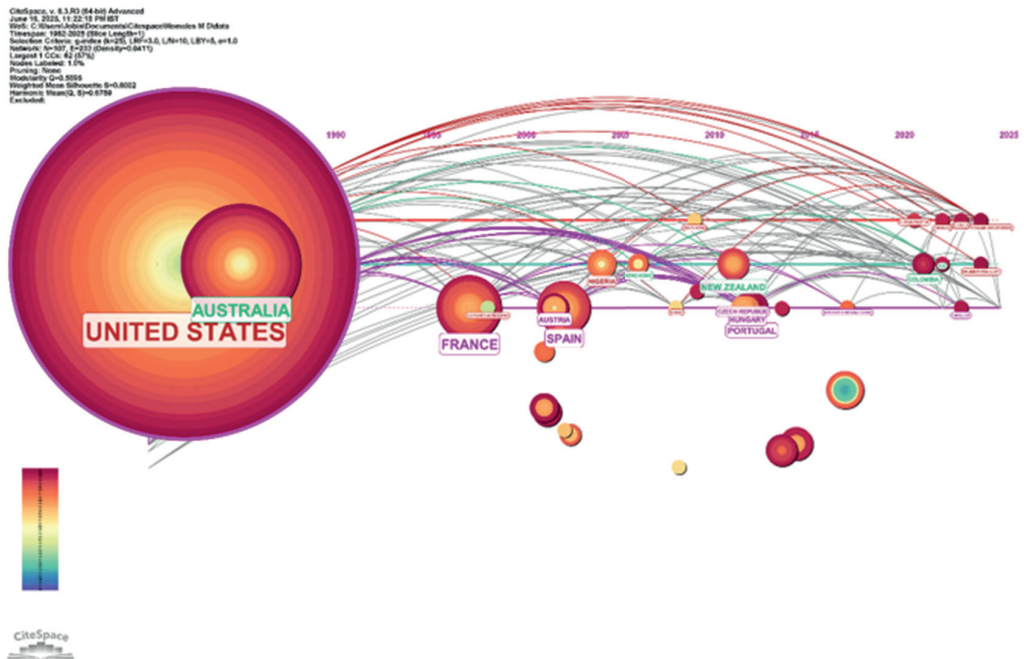
Table 3. Countries scientific productions

Country/Territory	Documents	Country/Territory	Documents
United States	681	France	31
Canada	218	Germany	31
United Kingdom	117	Netherlands	22
Australia	85	Spain	16
India	35	Ireland	15

3.6. Timezone network visualisation of countries' collaborations

Figure 3 presents a timeline network visualisation of international research collaborations, structured into three major clusters based on shared citation patterns. The largest cluster (Cluster #0: Controlled Trial) includes 29 countries and highlights widespread international collaboration, particularly across North America and Europe. The United States dominates this cluster with a remarkable 669 citations, followed by the United Kingdom (113), reflecting their long-standing leadership in mental health and homelessness research. This cluster focuses on clinical trials and service evaluations, with key studies such as the PROMO (Best Practice in Promoting Mental Health in Socially Marginalised People in Europe) and HOPE (National Institute for Health and Care Research Global Health Research Group on Homelessness and Mental Health in Africa) programmes targeting marginalised groups across multiple countries. The PROMO study, funded by the European Commission, was conducted across 14 European countries (Priebe et al., 2013). It aimed to evaluate mental health services – both generic (serving the general population) and group-specific (targeting socially marginalised groups) – in two highly deprived areas of each capital city. The presence of countries like Ireland, Denmark, and Brazil indicates broader engagement in comparative and cross-cultural research on service delivery for homeless persons with mental illness. On the other hand, the HOPE programmes are a more recent initiative being implemented in three African countries, namely Ethiopia, Ghana, and Kenya with the aim of improving outcomes through context-specific interventions and community rehabilitation strategies (Hanlon et al., 2025). The silhouette value of 0.71 suggests moderate thematic cohesion, largely driven by policy-focused, evidence-based approaches to intervention.

In contrast, Cluster #1 (mental illness) and Cluster #2 (PROMO Study) focus on more specialised or regional collaborations. Cluster #1, with 17 members, is led by Canada (217 citations) and Australia (83), and includes countries like India, New Zealand, and Switzerland. It explores psychiatric illness and homelessness in varied cultural contexts, including in China and rural communities. Meanwhile, Cluster #2 (16 members) is tightly focused on European policy and care practices, with key contributors like Germany, France, and the Netherlands. These countries are prominently featured in PROMO-related work, which assesses service accessibility and mental healthcare for marginalised populations across Europe. With the highest silhouette value (0.978), this cluster represents a highly cohesive and collaborative research agenda focused on harmonising healthcare policy and practice across European health systems.

Figure 3. Timeline Network visualisation of countries' collaborations

3.7. Network visualisation of co-citation of cited authors

Figure 4 presents a comprehensive co-citation analysis of cited authors, revealing 14 thematic clusters. The largest and most central cluster (Cluster #0: mental illness), comprising 171 members, forms the intellectual backbone of homelessness and mental health research. This cluster includes high-impact authors such as Hwang SW (192 citations), Tsemberis S (174), Padgett DK (118), Tsai J, and Rosenheck R, whose works have collectively shaped the field's evidence base on Housing First, service integration, and community-based interventions. Articles by Stergiopoulos, Hwang, and Kerman highlight themes like emergency department use and early support needs of mentally ill homeless individuals. With a high silhouette value (0.76), this cluster is both extensive and thematically cohesive, indicating a well-structured body of literature focused on mental illness, interventions for homelessness, and health service utilisation.

Cluster #1 (homeless women) is the second-largest group, with 145 members, and centres on gender-specific vulnerabilities and the prevalence of psychiatric disorders among homeless women. Influential authors include Koegel P (82 citations) and Kessler RC, with key works addressing substance use, trauma, and barriers to accessing care. The thematic scope of this cluster reflects early epidemiological studies that highlighted the unique needs of women within homeless populations. Although its silhouette value (0.693) is moderate, the consistent citation of works by Fischer, Susser,

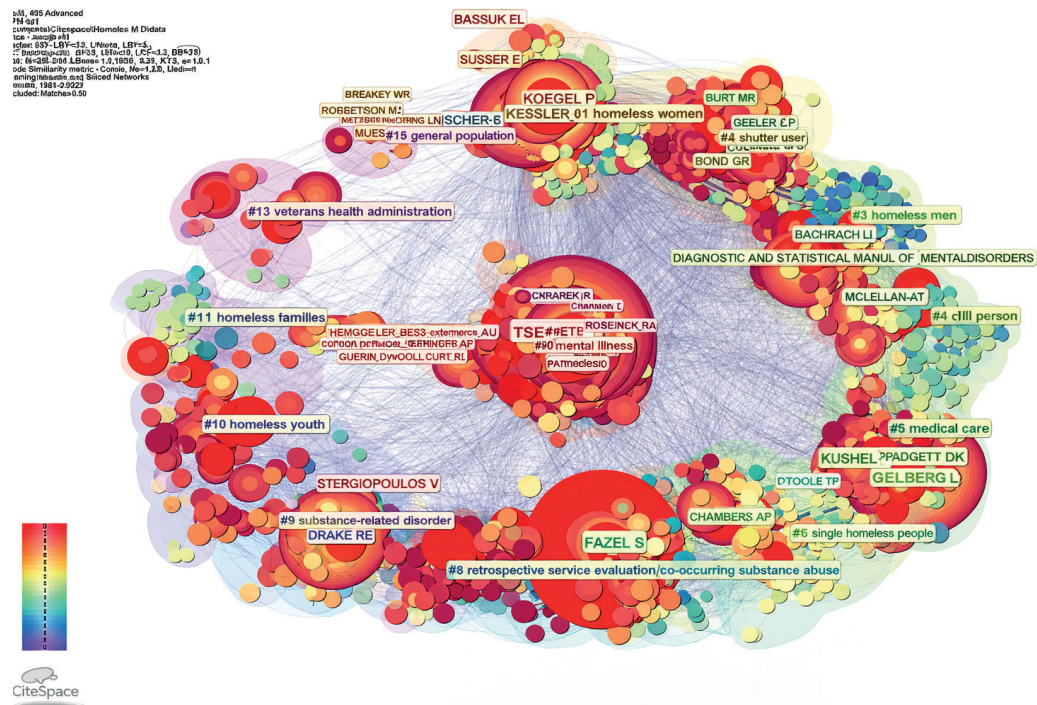
and North CS demonstrates that this cluster has contributed foundational knowledge to the discourse on intersectionality, gender, and mental health disparities.

The third-largest cluster (Cluster #2: shelter use), with 121 members, focuses on structural and policy-level factors influencing service use among homeless populations. Scholars like Culhane and Folsom are among the most cited, offering valuable insights into shelter systems, housing transitions, and the role of supportive services. Key citing articles examine digital health tools, shelter-based behavioural health care, and continuity of care. The cluster's silhouette value of 0.623 suggests that while thematically broad, it still retains sufficient coherence, particularly around institutional service delivery and administrative models of care.

Cluster #7 (co-occurring substance abuse) and Cluster #9 (substance-related disorders) explore the intersections of homelessness, addiction, incarceration, and community reentry. Notably, Fazel S (171 citations) in Cluster #7 and Drake RE (86 citations) in Cluster #9 are among the most cited authors in the entire network. Their work reveals the systemic entanglement of substance abuse, mental illness, and judicial involvement, especially among high-risk populations. With silhouette values of 0.895 and 0.801, respectively, these clusters demonstrate thematic depth and growing significance, particularly in light of dual diagnosis and public safety debates.

Lastly, smaller clusters such as Cluster #10 (homeless youth), Cluster #11 (homeless families), and Cluster #13 (health administration veterans) provide focused insights on specific subpopulations. For instance, youth-focused research by Henry M and Whitbeck LB centres on psychiatric care and life outcomes among homeless adolescents. Cluster #13, with authors like Zlotnick C, highlights the unique mental health needs of veterans, often shaped by trauma, PTSD, and systemic barriers within the Veterans Health Administration cluster. The high silhouette values (0.884 to 0.985) in these smaller clusters indicate well-defined and emergent thematic specialisations. Collectively, the co-citation network highlights a maturing field with distinct yet interconnected domains that drive scholarly inquiry and policy relevance.

Figure 4. Network visualisation of co-citation of cited authors



3.8. Network visualisation of co-citation of cited journals

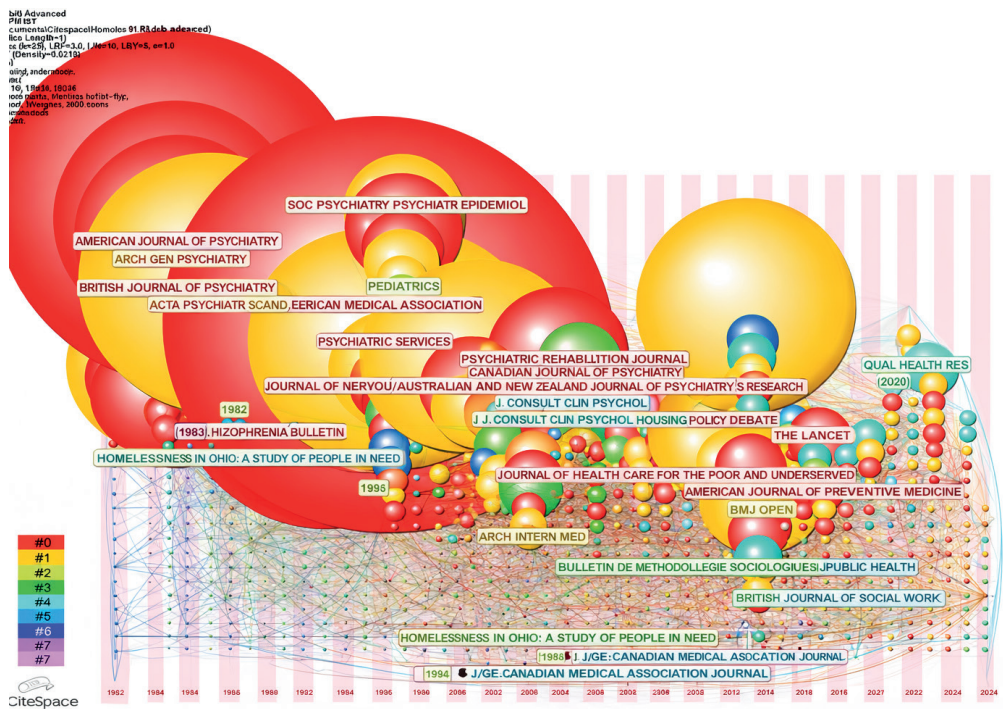
Figure 5 illustrates the network visualisation of co-cited journals, structured into nine thematic clusters. The largest cluster (Cluster #0: housing programme), comprising 223 members, represents the dominant scholarly discourse on housing interventions for persons experiencing homelessness and mental disorders. This cluster has strong roots in service-based and psychiatric care literature. The most cited journals here include *Psychiatric Services* (339 citations), *American Journal of Public Health* (277), and *Archives of General Psychiatry* (187), reflecting a policy-focused and mental health intervention lens. The frequently cited articles deal with community-based psychosocial interventions, recovery models, and housing-first frameworks. The high silhouette value (0.769) indicates a well-defined thematic boundary, showing this cluster’s maturity and centrality in advancing research and service delivery models aimed at housing stabilisation and mental health recovery.

The second largest cluster (Cluster #1: systematic review), with 201 members, is centred around evidence synthesis and program evaluations. Journals like *JAMA* (203 citations), *PLOS ONE* (158), and *The Lancet* (149) dominate this space, underscoring the cluster’s emphasis on high-impact, global evidence bases. Key articles in this cluster involve umbrella reviews, systematic assessments of health outcomes, and typologies of healthcare innovation. This cluster provides a strong methodological and empirical

foundation, aiding the development of standardised, scalable interventions for vulnerable groups. The thematic coherence (silhouette value: 0.76) and focus on evidence-based policymaking demonstrate its role in bridging research with clinical and public health practice.

Cluster #2 (ill person) and others, such as Cluster #4 (homeless adult) and Cluster #5 (new mendicancy), address more demographically and clinically nuanced aspects of homelessness. For instance, Cluster #2 (123 members) highlights psychiatric and epidemiological challenges faced by homeless individuals, with Paediatrics being the most cited journal, suggesting crossover with child and adolescent health issues. In contrast, Cluster #4 (65 members) emphasises indigenous perspectives and geospatial analyses, pointing to a growing interest in culturally responsive care. Meanwhile, Cluster #5 (60 members) revisits foundational literature, such as Baxter’s “The New Mendicancy”, reflecting on historical and identity-based framings of homelessness. These clusters, with their distinct citation patterns and thematic orientations, illustrate the expanding interdisciplinary scope of homelessness research – from general hospital settings and social policy to myth deconstruction and comparative frameworks.

Figure 5. Timezone Network visualisation of co-citation of cited journals



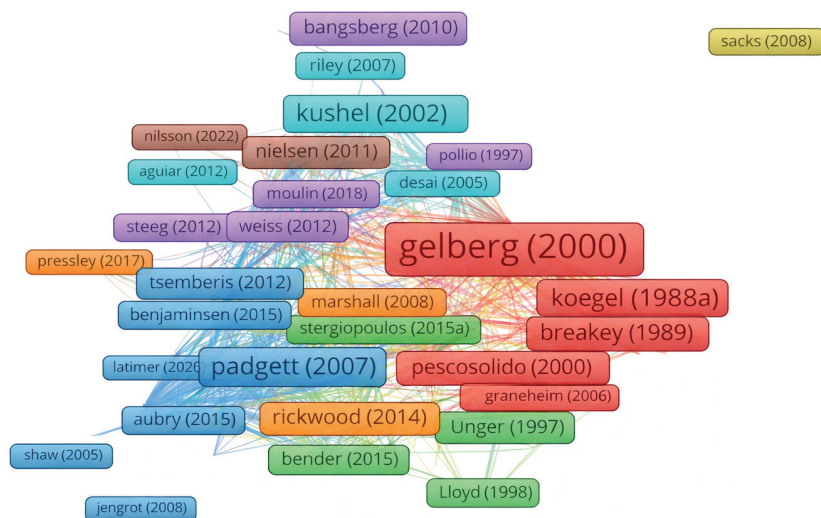
3.9. Network visualisation of bibliographic coupling of documents

Figure 6 displays a bibliographic coupling network based on 474 documents, each cited at least 20 times, out of a total of 1,294, forming a rich network of 439 documents grouped into 9 clusters. These clusters represent different thematic or conceptual strands within the literature on homelessness and mental disorders. At the core of Cluster #1 (red) lies Gelberg (2000), a highly cited and influential study, along with foundational works like Koegel (1988a) and Breakey (1989). These papers anchor much of the research concerning structural determinants of homelessness, healthcare access, and severe mental illness, reflecting this cluster's foundational and policy-oriented nature. The dense interlinkages in this group suggest a well-developed body of literature with strong internal cohesion and scholarly impact.

Cluster #3 (blue) and Cluster #2 (green) also stand out. Cluster #3 is centred around scholars such as Padgett (2007), Tsemberis (2014), and Aubry (2016), who are prominent voices in the “Housing First” interventions and community-based treatment models. This cluster bridges practical intervention research and policy implementation studies. Cluster #2 includes work such as Unger (1998) which focus more on social support systems, rehabilitation, and service-user experiences, highlighting a psycho-social and recovery-oriented research strand. In contrast, Cluster #6 (cyan), as noted by Kushel (2002) and Desai (2005), focuses on medical comorbidities, primary care access, and the integration of mental and physical healthcare in homeless populations.

The presence of smaller or more peripheral clusters, such as Cluster #7 (orange), Cluster #8 (brown), and Cluster #9 (pink), indicates emerging or specialised areas, including trauma-informed care, veterans' health, or indigenous populations. Overall, the map shows a highly interconnected scholarly landscape with clear thematic concentrations. The clustering and citation density reflect the field's intellectual maturity, while the emergence of new clusters suggests ongoing diversification and the potential for future research integration across disciplines.

Figure 6. Network visualisation of citation of documents



3.10. Network visualisation of co-occurrence of author keywords

Figure 7 displays an overlay visualisation of the co-occurrence of author keywords. Out of 1,976 total keywords, 122 met the minimum threshold of 5 occurrences, and the visualisation focuses on 28 keywords categorised into four thematic clusters. The size of each node represents the frequency of keyword usage (as confirmed in the accompanying table), while the colour gradient – ranging from blue (earlier average appearance) to yellow (more recent) – indicates the temporal evolution of research interests from 2012 to 2020. At the centre of the network lies the most dominant keyword, “homelessness” (315 occurrences), which is deeply connected to high-frequency terms like “mental illness” (152), “mental health” (144), and “homeless” (98). These core terms represent the central themes that structure the field, cutting across all clusters. Closely linked are intervention-focused terms such as “housing first”, “substance abuse”, “supportive housing”, and “qualitative research”, highlighting a strong research orientation toward policy, intervention models, and evidence-based approaches.

The overlay also indicates the evolving research directions. Yellow-coloured keywords such as “indigenous”, “COVID-19”, “discrimination”, and “social isolation” reflect more recently emerging concerns, especially in the post-pandemic context and with growing attention to equity and marginalised populations. In contrast, blue-green terms such as “substance use”, “housing first”, and “mental illness” represent long-standing themes with well-established scholarly foundations. This co-occurrence map not only reveals the interconnectedness of research concepts but also tracks the temporal progression of thematic focus, suggesting a shift from clinical and housing-focused topics to broader social and structural determinants such as stigma, isolation, and access to care.

Figure 7. Co-occurrence of author keywords

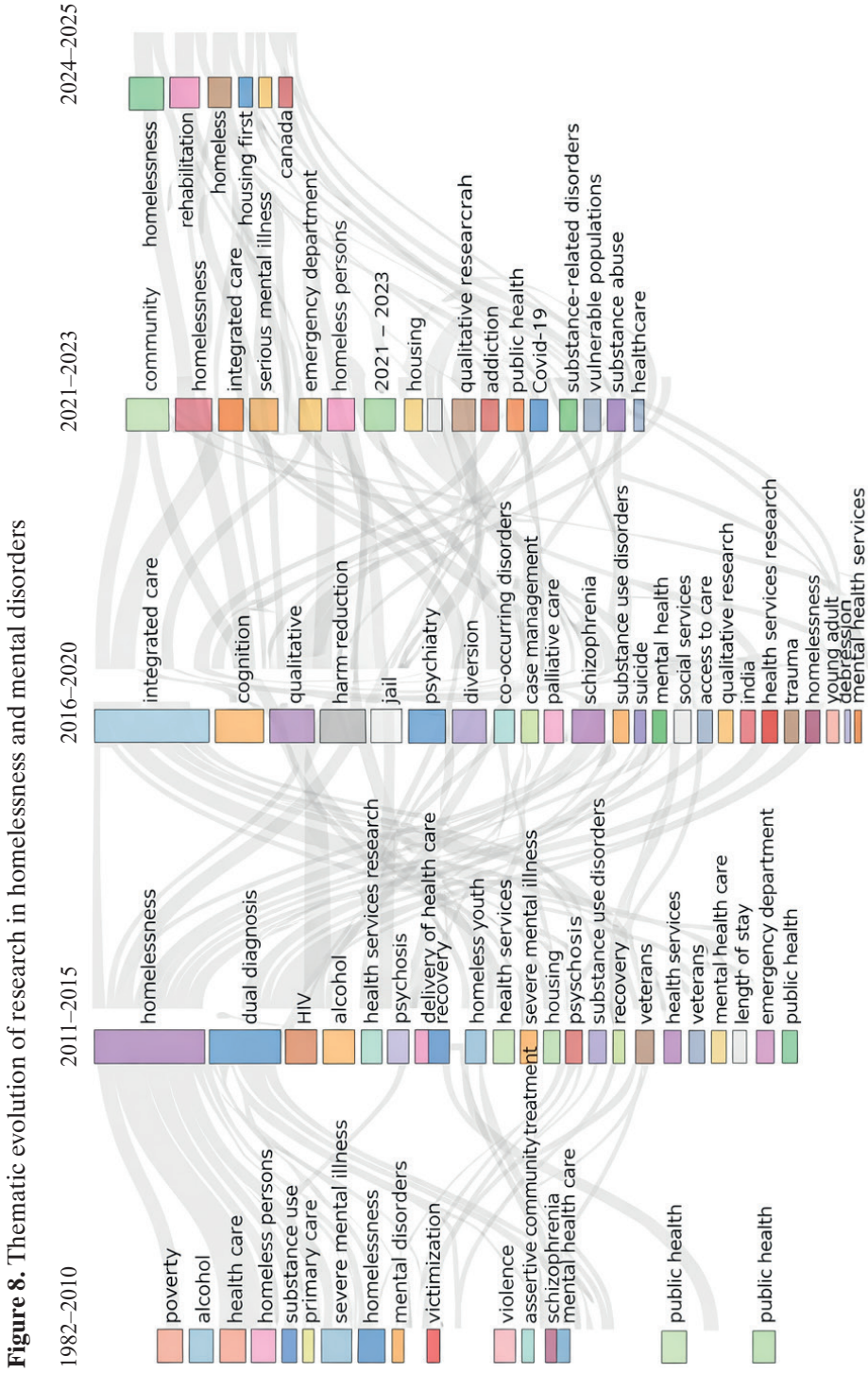


3.11. Thematic evolution

The thematic evolution map in Figure 8 illustrates the conceptual development and shifting research priorities in the study of homelessness and mental disorders across five distinct time periods. Between 1982 and 2010, the foundational focus revolved around key issues such as poverty, substance use, alcohol, mental disorders, and homeless persons, reflecting an initial attempt to define and understand the intersecting factors contributing to homelessness among individuals with psychiatric conditions. The presence of themes like violence, victimisation, and primary care suggests a concern with the broader societal and healthcare contexts affecting this population.

Between 2011 and 2020, the field underwent thematic consolidation and expansion. Core themes such as homelessness, dual diagnosis, and severe mental illness became more prominent, accompanied by a rise in health services research, case management, and qualitative research. This period marks a shift from mere identification of issues toward systemic and service-level investigations. Topics like harm reduction, housing, co-occurring disorders, and recovery began to gain traction, indicating a growing interest in integrative and rehabilitative models of care. The emergence of terms such as integrated care, cognition, palliative care, and trauma also signals increasing complexity and depth in addressing individual and structural needs.

In the most recent phases (2021–2025), the field continues to evolve in response to emerging global and local challenges. Topics such as community, rehabilitation, housing stability, and housing first dominate, reflecting a substantial shift toward person-centred, recovery-oriented, and policy-aligned interventions. The appearance of indigenous mental illness in Canada and the emergency department denotes geographical and service-context specificity. Meanwhile, COVID-19, addiction, vulnerable populations, and public health mark the impact of global health emergencies and renewed emphasis on equity and accessibility. The persistence of themes like qualitative research, depression, and substance-related disorders shows continuity, while newer themes point to a more inclusive, intersectional, and solution-driven research agenda.



3.12. Thematic map

Figure 9 presents a thematic map that categorises key research themes on homelessness and mental disorders based on two dimensions: centrality (relevance to the field) and density (development of the theme). The four quadrants – motor themes, basic themes, niche themes, and emerging or declining themes – help in understanding how well-established or strategically important each theme is within the scholarly discourse. In the motor themes quadrant (upper-right), we observe that no themes currently dominate both in terms of centrality and development. This suggests that while many topics are actively researched and relevant, none are yet deeply entrenched as the undisputed driving forces of the field. Some themes, such as dual diagnosis, substance abuse, supported housing, schizophrenia, and depression, fall close to the vertical axis and show moderate development, indicating their growing influence but with room for further theoretical and practical consolidation.

The basic themes quadrant (lower-right) contains the most conceptually central but underdeveloped themes. Core concepts like mental health, homeless persons, substance use, qualitative research, and mental disorders appear here, signalling their foundational role in the literature. These topics are highly relevant but still evolving in complexity, suggesting opportunities for in-depth inquiry and framework development. This quadrant also encompasses themes such as trauma, recovery, and rehabilitation, highlighting their critical importance in intervention and policy research. In the emerging or declining themes quadrant (lower left), we see topics such as veterans, health services, psychiatric disorders, and prisons, which are less central and less developed. Their positioning implies either a declining interest or an emerging concern yet to be fully integrated into mainstream research. These may represent underexplored areas that require revitalisation or adaptation to current challenges. Conversely, the niche themes quadrant (upper left) features prevention, youth mental health, behavioural health, and risk factors, which are well-developed but currently peripheral. These specialised topics show internal coherence and could become more central if connected with broader research agendas. Overall, the thematic map provides a strategic snapshot of the intellectual landscape, highlighting areas where scholarship is concentrated, where further integration is needed, and where new research could be expanded or reoriented. It encourages researchers and policymakers to focus not only on prominent issues like mental health and housing but also to consider amplifying emerging concerns like trauma, prison, and youth mental health for a more holistic understanding and response.

Figure 9. Thematic visualisation of keywords

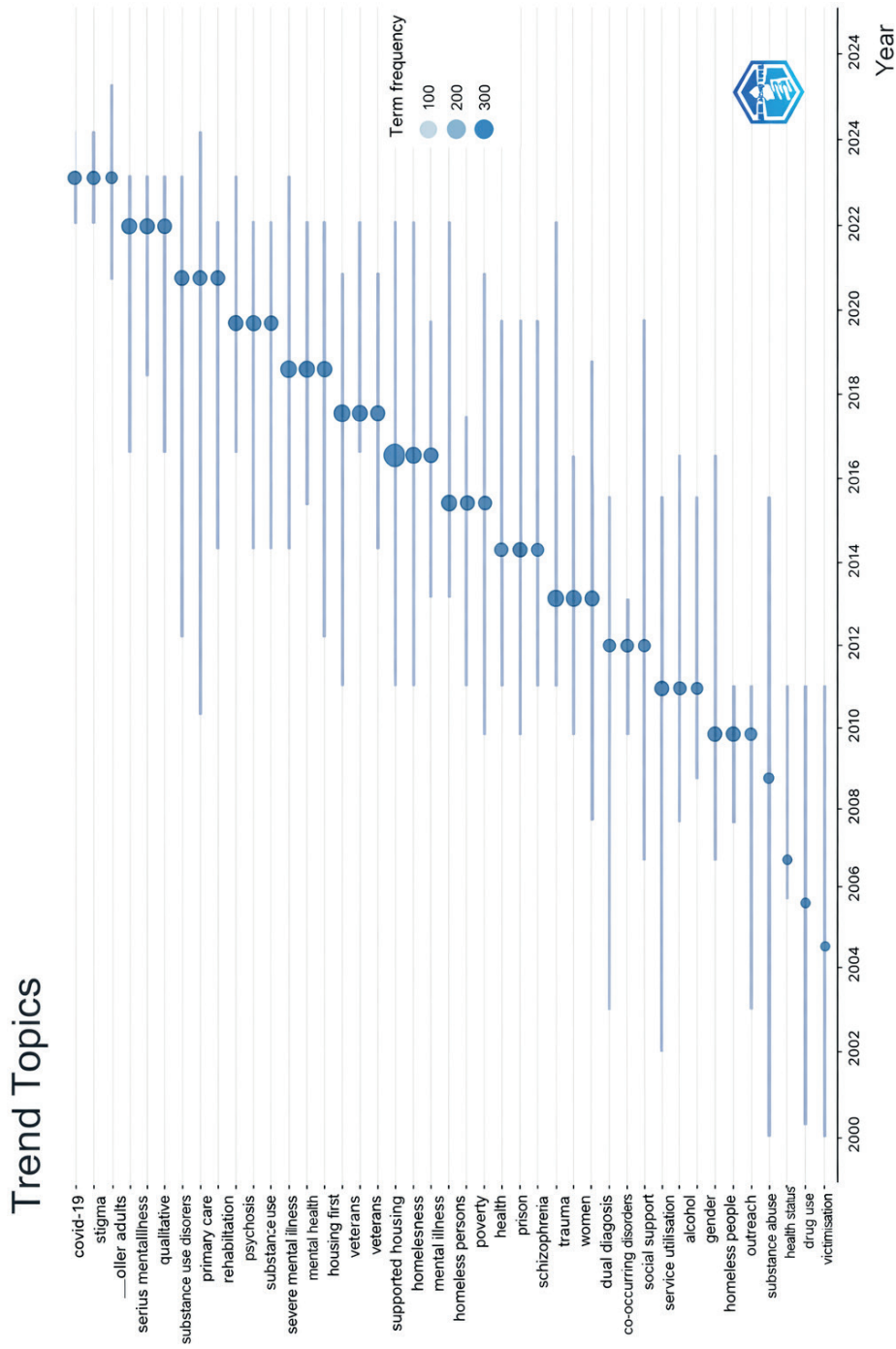


3.13. Trend topics

Figure 10 illustrates the evolution of key research topics related to homelessness and mental disorders over time, highlighting when specific terms first appeared and their frequency of use in scholarly literature. Early research from the 2000s concentrated on foundational issues such as dual diagnosis, co-occurring disorders, social support, alcohol, and substance abuse, indicating initial efforts to understand the complex, multifaceted nature of homelessness and mental health. By the early 2010s, interest expanded toward more nuanced concerns, including trauma, gender, schizophrenia, and recovery. At the same time, housing, housing first, and supported housing began to gain traction around 2015 as attention shifted toward intervention models and policy responses.

In the most recent years (2020–2025), the field has responded to new global and societal challenges. Terms such as COVID-19, stigma, and older adults have emerged, showing the field’s adaptability in addressing contemporary health crises and demographic shifts. The strong presence of terms like substance-use disorders, qualitative research, rehabilitation, and primary care signals ongoing interest in comprehensive care strategies and evidence-based research methods. Notably, high-frequency terms such as mental health, homelessness, and serious mental illness remain dominant and consistently relevant, underscoring their centrality in the discourse. The diversity of topics and the steady growth in term frequency reflect a field that is both expanding and deepening, engaging with both persistent challenges and evolving contexts.

Figure 10. The evolution of trend topics in homeless persons with mental disorders



4. Discussions

Based on the bibliometric analysis of the literature concerning the challenges and needs of homeless persons with mental disorders, several critical insights have emerged across 12 key analyses. The field has experienced steady growth in scholarly interest, particularly after 2010, with a noticeable peak from 2015 to 2021. The research is characterised by a moderate citation impact and strong author collaboration, although international co-authorship remains limited. Influential authors such as Vicky Stergiopoulos and Stephen W. Hwang have shaped the discourse through extensive work on community mental health and policy-based interventions. Journals like *Psychiatric Services* and *Community Mental Health Journal* serve as major publishing outlets, indicating a strong health policy and clinical orientation within the field.

Geographically, research output is concentrated in high-income nations, particularly the United States and Canada, which dominate both in volume and influence. Collaborative networks are structured into thematic clusters – controlled trials, mental illness, and PROMO studies – each reflecting varying levels of engagement across continents. The United States and the United Kingdom are central to global partnerships, while European countries exhibit strong regional cohesion in policy-focused research. The co-citation of journals and authors reveals deeply embedded intellectual traditions focusing on housing-first approaches, dual diagnosis, and community-based psychiatric care. Clusters dedicated to women, veterans, youth, and indigenous populations suggest increasing specialisation and a move toward inter-sectional research lenses.

Bibliographic coupling and co-occurrence analysis discern a mature but vibrant intellectual landscape. Landmark pieces by Gelberg, Padgett, and Tsemberis underpin central and policy-focused research, whereas new themes such as trauma-informed care, COVID-19, and indigenous mental health designate reactive avenues in research. Evolution maps of themes demonstrate a transformation from simple awareness of mental illness and homelessness to multi-component, rich interventions such as recovery, integrated care, and public health responses. Furthermore, investigations in this realm have expanded to address system-level issues, including discrimination, service access, and equity. Ongoing studies are adding broader sociopolitical dimensions to these frameworks.

Thematic mappings and trend analysis further demonstrate the dynamic nature of the research. While core themes like “mental health”, “homelessness”, and “substance use” take central stage, new themes like “COVID-19”, “indigenous”, and “older adults” have emerged, indicating a shift towards demographic- and crisis-responsiveness in studies. Despite growth, other avenues lack sufficient inquiry, particularly those involving low-income countries, youth mental health, incarceration, and veterans. These represent rich soil for future research. Overall, the study provides an interpretive synthesis of the research literature, enabling more strategic, evidence-informed responses to the complex overlap between homelessness and mental illness.

5. Research gaps and practical implications

Insights from thematic evolution, thematic map, and trend topics reveal multiple research gaps in the fields of homelessness and mental disorders. Although the field has matured significantly – from early conceptualisations of substance abuse and psychiatric illness to policy-aligned themes like “housing first” and “rehabilitation” – certain critical areas remain underexplored. Notably, topics such as incarceration, veterans, and youth mental health appear in the “emerging or declining themes” quadrant, indicating limited integration into the core research narrative despite their high social relevance. Additionally, settings like prisons, emergency departments, and rural health systems are mentioned sporadically but have not developed into sustained research agendas. The thematic evolution also reflects minimal engagement with digital health, technology-enabled interventions, or social determinants of health beyond basic demographics – suggesting a need to align the field with broader public health and innovation trends.

From a practical standpoint, this thematic gap signals important directions for future scholarship and policy planning. First, the continued emphasis on qualitative research and recovery models in trend topics suggests that practitioners need richer, context-sensitive evidence to tailor services effectively. Interventions must be more inclusive of intersectional vulnerabilities, including race, gender identity, age, and indigenous status, which are only recently beginning to gain traction. Policymakers should also support research that deepens the integration of trauma-informed care, stigma reduction, and interdisciplinary frameworks, particularly in underdeveloped yet essential domains such as youth mental health and criminal justice reform. Overall, the bibliometric insights urge a shift from reactive to preventive, community-rooted, and equity-oriented approaches, ensuring that service design and research reflect the complexity and diversity of lived experiences among homeless individuals with mental disorders.

6. Conclusion

This bibliometric analysis offers a comprehensive overview of the evolving research landscape on the challenges and needs of homeless persons with mental disorders. The findings highlight a steady growth in scientific output, increased international collaboration, and a shift toward integrated, recovery-oriented care models. However, several thematic areas – such as youth mental health, incarceration, and digital health interventions – remain underexplored. To address these gaps, future research should prioritise longitudinal and intersectional studies that focus on marginalised subpopulations. It is recommended that policymakers foster interdisciplinary collaborations that bridge mental health, housing, and criminal justice systems. Additionally, funding should support digital health innovations and culturally sensitive interventions to improve service accessibility. Strengthening the empirical foundation in these areas will enable the development of more inclusive, effective, and sustainable solutions for this highly vulnerable group.

7. Limitations of this study

While this study offers a comprehensive overview of the scholarship on the intersection of homelessness and mental disorders, the limitations should also be acknowledged. The analysis is limited to peer-reviewed scientific publications from the Scopus database, which was selected for its rigorous curation, reliable metadata, and compatibility with bibliometric tools. Reviews, articles and non-research articles were excluded to maintain a uniform dataset for the analysis. Moreover, the focus on publication in English may have resulted in underrepresentation of research from non-English-speaking regions. Future research could expand the linguistic scope and database sources and complement the findings of this study.

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Conflicts of Interest

The authors have no conflicts of interest to declare in writing this article.

References

- Abas, N., Hussin, H., Hardi, N.M., & Hashim, N. (2023). Exploring the interconnection of social media, mental health and youth: A bibliometric analysis. *Social and Management Research Journal*. <https://cyc-net.org/pdf/86230.pdf>
- Agac, G., Sevim, F., Celik, O., Bostan, S., Erdem, R., & Yalcin, Y.I. (2023). Research hotspots, trends and opportunities on the metaverse in health education: A bibliometric analysis. *Library Hi Tech*, ahead-of-print(ahead-of-print). <https://doi.org/10.1108/LHT-04-2023-0168>
- Agbo, F.J., Oyelere, S.S., Suhonen, J., & Tukiainen, M. (2021). Scientific production and thematic breakthroughs in smart learning environments: A bibliometric analysis. *Smart Learning Environments*, 8(1), 1. <https://doi.org/10.1186/s40561-020-00145-4>
- Ali, I., Balta, M., & Papadopoulos, T. (2022). Social media platforms and social enterprise: Bibliometric analysis and systematic review. *International Journal of Information Management*. <https://doi.org/10.1016/j.ijinfomgt.2022.102510>

- Alsharif, A.H., Salleh, N., & Baharun, R. (2020). Bibliometric analysis. *Journal of Theoretical and Applied Information Technology*, 98(15), 2948–2962. <https://www.jatit.org/volumes/Vol98No15/6Vol98No15.pdf>
- Archard, P. & Murphy, D. (2015). A practice research study concerning homeless service user involvement with a programme of social support work delivered in a specialized psychological trauma service. *Journal of Psychiatric and Mental Health Nursing*, 22(6), 360–370. <https://doi.org/10.1111/jpm.12229>
- Aubry, T., Goering, P., Veldhuizen, S., Adair, C.E., Bourque, J., Distasio, J., Latimer, E., Stergiopoulos, V., Somers, J., Streiner, D.L., & Tsemberis, S. (2016). A multiple-city RCT of housing first with assertive community treatment for homeless Canadians with serious mental illness. *Psychiatric services (Washington, D.C.)*, 67(3), 275–281. <https://doi.org/10.1176/appi.ps.201400587>
- Bales, M.E., Wright, D.N., Oxley, P.R., & Wheeler, T.R. (2020). *Bibliometric visualization and analysis software: State of the art, workflows, and best practices*. <https://ecommons.cornell.edu/server/api/core/bitstreams/219b1669-f309-4536-a28e-f068079a66f7/content>
- Barry, R., Anderson, J., Tran, L., Bahji, A., Dimitropoulos, G., Ghosh, S.M., Kirkham, J., Messier, G., Patten, S.B., Rittenbach, K., & Seitz, D. (2024). Prevalence of mental health disorders among individuals experiencing homelessness: A systematic review and meta-analysis. *JAMA Psychiatry*, 81(7), 691. <https://doi.org/10.1001/jamapsychiatry.2024.0426>
- Bell, M. & Walsh, C. (2015). Finding a Place to Belong: The Role of Social Inclusion in the Lives of Homeless Men. *The Qualitative Report*, 20, 1974–1994. <https://nsuworks.nova.edu/tqr/vol20/iss12/4/>
- Chwastiak, L., Tsai, J., & Rosenheck, R. (2012). Impact of health insurance status and a diagnosis of serious mental illness on whether chronically homeless individuals engage in primary care. *American Journal of Public Health*, 102(12). <https://doi.org/10.2105/AJPH.2012.301025>
- Desai, M.M. & Rosenheck, R.A. (2005). Unmet need for medical care among homeless adults with serious mental illness. *General hospital psychiatry*, 27(6), 418–425. <https://doi.org/10.1016/j.genhosppsy.2005.06.003>
- Ding, X. & Yang, Z. (2022). Knowledge mapping of platform research: A visual analysis using VOSviewer and CiteSpace. *Electronic Commerce Research*, 1–23. DOI:10.1007/s10660-020-09410-7
- Fahamsyah, M.H., Mawardi, I., Laila, N., & Shabbir, M.S. (2023). Global Islamic banking development: A review and bibliometric analysis using R-Biblioshiny application. *Muqtasid: Jurnal Ekonomi Dan Perbankan Syariah*, 14(1), 69–92. DOI:10.18326/muqtasid.v14i1.69-92
- Fleisch, S. & Kelly, A. (2014). Street Psychiatry as a Community Rotation for Residents: The UNC Homeless Support Program. *Academic Psychiatry*, 38, 246–247. <https://doi.org/10.1007/s40596-014-0071-5>
- Gavel, Y. & Iselid, L. (2008). Web of Science and Scopus: A journal title overlap study. *Online Information Review*, 32(1), 8–21. DOI: 10.1108/14684520810865958
- González-Sanguino, C., Sánchez-Iglesias, I., Vaquero, C., Guillén, A., Muñoz-Lara, I., Zamorano, S., Muñoz, M., Sáiz, J., & Salazar, M. (2022). The stigma of mental health, homelessness and intellectual disability, development of a national stigma survey with an

- intersectional gender perspective. *International Journal of Clinical Trials*. <https://doi.org/10.18203/2349-3259.ijct20222689>
- Grigg, S. & Johnson, G. (2007). *Mental Health and Homelessness or Homelessness and Mental Health*. <https://consensus.app/papers/mental-health-and-homelessness-or-homelessness-and-mental-grigg-johnson/936986afe9935f57a1c3220294f1686e/>
- Hanlon, C., Smartt, C., Mutiso, V.N., Yaro, P., Misganaw, E., Read, U., Mayston, R., Birhanu, R., Dako-Gyeke, P., Ndetei, D.M., Asher, L., Repper, J., Eaton, J., Chua, K., Fekadu, A., Tsigebrhan, R., Ashaley Fofu, C., Kariuki, K., Rai, S., ... Alem, A. (2025). Improving outcomes for people who are homeless and have severe mental illness in Ethiopia, Ghana and Kenya: Overview of the HOPE programme. *Epidemiology and Psychiatric Sciences*, *34*, e26. <https://doi.org/10.1017/S2045796025000186>
- Harzing, A.W. & Alakangas, S. (2016). Google Scholar, Scopus and the Web of Science: A longitudinal and cross-disciplinary comparison. *Scientometrics*, *106*, 787–804. <https://doi.org/10.1007/s11192-015-1798-9>
- Padgett, D.K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science & Medicine*, *64*(9), 1925–1936. <https://doi.org/10.1016/j.socscimed.2007.02.011>
- Tsemberis, S. (2014). Evidence-based values in housing and treatment. *Psychiatric services (Washington, D.C.)*, *65*(3), 277. <https://doi.org/10.1176/appi.ps.650304>
- Yang, J., Cheng, C., Shen, S., & Yang, S. (2017). Comparison of complex network analysis software: Citespace, SCI2 and Gephi. *2017 IEEE 2nd International Conference on Big Data Analysis (ICBDA)*, 169–172. <https://doi.org/10.1109/ICBDA.2017.8078800>
- John, J., Joseph, M., Joseph, S., Jacob, G., Rose, N., & Thomas, S. (2024). Insurtech research dynamics: A bibliometric review of technological innovations in insurance. *Multidisciplinary Reviews*, *7*(12), 2024288. <https://10.31893/multirev.2024288>
- Kerman, N. & Stergiopoulos, V. (2024). Addressing health needs in people with mental illness experiencing homelessness. *Nature Mental Health*. <https://doi.org/10.1038/s44220-024-00218-0>
- Komperda, R. (2017). Likert-type survey data analysis with R and RStudio. In *ACS Symposium Series* (1260, 91–116). <https://doi.org/10.1021/bk-2017-1260.ch007>
- Kowaleski, B. (2013). *Best Practices Regarding Homelessness and Mental Illness*. <https://consensus.app/papers/best-practices-regarding-homelessness-and-mental-illness-kowaleski/c07ce539047d510cbb54d844126c131d/>
- Kushel, M.B., Perry, S., Bangsberg, D., Clark, R., & Moss, A.R. (2002). Emergency department use among the homeless and marginally housed: results from a community-based study. *American journal of public health*, *92*(5), 778–784. <https://doi.org/10.2105/ajph.92.5.778>
- Kumar, R., Saxena, S., Kumar, V., Prabha, V., Kumar, R., & Kukreti, A. (2024). Service innovation research: A bibliometric analysis using VOSviewer. *Competitiveness Review: An International Business Journal*, *34*(4), 736–760. DOI:10.1108/CR-01-2023-0010
- Kuno, E., Wong, Y., Min, S., & Rothbard, A. (2004). Long-term effectiveness of the ACCESS program in linking community mental health services to homeless persons with serious mental illness. *The Journal of Behavioral Health Services & Research*, *31*, 441–449. <https://doi.org/10.1007/BF02287695>

- Law, L., Mercado, M., Ferguson-Colvin, K., & Wolfersteig, W. (2024). Intersectional structural stigma: A qualitative study with persons experiencing homelessness in the Southwest United States. *Qualitative Health Research*, 34, 1272–1285. <https://doi.org/10.1177/10497323241239209>
- Li, J., Mao, Y., Ouyang, J., & Zheng, S. (2022). A review of urban microclimate research based on CiteSpace and VOSviewer analysis. *International Journal of Environmental Research and Public Health*, 19(8), 4741. <https://doi.org/10.3390/ijerph19084741>
- Marçal, K. (2016). A theory of mental health and optimal service delivery for homeless children. *Child and Adolescent Social Work Journal*, 34, 349–359. <https://doi.org/10.1007/s10560-016-0464-2>
- Martens, W. (2001). Homelessness and mental disorders. *International Journal of Mental Health*, 30, 79–96. <https://doi.org/10.1080/00207411.2001.11449534>
- Mathew, L., Govindan, V.M., Jayakumar, A., Unnikrishnan, U., & Jose, J. (2024). The evolution of financial technology: A comprehensive bibliometric review of robo-advisors. *Multidisciplinary Reviews*, 7(11), 2024274. <https://10.31893/multirev.2024274>
- Narendorf, S. (2017). Intersection of homelessness and mental health: A mixed methods study of young adults who accessed psychiatric emergency services. *Children and Youth Services Review*, 81, 54–62. <https://doi.org/10.1016/J.CHILDYOUTH.2017.07.024>
- Nibin, P., Yohannan, S., Elangovan, A., Sriramalu, S.B., Joseph, S., Paramasivam, R., & Haridas, H. (2021). Family Reintegration of a Homeless Person through Case Management Approach: A Case Report from a Community Mental Health Centre. *Journal of Psychosocial Rehabilitation and Mental Health*, 8, 317–325. <https://doi.org/10.1007/s40737-021-00224-w>
- Okereke, O., Arisoyin, A., Mamman, A., Anombem, O.M., Salawu, M., Okobi, O., & Oaikhena, I. (2023). A review of the impact of homelessness on mental health. *Journal of Advances in Medicine and Medical Research*. <https://doi.org/10.9734/jammr/2023/v35i175099>
- Oudshoorn, A., Anderson, K., Marshall, C., Stuart, H., & Adu, J. (2021). Social contact: Next steps in an effective strategy to mitigate the stigma of mental illness. *Issues in Mental Health Nursing*, 43, 485–488. <https://doi.org/10.1080/01612840.2021.1986757>
- Park, W., D'Olympia, J., Kearns, J., Siddiq, J.D., Seed, R., & Hooshyar, D. (2025). Homeless outreach: Framework, influencers, and best practices. *Illness, Crisis & Loss*. <https://doi.org/10.1177/10541373251316261>
- Pearson, G. & Linz, S. (2011). Linking homelessness with mental illness. *Perspectives in Psychiatric Care*, 47(4), 165–166. <https://doi.org/10.1111/j.1744-6163.2011.00317.x>
- Ponnuchamy, L., Conger, L., Jagannathan, A., Amudhan, S., Thirthalli, J., & Breuer, E. (2024). Development and validation of a supported housing programme for homeless women with severe mental illness. *Social Psychiatry and Psychiatric Epidemiology*. <https://doi.org/10.1007/s00127-024-02797-w>
- Priebe, S., Matanov, A., Barros, H., Canavan, R., Gabor, E., Greacen, T., Holcnerova, P., Kluge, U., Nicaise, P., Moskalewicz, J., Diaz-Olalla, J.M., Strassmayr, C., Schene, A.H., Soares, J.J.F., Tulloch, S., & Gaddini, A. (2013). Mental health-care provision for marginalized groups across Europe: Findings from the PROMO study. *The European Journal of Public Health*, 23(1), 97–103. <https://doi.org/10.1093/eurpub/ckr214>

- Racine, J.S. (2012). *RStudio: A platform-independent IDE for R and Sweave*. JSTOR. <https://www.jstor.org/stable/41337225>
- Rea, J. (2022). Social relationships, stigma, and wellbeing through experiences of homelessness in the United Kingdom. *Journal of Social Issues*. <https://doi.org/10.1111/josi.12572>
- Seager, M. (2011). Homelessness is more than houselessness: A psychologically-minded approach to inclusion and rough sleeping. *Mental Health and Social Inclusion*, 15, 183–189. <https://doi.org/10.1108/20428301111186822>
- Sulkowski, M. & Michael, K. (2014). Meeting the mental health needs of homeless students in schools: A Multi-Tiered System of Support framework. *Children and Youth Services Review*, 44, 145–151. <https://doi.org/10.1016/J.CHILDYOUTH.2014.06.014>
- Thangavel, P. & Chandra, B. (2023). Two decades of M-Commerce consumer research: A bibliometric analysis using R Biblioshiny. *Sustainability*, 15(15), 11835. <https://doi.org/10.3390/su151511835>
- The Lancet Global Health. (2020). Mental health matters. *The Lancet Global Health*, 8(11), e1352. [https://doi.org/10.1016/S2214-109X\(20\)30432-0](https://doi.org/10.1016/S2214-109X(20)30432-0)
- Unger, J.B., Kipke, M.D., Simon, T.R., Johnson, C.J., Montgomery, S.B., & Iverson, E. (1998). Stress, coping, and social support among homeless youth. *Journal of Adolescent Research*, 13(2), 134–157. <https://doi.org/10.1177/0743554898132003>
- Van Eck, N.J. & Waltman, L. (2010). Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics*, 84(2), 523–538. <https://doi.org/10.1007/s11192-009-0146-3>
- Waghmare, P. (2021). Bibliometric analysis of global research trends on e-waste management from Scopus database seen through Biblioshiny. In *Library Philosophy and Practice* (2021, 1–16).
- Wang, X.Q., Wei, D., Liu, Y.L., Wu, C.L., Ji, K., Wei, J.Q., & Yang, K.H. (2014). Application of PRISMA statement: A status-quo survey. *Chinese Journal of Evidence-Based Medicine*, 14(9), 1160–1164. <https://doi.org/10.7507/1672-2531.20140187>
- White, J., Rafla-Yuan, E., Handunge, V., & Castillo, E. (2024). Housing, homelessness, and mental health. *Psychiatric Annals*. <https://doi.org/10.3928/00485713-20240618-02>
- Xie, M. & Li, S. (2020). Bibliometric and visualized analysis of visual brand identity of sports team based on web of science and CiteSpace. In *Advances in Intelligent Systems and Computing* (1190, 171–181). https://doi.org/10.1007/978-3-030-49829-0_13
- Ye, C. (2018). *Bibliometrical analysis of international big data research: Based on citespace and vosviewer* (927–932). DOI:10.1109/FSKD.2018.8687153
- Zaykowski, H., Guevermont, N., Siegfriedt, J., Modzelewski, D., Kane, V., Sawh, L., Tsemberis, S., & Smelson, D. (2016). Integrating permanent supportive housing and co-occurring disorders treatment for individuals who are homeless. *Journal of Dual Diagnosis*, 12, 193–201. <https://doi.org/10.1080/15504263.2016.1174010>