The purpose of this study is to identify differences between older and younger homeless subgroups. Nine hundred homeless persons were interviewed using the National Institute of Mental Health Diagnostic Interview Schedule, and DSM-III-R diagnoses were made. Results showed that 79 (13%) of the 600 men and 10 (3%) of the 300 women were in the older (age ≥ 50 years) group. Compared with their younger counterparts, older subjects were more likely to be male and white, to report lower incomes and poorer health, and to meet criteria for lifetime alcohol-use disorder. Fewer older than younger subjects met criteria for lifetime drug use disorder and post-traumatic stress disorder. These findings suggest that older and younger individuals have different vulnerabilities to homelessness.

Key Words: Homelessness, Aging, Substance use disorder

Psychiatric Disorders Among the Homeless: A Comparison of Older and Younger Groups

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Early studies of the homeless population described predominantly older white male alcoholics living in cheap hotels on skid row (Anderson, 1923; Pollack, 1975; Strauss, 1946). Since the early 1980s, homelessness has become much more visible in society, with growing numbers of homeless people living in shelters and on the streets (Rossi, 1990). A recent influx of "new homeless" differs from the "old homeless" of past decades in that they are younger, more likely to be minorities, and in greater poverty (Rossi, 1990). Also, women and children are found in increasing numbers and are the fastest growing subgroup of the homeless population (Bassuk, Rubin, & Lauriat, 1986; Burt & Cohen, 1989; Wood, Valdez, Hayashi, & Shen, 1990).

The most prevalent psychiatric disorders found in homeless populations are substance use disorders (Breakey et al., 1989; Fischer, Shapiro, Breakey, Anthony, & Kramer, 1986; Herrman, McGorry, Bennett, van Riel, & Singh, 1989; Koegel, Burnham, & Farr, 1988; Smith, North, & Spitznagel, 1992, 1993; Snow, Baker, Anderson, & Martin, 1986; Spinner & Leaf, 1992; Susser, Stuening, & Conover, 1989; Welte & Barnes, 1992), ranging from 31% in a sample of women (Smith et al., 1993) to 75% in two different samples of men (Breakey et al., 1989; Smith et al., 1992). Substance use disorders are thought to constitute important risk factors for homelessness (Castaneda, Lifshutz, Galanter, & Franco, 1993; Koegel & Burnham, 1988; Robertson, 1991; Susser, Lin, & Conover, 1991; Weitzman, Knickman, & Shinn, 1992; Welte & Barnes, 1992) and especially chronic homelessness (Caton, Wyatt, Felix, Grunberg, & Dominguez, 1993; Wenzel et al., 1993; Winkleby, Rockhill, Jatulis, & Fortmann, 1992).

Although recent work has expanded our understanding of the homeless population, one subgroup of the homeless that continues to be relatively neglected in the literature is older homeless people. Estimates of the proportion of individuals aged 50 and older in the homeless population range from 15% to 28% in shelter samples (Aging Health Policy Center, 1985) and up to 50% in street samples (Coalition for the Homeless, 1984). These percentages point to the importance of this problem and suggest a need for specific interventions.

A few studies have examined demographic, social, and medical characteristics of elderly homeless persons. Cohen, Teresi, and Holmes (1988a; Cohen, Teresi, Holmes, & Roth, 1988c) compared 281 homeless older men living in the Bowery in New York City with age-matched controls in the community. The homeless group scored much worse on all physical health items, especially respiratory ailments, gastrointestinal problems, edema, hearing problems, and hypertension (Cohen et al., 1988c). In a comparison study of older and younger homeless adults, Gelberg, Linn, and Mayer-Oakes (1990) found that older homeless people were more likely to be white, veterans, retired, living in a vehicle, and reporting chronic disease, functional disabilities, and lack of informal social contacts.

Cohen observed that men of approximately age 50 living in the Bowery looked and acted like men 10 to 20 years older, and thus labeled the group over age 50 in the homeless population as "elderly" (Cohen et
Teresi, and Holmes (1988b) examined the prevalence of mental illness in elderly homeless men in the Bowery in New York City. Using nondiagnostic symptom scales, he ascertained that one third of these men were clinically depressed, and that 23% were psychotic or had had a prior psychiatric hospitalization (Cohen et al., 1988b). Cohen's data did not differentiate between symptoms due to alcohol or to schizophrenia, an important distinction in the homeless population. Gelberg et al. (1990) found that older homeless people, compared to younger homeless groups, were less likely to have psychotic symptoms, drink alcohol frequently, or use illegal drugs. Again, no criteria-based diagnoses were made.

Herrman, McGorry, Bennett, and Singh (1990) found that homeless adults age 55–60 had a higher lifetime rate of substance-related disorders compared to homeless adults age 35–44, who had a higher rate of psychotic disorders (Herrman et al., 1990). Alcohol use disorders were not separated from drug abuse disorders in this study. This distinction is important, because the Epidemiological Catchment Area (ECA) study found that rates of drug use disorders, but not alcohol disorders, were disproportionately elevated in younger compared to older cohorts (Anthony & Helzer, 1991; Helzer, Burnam, & McEvoy, 1991). In a sample of 328 homeless individuals (96% male), Koegel et al. (1988) compared the 18–30-year-old age group with the 41–69-year-old age group. Using the Diagnostic Interview Schedule (DIS; Robins, Helzer, Croughan, Williams, & Spitzer, 1981), they assigned DSM-III diagnoses. Compared to the older group, the younger group had a significantly higher rate of current alcohol abuse/dependence (76% vs 51%) and a lower rate of lifetime drug abuse/dependence (18% vs 39%).

Aside from these few studies, the literature contains virtually no information about psychiatric disorders in the currently elderly homeless population. The present study presents analyses of data collected from interviews of 900 homeless persons in St. Louis (North & Smith, 1993). The purpose of these analyses was to identify differences between older and younger homeless subgroups. The methodological strengths of the study include a large sample size, random sampling techniques of both shelters and street locations, and structured diagnostic interviews using the Diagnostic Interview Schedule/Homeless Supplement (DIS/HS).

Methods

Sample

Data used in this study were collected as part of a larger epidemiologic study of the homeless; therefore, details of the sampling methods are discussed in greater detail elsewhere (Smith, North, & Spitznagel, 1991; Smith et al., 1992, 1993). The sample of homeless men and women was drawn from all overnight and daytime shelters located in the city of St. Louis that serve the homeless, as well as locations on the street or other public areas where the homeless are known to congregate. For this study subjects were considered homeless if they had no stable residence and were living in a public shelter or in an unsheltered location without a personal mailing address, such as on the streets, in a car, in an abandoned building, or in a bus station. Subjects staying in welfare hotels were also included if they had been there for less than 30 days. Marginally housed persons such as those doubled up with friends or relatives or living in single-room occupancy facilities were not included in the sample. Sampling was also attempted from street locations, and although there were plenty of homeless men on the streets, homeless women were not available for interview from these locations.

Because each night shelter and day center tended to attract a slightly different subpopulation of the homeless, sampling was conducted proportionally to the numbers of persons in the various programs. The number of persons was estimated using information about the average census as provided by each center. The list of shelters and day centers was randomized, and a set of random numbers was generated by computer to select subjects from the daily log of residents occupying beds in the night shelters or attending the day centers. This random sampling procedure provided a sample that is believed to be truly representative of homeless men and women in St. Louis who utilize shelters and day centers. Interviewing was conducted at the various sites at different times during each month of interviews.

The majority (70%) of the 600 male subjects and all of the 300 women were sampled from shelters. From overnight shelters, 195 men and 251 women were interviewed; 150 men and 29 women were interviewed from day centers; 76 men were sampled from specialized rehabilitation programs; and 20 women were sampled from 24-hour emergency shelters.

The remaining male subjects (n = 179) were recruited from the streets, parks, and other public areas. This was accomplished using walking and driving routes developed for systematic sampling of the "street" population. A computer program randomized the order of routes and the block of a particular route where screening for potential subjects was to commence, and the routes were always covered in a clockwise direction. Interviewers identified homeless men on the street by approaching men who appeared as though they could be homeless and asking them a few questions about where they stayed last night and whether they had a regular address and place to live. Fifty-eight percent of those approached were determined to be homeless by our definition and were thus considered eligible for our study. More detail of the street sampling methods utilized in this study is provided elsewhere (Smith et al., 1991).
Interviewing proceeded to completion in 12 months, which allowed the sampling of study subjects throughout all four seasons. Approximately the same number of interviews were completed each month. All interviewing was conducted by professionally trained interviewers, and interviews lasted two hours on average. Prior to the inception of this study, approval was obtained from the Human Studies Committee of Washington University, and informed consent was obtained from all subjects prior to their interviews. Subjects received $10.00 for their participation. The completion rate for the men was 91% and for the women was 96%. Nonresponse was random and was not associated with key variables under study.

Instruments

The Diagnostic Interview Schedule/Homeless Supplement (DIS/HS) was used in this study. The DIS (Robins, Helzer, Cottler, & Goldring, 1989) provided DSM-III-R lifetime diagnoses, including schizophrenia, bipolar disorder, major depression, generalized anxiety disorder, panic disorder, post-traumatic stress disorder, organic mental disorder, antisocial personality disorder, conduct disorder, alcohol abuse/dependence, and drug abuse/dependence. Onset and recency information was obtained for all symptoms except those of post-traumatic stress disorder, organic mental disorder, and conduct disorder. The Homeless Supplement (HS) was designed for use in this study and it included questions about the subjects' homeless experience and demographic variables.

Data Analysis

The sample was divided into "older" and "younger" groups, with the older group defined as individuals 50 years of age or older (n = 89). Data used in this study was collected as part of a larger epidemiologic study of the homeless; the total number of older subjects was somewhat low because they were not oversampled. Rates are reported as percentages. Chi-square tests were performed in analyses comparing dichotomous variables. If expected counts in cells were 5 or less, then Fisher's exact tests were performed. Linear regressions were performed for prediction of continuous variables. Tables contain occasional missing data on some variables; this nonresponse occurred randomly and was unassociated with key variables.

Results

Only 79 (13%) of the 600 men and 10 (3%) of the 300 women were in the older (age ≥ 50 years) group. Mean age of the younger group was 31.0 ± 7.3, with a range of 18 to 49. Mean age of the older group was 57.1 ± 6.9, with a range of 50 to 82. Table 1 compares younger with older individuals on demographic variables. Compared to their younger counterparts, the older group comprised significantly more men and significantly fewer African Americans. Few subjects were married, and a little over half the sample had completed high school, with no significant group differences on these two variables. The two groups did not differ in the percentage reporting current employment; older respondents, however, were more likely than younger subjects to have ever worked (100% vs 89%, χ² = 8.5, df = 1, p = .004 [not shown in a table]). Significantly fewer older (56%) than younger (73%) respondents reported working in the last year (χ² = 9.8, df = 1, p = .002). More older (69%) than younger (55%) subjects reported a total income of $4,000 or less in the last year (χ² = 4.6, df = 1, p = .031). Older respondents were more likely than their younger counterparts to report their physical health as only "fair" or "poor" (59% vs 33%, χ² = 20.1, df = 1, p < .001). Older women (10%) were significantly less likely to have children in their physical custody compared to younger (69%) women (χ² = 15.5, df = 1, p = .000). Only three (<1%) of the men had children in their physical custody.

Table 2 shows lifetime prevalence rates of psychiatric diagnoses. The most prevalent disorders were...
alcohol abuse or dependence, drug abuse or dependence, post-traumatic stress disorder, major depression, and antisocial personality. Significantly more older than younger respondents met criteria for lifetime (73% vs 45%) alcohol use disorder. Significantly more younger than older respondents met lifetime criteria for drug use disorder (36% vs 16%) and post-traumatic stress disorder (25% vs 13%). Older and younger groups did not differ on rates of any other lifetime individual diagnoses. No differences were found between younger and older groups in the proportion positive for one or more lifetime nonsubstance Axis I disorders.

Table 3 shows lifetime rates of alcohol and drug diagnoses separately by age, gender, and race. Both nonwhite and white older men had higher rates of alcohol diagnoses than their younger same-race counterparts, although the difference was statistically significant only for nonwhites. In contrast, both nonwhite and white younger men had higher rates of drug diagnoses than their older same-race counterparts, the difference being statistically significant only for whites. No significant differences were found in rates of substance use disorders between older and younger women.

When alcohol and drug disorders were combined into one variable for substance abuse or dependence, the race differences within the age by gender subgroups disappeared. Older men showed a nonsignificantly higher rate of substance use disorder (83%) compared with younger men (73%, \( \chi^2 = 3.3, df = 1, p = .069 \)). The vast majority of subjects with any other psychiatric diagnosis (89% of older and 73% of younger subjects with a diagnosis) also had a substance use disorder.

Additional analyses were carried out to determine whether group differences were due to age or cohort effects. Age and a dichotomous variable for cohort (< 50 vs ≥ 50) were used as covariate independent predictors of variables of interest. In these analyses, age \((p = .002)\) overrode cohort \((p = .073)\) in association with gender, but both cohort \((p = .008)\) and age \((p = .0001)\) independently predicted nonwhite race. Age \((p = .0001)\) overwhelmed cohort \((p = .634)\) in prediction of alcohol use disorder, but not drug use disorder \((p = .0003\) for cohort, \(p = .154\) for age). Neither cohort nor age significantly predicted post-traumatic stress disorder (PTSD) in covariate analyses.

When men and women were analyzed separately, the apparent older cohort association with alcohol use disorder in men disappeared with addition of age into the model as a covariate. However, age was also not significantly associated with alcohol use disorder in the combined model for men (cohort \(p = .372,\) age \(p = .054\)). Younger cohort association with drug use disorder in men remained significant when age was added to the model, but age was not significantly associated with drug use disorder (cohort \(p = .002,\) age \(p = .980\)).

**Discussion**

This study identified a small but under-recognized subgroup of older homeless individuals (13% of men and 3% of women) in the homeless population studied in St. Louis. These rates are lower than those reported previously (Aging Health Policy Center, 1985). These lower rates and the careful attention to random and representative sampling in the current study argue in favor of the lower estimates.

Although their ranks are relatively smaller compared to the larger homeless population, the older homeless subgroup has been found to have important differences compared to the younger homeless majority. As in previous studies, the older subjects were more likely to be male and white, had lower incomes than their younger counterparts, and complained of worse health. The majority of younger women had children in their physical custody, but very few older women and almost no men did. Of course, there is an age effect associated with several of these variables; for example, older women are less likely to have children with them simply because they are so far beyond their childbearing years.

In contrast to previous studies, no significant dif-
The data indicate, however, that older homeless were found in overall rates of non-substance Axis I psychiatric disorders. The current study, unlike many previous studies, examined alcohol and drug use disorders separately from one another, rather than constrained within a combined substance abuse variable. This allowed the emergence of more distinct profiles of alcohol and drug use disorders in older homeless people. Older homeless men had higher rates of alcohol use disorders and lower rates of drug use disorders than their younger counterparts. Four out of five older homeless men were alcoholic, and nearly half of the younger men had a drug use disorder. The rates of alcohol and drug use disorders in this study are consistent with those of the Koegel et al. (1988) study of a random sample of older and younger homeless persons interviewed with the DIS.

When covariate analyses were carried out, it was found that the apparent cohort difference in alcohol use disorder was due to general age effects only. On the other hand, drug use disorder was found to be cohort-related, independently of the general effects of age.

The findings suggest that older homeless individuals have needs for services especially in three domains: psychiatric, substance abuse, and medical treatment. Although non-substance Axis I disorders were not the most prevalent disorders found in the older group, they were still present in more than one third of the older population, indicating as great a need for psychiatric services as in younger homeless groups. Treatment of these psychiatric disorders will, unfortunately, often be complicated by comorbid substance use disorders, particularly alcoholism among older homeless men. Overall, nine out of ten older men with a psychiatric diagnosis also have a substance abuse history. The findings support targeting alcohol treatment in programs especially for the older homeless and drug treatment along with alcohol treatment for the younger homeless subgroups. The data indicate, however, that older homeless people have not been immune to the cocaine epidemic. These factors may further contribute to the higher proportion of minorities and women in the younger-homeless subgroup. Alcohol and drug use disorders, in concert with other psychiatric disorders and various social problems, may interact to produce heightened vulnerability to homelessness within individuals.

Because age cohorts were not followed over time in this study, no comparisons can be made between the "old homeless" of past decades and the "new homeless," but rather between current younger and older age groups. It appears, however, that the current older homeless population, although not the same cohort, retains many of the same characteristics as Rossi's (1990) stereotypic "old homeless" population of the 1950s and 1960s: older white alcoholic men.

That a subtype of older homeless individuals with similar characteristics becomes more understandable in light of the above hypothesis that homelessness is a severe outcome of alcohol and drug use disorders variably interacting with social problems. The hypothesis also leads to speculation about characteristics of future homeless populations. If the hypothesis is correct, then one would expect homeless populations in the future to evidence similar rates of alcohol and drug use disorders in older and younger subgroups, unless effective treatments for these disorders are designed and implemented on a wide scale or some other agent of change produces widespread effects on these problems in the general population.


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