

# Exploring Mental Health Issues Among the Homeless in Malaysia: A Focus on Anxiety and Depression

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## ABSTRACT

Mental health has become an increasingly significant focus in both research and healthcare. It encompasses an individual's psychological well-being, including emotional regulation, stress management, and the ability to effectively navigate daily life. This study centers on the mental health of homeless individuals, a population particularly vulnerable to psychological challenges due to the extreme pressures they face and the absence of stable housing. Homelessness is characterized by a lack of permanent accommodation, with individuals often exposed to risk factors such as poverty, unemployment, and social isolation. As such, this article aims to explore the mental health situation of the homeless, drawing upon findings from previous studies. The existing body of research highlights that the mental health conditions of the homeless are alarming and demand urgent attention. Key contributing factors include economic hardship and emotional stress, which significantly exacerbate the mental health struggles of this group. This article specifically focuses on two prevalent mental health issues, anxiety and depression, within the context of homelessness. Through an examination of past research, the study aims to shed light on the complex interplay of factors that contribute to the heightened mental health challenges faced by the homeless population.

**Keywords:** Mental Health, Homeless, Anxiety, Depression, Malaysia

## INTRODUCTION

Homelessness refers to individuals whose employment or place of residence is unstable and uncertain, often lacking permanent accommodation or a fixed place of work. The National Survey of Homeless Assistance Providers and Clients (NSHAPC) (2022) defines homelessness as a group of people residing in emergency shelters or transitional housing programs. Homeless individuals are often seen as beggars in certain areas, which can indirectly cause concern among those visiting such places. Generally, the homeless population consists of various groups, regardless of age, including men, women, youth, the elderly, and children. These individuals, living in public spaces or certain areas, are typically in unhygienic conditions and may be susceptible to dangerous diseases, including infectious ones. This situation poses significant risks to the surrounding community.

The issue of homelessness is frequently highlighted in newspapers, electronic media, and social media platforms, with numerous factors contributing to this pressing social concern, one of the most significant being poverty. Alaudin (2014) suggests that individuals with low income face a heightened risk of homelessness, and generational poverty, or the "culture of poverty," can perpetuate this cycle across generations. A significant proportion of society, particularly in urban areas like Kuala Lumpur, struggles with the high cost of living, rendering them unable to achieve stability, which in turn leads to homelessness. Furthermore, discrimination and societal stigma exacerbate the challenges faced by the homeless, restricting

their opportunities for self-improvement and perpetuating their state of deprivation (Nurmahfuzah et al., 2022). Alongside these socio-economic factors, homelessness is intrinsically linked to health issues.

Dorien (2009) highlights that homelessness is closely associated with serious health concerns, particularly as a result of poverty. Homeless individuals often face both physical and mental health problems, but their immediate focus is survival, primarily centered around securing food, which leads to the neglect of their overall health. While non-governmental organizations (NGOs) provide support for physical health issues, mental health assistance remains insufficient, despite its critical importance in preventing severe depression and helping individuals cope with the challenges of their circumstances. In the Malaysian context, Nazirah Hassan (2022) points out that organizations such as Pertubuhan Kebajikan Ar-Riqab offer essential aid, including medication and healthcare services. However, mental health issues among the homeless continue to be largely overlooked, necessitating more focused attention on addressing their psychological well-being.

## LITERATURE REVIEW

### The Concept of Homelessness

In general, homelessness is classified as individuals without a home, based on the housing scope of a particular country. However, in reality, there is no precise and specific definition that can accurately describe homelessness in Malaysia. According to the Kamus Dewan Bahasa dan Pustaka (2010), homelessness refers to individuals who do not have a permanent residence and whose employment is unstable. Homelessness is also a pressing issue in Malaysia. The Stewart B. McKinney Homeless Assistance Act of 1987 (Stewart B. McKinney, 1987) defines a homeless individual as someone who lacks a permanent residence and sufficient accommodation during night time. This issue is not foreign to Malaysia, as homelessness is a global phenomenon affecting both developed and developing nations.

According to the United Nations Human Rights Council (UNHRC), it is estimated that there are approximately 100 million homeless people worldwide. For Malaysian society, this issue is not a new or short-term concern but rather a long-standing challenge in both urban and rural areas. Consequently, various societal stigmas have emerged regarding the homeless population. The homeless are the result of numerous factors in their lives, both negative and positive. These individuals are often found in public spaces such as sidewalks, alleyways, and under bridges, and are frequently discussed within society, with many believing they should not be approached due to their perceived status as beggars and their often unkempt appearance. The homeless can be of any age, from children to the elderly, and they have increasingly become a subject of discourse, especially as homelessness continues to proliferate. It can be argued that many homeless individuals congregate in major cities like Kuala Lumpur, Johor Bahru, and Penang, possibly because the urban environment influences their ability to survive.

In general, homeless people and beggars are distinct due to their differing situations. Homelessness refers to individuals living in conditions that do not align with societal norms, lacking permanent housing or stable employment, while beggars are individuals who seek income through asking for charity in public spaces. While many people mistakenly equate the homeless with beggars, they are fundamentally different. Nik Safiyah Nik Abdul Karim and Jamilah Adam (2007) argue that many people criticize the homeless for being lazy and unwilling to work, even though many of them come from rural areas seeking employment in the city, only to be deceived. This experience often causes them to become disillusioned with job opportunities and lose trust in others.

Mohd Aliff et al. (2022) classify homelessness into three categories: the first category refers to primary homelessness, where individuals lack a home and live on the streets; the second is secondary homelessness, where individuals move between temporary shelters, such as staying with family, friends, or in temporary accommodations; and the third is tertiary homelessness, where individuals reside in rented rooms in

environments that are not conducive to living, with low safety standards. These categories demonstrate that not all homeless individuals live on the streets or under bridges; some may reside in rented shop houses on a daily rental basis.

Nevertheless, the homeless are still regarded as a group without permanent housing, typically residing in major cities such as Kuala Lumpur (Yap, 2020). Homelessness also refers to individuals living in conditions that do not conform to societal norms, lacking permanent housing or stable employment, and living nomadically in public spaces (Sharifah Mariam & Alifatul, 2012). The Department of Social Welfare (JKM) defines the homeless as individuals in a state of poverty. According to JKM, individuals who beg in public spaces, causing distress or anxiety among the public, or those who wander in public places without visible sources of income or a stable place to stay, are classified as homeless (Ramli & Dawood, 2017). Based on scholarly writings, numerous definitions exist for homelessness. However, the central concept remains that the homeless are those without a permanent residence and stable employment.

### **Concept of Mental Health**

According to the World Health Organization (WHO), health is a state that includes physical, mental, and social well-being, and is not merely the absence of disease. Mental health refers to a state of well-being in which an individual is aware of their abilities, can manage stress effectively, and is able to contribute to society (MyHealth, Ministry of Health Malaysia, 2023). Mental health is crucial for an individual's life, as it influences all actions and behaviors, whether good or bad. Mental health can be affected by various issues such as socio-economic problems, personal stress, physical illness, and more. Mohd Suhaimi and Nasrudin (2023), citing Jayasinghe et al. (2016), classified mental health into four categories linked to disruptions in individual capabilities: social behavior related to diminishing social skills or relationships; emotional behavior leading to depression, anxiety, phobias, and emotional-based sexual disorders; health issues such as insomnia, pain tolerance, weight control, and harmful behaviors like smoking, alcohol use, and drug abuse; and issues related to tasks, including burnout, boredom, absenteeism, indecisiveness, and low work quality.

Mental health can be impaired, leading to mental illness, which is defined as a condition involving disruption in brain function that results in changes to thinking, emotions, and behaviors, making it difficult for individuals to engage in daily activities effectively (Saraceno & Caldas de Almeida, 2022). The WHO report highlights that mental illnesses are among the top five causes of disability worldwide, and it is projected that by 2020, mental illness will be the second leading cause of disability (<http://www.myhealth.gov.my/penyakit-mental>, 2022). Mental illnesses are classified as follows (Dollard, 2014; Espejo, 2012):

#### **Neurosis:**

Neurosis refers to individuals who experience changes or disturbances in thinking, emotions, and behavior without affecting their sanity. Those with neurosis are often aware of their health condition. Daily functioning may be slightly disrupted. Examples of neurosis include depression, which is characterized by prolonged and excessive sadness. While sadness is a normal emotion, depression occurs when sadness persists for more than two weeks and interferes with daily life. Another example is anxiety, which involves feelings of worry, restlessness, and nervousness. A person with anxiety may feel tense, sweat, have a racing heart, and experience excessive fear of unknown dangers.

#### **Psychosis:**

Psychosis occurs when an individual experiences significant changes in their thinking, emotions, and behavior, leading to a disturbance in their sanity. Those with psychosis often experience confusion, auditory

hallucinations (hearing voices), or delusions—holding unusual beliefs not shared by others, resulting in extreme reactions. An example of delusion is the belief that others are conspiring to harm them, prompting them to attack those they suspect. They may also speak incoherently, behave strangely, or laugh or become angry without reason.

A common form of psychosis is schizophrenia, which is characterized by hallucinations, delusions, disorganized thinking, speech, and behavior. The work performance of those with schizophrenia significantly declines. Another example is manic-depressive disorder (bipolar disorder), where individuals experience drastic emotional shifts from overly happy (manic phase) to extremely sad (depressive phase).

### **Personality Disorders:**

Personality disorders involve an individual's impaired character or personality, which affects their interpersonal relationships with others around them.

This article, however, will focus on the aspects of depression and anxiety among the homeless, based on previous studies.

## **METHODOLOGY**

The methodology used in this study is content analysis. Data collected will be analyzed systematically to identify relevant themes, patterns, and categories. Content analysis involves an in-depth examination of texts or media to understand the meanings and contexts contained within, as well as to assess how specific elements influence and reflect the phenomenon being studied. This approach allows the researcher to make inferences based on the data analyzed and produce significant findings.

This article analyzes the content of several previous studies and articles related to two key aspects: depression and anxiety among the homeless. The article also differentiates and discusses these two aspects in detail.

**Identify and Select Relevant Content:** The content for analysis should be drawn from a variety of scholarly sources, such as peer-reviewed journal articles, academic books, reports from mental health organizations, and other authoritative publications. These sources should focus on homelessness and its psychological impacts, particularly depression and anxiety. The selection of content must be relevant, ensuring that the studies under review are recent and credible.

**Develop a Coding Framework:** A clear coding framework must be established to categorize and differentiate between the key concepts of depression and anxiety. The framework might include:

1. **Symptoms:** Identifying specific markers or diagnostic criteria for depression and anxiety as they manifest among the homeless.
2. **Causes:** Examining contributing factors such as socio-economic status, environmental stressors, and lack of access to healthcare.
3. **Consequences:** Investigating the effects of depression and anxiety on the overall well-being, behavior, and social integration of homeless individuals.
4. **Interventions:** Analyzing existing programs or strategies aimed at addressing these mental health issues within the homeless population.

**Sampling Strategy :** Sampling strategy to select representative articles or studies. This involve selecting specific studies that are most comprehensive, influential, or relevant to the research question.

**Content Coding and Classification:** During this stage, the content is meticulously reviewed and coded based on the predefined categories. Each article or study is assessed for relevant data on depression and anxiety among the homeless, and the information is classified accordingly under the coding categories.

**Data Analysis:** The coded data is then analyzed to identify recurring patterns, trends, and contrasts between depression and anxiety in the context of homelessness. The analysis should consider both similarities and differences in how these mental health conditions are discussed, with a particular focus on the nuances that differentiate them in the literature.

**Interpretation of Results:** Once the analysis is complete, the findings should be interpreted in relation to the broader research question. The analysis should address how depression and anxiety are distinct yet interconnected in the context of homelessness, exploring the interplay between these conditions and their combined effect on the homeless population.

**Reporting the Findings:** Finally, the results of the content analysis should be presented in a structured academic report. This will include an introduction, methodology section, detailed discussion of findings, and a conclusion that highlights key insights and potential implications for policy, intervention strategies, and further research.

## MENTAL HEALTH AMONG THE HOMELESS

Among the scholars who have studied the mental health status of the homeless is Ku Basyirah, Mohd Suhaimi & Norulhuda (2017), who analyzed and explored the issue of mental health among the homeless. Mohd Aliff et al. (2022) explained that the homeless, particularly former prisoners, often face mental health issues. The situation in this study indicates that mental health issues arise due to the physical, social, and environmental pressures they experience when struggling to adjust during reintegration and coping with life stress. Essentially, stress can negatively affect mental health as it may become uncontrollable, impacting both physical and emotional well-being (Yaacob et al., 2017). For instance, former prisoners with substance abuse addiction have a significant correlation with complex mental health problems, as they are frequently associated with depression, bipolar disorder, anxiety disorder, Post-Traumatic Stress Disorder (PTSD), and Borderline Personality Disorder (BPD) (Zainal, 2022).

Although some of the homeless have been sent to rehabilitation centers due to involvement with drug-related issues, it was found that their mental health status often remains unchanged, and in some cases, it deteriorates further. This situation arises because rehabilitation centers have limited effectiveness in improving the mental health of former prisoners, especially in terms of anxiety and depression. This is partly due to their diminished social networks, as many have been abandoned by family members, leading to a loss of essential social support for their recovery (Mohd Aliff et al., 2022; Yaacob et al., 2017). Given these circumstances, the life of a homeless individual, filled with stress and challenges—such as the lack of stable housing, permanent employment, loss of support, and negative stigma—can drive them to face mental health issues that disrupt their functioning, ultimately resulting in their deepening entrenchment in homelessness.

### Depression Among the Homeless

Depression is a mental disorder characterized by deep sadness, a loss of interest in activities that are typically enjoyable, and difficulty in carrying out daily life. This condition can affect an individual physically, emotionally, and cognitively. Below are some key aspects of depression. Depression is defined as a serious mental condition involving changes in mood, thinking, and physical functioning. Symptoms of depression may include persistent sadness, loss of interest or pleasure in activities, sleep disturbances (either



excessive sleep or difficulty sleeping), changes in appetite, feelings of worthlessness or excessive guilt, fatigue, and in severe cases, thoughts of death or suicide (American Psychiatric Association, 2013).

Depression can be caused by a combination of biological, psychological, and social factors. Genetic factors, brain chemistry changes, stressful life experiences, trauma, or relationship issues may contribute to the development of depression (Kendler & Gardner, 2014). Undoubtedly, the effects of depression can impact a person's quality of life. Directly, it can disrupt social functioning, work performance, and interpersonal relationships (Murray & Lopez, 1996). In the context of the homeless population, economic stress is a contributor to depression (Ku Basyirah et al., 2017; Mohd Aliff et al., 2022). The lack of stable housing and the pressure to find employment are likely to lead to depression among the homeless.

Susser and Tsai (2011) note that the homeless often face difficulties accessing mental health services due to factors such as lack of financial resources, housing instability, and stigma. This can result in untreated or undiagnosed depression. In fact, many in this group may not even recognize that they are suffering from depression. Typically, they may lose focus or feel a lack of desire to continue life due to despair and exhaustion from the hardships and struggles of daily life. Many homeless individuals experience trauma from violence, social rejection, or negative experiences on the streets. This trauma can contribute to the development of depression and other mental health disorders. An unstable and unsafe environment, such as sleeping outdoors or in overcrowded shelters, can contribute to feelings of insecurity and emotional instability, thus increasing the risk of depression (Kessler & Wang, 2008; Goodwin & Hoven, 2002).

### **Anxiety Among the Homeless**

Anxiety, also known as "anxiety disorder," is another mental illness. Anxiety is a mental condition involving feelings of discomfort, tension, or persistent fear. These feelings are a natural response to threats or stress, but when they become excessive, they can develop into an anxiety disorder. Anxiety is defined as feelings related to tension or fear, often accompanied by physical symptoms such as palpitations, excessive sweating, shaking, or sleep disturbances. Symptoms of anxiety may include nervousness or restlessness, difficulty concentrating, irritability, sleep problems or disturbed sleep, and physical symptoms such as headaches or stomachaches (American Psychiatric Association, 2013).

### **Review of Previous Studies on Mental Illness Among the Homeless**

Ku Basyirah, Mohd Suhaimi, and Norulhuda (2017) analyzed and explored the issue of mental health among the homeless. The study used a quantitative approach, employing questionnaires and interviews. These were conducted with 315 respondents from Desa Bina Diri Mersing and Jerantut to answer questions posed by the researchers. The questionnaire had two instruments: the Mental Health Inventory (MHI) and the Life Skills Profile (LSP). MHI contains 18 questions used non-clinically to measure emotional functioning, both positive and negative. This section is further divided into four subscales: anxiety, depression, behavior control, and positive affect.

Meanwhile, the LSP, developed by Rosen et al. (1989), measures aspects of life skills that affect the effectiveness of individuals with mental health problems living in communities and hospitals. There are 5 subscales in this survey: self-care, non-troublesome, social contact, communication, and responsibility, consisting of 39 items. The researchers allotted 40 to 90 minutes for each respondent to answer all the questions with assistance from staff at Desa Bina Diri. The study found that half of the respondents experienced high levels of anxiety and depression, while for positive affect and behavior control, half of the respondents reported a moderate level. Data analysis also revealed that there were more male homeless individuals compared to females.

The main factor that caused men to dominate the homeless population is their responsibility to support a

family, which indirectly contributes to stress when they have low income and need to bear the high cost of living. This finding is consistent with the study by Mohd Suhaimi, Khaidzir, Nasrudin, and Nik Hairi (2016), which analyzed mental health among the homeless. The similarity between the two studies lies in the quantitative approach used. Both journals employed surveys containing two instruments. Ku Basyirah et al. (2017) used the MHI and Holland Occupational Types (HOT), with 111 respondents answering the questionnaire to explore health issues among the homeless. According to their study, most of the homeless placed in rehabilitation institutions experienced high levels of anxiety and depression.

Additionally, the subscales of the survey were divided into anxiety, depression, behavior control, and positive affect. Regarding ethnicity, both researchers found that a higher number of homeless individuals were Malay compared to other ethnicities. Generally, Malaysia has a larger Malay population, contributing to the higher number of Malay homeless individuals. Another similarity is that both studies were conducted at Desa Bina Diri Camp in Malaysia. In both studies, many homeless individuals at Desa Bina Diri Mersing and Jerantut sought rehabilitation for various health aspects. The research indicates that men are more likely to become homeless and experience mental health issues due to various factors. Thus, the researchers aimed to examine the mental health of the homeless to understand how mental health affects their daily lives.

The differences between the two studies, Ku Basyirah et al. (2017) and Mohd Suhaimi et al. (2016), lie in the conceptual framework of the research. Ku Basyirah et al. (2017) used two techniques, questionnaires and interviews, while Mohd Suhaimi et al. (2016) employed only one technique, the questionnaire. The majority of interview respondents were male, with a few female respondents. Mohd Suhaimi et al. (2016) only used the questionnaire method to gather information from respondents. Furthermore, Ku Basyirah et al. (2017) provided a time frame for respondents to answer the questions, while Mohd Suhaimi et al. (2016) did not specify the time required for completing the survey. Additionally, Ku Basyirah et al. (2017) mentioned that there were homeless women, but fewer in number, while the study by Mohd Suhaimi et al. (2016) reported no homeless women at Desa Bina Diri Mersing and Jerantut. Life on the streets can impose extreme stress on individuals. Chronic stress, trauma, and a lack of food and secure shelter can contribute to the development of mental health disorders among the homeless.

### **Effectiveness of Interventions and the Role of NGOs in Addressing Homeless Mental Health Issues**

Padgett et al. (2016) state that support programs providing psychosocial assistance, housing protection, and access to mental health services can help reduce anxiety among the homeless. A holistic approach that combines social support and health services is often more effective. Mohd Aliff et al. (2022) also emphasize the importance of the role of government and NGOs in helping the homeless, particularly in addressing their mental health issues. The barriers to treatment for this group highlight the necessity for NGOs and surrounding communities to assist.

Friel and Marmot (2011) assert that NGOs and community organizations should provide mental health services to the homeless, who may not have access to traditional treatment. This includes providing mobile clinics capable of offering mental health screenings and therapy to the homeless who cannot access regular clinics. Volunteers with expertise can also provide individual or group therapy to address issues such as depression, anxiety, and trauma. In more severe cases, the homeless can be referred to mental health specialists if necessary. Additionally, psychosocial support programs help the homeless develop life skills and offer emotional support, such as counseling and emotional support, along with skills training to teach life and work skills to improve their independence and employment opportunities (Padgett, 2016).

In terms of public awareness, campaigns aimed at reducing stigma surrounding homelessness and mental health issues can improve understanding within the community. Public education programs and awareness campaigns can increase public understanding of homelessness and mental health issues. Additionally, training for professionals, including social workers, health practitioners, and authorities, can help recognize

and address mental health issues among the homeless (Corrigan & Watson, 2007). Mohd Aliff et al. (2022) indicate that high levels of stigma towards the homeless also contribute to the disruption of their mental health. Social rejection and exclusion significantly impact the homeless. Therefore, this situation requires active involvement from NGOs and volunteers to assist the homeless population. NGOs are often key providers of essential aid such as food, shelter, and clothing. These physical comforts indirectly help the homeless address their mental health issues. NGOs also play a vital role in raising public awareness about homelessness and mental health, as well as advocating for better policies to protect this vulnerable group. Several programs focus on social rehabilitation, providing the homeless with life skills, job training, and psychological support to help them reintegrate into society with a more stable life.

Barlow (2002) states that anxiety can manifest in various forms, including Generalized Anxiety Disorder (GAD), where an individual experiences persistent worry about multiple things that are difficult to control. Second, Panic Disorder, which involves sudden panic attacks accompanied by physical symptoms such as shortness of breath and palpitations. Third, phobias, where a person experiences intense fear of specific objects or situations that are not inherently dangerous to others. Finally, Social Anxiety Disorder, which involves excessive worry about social situations and how others perceive them.

Anxiety is a prevalent mental health issue among the homeless, significantly impacting their well-being. The homeless are at a high risk for mental health disorders, including anxiety and depression, due to the stressful and uncertain nature of their living conditions. Feelings of alienation, an inability to secure stable employment, and uncertainty about the future can exacerbate their anxiety. Fazel, Geddes, and Kushel (2014) suggest that one of the factors contributing to anxiety among the homeless is the unstable environmental conditions they face. Homeless individuals often live in unsafe and unstable situations, which can increase anxiety levels. Uncertainty regarding housing, safety, and basic needs such as food and clothing can lead to chronic stress and persistent anxiety. Furthermore, the homeless frequently experience social isolation and stigma, which can worsen their anxiety.

The lack of social support and isolation from the community can add to feelings of loneliness and elevate anxiety levels. The situation worsens when a homeless individual is unaware of their anxiety and does not seek treatment. This contributes to the worsening of mental health symptoms. Gelberg, Gallagher, and Andersen (1997) highlight the difficulty homeless people face in accessing limited mental health services, making it challenging for them to obtain the necessary care. This can result in untreated and prolonged anxiety. Many homeless individuals experience trauma or horrific life experiences that contribute to anxiety. Experiences of violence, rejection, and other forms of trauma are common in the lives of the homeless (McLaughlin & Keane, 2013; Kessler, et al., 1995). Anxiety among the homeless is an issue that requires a multidisciplinary approach, including medical, social, and psychological support, to address and improve their well-being.

## CONCLUSION

Overall, the homeless population is one that is highly vulnerable to various life challenges, including severe mental health issues. Not only are they affected physically and economically, but they also experience profound emotional distress due to their unstable living conditions. The difficulties they face in daily life, such as the lack of stable housing, the absence of steady employment, and the loss of social support, severely impact their mental stability. This often leads to depression, anxiety, and various other mental health disorders that worsen their condition.

It is not just external factors such as life pressures that add to the mental burden of the homeless, but the social stigma and discrimination they face also significantly contribute to their mental health problems. This stigma makes homeless individuals feel marginalized and unwanted in society, leading them to become even



more isolated and finding it harder to seek help. Additionally, there is a tendency for homeless people to deny or remain unaware of their need for treatment due to feelings of shame or low self-worth. They often perceive that basic needs like food and shelter are sufficient, without realizing that emotional support and mental health care are equally essential for improving their quality of life.

In addressing this situation, the role of non-governmental organizations (NGOs) and volunteers is crucial and cannot be underestimated. NGOs and volunteers can play a significant role in providing psychosocial support to the homeless, helping them access the mental health care they need, and offering the necessary attention to restore their well-being. NGOs can take a larger role by providing platforms that are more accessible to the homeless, such as mobile clinics and social support programs, to overcome the barriers they face in accessing quality mental health services. Additionally, educational and awareness campaigns run by NGOs play an essential role in reducing the stigma surrounding the homeless and increasing public understanding of the mental health issues they face.

The effectiveness of these efforts relies on cooperation between the government, NGOs, volunteers, and the general public. The government, in this case, must allocate more resources and facilities that make it easier for the homeless to access the necessary assistance, whether it be in terms of medical care, psychological support, or social services. Furthermore, a holistic and comprehensive approach is needed to address the issue of homelessness, which involves various aspects of life, such as financial stability, employment, and education.

In addition, society as a whole must play a role in providing a more inclusive space that accepts the homeless as part of the community. People need to be more sensitive to their needs and open opportunities for them to receive the support necessary to reintegrate into society. Overall, every sector, including public and private, must work together to ensure that the homeless do not remain trapped in a cycle of poverty and deteriorating mental health.

In conclusion, we must understand that homelessness is not just a social issue, but also a mental health concern that requires serious attention from all parties. All stakeholders, including government, NGOs, volunteers, and society, must collaborate in providing systematic and effective support to ensure that the homeless receive the help they need and ultimately break free from the cycle of mental health decline and poverty. A more stable and healthier life for the homeless will not only benefit them as individuals but will also have positive impacts on society as a whole.

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