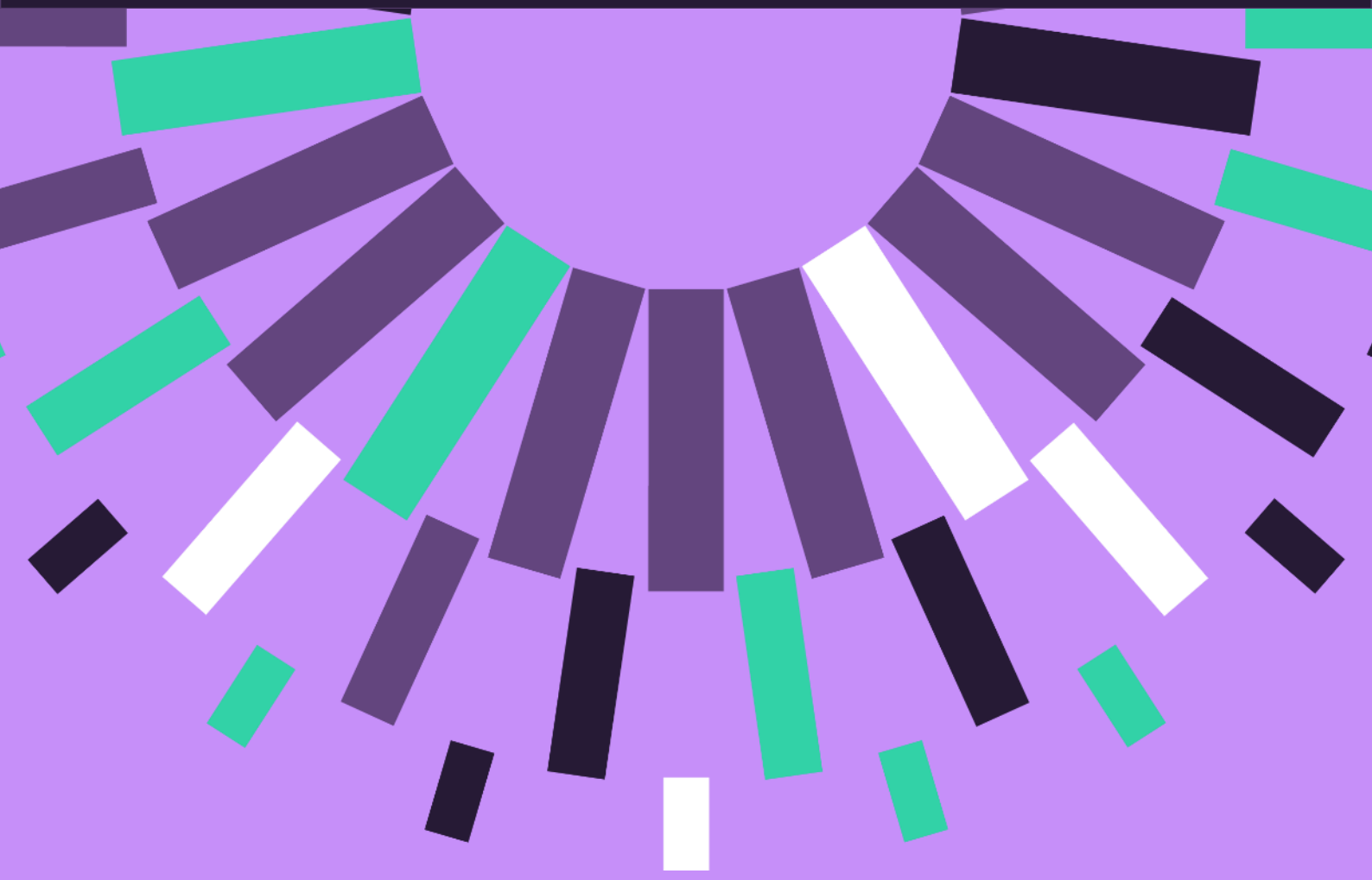
ADR NORTHERN IRELAND
Data-driven change

Data Insight

Mental health and homelessness in Northern Ireland

Author: Emma Hope Cassinelli, Lisa Kent, Sarah McKenna, Dermot O'Reilly, Michael Donnelly, Aideen Maguire

Date: June 2026



This Data Insight analyses a decade of administrative data from Northern Ireland (NI) to explore trends in mental health in people who present for statutory homelessness assistance between 2012 and 2021.

The data used in this study were developed as part of a wider Administrative Data Research Centre Northern Ireland (ADRC NI) project investigating the health of people experiencing homelessness

Summary

This analysis linked population-level administrative data to explore the trends in mental ill-health in people who presented for statutory homelessness assistance in Northern Ireland (NI) between 2012 and 2021. Medications used to manage the symptoms of mental and behavioural disorders (known as psychotropic medications) were used as an indicator of mental ill-health. Based on anonymised NI Housing Executive data, homelessness was divided into: statutory homelessness, which identified individuals who had their applications accepted (i.e., Full Duty Applicants), and non-statutory homelessness, which identified individuals whose applications were not accepted. A third group was comprised of people who did not present as homeless during the study period.

The analysis found a greater proportion of individuals who presented as homeless were dispensed psychotropic medications compared to those who did not have a homelessness presentation, with the highest rates identified in relation to antidepressants and the lowest in relation to the treatment of alcohol and substance use disorder.

Between 2012 and 2021, there was an increase in the proportion of homeless presenters in receipt of psychotropic medications, with variation by sex and age group. The increase was seen for both statutory (40.3%-50.8%) and non-statutory homeless presenters (30%-37.3%). Specifically, among people experiencing statutory homelessness, the most pronounced variation was observed in females aged 18-24 years old, rising from 19.9% in 2012 to 30.9% in 2021.

Background

Homelessness is not just a housing problem; it is a complex social issue closely linked to mental health. Homelessness support services are facing growing pressure as they help people with complex needs, including mental health challenges and drug or alcohol issues [1-3].

Given that NI is reported to have the highest prevalence of mental health issues in the UK, there is a need to understand the nature and scale of mental ill-health and homelessness within the NI context. Research using linked administrative data offers an opportunity to advance our understanding of these interconnected social challenges.

Using linked administrative data from NI, this study examined the prevalence of psychotropic medications dispensed to individuals named on homelessness applications between 2012 and 2021, with variations over time also reported based on individuals' sex and age group.

What we did

This study linked several, anonymised, administrative datasets:*

1. The **National Health Application and Infrastructure Services (NHAIS**) dataset which contains information on all individuals registered with a General Practitioner (GP) in NI. As healthcare in NI is free at the point of care to all ordinarily resident individuals, it provided a population spine for our study. Individuals were included in this study if they were adults (18+ years old), alive and registered anytime between 1st January 2012 and 31st December 2021. The NHAIS dataset also provides data on individuals' socio-demographic characteristics, including sex and age.

2. The **General Register Office (GRO)** death registrations were used to identify when an individual was no longer eligible for inclusion in the study cohort.

3. The **Enhanced Prescribing Database** captures data on medications prescribed by a GP and dispensed by community pharmacists. Psychotropic medications included in the analysis were: i) antidepressants; ii) anxiolytics; iii) hypnotics; iv) antipsychotics; and v) medications for the treatment of alcohol or substance use disorder. Only instances where individuals had three or more medications recorded in a calendar year were counted, to exclude transient episodes of medication use that are less likely to indicate mental ill-health.

4. The **Housing Executive's Housing Management System** provides information on all presentations for statutory homelessness assistance in NI, with data recorded daily. The Housing Executive is the single agency with a statutory duty to investigate and respond to homelessness across NI. In this study, homelessness was classified into three mutually exclusive categories:

   Note on terminology: The term "presenter" is used to refer to an individual named on a homelessness application, either as main applicant or additional member of a household. Whilst the term "presenter" helps us avoid complex jargon, we acknowledge that every presenter is a person - behind every name on an application for statutory assistance is a person experiencing homelessness.

i) Statutory homelessness:

Individuals who presented as homeless to the Housing Executive between 2012 and 2021 and were awarded Full Duty Applicant status; these individuals were owed a full housing duty.

ii) Non-statutory homelessness:

Individuals who presented as homeless to the Housing Executive between 2012 and 2021 but had their application rejected or concluded.

iii) No homelessness presentation:

Individuals who had no homelessness application live between 2012 and 2021.

* *The Business Service Organisation Honest Broker Service (HBS) provided access to the linked, de-identified research datasets within a Trusted Research Environment. Ethical approval was granted by the Research Ethics Committee reference 22/SC/0065.*

What we found

During the decade between 2012 and 2021, there were 143,123 individuals aged 18+ years who presented for homelessness support to the Housing Executive in NI. Of these, 65,006 (45.42%) were prescribed psychotropic medications at some point during the study period.

There is a high prevalence of mental-ill health among homeless presenters, and rates are increasing.

Estimates from 2021 showed that **over half** (50.8%) of people experiencing statutory homelessness, and **over a third** (37.3%) of people experiencing non-statutory homelessness were in receipt of psychotropic medications. These were much higher than those observed among people who did not present as homeless (19.3%). The prevalence of psychotropic medication dispensation increased at a faster rate between 2012 and 2021 among homeless presenters than those that did not present. Notably, psychotropic medication prevalence increased by 10.5% in statutory homelessness presenters and 7.3% in non-statutory homelessness presenters, compared to an increase of 2.5% in people who did not present as homeless during the study timeframe.

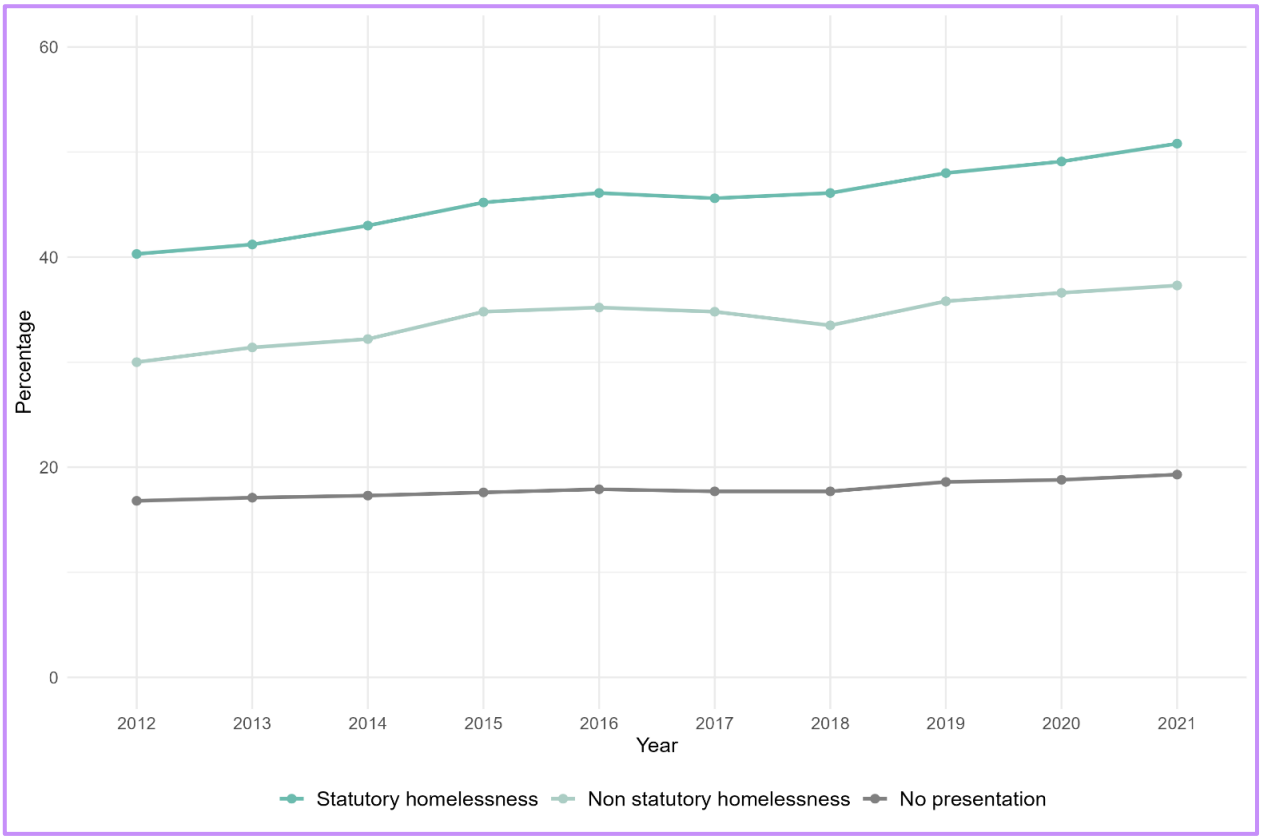


Figure 1. Prevalence of psychotropic medication dispensation based on homelessness status between 2012 and 2021. Individuals were counted if they had at least three dispensations within one of the included categories of antidepressants, anxiolytics, hypnotics, antipsychotics, or treatment for alcohol or substance dependence.

Mental ill-health is more prevalent among people experiencing statutory homelessness than non-statutory homelessness.

Psychotropic medication was most prevalent among statutory homeless presenters for all medication types, while people who did not present as homeless showed consistently lower rates throughout the study period.

Antidepressants were the most commonly dispensed psychotropic medication across all years and homelessness categories. In 2021, antidepressants were dispensed to 45.9% of people experiencing statutory homelessness, 33.6% of those experiencing non-statutory homelessness, and 17.3% of those who did not present as homeless.

Medications related to the treatment of alcohol or substance use disorder were the least frequently prescribed, remaining below 1% throughout the study period.

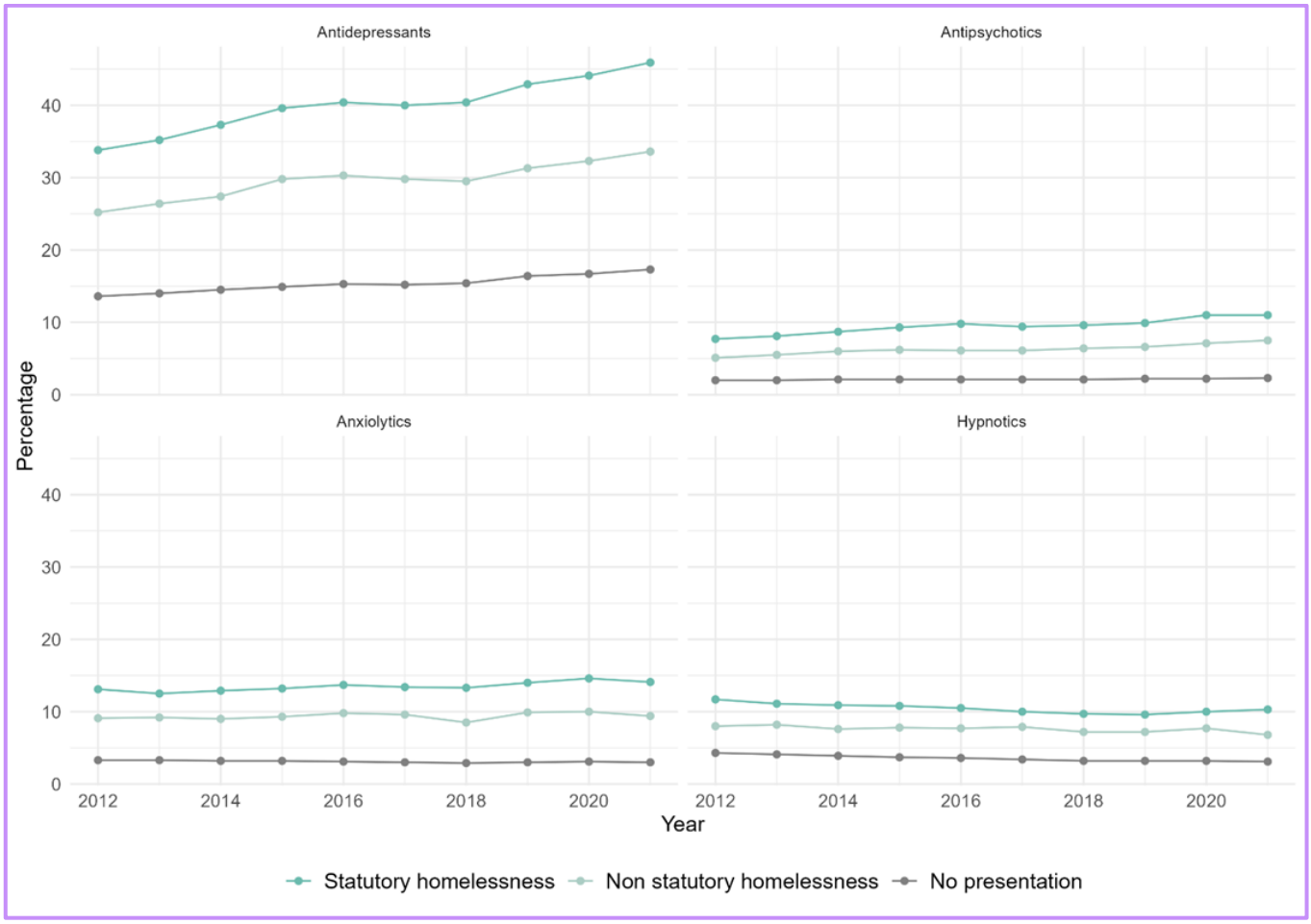


Figure 2. Rates of antidepressants, anxiolytics, antipsychotics, and hypnotics based on homelessness status between 2012 and 2021.

Among homeless presenters, 45–64-year-olds had the highest prevalence of mental ill-health, though the sharpest increase was seen among young females.

Among people who did *not* present as homeless, the proportion of those in receipt of psychotropic medications increased with age. However, a distinctly different pattern was observed among homeless presenters. The age group with the highest proportion of psychotropic medications were 45–64-year-olds in both the statutory and non-statutory homelessness categories. Females aged 45–64 years experiencing statutory homelessness exhibited the highest prevalence of psychotropic medication dispensation overall, with almost three quarters being in receipt of psychotropic medications in 2021 (72.2%).

Over the study period, males aged 18–24 years consistently had higher prevalence of psychotropic medications than females. However, females in this age group showed a greater increase (a 55% increase in females; a 35% increase in males), meaning that by the end of the study period there was little difference between sexes among those aged 18–24 years.

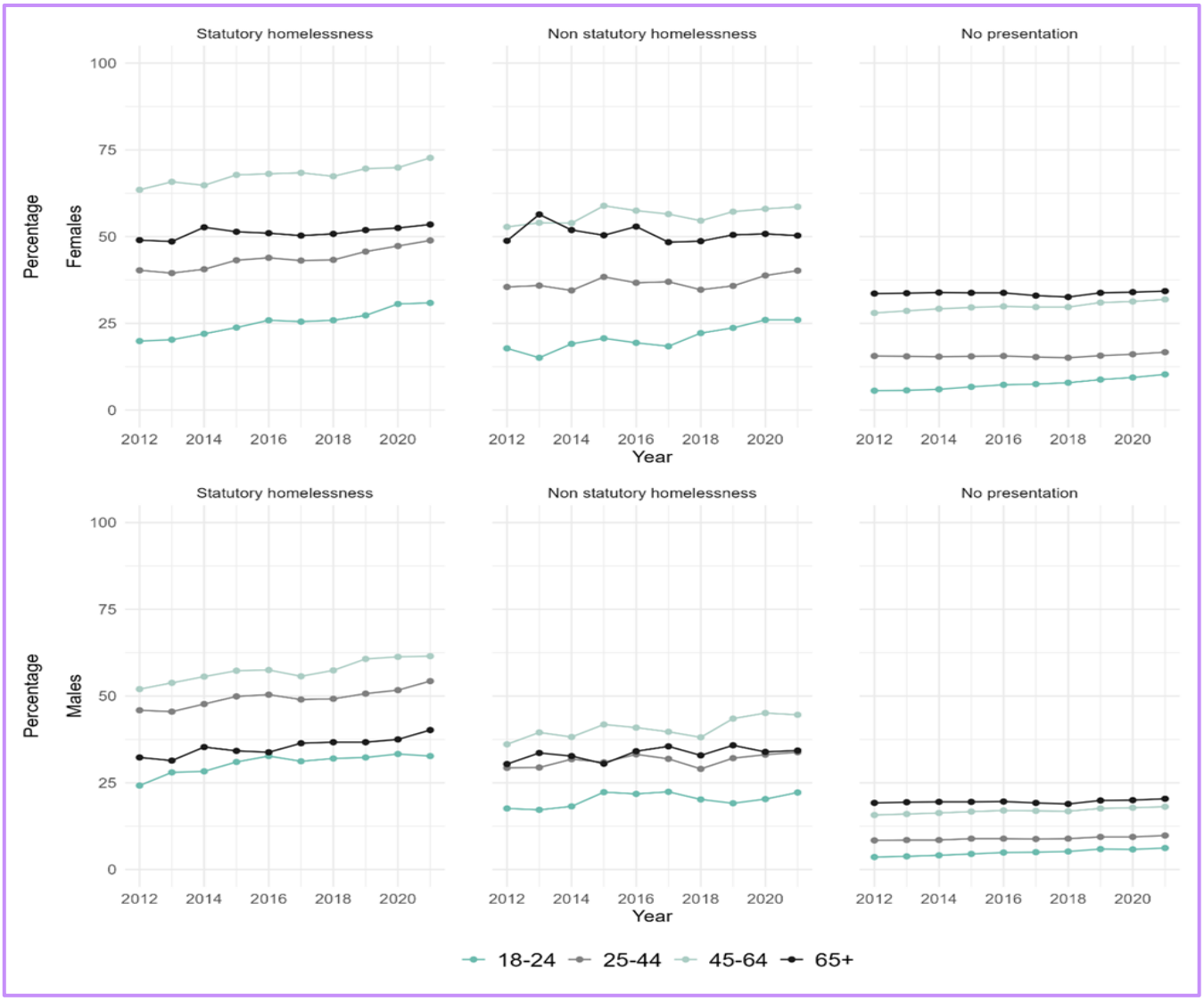


Figure 3: Prevalence of people dispensed any psychotropic medications based on homelessness status, sex, and age, between 2012 and 2021.

Why it matters

Homelessness and poor mental health are major, interconnected public health challenges. Building upon existing evidence [5-8], this study found a high prevalence of poor mental health using psychotropic medications as a proxy indicator among people named on homelessness applications, using ten years of linked administrative data. By distinguishing between people experiencing statutory and non-statutory homelessness, this study highlights important differences in mental health needs — especially among those who fall short of the threshold for statutory assistance.

These findings highlight a key opportunity to design targeted interventions and shape policy to better support people presenting as homeless in NI. Differences between people experiencing statutory and non-statutory homelessness underline the need for comprehensive support for all who seek help. Demographic patterns by sex and age offer further direction for service planning. In particular, the rising number of younger females in statutory homelessness receiving psychotropic medication signals a critical need for targeted mental health and housing support.

What next?

To complement the findings presented in this study, further research has examined the relationship between mental ill-health and homelessness status in 2019 in greater detail, with publication due later in 2026. Additionally, ADRC NI are working in partnership with Homeless Connect to integrate the voices and perspectives of Lived Experience Experts within its research on homelessness.

This ADRC NI project, in partnership with the Housing Executive, the Health in Homeless Steering Group, and Lived Experience Experts, links homelessness data to other administrative datasets. This project aims to identify those who are most vulnerable to becoming homeless, describe the mental health of homeless presenters, explore the relationship between children's social care and homelessness, and provide insights into mortality outcomes, including maternal and childhood mortality, after homeless presentation. This collection of studies aims to provide a unique and comprehensive epidemiological understanding of homelessness and inform data-driven strategies for the shaping homelessness services in NI.

References

1. Northern Ireland Audit Office. Homelessness in Northern Ireland. 2025.
2. Pleace, N, Bretherton, J. Measuring Homelessness and Housing Exclusion in Northern Ireland – A test of the ETHOS typology. 2013.
3. Gutwinski S, Schreiter S, Deutscher K, Fazel S. The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS Med. 2021;18(8):e1003750.
4. Office for Statistics Regulations. Review of mental health statistics in Northern Ireland. 2021.
5. Adebisi YA. Utilizing Administrative Data to Inform Health Promotion, Policy, and Practice. In: Liamputtong P (eds) Handbook of Concepts in Health, Health Behavior and Environmental Health. 2025. Springer, Singapore.
6. Ayano G, Tesfaw G, Shumet S. The prevalence of schizophrenia and other psychotic disorders among homeless people: a systematic review and meta-analysis. BMC Psychiatry. 2019;19(1):370.
7. Fazel S, Khosla V, Doll H, Geddes J. The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. PLoS Med. 2008;5(12):e225.
8. Ayano G, Belete A, Duko B, Tsegay L, Dachew BA. Systematic review and meta-analysis of the prevalence of depressive symptoms, dysthymia and major depressive disorders among homeless people. BMJ Open. 2021;11(2):e040061.

Acknowledgements

The authors would like to acknowledge the help provided by the staff of the Honest Broker Service (HBS) within the Business Services Organisation Northern Ireland (BSO). The HBS is funded by the BSO and the Department of Health (DoH). The authors alone are responsible for the interpretation of the data and any views or opinions presented are solely those of the author and do not necessarily represent those of the BSO.

The authors wish to acknowledge the Health & Homelessness Research Steering Group for advising on the research. The Steering Group consisted of representatives from the Northern Ireland Housing Executive (Brian O'Kane, Richard Tanswell, Catherine Carey, Stephen Buggy), Department for Communities (David Polley, Gillian McMaster), Department of Health (Scott Taylor, Edel Walsh), Public Health Agency (Kevin Bailey, Tracey Colgan), Homeless Connect (Nicola McCrudden), and Simon Community NI (Karen McAlister). Additionally, the authors would also like to acknowledge Homeless Connect and individuals with lived experience of homelessness who were involved in the research project.

About ADR Northern Ireland

Administrative Data Research Northern Ireland (ADR NI) is a partnership between the Administrative Data Research Centre Northern Ireland (ADRC NI) and the Northern Ireland Statistics and Research Agency (NISRA). ADRC NI is a team of research specialists at Queen's University Belfast and Ulster University who bring extensive knowledge and experience in developing innovative research for public benefit, analysing complex data sets and independent public engagement. NISRA are experts in statistics and research with a proven track record in curating, linking, and managing large-scale data sets. The ADR NI partnership is supported by the Health and Social Care Research and Development (HSC R&D) Unit.

This work was supported by ADR UK (Administrative Data Research UK). ADR UK is a partnership transforming the way researchers access the UK's wealth of public sector data, to enable better informed policy decisions that improve people's lives. ADR UK is an Economic and Social Research Council (ESRC) investment (part of UK Research and Innovation). [Grant number: ESW010240/1].

About ADR UK

Administrative Data Research UK (ADR UK) is a partnership transforming the way researchers access the UK's wealth of public sector data, to enable better informed policy decisions that improve people's lives. By linking together data held by different parts of government and facilitating safe and secure access for accredited researchers to these newly joined-up and de-identified data sets, ADR UK is creating a sustainable body of knowledge about how our society and economy function – tailored to give decision makers the answers they need to solve important policy questions.

ADR UK is made up of four national partnerships (ADR England, ADR Northern Ireland, ADR Scotland and ADR Wales), and the Office for National Statistics (ONS), which ensures data provided by UK Government bodies is accessed by researchers in a safe and secure form with minimal risk to data holders or the public.

Publication contact

Name: Dr Lisa Kent, Lecturer, ADRC NI
Email: l.kent@qub.ac.uk

ADR NORTHERN IRELAND