

# SAMENTA - Mental Health and Addiction Among Homeless People in Ile-de-France

Head :Arnaud Amandine

Chauvin Pierre, INSERM U707, equipe DS3

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## General

### Identification

Detailed name	Mental Health and Addiction Among Homeless People in Ile-de-France
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Sign or acronym	SAMENTA
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CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	Accord CNIL
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### General Aspects

Medical area	Psychology and psychiatry
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Health determinants	Addictions Lifestyle and behavior Social and psychosocial factors
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Keywords	Homeless adults, prevalence of psychiatric disorders, care usage, therapeutic treatment, accommodation/housing conditions., addiction
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### Scientific investigator(s) (Contact)

Name of the director	Arnaud
Surname	Amandine
Email	a.arnaud@samusocial-75.fr
Organization	Samu Social

Name of the director	Chauvin
Surname	Pierre
Phone	+33 (0)01 44 73 84 60

Email	chauvin@u707.jussieu.fr
Unit	INSERM U707, equipe DS3
Organization	INSERM
Collaborations	
Funding	
Funding status	Public
Details	Haut Commissaire aux Solidarités Actives contre la Pauvreté et à la jeunesse Institut de Veille Sanitaire (InVS) Direction Générale de la Santé (DGS) Région Ile-de-France, Institut National de Prévention et d'Education pour la Santé (INPES) Préfecture de Paris, Observatoire National de la Pauvreté et de l'Exclusion Sociale, Mairie de Paris
Governance of the database	
Sponsor(s) or organisation(s) responsible	Observatoire du Samu Social de Paris
Organisation status	Private
Sponsor(s) or organisation(s) responsible	INSERM - Institut National de la Santé et de la Recherche Médicale
Organisation status	Public
Additional contact	
Main features	
Type of database	
Type of database	Study databases
Study databases (details)	Not-repeated cross-sectional studies (except case control studies)
Database recruitment is carried out by an intermediary	A population file
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	An comprehensive sampling of all support services in Ile-de-France was carried out initially (shelters,

hostels, day-care centres and hot meal distribution services). A complex 3-tier random survey was then conducted:- Tier 1: Facilities randomly selected in proportion to their size by stratum (aid, hostels, insertion); - Tier 2: random survey days by facility during working days; - Tier 3: random selection of people among those present during survey days in each of the selected services.

## Database objective

Main objective	To estimate the prevalence of primary psychiatric disorders and addictions in the homeless population in Ile-de-France. To study medical care sought in order to improve therapeutic treatment and adapt accommodation/housing conditions. To calculate the size of the concerned population in Ile-de-France (representative survey)
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Inclusion criteria	Homeless people in Ile-de-France over the age of 18, who speak French and can understand and answer questions
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## Population type

Age	Adulthood (19 to 24 years) Adulthood (25 to 44 years) Adulthood (45 to 64 years) Elderly (65 to 79 years) Great age (80 years and more)
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Population covered	General population
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Gender	Male Woman
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Geography area	Regional
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French regions covered by the database	Île-de-France
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Detail of the geography area	Ile de France
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## Data collection

### Dates

Date of first collection (YYYY or MM/YYYY)	02/2009
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Date of last collection (YYYY or MM/YYYY)	04/2009
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Size of the database	
Size of the database (number of individuals)	[500-1000[ individuals
Details of the number of individuals	840 -402 hommes/men - 438 femmes/women
Data	
Database activity	Data collection completed
Type of data collected	Declarative data
Declarative data (detail)	Face to face interview
Presence of a biobank	No
Health parameters studied	Health event/morbidity Health care consumption and services Quality of life/health perception Others
Care consumption (detail)	Medicines consumption
Other (detail)	MINI Diag
Procedures	
Data collection method	Data is gathered from face-to-face interviews by a pair of researchers (30 pairs) including a professional researcher(National Institute of Statistics and Economic Studies, INSEE) and a clinical psychologist. The questionnaire was carried out by the professional researcher in the presence of a clinical psychologist, whose role was to observe the interviewer-interviewee interaction, noting clinical elements suggestive of a potential psychiatric disorder, and to conduct an open clinical interview to support a possible diagnosis after completion of the questionnaire. In the case of suspected mental disorder, the psychologist debriefed with a psychiatrist without the respondent's presence. The psychiatrist ensured that the case was coded according to CIM-10 criteria.
Participant monitoring	No
Links to administrative sources	No
Promotion and access	

## Promotion

Link to the document

<http://hal.archives-ouvertes.fr/index.php?halsid>

## Access

Terms of data access (charter for data provision, format of data, availability delay)

Data may be accessed by contacting the main researchers

Access to aggregated data

Access on specific project only

Access to individual data

Access on specific project only