

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

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## General

### Identification

Detailed name Mental Health and Addiction Among Homeless People in Ile-de-France

Sign or acronym SAMENTA

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation Accord CNIL

### General Aspects

Medical area Psychology and psychiatry

Health determinants Addictions  
Lifestyle and behavior  
Social and psychosocial factors

Keywords Homeless adults, prevalence of psychiatric disorders, care usage, therapeutic treatment, accommodation/housing conditions., addiction

### Scientific investigator(s) (Contact)

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Organization	INSERM

## Collaborations

## Funding

Funding status	Public
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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)

**Inclusion criteria** Homeless people in Ile-de-France over the age of 18, who speak French and can understand and answer questions

## 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)

**Population covered** General population

**Gender** Male  
Woman

**Geography area** Regional

**French regions covered by the database** Île-de-France

**Detail of the geography area** Ile de France

## Data collection

### Dates

**Date of first collection (YYYY or MM/YYYY)** 02/2009

**Date of last collection (YYYY or MM/YYYY)** 04/2009

## 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