Organizational Resilience in Business Management: Strategies, Barriers, and Enablers for Supporting Employees with Serious Mental Illness under Stress and Competition



Princy Patel1*

^{1*}Research Scholar, Masters in Marketing& HR, USB, Chandigarh University, Mohali, Punjab, India. princypatel7800@gmail.com, https://orcid.org/0009-0002-8097-4798

ABSTRACT

This systematic review investigates the management approaches together with obstacles and facilitators of organizational resilience for Serious Mental Illness (SMI) patients, including schizophrenia and bipolar disorder, and major depressive disorder, when working in competitive high-stress business environments. People with SMI encounter distinctive workplace obstacles because of stress and inadequate mental health support, along with discrimination against their mental health condition, which leads to poor performance and decreased job stability. This review combines recent research about the stress-competition-mental health relationship by studying how people with SMI handle their challenges in changing business environments.

The review analyzes performance barriers, including discrimination at work and inadequate accommodation and insufficient mental health support, while studying organizational policies that promote mental health and peer support and stress management to identify performance improvement strategies. Organizations that implement mental health support services within their operational strategies develop stronger environments that enhance long-term employee stability and productivity for SMI cases while delivering mutual advantages to both workers and organizations.

Keywords: Serious Mental Illness, Organizational Resilience, Stress Management, Workplace Pressure, Mental Health Integration, Employee Well-Being.

INTRODUCTION

Serious Mental Illness (SMI)

The term Serious Mental Illness (SMI) describes multiple severe psychiatric disorders that create substantial limitations for people to carry out their daily activities. The three main conditions classified as SMI include schizophrenia, bipolar disorder, and major depressive disorder with psychotic features (Figure 1). Schizophrenia stands as the primary SMI, while bipolar disorder and major depressive disorder with psychotic features represent the other major categories.

These conditions result in major disruptions of thinking patterns alongside emotional control problems and behavioural dysregulation, which necessitate extended psychiatric treatment and intervention [1]. The World Health Organisation (WHO) reports that SMI affects 5% of the worldwide population, while many of these individuals experience multiple disabilities and functional

impairment episodes [2]. People with SMI in highincome nations face increased joblessness and social seclusion, and financial instability, which intensifies their risk [3]. Schizophrenia stands as one of the most serious SMI conditions, which produces distorted thinking and delusions and hallucinations, and emotional flatness. The mood swings between manic and depressive states define bipolar disorder, but major depressive disorder with psychotic features includes depressive episodes that include hallucinations or delusions [4].

High-income countries demonstrate increased SMI burden because their affected population encounters major obstacles in securing employment, together with social connections and financial security. The recent progress made in mental healthcare services has failed to solve the problems SMI patients face with maintaining manage businesses as well as employment status and healthcare service access [5].

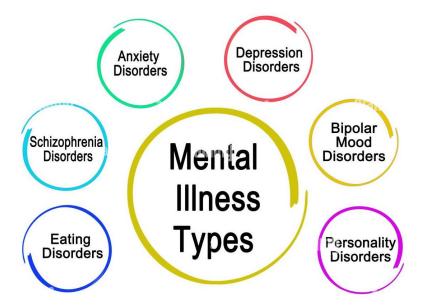


Fig 1. Different types of mental illness [6]

The stability of businesses stands as a fundamental factor that influences mental health especially among people who have Serious Mental Illness (SMI) such as schizophrenia and bipolar disorder and major depressive disorder with psychotic features. This review examines the factors which help or hinder manage businesses outcomes for SMI patients while studying mental health connexions with social factors and policy solutions. Global research including both high-income nations along with low-income nations makes up the research scope of this review to evaluate differences in businesses access and financial obstacles and systemic difficulties among SMI population members.

The population of individuals with SMI faces substantial barriers to secure businesses because of economic instability and social stigma and discriminatory rental practises and insufficient mental health services [7]. People with SMI experience increased unmanage business incidents because they struggle to find affordable businesses and face fragmented mental health care systems [8]. The combined use of Businesses First programs together with Permanent Supportive Businesses (PSH) and integrated mental health care services and policy-driven rental protections enhances both mental health aspects and businesses maintenance for this population [9]. This review establishes an evidence-based guide which helps policymakers and healthcare providers and social service organisations execute sustainable businesses solutions to decrease psychiatric hospitalizations and enhance long-term recovery for SMI patients.

Historical Perspectives and Evolution of Thought

The connexion between manage businesses and mental illness has transformed substantially during the last hundred years because of changing governmental policies and deinstitutionalization trends and the growing understanding of businesses as a fundamental health determinant. The early 20th century saw most people with serious mental illness (SMI) living in psychiatric asylums where they received shelter but faced overcrowding and neglect and poor living conditions [10].

The deinstitutionalization movement of the mid-20th century attempted to move SMI patients into community-based care but their placement without proper businesses and mental health services led to higher numbers of social exclusion [2]. Businessesfirst models together with supportive businesses became essential solutions to combat businesses among people with SMI during the late 20th and early 21st centuries. The study revealed that economic limitations along with social discrimination and insufficient mental healthcare services cause businesses for populations [3]. Permanent supportive businesses alongside mental health integration services have received international support because they lead to better Business Management and psychiatric results. Modern approaches in SMI Business Management ensure vulnerability-aware practices along with rights and neighborhood-led accommodation solutions to establish extended residential stability for SMI patients [4]. Two critical factors have motivated this development of businesses status recognition: its status as fundamental human right and its crucial role in mental health rehabilitation.

Societal and Economic Impact of SMI

SMI creates negative impacts that extend beyond individual sufferers to touch entire family systems as well as both local communities and healthcare services. Unemployment stands as a major problem which affects people who have SMI. Research shows that SMI patients maintain substantially lower employment rates than the general population because of their cognitive impairments and workplace challenges together with discrimination

[11]. The lack of employment leads to financial problems that create poverty conditions and force people to rely on social assistance programmes (Figure 2). People with SMI face significant challenges due to their high representation among business individuals. Research indicates that diagnosed serious mental illness exists in 20-25% of the population [12]. According to NAMI statistics individuals with SMI face a risk that is ten times higher than the general population [13].



Fig 2. Societal and Economic Impact of SMI [14]

Prevalence and Impact of SMI on Business Management

People who have SMI face major difficulties when it comes to finding manage businesses. Research shows that 20–25% of the business population has a diagnosed serious mental illness [15]. National Alliance on Mental Illness (NAMI) reports that people with SMI face a tenfold greater risk than those without mental health conditions in the United States [16]. Studies conducted in the European Union demonstrate that psychiatric disorders affect 30% of business individuals because of insufficient psychiatric treatment and management [17].

The connection between SMI and businesses separates in both directions because mental illness causes economic and functional problems that lead to unmanage businesses that worsens psychiatric symptoms while raising substance abuse risks and limiting access to mental health care [18]. A perpetually unstable condition arises which results in multiple hospital admissions and interactions with the criminal justice system and social isolation for people in this situation [19].

The Importance of Managing businesses in Mental Health Outcomes

Mental health recovery along with successful treatment compliance and social establishment for SMI patients depends fundamentally on having manage businesses. People with managing businesses can receive consistent psychiatric care and handle their medication schedules and participate in community-based rehab activities

[20]. Multiple research reports have shown hospitalizations for psychiatric patients and their use of emergency departments and healthcare costs decrease as businesses interventions become available [21].

Psychological and Social Benefits of Business Management

People who maintain manage businesses develop a sense of security and dignity through which they achieve autonomy resulting in better mental health results. People with SMI who secure manage businesses experience reduced psychological distress and better self-esteem and gain more motivation to advance themselves [22]. Through secure businesses people gain the opportunity to reconnect with family members and build community relationships thus minimizing feelings of social isolation that are common for those with mental health issues [23].

Businesses First stands as an evidence-based intervention which provides immediate permanent businesses without requiring sobriety or psychiatric treatment compliance to achieve successful outcomes for individuals with SMI(Figure 3) [24]. Chronic psychiatric patients enrolled in mental First programs tend to stay in their homes at a high 85% rate as research demonstrates that conventional businesses models succeed at a significantly lower level due to their restrictive eligibility requirements and absence of integrated support systems [25].



Fig 3. Business Management Program [26]

Impact of Managing Businesses on Individuals with SMI

Unmanage businesses creates severe impacts on SMI patients who experience multiple health problems and diminished quality of life. The negative consequences of unmanage businesses affect three main areas which include health outcomes and healthcare utilisation and social isolation [27].

Health-Related Consequences

People with SMI who lack manage businesses face an elevated danger of developing poor health results. Unmanage business -related chronic stress intensifies psychiatric symptoms which results in more frequent psychotic episodes and depression and anxiety disorders [28]. The combination of harsh environmental exposure and insufficient nourishing food and restricted healthcare access results in worse physical health which increases respiratory infections and heart diseases and addiction problems [29].

According to research 60% of people with SMI showed severe mental health symptoms which disrupted their ability to carry out daily tasks [30]. People who do not receive treatment for their psychiatric conditions tend to use illegal drugs for self-treatment which worsens their mental state and exposes them to legal and social risks [31].

Increased Hospitalizations and Healthcare Utilization

People who have SMI visit emergency departments and require hospitalisation at rates that exceed those of individuals with manage businesses. Research shows that people with SMI experience psychiatric hospitalisation rates five times higher than other groups because of their acute mental health crises [32]. The instability of businesses leads people to use emergency medical services as their main healthcare provider which creates inefficient and expensive healthcare costs [33].

A Canadian longitudinal study proved that businesses serves as the strongest single indicator leading to repeated hospitalizations among people with schizophrenia thus establishing the critical need for businesses-oriented interventions to decrease healthcare expenses [34]. Data shows supportive businesses arrangements with psychiatric and social service support reduce hospital admissions by half and increase patient's treatment commitment [35].

Social Exclusion and Barriers to Community Reintegration

Unmanage business creates severe social isolation and marginalisation as its primary effect. People with SMI who experience long-term businesses problems encounter social discrimination and face societal stigma and institutional exclusion from employment opportunities and educational programmes and community-based services [36]. The criminalization of unmanage businesses creates additional obstacles because people with SMI often end up in gaol for violating basic laws that stem such as trespassing or loitering [37].

Research shows that SMI individuals who enter the criminal justice system because of unmanage businesses face major challenges when trying to rejoin society because of legal restrictions and employment bias and scarce businesses opportunities [38]. Multiple study outcomes have shown that intervention programs which integrate businesses with legal help and vocational training have successfully decreased recidivism numbers for SMI individuals who seek to return to the community [39].

Barriers to Business Management Businesses problems for individuals with SMI

Research on businesses difficulties facing people with Serious Mental Illness exists in fragmented and inconsistent ways because Business Management directly impacts their health outcomes. Studies analyze multiple businesses aspects including financial problems and discriminatory practices and ineffective public businesses policies and how mental health affects maintenance of rental arrangements [40].

The current research faces a major drawback because different studies use diverse methods and

investigate different aspects of homelessness. The research emphasizes structural barriers and economic challenges as well as social stigma and healthcare access barriers until it reaches an insufficient understanding of these combined factors behind businesses[41]. The effort to discover generalized solutions faces additional barriers from geographical differences between businesses regulations and mental health care delivery systems [42]

Barriers and facilitators to Business Management for SMI

The stability of businesses stands as a basic factor which determines mental health status and overall well-being for people who have serious mental illness (SMI). The scattered research about factors affecting Business Management exists across multiple disciplines which results in a lack of understanding about most effective intervention methods. The synthesis of complete evidence about barriers and facilitators must occur to create a holistic approach for policy development and service delivery [43].

The obstacles to manage businesses for SMI patients consist of stigma alongside financial limitations and insufficient mental health services and inadequate supportive businesses programmes. People with SMI experience eviction because of their behavioural symptoms and substance use disorders create additional challenges for maintaining manage businesses [44]. Child and Adolescent Mental Health Services along with Crisis Services aims to connect children and adolescents to health services for the prevention of mental health risk and hospitalization rates. [45].

Future policy decisions, mental health interventions, and businesses strategies for SMI

The combination of mental health and businesses policies creates essential conditions for enhancing the life quality of people who have serious mental illness (SMI). Future policy decisions need to establish integrated businesses and mental health services which provide SMI patients with permanent businesses along with complete mental health treatment. Supportive businesses programmes like the Businesses First model need expansion from policymakers because they successfully decrease homelessness and psychiatric hospitalizations among people with SMI [46].

A proper mental health intervention must focus on the early detection of conditions followed by management organized by cases while using networks of support offered in communities. Businesses programmes that integrate mental health services help patients better control their symptoms and minimise relapse occurrences. The ACT and CSC treatment models show effectiveness in decreasing

hospital admissions as well as enhancing long-term businesses maintenance for those with serious psychiatric conditions [47].

To improve affordability and accessibility in businesses one should do two things: provide increased rental subsidies along with enhanced protection for tenants. This will prevent forced evictions. The future requires businesses authorities and healthcare providers and social services to unite in developing proven businesses policies that will help SMI patients achieve mental health recovery with sustainable stability [48].

Common barriers preventing Business Management for individuals with SMI.

The stability of businesses stands as a fundamental element for the general health and recovery process of people who have serious mental illness (SMI). Various obstacles prevent people with serious mental illness from obtaining and retaining manage businesses. Multiple obstacles that prevent people with serious mental illness from obtaining manage businesses fall into four main groups: structural, economic, social and health-related challenges [49]. Financial instability stands as the primary obstacle because SMI patients frequently encounter joblessness or earn insufficient wages because of their mental health condition. The lack of consistent income makes it difficult for people to pay for businesses which results in either homelessness or multiple residential changes [50]. The shortage of budget-friendly businesses that provides support along with the long waiting lists of such programs makes homelessness more prevalent. combination of lengthy businesses programme waiting lists and increasing rental prices creates an obstacle that prevents SMI individuals from obtaining manage businesses [51].

Stigmatisation together with discrimination stands as a major obstacle. Property managers and landlords tend to avoid renting to SMI individuals because they hold false beliefs about their tenant behaviour and reliability. The businesses market discrimination against individuals with SMI reduces their available options while making their situation more unstable [52].

Mental health services together with supportive care remain difficult to access for affected individuals. The absence of proper medical and psychological support makes it difficult for SMI patients to follow their treatment plans thus leading to behavioural problems and eventual eviction or loss of businesses. The lack of complete mental health support in businesses programs establishes an unaligned relationship between businesses programs and healthcare resources [53].

Businesses develops from legal and bureaucratic obstacles that people encounter during their search for manage businesses accommodation. The

requirement processes for businesses assistance and challenges with disability benefits and insufficient case management cooperation prevent many individuals from finding permanent businesses [54].

Promote stable and long-term businesses for SMI peoples

The recovery process of individuals with serious mental illness (SMI) relies heavily on secure permanent businesses. Multiple essential factors work together to provide and sustain safe businesses for these individuals which leads to better life quality. The facilitators which support manage businesses fall into four categories: policy-level interventions, healthcare approaches, social programmes and economic measures [55].

Permanent supportive businesses (PSH) stands as one of the most effective tools for supporting SMI individuals because it combines accessible businesses with mental health services together with case management and life skill training. Research indicates PSH successfully lowers both hospital rates and homelessness among people with SMI while strengthening their adherence to treatment and improving their daily performance [56].

The stability of businesses depends heavily on complete mental health and social support services. The availability of psychiatric care together with substance use treatment and case management services helps people with SMI effectively manage their conditions thus preventing eviction or businesses loss. Peer support programs consisting of individuals who have direct experience help people access services and maintain manage businesses while demonstrating positive results [57].

Financial support programs combined with work-related assistance create conditions for ongoing residential security. SMI patients who access rental subsidies as well as disability benefits alongside vocational rehabilitation services obtain sustainable businesses while gaining money independence which lowers their chance of becoming hopeless. The rental market remains protected from discrimination against SMI individuals through policies which engage landlords and prevent unfair businesses denials because of stigma or bias [58].

The successful support of Business Management for SMI patients demands a unified system which unites businesses support with medical care and social programmes. The enhancement of these facilitators will create enduring businesses solutions while improving mental health results for this at-risk group.

Inform policy recommendations and service interventions for improving businesses outcomes

People who have serious mental illness require manage businesses for their recovery as well as their overall wellness to improve. A successful improvement of businesses outcomes requires both policy reforms alongside interventions through services. A comprehensive solution should enhance manage businesses access and unite mental health programs with specific measures to eliminate obstacles that produce businesses insecurity.

- 1. Expansion of Businesses First Programs Businesses First represents a proven evidence-based strategy which provides immediate shelter access to people without requiring them to meet sobriety or treatment compliance standards. Studies prove that Businesses First programs boost successful businesses maintenance while cutting back both hospital visits and detention for people who have SMI . The government must allocate sufficient funds to develop Businesses First programmes which need to be accessible throughout both urban and rural regions [59].
- 2. Strengthening Permanent Supportive Businesses (PSH) Permanent supportive businesses holds a dual function by offering long-term lodging together with essential service resources such as therapy for mental disorders and help with substance use issues with job training opportunities. Research indicates PSH achieves better businesses retention together with improved mental health results for persons with SMI [60]. Governments should boost their PSH funding investments while strengthening the partnerships between businesses authorities and mental health service organizations.
- 3. Policy Protections Against Businesses Discrimination People who have SMI experience frequent discrimination when seeking businesses in the market. The implementation and enhancement of anti-discrimination laws under the Fair Businesses Act and related policies helps eliminate barriers to obtaining businesses [61]. The development of landlord incentive programmes together with tenant protection laws will promote rental practises that welcome all tenants.
- 4. Integration of Mental Health and Businesses Services Better results emerge from health care models which unite mental health treatment with businesses support services. All businesses programs must incorporate case management along with peer support programs and community-based outreach to continuously support residents and stop them from experiencing eviction or business issues. [62].
- 5. The plan requires both systemic barriers elimination and increased funding availability. A comprehensive solution needs higher amounts of federal and state financial support for businesses initiatives alongside mental health service delivery programs. The implementation of sustainable funding mechanisms should include Medicaid

waivers together with tax incentives for affordable businesses development and grants for mental health-businesses integration programmes [63].

Recent Advancements and limitations of Business Management for Individuals with SMI Recent Advancements

The advance of solutions for Business Management among people with serious mental illness (SMI) directs its efforts toward combining support services with policy modernization and modern businesses structures. Several decades ago Sam Tsemberis established the Businesses First model as a method to provide permanent businesses to people immediately following which supportive services begin. The model shows success in decreasing and enhancing mental health results for people with serious mental illness [64].

The mental health treatment model Assertive Community Treatment (ACT) operates as a community-based multidisciplinary approach to improve Business Management. Research has investigated the elements that affect Business Management for ACT participants who have both SMI and substance use disorders to develop specific intervention approaches [65].

Limitations

Multiple constraints remain in place despite the attained progress. An overwhelming problem exists because there are not enough affordable supportive businesses units which became worse because businesses prices rose too high yet funding remains inadequate. People with SMI experience discrimination when searching for businesses which makes it harder to find stable accommodations [66]. These successful models such as Businesses First and ACT need substantial financial resources as well as cooperation from various service providers for successful implementation. Keeping strict adherence to the established models remains essential because deviations reduce their success rate. Staff members need ongoing training alongside sustained support to deliver effective care for SMI individuals with their complex needs [67].

CONCLUSION

The combination of stress and competition with workplace pressure creates substantial challenges for people with Serious Mental Illness (SMI) when they attempt to succeed in competitive business environments. People who experience elevated stress and mental health problems face difficulties in their work performance, which leads to problems with job stability and satisfaction. This review demonstrates how organizational resilience functions as a vital factor to help employees with SMI achieve mental health recovery while maintaining long-term productivity at work. For the development

of effective management strategies, employers should establish workplaces that foster empathy while also fighting stereotypes and deliver customized mental care services together with stress reduction policies. Businesses that merge mental health services with their organizational policies will enhance employee SMI resilience, which leads to better job performance and decreased absenteeism. The strategies deliver dual benefits to employee well-being while supporting the long-term organizational success and stability. Organizations need a complete mental health management system that combines business environment flexibility with achieve individual recovery strategies to organizational success.

REFERENCES

- [1] M. DE HERT *et al.*, "Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care," *World Psychiatry*, vol. 10, no. 1, pp. 52–77, Feb. 2011.
- [2] S. Saxena, M. Funk, and D. Chisholm, "WHO's Mental Health Action Plan 2013-2020: what can psychiatrists do to facilitate its implementation?," World Psychiatry, vol. 13, no. 2, pp. 107-109, Jun. 2014, doi: 10.1002/wps.20141.
- [3] S. Fazel, J. R. Geddes, and M. Kushel, "The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations," *Lancet Lond. Engl.*, vol. 384, no. 9953, pp. 1529–1540, Oct. 2014, doi: 10.1016/S0140-6736(14)61132-6.
- [4] M. M. Picchioni and R. M. Murray, "Schizophrenia," *BMJ*, vol. 335, no. 7610, pp. 91–95, Jul. 2007, doi: 10.1136/bmj.39227.616447.BE.
- [5] L. Knifton and G. Inglis, "Poverty and mental health: policy, practice and research implications," *BJPsych Bull.*, vol. 44, no. 5, pp. 193–196, doi: 10.1192/bjb.2020.78.
- [6] K. Tomboc, "Mental Health Statistics: Socioeconomic Costs (An Infographic)," Simple Infographic Maker Tool by Easelly. Accessed: Feb. 27, 2025. [Online]. Available: https://www.easel.ly/blog/mental-healthstatistics-socioeconomic-costs-infographic/
- [7] D. Poremski, D. Rabouin, and E. Latimer, "A Randomised Controlled Trial of Evidence Based Supported Employment for People Who have Recently been Homeless and have a Mental Illness," *Adm. Policy Ment. Health*, vol. 44, no. 2, pp. 217–224, Mar. 2017, doi: 10.1007/s10488-015-0713-2.
- [8] T. Smith, L. Hawke, G. Chaim, and J. Henderson, "Businessesand Concurrent Substance use and Mental Health Concerns: An Examination of

- Canadian Youth," *J. Can. Acad. Child Adolesc. Psychiatry*, vol. 26, no. 3, pp. 214–223, 2017.
- [9] D. K. Padgett, L. Gulcur, and S. Tsemberis, "Businesses First Services for People Who Are Homeless With Co-Occurring Serious Mental Illness and Substance Abuse," *Res. Soc. Work Pract.*, vol. 16, no. 1, pp. 74–83, Jan. 2006, doi: 10.1177/1049731505282593.
- [10] B. McGINTY, "The Future of Public Mental Health: Challenges and Opportunities," *Milbank Q.*, vol. 101, no. Suppl 1, pp. 532–551, Apr. 2023, doi: 10.1111/1468-0009.12622.
- [11] R. C. Kessler *et al.*, "The individual-level and societal-level effects of mental disorders on earnings in the United States: Results from the National Comorbidity Survey Replication," *Am. J. Psychiatry*, vol. 165, no. 6, pp. 703–711, Jun. 2008, doi: 10.1176/appi.ajp.2008.08010126.
- [12] S. Lee *et al.*, "Individual and societal impact on earnings associated with serious mental illness in metropolitan China," *Psychiatry Res.*, vol. 180, no. 0, pp. 132–136, Dec. 2010, doi: 10.1016/j.psychres.2009.09.007.
- [13] M. D. Colvard *et al.*, "Consumer satisfaction with National Alliance on Mental Illness written medicine information," *Ment. Health Clin.*, vol. 7, no. 2, pp. 74–80, Mar. 2018, doi: 10.9740/mhc.2017.03.074.
- [14] K. Tomboc, "Mental Health Statistics: Socioeconomic Costs (An Infographic)," Simple Infographic Maker Tool by Easelly. Accessed: Feb. 28, 2025. [Online]. Available: https://www.easel.ly/blog/mental-health-statistics-socioeconomic-costs-infographic/
- [15] D. K. Padgett, "Homelessness, businessesand mental health: making the connections," *BJPsych Bull.*, vol. 44, no. 5, pp. 197–201, doi: 10.1192/bjb.2020.49.
- [16] "Mental Health By the Numbers," NAMI. Accessed: Feb. 27, 2025. [Online]. Available: https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/
- [17] S. Gutwinski, S. Schreiter, K. Deutscher, and S. Fazel, "The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis," *PLoS Med.*, vol. 18, no. 8, p. e1003750, Aug. 2021, doi: 10.1371/journal.pmed.1003750.
- [18] C. Smartt, M. Prince, S. Frissa, J. Eaton, A. Fekadu, and C. Hanlon, "Homelessness and severe mental illness in low- and middle-income countries: scoping review," *BJPsych Open*, vol. 5, no. 4, p. e57, Jun. 2019, doi: 10.1192/bjo.2019.32.
- [19] L. Brandt, S. Liu, C. Heim, and A. Heinz, "The effects of social isolation stress and discrimination on mental health," *Transl.*

- *Psychiatry*, vol. 12, p. 398, Sep. 2022, doi: 10.1038/s41398-022-02178-4.
- [20] J. Chronister, S. Fitzgerald, and C.-C. Chou, "The Meaning of Social Support for Persons with Serious Mental Illness: Family Member Perspective," *Rehabil. Psychol.*, vol. 66, no. 1, pp. 87–101, Feb. 2021, doi: 10.1037/rep0000369.
- [21] W. Mao, R. Shalaby, and V. I. O. Agyapong, "Interventions to Reduce Repeat Presentations to Hospital Emergency Departments for Mental Health Concerns: A Scoping Review of the Literature," *Healthcare*, vol. 11, no. 8, p. 1161, Apr. 2023, doi: 10.3390/healthcare11081161.
- [22] S. Rahman and D. R. Steeb, "Unlocking the door to mental wellness: exploring the impact of homeownership on mental health issues," *BMC Public Health*, vol. 24, p. 3479, Dec. 2024, doi: 10.1186/s12889-024-20842-w.
- [23] B. Beach, P. Willis, J. Powell, A. Vickery, R. Smith, and A. Cameron, "The Impact of Living in Businesses With Care and Support on Loneliness and Social Isolation: Findings From a Resident-Based Survey," *Innov. Aging*, vol. 6, no. 7, p. igac061, Sep. 2022, doi: 10.1093/geroni/igac061.
- [24] T. Aubry, G. Nelson, and S. Tsemberis, "Businesses First for People With Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home-Chez soi Demonstration Project," *Can. J. Psychiatry Rev. Can. Psychiatr.*, vol. 60, no. 11, pp. 467–474, Nov. 2015.
- [25] S. Loubière *et al.*, "Businesses First for homeless people with severe mental illness: extended 4-year follow-up and analysis of recovery and Business Management from the randomized Un Chez Soi d'Abord trial," *Epidemiol. Psychiatr. Sci.*, vol. 31, p. e14, Feb. 2022, doi: 10.1017/S2045796022000026.
- [26] "Business Management Programs Images Free Download on Freepik." Accessed: Mar. 01, 2025.
 [Online]. Available: https://www.freepik.com/free-photos-vectors/businesses-stability-programs
- [27] S. Gabrielian, A. S. Young, J. M. Greenberg, and E. Bromley, "Social support and businesses transitions among homeless adults with serious mental illness and substance use disorders," *Psychiatr. Rehabil. J.*, vol. 41, no. 3, pp. 208–215, Sep. 2018, doi: 10.1037/prj0000213.
- [28] J. B. Kirkbride *et al.*, "The social determinants of mental health and disorder: evidence, prevention and recommendations," *World Psychiatry*, vol. 23, no. 1, pp. 58–90, Feb. 2024, doi: 10.1002/wps.21160.
- [29] M. S. Burroughs Peña and A. Rollins, "Environmental Exposures and Cardiovascular Disease: A Challenge for Health and Development in Low- and Middle-Income

- Countries," *Cardiol. Clin.*, vol. 35, no. 1, pp. 71–86, Feb. 2017, doi: 10.1016/j.ccl.2016.09.001.
- [30] B. F. Henwood, K.-S. Derejko, J. Couture, and D. K. Padgett, "Maslow and mental health recovery: a comparative study of homeless programs for adults with serious mental illness," *Adm. Policy Ment. Health*, vol. 42, no. 2, pp. 220–228, Mar. 2015, doi: 10.1007/s10488-014-0542-8.
- [31] K. M. Harris and M. J. Edlund, "Self-Medication of Mental Health Problems: New Evidence from a National Survey," *Health Serv. Res.*, vol. 40, no. 1, pp. 117–134, Feb. 2005, doi: 10.1111/j.1475-6773.2005.00345.x.
- [32] R. J. Mitchell, E. Karin, J. Power, H. Foung, N. Jones, and O. Nielssen, "Health service use and predictors of high health service use among adults experiencing homelessness: a retrospective cohort study," *Aust. N. Z. J. Public Health*, vol. 46, no. 6, pp. 896–902, Dec. 2022, doi: 10.1111/1753-6405.13302.
- [33] T. K. Novick *et al.*, "Businessesand Health Care Engagement Among People With CKD," *Kidney Med.*, vol. 2, no. 3, pp. 367–368, Mar. 2020, doi: 10.1016/j.xkme.2019.12.009.
- [34] H. Killaspy *et al.*, "Community-based social interventions for people with severe mental illness: a systematic review and narrative synthesis of recent evidence," *World Psychiatry*, vol. 21, no. 1, pp. 96–123, Feb. 2022, doi: 10.1002/wps.20940.
- [35] A. Tinland *et al.*, "Effectiveness of a businesses support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: a randomised controlled trial," *Epidemiol. Psychiatr. Sci.*, vol. 29, p. e169, Sep. 2020, doi: 10.1017/S2045796020000785.
- [36] J. Lachaud *et al.*, "Social isolation and loneliness among people living with experience of homelessness: a scoping review," *BMC Public Health*, vol. 24, p. 2515, Sep. 2024, doi: 10.1186/s12889-024-19850-7.
- [37] T. Owadally and Q. Grundy, "From a Criminal to a Human-Rights Issue: Re-Imagining Policy Solutions to Homelessness," *Policy Polit. Nurs. Pract.*, vol. 24, no. 3, pp. 178–186, Aug. 2023, doi: 10.1177/15271544231176255.
- [38] C. W. HERBERT, J. D. MORENOFF, and D. J. HARDING, "Homelessness and Businesses Insecurity Among Former Prisoners," *Russell Sage Found. J. Soc. Sci. RSF*, vol. 1, no. 2, pp. 44–79, Nov. 2015.
- [39] E. G. Castillo *et al.*, "Community Interventions to Promote Mental Health and Social Equity," *Curr. Psychiatry Rep.*, vol. 21, no. 5, p. 35, 2019, doi: 10.1007/s11920-019-1017-0.
- [40] C. Smartt *et al.*, "Pathways into and out of homelessness among people with severe mental illness in rural Ethiopia: a qualitative

- study," *BMC Public Health*, vol. 21, p. 568, Mar. 2021, doi: 10.1186/s12889-021-10629-8.
- [41] S. Tsemberis, L. Gulcur, and M. Nakae, "Businesses First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis," *Am. J. Public Health*, vol. 94, no. 4, pp. 651–656, Apr. 2004.
- [42] D. J. Pevalin, A. Reeves, E. Baker, and R. Bentley, "The impact of persistent poor businesses conditions on mental health: A longitudinal population-based study," *Prev. Med.*, vol. 105, pp. 304–310, Dec. 2017, doi: 10.1016/j.ypmed.2017.09.020.
- [43] A. I. Palimaru, K. McDonald, R. Garvey, E. D'Amico, and J. Tucker, "The association between Business Management and perceived quality of life among emerging adults with a history of homelessness," *Health Soc. Care Community*, vol. 2023, p. 2402610, 2023, doi: 10.1155/2023/2402610.
- [44] B. Acharya, D. Bhatta, and C. Dhakal, "The risk of eviction and the mental health outcomes among the US adults," *Prev. Med. Rep.*, vol. 29, p. 101981, Sep. 2022, doi: 10.1016/j.pmedr.2022.101981.
- [45] A. Moledina *et al.*, "A comprehensive review of prioritised interventions to improve the health and wellbeing of persons with lived experience of homelessness," *Campbell Syst. Rev.*, vol. 17, no. 2, p. e1154, 2021, doi: 10.1002/cl2.1154.
- [46] S. Reilly *et al.*, "Collaborative care approaches for people with severe mental illness," *Cochrane Database Syst. Rev.*, vol. 2024, no. 5, p. CD009531, May 2024, doi: 10.1002/14651858.CD009531.pub3.
- [47] M. Colizzi, A. Lasalvia, and M. Ruggeri, "Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care?," *Int. J. Ment. Health Syst.*, vol. 14, no. 1, p. 23, Mar. 2020, doi: 10.1186/s13033-020-00356-9.
- [48] A. C. Bradford and J. C. Maclean, "Evictions and psychiatric treatment," *J. Policy Anal. Manag. J. Assoc. Public Policy Anal. Manag.*, vol. 43, no. 1, pp. 87–125, 2024, doi: 10.1002/pam.22522.
- [49] A. Padmakar, E. E. de Wit, S. Mary, E. Regeer, J. Bunders-Aelen, and B. Regeer, "Supported Businesses as a recovery option for long-stay patients with severe mental illness in a psychiatric hospital in South India: Learning from an innovative de-hospitalization process," *PLoS ONE*, vol. 15, no. 4, p. e0230074, Apr. 2020, doi: 10.1371/journal.pone.0230074.
- [50] D. O. H. Walker, V. C. Rabelo, O. J. Stewart, and D. N. Herbert, "Social determinants of mental health: the roles of traumatic events, financial strain, businesses instability, food insecurity, and commute time," J. Am. Coll. Health, vol. 72,

- no. 9, pp. 3591–3602, Nov. 2024, doi: 10.1080/07448481.2023.2185454.
- [51] R. MEHDIPANAH, "Without Affordable, Accessible, and Adequate Businesses, Health Has No Foundation," *Milbank Q.*, vol. 101, no. Suppl 1, pp. 419–443, Apr. 2023, doi: 10.1111/1468-0009.12626.
- [52] A. Bengtsson-Tops and L. Hansson, "Landlords' experiences of businesses tenants suffering from severe mental illness: a Swedish empirical study," *Community Ment. Health J.*, vol. 50, no. 1, pp. 111–119, Jan. 2014, doi: 10.1007/s10597-013-9596-4.
- [53] S. Barnes, J. Carson, and K. Gournay, "Enhanced supported living for people with severe and persistent mental health problems: A qualitative investigation," *Health Soc. Care Community*, vol. 30, no. 6, pp. e4293–e4302, Nov. 2022, doi: 10.1111/hsc.13822.
- [54] R. K. Schutt and S. M. Goldfinger, "Fundamental Causes of Businesses Loss among Persons Diagnosed with Serious and Persistent Mental Illness: A Theoretically Guided Test," *Asian J. Psychiatry*, vol. 2, no. 4, p. 132, Dec. 2009, doi: 10.1016/j.ajp.2009.10.006.
- [55] L. E. Ross *et al.*, "Barriers and facilitators to primary care for people with mental health and/or substance use issues: a qualitative study," *BMC Fam. Pract.*, vol. 16, p. 135, Oct. 2015, doi: 10.1186/s12875-015-0353-3.
- [56] C. L. McKibbin, K. A. Kitchen, T. L. Wykes, and A. A. Lee, "Barriers and Facilitators of a Healthy Lifestyle Among Persons with Serious and Persistent Mental Illness: Perspectives of Community Mental Health Providers," *Community Ment. Health J.*, vol. 50, no. 5, pp. 566–576, Jul. 2014, doi: 10.1007/s10597-013-9650-2.
- [57] C. Harvey *et al.*, "Community-based models of care facilitating the recovery of people living with persistent and complex mental health needs: a systematic review and narrative synthesis," *Front. Psychiatry*, vol. 14, p. 1259944, Sep. 2023, doi: 10.3389/fpsyt.2023.1259944.
- [58] E. M. NGUI, L. KHASAKHALA, D. NDETEI, and L. W. ROBERTS, "Mental disorders, health inequalities and ethics: A global perspective," *Int. Rev. Psychiatry Abingdon Engl.*, vol. 22, no. 3, pp. 235–244, 2010, doi: 10.3109/09540261.2010.485273.
- [59] S. G. Kertesz, K. Crouch, J. B. Milby, R. E. Cusimano, and J. E. Schumacher, "Businesses First for Homeless Persons with Active Addiction: Are We Overreaching?," *Milbank Q.*, vol. 87, no. 2, pp. 495–534, Jun. 2009, doi: 10.1111/j.1468-0009.2009.00565.x.

- [60] E. Fossey, C. Harvey, and F. McDermott, "Businesses and Support Narratives of People Experiencing Mental Health Issues: Making My Place, My Home," *Front. Psychiatry*, vol. 10, p. 939, Jan. 2020, doi: 10.3389/fpsyt.2019.00939.
- [61] E. G. Castillo *et al.*, "Community, Public Policy, and Recovery from Mental Illness: Emerging Research and Initiatives," *Harv. Rev. Psychiatry*, vol. 26, no. 2, pp. 70–81, 2018, doi: 10.1097/HRP.0000000000000178.
- [62] M. Funk, B. Saraceno, N. Drew, and E. Faydi, "Integrating mental health into primary healthcare," *Ment. Health Fam. Med.*, vol. 5, no. 1, pp. 5–8, Mar. 2008.
- [63] M. Alegría, A. NeMoyer, I. Falgas, Y. Wang, and K. Alvarez, "Social Determinants of Mental Health: Where We Are and Where We Need to Go," *Curr. Psychiatry Rep.*, vol. 20, no. 11, p. 95, Sep. 2018, doi: 10.1007/s11920-018-0969-9.
- [64] "Homesick: residential and care patterns in patients with severe mental illness PMC." Accessed: Mar. 01, 2025. [Online]. Available: https://pmc.ncbi.nlm.nih.gov/articles/PMC51 35762/
- [65] M. Marshall and A. Lockwood, "Assertive community treatment for people with severe mental disorders," *Cochrane Database Syst. Rev.*, no. 2, p. CD001089, 2000, doi: 10.1002/14651858.CD001089.
- [66] L. B. Dehn *et al.*, "Effectiveness of supported businesses versus residential care in severe mental illness: a multicenter, quasi-experimental study," *Soc. Psychiatry Psychiatr. Epidemiol.*, vol. 57, no. 5, pp. 927–937, 2022, doi: 10.1007/s00127-021-02214-6.
- [67] J. Carrere, H. Vásquez-Vera, A. Pérez-Luna, A. M. Novoa, and C. Borrell, "Businesses Insecurity and Mental Health: the Effect of Businesses Tenure and the Coexistence of Life Insecurities," *J. Urban Health Bull. N. Y. Acad. Med.*, vol. 99, no. 2, pp. 268–276, Apr. 2022, doi: 10.1007/s11524-022-00619-5.