Supplementary Table 1 Research questions addressed by the data

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| Analytical lens | Research Question | Setting | Key finding or focus |
| Cross-sectional descriptive | 1. Prevalence of SMI among street/shelter homeless | Juiz da Fora, Brazil (63) | 12.0% |
| Rio de Janeiro, Brazil (64, 65) | 10.7% |
| Colombia (67) | 47.4% |
| Ethiopia (51) | 41.0% |
| Port Harcourt, Nigeria (49) | 37.9% |
| Peru (68) | 8.0% |
| Turkey (43) | 39.5% |
| 2. Prevalence of homelessness among SMI | Rural China (20, 22–24) | 5.9% |
| Rural China (27, 29–33) | 8.2% |
| Rural China (25) | 5.5% |
| Rural Ethiopia (54) | 7.0% |
| Rural Ethiopia (51) | 2.5% |
| Rural Ethiopia (57) | 2.3% |
| Rural Ethiopia (56) | 3.6% |
| Rural Ethiopia (55) | 3.0% |
| Urban Nigeria (48) | 4.0% |
| Urban Brazil (66) (lifetime) | 21.5% |
| 3. Descriptive characteristics of homeless people with SMI | Rio de Janeiro, Brazil (54, 55) | Gender,54,55 psychiatric hospitalization,54 social disablement55 |
| Rural China (21–26, 29) | Socio-demographic, psychiatric morbidity and family-related variables,21 marital status,21,23 family caregiver,21,24 family SES,21,25 gender,21,26 history of antipsychotic medication,21,22,26 criminal behaviour29 |
| Urban China (19, 22) | Quality of life,19 insight22 |
| Urban China (34) | Tuberculosis detection |
| Urban China (21) | Family environment |
| Urban China (22) | Cardiovascular risk factors |
| Urban Egypt (59) | Gender, case mix, admission circumstances |
| Urban Ethiopia (53) | Variables related to homelessness, unmet needs |
| Urban Ethiopia (52) | Gender, age, origin, case mix |
| Urban Ghana (60) | Gender, age, case mix |
| Bangalore, India (41, 42) | Socio-demographic and psychiatric morbidity variables, case mix,41,42 family traceable,41 admission circumstances, comorbid medical conditions42 |
| Gujarat, India (40) | Socio-demographic and psychiatric morbidity variables, admission circumstances, case mix, comorbid medical conditions |
| Lucknow, India (41) | Socio-demographic and psychiatric morbidity variables, case mix, comorbid medical conditions, duration of and reasons for homelessness |
| Abeokuta, Nigeria (45) | Gender, case mix |
| Calabar, Nigeria (44) | Gender, QTc interval |
| Port Harcourt, Nigeria (49) | Socio-demographic variables, treatment history, length of homelessness |
| Urban Nigeria (48) | Socio-demographic and psychiatric morbidity variables, case mix, comorbid medical conditions, duration of and reasons for homelessness |
| Prospective descriptive | 4. Incidence of homelessness | Rural China (24) | 0.9/100 person-years |
| 5. Course and outcome | Bangalore, India (37) | Duration of hospitalization, discharge outcome, follow-up information, status of recovery |
| Gujarat, India (40) | % improvement, discharge outcome, follow-up information |
| Lucknow, India (41) | Duration of hospitalization, discharge outcome |
| Urban Mozambique (59) | Family reintegration 3 months post-discharge |
| Abeokuta, Nigeria (45) | Discharge outcome, follow-up information |
| Port Harcourt, Nigeria (47) | % discharged, change in scores, AP side effects |
| Urban Nigeria (48) | % improvement, time to improvement, mortality |
| Cross-sectional analytic | 6. Factors associated with homelessness (*v*. non-homelessness) among SMI | Urban Brazil (64) | Impaired quality of life |
| Rural China (20, 21, 24–27, 29) | Younger,21 male,26 single marital status,21,23 no family caregiver,21,24 family history of mental illness,21 family history of schizophrenia,20,21 low family SES,25 not being treated with AP med,27 criminal behaviour29 |
| Urban China (36, 37) | Rural residencea, single marital status, less educated, treatment with first generation APs, comorbid medical conditions, diagnosis of ‘other’, shorter duration of illness, fewer hospitalizations, higher depression and psychotic symptoms,36,37 poorer social adjustment,36 worse insight37 |
| Urban China (21) | Older, married, less educated, rural residencea, from outside hospital province, employment, non-Han ethnicity, family environment achievement orientation, intellectual-cultural orientation organization and control subscales |
| Urban China (22) | Rural residencea, less educated, shorter hospitalization, previous homelessness, less anti-hypertensive and anti-diabetic medication, less hyperuricemia and fatty liver |
| Urban Ethiopia (53) | Older, longer duration of homelessness, less harmful alcohol use, less suicidal behaviour |
| Urban Nigeria (50) | Older, unmarried, less educated, unemployed and/or performing unskilled labour, no accommodation and living alone, diagnosis of schizophrenia, hypertension, diabetes |
| 7. Factors associated with SMI (*v*. non-SMI) among homeless | Juiz da Fora, Brazil (63) | Single marital status, longer duration of homelessness, no hope of a status change, less contact with relatives, lower literacy, more religiosity, less attendance at community services, more attendance at mental health outpatient facilities, fewer hospitalizations |
| Rio de Janeiro, Brazil (62, 63) | Female gender,62,63 previous psychiatric hospitalization,62 social disablement63 |
| Prospective analytic | 8. Predictors of homelessness among SMI cohorts | Rural China (24) | Single marital status, poor quality of housing at baseline, no individual income, family history of mental illness, family history of schizophrenia |
| 9. Homelessness as a predictor of clinical outcomes | Da Silva (66) | Impaired QOL |
| Urban Nigeria (50) | Less improvement, longer time to improvement, mortality |
| Other designs | 10. a) Intervention | Gouveia (61) | Family reintegration in Mozambique |
| 10. b.) Program descriptions | Chatterjee (35) | The Banyan rehabilitation home for women in India (NGO) |
| Rao (39) | The Banyan rehabilitation home for women in India (NGO) |
| Chatterjee and Roy (42) | Iswar Sankalpa in India (NGO) |
| Eaton (58) | Amaudo Itumbauzo in Nigeria (NGO); Association St. Camille in Benin and Côte d’Ivoire (NGO) |
| Colwill (47) | Amaudo Itumbauzo in Nigeria (NGO) |
| 10. c) Qualitative service evaluations | Borysow(62) | Intersectoral linkages for services for homeless SMI in Brazil |
| Gopikumar (36) | Recovery in institutional care settings (The Banyan) |
| 10. d) Descriptive analyses | Chatterjee (35) | Services for homeless women with mental illness in India |
| Baasher (59) | ‘Vagrancy and psychosis’ in several African countries |
| Asuni (45) | ‘Vagrancy and psychosis’ in Abeokuta, Nigeria |
| Harding (44) | Psychosis in a rural West African community |
| De-Graft Aikins (60) | ‘Destitute mentally ill’ in Ghana |

a. According to China’s Hukou household registration system.