

Outpatients with Homeless Problems in Stockholm: A Clinical Participant Observational Study of their Live Situations

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ABSTRACT

Background and Objectives: The Swedish welfare state has attracted popularity during the last century. The period saw globalization compelling Sweden to seek membership in the European Union. Investigators have studied the welfare state concerning how it nurtures the ordinary people who make up the bulk of the Swedish population, while in studies about homeless individuals and Outpatients with disabilities, not much has been accomplished. The objective is to investigate the Outpatient with homeless problems and those with disabilities in Stockholm County. How do they encounter healthcare with their psychological and social problems in Sweden?

Method: The study utilized the participant observation method and introspection data to accomplish its goal. The observation approach is valuable when the researcher wants to get firsthand and accurate data on how a mechanism works. The concept of anonymity was regarded as an essential aspect of procuring information and getting close to the participants. The work focused on a public place where prohibition was strict and formal interviews could not be employed. The participant observation allowed me to be closer to the participants. It enabled me to have a naturalistic observation where one could identify with victims and allowed oneself to put himself into their shoes.

Results: Traumatic situations make victims of homelessness seek shelter. Domestic violence makes spouses not being able to cope with the life stress that occurs in relationships. Consequently, these push them to seek help from the municipal authorities or the NGOs. Some have been ejected from their houses by the authorities because of their inability to pay their bills and expenses. Patients have pain disabilities, have received heart surgery, and have soreness on their legs or hands, broken wrinkles with acute and chronic pain, and pain injuries on the head with blood-stained plaster. Others sit in wheelchairs with neck and back pains. Vagrant schizophrenia patients (in my opinion) exhibit the qualities of all other vagrant schizophrenia patients seen around the world except for the fact that they have their clothes on. Clothes may be shabby or clean. The clean ones are not ironed, so one could conclude that these clothes have been worn for a long time and smell a great deal.

Conclusion: The role-playing behavioral technique was rehearsed efficiently by patients who identify with the different sorts of people who inhabit the city. In the traveling halls are those travelers who look healthy, dress neatly, and travel to places with purposes and directions. Patients and the homeless try to identify with the travelers who dress neatly while they carry one or two pieces of luggage pretending to be traveling. Vagrant schizophrenia disorder patients had relatives who came by occasionally and changed their dirty clothes as they glided through the people in the escalators. When tired, they would retire to the traveling hall and sleep deeply to regain strength. Thus through role-playing and identification, some patients can cope and adapt to life in the city environment. The welfare state nurtures the ordinary people who make up the majority of the Swedish population. The model satisfies wayward people, such as homeless individuals and patients with disabilities.

Keywords

Depression, Homeless Migrants, NGOs, Outpatients with disabilities, Post Traumatic Stress Syndrome, Schizophrenia, Swedish model, Welfare State.

Introduction

Sweden's welfare is about equality, healthcare, and the governing power of social security. Sweden, therefore, has one of the most open-handed welfare countries in the world, being regarded as the "Middle Way" between capitalism and socialism. The country sees itself as the leader of social equality in the global civilized world. Notwithstanding, in investigating patients and homeless people in Stockholm, the Swedish welfare state or what has been labeled "the Swedish Model" will be touched upon. Though the Welfare state commenced around the 1890s, the acquired features that propelled Sweden into the international arena came in the 1960s and onwards. Then during the 1990s, the welfare state became modernized and restructured which attracted and gained influence during the economic crisis of the time. It was during this period when economic globalization became popular which compelled Sweden to become a member of the European Union [1-6].

Generally, researchers have studied the welfare state as it nurtures the normal ordinary people that make up the bulk of the Swedish population but investigation concerning the wayward people such as homeless individuals and patients with disabilities, little research has been conducted. Today in Sweden, there are about 2600 to 2800 people who are homeless in Greater Stockholm County alone [7]. The economic crisis, which COVID-19 and the Russia-Ukraine War have generated has led to slow economic growth and a budget deficit in the way Sweden uses to care for its citizens. The manner "the Swedish Model" is utilized to care for its homeless people and wayward patients is the focus of this current investigation.

There is common knowledge about the NGOs and several local organizations that offer support to cater to the homeless population and certain patients about their problems. Despite the efforts, awareness about these groups and their essential functions remains low. This study aims to improve awareness amongst the local community and the general public. It will become apparent why patients become homeless and need assistance and support. Moreover, their life situations and daily needs in a modern Welfare State in Europe will be illuminated. As these organizations cater to the healthcare, psychological, and social needs of these patients with homelessness problems, how can the healthcare in Sweden benefit in terms of support for policy, social work, and future manner in research in the larger industry?

The Investigation, its Aims, and Research Questions

The present work investigates the life situations of outpatients and homeless individuals in the city of Stockholm, Sweden, and to find out how these people with different cultural backgrounds and multi-needs are coping with stressful life in a Welfare State. Because Sweden is very meticulous about its citizens due to the politico-religious part of its welfare economics, scholars and academics

hardly think that there can be a segment of the populace that may be encountering homelessness and healthcare. This investigation unearths the nature of their needs as well as their problems in Stockholm County and how they encounter life in the biggest city as they go through the current economic crises that the COVID-19 and Russia-Ukraine wars have created. The study expects to be furnished with the kind of resources being employed to cater to these numerous needs of the different groups and organizations that are strenuously working as a team to deal with the problems of these patients and homeless people in a modern city environment.

More significant of this study is to unearth what manner of persons consist of the patients and the homeless Individuals who inhabit Stockholm County. In which way do they become homeless and require help and support from the authorities and the different organizations? How can we understand, interpret, and make meaning regarding their life situations and daily needs in a modern Welfare State in Europe? Finally, which organizations are catering to the healthcare, psychological, and social needs of these patients with homelessness problems?

Review of Earlier Research on Patients and Homeless People

Homeless people are a problem in many cities in Sweden, and Stockholm is no exception. In a study published by Burstrom et al., they investigated homeless people whom they see as a socially excluded group whose well-being echoes experiences of crisscrossing social elements of health. The researchers aimed to investigate through description and comparison the demographic make-up, certain social elements of health, and self-recounted health that surround these homeless people in Stockholm. This study took place in 2006 and 2018 [8].

They obtained data by utilizing "face-to-face interviews" with homeless people in Stockholm who made up a total of 303. They also used additional information based on a public health survey questionnaire, which they had adapted to the group, including the EQ-5D-3L instrument. The chi-square statistical technique revealed the test for statistical significance between groups. They also employed the independent *t*-test for comparison of mean scores and values. Moreover, Ordinary Least Squares (OLS) regression with Robust Standard Errors (RSE) was executed on merged 2006 and 2018 data with mean observed EQ VAS score as the outcome variable [9].

The findings of the investigations were of vital value and interesting. These homeless people who originated from countries outside Europe possessed temporary social assistance rather than long-term social insurance. This was when the year 2018 was compared to 2006. More of these respondents had earlier on in 2018 reported a lack of social support, exposure to violence, and refrained from seeking health care due to economic reasons. Again, daily smoking, binge drinking, and use of narcotic drugs were fewer in the year 2018 than in the year 2006. Above all, in the year 2018, a higher percentage recounted complications in the EQ-5D-3L dimensions the mean TTO index value and the VAS index value was meaningfully lesser than in the year 2006. The use

of regression analysis of the merged data showed no significant difference between the two interval years [10].

Another important study by Irestig et al. concerning the homeless people in Stockholm County followed. Their main purpose was to illuminate the perceived treatment the homeless people have obtained from the healthcare and other societal organizations in Sweden. They were also interested in unraveling how homeless persons trust the healthcare system and if they had some suggestions concerning the necessary changes for refining it [11].

They contacted the homeless individuals in houses and institutions in the County of Stockholm. They asked them to answer a short version of a public health survey that included added questions about how they experienced the healthcare providers' attitudes toward them. Again, how much confidence they possessed in the healthcare system. All told, 155 homeless persons 123 males and 32 females were approached and interviewed. The majority of participants agreed that they had "fairly confidence" or "very high confidence" in healthcare facilities and also sensed that they had been fairly or very well treated. Lesser females than males recounted being handled great, and they declared a lower degree of confidence in the healthcare system. These individual homeless persons intimate that more resources are needed to support their healthcare, including a higher level of knowledge of the medical problems prevailing in the group. The badly treated people also requested less neglect and disrespect from the healthcare personnel [12,13].

Fazel et al. surveyed the European Union, using more than 400,000 individuals who were homeless on any one night and more than 600,000 who were homeless in the USA. They found that the origins of homelessness are an interaction between individual and structural factors. They mentioned the individual factors as poverty, family problems, and mental health and substance abuse problems. The availability of low-cost housing is the most essential operational element for homelessness. In addition, homeless people have higher rates of premature death than the rest of the general population, for example, from suicide and unintentional injuries and an increased pervasiveness of a range of infectious diseases, substance abuse, and mental disorders. There are also high rates of non-communicable diseases, which have been mentioned with an indication of enhanced aging. Homeless people typically consult the emergency unit more regularly than non-homeless people. Though engagement with health resources and attendance to treatments is usually conceded [14].

This particular investigation and others [15-19] offered recommendations to improve the reconnaissance of morbidity and death among homeless people. They suggested that programs should focus on high-risk groups, such as individuals leaving penitentiaries, psychiatric hospitals/clinics, and the child welfare institution system. Moreover, they should introduce national and state-wide plans to target homeless people to improve outcomes.

In the next section, a discussion of the methodological issues of

outpatients and homeless people's study in Stockholm City will be presented.

Methodological Considerations

Participant Observation

The study employed the participant observation method and introspection data to accomplish its goal. The importance of observation approach is valuable when the researcher wants to get direct information on how a mechanism works. It was deemed necessary in this study because anonymity was an essential aspect of procuring information and getting close to the participants. A brief justification for why interviews and questionnaires were not utilized was that the investigation focused on a public place where prohibition was strict and formal interview was banned. This was an essential limitation that could not be disregarded. Interviewing could jeopardize the serenity in this famous place where tourists and eminent men and women were in transit to major European cities abroad. Using the participant observation could first allow the researcher to be closer to the information required. It also enabled the researcher to have a naturalistic observation where one could identify with victims and allowed him to put himself into their shoes. There was no disturbance to the behaviors that were investigated. Therefore, the originality of the data is what this study depends on in acquiring knowledge. There was efficacy in the approach to gathering data. The study is an experiential study where one recount a fully-fledged experience with a population that is supposed to be out of reach for scientific research.

Chicago school in the twentieth century was run by Social anthropologists who had research areas that included criminality, deviant behavior, urbanization, and ethnic groups. The central themes of their approach that differentiate them from positivism are that they (1) Observe, (2) Listen, and (3) understand informants. Their two traditions formalism and pragmatism had sway on researchers. The former, that is, formalism was championed by Gorg Simmel and it states that if social relations change continuously, they still reveal some similarities.

- Investigations should show or pay attention to group similarities
- Social research should focus on the interaction between persons and their social milieu
- Naturalistic principle: the social reality ought to be studied in its natural condition without interference by the researcher

Lofland & Lofland (1984) has defined participant observation as a procedure:

- *Where a researcher, in a considerable amount of time, establishes a relationship with a group of people in their natural milieu to develop a scientific understanding of this group* [20].

The positive aspects of participant observation are that the researcher does not project his reality onto the group; there is concentration on understanding why and how people change; registration of real observation which can be interpreted and explained in a theoretical frame of reference; move closer to people;

and live among them and observe their day to day activities. In short, participant observation allows the researcher to 1. Observe, 2. Listen and 3. Comprehend. Finally, it allows one to combine different methods in research. Gold's describes four ways: 1. The total participant. Here, the researcher has full engagement within the group. 2. Participant as an observer. Here, the investigator declares his role in the group. 3. Observer as a participant. The researcher has long established to comprehend, which is far from participating. Finally, 4. No participating role at all. In this study, we chose the first-mentioned, that is, the total participant [21]. It must be also mentioned that participant observation can lead to the risk of bias. The researcher's own bias can lead to inaccurate or biased data if participants alter their behavior in response to the researcher's presence, leading to a Hawthorne effect or social desirability bias. In addition to that participant observations can be very expensive, time-consuming, and challenging to carry out.

The qualitative nature of the research does not allow us to generalize from this investigation. It depicts the limitation of this study since we were not inclined to interview the individual patients and homeless subjects. On the other hand, this study fills a gap because reviewed researches had depended mostly on interviews and the use of lengthy questionnaires. Future studies should consider the employment of additional interviews and questionnaires to gain information or data on how the patients and homeless individuals perceive their life situations in the restricted areas of the traveling milieu. It will then permit the researcher to acquire data about how the participants want to see their abode bettered and if they have any suggestions to the authorities about their general healthcare, psychological, and social needs problems.

Sample and Demographic Characteristics

The ethnicity of these patients and homeless persons were Ukrainians, Polish, Finish, Somalians, Native Swedes, Ethiopians, Eritreans, Sudanese, Chinese, Romanians, and Ghanaians. Their age groups were 30 – 50 years, 50–70 years, and 70–90 years or above. The working groups which were between 50–70 years were mostly Polish and Ukrainians, and they were mostly builders and artisans who had migrated to work in Sweden. Others had migrated to Sweden because of the war. The 70–90-year-old men and women were Native Swedish Pensioners (Whites or Caucasians) and some had some form of disabilities. The 30 to 50-year-olds were mostly unemployed migrants who had just entered the country with proper or no proper documentation. These individuals have dire problems not only with the culture of their host country but also with the Swedish language. The inability to speak the language or play in the system brings them frequent confrontations with law enforcement authorities such as the Police, Night Patrol Team, Stockholm County Guards, and the Social Authorities Guards. The researcher investigated between 1 July 2023 and August 30, 2023, both day and night of the two months. More than 250 sample Patients and Homeless Individuals were participants every day, and it was observed the use of the convenience sampling technique every day and night continuously during this period until some individuals left and others joined or returned. People used this public place to release tension and

found some temporary company with numerous migrants.

Results

Different Causes of Traumatic Situations

Domestic Violence

Different traumatic situations compel patients and other subjects who are victims of homelessness to seek shelter. They consist of dire situations such as domestic violence. This may have to do with spouses not being able to cope with the life stress that occurs in relationships which consequently pushes them to leave and seek help from the municipal authorities or the NGOs. Some could have been ejected from their houses by the authorities because of their inability to pay their bills and expenses or, their spouses are fed up with them. Debt with the authorities is common with many of the people who are found in these places. In our study, we came across patients who had gone through a heart operation, were confused and talked to themselves regularly, and had no telephones that could help them communicate at home. Men were mostly seen to have been ejected from the houses they built together with their partners. They were older men with meager incomes to support themselves. Some drug-dependent individuals constantly continued to abuse themselves going about picking cigarettes from the ground in the bars, restaurants, and pubs around. Some sat in the front of big hotels and tried to collect help from the passer-by visitors or tourists. Many drunkards who could still buy some drinks and cigarettes for themselves were found there.

Patients with Psychiatric Problems

There were many psychiatric patients among them, especially psychotics, depressive patients, anxiety-laden patients, schizophrenia patients, and vagrant schizophrenia patients who surprisingly could be found roaming in the city, different shops, and the city's cultural house. Vagrant schizophrenia patients were well-dressed in a modest manner though some had tattered clothes that could keep them warm. A particular woman was left by their family who came there once in a while to dress her up in her neat clothes. She could be seen roaming among the travelers in the staircases and pretending to be normal; sometimes one could smell some urine in her clothes. Many patients could be seen running around in the escalators, and their acting out as travelers helped them to calm their anxieties. The identification with travelers was probably the reason why they ventured to come around to the big cities. Thus, I asked one young man of 40 years who expressed confusion and pain inside him why he had come there, and he responded that he had come there to release tension from his troubles and have a tranquil mind. He talked to no one but kept his head couched down as he sat on the bench in the traveling environment.

Former Prison Inmates

Inmates were young men who had either run away from the prison to loiter there or were on parole, so they came there to seek shelter and food. Thus, I witnessed one inmate from Somalia struggling with the warders when they finally caught him in the main traveling hall. He showed aggressive behavior and violently tried to hurt the warders who suddenly called the police for backup. It took the police a great deal of time to arrest and transport him to prison.

Two days later, this individual was seen again roaming in town and picking food from the refuse to eat.

Social Conditions in Different Centers

Sleeping in the Centers and Other Social Activities

Some homeless individuals look smart and conscious of their presence in the city milieu. Aware that their environments were filled with people who were traveling to various parts of the country and abroad, they presented themselves as travelers. They may be seen with one or two pieces of luggage and dressed in nice clothes as if they were traveling, either in transit or stranded because their trains had left earlier before they arrived. Mental patients exhibit sick roles; some with constant consultations with the primary healthcare and hospital authorities. Vagrant schizophrenia patients roam daily in travel environments. Some were seen going to the shops, the city, and the Culture House (Kulturhuset) of the city. The culture house has a library, games that people play, and different restaurants where different foods are cooked. Moreover, the theatre and film shows could be found there. So it is not uncommon that these vagrants frequent there to either pretend to use the internet or engage in reading in the library.

Sleeping and resting are done while sitting; nobody is allowed to sleep on the bench or floor during that time. Warders of the city centers are strict concerning this, and they would constantly wake patients/outpatients up when they begin to dose off or ask them how they are doing. The warders moved around in threes so that they could be able to foil the threat of violence and criminal activities. Those patients or homeless individuals who show aggression toward others are expelled from the city center; otherwise, everyone irrespective of his condition is left free in the center.

Migration Experiences and the Homeless People

The majority of these individuals who had come there due to wars in their country had nowhere to turn, so they depended on the social authorities for their overall livelihood. As mentioned earlier, some of these shelters have temporary accommodation to offer to these migrants who could stay there one week and vacate the place for another person for another week. A migrant could then return after one week away from the shelter to seek additional support. In the centers where people are traveling to and fro, patients and homeless individuals are not allowed to seep. They sit and sleep as travelers and make no bench to sleep on. The centers open early in the morning from 3.00 a.m. and close at 1.45 a.m. This closed period between 1.45 a.m. to 3.00 a.m. is used by the workers and cleaners to see that the centers are tidy. Breakfast, Lunch and sometimes Dinner are served. The Jesus Group offers coffee and bread in the mornings, and they come and shout every morning: "Jesus is offering Coffee this morning wake up, wake up, and come for your free Coffee." However, others continue to sleep while those who are hungry would go for the food for their breakfast.

Vagrant Schizophrenia and Schizophrenia Patients

Vagrant Schizophrenia Patients

Among the many outpatients are schizophrenia patients (in my

opinion) who were completely seen as vagrants or having no purposeful movements. They move around daily with clean clothes and others with shabby clothes but behave not differently from vagrants in other parts of the world. Selected samples include the following:

- a) **The Fisherman-** The patient carries along his fishing hook and long shank: Usually barbed wire and ropes are also seen with him. He roams in the shops around the culture house (Kulturhuset) and sometimes retires to a secluded place where he rests and murmurs. Once food that I bought in the street was shared between me and him.
- b) **The Stroller Woman-** She carries not a child but instead a little dog and a cat inside her stroller. Apart from that, she has all her clothes and belongings inside this stroller. One could see her packing some leftover food inside it as well.
- c) **Trypanosomiasis Woman-** This woman suffers from Elephantiasis with no sign of daily treatment. She is a bit shy but keeps most of the time to herself and hardly communicates with people in the vicinity. But she responds when one communicates with her.
- d) **The Lever Man-** He carries a long lever with all his belongings packed on it. The lever is a rigid bar resting on a pivot, used to move a heavy or firmly fixed load with one end when pressure is applied to the other. The lever man frequents the culture house, and one will find him going up and down in the lift with belongings. He talks to the passer-by and requests to have empty cans, which he usually returns to receive money (panter).
- e) **The Cemetery sleeper.** This man usually makes the bed in the cemetery on Sunday mornings and afternoons, especially gazing at the individual graveyards and speaking to himself or murmuring. The Saint Clara Church, which harbors the Cathedral of the Swedish Church, receives many tourists from different countries in Europe, especially, Germany and Switzerland. Though they see this vagrant, no one cares about asking him why he is lying in the cemetery and communicating with himself.
- f) **Scavenger man:** He eats the leftover foods in the dustbin or refuse. He sometimes accepts food when you have rapped them nicely. Sometimes, he would refuse the proper food one buys for him and instead pick the food in the dustbin.
- g) **The Marathon Man** runs around with speed, not only in the traveling hall but sometimes one would see him in the streets and the culture house (Kulturhuset) of Stockholm County. He usually does not brush his hair, so he looks untidy and can smell the odor. The manner he dresses and the way he appears in his gentle and shabby clothes signifies that he is a well-educated fellow. He occasionally communicates with people and does not care whether you are a child or a grown-up.
- h) **The African King:** An African outpatient who hails from somewhere in the Horn of Africa who raises his hands always in a fist, saying, "I am a King!" He is also known as "Cash King or Cash Man" since he refers to himself as having plenty of money and, as a result, he is rich. Because he hails from a royal house in Africa.

- i) **The Soothsayer Woman** will collect money from anyone and pretend to know the future happenings/events of other individuals. Not everyone regards her presence as welcome. When she approaches someone, she could be threatened by citizens who are not kind due to the rampant nature of many people from the street who go about begging for alms and food.

Patients with Pain Disabilities in Need of Healthcare

Other patients lived in these places, but they looked different from the vagrant schizophrenia patients. Some of these outpatients have pain disabilities, receive heart surgery, have soreness on their legs or hands, broken wrinkles with acute and chronic pain, pain injuries on the head with blood-stained plaster, and some sit in wheelchairs with neck and back pains. The vagrant schizophrenia patients are visible, and they exhibit the qualities of all other vagrant schizophrenia patients seen around the globe except for the fact they have their clothes on. Or they wore decent clothes. Sometimes, the clothes may be shabby or clean. The clean ones are not ironed, so one could conclude that these clothes have been worn for a long time and smell a great deal of odor.

Depressed and Psychotic Patients with Strong Smoking Habits

Usually, these persons sit outside the main entrance of the center or some meters from the center and converse among themselves, that is, if the weather is nice and favorable. They seem to love themselves very much and offer cigarettes and nicotine push (Snus) to themselves. Even though these products' use increases the risk of high blood pressure, increases mortality rate after cancer, myocardial infarction, and cerebral stroke, and again increases the risk of non-affective psychosis, type 2 diabetes, metabolic syndrome, weight gain, and obesity, the majority of depressed patients love to use them and share among themselves.

The cool chat with one another is enjoyed by them and since most of them are pensioners, they do not worry about the activities of the rest of the people. They hardly criticize the authorities and the law enforcement group who agreeably assist the former when they need healthcare and hospital consultation. They complain only when the food is delayed or there is no sign of having something to eat. These are experienced outpatients, homeless, or pensioners who possess enormous experiences because they have traveled wide when they were working. They are mostly pensioners who used to be well-to-do or losers who never made it in life because of alcohol abuse and drug dependency.

Patients with PTSD, their Psychiatric Treatments, and Church Service Participation as Coping Strategies

Several people who hail from Ukraine and Russia reside at Saint Clara Cathedral in Stockholm. These people and homeless individuals had run away from the war between Ukraine and Russia. Some of these subjects suffer from Post-Traumatic Stress Disorder (PTSD), according to the church ministers I spoke with. Stockholm County in collaboration with Stadsmission (The Swedish Church) Organization, organizes Psychiatric care and

counselling by their ministers and deacons to help these victims. Other professional groups also perform these consultations to assist these patients adapt and cope with the realities of war.

In the Cathedral, except on Sundays and certain special occasions, services are conducted at 8.30 a.m. after which all the participants, irrespective of origin, are given packed foods and other provisions that could support them the whole day. They do these six days a week to support the welfare of the homeless and needy people who are traumatized.

On Sundays between 11.00 am to 1.00 am, mass (church service) is conducted where preaching and love songs are sung by the community members who continuously console patients and homeless individuals to deal with their troubles or predicaments.

Hierarchy of Needs: Food Security, Psychological and Physical Needs

The outpatients and homeless individuals congregate in these centers in Stockholm because they know that they will receive help in the form of food, psychological and physical support, and healthcare. Moreover, they receive counseling from professional associations that are aware that there exist groups such as homeless outpatients with different needs and cultural backgrounds. The professional groups include The Swedish Church (Stadsmission-Svenska Kyrkan, Saint Clara Church in Stockholm); Voluntary Organizations such as the Salvation Army; Save the Children; Stockholm County House-help and volunteers; Homeless Organizations; etc. Save the Children continues to advocate to protect children and young adult girls from entering into prostitution. They have fixed ICT cameras around the traveling hall to campaign against the manner young women are snatched to satisfy the sexual urges of the strange persons in the city. The Homeless Organization, which frequently advocates for having its own Minister, has individuals who work full time to help feed these patients and homeless subjects. They serve them breakfast, lunch, and sometimes dinner in the traveling hall when the number of travelers has reduced around 11.00 p.m. Complaints came from the businesses that sell prepared foods and other restaurants that when the food comes early their businesses tend to flop, which is all the more reason why the dinner comes in late.

Healthcare, Treatment and Clinical Counselling

House-help and healthcare Unit (Hemtjänst & Vård), which is operated by Stockholm County, manages the healthcare part of the patients and homeless people. They come around with first aid and offer to assist those who need treatment of their sore and changing of their bandages. Meanwhile, Supervising Warders who work to see that everything is in order in the streets and the traveling center can call the Ambulance Unit or Police authorities and report to them when they find out that some patients have neglected the treatment of their sores. The Supervising Warders usually track the criminals and gangs who ran into the center or escaped from the prison. They arrest them and put them into the arrest room until Police help comes. When an ambulance takes these patients, they send them to the primary healthcare or the hospitals for treatment

before they post them to their permanent abode. There are many patients and homeless individuals who consider the traveling center as their permanent abode and so would ask the ambulance or the police to bring them to this center.

Analysis and Discussion

Investigations among the homeless patients in Stockholm County had been discussed and later followed and unearthed important information. The researchers had given numerous recommendations which had been looked into by the authorities in the Municipal Centers. Among these scholars are Burstrom, Irestig, Frazel, and his co-workers. They have offered recommendations to improve the reconnaissance of morbidity and death among homeless people. Some have suggested that programs should focus on high-risk groups, such as individuals leaving penitentiaries, psychiatric hospitals/clinics, and the child welfare institution system. Moreover, they should introduce national and state-wide plans to target homeless people to improve outcomes.

This study commenced to investigate the life conditions of patients and homeless individuals in Greater Stockholm City in Sweden and to unearth how these victims with different cultural backgrounds and multiple needs cope with stressful lives in Sweden. As has been shown in numerous studies, Sweden is meticulous about its citizens due to the politico-religious strength of its welfare system, often debated in welfare economics. As a result, scholars hardly think that there could be a portion of the inhabitants who may be encountering healthcare, psychological, and social problems amid the population of a welfare country in the Northern Hemisphere. This is the reason why this investigation was to illuminate the nature of their needs and their problems in Stockholm County. How are they combating their difficulties in the biggest city in the current economic crises that COVID-19 and the Russia-Ukraine war have brought about?

What is the psychological significance of the city environment to the patients and homeless individuals? Why should they choose the city as its refuge? Does being in the city offer them comfort? Why are the homeless not willing to migrate to smaller counties where resources are abundant? They could make friends easily with the residents who may love them better than the city folks. Finally, what psychological benefits exist for them as they flock to the city rather than any other region of the host country?

First, there seems to be an abundance of primary healthcare and major hospitals where they can be helped since their problems are the need for treatments. This reason accounts for why many will choose the city rather than go to the smaller counties. Some members of the authorities constantly advise them to spread out to other smaller Counties where they could equally be helped because of the abundance of resources that are evenly shared among the counties.

Another reason the patients and the homeless prefer to be in the city environment is that they could get easy recognition from the authorities. After all, they could experience anonymity. According

to some homeless people, it is in the city where one can maintain freedom and anonymity to move around and loiter for a while. Those who live their lives in the cities find it difficult to move to the outskirts to join other smaller countries. On these notes, I found some homeless individuals who reiterated that they would prefer to die rather than move to distant counties in their host country.

For those outpatients, family influence had steered their choice of the big city: "That is where you will have treatments and medicines for your peculiar problems." Though Sweden has health resources in all its countries, it seems some family members prefer that the vagrants go far away so that it would prevent them from becoming responsible for them. It is also easy to adapt and cope with the illness. Moreover, one could procure abundant foodstuffs as it is easy to beg for money and other needs in the big city where residents have better income and rich resources are abundant.

The role-playing method worked efficiently in the big city. Patients could identify with the different sorts of people who inhabit the city. Inside the city and the traveling halls are those travelers who look well, dress neatly, and travel to places with purpose and direction. It was observed meticulously that patients and homeless try to identify with the travelers and dress neatly while they carry one or two luggage pretending to be travelling to another city or abroad. Thus, old women who suffered from vagrant schizophrenia disorders had relatives who came by occasionally and changed their dirty clothes as they glided through the people in the escalators. When they were tired of walking around, they would retire to the traveling hall and sleep deeply to regain strength. Thus, through role-playing and identification, some patients and homeless people can cope and adapt to life in the city.

Concluding Remarks

This research has furnished us with the kind of persons that comprise the outpatients and the homeless individuals who live in Stockholm County. Through analysis and discussion, we have unveiled why the homeless people come there and request their support, needs, and help. The life conditions of these victims of war and their daily provisions in a modern Welfare State have been unveiled. The study has provided the organizations that cater to the primary healthcare, hospitals, psychological, and social needs of these patients and homeless subjects.

This research concludes that the welfare state nurtures the ordinary people who make up the bulk of the Swedish population. But at the same time, the investigation concerning wayward people such as homeless individuals and outpatients with disabilities has established that the care model is effective. These were the findings of this research. Stockholm 2600 to 2800 people who are homeless in Greater Stockholm County receive adequate resources that make them thrive in the city environment. Even though there is an economic crisis in the world, the slow economic growth and budget deficit have not impeded the effort of Sweden to care for its homeless citizens. This investigation has portrayed that the Swedish Model cares for their wayward homeless people.

Implications of the Findings for Policy, Social Work, or Future Research

- That patient's request to have their minister of homeless people should be granted under the condition that it is placed under the care of the Social Minister. This person will be in a better position to communicate the needs of these patients to public authorities.
- More funds should be given to the Churches and other Voluntary Organizations that assist patients and homeless people who find themselves in homeless situations.
- Pressure must be put on the Municipalities that exist outside the big cities to do more to entice homeless patients to migrate to these smaller counties.
- Research regarding homeless people must focus on investigating how migrants will be enticed in the form of offering them employment. Temporarily employment and model workshops could support their livelihood, which will in turn energize these patients to find the small counties attractive to live in.
- Research among patients with pain disabilities and those with fresh surgeries should dig deep to investigate how they can receive help from families or relatives who have excess accommodation, which these vulnerable people require urgently as forms of support.
- Efforts are needed concerning permanent accommodation but also intensified collaboration by the municipal officials that are responsible for the homeless people's health and social welfare. Future studies should enhance the impact of such efforts by health and social care services on the health and well-being of patients with disabilities who are homeless.

Limitation

The investigation was an observation study that did not use the interview or the questionnaire methods in collecting its rich data. Though it lacks the utilization of these popular research methods, the use of naturalistic approaches makes the reliability and validity stronger. It gives a sure advantage because we observed the participants in their natural setting, which provided us with original and adequate information for the research. This consequently enabled us to meticulously observe and help us to identify with participants from different cultural backgrounds and thus put ourselves into their shoes. The study objects and their behaviors were untouched; it complemented the necessity to respect the research field and its naturalistic operations at work. The qualitative methods thus yielded unique information concerning the observation of these patients and homeless individuals in the context of the city. In this manner, they made meaning from their experiences with different circumstances, which offered them additional possibilities to adapt to their different living situations in the natural environments.

Declarations

Ethics Declarations

The researcher had Ethics approval and consent to participate. Regent University Ethics Committee on Research permitted us. This committee since 2015 acts as the Institutional Review

Board (IRB) for the University. Therefore, acquired permission was acquired. Furthermore, I tried to hide the identities of the individuals involved in the research. This is the Informed Consent statement one used for the unique observational technique. "Feel free to opt out of the few conversation I engage with you at any time for any reason as participation is voluntary and there will be no rewards for completing the discourse. By providing answers to the questions, you have consented to participating in this study." Thus this presented to the participants of this research.

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