
Mental Illness and Homelessness

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PREVALENCE

According to the Substance Abuse and Mental Health Services Administration, 20 to 25% of the homeless population in the United States suffers from some form of severe mental illness. In comparison, only 6% of Americans are severely mentally ill (National Institute of Mental Health, 2009). In a 2008 survey performed by the U.S. Conference of Mayors, 25 cities were asked for the three largest causes of homelessness in their communities. Mental illness was the third largest cause of homelessness for single adults (mentioned by 48% of cities). For homeless families, mental illness was mentioned by 12% of cities as one of the top 3 causes of homelessness.

RELATIONSHIP TO HOMELESSNESS

Serious mental illnesses disrupt people's ability to carry out essential aspects of daily life, such as self care and household management. Mental illnesses may also prevent people from forming and maintaining stable relationships or cause people to misinterpret others' guidance and react irrationally. This often results in pushing away caregivers, family, and friends who may be the force keeping that person from becoming homeless. As a result of these factors and the stresses of living with a mental disorder, people with mentally illnesses are much more likely to become homeless than the general population (Library Index, 2009). A study of people with serious mental illnesses seen by California's public mental health system found that 15% were homeless at least once in a one-year period (Folsom et al., 2005). Patients with schizophrenia or bipolar disorder are particularly vulnerable.

Poor mental health may also affect physical health, especially for people who are homeless. Mental illness may cause people to neglect taking the necessary precautions against disease. When combined with inadequate hygiene due to homelessness, this may lead to physical problems such as respiratory infections, skin diseases, or exposure to tuberculosis or HIV. In addition, half of the mentally ill homeless population in the United States also suffers from substance abuse and dependence (Substance Abuse and Mental Health Services Administration). Minorities, especially African Americans, are over-represented in this group. Some mentally ill people self-medicate using street drugs, which can lead not only to addictions, but also to disease transmission from injection drug use. This combination of mental illness, substance abuse, and poor physical health makes it very difficult for people to obtain employment and residential stability.

POLICY ISSUES

Better mental health services would combat not only mental illness, but homelessness as well. In a survey by the United States Conference of Mayors (2008), 20% of cities listed better coordination with mental health service providers as one of the top three items needed to combat homelessness. Contrary to popular

belief, many homeless people with severe mental illnesses are willing to accept treatment and services. Outreach programs are more successful when workers establish a trusting relationship through continued contact with the people they are trying to help.

Even if homeless individuals with mental illnesses are provided with housing, they are unlikely to achieve residential stability and remain off the streets unless they have access to continued treatment and services. Research has shown that supported housing is effective for people with mental illnesses (National Mental Health Association, 2006). In addition to housing, supported housing programs offer services such as mental health treatment, physical health care, education and employment opportunities, peer support, and daily living and money management skills training. Successful supported housing programs include outreach and engagement workers, a variety of flexible treatment options to choose from, and services to help people reintegrate into their communities (National Mental Health Association, 2006). Homeless people with mental illnesses are more likely to recover and achieve residential stability if they have access to supported housing programs.

Unfortunately, lack of funding is a significant barrier to the successful implementation of supported housing programs. Funding is available from various programs run by the United States Department of Housing and Urban Development, as well as from the Projects for Assistance in Transition from Homelessness (PATH). Additionally, the United States Congress passed the American Recovery and Reinvestment Act (ARRA) in February 2009, which includes \$1.5 billion for homelessness prevention and re-housing (National Alliance to End Homelessness, 2009). However, there are still not enough resources to provide adequate services to the homeless population and those at risk for homelessness. Efforts need to be made to ensure that these funds are used appropriately, efficiently, and in ways that will most effectively help the mentally ill homeless population.

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