Severe Mental Illness in the Homeless Community

Although today’s society is more modernized and socially aware than ever before, the average community has yet to acknowledge the growing issues residing with the homeless community. The lack of social interaction between a community and its homeless individuals results in a poor understanding and little acknowledgment of the rise of mental disorders among the homeless. Another major contributor to the prevalence of mental disorders in the homeless is the lack of government funding. Without proper funding, mental institutions are not able to hold a larger capacity of people with a severe mental illness, such as schizophrenia, bipolar disorder, and major depression, resulting in the patients being forced to live on their own when in reality they are dependent and need constant monitoring. This practice is known as deinstitutionalization. Although there are currently services and shelters for the homeless, the staff is usually untrained and unable to provide mentally ill homeless patients with proper attention. The occurrence of mental illness within the homeless community reached one-third according to an assessment report in 2012. This is out of the whopping 2 million homeless in a given year. Without proper social interactions and education on available social services, it is difficult for patients, and even many mentally healthy people, to find a place for themselves within the community where they are not treated as outcasts and are able to acquire at least some independence after being released for hospital care or losing their family.

This paper highlights select reasons as to why the number of homeless on the streets of America is continuing to rise. The characteristics of the people making up the homeless population are also explored. With research journals, statistics, and papers, I highlight the
importance of bringing help and attention to those with mental illness in order to effectively fight homelessness. Continuing to turn a blind eye to the victims of mental illness and decreasing the funds and care necessary for these patients to have a decent quality of life will result in a further increase in the number of homeless. When attacking the national problem of homelessness, the occurrence of mental illness demands attention. The prevalence of these disorders on the streets of America makes them one of the major plausible causes of increased homelessness, and with proper funding, awareness, and assertive outreach of mental illness itself and its victims, decreasing the population of homeless can be made a more reachable goal.

The treatment of mental illness can be tricky to understand, and it requires at least a slight examination of its biological basis. Public services provided for the homeless may not have the same effect for someone who is also mentally ill because they are most likely not processing the information given in a similar manner. Mental disorders are “characterized by long-term [deregulation] of mood, thought, and/or behavior, as recognized by the Diagnostic and Statistical Manual of the American Psychiatric Association (APA)” (Mental Illness). Some chronic mental illnesses, such as schizophrenia, are defined with the characteristic of persistent paranoia. If severe, active follow up on that patient is necessary in order to make sure they are not experiencing a low quality of life and living in seclusion. Due to the awkward or bizarre stances of a person with mental illness, many people in the community may have trouble communicating with that person and tend to cast him or her aside. The disorder or illness should be viewed as the problem rather than the person.

Better understanding what contributes to the population of homeless will allow for a clear solution to the problem. Deinstitutionalization and market failure are the two main attributes of what puts people on the streets according to an article by Timothy Wild. With a fluctuating
economy, being and staying financially stable is difficult. Affordable housing is slowly becoming nonexistent, and for patients that have recently been discharged from mental hospital care without a family willing to take them in, living in a house or apartment is not an option. Depending on the severity of the illness, many of these patients are unable to negotiate for a lower price or find a service that would assist them with housing. The second factor, deininstitutionalization, is the process of “removing mentally ill people from restrictive institutional settings in favor of them living in the community” (Wild). No matter how pure the intentions of a community are when stating that together they will be able to provide support and patient care, without the proper knowledge of the patients’ mental illness and the proper funding to hire a specialist or safer shelters, the transition into the community will not be in the patients’ benefit. While deininstitutionalization itself may not account for a direct cause of homelessness, one can still argue that there are severe problems with the way it is implemented due to the lack of understanding of the needs of the chronically mentally ill. There seems to be a lack of care and preparation for the mentally ill when they are trying to reintegrate themselves with in society after being released from a mental institution. Dr. Lamb, a late chairman of the American Psychiatric Association, took note of this and clearly asserts his view on the homeless and mentally ill within society in his paper on deinstitutionalization:

… Services and treatments are under various administrative jurisdictions and in various locations. Even the mentally healthy have difficulty dealing with a number of bureaucracies and getting their needs met. Further, patients can easily get lost in the community as compared to a hospital… It is probable that many of the homeless mentally ill would not be on the streets if they were on the caseload of a professional trained to deal
with the problems of the chronically mentally ill and facilitate their receiving services (Lamb 907).

Treating a discharged mentally ill patient the same way as a patient discharged from a hospital after a physical issue is unjust because a mentally ill person may be “unable to negotiate the complex process of finding a house” or safely navigate through the community (Harvard Letter). Their minds do not work in a similar manner. For a patient of schizophrenia, every thought may be overridden with paranoia, the disability to separate reality from hallucinations, and constant self-berating. One suffering from severe depression may not be able to simply get up in the morning without professional assistance or medication. An attempt to understand the best treatment for these patients is to better understand their mind set and the quality of care they need. This can be established through education. Whether that is made possible by increasing the number of psychology classes throughout schools, allowing more chances for people to volunteer at shelters and mental institutions, or raising more awareness throughout a community, the discrimination against people with mental illness will decrease and a solution to taking them off the streets will be more in reach. Coming out of an institution or hospital a patient will most likely be dependent and in need when dealing with their illness. Accepting the “total extent of patients’ dependency needs, not simply the extent to which [society] wishes to gratify these needs,” and an increase in case management, will allow for more success when stabilizing their lifestyle and helping them live a more fulfilling lifestyle (Lamb).

After investigating the characteristics of the rather large homeless population, it becomes evident that mental disorders are common problems among the individuals. Severe mental illness (SMI) among homeless adults over 25 years of age usually starts from younger childhood years, and spirals into a more detrimental issue as the person gets older. According to Sarah Childress,
doctors and specialists usually diagnose schizophrenia in individuals when they are in their adolescent years, and much earlier before they enter adulthood. This point helps validate that SMI does not arise during one’s adult years, but actually stems from their earlier years as a child or teenager. Thus, developments in the field of mental health should be aimed towards aiding the homeless youth experiencing problems with their mental health to prevent such disorders from affecting them in adulthood. Childress’s research paper asserts:

“Studies conducted among homeless youth and homeless adults, respectively, suggest that SMI (e.g., schizophrenia, bipolar disorder) is a major healthcare issue encountered in both groups. For example, estimates indicate that as many as one-third of homeless adults experience SMI versus about 4.1% of the general population. Similarly, homeless and runaway adolescents have a 30.4% lifetime prevalence of major depression versus 14% prevalence among housed youth” (Childress et. al. 549).

While some individuals become homeless after being discharged from a mental hospital, others are already homeless and suffering from such mental issues. Intervening at an earlier stage in a mentally ill homeless individual’s life is necessary to prevent the mental issues from spiraling out of control, and from having a deeper negative effect during adulthood. This research validates that aiding the homeless youth in terms of proper medical care and comfortable shelter can help decrease the rate of homelessness. Tackling the issue of homelessness from its root, which happens to be the forgotten homeless youth, can help prevent the individuals from living their entire lives on the streets. In terms of mental disorders, traumatic episodes experienced by young homeless people, such as not being provided with support or shelter, ignite the deterioration of one’s mental sanity and stability. A positive environment and strong support system for the children and teenagers helps prevent them from entering adulthood under the
same circumstances they were subject to in earlier stages of their lives. There is no better way to solve a problem than by attacking it at the source. To neglect the source would only result in futile efforts when trying to find a solution. Another characteristic of the majority of the homeless does not directly have to do with age but rather the stigma of mental illness that many of them have to deal with today. Acceptance of patients and people with mental illnesses has proven a long battle in past and current society. The reason this contributes to the homelessness of people with mental illness is that without the proper awareness and acceptance, the necessary care and funding is difficult to receive. Once patients are cleared from institutions and left to society, “social rejection is a persistent source of social stress for the discharged patients” (Wright, Gronfein, Owens 68). This rejection lowers the self-esteem on the patient and may force them back into their institution if he or she finds that integrating back into society is becoming impossible for them. If they cannot go back to the hospital, and if they are no longer able to make use of any available services, the patients end up homeless. The impact of social rejection continues to slow down the relationship between the patient and the community. It is continuously being examined and the effects continue to contribute to the increasing number of homeless people.

Combating this growing crisis cannot occur without access to proper mental healthcare and attention to those affected by SMI. At least one third of the homeless population in America is not provided with the basic necessities to live a somewhat stable life. There is not a proper amount of shelters suitable enough to increase their standard of living. Furthermore, “many of the mentally ill avoid shelters because they fear violence… and cannot tolerate the crowd or confusion” (Harvard Letter). With little organization, shelters prove to be uncomfortable, filthy, and unstable environments. They fail to fulfill the basic needs of their residents, much less
provide mentally ill individuals with the special care they need. In his article “Psychiatric Hospital Capacity” Fred Markowitz condemns the government for neglecting to focus on funding mental institutions and underscores that “there has been a dramatic decline in the capacity of public psychiatric hospitals to maintain America’s most severely mentally ill,” resulting in a prominent presence of these patients in urban areas (45). The idea is simple. An unusually small holding capacity in mental hospitals forces individuals to fend for themselves on the streets. They are deprived from the chance to receive the medical assistance they need. In order to solve this problem, federal authorities would prove useful in order to gain more national funding and “to reduce barriers to services and increase resources… and conducting research that addresses important gaps in knowledge are also key to addressing homelessness (Price, Williams 412). Increasing mental health services has been an ongoing effort, and in 2014 the Obama Administration secured $115 million for new mental health initiatives as a bill proposed as part of a plan to reduce gun violence. There are high hopes for the impact of the bill, and there is a statement released concerning the use of the funds in the article “"New Funding to Increase Access to Mental Health Services ”:

The funding… will be used to train more mental health professionals and help educators who work with youth recognize the early signs of mental health problems and refer young people to appropriate help when needed. The funds will also be used for a new initiative which will support innovative state-based approaches to making sure young people ages 16 to 25 who are at high risk for mental illness don’t fall through the cracks of our mental health system when they leave school or home (Feldman).

Inquiring further research to ensure the success new facilities for the homeless with mental disorders, and for patients in need of mental healthcare, will decrease the rate of homelessness It
will also put the individuals to be set on a path towards a brighter future with reduced crime, poverty, and more stability.

There is a direct correlation between mental disorders and the rise of homelessness in America. In order to instill change and put an end to this growing issue, society must first recognize mental illness as a real problem that is paired with innumerable negative effects. Victims of such disorders are subject to discrimination and stigma from their communities due to lack of education and awareness on the subject of mental disorders. Mental illnesses worsen the already harsh circumstances of homeless people. Its treatment is difficult to understand, but rather than neglecting and degrading its victims, proper intervention is necessary for the overall well being of society. Additionally, the act of deinstitutionalization concerning mental patients is an inhumane practice caused by lack of federal funding that must cease. A patient should not be discharged when he or she has no way to live independently considering that the only services provided by the community do not administer the proper care. Additionally, the mentally ill within the homeless population also must be provided with the opportunity to enter mental institutions, and when they exit it should be on the path towards a better lifestyle. It is necessary and humbling to keep in mind that the stereotypes placed against people with mental illness, people who are homeless, and people who suffer with both homelessness and mental illness, are merely stereotyped against because society itself has set the stereotypes. If initiative is taken there is always a chance to remove those stereotypes in order to help those whose voice is being drowned out.
Works Cited


