Mental Illness and Homelessness

Published by the National Coalition for the Homeless
June 2017

Background

According to the Treatment Advocacy Center, one third of people experiencing homelessness in the United States suffer from some form of severe mental illness. In a 2015 survey performed by the U.S. Conference of Mayors, twenty-two 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 40% of cities). For families experiences homelessness, mental illness was mentioned by 20% of cities as one of the top three causes.

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 experiencing homelessness. Patients with schizophrenia or bipolar (National Institute of Mental Health) disorder are particularly vulnerable to conditions that lead to homelessness. Seeking out treatment was a difficult process as there was limited access to psychiatric hospitals and the number of hospital beds in these hospitals declined from 1998 to 2013. This led to increased risk of homelessness, incarceration, violence, and suicide.

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. 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.

Barriers

Unfortunately, lack of funding is a significant barrier to the successful implementation of supported housing programs. The United States Congress passed the American Recovery and Reinvestment Act (ARRA) in 2009, which includes $1.5 billion for homelessness prevention and re-housing, however the program ended in 2012. 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 funds are allocated, and used appropriately, efficiently, and in ways that will most effectively help the mentally ill homeless population.

Policies

Better mental health services would combat not only mental illness, but homelessness as well. Many homeless people with severe mental illnesses are willing to accept treatment and services, however, “only 44% of adults with diagnosable mental health problems and less than 20% of children and adolescents receive needed treatment” stated the U.S. Department of Health and Human Services.

Outreach programs are more successful when there are accessible health care services.

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.

In addition to housing, supported housing programs offer services such as mental health treatment, physical health care, safe havens, education and employment opportunities, peer support, and daily living and money management skills training. Successful supportive housing programs include outreach and engagement workers that establish trusting relationships with the people they are trying to help, a variety of flexible treatment options to choose from, and services to help people reintegrate into their communities.

A study on “Housing First,” an approach to prioritizes permanent housing to people experiencing homelessness found improved housing stability for youths with mental illnesses.

The symptoms of the mental illness as well as the stress that comes with it affects a person’s day to day living pre- and post-treatment. Having sufficient help in both aspects of this journey is important in helping people who experience homelessness due to mental illness.
Resources


3 Carroll, Heather, “Serious Mental Illness and Homelessness.” (see endnote i)


