National Institute of Mental Health

The Homeless Mentally Ill:

Service Needs of the Population

A Public Information Pamphlet

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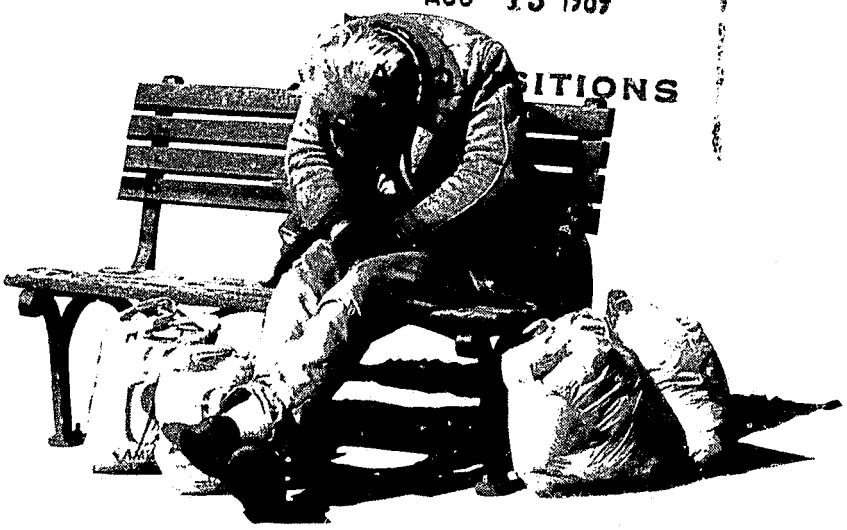

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In 1982, the National Institute of Mental Health established its Program for the Homeless Mentally Ill to assist States and localities in understanding and addressing the problems of this population. Since that time, the Institute has funded more than 10 research studies and 20 service demonstration projects, sponsored conferences on critical policy and program issues, and established a national clearinghouse on homelessness among mentally ill people. This booklet is an introduction to the problems of homeless individuals with severe, long-term mental illness.

Who Are the Homeless?

"Home" is a powerful metaphor that implies a refuge where a wide range of basic human needs are met. By extension, "homelessness" implies the absence of resources, family or community ties, and adequate shelter. Homeless persons may live in emergency shelters, abandoned buildings, or the streets. Because they have no permanent or stable address, traditional means of counting their numbers have proven ineffective. The U.S. Department of Housing and Urban Development estimates that there are 250,000 homeless individuals in the United States on any single day; the National Coalition for the Homeless estimates that there are as many as three million per year. Although reliable figures on the prevalence of homelessness are not available, few dispute that the homeless population is a growing one. The onset of winter weather in many American communities brings a yearly public outcry when the demand for shelter facilities again outstrips the supply.

The homeless population is also becoming more diverse. A decade ago, the typical homeless person was an aging white male. Today's homeless population includes men, women, children, and entire families, many of whom are ethnic/racial minorities. The homeless population varies according to geographic location and local economic and housing resources. However, studies by the U.S. Conference of Mayors and the National Institute of Mental Health have shown remarkable similarities among groups of homeless persons in different locales:

- The average age is 34;
- Approximately 15 percent are single women;
- Approximately half belong to racial or ethnic minority groups;
- About 28 percent are families that include children;
- Between one-half and two-thirds have completed high school; about one-third have attended college;
- Approximately one-third suffer from a major mental illness.

What Causes Homelessness?

There are no easy explanations for the growing crisis of homelessness. Some contributing factors include:

- *Economic or Personal Crises:* Job loss, eviction, robbery, fire, or flood can cause people to lose their home and belongings. Victims of such disasters frequently do not have sufficient resources to make a new start.

- *Family Breakup:* Many people—especially women, children, and the elderly—are pushed into homelessness when their families break up. Unlike previous generations, relatives today often cannot afford to provide a substitute home.

- *Mental or Physical Disabilities:* Research shows that many homeless people suffer from mental illness, drug and/or alcohol abuse, and other health problems which often precede the homeless condition.

- *Shortage of Low-Income Housing:* Urban renewal has significantly decreased the Nation's stock of low-cost housing; some cities have lost as much as 75 percent of their most affordable units. Between 1970 and 1980, nearly half of the single-room occupancy units in the United States were converted to other uses or destroyed and not replaced. Inflation in the 1970s priced much of the remaining housing out of the low-cost range.

The Homeless and the Mentally Ill: What's the Connection?

Severe mental illness—including schizophrenia, manic-depressive disorder, depression, or organic brain syndrome—affects approximately one-third of the homeless population. Some homeless individuals have been treated in State hospitals or community mental health centers; others have never received mental health services. To be mentally ill and homeless is to endure what one policymaker terms "dual disenfranchisement": these persons are not well served either by shelters and emergency services developed for the larger homeless population or by the public mental health service system. The passerby, seeing these vulnerable individuals with their sometimes bizarre appearance and distressing behavior, may wonder why such obviously ill persons have been abandoned to the streets.

To understand the presence of the severely mentally ill among the homeless, it is necessary to look at the recent history of the public mental health system, particularly the dramatic shift from hospital to community-based care known as "deinstitutionalization."

In 1955, almost 559,000 individuals were hospitalized in State mental health facilities; today, there are fewer than 114,000. Some of these hospitals have closed, and most mental health services are being provided through outpatient care in the community. Deinstitutionalization was spurred by several factors:

- Development of medications allowing patients to function more independently;
- Treatment philosophies favoring community mental health services;
- Laws giving patients the right to be treated in the least restrictive setting;
- Creation of the Federal Medicare and Medicaid programs in 1965 and the Supplemental Security Income program in 1974. These programs may have provided further fiscal incentives for State policymakers to discharge patients and transfer State expenditures to the Federal Government.

Some of the basic goals of deinstitutionalization have been met: the majority of severely mentally ill persons who have been discharged from State hospitals are now living successfully and receiving treatment in the community; many hold jobs and are living fuller lives than anyone would have thought possible 15 years ago; people who formerly might have been hospitalized for years are now being treated and returned home in a relatively short time. However, deinstitutionalization presupposes that a great many essential resources are in place in the community, including housing, access to entitlements or an alternative source of income, the availability of ongoing treatment for the psychiatric condition, and opportunities for meaningful work or vocational rehabilitation. Where necessary supports are still missing, the results can be tragic. Unfortunately, a common result is homelessness.

A Close-up View of Homelessness and Mental Illness

Richard, formerly a longshoreman, has been unemployed and vagrant for many years. Employers and landlords, put off by his wild mood swings and uncontrollable drinking bouts, have given up on him. Worst of all, Richard has given up on himself. Catching sight of his reflection in a store window, he sees, ". . . one of the bums of the world, with a straggly beard and long tangled hair." On some days, he suffers delusions of gran-

deur and believes that he is a prophetic leader; however, he has received no treatment for these delusions. Still vigorous at age 60 despite a persistent leg ulcer, he wanders the waterfronts where he used to work, surviving from one soup kitchen meal to the next.

In high school, Sally was regarded as a brilliant student; she won a scholarship to an Ivy League college to study literature. Halfway through the first semester, she began to experience frightening psychotic hallucinations. Now in her late forties, Sally is a veteran of several State mental hospitals. Her condition relieved by medication, she lived for a while with her sister. But Sally lost touch with her doctors when her sister moved. Without medication and unable to sustain the give-and-take of family life, Sally took to the streets 3 years ago. She sleeps in museums and libraries. Imaginary voices warn her against shelters for the homeless, and not without cause: she has been robbed and assaulted in shelters more than once.

At 33, George bears little resemblance to the young executive he once was. George remembers his childhood as mainly a race to keep up with his active, success-oriented family. Four years ago, with a promising career and a beautiful wife, he thought he had it made. The sudden death of his wife in an auto accident plunged him into despair. "When she went, everything went . . . job, friends, finances. I couldn't eat, couldn't sleep, and couldn't concentrate. For a long time, I was really hurting . . . now I just don't care." George spends days in Central Park and nights in bus stations and doorways. He has been arrested several times for pilfering. He refuses to talk to the many people who have offered to help him. He knows he is just going through the motions of living, ". . . but," he says, "I haven't got the energy to end my life."

What Do Homeless Mentally Ill People Need?

Because the service needs of homeless mentally ill people are quite diverse, a range of necessary services has been identified:

Emergency Services: All homeless people need food, clothing, and shelter. Many need emergency and long-term health and mental health services as well, although these needs are often less apparent to homeless mentally ill persons than are basic survival needs. Further, these clients are often unable or unwilling to seek out traditional, clinic-based programs, even in times of life-threatening crisis. "Outreach," the process by which services are brought to the client, is therefore a crucial element of emergency services. Typically operating in mobile teams from storefronts or other com-

munity bases, outreach workers personally contact homeless mentally ill individuals, often offering food or an item of clothing to win their trust. Only through repeated contacts can some individuals be coaxed into acceptance of shelter, medical care, and eventually mental health treatment. Involuntary treatment may be needed for a small number of homeless mentally ill persons who pose a danger to themselves or others.

Emergency shelters often serve as the refuge of last resort for homeless and homeless mentally ill persons. The quality of life in these facilities varies greatly. Shelter capacities range from less than 10 beds to several hundred; as their size increases, shelters become more anonymous, and their high client-staff ratios make it difficult to personalize services or establish the one-to-one relationship necessary to win a client's trust. Smaller shelters with a more homelike environment are therefore more desirable as an entry point into the service system.

Transitional Assistance: Once into the service system, transitional services are the next step in helping homeless mentally ill persons move toward a stable way of life. These services include housing with appropriate supports (such as mental health treatment and supervision, if necessary), application for social services, and assistance with cash management.

When an individual accepts transitional assistance, he or she should also receive case management services, because the complex process of contacting several agencies and working with multiple providers is overwhelming for most mentally ill persons. An overall goal of the service system should be to provide each mentally ill individual the opportunity to work with a case manager to obtain all necessary services.

A homeless mentally ill person requires the same kinds of treatment services as any other individual with a mental disorder. These include psychiatric diagnosis and development of an appropriate treatment and service plan, prescription and medication management, and individual and group counseling. Another important service is a psychosocial day program that provides daily living skills development, vocational assessment and training, employment, education, recreation, and social activities.

Long-Term Services: A critical step in rehabilitation is finding permanent housing for each individual. The housing may be a supervised group home, residence with family or friends, or an independent apartment. Other long-term services include permanent income assistance or employment and planning for continued health and mental health treatment. The goal of these services is to enable the mentally ill person to maintain a stable life in the community.

A Commitment to Service Can Make a Difference

Today, Richard is living in a senior citizens' housing project, receiving a monthly pension from his days as a longshoreman, and speaking hopefully of "a life in front of me." His case manager spent almost a year serving as his advocate and lending moral support as he slowly took the steps necessary to get off the street. She saw him through a successful protest of a negative pension ruling. She showed him how to get copies of his birth certificate and Social Security record, apply for public assistance, open a bank account to deposit his pension check, and locate an efficiency apartment. During this time, Richard reported faithfully to a community health clinic to have his leg ulcer treated. Equally important, he is receiving regular mental health treatment from providers in the community.

Unlike the shelters that she had found so terrifying in the past, the women's transitional housing program appealed to Sally as a safe haven. At first, the voices she heard were so distracting that she could not communicate with the staff, but now after several months of medication and individual supportive therapy, Sally is much more alert and cheerful. With her case manager's assistance, she has successfully completed the paperwork to obtain monthly disability payments. She now takes an interest in her neighbors and has volunteered to do some writing for the public relations committee. The resident staff considered it a mark of great improvement when Sally called the sister she had not seen in years. She talks of someday moving back with her sister but for the time being is contented, comfortable, and safe at the women's residence.

For 4 months, workers from an emergency outreach program stopped by George's bench, offering a friendly word and leaving a bag lunch. George accepted a blanket one cold winter day and moved into the project shelter the next day. More doors opened for George when he agreed to join a mental health treatment program. With medication and therapy, George's interest in life has revived; mental health workers have helped him obtain medical care and temporary unemployment benefits. As soon as he locates affordable housing, George will move out of the shelter and look for a job. He knows that he still needs treatment, but now he cares enough to get it.

What Can You Do?

People like Richard, Sally, and George can be found in cities throughout the United States. Organizations and agencies in many communities are

working together to assist homeless mentally ill persons. Often a citizen's task force or volunteer bureau serves the population. These groups usually have a working knowledge of services available in the community and what goods, services, or resources are needed to help fill the gaps. The following are some specific examples of how you can be involved.

Goods and Services

- Transportation—You could provide rides for shelter residents to their treatment appointments or help them look for housing. You could also help transport food from a food bank or restaurant to a soup kitchen.

- Fundraising—You could sponsor an auction, a dinner, or some other event to benefit a local shelter or homeless coalition.

- Volunteer outreach—You could accompany a mobile outreach team on rounds to shelters and the streets and provide sandwiches or simply a sympathetic ear to people you meet.

- Contributions—You could donate money, food, clothing, kitchen utensils, bedding, or furniture; these items are often sorely needed by local shelters.

- Services—You could assist in planning meals or in purchasing, preparing, and serving food.

Support/Advocacy

- Support for expanded housing opportunities—You could meet with local housing officials or private nonprofit groups to encourage the development of supported housing programs for homeless mentally ill persons. You could also urge executive officers of a local bank to offer low-interest loans for construction of residences for the homeless.

- Support for nondiscriminatory housing—You could attend meetings of a local zoning commission considering placement of an emergency shelter or transitional group home in a residential area and voice your support for new, more comprehensive programs for homeless persons.

Public Education

- Assistance in informing others—You could write a letter to your local newspaper, depicting the plight of homeless mentally ill persons and urging that assistance be provided. You could speak to civic, volunteer, neighborhood, or religious groups about homelessness and the role these organizations could play in assisting the population. You could also urge local newspapers and radio and TV stations to donate media time and space to issues of homelessness and mental illness.

For More Information

Once you know about the needs of homeless mentally ill people in your community, you can decide how to help. Additional information on programs for homeless mentally ill people may be available from:

Local Organizations

- City or county health, mental health, welfare and social services, and/or housing agencies
- Mayor, city and/or county managers offices
- Emergency shelters, food banks, soup kitchens
- Community health and mental health centers
- Local mental health associations
- Churches and ecumenical alliances
- Service organizations—Salvation Army, Volunteers of America, etc.
- Local chapters of the National Alliance for the Mentally Ill

State Organizations

- Governor's office
- State departments of health, mental health, welfare, and/or housing

National Organizations

Government Agencies

National Institute of Mental Health
Program for the Homeless Mentally Ill
5600 Fishers La., Rm. 11C-25
Rockville, MD 20857
(301) 443-3706

Federal Interagency Council on the Homeless
U.S. Department of Housing and Urban Development
451 7th St., SW.
Washington, DC 20410
(202) 755-6422

Private Organizations

Coalition for the Homeless
1439 Rhode Island Ave., NW.
Washington, DC 20005
(202) 659-3310

Homelessness Information Exchange
1120 G St., NW.
Suite 900
Washington, DC 20005
(202) 628-2981

Mental Health Law Project
2021 L St., NW.
Suite 800
Washington, DC 20036
(202) 467-5730

National Alliance for the Mentally Ill
1901 North Fort Meyer Dr.
Suite 500
Arlington, VA 22209
(703) 524-7600

National Association of State Mental Health Program Directors
1101 King St.
Suite 160
Alexandria, VA 22314
(703) 739-9333

National Mental Health Association
1021 Prince St.
Alexandria, VA 22314
(703) 684-7722

National Resource Center on Homelessness and Mental Illness
262 Delaware Ave.
Delmar, NY 12054
(800) 444-7415

U.S. Conference of Mayors
1620 Eye St., NW.
Washington, DC 20006
(202) 293-7330