

Homelessness and Mental Illness Literature Review

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Homelessness is a problem that affects most societies today. It does not discriminate by geographical location; it can occur in any city or town, in any country in the world.

Homelessness is defined as being without a place to live, and therefore living on the streets; living in unstable conditions, such as a shelter; or substandard conditions, such as boarding houses (Rosental et al. 2007). There are a number of problems affecting homeless individuals and there is much debate over how to handle individuals without housing. One problem that affects many homeless persons is mental illness. The National Coalition for the Homeless (2006) reports that approximately 20-25% of homeless adults suffer from a severe mental illness, and that these people make up the most vulnerable population of homeless persons. The term mental illness can be interpreted a number of ways, but it is usually defined as a psychological disease or disorder. "Mental disorders prevent people from carrying out essential aspects of daily life" (National Coalition for the Homeless 2006:1). Those homeless individuals suffering from a mental illness are homeless for a longer period of time and have more problems involving employment, physical health, and the legal system compared to homeless people who do not have a mental illness (National Coalition for the Homeless 2006). It is important to study the occurrence of mental illness among the homeless because the outcome could affect how to treat this population and what kind of support or aid they should be given. Many homeless persons suffering from a mental illness do not receive the treatment they need and, therefore, cannot manage their illness (Health Care for the Homeless Clinicians' Network 2000). Without treatment, those that are homeless who are suffering from a mental illness will have an extremely difficult time overcoming their situation. In order to better understand this problem, many studies have looked at homeless individuals with mental illnesses. Some of these studies examine prevalence and quality of life among homeless persons with mental illness, others discuss

possible treatment programs, and some examine co-occurring substance abuse. An estimated 50 percent of mentally ill homeless persons have a co-occurring substance abuse disorder (Health Care for the Homeless Clinicians' Network 2000). Examining the rates of mental illness among the homeless could lead to improved policies for treatment and aid. It is especially important to study mentally ill homeless individuals that have substance abuse problems since these individuals are one of the most disadvantaged groups among homeless persons (Levine and Huebner 1991).

Homelessness is one likely outcome for those individuals suffering from co-occurring mental illness and substance abuse problems. The Health Care for the Homeless Clinicians' Network (2000) writes, "Co-occurring mental illness and substance abuse makes it more likely that people will be chronically homeless" (p.2). There are many different explanations for why those that are mentally ill are likely to end up homeless. There are several factors that contribute to why mental illness and co-occurring substance abuse can result in homelessness. Financial problems, loss of family support, severity of symptoms, and time spent in institutions, such as jails or hospitals, are all factors that can lead to homelessness (Brunette, Mueser, & Drake 2004). Padgett et al. (2006) found that traumatic events in a person's life also increase the likelihood of mental illness, substance abuse, and homelessness. Padgett et al. (2006) interviewed 13 women who had previously been homeless and were mentally ill about their history of mental illness, substance abuse, and traumatic events. Nine of the women reported traumatic experiences, including rape and childhood sexual abuse, violence, or betrayal of trust. A history of substance abuse was reported among nine of the thirteen women. One way to improve this study would be to report how many of the women who had abused substance had experienced trauma, or how many of the women with a history of trauma had gone on to abuse substances.

Brunette et al. (2004) mentions loss of family support as one factor that contributes to homelessness. A study done by Hawkins and Abrams (2007) examine the effects of family, friends, and other social relationships on homelessness. Mental illnesses, such as schizophrenia or severe depression, can cause a strain on family and other social relationships (Hawkins and Abrams 2007). People with mental illnesses usually rely on family or friends for emotional or financial support. Without these support systems, a person with a mental illness may end up without support, leading to homelessness. This study looked at 39 mentally ill individuals in New York City that had abused drugs or alcohol and had been homeless and their social relationships with others. The study found that most of these individuals had few to no friends or relationships with others. One problem with this study is that it only looked at those who had formerly been homeless and now lived in some type of residential or supportive housing and therefore, there is a problem with generalizability.

Many studies have examined the rates of co-occurring mental illness and substance abuse. But there had been few longitudinal studies done on homeless persons with co-occurring disorders. Rosenthal et al. (2007) looked at co-occurring disorders among young, recently homeless persons in Melbourne, Australia and Los Angeles, United States. The study included 162 individuals in Melbourne and 259 individuals in Los Angeles. These people were questioned about mental health and drug and alcohol problems at the beginning of the study, six months later, and one year later. The results in both areas found a low rate of co-occurring mental illness and substance abuse among young homeless. At all three points in time, the majority of individuals had neither a mental illness, nor problems with drugs or alcohol. One problem with this study is that it only questioned individuals between ages 12-20 years old. Most serious mental illness does not develop until after the age of 20. Additionally, those that were

interviewed had only been homeless for a period of six months or less, therefore there are again problems with generalizability.

An article by the Health Care for the Homeless Clinicians' Network (2000) examines mental illness, substance abuse, and possible treatment policies. Treatment is necessary for those with a mental illness and the longer one goes without treatment, the worse their illness gets and they become more difficult to treat. Treatment is necessary for this group of homeless persons, but is extremely difficult without stable housing. HCH Clinicians (2000) write, "Patients with severe mental illnesses who are housed have fewer complications, and are much less likely to have co-occurring disorders that exacerbate their illness"(p. 2). Homeless people have multiple needs and need individual care and long term service if they hope to get better (Health Care for the Homeless Clinicians' Network 2000).

In his study of homeless women in a shelter, author Elliot Liebow (1993) writes of mental illness and substance abuse among the homeless. Many of the women in his book had some form of mental illness. He writes that life is more difficult for this population. These people are often the ones who have the most need for shelters and health care, but do not get it. Shelters often refuse to take in people with serious mental illnesses or substance abuse problems. Liebow (1993) writes that the stress created by being homeless can make a mental illness or a substance abuse problem worse. Some women blamed their mental illnesses on being homeless. Liebow (1993) argues that health care is a problem for the homeless and that this group of people needs treatment.

Studies have found that mental illness makes homelessness even worse and increases the likeliness that one will remain homeless. Other studies have found that treatment is necessary to overcome homelessness. Additional research may examine improvements in the lives of

homeless people with mental illnesses who have undergone treatment to strengthen the argument that treatment is necessary. Future research may compare the effectiveness of multiple treatment approaches to determine which method has the best outcome. It is extremely important to study this population in order to improve treatment and support of mentally ill homeless persons.

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