

### Homelessness & the Mentally Ill

Approximately 20-25% of the single adult homeless population suffers from some form of severe and persistent mental illness (Koegel et al., 1996). However, only 5% of the estimated 4 million people who have a serious mental illness are homeless at any given point in time (Federal Task Force on Homelessness and Severe Mental Illness, 1992).

Despite the disproportionate number of mentally ill people among the homeless population, the growth in homelessness is not attributable to the release of serious mentally ill people from institutions. Most patients were released from mental hospitals in the 1950s and 1960s, yet vast increases in homelessness did not occur until the 1980s, when incomes and housing options for those living on margins began to diminish rapidly. However, a new wave of deinstitutionalization and the denial of services or premature and unplanned discharge brought about by managed care arrangements may be contributing to the continued presence of seriously mentally ill persons within the homeless population.

Mental disorders prevent people from carrying out essential aspects of daily life, such as self care, household management and interpersonal relationships. Homeless people with mental disorders remain homeless for longer periods of time and have less contact with family and friends. They encounter more barriers to employment, tend to be in poorer physical health, and have more contact with the legal system than homeless people who do not suffer from a mental disorder. All people with mental disorders, including those who are homeless, require ongoing access to a full range of treatment and rehabilitation services to lessen the impairment and disruption produced by their condition. However, most people with a mental disorder do not need hospitalization, and even fewer require long term institutional care. According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5-7% of homeless persons with mental illness need to be institutionalized; most can live in the

community with appropriate supportive housing options (Federal Task Force on Homelessness and Severe Mental Illness, 1992). Unfortunately, there are not enough community- based treatment services, nor appropriate, affordable housing, to accommodate the number of people disabled by mental health disorders in the U.S.

Studies emphasize the importance of service integration, outreach and engagement; the use of case management to negotiate care systems; the need for a range of supportive housing and treatment options that are responsive to consumer preferences; and the importance of meaningful daily activity. When combined with supportive services, meaningful daily activity in the community (including work), and access to therapy, appropriate housing can be the framework necessary to end homelessness for many individuals.

Federal Task Force on Homelessness and Severe Mental Illness. Outcasts on Main Street: A report of the Federal Task Force on Homelessness and Severe Mental Illness, 1992.

Koegel, Paul, et al. "The Causes of Homelessness," in Homelessness in America, 1996, Oryx Press.

National Coalition for the Homeless. NCH Fact Sheet # 5, 1995.  
Available: [www.nch.arl.net/mental.html](http://www.nch.arl.net/mental.html), reprinted by permission