

POLICY STATEMENT ON THE HOMELESS MENTALLY ILL

Each night more than 160,000 persons suffering from mental illness face the dangers of living on the streets and in shelters nationwide. In the course of a year an unknown but sizably larger number of mentally ill individuals will experience homelessness. Since 1985 when the American Orthopsychiatric Association released a policy statement on homeless and homeless mentally ill persons, the problem has worsened. During these intervening years, a host of new programs, including many created in the late 1980s by Congressional passage of the Stewart B. McKinney Homeless Assistance Act, have responded to the basic needs of homeless persons. Despite the good intentions of programs that have largely been spawned to address urgent needs, the lack of a long-term vision has condemned a growing number of adults, children and families to a perennial struggle for survival, and for some, to coping alone and in perilous circumstances with psychiatric illness.

Homelessness is an extreme manifestation of poverty and residential instability. The condition of homelessness can be likened to a Darwinian struggle for a vital resource in which those best situated or most able to compete garner the available supply. Thus, it is not surprising that factors which impinge on the ability to compete for housing, such as suffering from mental illness or a substance abuse disorder, or caring for dependent children alone, would be common among homeless persons. In addition to interfering with gainful employment, these factors may also overtax potentially supportive friends and family members, leading to a lack of social resources.

The depletion of social and monetary resources is most evident among homeless mentally ill individuals. At the federal level, various task forces, programs, and offices have grappled with the daunting task of rehousing and providing treatment to this population. Recently, the Interagency Council on the Homeless (comprised of cabinet-level secretaries or designees) established a Task Force to address the problems experienced by homeless persons with mental illness. A recently released report, "Outcasts on Main Street, Report of the Federal Task Force on Homelessness and Severe Mental Illness," describes the committee's findings and recommendations.

The Task Force Report discusses the complex needs of severely mentally ill homeless persons and offers 50 action steps that various federal departments and agencies can implement to improve the housing, income, health, and mental health status of these individuals. These steps are offered to fulfill four major goals:

"promoting systems integration; expanding housing options and alternative services; improving outreach efforts and access to existing programs; and generating and disseminating knowledge and information."

In spite of the many useful recommendations which, if implemented, would undoubtedly benefit this population, the report falls notably short in making recommendations to prevent homelessness among persons with severe mental illness and to stabilize these persons in "permanent" housing in the community so that homelessness does not recur.

Given that the prevalence of any condition (in this case homelessness among persons with severe mental illness) is both a function of its incidence and duration, a comprehensive social strategy must address preventive and long-term strategies. The Task Force recommendations are largely aimed at more effectively housing and providing treatment for mentally ill people while they are homeless. The report does not adequately address how to prevent domiciled mentally ill persons from losing their homes or, once they have lost their homes, how they will successfully find and maintain decent affordable permanent housing linked to critical services. Without adequate attention to prevention, efforts to place and maintain homeless mentally ill persons in permanent housing will be a never ending process. We cannot drain the sink by pulling the plug; the faucet must be turned off as well.

The Task Force proposed a strategy for promoting systems integration, known as the Access to Community Care and Effective Services and Supports (ACCESS). However, this initiative does not include funding for critically needed specialized housing. The report highlights the need for expanding the continuum of housing options, but it primarily proposes the development of "safe havens." Although these are more humane residential settings for providing care for mentally ill persons while they are on the streets, they are still only transitional facilities. The report mentions the need to expand the stock of affordable housing, but it does not describe how this will reasonably occur.

We contend that in order to eliminate homelessness among persons with mental illness, policies and programs must address the causes of homelessness and residential instability for the larger population of individuals with severe mental illness. In short, this means addressing the failures in implementation of deinstitutionalization and community mental health. If we are to see improvement, the focus of our efforts must be on the shortcomings of the overall system.

We have a basic responsibility to provide living conditions that ensure human dignity and that offer refuge to individuals who seek refuge themselves or are demonstrably unable to manage their lives independently. Furthermore, since definitive therapies are generally unavailable for the severely mentally ill, we must support every person's ability to function at their optimal level

in the community. In addition, we must encourage participation in community life and provide services to ensure their well being. By accepting the existence of chronic disability until effective treatments are available, we can focus on developing an adequate supply of supportive and rehabilitative services as well as preventive programs at the local level.

A myriad of task forces, reports, and studies have decried the deplorable conditions of the homeless mentally ill.* "Outcasts on Main Street," is the most recent. We can only surmise that the limited nature of the recommendations in this report reflects a deep sense of resignation about the severity of the ills within the mental health system and society's limited commitment to the neediest among us.

The basic issue at this point goes beyond any list of recommendations and proposals, however well meaning or well packaged. It requires a willingness to care for the most disenfranchised among us; a willingness to include them in the community and provide the community supports they need; and a willingness to change systems that need changing. The board of directors of the American Orthopsychiatric Association calls for renewed commitment to ongoing advocacy and education among the public, our elected officials, and our own professional leadership to assure comprehensive and continuing care for the homeless mentally ill.

* See:

1. Institute of Medicine. Homelessness, Health and Human Needs. Washington D.C.: National Academy Press. 1988.
2. NIMH: Report to the Congress. Deinstitutionalization Policy and Homelessness. Washington D.C. 1989.
3. Lamb HR, Bachrach LL, Kass FI (Eds): Treating the Homeless Mentally Ill. Washington D.C.: American Psychiatric Press, 1992.

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