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About one-quarter of homeless Americans have serious mental illnesses. Homeless individuals suffering from a mental illness have exceptionally diverse housing and mental health needs; therefore policies need to be in place to insure that not only those individuals receive housing but also outreach services that will help treat health concerns and their mental illness. For the past two decades, over one-half million Americans have been left homeless; about one-quarter of this percentage suffer from a severe mental illness. At a time when American psychiatry has generated significant scientific and clinical advances, we have failed to protect hundreds of thousands of seriously mentally ill citizens from drifting into homelessness. With over two decades of research aimed at homelessness and the recent publication of experimental studies, it is important to review what we have learned and to consider the implications for policy and practice (Rosenheck, 2000).

Summary of Primary Findings

In 1995, Martell, Rosner and Harmon conducted a study aimed at examining the rates of arrest for violent and nonviolent criminal charges among homeless and domiciled persons with mental illness. The authors' analyzed data from structured psychiatric interviews and criminal and psychiatric records of 77 homeless defendants and 107 domiciled defendants referred for psychiatric examination by the criminal and supreme courts in Manhattan; this study was over a six-month period. The overall rate of criminal offenses was 35 times higher in the homeless mentally ill population than in the domiciled mentally ill population. The rate of violent crimes was 40 times higher and the rate of nonviolent crimes 27 times higher in the homeless population. Homeless defendants were significantly more likely to have been charged with victimizing strangers. But why are there not services and programs in place to address the special needs of the homeless? Clearly, the homeless who suffer from a mental illness should be treated and provided medication.

In 2003, Seidman, Schutt, Caplan, Tolomiczenko, Turner, and Goldfinger conducted a study that was designed to examine if homeless individuals suffering from mental illnesses would improve their neuropsychological functioning if they were provided with housing; some individuals were given independent apartments and others were given group housing. The authors' rationale for conducting this study was that if homeless individuals, who were suffering from a mental illness, were given housing then hospitalization rates would reduce, improved residential stability for these individuals would improve as well as their social support and client satisfaction. "The results of this study support the idea that the provision of housing can influence neuropsychological performance among homeless persons with severe and persistent mental illness. Both the experience of being housed and of living in group housing rather than independent apartments had effects on cognition among the participants in this study;

neuropsychological functioning improved significantly among the entire sample study” (p.907).

Homeless individuals are already susceptible to making poor health decisions because they lack adequate health care and resources that would provide prevention or education of issues that would jeopardize their overall health. Researchers found that homeless individuals suffering from a mental illness are at high risk to contract the HIV virus through certain practices such as unprotected sex, trading sex for drugs, and by injection drug use (Sullivan, 1999).

Implications for Social Work Practice

The housing and mental health problems of the homeless community are typically complicated by poor physical health, long-term poverty, social isolation, lack of vocational skills and continuous involvement in the criminal justice system because they lack the medication that they need to function normal in society. Outreach programs must be developed to assist this population. Social worker need to address where certain mental health policies are weak and outdated. Social workers also must address the global epidemic that is homeless.

Recommendations

- Review current mental health and social policies.
- Implement an outreach program to increase awareness of HIV-related issues to the homeless community.
- Create better long-term housing opportunities for the homeless community.
- Change the policy on police arrests to better address mentally ill individuals. When an individual is arrested, perhaps there should be an on site therapist (working at the police department) to administer a quick psycho-evaluation.
- Develop work programs that would allow the mentally ill homeless to receive free medication.

Conclusion

Mental health polices must be constant and address not only populations with adequate housing and health insurance, but rather address everyone regardless of their position in society. The homeless community not only needs better housing programs, but needs better programs and outreaches in general that address their culturally specific needs.

HOMELESS PEOPLE WITH MENTAL ILLNESS

TABLE 1. Studies of Intervention Programs for Helping Mentally Ill Homeless People With Treatment and Housing

Program	Study Design	N	Cost Data Available	Impact of Intervention ^a				
				Effectiveness		Use of Services	Cost ^b	
				Housing	Symptoms			
Outreach								
New York Choices (4)	Experimental	175	No	+	+	+	+ ^c	
Access to Community Care and Effective Supportive Services Program (6)	Observational	11,857	No	+	+	+	+ ^c	
VA Homeless Chronically Mentally Ill Veterans Program (7)	Observational	1,748	Yes	+	+	+	+	
Case management								
St. Louis assertive community treatment (8, 9)	Experimental	85	Yes	=	+	+	=	
Baltimore assertive community treatment (10, 11)	Experimental	152	Yes	=	+	+	=	
Housing or transition								
Boston housing project (12)	Experimental	118	Yes	=	=	+	+	
Critical time intervention (13–15)	Experimental	96	No	+	+	+	+ ^c	
VA Homeless Chronically Mentally Ill Veterans Program residential treatment (16)	Observational	302	Yes	+	+	+	+	

^a +: significant improvement or increased service use; =: no significant improvement or increased service use.

^b +: costs significantly increased on the basis of client-specific cost data; =: no significant difference in costs.

^c Cost increase was based on available utilization data.

References

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