



## **Serious Mental Illness and Homelessness**

### **SUMMARY**

People with untreated serious mental illness comprise an estimated one-third of the total homeless population in the United States and an even higher percentage of women and individuals who are chronically homeless.

In major cities from New York to San Diego, homeless people with severe mental illness are now an accepted part of the urban landscape and make up a significant percentage of the homeless who ride subways all night, sleep on sidewalks and hang out in public facilities such as libraries and bus stations. Many others live hidden from the sight of fellow citizens, shuffling quietly through the streets by day, talking to their voices only when they think nobody is looking, living in shelters or abandoned buildings at night. Some who are psychiatrically ill live in the woods on the outskirts of cities, under bridges, and even in the tunnels that carry subway trains beneath cities. In places, homelessness shelters are so populated by mentally ill wanderers they take on the appearance of hospital psychiatric wards.

The quality of life for these individuals is abysmal. Their mortality rate is 4 to 9 times higher than the general population. Many are victimized regularly. They are highly likely to be arrested at some point and then cycle from the streets through the jails.

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### **BACKGROUND**

Homelessness emerged as a national issue in the mid-20th century as one of the unintended consequences of closing state mental hospitals without providing replacement treatment for people with the most serious mental illness. Formerly hospitalized individuals without resources who were unable to live independently moved to the streets, making up a growing portion of the homeless population. With the limited supply of publicly supported psychiatric beds shrinking virtually every year since then and those beds that remain increasingly dedicated to criminal offenders, access to treatment for severe mental illnesses such as schizophrenia and bipolar disorder is becoming ever more restricted. This leaves increasing numbers of people who require intensive services to remain unstable and experience negative consequences, homelessness among them.

The trend is seen in all major cities but also in smaller cities and towns. In Roanoke, Virginia, the homeless population increased 363% between 1987 and 2007, and “70% were receiving mental health treatment or had in the past.”



## TRENDS

In 2006, Markowitz published data on 81 US cities, looking at correlations between the decreasing availability of psychiatric hospital beds and the increase in crime, arrest rates and homelessness. He reported that, as state hospital bed capacity decreased, the number of mentally ill homeless individuals increased, along with crime and arrest associated with homelessness. This is consistent with studies in Massachusetts, Ohio and New York in the late 1980s finding that, within six months, 27% to 38% of patients discharged from state mental hospitals were homeless or had “no known address.”

Markowitz, F.E. (2006). Psychiatric hospital capacity, homelessness, and crime and arrest rates. *Criminology*, 44, 45–72.

Belcher, J.R. (1988). Rights versus needs of homeless mentally ill persons. *Social Work*, 33, 398–402.

Belcher, J.R. (1988). Defining the service needs of homeless mentally ill persons. *Hospital and Community Psychiatry*, 39, 1203–1205.

Drake, R.E., Wallach, M.A., & Hoffman, J.S. (1989). Housing instability and homelessness among aftercare patients of an urban state hospital. *Hospital and Community Psychiatry*, 40, 46–51.

## PREVALENCE

Beginning in the early 1980s, studies consistently began to report that approximately one-third of the homeless population was affected by schizophrenia, schizoaffective disorder, bipolar disorder or major depression. By the late 1990s, people with serious mental illness were reported to be 10 to 20 times more likely than the general population to become homeless. An April 2016 survey of New York City’s homeless population reported that unsheltered homeless individuals were most likely to be severely mentally ill single males. A 2010 study found 26% of Pennsylvania’s homeless population to be seriously mentally ill.

Torrey, E.F. (1988). *Nowhere to go: The tragic odyssey of the homeless mentally ill*. New York: Harper & Row.

Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W., Wyatt, R. (1997). Preventing recurrent homelessness among mentally ill men: a “critical time” intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), 256–262.

Coalition for the Homeless. (2016). *New York City homelessness: The basic facts*.

Project Home. (2010). *Saving lives, saving money: Cost-effective solutions to chronic homelessness in Philadelphia*.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports national data on homelessness among state mental health department clients. In June 2016, SAMSHA reported that 184,710 clients – 3.4% of all state mental health clients nationwide – resided in homeless shelters at some point during the previous fiscal year. Given that more than half of individuals with the most serious mental illnesses receive no treatment in any given year, this inevitably understates the actual number of mentally ill homeless people. A 2015 US Housing and Urban Development survey based on a one-night count of people sleeping on the streets estimated that 564,708 people in the United States were homeless (436,921 of them adults). Of these, 104,083 (24%) were identified as severely mentally ill.



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Given the inherent challenges of counting a homeless population, it is reasonable to assume all the federal census numbers are significantly understated; thus, the continued assumption that 30% of the homeless have a serious mental illness. Homelessness service providers in 2009 put the total homeless population at 1.3 million. If even 25% of these are mentally ill, this translates into 325,000 homeless people with serious mental illness at the time of the report.

Whether the actual population is 200,000, 300,000 or more, US adults living on the streets with a serious psychiatric disease are likely to number to add up to the population of Newark, New Jersey, or any number of other mid-sized American cities.

Substance Abuse and Mental Health Services Administration. (2016). *2015 Mental Health National Outcome Measures: SAMHSA Uniform Reporting System*.

National Institute of Mental Health (2016). *Serious Mental Illness (SMI) among US Adults*.

US Department of Housing and Urban Development (2015). *HUD 2015 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*.

National Coalition for the Homeless (2009). *How many people experience homelessness?*

### MUNICIPAL RESPONSES

In September 2015, the city of Los Angeles officially declared a homeless emergency. The following month, Honolulu did the same, noting “nearly half of the chronically homeless in Hawaii suffer from severe mental illness.” Seattle’s mayor in 2013 called the number of untreated mentally ill persons on the streets “an emergency.” In San Francisco, more than half the residents ranked homelessness as the city’s number one problem in 2016. In New Orleans, the municipal court began routinely holding sessions in the homeless shelter because so many of the city’s 34,000 outstanding arrest warrants were for people who were homeless or mentally ill. In Albany, GA in Feb 2014, it was reported “the closure of Southwestern state mental hospital in Thomasville has led to a dramatic increase in the number of people seeking help at Albany homeless shelters.”

Many cities, from St. Petersburg, Florida, to Santa Cruz, California, have responded by passing laws that make it a crime to sleep on the streets.

Jamison, P., Zahniser, D., & Hamilton, M. (2015, September 22). L.A. to declare ‘state of emergency’ on homelessness, commit \$100 million. *Los Angeles Times*.

Blair, A. (2016, April 3). Proposal would bolster mental health services for chronically homeless. *Hawaii News Now*.

Green, E. (2016, March 16). Homelessness soars to no. 1 concern in SF, new poll finds. *San Francisco Gate*.

Webster, R.A. (2015, December 16). New Orleans judges to hold court at homeless shelter. *The Times-Picayune*.

Thompson, L. (2013, September 16). McGinn calls untreated mentally ill on Seattle streets an ‘emergency’. *Seattle Times*.

Shelters take up mental hospital slack. (2014, February 28). *WALB News*.



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McHenry, K. (2016, April 3). Homes not jails: Santa Cruz city council votes to continue the sleeping ban. *Spare change news*.

Thompson, S. (2011, July 14). St. Pete homeless now given ultimatums by police. *Tampa Bay Times*.

### VICTIMIZATION AND ARREST

A 2014 review of the literature examined the relationship between being homeless with serious mental illness and being victimized. Six studies reported that lifetime rate of victimization in the population ranged from 74% to 87%. The same survey examined 15 studies and found that mentally ill homeless individuals had a lifetime risk for arrest ranging between 63% and 90%.

Roy L, et al. Criminal behavior and victimization among homeless individuals with severe mental illness: a systematic review 2014 *Psychiatric Services*. 65(6): 739-750.

Homelessness and incarceration increase the risk of each other. A 2008 study reported recent homelessness to be 8 to 11 times more common in jail inmates; the increased risk was attributed in part to mental illness.

Greenberg, G.A., & Rosenheck, R.A. (2008). Jail incarceration, homelessness, and mental health: a national study. *Psychiatric Services*, 2, 170–177.

### QUALITY OF LIFE

The quality of life for individuals who are homeless and mentally ill is abysmal. A study of 529 homeless persons in Los Angeles divided them into those who had been previously psychiatrically hospitalized and those who had not. The previously hospitalized individuals were three times more likely to obtain some of their food from garbage cans (28% versus 9%) and much more likely to use garbage cans as their “primary food source” (8% versus 1 %).

Gelberg, L., & Linn, L.S. (1988). Social and physical health of homeless adults previously treated for mental health problems. *Hospital and Community Psychiatry*, 39, 510–516.

In April 2015, the nation’s capital received a reminder that homelessness associated with serious mental illness is an equal-opportunity condition. Alfred Postell, a bearded homeless man who carried his belongings in a white plastic bag, was charged with unlawful entry in DC Superior Court and stood before Judge Thomas Motley. Motley asked Postell if he had a lawyer. “I am a lawyer,” Postell answered. It turned out Postell had graduated from Harvard Law School in 1979 and also held degrees in economics and accounting. In fact, Postell came from the same Harvard Law School class as Judge Motley and Supreme Court Justice John Roberts. That was all, of course, before Postell developed schizophrenia, was not treated and became homeless.

McCoy, T. (2015, July 14). Before a life on the streets, there was Harvard Law. *Washington Post*.