

Assessment of Mental Illness Among the Homeless Population

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Introduction

Mental illnesses are widespread across different populations of the world and are the largest cause of disability for people in their twenties. The most common mental health issues are depression and anxiety. They lead to immense behavioral and psychological changes in the affected people causing them to be socially distanced and unable to retain relationships. They might either be genetic or arise following triggers such as death or separation from close ones, immigration, divorce, sexual abuse, or childhood trauma. Adults who are mentally ill find it difficult to do any kind of work or get a job. This unemployment leads to poverty which in turn leads to lack of access to proper mental healthcare services (Mental Health Foundation, 2015).

Mental illness is a particularly prevalent problem in the population of homeless people. As per a statistical study conducted by the Treatment Advocacy Centre, one third of the homeless population in the United States suffers from some form of mental illness or the other. In another study, 40% of the participants placed mental illness among the top three causes of homelessness in the world. Schizophrenia and bipolar disorder are more common among the mental health problems faced by homeless people (National Coalition for the Homeless, 2017).

People who are diagnosed with mental disorders are unable to appropriately take care of themselves or their families. They also cannot maintain effective relationships with their loved ones and they try to push away their caregivers. They are also very less likely to independently opt for mental healthcare services to improve their condition. With no one to care for them, no job, and no access to care services, it is quite likely that mental health patients end up being

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homeless. All these reasons contribute to the widespread prevalence of homelessness among the mentally ill people (National Coalition for the Homeless, 2017).

Factors affecting prevalence of mental illness in homeless people

Homeless people in particular are extremely susceptible to several physical and mental disorders, including substance abuse. It is particularly difficult to study this population because definitions of homelessness, sampling strategies, and measurement methods vary across different regions. Also, the state of homelessness may vary from time to time and it may be difficult to study a group of people for a long period of time (North *et al.*, 2004). A study conducted by the US Conference of Mayors found that mental illness was one among the top three causes for homelessness. This is a vicious cycle as mentally ill people that are homeless do not have access to care homes or non profit organizations who can provide a home for them (National Coalition for the Homeless, 2009).

In a study concerning the risk factors for mental health among the homeless, Folsom *et al* (2005) found that male gender, African American ethnicity, lack of insurance, and substance abuse were found to be associated with mental health disorders in the homeless. On the other hand, Latino and Asian American ethnicities were found to be associated with lower rates of homelessness among the mentally ill people. Considering mental health disorders, schizophrenia and bipolar disorder were associated with higher rates of homelessness (Folsom *et al.*, 2005).

According to Yim *et al* (2015), mental health issues were a very important independent risk factor for homelessness. The most common mental health problems in the homeless people

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include alcohol abuse and drug abuse. Other issues are depression, psychotic illnesses, personality disorders, and schizophrenia. They are also vulnerable targets for sexual harassment and physical assault. They have increased susceptibility to committing suicides and becoming targets for criminal activities. All these possibilities in turn lead to an exacerbation of their mental illness symptoms (Yim *et al.*, 2015).

Other factors that are interlinked with mental health and homelessness are unemployment, unavailability of housing, social inequalities, immigration, loneliness, addiction, and childhood abuse. Factors such as poverty and economic insecurity are triggers for both mental illnesses and homelessness. However, it has been found that usually mental illnesses occur in people before homelessness, and not during homelessness. This can be explained by the social selection hypothesis, according to which mental health issues lead to disturbed social relationships and financial deterioration (Laporte *et al.*, 2018).

Given that mental health issues are often a prerequisite for homelessness, the risk factors for mental illnesses are indirectly also risk factors for homelessness. A lot of mental health patients, if left untreated with no one to care for them, may end up homeless. In such a situation, it is even more difficult to access mental health services. Hence, people who are most vulnerable are those who develop mental health disorders due to domestic violence, sexual abuse, divorce, death of parents, or childhood estrangement (Committee on Health Care for Homeless People, 1988).

Intervention strategies most effective for preventing mental health issues in the homeless

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Several different intervention strategies have been implemented in different communities with mixed results. One of the most common interventions at the primary level of prevention is counseling, advocacy, and provision of resources, housing, budget, and credit counseling to vulnerable sections of the society. Another commonly used strategy is emergency assistance in the form of food, clothing, and cash to avoid homelessness in mentally ill people. Other less commonly used intervention strategies include legal assistance, access to mental healthcare, child welfare, and involvement of non profit organizations (Burt *et al.*, 2007).

Most primary intervention strategies for prevention of homelessness in mentally ill people focus on those families having short-term problems. Organizations committed to prevent homelessness provide available resources, for example, one month of cash assistance, in-kind assistance, and budget counseling to susceptible families. Committees that focus on families with more long-term problems provide more expensive resources such as permanent housing and support services (Burt *et al.*, 2007). From all the resources that are offered to vulnerable families, the most effective strategy at the primary level is provision of housing subsidies. Studies have shown that provision of housing subsidies ensure that at least 80% of homeless people remain housed for two years (Shinn *et al.*, 2001). More expensive strategies such as permanent housing, community-based outreach programs, and case management initiatives have found to be particularly useful for people with serious mental health issues (Tsemberis *et al.*, 2004).

As stated earlier, mental health often precedes homelessness and intervention strategies targeted towards improving the symptoms of mental illnesses can also prevent homelessness.

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Some commonly used intervention strategies according to this approach include case management, rehabilitation, temporary housing, and access to drop-in centres. These approaches independently or in combination have proved to be effective in altering the mental state of patients for the better. Implementation of these strategies also led to lower risk of alcohol and drug abuse in mentally ill homeless people (Hwang *et al.*, 2005).

Another study by Schutt *et al* (2009) once again stressed on the fact that providing housing and financial assistance to homeless people can help them come out of homelessness faster and stay housed for a longer period of time. Housing availability coupled with outreach services, support services, or transitional shelter provision was more effective in preventing homelessness, especially among people with a history of substance abuse. In the absence of housing provision, the other strategies did not have as much effect in preventing homelessness, thus proving that providing temporary or permanent housing along with additional assistance to homeless people play a role in altering their situation. It is also important to note that the provision of support services along with housing to substance abusers helped them overcome their addiction problem, leading to improved mental health conditions (Schutt *et al.*, 2009).

Conclusion

In conclusion, the prevalence of mental health disorders among the homeless people is quite high. Some of the common risk factors for this are unemployment, lack of housing and financial resources, abuse, and trauma. Another important risk factor is the widespread use of drugs and alcohol by homeless people. While most of the triggers are not under the control of a lot of people, the choice of becoming an alcoholic or a drug user belongs solely to the concerned

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person. Hence, this is something that can be addressed and vulnerable populations can be educated regarding the dangers of substance and alcohol abuse. When lesser people opt for these dangerous addictions, the rates of mental health disorders will fall, in turn leading to lesser rates of homelessness.

One of the primary intervention strategies that have shown to be effective in a lot of studies is provision of housing facilities and financial assistance. Taking people off the streets immediately leads to a positive change in their behavior, personalities, and mental health. This helps them turn optimistic and they may actively seek a job to pay their rent and buy necessities. As a lot of mental health symptoms are a consequence of lack of decent living facilities, providing these to the homeless helps them access mental healthcare services and live as more independent people. For alcohol and substance abusers, access to support services and outreach programs in addition to housing has shown to be the most effective to help them get rid of their addictions and lead a more stable life.

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