

## **Overcoming the Complexities of Mental Illness Among the Homeless**

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### **Abstract**

Mental illness and homelessness are inextricably tied together in a way that has created a costly problem that profoundly affects both individuals and societies. To begin to eradicate this problem, the severity and complexity must first be understood by considering the many factors contributing to both mental illness and homelessness. Care must be individualized to fit each person's unique situation, and continuity of care is absolutely critical. This problem has ramifications for many disciplines such as healthcare, social work, corrections, and housing, but stigma in the general population must also be addressed if progress is to be made.

### **Introduction**

It is a known fact that homelessness is tied to poor physical and mental health (Frankish, Hwang, & Quantz, 2005, p. S24). The nature of these ties is complex and multi-faceted, which leads to a unique problem of a large proportion of homeless people with mental illness. Individuals who are homeless are at a higher risk of poor mental health (Frankish et al., 2005, p. S24), and individuals with compromised mental health are at a higher risk of being homeless (Centre for Addiction and Mental Health, 2003, p. 4). However, the direction of the causal arrow is unclear, due to the many factors that influence an individual's mental health (Government of Canada, 2006, p. 8), and the many factors, both personal and societal, that influence homelessness (Frankish et al., 2005, p. S24). As there are a large proportion of homeless people with mental illnesses, there is evidently a need for helping individuals with mental illness so that they do not end up on the street. This would reduce the total number of homeless people as well. In order for this to happen, the severity of the problem of mental illness among the homeless must be understood, the factors contributing to the problem must be recognized, and solutions to help those with mental illness must be put in place and followed through by health care professionals and community workers. This paper will examine the costs of mental illness, the influencing factors that contribute to mental illness and homelessness, and it will conclude with some recommendations to address the needs of the homeless community.

### **The Costs of Mental Illness and Homelessness**

Homelessness and mental illness both have steep costs. There are the individual-level costs of families being torn apart by mental illness and substance abuse and there are also the societal-level costs. The Government of Canada (2006) cites societal costs for mental illness including healthcare, the economy, and housing (p. 8). With regards to costs of homelessness, Charity Intelligence Canada (2009) estimated that the cost of Canada's homeless for Canadian taxpayers in 2006 was

“\$1.25 billion in criminal justice, social services and emergency shelter costs and emergency health care” (p. 9). Mental illness and homelessness do not just affect the individuals who are ill: there are ramifications for the whole of society.

Unfortunately, due to stigma, this cost can go unnoticed or ignored. If the notion that it is the fault of the mentally ill or homeless for their condition in the general population is too great, there will be a tendency to show disinterest in them. This kind of thinking can lead to the misconception that there are minimal relevant consequences for the general population, when in reality mental illness and homelessness can happen to anyone and affect everyone indirectly. Before the problem of the high prevalence of individuals who suffer from a mental illness and are homeless can be solved, there is a need for reduced stigma in the general population. Mental illness is an illness, just like cancer or heart disease. It is not an individual’s fault that he/she is mentally ill, and it is not necessarily an individual’s fault that he/she is homeless. These individuals are humans just like anybody else; they deserve parity and fair treatment. To truly grasp this concept, it is important to understand that many factors come into play in both mental illness and homelessness.

#### **Contributing Factors**

The determinants of health shape the development of both mental illness and homelessness. These factors must be recognized in order to understand why such a high proportion of homeless people also suffer from mental illness. In the case of mental illness, some of the contributing factors are: stress and coping skills; income, which affects mental health by influencing an individual’s living conditions, access to healthy foods, and ability to meet his/her needs; education, which affects health by decreasing financial stressors, increasing work conditions, and increasing a sense of control; social support, which helps reduce isolation and loneliness and therefore improves mental health; childhood development and adverse experiences; and physical environment, which can affect mental health by instilling a certain type of mind set or view about the world (Government of Canada, 2006, pp. 8, 10-13, 18). It should also be noted that “mental health and physical health are intricately linked” (Government of Canada, 2006, p. 14).

Likewise, when examining homelessness, it is important to understand that many factors come into play, including personal factors, which are very closely tied to the determinants of health such as childhood development, education, and substance abuse as well as societal factors such as the cost of living, the labour market, and discrimination (Frankish et al., 2005, p. S24). Furthermore, the homeless population is diverse. Homelessness affects no single age group, gender, or culture (Frankish et al., 2005, p. S24). In their study of homeless adults with mental illness, Padgett and Henwood (2012) note that their study participants “were not suddenly ‘struck down’ by mental illness and a subsequent descent into poverty, joblessness, and isolation” (p. 189); instead there are key factors such as childhood development and environment that come into play. It is important to

recognize the multi-dimensional causes of mental illness among the homeless if solutions are to be made and followed through with, so as to grasp a better understanding of the problem.

#### **Working Towards a Solution**

In order to reduce the number of people with mental illness on the streets, one key principle must be followed: continuity of care. Continuity of care has implications for various sectors, especially corrections, health care, and community. Continuity of care is crucial because “transition from an institution to the community presents great risks for becoming homeless” (Chen & Odgen, 2012, p. 373). This raises responsibility for both the pre-transition institution and the post-transition community. First the institution, whether hospital or correctional facility, must ensure that an individual is well enough to go into the community. Next, the community must be ready to receive the individuals with adequate housing and support services (Chen & Odgen, 2012, p. 381). This general principle should serve as an overall goal to guide the effort to reduce the prevalence of mental illness among the homeless, but each sector has to make contributions in order to meet the goal.

In striving for continuity of care, health care and community workers, especially nurses and social workers, play an important role in preparing the individual for the community. In order to support and benefit the client, nurses and social workers must individualize treatment. When considering a client who is homeless with a mental illness, all of the individual and societal factors (as discussed above) that lead him/her to where he/she is must be considered. The unique combination of factors makes for a unique situation for each individual. Put into a broader context, there are some estimates that the number of homeless people in Canada each year is 157 000 (Charity Intelligence Canada, 2009, p. 1). This means that there are 157 000 unique combinations of factors that lead to these individuals becoming homeless, and for those who are affected by mental illness, even more components must be considered. When these numbers are considered, it becomes evident that there is no one-size-fits-all approach to reducing homelessness among those with a mental illness. Each person must be carefully considered, and treatment must be both empathetic and individualized to the individual’s unique needs (Kydra & Compton, 2009, p. 148).

Furthermore, it is absolutely crucial that nurses, social workers, and community workers take the time to develop a trusting relationship. This includes being reliable, consistent, respectful, and present in the individual’s treatment, as well as patient and persevering (Chen & Odgen, 2012, p. 377, 379). To summarize, it comes down to good social support. Individuals suffering from mental illness and homelessness want someone to care (Padgett & Henwood, 2012, p. 190). The social support received from health care and community workers can help create a foundation on which to build mental health, because social support is a key

determinant of health that homeless individuals may not be getting elsewhere,. Once this foundation is started, it is crucial that it is continually built upon, even during the transitions from institution to community, or progress will be lost. This constant building is what will bring individuals out of the cycle of mental illness and homelessness, and ultimately contribute to reducing the number of individuals with mental illness who are homeless.

**Conclusion**

There is clearly a need for improvement in the area of homelessness and mental health. In order to reduce the number of people who have a mental illness and are homeless, the cost associated with the problem must be recognized, the underlying factors understood, and the solution of continuity of care established across sectors. This is not an easy feat, but the effort is worth both the financial and social cost to society and to individuals who suffer from mental illness, as well as their families. The uniqueness of each individual's situation and background makes for a challenge, and all of the contributing factors to an individual's illness and homelessness must be recognized. Treatments must be built around the individual and personalized to their needs, especially in the area of social support (Chen & Odgen, 2012, p. 380). Therefore, there is a need for treatments to be based on relationships (Chen & Odgen, 2012, p. 377) rather than medications and discharge papers. With a problem as vast, multi-faceted, and complex as this no single sector, process, or policy can be blamed. Reducing the number of homeless who have a mental illness will require effort on many levels, starting with government (which can ensure housing, for example), moving down to professionals (particularly in the fields of healthcare, social work, and corrections), and including the general population (where there is a need for education to reduce stigma and increase awareness of the problem). No one has an excuse to be uninvolved. The stakes are high, but this problem is not insurmountable if everyone contributes.

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