# Correlation between Mental Illness and the Growth of Homelessness

## Introduction

Different definitions have been extended to the term ‘homelessness' with the description ranging from dwellers in sub-optimal housing facilities in Western nations to individuals in shanty town dwelling or the streets. Such has led to the terms absolute homelessness that refers to a state where the individual has no physical shelter as well as relative homelessness referring to a condition where the available shelter does not meet the terms of health and safety (Jayatunge, 2014). The definitions cut across the fundamental conception of homelessness with the central aspect of homelessness being the visible destitute individuals roaming the streets and living under bridges and abandoned houses. For most of these homeless individuals, they have a mental illness where a third of the homeless people consist untreated mentally ill persons. The mentally ill and homeless individuals have been accepted as part of the urban landscape and continue facing a wide range of risk factors as a result of their environment and mental condition. The worth of life for these individuals is low with their mortality rates being between 4 and 9 times higher than that of the general population.

## The Link between Mental Illness and Homelessness

The link between mental illness and homelessness can be traced back to the emergence of homelessness as a national issue. Within the United States, homelessness became a national issue in the 20th century as a result of the outcomes of de-institutionalization. Under deinstitutionalization, the government focused on the closure of mental institutions while offering treatment to people with the most severe mental health conditions (Treatment Advocacy Center, 2016). Homelessness emerged since there were hospitalized individuals without resources to live independently and were therefore forced to move to the streets. Since the deinstitutionalization period, beds in mental health institutions have been reserved for criminal offenders in need of mental health, and this is limiting access to mental health for other patients with severe conditions such as bipolar disorder and schizophrenia. As such, the deinstitutionalization of mentally ill patients and their subsequent movement to the streets was the first linkage between mental illness and the growth of homelessness.

Over time and following the closure of mental institutions, there has been a continued growth in the number of the homeless and mentally ill persons in the United States. As an example, Roanoke in Virginia had a 363 percent increase in the homeless population between 1987 and 2007, with over 70 percent of the population being mentally ill (Hamack and Adams, 2007). The increase in the percentage of mentally ill individuals coincided with the decrease in hospital bed capacity, and this alludes to the fact that the lack of treatment is the driving factor to an increase in the population of the mentally homeless individuals. In an article in the USA today, Jervis (2014) notes that more than one-fifth of the homeless people suffer from mental illness yet they suffer from manageable conditions such as schizophrenia, severe depression, and bipolar disorder. As the author continues to postulate, the disease becomes debilitating without the right medication and counseling, where this ends up costing the federal government millions in different services including housing while prolonging the plight of the mentally ill. Mostly, the increasing number of mentally ill homeless individuals is not only as a result of the 20th-century deinstitutionalization process but also the lack of facilitation in ensuring that the mentally ill have access to medication.

Homelessness and mental illness have a bidirectional relationship such that homeless individuals without mental illness have a high susceptibility to mental illness while on the streets. According to Jayatunge (2014), homeless individuals are more likely to suffer from mental illness as compared to the general population. The high susceptibility to mental illness comes about from the challenges faced while on the streets. Homeless individuals face issues such as paranoia, depression, anxiety, disordered thoughts, hallucinations, and delusions that affect their functionality and cognition. Such implies that healthy homeless individuals on the streets are likely to suffer from mental illness and this increases the percentage of mentally ill homeless individuals.

Another important factor driving the rate of mentally ill persons in the streets is substance abuse. Substance abuse is defined as the maladaptive use of substances such as drugs whose recurrent use has adverse health consequences. Substance abuse has adverse effects on the user's mental health. According to the National Institute of Mental Health (2015), there were 20.2 million adults with substance use disorder in 2014 while 7.9 million of these persons had the disease as well as another mental illness. Importantly, such statistics point to a worrying problem, especially because there are soaring rates of substance misuse among the homeless as compared to those in stable housing. On the other hand, substance abuse even within the general population has adverse social outcomes that include unstable relationships, job losses, and family conflicts that could eventually lead to homelessness. Similar to the relationship between homelessness and mental illness, there is a bidirectional relationship between substance abuse and homelessness where the presence of one predisposes the individual to the other one. Addiction to substance abuse is also prevalent within the homeless population as compared to the general population, and this implies that homeless persons engaging in substance abuse have a high predisposition to mental illness. In effect, this results in an increase in mentally ill persons within the homeless population. The growth may be as a result of substance abuse within the homeless community or in the general population where substance use results in adverse social outcomes that include mental illness and homelessness.

Adverse childhood experiences have also resulted in the growth of homeless individuals as well as the increase in the number of mentally ill individuals. According to Buckingham and Daniolos (2013), childhood psychological trauma in areas such as emotional and physical abuse is a risk factor in the emergence of mental issues as well as homelessness. For most of the children that have undergone through the adverse psychological trauma, they exhibit depressive symptoms, drug use at an early age, as well as antisocial behavior. All such factors have a direct correlation to mental illness and homelessness through a bidirectional relationship. The effects of psychological trauma in children extend until adulthood where the individuals are highly susceptible to homelessness and engagement in practices leading to mental illness. As Jayatunge (2014) notes, material and social disadvantages that are experienced in childhood have long-term effects on the worldview as well as behavior perception. Much of the outcomes of this problem as well as the trauma suffered include impaired functioning, reduced physical and mental wellbeing, and amplified substance misuse. Such adverse childhood experiences may also be playing a part in increasing the number of mentally ill as well as the homeless population. For such children, they may have no economic means to support themselves and therefore end up being homeless and engaging in practices leading to detrimental mental health.

The United States has applied several approaches to reducing homelessness and the number of mentally ill persons on the streets. As Gershon (2016) notes, the United States has been successful in cutting the number of homeless veterans by about half since 2010, and this is mainly due to the ‘housing first' programs. Under such applications, the homeless veterans have had access to housing, and this has reduced their number on the streets while also contrasting to the assumption that the treatment of mental illness should come first to prepare such individuals to live in apartments. The case points to a correlation between mental illness and the growth of homelessness in low wages, public benefits cuts, and little access to affordable housing drives homelessness and the susceptibility to mental illness.

## Conclusion

The correlation between mental illness and the growth of homelessness is based on a bidirectional relation where a mental disease has led to homelessness while homelessness also contributes to mental illness. The first link between mental health and homelessness was visible during the deinstitutionalization period where access to mental health was limited to mentally ill criminals. The policy led to a subjection of the mentally ill persons to homelessness, and there has been a continued growth of mentally ill homeless persons. As has been discussed in the paper, different factors drive homelessness and mental illness in bidirectional correlations that have led to the growth of the mentally ill homeless population.

## References

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