

How Many Individuals with A Serious Mental Illness are Homeless?

(updated November 2014)

SUMMARY:

People with untreated serious mental illness comprise approximately one-third of the total homeless population, and an even higher percentage among homeless women and among individuals who are chronically homeless. The quality of life for these individuals is abysmal. Many are victimized regularly. One study found that 28 percent of homeless people with previous psychiatric hospitalizations obtained some food from garbage cans and 8 percent used garbage cans as a primary food source.

In many cities such as New York, homeless people with severe mental illnesses 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, or hang out in the parks. These mentally ill individuals drift into the train and bus stations, and even the airports.

Many other homeless people hide from the eyes of most citizens. They shuffle quietly through the streets by day, talking to their voices only when they think nobody is looking, and they live in shelters or abandoned buildings at night. Some shelters become known as havens for these mentally ill wanderers and take on the appearance of a hospital psychiatric ward. Others 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.

- Multiple studies on homeless individuals beginning in the early 1980s have reported that approximately one-third of them have a serious mental illness, specifically schizophrenia, schizoaffective disorder, bipolar disorder, or major depression.

Torrey EF. *Nowhere To Go*. New York: Harper & Row, 1988.

- A 2010 HUD survey of the homeless reported that they numbered 649,917. Assuming that one-third have a serious mental illness, they would total approximately 216,000 individuals; this is equivalent to the population of Birmingham, AL; Lincoln, NE; Madison, WI; or Scottsdale, AZ.

HUD's 2010 annual homeless report to Congress, 2011.

- A 2014 summary examined the relationship between being homeless with serious mental illness and being victimized. In 6 studies the lifetime rate of victimization ranged from 74% to 87%. It also examined the relationship between being homeless with serious mental illness and being arrested. In 15 studies the lifetime arrest rate ranged 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.

- In recent years, as states have continued to close down state psychiatric beds, there are suggestions that the problem is getting worse. In Massachusetts, the homeless population increased by 14 percent from 2010 to 2013. In Seattle in 2013, the mayor called the number of untreated mentally ill persons on the streets “an emergency.” In Albany, GA in Feb 2014, it was reported that “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.”

Tracey P. Mentally ill swelling homeless ranks, *Psych Central* January 13, 2014; *Seattle Times* September 16, 2013; *WALB* February 28, 2014.

- The homeless population, especially homeless persons with serious mental illness, has increased steadily since the 1970s. This is seen in all major cities but also in smaller cities and towns. For example, in Roanoke, Virginia, the homeless population increased 363 percent between 1987 and 2007, and “70 percent were receiving mental health treatment or had in the past.” In Bangor, Maine, the shelter opened in 1987 with 10 beds. In 2007, the shelter had 33 beds “with a dozen paid staff members” to care for “people with a range of mental and physical health problems coupled with extreme poverty.”

Hammack L, Adams M. Roanoke turns its focus on homeless. *Roanoke Times*, December 16, 2007.

Gagnon D. Role of Maine shelters in flux. *Bangor Daily News*, December 11, 2007.

- 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. As expected, he found direct correlations. This is consistent with past studies in Massachusetts and Ohio that reported that 27 and 36 percent of the discharges from state mental hospitals had become homeless within six months. It is also consistent with a study in New York that found that 38 percent of discharges from a state hospital had “no known address” six months later.

Markowitz FE. Psychiatric hospital capacity, homelessness, and crime and arrest rates. *Criminology* 2006;44:45–72.

Belcher JR. Rights versus needs of homeless mentally ill persons. *Social Work* 1988;33:398–402.

Belcher JR. Defining the service needs of homeless mentally ill persons. *Hospital and Community Psychiatry* 1988;39:1203–1205.

Drake RE, Wallach MA, Hoffman JS. Housing instability and homelessness among aftercare patients of an urban state hospital. *Hospital and Community Psychiatry* 1989;40:46–51.

- Officials think they are saving money by dumping patients out of the mental hospitals and onto the streets and public shelters, but they are not. “In 2001, a University of Pennsylvania study that examined 5,000 homeless people with mental illnesses in New York City found they cost taxpayers an average of \$40,500 a year for their use of emergency rooms, psychiatric hospitals, shelters, and prisons.”

Brinkman, P. Brown County Mental Health Center funding funnels into community placement; new trend impacts former, current institution residents. *Green Bay Press Gazette*, October 30, 2005.

Mangano PF, Blasi G. Stuck on skid row: L.A. should do what other cities already are: move the homeless into permanent housing, and stop just managing the problem. *Los Angeles Times*, October 29, 2007.

- Mentally ill homeless people are victimized regularly. In New York, 949 homeless men were interviewed regarding having been assaulted or injured. Twelve percent of the men were psychotic, and this group was significantly more likely than the nonpsychotic men to have been robbed, beaten, threatened with a weapon, or injured (concussion or limb fractures). A study of homeless women in Baltimore found that nearly one-third of the women had been raped.

Padgett DK, Struening EL. Victimization and traumatic injuries among the homeless: associations with alcohol, drug, and mental problems. *American Journal of Orthopsychiatry* 1992;62:525–534.

Breakey WR, Fischer PJ, Kramer M, et al. Health and mental health problems of homeless men and women in Baltimore. *Journal of the American Medical Association* 1989;262:1352–1357.

- 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 percent versus 9 percent) and much more likely to use garbage cans as their “primary food source” (8 percent versus 1 percent).

Gelberg L, Linn LS. Social and physical health of homeless adults previously treated for mental health problems. *Hospital and Community Psychiatry* 1988;39:510–516.

- Most homeless individuals with severe psychiatric disorders are not being treated. Most of them have anosognosia and are not aware that they are sick, but legally we protect their right to remain sick. As one news reporter noted: “It’s as if we suddenly decided to respect the ‘right’ of Alzheimer’s patients to wander wherever they please. Sounds ridiculous, but that’s basically the situation with so many of the people we call ‘homeless.’”

Blow S. She’s ill and alone, but someone’s daughter. *Dallas Morning News*, September 3, 2006.