

Mental Illness and Homelessness
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Where Do We Draw The Line On How We Treat People Who Are Different?

“We can’t make ourselves” would normally serve its purpose as a grade-school solution for quelling notable differences in appearance. It holds on to the very idea that despite there being something noticeably different about someone, physical attributes carry little value when assessing a person in their entirety. It’s as if little Suzy felt justified when her mother used this very saying to answer her daughter’s question of whether or not her friend, Polly, would still be fun to play with, despite having brown eyes.

So, when the variables are changed, would we still exercise the same amount of contentment when given “we can’t make ourselves” as an answer? Sadly, this isn’t the case, and it has been this way for a while. Worth an honorable mention is mental illness; this aspect is often overlooked or misunderstood. Consequently, it’s seen as a disadvantage that goes against the grain of the trendy, but fleeting, views society has on what it means to be a productive and desirable human being.

If seeing is believing, it should be abundantly clear that mental illness not only needs more awareness, but also an intervention plan. The National Alliance of Mental Illness sites roughly “1 in 5 adults experience mental illnesses in a year”, and that “1 in 25 adults experiences a serious mental illness that substantially interferes with one of more major life activities.” Naturally, it is common-place to assume that homeless individuals are included in this statistic; but, The Treatment Advocacy Center hones in on the specifics by maintaining that as much as “one-third of those who are homeless have a serious mental illness, such as bipolar, schizophrenia, and major depression”. Further, the article sites that “33% of homeless individuals, with mental illnesses, are left untreated”. Correspondingly, TAC reports that psychiatric patients, who were previously

hospitalized, are “three times more likely to obtain food from the garbage.” This alarming correlation with mental illness and homelessness points to the fact that people are not getting access to the treatment they need, and it’s being regarded as a non-issue.

Mirroring these alarming numbers is the amount of psychiatric treatment this population receives. A public health report, issued by The US National Library of Medicine National Institutes of Health, details psychiatric treatment for homeless children. The report notes “sheltered homes represent one-third of The US homeless population.” This subgroup of the population is very impressionable. The stress children bear from housing-uncertainty, developing healthy views of the world and their place in it, along with the fear of violence, make them more susceptible to mental illnesses. “System barriers and unstable living arrangements” make it harder for children to get the help they need, unless they are of a “high-risk status;” high risk, in this scenario, refers to serious mental illnesses. From there, the child is eligible for screening and treatment, provided by local outreach programs. The report continues by highlighting nine homeless shelters in the Jacksonville area. Of the population of 476 children, 118 were screened, and 50 of those needed a referral for psychiatric treatment.

References:

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