

Slipping Through the Cracks, Mental Health and Homelessness

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HEMERA TECHNOLOGIES VIA GETTY IMAGES

I remember, where I used to live, there was a homeless man who slept at night in an alcove opposite a Tesco Metro. Once he stopped me, randomly, and spent ten minutes talking about some recent trouble he had been involved in; he had been removed from a shelter and suffered abuse there and was looking to move to another. The reasons for his removal were clear. Alcoholism had done its work on him, and likely, many other things too. Perhaps he, like countless others who live in homeless shelters, or on the street, suffer with severe mental illnesses. Illnesses, that if untreated can chip

away at a person's life until there is little left. , He told me he once worked in marketing. I think about him at times.

It's almost a cliché to talk about the rates of drug abuse and alcoholism. In fact it's often used as a reason for not giving money to the homeless directly, as it may only go to serve their addiction. However, less talked about, is that these addictions often have an underlying cause, a basis of severe mental illness. Some reports suggest up to 10% have a dual diagnosis of a substance problem, and a severe mental illness (Sian Rees, 2009, Mental Ill Health in the Adult Single Homeless Population: A review of the literature, London, Crisis.)

Drug use can also deeply affect an individual's mental health, and substance abuse (including alcohol, a depressive) is high in the homeless population. With this in mind then, it's not hard to see why there are far higher rates of mental illness in the homeless population, as their lives and histories may complete the checklist of causes or exacerbators of mental health issues. This does not take into account any developing or serious mental illness prior to becoming homeless .

The rates of psychotic disorders in the homeless population in the UK is extremely high. Some figures estimate that the homeless are 50% to 100% more likely to develop a psychotic disorder such as schizophrenia, than the general population).

This figure is staggering. What's worse is that as these people are homeless, treatment of their condition is much more difficult, assuming treatment is even sought (few homeless individuals are registered with a GP). As such, their mental health, is left to deteriorate.

There are many factors in a person's life which can cause or greatly exacerbate mental illness. Issues like loneliness, insecurity about the future, living situations, and traumatic events such as a history of abuse, losing a home, or even losing a job can all cause a range of mental illnesses. It is not hard to imagine that the average homeless person can relate to any or all of these.

Like with many things, people are more interested in the symptom than the cause. I think realisation, and focus on the underlying mental health issues in the homeless population could go a long way to stop people falling through the cracks, and ending up living on the street or restricted to homeless hostels. These addictions are proving fatal to homeless individuals in distressing numbers.

According to a survey by Crisis, deaths by substance abuse in the general population is roughly 1.6%.

In the homeless population, that increases to 35.5%.

Outside of individual cases, there are historical reasons for the numbers of mentally ill homeless people. For example, in the USA under Ronald Reagan, mentally ill people in state hospitals were deinstitutionalised through care homes, many run for profit. However, over time, the numbers of prematurely discharged patients left these care homes, or were evicted, and thus ended up living on the street. The number of homeless people in inner city America rose massively, each individual with a now untreated severe mental health condition.

A very similar thing happened in the UK too, with the 'Care in the Community' Act. With it, the physically disabled and mentally ill were, and still are, deinstitutionalised and sent back home to, family members or carers who were sometimes unable to fully attend to their needs. Like in America, after leaving institutions, people sometimes fall through the cracks and end up living on the street with severe, now untreated mental health conditions.

While I am in no way a total advocate for people being institutionalised, it is vital that people get the care and attention they need, when they need it. This can be at home, but is not always the case.

Fundamentally I feel care in the community may be a cost effective initiative, but not necessarily in the best interests of the individual.

This situation, then, is clearly horrific. However, what I feel is promising is that data about this subject was not hard to find so it is clearly a very well researched issue. The mental health of the homeless population is not ignored. Merely there is not nearly enough central, and local, resources directed to this issue (as is the case with mental health care in general).

Ultimately, I don't think there can be any progress with regard to the treatment of mental illness in the homeless population, without there being a fundamental challenge to homelessness itself but it is worth noting that local councils have a legal duty to protect its citizens, in particular those in "priority need", ie those at risk of homelessness, and/ or those who suffer mental health problems and as such, there should be provisions to help.