

# The Homeless Mentally Ill

## The Perspective of the American Psychiatric Association

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The homeless mentally ill have become one of the greatest problems of present-day society. The American Psychiatric Association's Task Force on the Homeless Mentally Ill concluded that this is not the result of deinstitutionalization per se but of the way it has been carried out; homelessness among the chronically and severely mentally ill is symptomatic of the grave problems facing them generally in this country. Thus, the problem will not be solved until the basic underlying problems are addressed and a comprehensive and integrated system of care for the chronically mentally ill is established. Specific recommendations of the Task Force include an ample range of graded, supervised community housing; comprehensive and accessible psychiatric care and rehabilitation; the availability of general medical assessment and care, crisis services, and a dependable source of income; a system of case management in which one mental health worker is responsible for each patient; changes in commitment laws to make them more responsive to clinical needs; coordination between the various community resources; and ongoing asylum and sanctuary for that small proportion who require it.

(JAMA 1986;256:498-501)

TO SEE and experience the appalling conditions under which the homeless mentally ill exist has a profound impact on us; our natural reaction is a desire to rectify the horrors of what we see with a quick, bold stroke. But for the chronically mentally ill, homelessness is a complex problem with multiple causative factors. In our analysis of this problem, we must guard against settling for the simplistic explanations and solutions.

To address this problem, the American Psychiatric Association appointed a Task Force on the Homeless Mentally Ill in 1983, realizing that while all citizens have a responsibility for the welfare of the homeless, psychiatrists have an additional responsibility for the mentally ill among them. The recommendations of the Task Force,

which are given below, have been adopted as official policy of the American Psychiatric Association.<sup>1</sup>

One of the first decisions the Task Force had to make concerned the scope of the population to be addressed. While we all were concerned deeply about the homeless population in general, we believed that we needed to focus our efforts on those homeless persons who are chronically and severely mentally ill. The most methodologically sound studies performed thus far indicate that among the total population of homeless persons, there is a prevalence of about 40% with major mental illness (that is, schizophrenia and major affective disorder).<sup>2</sup> Another way to define those homeless persons with whom we concerned ourselves were those who would have lived out their lives in state hospitals before deinstitutionalization.

We believed that with our expertise and credibility with this population, we might be listened to and have an impact if we could produce a document of high quality in book form with

specific recommendations for action. On the other hand, we believed it essential to avoid spreading ourselves too thin by trying to deal with a number of subpopulations with different problems and different needs. If, in fact, we are able to make a contribution to lessening the degree of homelessness among the chronically and severely mentally ill, we think our efforts will have been well worthwhile.

We on the Task Force wanted to take an in-depth look at the underlying causes of homelessness, so that simplistic solutions would not be adopted hurriedly. We feared that in its haste to get the homeless mentally ill out of sight and out of mind, our society would resort to large-scale reinstitutionalization or an inappropriate reliance on shelters. The latter, while a necessary emergency resource, obviously do not constitute a long-term solution. We also wanted to forestall other naive and simplistic proposals—for instance, that such a complex problem as homelessness among the chronically and severely mentally ill could be solved simply by giving each member of this unfortunate group his or her own low-cost apartment in which to live alone.

We on the Task Force concluded that the concept of deinstitutionalization per se was not bad. The idea that many, if not most, of the severely and chronically mentally ill suffering from serious illnesses, such as schizophrenia and manic-depressive illness, could be cared for as well if not better in community programs as in institutions in itself was not a bad idea. It was clinically sound and economically feasible.

However, the way deinstitutionalization was originally carried out—through the poorly planned discharge of many thousands of mentally ill

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# The Homeless Mentally Ill A Task Force Report Of The American Psychiatric Association

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