

The Homeless Mentally Ill

The Perspective of the American Psychiatric Association

H. Richard Lamb, MD, John A. Talbott, MD

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.¹

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).² 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

Gerald N. Grob, Howard H Goldman



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

The Homeless Mentally Ill H. Richard Lamb, American Psychiatric Association, 1984 Clinical Guide to the Treatment of the Mentally Ill Homeless Person American Association of Community Psychiatrists, 2007-05-03

A case based clinical guide applicable to a variety of settings this book offers evidence based expert advice on the difficult challenges inherent in working with underserved homeless populations The American Association of Community Psychiatrists Clinical Guide to the Treatment of the Mentally Ill Homeless Person is a concise practical work that gives busy clinicians the information they need it not only is more up to date than existing publications but also offers case and site based content that provides more hands on practical advice Written by clinicians for clinicians it offers approaches to therapy and rehabilitation from the vantage point of the treatment environment from street to housing and everything in between The book reflects approaches to the clinical care of homeless people refined over two decades building not only on the work of academic research but more importantly on the firsthand experience of clinicians Its organization by treatment setting or specific subpopulation allows readers quick access to the chapters most relevant to their work The first five chapters follow a sequence of naturalistic settings such as shelters and the work of Assertive Community Treatment Teams that demonstrate a model of engagement intensive care and ongoing rehabilitation Subsequent chapters define specific scenarios that depict patients at various points on the engagement rehabilitation continuum Each chapter contains a clinical case example guides to differential diagnosis treatment planning and accessing entitlements and a flow chart for rehabilitation including opportunities for student resident or community involvement The book emphasizes A real world orientation that provides a nuts and bolts approach to such cases as families homeless children veterans even individuals in rural settings Cases that enable readers to follow the progress of individuals as they progress through the network of care The importance of Assertive Community Treatment and housing first models of rehabilitation Data supporting the importance of Critical Time Intervention particularly with regard to homeless families Examples of clinical interviewing techniques for engagement and treatment of challenging individuals who are being seen in community settings These illustrated techniques can be incorporated into educational curricula This is an indispensable resource for any mental health professional working with homeless populations and is also useful for medical students clinical rotation in community psychiatric settings Its examples of clinically engaging the homeless person are equally instructive for teaching interviewing skills to any professionals whether in law enforcement social work substance abuse treatment or the clergy who encounter these forgotten members of society The Homeless Mentally Ill H. Richard Lamb, 1984 *Treating the Homeless Mentally Ill* American Psychiatric Association. Task Force on the Homeless Mentally Ill, 1992

The recommendations put forth in the 1984 American Psychiatric Association Task Force Report The Homeless Mentally Ill provoked widespread discussion in the media in government and among mental health professionals Why then do the homeless mentally ill still wander our streets in ever increasing numbers That is the subject of this follow up report which

makes recommendations for the 1990s based on new knowledge about this national problem The report begins with an analytical review of the available literature since 1984 a backward glance at what we ve learned and how far we ve yet to go in documenting and responding to the needs of the homeless mentally ill A discussion of deinstitutionalization in the 1990s underscores the importance of providing community asylum and sanctuary The second section of this volume addresses treatment and rehabilitation summarizing current clinical work with the homeless mentally ill Contributors use case studies to illustrate how mobile outreach teams residential care facilities day treatment programs and clinical case management can serve as effective interventions They propose special techniques for dealing with medically ill substance abusing and other dually diagnosed homeless mentally ill individuals And finally they suggest approaches for reintroducing these individuals back into the community through effective rehabilitation strategies **Outcasts on Main Street** United States. Task Force on Homelessness and Severe Mental Illness,1993 **Outcasts on Main Street** DIANE Publishing Company,1993-12

Behavioral and Mental Disorders of the Homeless Joy S. Martyniuk,1989 **Current Bibliographies in Medicine** ,1988 Homelessness Marjorie J. Robertson,Milton Greenblatt,2013-11-22 Distinguished contributors analyze the problem of homelessness from a clinical perspective focusing on the major health problems found among the homeless special populations within the homeless and strategies for improvement and change **Routledge Library Editions: Psychiatry** Various,2021-07-28 Psychiatry is a medical field concerned with the diagnosis treatment and prevention of mental health conditions Routledge Library Editions Psychiatry 24 Volume set brings together titles originally published between 1958 and 1997 The set demonstrates the varied nature of mental health and how we as a society deal with it Covering a number of areas including child and adolescent psychiatry alternatives to psychiatry the history of mental health and psychiatric epidemiology **Current Catalog** National Library of Medicine (U.S.),1992 First multi year cumulation covers six years 1965 70 **Public Health Reports** ,1985 **National Library of Medicine Current Catalog** National Library of Medicine (U.S.),1992 Manic-Depressive Illness Frederick K. Goodwin,Kay Redfield Jamison,2007-03-22 The revolution in psychiatry that began in earnest in the 1960s led to dramatic advances in the understanding and treatment of manic depressive illness Hailed as the most outstanding book in the biomedical sciences when it was originally published in 1990 Manic Depressive Illness was the first to survey this massive body of evidence comprehensively and to assess its meaning for both clinician and scientist It also vividly portrayed the experience of manic depressive illness from the perspective of patients their doctors and researchers Encompassing an understanding about the illness as Kraepelin conceived of it about its cyclical course and about the essential unity of its bipolar and recurrent unipolar forms the book has become the definitive work on the topic revered by both specialists and nonspecialists alike Now in this magnificent second edition Drs Frederick Goodwin and Kay Redfield Jamison bring their unique contribution to mental health science into the 21st century In collaboration with a team of other leading scientists a collaboration designed to preserve the unified voice of the two authors

they exhaustively review the biological and genetic literature that has dominated the field in recent years and incorporate cutting edge research conducted since publication of the first edition They also update their surveys of psychological and epidemiological evidence as well as that pertaining to diagnostic issues course and outcome and they offer practical guidelines for differential diagnosis and clinical management The medical treatment of manic and depressive episodes is described strategies for preventing future episodes are given in detail and psychotherapeutic issues common in this illness are considered Special emphasis is given to fostering compliance with medication regimens and treating patients who abuse drugs and alcohol or who pose a risk of suicide This book unique in the way that it retains the distinct perspective of its authors while assuring the maximum in depth coverage of a vastly expanded base of scientific knowledge will be a valuable and necessary addition to the libraries of psychiatrists and other physicians psychologists clinical social workers neuroscientists pharmacologists and the patients and families who live with manic depressive illness

The Dilemma of Federal Mental Health Policy Gerald N. Grob, Howard H Goldman, 2006-11-16 Severe and persistent mental illnesses are among the most pressing health and social problems in contemporary America Recent estimates suggest that more than three million people in the U S have disabling mental disorders The direct and indirect costs of their care exceed 180 billion dollars nationwide each year Effective treatments and services exist but many such individuals do not have access to these services because of limitations in mental health and social policies For nearly two centuries Americans have grappled with the question of how to serve individuals with severe disorders During the second half of the twentieth century mental health policy advocates reacted against institutional care claiming that community care and treatment would improve the lives of people with mental disorders Once the exclusive province of state governments the federal government moved into this policy arena after World War II Policies ranged from those focused on mental disorders to those that focused more broadly on health and social welfare In this book Gerald N Grob and Howard H Goldman trace how an ever changing coalition of mental health experts patients rights activists and politicians envisioned this community based system of psychiatric services The authors show how policies shifted emphasis from radical reform to incremental change Many have benefited from this shift but many are left without the care they require *American Psychiatry After World War II (1944-1994)* Roy W.

Menninger, John C. Nemiah, 2008-11-01 The history of psychiatry is complex reflecting diverse origins in mythology cult beliefs astrology early medicine law religion philosophy and politics This complexity has generated considerable debate and an increasing outflow of historical scholarship ranging from the enthusiastic meliorism of pre World War II histories to the iconoclastic revisionism of the 1960s to more focused studies such as the history of asylums and the validity and efficacy of Freudian theory This volume intended as a successor to the centennial history of American psychiatry published by the American Psychiatric Association in 1944 summarizes the significant events and processes of the half century following World War II Most of this history is written by clinicians who were central figures in it In broad terms the history of

psychiatry after the war can be viewed as the story of a cycling sequence shifting from a predominantly biological to a psychodynamic perspective and back again all presumably en route to an ultimate view that is truly integrated and interacting all the while with public perceptions expectations exasperations and disappointments In six sections Drs Roy Menninger and John Nemiah and their colleagues cover both the continuities and the dramatic changes of this period The first four sections of the book are roughly chronological The first section focuses on the war and its impact on psychiatry the second reviews postwar growth of the field psychoanalysis and psychotherapy psychiatric education and psychosomatic medicine the third recounts the rise of scientific empiricism biological psychiatry and nosology and the fourth discusses public attitudes and perceptions of public mental health policy deinstitutionalization antipsychiatry the consumer movement and managed care The fifth section examines the development of specialization and differentiation exemplified by child and adolescent psychiatry geriatric psychiatry addiction psychiatry and forensic psychiatry The concluding section examines ethics and women and minorities in psychiatry Anyone interested in psychiatry will find this book a fascinating read

A Nation In Denial Alice S. Baum, 2019-03-07 This book presents a comprehensive review of the scientific evidence that up to 85 percent of all homeless adults suffer the ravages of substance abuse and mental illness resulting in the social isolation that has been the hallmark of homelessness in the United States since colonial days

[Creating Community-Responsive Physicians](#) Sarena D. Seifer, Kris Hermanns, Judy Lewis, 2023-07-03 Eighth in AAHE's Service Learning in the Disciplines Series this volume shows how service learning is not only a strategy for preparing community responsive and competent health physicians but also for fostering citizenship and changing the relationship between communities and medical schools This very useful book provides readers with a valuable source of information and inspiration to develop and expand service learning across the continuum of medical education

Psychiatry Allan Tasman, Jerald Kay, Jeffrey A. Lieberman, Michael B. First, Mario Maj, 2011-10-11 Extensively revised and updated this edition reflects the progress and developments in the field With 127 chapters and over 400 contributors this book is a truly comprehensive exposition of the specialty of psychiatry Written by well known and highly regarded experts from around the world it takes a patient centered approach making it an indispensable resource for all those involved in the care of patients with psychiatric disorders For this new edition the section on the Neuroscientific Foundations of Psychiatry has been completely revised with a new author team recruited by Section Editors Jonathan Polan and Eric Kandel The final section Special Populations and Clinical Settings features important new chapters on today's most urgent topics including the homeless restraint and geriatric psychiatry Key features include Coverage of the entire field of psychiatry from psychoanalysis to pharmacology and brain imaging including family relations cultural influence and change epidemiology genetics and behavioral medicine Clinical vignettes describing current clinical practice in an attractive design Numerous figures and tables that facilitate learning and comprehension appear throughout the text Clear comparisons of the DSM IV TR and ICD 10 criteria for easy understanding in a global context Diagnostic and

treatment decision trees to help both the novice and experienced reader The chapter on Cognitive Behavioral Therapies by Edward Friedman Michael Thase and Jesse Wright is freely available Please click on Read Excerpt 2 above to read this superb exposition of these important therapies [Psychiatric Cultures Compared](#) Marijke Gijswijt-Hofstra,Harry Oosterhuis,Joost Vijsselaar,2005 The comparative global history of mental health care in the twentieth century remains relatively uncharted territory Psychiatric Cultures Compared offers an overview of various national psychiatric cultures comparing for example advances in Dutch psychiatry with developments abroad Wide ranging essays cover analyses of the field of psychiatric nursing the changing use of psychotropic medicine the emergence of in and outpatient mental health sectors the rise of the anti psychiatry movement and a critical look at modern day deinstitutionalization

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