



The Cyclical Rut of the Mentally Ill and Homeless

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Mental health awareness has been rising, yet there's been a lack of awareness when it comes to the connection between homelessness and mental illness. Around 35% of people become homeless within 6 months after their discharged from a state psychiatric hospital or mental health institution. These patients are let go before they are mentally prepared to be released because of the rising demand of space for other people to be seen at these institutions, such as those with better insurance. When patients are not stable and put into a position that they are not ready for, delusions, not taking their medication, and negative behavior changes are just a few examples of what can occur that lead to homelessness. Almost half of the homeless population is mentally ill because of this cycle.

Once people reach homelessness, they are more likely to suffer from their mental illness at greater lengths than they were outside of homelessness. At this point, medication is difficult to obtain and receiving treatment is even rarer because the same hospital beds they were previously in are constantly being filled by others. Due to the lack of support for homeless people, they may recede into their illness and become psychotic or delusional in ways that lead to incarceration. Roughly 54% of incarcerated people have mental illness and many of these people either have

been homeless or will be homeless around their time of incarceration. This cycle is evident around the United States but more specifically in big cities.

In a place like Berkeley, California, around half of their homeless population is deinstitutionalized mentally ill people. They have no opportunity to heal themselves and the longer they are homeless, the more they are overlooked, and the more their health deteriorates. If a homeless person is mentally ill, it is more likely that they will be treated worse by the public, such as being beaten, threatened, and robbed. It is also more likely that mentally ill homeless people must scavenge for food through the garbage and dumpsters compared to homeless people who are not mentally ill, or homeless people with less psychotic and abnormal behavior. Furthermore, the already high death rate of homeless people is largely increased when they are mentally ill, whether it be due to their own behavior or other people's poor treatment of them.

Redevelopment and gentrification have decreased the amount of low-rent and single-occupancy housing options, claiming land and spaces that were once available to those in need and turning them into areas that generally only people with higher income can use. A little over \$40,000 in taxpayer money goes to mentally ill homeless people through healthcare needs, shelters, and prisons. Taxes that are "saved" by decreasing the amount of time that mentally ill homeless people are in psychiatric hospitals is then generally used to support those same mentally ill people in jail or prison after they did not receive adequate treatment from their short, allotted time in the hospital. If more money is directed to the mental healthcare and well-being of homeless people, specifically through psychiatric institutions, fewer people would be incarcerated and homeless to begin with.

Work Cited:

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