



Treating Mental Illness and the State of Homelessness

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It's often hard to say whether the mental illness or the homelessness came first as the relationship between the two is often a two-way street. However, one thing is clear. Mental illness and homelessness are intrinsically related and should not be ignored.

Almost half of the homeless population is cited with having any mental illness and a quarter of the population are reported to have a serious mental illness according to the [Brain & Behavior Research Foundation](#). In contrast, in 2016 approximately 4 percent of U.S. adults reported having a serious mental illness.

Whether the mental illness is a factor in an individual's homelessness or a result of it, mental illness is far more prevalent in the homeless population than the general population.

The homeless population often have mental illnesses that fall under the category of affective disorders, or mood disorders. Depression and bipolar disorder are the main diagnoses in this category of psychiatric disorders [according to Healthline](#). Other disorders that commonly affect the homeless are schizophrenia, anxiety disorders and substance abuse disorders.

Sadness [is considered](#) an appropriate response to stressful events such as losing a home or job. Symptoms that are common in a major depressive disorder, such as difficulty sleeping and a diminished interest in all activities, are typical of a life of surviving on the streets. Therefore, it is often difficult to ascertain whether or not a homeless person is suffering from a clinical disorder.

Yet, many are mentally ill before becoming homeless.

It might seem like an unobtainable goal to house the homeless, particularly those that are mentally ill. But, [according to Harvard Health Publishing](#), providing housing for the homeless does not necessarily increase costs because it accounts for savings in other areas by reducing days spent in psychiatric hospitals, fewer visits to emergency rooms and a lower rate of imprisonment. A University of Pennsylvania study found that homeless people with mental illness that were placed in permanent supportive housing cost the public \$16,000 less per year in such costs.

Additionally, there needs to be an integration of services available to the homeless population. While there are an abundant amount of resources for the mentally ill and homeless, the lack of structure and organization makes it difficult to provide continuous services to the mentally ill that would prevent them from returning to homelessness.

The problem is not going away anytime soon.

[According to the Mental Illness Policy Org.](#), homelessness among the mentally ill has been on a steady incline since the 1970s. The deinstitutionalization of mental hospitals has partially contributed to the incline as there are more people with untreated psychiatric illnesses living on the streets than those who are receiving treatment at a psychiatric hospital.

A more consistent treatment of mental illness and more widespread use of supportive housing for the mentally ill could directly affect the number of homeless individuals on the street. Treating mental illness is a crucial aspect of reducing the state of homelessness in the United States. Helping the homeless can also, in turn, significantly reduce mental illness by reducing trauma and struggles that often lead to a lifetime of mental illness.