

Homeless struggle with mental illness, medical care

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The mentally ill homeless in the United States have been associated with the costly use of medical and social services, which have been somewhat ineffective, since the number of homeless suffering from mental illnesses has been increasing.

According to the National Law Center on Homeless and Poverty, 57 percent of the population of homeless people had mental illnesses in 2004, though the numbers continue to rise.

The increasing numbers of the mentally ill on the streets have been affecting public safety, according to the Journal of Community Health Nursing.

In January 2007, nearly 63 percent of the homeless population who were provided shelter were individuals, and more than 37 percent were families, according to the U.S. Department of Housing and Urban Development. To reduce the number of mentally ill homeless on the streets, the HUD said that they will be providing 15,000 units of permanent housing in the United States in an effort to reduce the cost and suffering associated with homelessness.

"HUD funds are appropriated each year through the HUD budget," said Stanley Seidenfeld, regional supervisor officer in New York, and John Roberto of Pittsburgh, HUD supervisor regional operations officer. Roberto said that HUD gets support from regional authorizing and legislations and a number of other types of programs. The most recent grant was given in 2008 at \$1.3 billion nationwide, Roberto said.

The money does not go toward building new housing, Seidenfeld said, but rather goes toward construction work for previously built houses to keep them operating.

"To receive regular homeless assistance a person must be homeless for one night," said Roberto. He said applicants have to meet the requirement of homelessness to receive housing because resources are limited. "But we try to place them in housing that will do them the



Above is Bethesda Mission's men shelter, located at 611 Reilly St. in downtown Harrisburg. According to its website, Bethesda Mission provides temporary shelter to about 100 men and 40 women and children per night, more than 100,000 meals per year and a full-time after-school youth program.

most good," he said. According to the Roberto, HUD tries to get the homeless on the right track with the ultimate goal of moving them from nightly housing to transitional housing to permanent housing.

Although for homeless people with chronic illnesses to qualify for housing, they must be individuals disabled by substance

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abuse or have a serious mental illness. They must have been homeless for a year or more or have had at least four episodes of homelessness in the past three years. "This requirement is in place only for homeless who are chronically ill," said Roberto.

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said Suzann Legander, publisher of the Behavioral Healthcare Journal: Housing First.

John Roberto of the U.S. Department of Housing and Urban Development said the percentage of mentally ill homeless and homeless people that have not applied to HUD vary by jurisdiction provided by the local government. The percentage of homeless staying in shelters changes daily, depending on a variety of factors, weather being one of them.

"Among all the homeless people, 58 percent were sleeping in emergency shelters or transitional housing facilities and the rest were on the streets," said Steve C. Preston, Secretary of U.S. Department of Housing and Urban Development.

Many of the shelters caring for the mentally ill do not fully assist the homeless with their fundamental needs, which is why they often end up on the streets again. According to the Journal of Community Health and Nursing, health care providers intentionally rely on common health care settings such as required documents, security personal and locked doors, knowing that it will intimidate or frighten the homeless and keep them out.

"Health care providers are most likely keep homeless out because of cost issues," said Dr. Richa Aggarwal, a psychiatrist at Penn State Hershey Medical Center. According to the Journal of Community Health Nursing, the transition from homeless to housing usually begins when police find them sleeping or wandering the streets. Police will usually take them to a psychiatric hospital for evaluation, and if the patients meet the criteria, they are admitted, but they are usually discharged after two or three days.

Officer Frank J. Divonzo, a Penn State Harrisburg Police Services officer, said that officers

will sometimes have problems deciding whether to take homeless to a hospital, because they must take into account if hospital will release them after the police have left. Divonzo said when homeless people are taken in, they will sometimes move in and out of psychotic states and tell the hospital that they are fine and do

not need to be there, in which case the hospital will usually release them.

Psychiatrist Dr. Aggarwal said Penn State Hershey Medical Center provides the same type of programs they would provide for non-homeless patients. Homeless patients do not need to meet any specific criteria. They only have to meet the same criteria as a normal

"We do not turn them away. If they need help we provide it for them, and if we see that their condition is severe, we then admit them."

psychiatric patient would need to meet. Aggarwal said that some of the criteria necessary for admittance would be that they are not able to take care of themselves or are harmful to themselves or others.

When patients are discharged they have nothing to go back to. "They take you in because the police bring you, but as soon as they drive away, the hospital is trying to toss you back out in the streets," said one individual.

Aggarwal said that some may still be living on the streets because most state hospitals do not provide

Courtesy of bethesdaadmissions.org