Homelessness: Experts Differ on Root Causes

Many advocates say housing is the answer, but psychiatrists contend most homeless are also mentally disabled

Is homelessness a mental health problem or an economic problem? The answer, of course, is both. But as this country's population of homeless people continues to increase, conflicting views about the nature of the homeless population—and, hence, the solutions—are coming into sharper relief.

Homelessness is growing into a social problem of truly frightening proportions, according to speakers at a conference held in Massachusetts in March on "Homelessness: Critical Issues for Policy and Practice." It is a truism that much of the phenomenon stems from the deinstitutionalization of mental patients, as well as restrictive commitment statutes and shrinking hospital budgets that result in increasing numbers of mentally ill people who have never been instititutionalized.

But other factors have become increasingly evident. In addition to the perennial scourges of drug addiction and alcoholism, there has been the breakdown of the family, including the surge in teen-aged motherhood; the disappearance of low-cost rental housing; and the shrinkage of federal social programs.

Perceptions of who the homeless are and how they got that way have an important influence on what strategies are adopted to ameliorate the situation, said psychologist Leona Bachrach of the Maryland Psychiatric Institute. If it is a social problem—or more precisely an economic one—then low-cost housing becomes the principal remedy. If most of the homeless are also psychologically disabled, it is vastly more complex, since the homeless mentally ill not only need comprehensive health and social services, but a large percentage of them can never be expected to become fully independent.

Homelessness has become one of the most studied social phenomena of the past quarter-century. At the meeting, cosponsored by Harvard University, the University of Massachusetts, and the Massachusetts Office of Human Services, sociologist Howard M. Bahr of Brigham Young University observed that they have been "studied, followed, tested, interviewed, photographed, and human interest–storied . . . more than any population of comparable size almost anywhere."

The homeless now come in bewildering variety. The Department of Housing and Urban Development (HUD) has put their number at between 250,000 and 300,000, but the commonly accepted figure, endorsed by the National Institute of Mental Health (NIMH), is between 2 and 3 million. The definition of "homelessness" is also in dispute. Bachrach said people may be homeless anywhere from a day to a year to become part of the statistics. Is a person who lives in a cardboard box homeless? Are migrant workers, or the Kickapoo Indians of Texas who live under bridges by the Rio Grande? Many in this population are as difficult to count as fireflies, being periodically homeless and constantly migrating around the country. But "the homeless population is growing precipitously no matter what definition you use," said Bachrach.

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Complex classification schemes have emerged for categorizing the homeless population. There are the chronically mentally ill homeless, the "episodically homeless," the "situationally homeless," and the "new homeless." Some studies include the "prehomeless"—people who may be perching precariously in friends' or relatives' overcrowded apartments, or whose cheap lodgings are about to be turned into condominiums.

The average age of homeless people has sharply decreased, to the mid-30's, as members of the baby boom generation (the 64 million born between 1946 and 1961) have entered the ranks. The fastest growing segment of homeless are families—usually young women with two or three children—who now are said to comprise 20% of the population.

Demographic trends are aggravating the problem in direct and indirect ways: by spurring a dramatic reduction in low-cost housing as large sections of cities are being turned into high-priced condominiums. This is in large part a reflection of the fact that multitudes of affluent baby boomers are choosing to live in the cities rather than the suburbs.

These developments have been devastating for people in marginal economic circumstances. Chester Hartman of the Institute for Policy Studies in Washington, D.C., related that the number of single-room dwellings in New York City shrank from 170,000 in 1971 to 14,000 because of the tax abatements for condo conversion. Between 1978 and 1984, he said, there was a reduction of 715,000 units renting for $300 or less per month in the city. This trend has been greatly exacerbated by the fact that HUD under the Reagan Administration has virtually bowed out of low-income housing.

Although NIMH director Shervert Frazier has labeled homelessness "the social ill of the eighties," the Administration has generally remained mute on the subject, aside from a few ill-chosen pronouncements such as President Reagan's comment that "the homeless are homeless, you might say, by choice." The stance is that the problem is a local responsibility, and that robust economic growth is the key to turning the situation around.

So states and municipalities are being left to grapple with the problem on their own. Massachusetts is one of the few that has attempted a comprehensive policy on homelessness, launched in 1983 with the election of Governor Michael Dukakis. But commonwealth officials said that even in Massachusetts, which has a booming economy and a $500-million budget surplus, the problem cannot be solved without federal support.

Most states are struggling with skimpy resources and a system of uncoordinated social services that is totally inadequate to serve a population of individuals whose needs are bottomless.

The situation is further complicated by the sharpening conflict between grass-roots advocates for the homeless and mental health and other professionals. The advocates say that what the homeless need are places to live, and denounce what they see as professionals' penchant for "blaming the victims" for their problems. They sharply dispute reported high rates of mental illness among the homeless, voicing fears that these people will be further stigmatized and will

be discriminated against by landlords and employers. The head of the National Coalition for the Homeless, anthropologist Louisa Stark of the University of Arizona, decried what she saw as a disproportionate amount of public attention going to alcoholics and the mentally disabled. She said this detracted attention from the "structural defects" of society and the need for measures to promote economic equity.

Mental health professionals, on the other hand, cited studies showing that in most homeless populations at least two-thirds are mentally ill or alcoholic. Psychiatrist William R. Breakey of Johns Hopkins University said "those who try to minimize the importance of psychiatric problems among the homeless should be wary of increasing the stigma [against them]." He mentioned a survey in Philadelphia which found that 35% of a shelter population had a psychiatric treatment history and no less than 84% qualified for a psychiatric diagnosis. Psychiatrist Ellen Bassuk of Harvard Medical School has found that 90% of a Boston shelter population were disabled by schizophrenia, alcoholism, or severe personality disorders.

According to Bassuk, who was one of the conference organizers, the current controversy centers particularly on the rapidly growing population of homeless families. She says that, while the families are not psychotic, the rate of dysfunctionality is so high that "the mothers are going to bounce out of housing" without comprehensive support services. She bases this on what she claims is "the only family study in the country," which covered 14 of the 21 Massachusetts shelters. Although homeless advocates contend that many of these families have been uprooted, she says most are being sheltered in the same areas where they grew up. She found a high rate of emotional instability in the mothers, two-thirds of whom were from broken homes. Forty percent of them had been in a relationship where they had been battered. Even more alarming were the data on the children. Almost half the preschoolers showed "developmental failures of major dimensions." One-third had been abused by their mothers. The children were extremely depressed and anxious—one mother told an investigator that her son was so worried he had chewed out three permanent teeth.

Young mothers with children now constitute 20% of the homeless population.

"I think we are raising a population of kids who don't stand a prayer," says Bassuk. The situation is growing worse. In 1970, one in ten families was headed by a woman; the ratio by 2000 is expected to be one in five.

One glimmer of hope has been supplied by the Robert Wood Johnson Foundation, which has recently launched two major initiatives aimed at helping cities pull themselves together. In December 1984 the foundation and the Pew Memorial Trust jointly awarded a total of $25 million to 18 cities in a project to improve health care for the homeless. The money is to cover 4 years, after which grantees are obligated to continue funding. Headed by Philip W. Brickner of the department of community medicine at St. Vincent's Hospital in New York, the program is designed to provide "direct, hands-on care" at shelters and other places where the homeless congregate.

Data from the first year of the health care project reveal that the medical problems of the homeless are horrendous. Particularly prevalent are skin infestations, stress-related disorders such as hypertension and duodenal ulcers, respiratory diseases, heart problems, brain abnormalities, and tuberculosis. "People were much sicker than we anticipated," reported Janelle Goetchus, who heads a Johnson-funded program in Washington, D.C.

The foundation is also sponsoring a Program for the Chronically Mentally Ill, which is currently receiving applications for awards to be made in November. This one involves the distribution of $20 million to eight cities for the organization and delivery of care, plus $8 million in low-interest loans for building or renovating facilities. The program administrator, Miles F. Shore of the Massachusetts Mental Health Center, says the money is supposed to be used to tackle the most frustrating obstacles, which are the rigid, fragmented, and confused administrative and fiscal structures of services in all big cities. The program calls for the provision and coordination of services including acute intervention, outpatient care, rehabilitation, sheltered workshops, transitional employment, and housing arrangements. The project includes a commitment from HUD to make available $70 million over the next 15 years in rent supplements for the mentally disabled.

Applicants for the money in both projects were compelled to get their various agencies working together because each project allows only one application per city, with the designation of a single responsible agency in each case. The project for the mentally ill is considerably more complicated politically, since a variety of agencies from city, county, and state levels had to endorse the plans. It is also a mere drop in the bucket, but Shore says it has aroused much enthusiasm among battle-weary program administrators.

The magnitude of the homelessness problem has raised the spectre of "re-institutionalization," if only to keep people safe and fed. But even in Massachusetts, budgets do not make that a likely option. The fact is, the homeless in America of the 1980's represent a social problem that no system of social services has yet been designed to meet. ■

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One of 3 million?

Estimates of the number of homeless people vary widely.