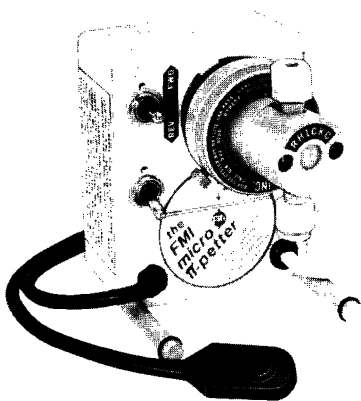


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homelessness. In face-to-face interviews with 979 homeless people in 19 Ohio counties, Roth and Bean (1) found that only 29.9% had ever been hospitalized for mental health problems and only 2.5% gave deinstitutionalization as a major reason for their homelessness. (The leading reasons named were unemployment, problems paying rent, family conflict, and eviction.) Although subjective interviews are not entirely trustworthy indicators of causation, they do suggest that homelessness is a multidimensional socioeconomic problem, not merely a consequence of a misguided psychiatric movement.

PETER B. FIELD  
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## REFERENCES

1. D. Roth and G. J. Bean, Jr., *Hosp. Community Psychiatry* 37, 712 (1986).

**Response:** To clarify the essence of our editorial, we reiterate our basic point. We must do the best we can with today's homeless mentally ill, but unless we make a long-range investment in systematically studying the problem we are not likely to solve it. Basic questions remain unanswered. Even the magnitude of the problem has not been

resolved. Estimates of the numbers of homeless individuals range widely, from 250,000 to 3 million (News & Comment, 2 May 1986, p. 569). As Field points out, not all homeless are mentally ill; nevertheless, a review of a range of studies done in several large U.S. cities indicates that from one-third to one-half of the homeless are chronically or acutely mentally ill (1). The 30% found by Roth and Bean (2) is thus on the low side.

We agree with Mechanic that patient rejection of treatment, fragmented and inaccessible care, and lack of clear lines of authority are serious problems, but do not believe they are remedied *solely* by a rush of money, social good will, and political interest. Perhaps the handful of controlled studies demonstrating the effectiveness of well-thought-out community care as an alternative to hospitalization (3) will teach us principles for the care of the homeless mentally ill. It should be realized, however, that these studies may or may not be generalizable across communities and have dealt mostly with small numbers of subjects. Also, the majority of studies have taken place over brief time periods and have not been demonstrated to be successful in a large-scale mental health care system. Finally, what might work as an alternative to hospitalization will not necessarily work for the current homeless mentally ill. In conjunction with our existing and near-term efforts for the homeless mentally ill, we must provide a knowledge base for the future.

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## REFERENCES

1. *The Homeless: Background, Analysis, and Options* (Department of Health and Human Services, Washington, DC, 1984).
2. D. Roth and G. J. Bean, Jr., *Hosp. Community Psychiatry* 37, 712 (1986).
3. L. I. Stein and M. A. Test, *Arch. Gen. Psychiatry* 37, 392 (1980).

**Erratum:** In the report "Females' choice of 'good genotypes' as mates is promoted by an insect mating system" (12 Sept., p. 1187), W. B. Watt *et al.* do not evaluate the fitness of the progeny of *Colias* butterflies, as suggested in This Week in Science (12 Sept., p. 1131).

**Erratum:** In Mark Crawford's News & Comment article, "Reagan okays the Supercollider," (6 Feb., p. 625), Alvin W. Trivelpiece was incorrectly identified as director of basic research at the Department of Energy. Trivelpiece actually serves as the director of the Office of Energy Research.

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