

HEALTH & HOMELESSNESS

Homelessness exists when people lack safe, stable, and appropriate places to live. Sheltered and unsheltered people are homeless. People living doubled up or in overcrowded living situations or motels because of inadequate economic resources are included in this definition, as are those living in tents or other temporary enclosures.

Introduction

Each year between 2–3 million people in the United States experience an episode of homelessness (Caton et al., 2005). The psychological and physical impact of homelessness is a matter of public health concern (Schnazer, Dominguez, Shrout, & Caton, 2007). Psychologists as clinicians, researchers, educators, and advocates must expand and redouble their efforts to end homelessness.

The APA Presidential Task Force on Psychology's Contribution to End Homelessness, commissioned by James Bray, PhD, during his tenure as APA's president, mission was to identify and address the psychosocial factors and conditions associated with homelessness and define the role of psychologists in ending homelessness.

Background

Individuals without homes often lack access to health care treatment (Kushel et al., 2001). Chronic health problems and inaccessibility to medical and dental care can increase school absences and limit employment opportunities (APA, 2010). People without homes have higher rates of hospitalizations for physical illnesses, mental illness, and substance abuse than other populations (Kushel et al., 2001; Salit, Kuhn, Hartz, Vu, & Mosso, 1998).

Physical & Mental Health

- Poor physical health is associated with poverty in general but seems to be more pronounced among those who are without homes (APA, 2010).
- Rates of mental illness among people who are homeless in the United States are twice the rate found for the general population (Bassuk et al., 1998).
- 47% of homeless women meet the criteria for a diagnosis of major depressive disorder—twice the rate of women in general (Buckner, Beardslee, & Bassuk, 2004).
- When compared with the general population, people without homes have poorer physical health,

including higher rates of tuberculosis, hypertension, asthma, diabetes, and HIV/AIDS (Zlotnick & Zerger, 2008), as well as higher rates of medical hospitalizations (Kushel et al., 2001).

- Sexually transmitted diseases including HIV/AIDS are prevalent among some subgroups of people without homes. Age, gender, and ethnicity are linked to such HIV/AIDS risk behaviors as injection drug use and high-risk sexual practices (Song et al., 1999)

Mental Illness & Homelessness

- Distinguishing between those with and without severe mental illness may be particularly important. Assertive community treatment offered significant advantages over standard case management models in reducing homelessness and symptom severity in homeless people with severe mental illness (Coldwell & Bender, 2007).
- The President's New Freedom Commission on Mental Health (2003) made clear the need to address the public mental health system's delivery of service to people without homes and with mental illness. This population is more likely to use hospitals than regular outpatient care (North & Smith, 1993), which is not only more expensive but results in fragmented service and less attention paid to ongoing mental health needs.
- Shinn and Gillespie (1994) argued that although substance abuse and mental illness contribute to homelessness, the primary cause is the lack of low-income housing.
- People with substance and other mental disorders experience even greater barriers to accessible housing than their counterparts: income deficits, stigma, and need for community wraparound services.
- The remediation of homelessness involves focusing on the risk factors that contribute to homelessness as well as advocating for structural change.