The Homeless Mentally Ill and Community-Based Care: Changing a Mindset

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ABSTRACT: The care of persons with severe, persistent and disabling mental illness has received increasing attention during the past ten years. This focus is due, to some extent, to the increased visibility of a subset of this population, the large number of individuals with psychiatric problems who have become homeless. These men and women, who are without homes or in temporary residences, present a sophisticated array of needs and a multiplicity of problems which have rendered most communities impotent to provide appropriate and adequate rehabilitative services. To date, there is no "perfect" community-based system of care for these men and women. What exists is a hodge-podge of shelter, outreach and drop-in center services. Most of these provide little more than a bed (or a chair) to sleep on, a hot meal and refuge from inclement weather. This article discusses some of the issues and assumptions that inhibit and foster the development and provision of a comprehensive system of community-based care for persons with serious and persistent mental disorders who have become homeless. A framework, useful in reconceptualizing the clients, the services and the interaction between them is presented.
It is a commonly held assumption that communities can, theoretically, respond to the needs of the homeless mentally ill. However, the current operational framework is one that is designed around institutional settings, not free-standing community-based systems of care. In many communities the hospital is both the foundation of the health and mental health system and, at the same time, the institution of last resort, providing not only essential inpatient care, but also functioning as the locus of general health maintenance services. Although some communities offer a broad array of services and supports, even these are rarely conceptualized as coordinated and collaborative systems of care in which the hospital, rather than functioning as the center of activity, serves merely as another treatment modality. If community-based mental health care is to be successful in reaching the homeless mentally ill and providing appropriate services, a change in the mindset of those planning, delivering and receiving services will be necessary.

Asylum: A New Definition

Since the establishment of asylums (as institutions of the mentally ill or aged), the care of persons with disabling and long-term mental illness has fallen within the public mental health arena. More often than not, this has been interpreted to mean outside of community attention, community domain and community care. Not only did these institutions offer asylum (a place offering safety, the protection afforded by a sanctuary), they also attempted to offer everything necessary for meeting the bio-psycho-social needs of individuals requiring mental health care. Among the services provided were: sleeping accommodations, food and clothing services, showers and personal hygiene services, medical and mental health services, daily living skills development, socialization and daytime activities training, on-site rehabilitation and vocational training services, off-site aftercare services, advocacy and entitlement support, family intervention and supportive services. These services were usually available on three levels: short-term, intermediate and long-term, each level corresponding to an assessment of the individual’s current level of functioning and his/her corresponding level of need. If levels of functioning and levels of need fluctuated within the individual, it was possible to “travel” back and forth among all three levels (without leaving the grounds of the facility) until satisfactory rehabilitation was completed or the patient stabilized