

Editorial

Linking Homelessness With Mental Illness

Note: In this issue of *Perspectives in Psychiatric Care*, I want to welcome a guest editor, Sheila Linz. A doctoral student at Seton Hall University, College of Nursing, and a Robert Wood Johnson NJNI Scholar, Sheila has long been interested in the link between mental illness and homelessness. This editorial collaboration reflects this interest and introduces readers to the work of Jeannemarie Baker, a psychiatric nurse practitioner who works with the homeless in New York City.

Homelessness is an international problem shared by other countries and cultures (Dragon, 2011; Lovisi, Coutinho, Morgado, & Mann, 2002; Ran et al., 2006; Williams & Stickley, 2011). In the United States the deinstitutionalization of state psychiatric hospitals in the 1960s was intended to lead to the provision of community-based psychiatric treatment for people with serious mental illness. However, the policy of deinstitutionalization led to the release of psychiatric patients into communities that were ill equipped to address their psychiatric healthcare needs. Many released patients did not have sufficient supports and became homeless (Torrey, 1997). Available services remain inadequate; prisons and emergency rooms continue to be flooded with individuals suffering from psychiatric illness (Safran et al., 2009).

Without needed psychosocial supports, we know that the risk for homelessness is high in people who have a serious mental illness. According to the Substance Abuse and Mental Health Services Administration (2009), 26% of the homeless population in the United States suffers from a severe mental illness. In contrast, slightly less than 5% of the general population suffers from a serious mental illness (National Institute of Mental Health, 2009).

We also know that high rates of substance abuse and mental illness are comorbid, increasing the risk for homelessness. Harris and Edlund (2005) found that the prevalence of a serious mental illness was more than three times as high among adults with a substance abuse disorder as compared with the general population. They also found that among their study subjects with serious mental illness and a concurrent substance abuse disorder, 80% did not receive substance abuse services and 50% did not receive mental healthcare services. For the seriously mentally ill individuals who did receive psychiatric services, the great majority of those individuals did not receive substance abuse services, thus rendering their psychiatric treatment ineffective, and attempts at self-care inadequate.

In addition to homelessness and substance abuse issues, people with severe mental illness are overrepresented in the penal system (National Alliance on Mental Illness, 2010). According to the U.S. Department of Justice, Office of Justice Programs (2006), the percentage of inmates with mental health problems incarcerated in the prison and jail system is greater than 50%. In fact, there are currently more individuals with mental illness incarcerated in prisons than in psychiatric units at any given time (Wagner, 2000). Thus, the psychiatric hospitals and jails have become revolving doors to the homeless mentally ill person involved in a lifestyle that is antithetical to the stable structure needed for medication and treatment adherence and for mental stability.

What more can be done to promote sound mental health care in this vulnerable population? How can nurses play an important role in reversing the trend toward homelessness and incarceration in the mentally ill? Is there a better way to deliver needed psychiatric supports and services to this underserved population? As nurses we understand that we cannot address the mental health needs of our patients without addressing their homeless status, substance abuse, and lack of a stable structure for self-care. What nurse-driven interventions are possible?

In keeping with the strong tradition of community-based nursing, generalist nurses and psychiatric nurse practitioners are particularly well suited for the delivery of holistic mental health care to this population. Nurses are employed in shelters and drop-in centers that specialize in providing services to the homeless mentally ill. In addition, they are highly valued members of mobile outreach teams. Because nurses are trained to see their patients in the larger context of their lives, nurses and psychiatric nurse practitioners can treat their homeless mentally ill patients with an understanding of the destabilizing effect of homelessness, substance abuse, and serious mental illness. The patient's psychiatric symptoms must be addressed in tandem with the myriad biopsychosocial influences affecting him or her.

In order to address the serious issues of the homeless mentally ill, trust must be established in this population that has often lost faith in their service providers. Jeannemarie Baker, a psychiatric nurse practitioner in New York City, has gained the needed trust of her patient population and has embarked upon a remarkable model of nurse-driven care. Eight years ago, Ms. Baker, opened the St. Paul's Center, created to serve the needs of individuals in the community who suffer from mental illness and who are homeless or at risk for homelessness, substance abuse, incarceration, and

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needless hospitalization. The center provides mental health care with a focus on patient respect, continuity of care, and patient collaboration.

This is the city's first and only mental health center in Manhattan managed and operated solely by psychiatric nurse practitioners. The St. Paul's Center is financed through philanthropy and provides wraparound psychiatric services to those with few resources. Because St. Paul's provides psychiatric services to the city's poorest, no fees are charged. Approximately 90 patients receive services each week. The patients receive individualized psychiatric care which includes weekly psychotherapy along with medication management by skilled psychiatric nurse practitioners. They are also linked to other services such as substance abuse services, and medical services as needed. In spite of barriers, patients manage to keep their appointments, and call when canceling. Considering their unstable lives, this is a testament to the value they place on the services provided. According to Ms. Baker, the patients who receive services are predominantly adherent to treatment, are staying out of the prison system and the hospitals, and are getting better. The St. Paul's Center works hard to stay linked to other caregivers in their patients' lives and to provide documentation to housing agencies to assist with obtaining housing services.

New York City maintains shelters designated for the care of mentally ill homeless individuals. Many states do not provide specialized shelters designed to care for the mentally ill. This is an excellent opportunity for nurses and psychiatric nurse practitioners to step in and provide expert psychotherapy and medication management. The Visiting Nurse Association (VNA) Health Group of Central Jersey provides mobile outreach services to New Jersey Shelters where many suffer from both mental and chronic health issues. VNA mobile outreach nurses help ensure that individuals continue taking medications, maintain appointments with mental health providers and remain adherent to treatment. Nurses collaborate with physicians and advanced practice psychiatric nurses to make appropriate referrals and facilitate entree for patients into hospital psychiatric clinics and mental health housing facilities. In this way, the mentally ill homeless individuals have a better chance of receiving the requisite services necessary to support their mental health and to eventually leave the shelter system for more permanent housing.

In order to prevent homelessness, nurses have to link their patients to housing, substance abuse, and legal services. Following the lead of Jeannemarie Baker, psychiatric nurse practitioners sensitive to the traumatic effects of homelessness,

incarceration, and serious mental illness, in keeping with the trend toward nurse-run clinics, could offer a model of expert, respectful, hopeful, and holistic mental health care to the vulnerable and underserved homeless population.

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