

Justice requires homes for the mentally ill

by Katharine R. Dobbins

Everyone needs a home. Having a place to stow our stuff and call our own is fundamental; and it's something most of us take for granted. But for many among us who live with mental illness, having a place to call home doesn't come so easily.

Mental illness has long been a factor in homelessness. For three quarters of a century, Central State Hospital served as the largest housing provider for persons with mental illness in our region of Kentucky.

In 1873, what was then called the Central Kentucky Lunatic Asylum began admitting persons with mental disorders. Originally built to house 1600 patients, by 1940, the hospital was tearing at the seams, crammed with nearly 2500 people.

The asylum's population began to ebb in the 1950s when medications were found to be effective in treating mental illness. The hospital's decline in mental patient population was spurred along when Congress passed the Community Mental Health Act of 1963, mandating the creation of publicly funded mental health centers.

It has been nearly fifty years since the passage of that historic act. Today, people with mental illness rarely live in hospitals. There is increasing recognition that recovery is possible. And yet, despite these strides, we have been relatively slow to understand mental illness, or address the inequities that result for those who are diagnosed with these brain disorders.

This is surprising, considering the pervasiveness of mental illness. The National Institute of Mental Health reports that one in four American adults will experience a mental health disorder over the course of a year, and the National Alliance on Mental Illness reports that about 6% of the population (1 in 17) has a severe mental illness. Our societal reluctance to confront the inequalities that people with these disorders face must therefore suggest that stigma continues to be a barrier to full community inclusion. For that reason, those 6% of Americans with severe psychological conditions face discrimination alongside huge challenges they already have in cobbling together the parts of their lives.

Most people with severe mental illness can--and do--live successfully in our community. Affordable housing, however, is limited, and so are accompanying supportive services. Finding suitable housing is next to impossible for those living on SSI (Supplemental Security Income) due to disability--the average rent for a one bedroom apartment in Louisville eats up nearly 90% of their income. Too many people live in substandard housing as a result of being disabled; and when living on such a tight margin, the threat of homelessness is always present.

Last January, the Louisville Coalition for the Homeless identified just over 400 adults with severe mental illness in their street-count. This number represents about one third of the total street-bound population. But the actual number of homeless mentally ill adults is likely significantly higher because mental illness is often underreported for a variety of reasons.

Studies show that the net public cost of providing permanent supportive housing for homeless adults with mental illness is about the same or less than the cost of allowing them to remain on the streets. This is due, in large part, to the associated costs for physical and mental health care (often emergent).

Waiting lists for subsidized housing are daunting and often years long. Of those fortunate enough not to be homeless, some (too many) with mental illness are "placed" in personal care homes. These places are often merely mini-institutions that sever their residents from the essential joys that all people want: a place to call our own, where we can invite our friends and families to visit, and membership in the communities of our choice.

Why should having a biologically based disorder like mental illness prevent many hundreds of people in our city, and thousands of people in our state from having a "real" home? Like yours or mine? Where is the justice in that?

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