

Homeless

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Editorial

I have been doing homeless research much of my career. I began doing this research in the late 1980s and little has changed. Society has used homeless shelters for decades as a dumping ground for people that fall out of one system or another. Moreover, homeless shelters are plagued by high staff turnover because of the chaos, overwhelming demands and low pay. I go to a men's shelter once a week and three of us from the University of Maryland, School of Social Work will begin intensive research in the fall of 2016. As I interact with the men at the shelter; I am struck by the large number of DSM 5 –Cluster Bs. Some of these men have additional diagnoses, such as depression. Many of these men have spent time in jails, psychiatric units, hospitals, other shelters and on the streets. They have “burned bridges” with their families and friends. Most of them use substances of one kind or another. They apply for Supplemental Social Security Income, which they are unlikely to receive because DSM 5-Cluster B does not qualify one for (SSI). The shelter staff is overwhelmed by their multiple needs and apparent unwillingness on the part of the clients to do something positive about their conditions. Most of these men have spent countless hours with counselors and case managers to no avail. Shelters generally have a specific period of time in which clients can stay at the shelter until they are asked to leave. This men's shelter has a 90 day stay rule.

Poverty plays an important part in the lives of these men. Most of them have never held a steady job, but instead, have worked sporadically and built up no assets. Many of them have fathered children, which they seldom see. Some of them have formed relationships; however, these relationships have generally ended. Their lives are characterized by chaos in which they muddle about as they struggle with their mental health and addiction problems. Some of these men have gained a toehold on life, yet it is generally fleeting. The criminal justice system has often played a part in their lives. Many of these men have gone through some form of counseling and even rehabilitation. Some have been involved in AA or NA, yet they have not stayed in these programs. Many of these men have been in this shelter before; they often know the staff and feel comfortable in the shelter. The county that runs the shelter wants the men to move on; but where are they supposed to go?.

What can be done to reverse the challenge of homelessness? Government and Universities write plans and develop protocols to stem the tide of homelessness, yet these plans and protocols fail. Years ago, many of these individuals would have been cared for on State Hospital grounds where they could remain for years. A combination of individuals, systems and governments worked together to tear down the State Hospital. Today, it is very difficult, if not impossible, to enter a State Hospital. These institutions are often considered “evil” today and the community is thought by many to be more fulfilling; however, many of the clients in homeless shelters suffer because although they are “free” and have “rights”, they are burdened with the responsibility of obtaining care for themselves and most of them are not equipped or capable of doing this on their own. In my view, deinstitutionalization has in many respects failed. Homeless shelters and jails have become the new asylum. The challenge of the new asylums is that these institutions are not designed for individuals with psychiatric issues. For example, jails

are staffed by correctional officers that are not generally trained in how to manage or care for people with mental illness. Much of what I am saying has been said by others. When State Hospitals were functional asylums; discharge planning took place and plans were made for clients to re-enter the community.

The community does not work as a system; instead each institution is looking out for their own interests and those individuals that do not fit into one of these systems is thrown aside and generally ends up in a homeless shelter and/or jail. In one of my visits to the homeless shelter, I witnessed a taxi pull up to the front entrance and discharge a man that was on crutches and barely able to walk. I was asked to talk with him and found out that he suffered from a Cluster B disorder as well as Major Depression. He had recently spent time in a hospital, but the money for this stay became exhausted and he was sent to the shelter. This man had engaged in activities, such as using Heroin, which had robbed him of his mental and physical health, in effect, he was his own worst enemy. Yet, before the era of Deinstitutionalization, he would have been eligible to reside in and receive care at a State Hospital. Critics of State Hospitals try to argue that the community is cheaper; however, when the costs of the total community (this includes calls to 911, police, fire, emergency rooms, hospital stays etc.) are totaled, it is likely that the costs of the community are more expensive than the State Hospital.

One last set of points. Critics argue that State Hospitals provided poor quality care and warehoused people. While this criticism may have some merit; governments set up State Hospitals for failure. Over time, poorly trained staff, poor pay, and overcrowding became the norm. This statement is not to detract from the dedicated and committed staff working in State Hospitals. However, their work is often unappreciated as evidenced by their low pay and difficult working conditions. This trend could be easily reversed by raising the hiring standards, implementing higher pay, providing training for staff and reducing over-crowding. Homelessness is unlikely to ever be totally resolved in this country; however, a return to State Hospitals for many people with psychiatric conditions will certainly help to reduce it. At the present time; there is basically very little in the way of treatment that will help people with cluster B personality disorders. Therefore, in many respects, State Hospitals provided environments in which people could be treated humanely and not be forced to suffer the indignities of homelessness and/or jail.

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