

# Homelessness A Grand Challenge



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## **Introduction**

The American Academy of Social Work and Social Welfare has developed 12 Grand Challenges for society to recognize, join forces, and work towards eradicating. These 12 challenges include: healthy development for all youth, ending the health gap, ending family violence, creating long and productive lives, ending social isolation, ending homelessness, creating social responses to the changing world, harnessing technology and using it for the greater good, encouraging smart decarceration, reducing economic inequality, building financial capacity, and achieving equal opportunity and justice for all (American Academy of Social Work & Social Welfare, 2017). The 12 Grand Challenges transcend all races, socioeconomic statuses, sexual orientations, and religions, yet some subpopulations experience these challenges more so than others. This writer will provide a critical lens and illustrate the grand challenge of homelessness, and exhibit how other grand challenges intersect and impact homelessness. Homelessness can be recognized at a national and local level, impact numerous populations, but it can also be studied and acted upon in the policy arena to end the challenge.

## **Social Issue Context**

In January 2017, approximately 86,962 individuals nationwide were identified as long-term homelessness. Long-term homelessness can be defined as someone who has experienced chronic homelessness for over a year or more and/or someone who has experienced homelessness at least four times in the past three years (Wilder Research, 2015). Meanwhile, there are an estimated 640,000 men, women, and children experience homelessness on any given night. The individuals experiencing homelessness on any given night may be spending the night in an emergency shelter or transitional housing, but the majority of people who are homeless, approximately one third or 30%, are experiencing an unsheltered night (United States Interagency Council on Homelessness, 2017). Living without shelter means individuals are residing in areas unfit for human survival. Presently, the homeless population comprises 48.7% non-long-term homeless individuals, 34.2% non-long-term homeless families, 14.7% long-term homeless individuals, and 2.3% long-term homeless families (National Alliance to End Homelessness, 2016).

There are numerous causes and risk factors that contribute to someone becoming homeless. These can include structural, institutional, relationship, and personal causes. To begin, structural causes of homelessness include living in poverty, being unemployed, and lacking affordable housing. Institutional causes of homelessness comprise individuals who grew up in foster care, or individuals re-entering the community after being released from prison or leaving a mental health facility and having nowhere to go. Relationship problems may also cause homelessness. These concerns can be demonstrated as survivors of domestic violence who left the home or if a family experiences a falling out. Furthermore, homelessness can be caused

by personal situations. These situations can include mental health concerns, chemical dependency concerns, learning difficulties, and chronic physical illnesses. An individual experiencing one or more of these personal causes may find it challenging to take care of a home, which may lead to other dilemmas such as losing a job or relationship struggles. Lastly, the most common situation prior to one becoming homeless is when individuals are doubling up. Doubling up describes someone who is staying with another person/family due to not being able to be financially stable in their own home. Approximately 75% of people who are currently homeless previously doubled up with a family member or friend (Substance Abuse and Mental Health Services Administration, 2017).

Within the homeless population are subpopulations, including veterans, children and families, survivors of domestic violence, and people diagnosed with mental health and substance use disorders. Currently, it is estimated about 30% of, or 1 in 5, people who are experiencing long-term homelessness also have a serious and persistent mental illness (SPMI) and about two thirds are diagnosed with a substance use disorder. These diagnoses create barriers when attempting to access and maintain housing, especially stable and affordable housing (Substance Abuse and Mental Health Services Administration, 2017).

Homelessness is experienced in different ways and at different rates depending on the population in question. One overrepresented population of homelessness is African-Americans. African-Americans consist of 12% of United States adult population, but account for 47% of people who are homeless. Meanwhile, Caucasians consist of 76% of the United States adult populations, but only account for 35% of the individuals who experience homelessness (National Coalition for the Homeless, 2009). These statistics point at white privilege and a national history of African-American marginalization and oppression. Eradicating homelessness is a priority, and these statistics suggest it may be strategic to focusing on addressing homelessness experienced by vulnerable populations.

In order to have a better understanding of homelessness from a different perspective, the writer interviewed a 32-year-old Somali woman who currently resides in residential treatment in Olmsted County, Minnesota, for having a diagnosis of schizoaffective disorder and is currently experiencing mania. This writer met with her and her interpreter to discuss the barriers of being homeless outside of treatment and having a mental health diagnosis. This woman described her dilemmas are layered because in her culture mental health is not recognized and viewed the same way as in Western culture. She reported she came to America in 2013, and was living in poverty in a low-income housing community, but a year ago her mental health symptoms exacerbated and her family forced her out of their home. She reported she was living with her aunt, but her aunt's husband abused her and took financial advantage of her, so she "went to the streets." She reported it is almost impossible to find housing because she does not have an income and

does not speak English well, which impacts her ability to obtain employment. She stated she does not have a plan after discharge, but recently started working with a case manager.

Other grand challenges interplay with homelessness. For instance, one challenge is having healthy development for all youth, yet children aged 24 and younger comprise over half of people who are homeless. Following, 27% of people who are homeless as adults reported experiencing homelessness as a teenager or youth. Another grand challenge is ending family violence. Family violence is a common experience for people who are currently homeless. Approximately 35% of women who are homeless indicate they are homeless due to domestic violence at home. Furthermore, over 37% of people who are homeless reported they have remained in abusive relationships to prevent homelessness. Meanwhile, 19% of people who are homeless have reported experiencing physical or sexual assault while homeless (Wilder Research, 2015). Individuals who are homeless are also more likely to experience social isolation and lack of health insurance and care - two of the twelve grand challenges.

## **Advocacy Arena**

In 1984 Minnesota's Wilder Research conducted a research study to capture the prevalence of homelessness in the Twin Cities Metro. In 1991 it grew to be a statewide study that continues to be conducted every three years. The study includes the collection of information concerning the prevalence of homelessness, documenting the causes of homelessness, and surveying the efforts currently in place to eradicate homelessness. The latest study was completed in 2015, and researchers collected 3,676 in-person surveys and conducted the surveys in four languages: English, Hmong, Somali, and Spanish (Wilder Research, 2015).

In 2015, Wilder Research found that approximately 10,214 people are currently homeless in Minnesota; of that 51% are men and 49% are women. The study concluded adults, identified as individuals 18 years and older, encompass approximately two thirds of the state's homeless population. Adults who are homeless in Minnesota also experience an assortment of barriers that include previous traumatic experiences, financial insecurity, and mental health and/or substance abuse diagnoses (Wilder Research, 2015).

The Wilder Research study illustrated for the past 27 years homelessness has impacted people of color disproportionately in Minnesota. For instance, African Americans make up 5% of Minnesota's entire population, but make up 39% of people who are homeless. Meanwhile, American Indians comprise 1% of the state's population, but account for 8% of people who are homeless. Furthermore, Hispanics account for 4% of the state's population, but equal 7% of the state's homeless population. Compared to Caucasians, who total 85% of the state's

population, but only make up 38% of people who are homeless (Wilder Research, 2015). This representation of the state parallels the nation's prevalence and breakdown of homelessness.

In Minnesota, 60% of people who are homeless are considered long-term homeless. Of the individuals who are experiencing long-term homelessness, approximately 64% of people also have a SPMI diagnosis. Specifically, 42% of adults who are homeless are diagnosed with anxiety or panic disorder, 39% are diagnosed with major depressive disorder, 28% are diagnosed with post-traumatic stress disorder, 22% are diagnosed with bipolar disorder, 15% are diagnosed with personality disorders/cluster B disorders, and 13% are diagnosed with schizophrenia or other paranoid/delusional disorders. Similarly, 25% of people experiencing long-term homelessness are diagnosed with a substance use disorder. Specifically, 16% were diagnosed with alcohol use disorder and 14% were diagnosed with a drug use disorder (Wilder Research, 2015).

This writer had the opportunity to discuss what homelessness looks like for someone who is diagnosed with borderline personality disorder, major depressive disorder, and severe stimulant use disorder. This woman has been homeless for four years, and has been in and out of jail and treatment centers and she reported, "If I am clean [abstaining from drugs] I can't find housing due to my record, but if I use I can stay in treatment and find supportive housing. It is hard for me to process, but I think subconsciously I know I am safe in shelter if I use, whether that is in jail or treatment."

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