

Advocates seek more resources for mentally ill homeless

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Editor's note: This is the fourth of a multi-part series on the changing faces of homelessness in this region and the effort to obtain an accurate count of the homeless population.

By STEPHANIE PORTER-NICHOLS/Staff

Mindy Lindamood has worked with mentally ill individuals for a decade. She knows that their circumstances are complicated and intertwined, but she also cares and knows the lack of resources, especially in the area of housing, hurts. She hopes to help the homeless by bringing attention to their plight, worsened by inadequate options.

A mental health services coordinator for the Mount Rogers Community Services Board, Lindamood described the process of getting housing for the mentally ill as a struggle because of the limited resources. "You do what you can, but sometimes that's still not enough," she said in a recent interview.

Lindamood, who has worked in out-patient and crisis counseling among other jobs, explained that while finding and maintaining housing may be a challenge for many people, for the mentally ill and those suffering from chemical addiction, it becomes even more difficult. She explained that they may not be able to perform day-to-day living tasks, much less be able to advocate for themselves. As well, she said, they may be more likely to have poor credit histories or criminal records that reduce their eligibility for some housing. Or, she added, they become symptomatic, have to be hospitalized and then lose their housing.

"We hit a brick wall. Where do they go next?" she said.

Among the homeless population, mental illness and substance abuse are prevalent.

According to the Substance Abuse and Mental Health Services Administration, 20 to 25 percent of the homeless population suffers from some form of severe mental illness. By comparison, about 6 percent of Americans are believed to be severely mentally ill.

The administration also projects that half of the mentally ill homeless population also suffers from substance abuse and addiction.

Lindamood believes the statistics don't reflect the true extent of the problem because many of these individuals live under the radar. "There are so many more out there that haven't come to our attention."

While housing doesn't fall under the mental health services umbrella, Lindamood said providers recognize that it has a direct impact on mental health. That's part of Mount Rogers CSB's drive to work with other agencies. Lindamood is now serving with a Continuum of Care organization that unites public and non-profit service providers and community groups. That continuum has focused much of its attention on housing needs.

With the interstates' presence in this region, Lindamood noted that many mentally ill transients come through and often end up at the state hospital in Marion. When they're discharged, she said, many have no family, no one here to take them.

The CSB helps its clients advocate for housing, but she acknowledged that the agency is limited to working with the people referred to it. As well, Lindamood said, "We only have a limited capacity."

She noted some people end up in assisted living facilities because that's their only option, but if more resources existed, they could live independently. "It prevents people from getting ahead of their situations."

"We need to have the funding to develop more housing options first and foremost," she said.

At the state level, Lindamood said, some partnership-type work is beginning to link mental health services and housing. Locally, she said, good communication exists between agencies. "It's a benefit of a small town: Everyone is receptive to picking up the phone."

However, she emphasized, "there can never be too much collaboration and communication to provide resources to folks."

Though the responsibility for housing is often outside the scope of mental health services, Lindamood said, "It's a

necessity to help people maintain some kind of quality of life.... I see it as a critical function of mental health.... I want to advocate and get that message out there."

She hopes members of the public will help advocate by supporting local service organizations as well as sharing their concern with legislators at all levels.

With a proposed state budget being debated in the General Assembly that cuts mental health services significantly, Lindamood acknowledged concerns about further loss of resources.

Pat Helton, the executive director of Crossroads Shelter for the homeless, worries about resources as well.

She noted the already-stretched CSB mental health and substance abuse services, pointing to the agency's waiting lists.

For the first four months of 2009, Mount Rogers CSB reported 1,296 adults and children on its mental health waiting list not receiving services and 784 adults and adolescents not receiving services on its substance abuse waiting list.

During that same four-month period, the majority of clients, 2,689 adults and 1,583 children and adolescents (C&A), waited one to three months for mental health services. Another 908 adults and 274 C&A waited four to 12 months, while 224 adults and 30 C&A waited 13 to 24 months. For the final time length, which is 73+ months, 36 adults and one child were listed.

For Helton, another area of critical missing service is in the substance abuse field. "We are in desperate need of residential substance abuse treatment services in our area."

She explained, "The problem of substance abuse is eating away at the foundation of our community. The issue is dealt with from the criminal justice perspective when someone under the influence breaks the law, but this doesn't provide treatment for the individual or do anything to solve the problem."

Helton sees firsthand the role of substance abuse in homelessness. "When combined with low incomes and other stressors, an addiction can be that push into the spiral of residential instability. And for people who are addicted and homeless, the road to recovery may forever elude them. Alcohol and drugs are often used to cope with trauma or serve as a way to self-medicate for those with untreated mental illness, which only moves them further from stability."

However, Helton is also quick to point out that addictive disorders aren't a sole or even primary cause of homelessness. "Most drug and alcohol addicts never become homeless," she said.

Recognizing the role substance abuse and mental illness play in homelessness, however, Crossroads, which includes Bland, Smyth and Wythe in its service region, has tried to address more than just the need for shelter and take long-term preventive action for its clients.

The agency established the Road to Readiness Program, which is designed to provide individual and group support for relapse prevention and recovery. However, loss of funding has forced Crossroads to reduce its services to limited case management and basic emergency shelter, a point from which Helton wants to rebuild. She wrote in Crossroads' newsletter late last fall, "No matter where the person is in their journey, we want to provide an environment that is recovery-oriented and trauma informed."

For Helton and Lindamood, their focus is on helping people.

Lindamood said, "The people who face these challenges want to find ways out of this cycle. They want to have meaningful lives, a warm place to live, a loving family, have jobs, go to school, like the rest of us, and I think it's critical that the general public knows that. Homelessness and mental illness are not choices people make."

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