

# Homelessness and mental health in New York City: an overview 1994-2006

## Saúde mental e a população de rua na cidade de Nova York: panorama de 1994-2006

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### Abstract

This article provides an overview of homelessness and mental health in New York City (NYC) over a recent period spanning from 1994 to 2006. This research was based on analysis of the main reports and studies on NYC homelessness and mental health and NYC Shelter System Register data. In 2006, the NYC homeless population was estimated at about 40,000 for any single day. Between 1994-2004, NYC shelters provided services to 416,720 individuals, including 163,438 children. The majority came from impoverished NYC areas. Many came from incarceration, streets and hospitals. Most were minority, particularly African-American. Homelessness had a major impact on morbidity and mortality. For 2001-2003, the HIV/AIDS estimated prevalence of the shelter population was twice that of the NYC adult population, and TB rate was 11 times higher. Two out of three of their hospitalizations were due to substance and alcohol use or mental illness (MI). Between 40-50 percent of single adults users are estimated to have a MI, however, the incidence over several years is much lower. A considerable number had a co-occurring MI and substance abuse history. Their death rate was twice that of the NYC population. Their leading deaths causes were heart disease, cancer, HIV/AIDS and substance abuse. NYC has developed the most extensive shelter service system for homeless people in the world. However, a crisis management approach, rather than addressing the roots of homelessness, has characterized its overall policy. Currently, there is a shift to an approach which seeks to drastically reduce homelessness in the next decade.

**Key words:** Mental health, homeless persons, shelters

### Resumo

Este artigo forneceu uma visão geral da saúde mental da população de rua da cidade de Nova York (NY) no período de 1994 a 2006. O estudo baseou-se na análise dos principais relatórios e estudos sobre a saúde mental dessa população em NY, bem como o de sistemas de cadastro de abrigos da cidade. Em 2006, a população de rua atendida em abrigos de NY foi estimada em cerca de 40 mil pessoas em um único dia. Entre 1994-2004, tais abrigos prestaram serviços para 416.720 pessoas, destas, 163.438 eram crianças. A maioria da população era oriunda de áreas pobres, de encarceramento, de ruas e de hospitais; pertenciam principalmente a grupos de minorias étnicas como afrodescendentes. A população de rua representa um grande impacto na morbidade e mortalidade. Entre 2001-2003, a prevalência estimada do HIV/Aids na população dos abrigos e a taxa de tuberculose foram respectivamente o dobro e 11 vezes maior do que aquela encontrada na população adulta de NY. A maioria das internações nos abrigos (duas em cada três) decorreu do uso de substâncias, de álcool ou por doença mental; 40 a 50% são adultos solteiros e sofrem de transtorno mental. Um número considerável tinha uma comorbidade de transtorno mental e histórico de abuso de drogas. A taxa de mortalidade foi duas vezes maior que a taxa de mortalidade da população de NY. As principais causas de mortes foram: doenças cardíacas, câncer, HIV/Aids e abuso de substâncias. A cidade de Nova York desenvolveu um sistema de serviço de abrigo para moradores de rua mais amplo do mundo. Além de uma abordagem focada na gestão de crises que busca o enfrentamento das origens da falta de moradia, tem caracterizado a sua política geral com o objetivo de reduzir a população de rua na próxima década.

**Palavras-chave:** Saúde mental, sem-teto, abrigo

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## ■ Background

In the last decades, homelessness has become a social crisis in the City of New York (NYC). The scope and severity of homelessness in NYC; far exceeds that of any other major city in the United States. In general, the NYC's response to homelessness falls within its liberal tradition and can be characterized as generous and compassionate. NYC has spent vast resources in developing the most extensive service shelter system for homeless people in the world. Between 1994-2004, the NYC municipal shelter system served 416,720 individuals, including 163, 438 children (NYC, 2004). However, the thrust of its policies can be characterized by implementing a crisis management approach rather than addressing the roots of homelessness. Currently, there is a shift to an approach which seeks to drastically reduce homelessness in the next decade.

The roots of homelessness in New York City, can be primarily traced to the housing and mental health policies implemented in the three decades, between 1960 to 1980. In these decades, there was a drastic decrease in the availability of inexpensive housing for the poorest New Yorkers which was accompanied by the implementation of the mental health policies of deinstitutionalization of mentally ill patients adopted by the State of New York (NYS).

On one hand, there was a great reduction in the number of single-room occupancy (SRO) units (rooms with shared kitchen and bathroom facilities) in NYC in this period. SRO's provided inexpensive housing for poor single adults, including disabled and elderly individuals, addicts, ex-inmates and mentally ill people discharged from psychiatric hospitals. The decreased of SRO's housing was basically due to the process of conversion of cheap housing into more expensive housing resulting from the urban gentrification of many NYC areas. It is estimated that SRO's units were reduced from about 129,000 in 1960 to about 25,000 in 1978 - a reduction of over 100,000 units in three decades (Blackburn, 1986).

On the other hand, the development of psychotropic medications and community-based treatment approaches led to the massive deinstitutionalization of people with mental illness from psychiatric hospitals of NYS. This resulted in the discharge of tens of thousands of patients from upstate psychiatric facilities to living in the community in the City of New York. The number of patients in NYS psychiatric hospitals decreased from about 85,000 in 1965 to about 27,000 in 1979 (Rockefeller Institute of Government, 1998). This constituted a discharge of almost 50,000 patients in this period. However, this deinstitutionalization process was not accompanied by the development of the necessary community housing for the discharged patients. Many of these mentally ill people moved into SRO housing.

In recent years the number of homeless New Yorkers has reached the highest point in New York City's history. In 2006, the homeless population is estimated about 40,000 for any single day. In February 2006, there was an estimated 3,846 homeless individuals living on the streets, in parks, under highways, and in the subway stations in NYC (NYC, 2006). In a given day in December 2006, according to data from the NYC Department of Homeless Services (DHS), there were 34,631 people sleeping in the New York City shelter system. In this day, an additionally 618 individuals stayed in drop-in centres and 360 in church shelters (NYC, 2006).

## ■ The municipal shelter system of the NYC

NYC has been under court order to provide shelter to its homeless population for about 25 years (Callahan & Carey, 1981; Eldridge & Koch, 1983; McCain & Koch, 1986). Currently NYC runs an extensive system of shelter services which include working with over 150 non-profit organizations contracted to provide most of these services.

The NYC shelter system is run by the Department of Homeless Services of NYC and comprises two main parts: the Single Adult Shelter system which serves single individuals and the Family Shelter System which serves pregnant women, adults with children and adult couples without children. The overall system has greatly improved in the last decade. It is better and safer and strives to provide assessment, support services and placements for its residents. Services include street outreach, drop-in centres, intake and assessment shelters as well as specialized shelters and programs for people with mental illness and substance abuse problems. However, its capacity has been routinely strained by the increase in homelessness. In many occasions, the demand exceeds the planned supply of beds in the whole NYC shelter system.

### A. Shelter system census and costs

In a recent decade (1995-2004), approximately 4.6 billion dollars were spent in developing and maintaining the NYC municipal shelter system, which served 416,720 individuals, including 163,438 children, during this period (NYC, 2004). The average expenditure per homeless individual was over 11,000 dollars in this decade. Since 1998 the NYC homeless shelter population has increased from about 21,000 people per night to about 34,000 people per night in 2006. This is an increment of over 60% for this period.

In 2005, almost 100,000 people (98,239 unduplicated users) experienced homelessness as users of the NYC shelter system (Coalition for the Homeless, 2006). The ratio of yearly

shelter homeless to the general population was 1.25%. This means that 1 out of every 82 New Yorkers resided at least one night in a NYC shelter in this year. The daily ratios of shelter and street homeless to the general population were 1 to 234 and 1 to 109, respectively. The homeless street ratio is considerable lower than those of other major cities in the United States (Miami-Dade County, Phoenix, San Francisco and Los Angeles County), which reflect the right to shelter that exists in NYC and not in the other cities.

In December 2006, there were 9,160 families (7,712 with children and 1,448 with no children) among the 34,631 people using the NYC shelter system. This shelter population breaks down in 7,431 single adults (5,424 males and 1,917 females), 13,374 adults in families and 13,916 children (NYC, 2006a). The average stay of a family using the shelter system in this period is 11 months. About 19% of families stay for over a year and a half. It costs NYC approximately \$36,000 a year for a homeless family to stay in a shelter, and about \$24,000 a year for a single adult.

### B. Demographics of adult shelter users

The majority of shelter users are ethnic minorities with histories of imprisonment and juvenile foster care. They come from the poorest areas of NYC and from living in marginalized and unstable housing situations.

In the 2001-2003 period, people in the single adult shelter system were mostly male (77%) and ethnic minorities (86%). There was a disproportionate presence of African-American, about 59%, compared to 23% in the NYC population. Latinos constituted approximately 27% while Caucasian accounted for 12% of the single adult shelter population. The majority (51%) were older than 40 years: 20% between 18-29 years, 28% between 30-39 years, 31% between 40-49 years, 15% between 50-59 years and 6% were older than 60 years (NYC, 2003; 2005).

Imprisonment histories are common among shelter users. About 30% of single adults in municipal shelters (1999-2002) had a history of imprisonment over a decade (1994-2004), with an average of four jail stays during this period (NYC, 2004). A recent study examining incarceration histories and shelter use patterns of 7,022 persons staying in the NYC shelter found that 23.1% of them had an incarceration within the previous 2-year period (Metraux, 2006; Metraux & Culhane, 2004).

Young people coming out of the foster care system also constitute an important segment of users of the NYC shelter system. Over a quarter (26%) of youth aging out of the foster care between 1988-1992 entered the shelter system at least one in next ten years (Park *et al.*, 2005).

A study of the previous addresses of homeless families using the NYC shelter systems between 1987 and 1994 found that about 2 out of 3 families (61%) came from four of the poorest neighbourhoods of NYC (Culhane *et al.*, 1996). The majority of them came from outside Manhattan: South Bronx (25%), Bedford-Stuyvesant/ East New York, Brooklyn (21%) and Harlem, Manhattan (15%).

Data from 2003 indicated that most single adults when entering the shelter system were already living marginalized and unstable situations. In this year, 15,127 single adults used the shelter system (NYC, 2004). The majority of them (53.6%) reported as (last place of stay) coming from non-community housing situations such as a prison/jails (15.9%) and hospitals/detoxification clinics (6.1%) or from the streets/parks (28.3%) or homeless drop-in centres (3.3%). A significant segment came from living in unstable situations in housing with friends or family (31%). Only 7.8% reported coming from their own home. A total of less than 40% reported coming from some sort of housing in the community; which suggests there is a crucial need for early interventions to detect housing instability and for community-based homeless prevention efforts.

### C. Mental illness and substance abuse among shelter users

Single adult users of the shelter system and street homeless people, have high rates of mental illness and substance abuse problems. The need for the provision of specialized services for individuals with mental illness in the NYC shelter system, has been well documented for almost two decades. By 1989, it was established that the prevalence of mental illness (MI), excluding substance use, among male shelter users ranged between 20 and 30% (Susser *et al.*, 1989; Struening, 1988). Among first-time users of the system, on diagnostic interview, 25% had a definite, probable or possible history of psychosis (Susser *et al.*, 1989). The NYC first system-wide survey of the shelter population corroborated these findings in the early 1990's (Cuomo, 1992). Current estimates indicate that between 40 and 50% of single adults residing in the municipal shelter system have mental illnesses. However, the incidence for all shelter users over several years is estimated to be much lower.

A NYC report on the hospitalization data (48,045) for homeless single adults using the shelter system during the 2001-2003 period, indicated that the majority of the hospitalizations were due to mental health problems: 31% (14,865) were related to drug use, 24% (11,589) to alcohol use and 14% (6,821) to mental illness. These three causes accounted for more than 2 out of 3 (69%) of the recorded hospitalizations, compared to 1 out of 10 (10%) for NYC adult population (NYC, 2005). The percentage of each of these causes of hospitaliza-

tions in these shelter users is much higher than these percentages of hospitalizations of the NYC adult population: mental illness is 2.8 times higher, drug use is 10.3 times higher, and alcohol use is 12 times higher.

Homeless individuals sleeping on the streets have even higher rates of chronic mental illness and substance abuse problems. A 1996 survey of street homeless individuals who utilized drop-in centres found that 69% had a history of mental illness, 78% had a history of substance abuse and 48% had a co-occurring history of MI and substance abuse (Barrow & Soto, 1996).

#### D. Human immunodeficiency virus and tuberculosis in the NYC shelter system

Homeless shelter users, many of whom enter system from the streets or incarceration, and homeless people with MI constitute groups at high risk for the HIV and TB. In the 1990's, a 19% HIV prevalence and high tuberculosis infection rate was reported among a sample of homeless people with MI living in large NYC municipal shelter (Saez *et al.*, 1996). To date there has not been a comprehensive investigation to determine with accuracy the TB infection rate and number of HIV positive individuals who are homeless either residing in the municipal shelters or living on the streets of NYC.

However, in a major study on the health of homeless shelter users, NYC estimated the HIV/Aids prevalence and TB rates using cross-sectional inter-agency data for the period of 2001-2003 (NYC, 2005). During that period there were 88,014 individuals living with HIV/Aids in the NYC (approximately 1.1% of the NYC population). NYC reports that 3,108 of these individuals with HIV (3.5% of the people with HIV in NYC) used the shelter system for at least one day during this period. The estimated prevalence of HIV/Aids individuals in relation to the adult population of the shelter system in that period is 3.61% (3,612 per 100,000). This prevalence is double than the prevalence of the NYC adult population, 1.38% (1,380 per 100,000). The prevalence among African-American residents was 4.7%, among Latinos was 3.59% and among Caucasian was 2.15%. The highest HIV/Aids prevalence was estimated at 4.6% for shelter residents age 25-64.

In this period, there were 3,436 TB cases reported in NYC. Of the 3,236 cases reported among adults New Yorkers, 117 (3.6%) were cases from homeless people residing in the NYC shelters (98 in single adult shelters and 18 adults in family shelters). The majority of the cases were among single African-American adults. The rate of TB for the NYC adult population for this period was 0.018% (18 per 100,000). However, the

TB rate for single adult shelter users was 0.19 6% (196 per 100,000), which was 11 times higher than that of adult New Yorkers (NYC, 2005).

These findings are conservative estimates but corroborate that homeless people in shelters is a population at high risk for HIV and TB. The implementation of HIV and TB preventive strategies in the NYC shelter system ought to be a priority. Currently, the NYC shelter system offers single adult men entering the shelters rapid result HIV testing. They are also offered counselling services, as well as referrals for treatment if they test positive for HIV. All shelter users are offered a medical examination and TB screening.

#### E. Recurrent and chronic homelessness among shelter users

Research on longitudinal utilization of the NYC shelter system has elucidated some of the patterns of utilization of shelter users. A major study analyzed shelter use information recorded by the NYC centralized shelter system database for 73,000 single adults during the period 1988-1995 (Culhane *et al.*, 1998; Kuhn *et al.*, 1998). This study found that the vast majority of single adults utilized the shelters system for short-term stays and that a minority utilized the shelters for long-term stays. About eight out of ten individuals used the shelter system for relatively brief and one-time stays. This finding might indicate that this sub-population faced homelessness as a result of economic stress and used the shelter for housing emergencies.

Long-term single adult residents (16%) utilized the most shelter resources. Long term residence was defined as having spent at least two of the last four years in the shelter system, not necessarily consecutive, or having spent at least one of the two years in shelters if the individual was disabled. This group used about 50% of all shelter bed nights in this period

In 2003, the estimated percentage of chronically homeless families (365 shelter days in the last two years, not necessarily consecutive) using the shelter system over the course of this year was 27% (4,492 out of 116,622). For chronically homeless adults, including single adults and individuals in adult couples, this percentage was estimated at 18% (5,788 out of 32,792) of the total (NYC, 2004).

This sub-population of chronically homeless shelter users, constitutes a group facing multiple disabilities, particularly MI and substance abuse disorders (Kuhn *et al.*, 1998; Cuomo, 1992; Susser *et al.*, 1989;). Addressing the needs of this sub-population would lie at the core of a policy which would seek to drastically reduce or eradicate long-term homelessness from the NYC shelter system.

Prevention of chronic and recurrent homelessness needs to be a priority among shelter users with MI and a co-occurring history of MI and substance abuse. In addition to housing, homeless individuals with MI require specialized support services such as assertive community treatment (ACT) (Stein *et al.*, 1980) and critical time intervention (CTI) to successfully integrate them into community living (Valencia *et al.*, 1997). Indeed, CTI is one intervention that was developed out of research and clinical work with homeless people with MI in the NYC shelter system in the early 1990's (Susser *et al.*, 1989; 1992; Valencia *et al.*, 1996; Saez *et al.*, 1996; Susser *et al.*, 1998). It was developed to prevent recurrent homelessness and other adverse outcomes among persons with MI (Valencia *et al.*, 2007; Susser *et al.*, 1997). CTI is an evidence-based time-limited, manualized case management approach intended to enhance continuity of care by bridging the gap between services and network of supports in the community.

#### F. Mortality rates of shelter users: 2001-2003

Homeless people constitute a population with multiple health needs which face a high mortality rate. Recent data published by NYC Department of Health, indicates high mortality rates for users of the NYC shelter system during the years of 2001 and 2003 (NYC, 2005).

In this period, there were 1,170 deaths of NYC adult shelter users: 903 adults in single adult shelters and 267 adults in family shelters. These deaths constitute 0.7% of the total adult deaths (175,505) in NYC. The mortality rate for shelter users was 2.19% (2,192 per 100,000) while the mortality rate for NYC adults was 1.04% (1,043 per 100,000). This means that the overall mortality rate for adult shelter users was more than twice the rate of the NYC adult population in these years.

The leading causes of death for adult shelter users were heart disease and cancer, similarly to those of NYC general adult population. The third and fourth causes of death were substance use and HIV/Aids in single adult shelter users, while for HIV/Aids and substance use were the 7<sup>th</sup> and 10<sup>th</sup> causes of death for NYC adults, respectively. These two causes accounted almost a third (30.5%) the total deaths of single adult shelter users, compared to 4.4% of the deaths of the NYC adult population.

The mortality rate for three of the four leading causes of death for single adult shelter users is much higher than those for the NYC adult population: heart disease (477 per 100,000) is 1.09 times higher, cancer (471 per 100,000) is 1.93 times higher, substance use (231 per 100,000) is 15.4 times higher and HIV/Aids (204 per 100,000) is 8.25 times higher.

#### G. NYC housing provision for homeless people with mental health problems

Providing supportive housing for homeless families and individuals is cost effective when compared with the costs of providing shelter and other emergency services to homeless people with mental health problems in NYC. Long-term and chronic homeless people, both those using the NYC shelter system and those residing on the streets, regularly use crisis and emergency services. These services, such as detoxification programs, emergency rooms, and in-patient care are quite expensive.

A study evaluating the 1990 and 1999 New York/New York housing agreements, which provided supportive housing to people with MI and some history of homelessness, found this housing provision to be a cost-effective alternative to shelter (Culhane *et al.*, 2002; Metraux *et al.*, 2003). This study showed that placement into supportive housing was associated with a reduction in services use of \$16,282 per housing unit per year: 72% of these reductions resulted from a decline in the use of public health services, 23% from a decline in shelter use and 5% from reduction in incarceration. The net cost of the average New York/New York supportive housing unit was \$995 per year after deducting the costs reductions. These reductions came close to covering the housing and services costs.

Within this context, in the past years NYC started to shift its emphasis away from its reliance on the provision of shelter services to manage the problem of homelessness to a strategy emphasizing prevention, rental assistance and supportive housing.

In 2004, the NYC Mayor released announced an ambitious plan to end chronic homelessness in ten years and drastically reduce the street and shelter populations in five years (NYC, 2004). As part of this effort, NYC committed itself to implementing another housing agreement with NYS. This new agreement, New York/New York III, was signed in November 2005 and it is currently under implementation (New York State, 2005). The two prior New York/New York housing agreements, 1990 and 1999, produced approximately 5,300 units of supportive housing. Including these units, there are an estimated 20,000 units of supportive housing in NYC.

New York/New York III will produce 9,000 housing units and target a broader range of homeless people. It includes housing units for individuals with substance abuse disorders, HIV/Aids, and mental illness. Also, for the first time, this agreement includes families with disabled heads of households and young people aging out of foster care and residential treatment. New York/New York III will total an approximate expense of \$1 billion over 10 years, with annual operating expenses of \$156 million once all 9,000 units are developed.

About 3,000 of the 9,000 units will be produced by the end of year two, and 5,700 by the end of year five of the agreement.

New York/New York III has been praised by the main NYC homeless advocate organization. The Coalition for the Homeless characterized this agreement as “a major step forward in ensuring that homeless New Yorkers living with mental illness and other disabilities can obtain affordable housing with support services.” (Coalition for the Homeless, 2006, p. 1).

### ■ Concluding remarks

Homelessness has become a housing and mental health crisis of considerable proportions in NYC. In 2006, the NYC homeless population was estimated at about 40,000 people for any single day. For the last two decades NYC homeless policies have been designed to manage this social crisis instead of directly addressing its causes. NYC has developed the most extensive shelter service system for homeless people in the world. Between 1994-2004 the NYC municipal shelter system provided services to 416,720 individuals, including 163, 438 children. The majority of these users came from marginal and unstable housing conditions from the most impoverished areas on NYC. Many came from incarceration, streets and hospitals. Most of them were of ethnic minority background, particularly African-American.

Homelessness has a major impact on morbidity and mortality. Homeless people in the NYC shelter system constitute a population with multiple health needs. A report published by the NYC Department of Health on the health of adult shelter users for 2001-2003 estimated the prevalence of HIV/Aids of these individuals at two times that of the NYC population, and the rate of TB at 11 times higher. More than two out of

three hospitalizations of shelter users were due to substance and alcohol use or mental illness. The death rate among shelter users was twice that of the NYC adult population. The leading causes of deaths were heart disease, cancer, HIV/Aids and substance abuse.

The experience of homelessness is common among people with severe mental disorders in NYC. Despite significant development of specialized housing and outreach programs over the past decades, the prevalence of homelessness among patients with MI remains distressingly high. A considerable number of them have a co-occurring history of MI and substance abuse. Many of these individuals live in the municipal shelter system or in the streets of NYC. These people require specialized intervention to address their needs. In order to begin to address the roots of homelessness among people with MI, there is a need to provide supportive housing and promote the adaptation and implementation of evidence-based interventions such as ACT and CTI to stabilize them in community living and to prevent recurrent homelessness.

In the past few years, NYC homeless policies have been shifting towards an approach which seeks to address more directly the causes of homelessness. There is an intention to drastically reduce homelessness by emphasizing the implementation of preventive strategies, housing provision and expanding services addressing substance abuse and mental illness disorders among homeless people. As of 2007, a considerable number of supportive housing units (9,000) were being developed by the NYC and the NYS to target people with MI, HIV, and substance abuse. Indeed, drastically reducing or eliminating homelessness among people with mental illness and disabilities remains a major challenge for the NYC in the next decade.

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