This next paper is the only one I've ever written that we considered too controversial to post on our web site and circulate. As you read it, you'll see that I'm angrily attacking the very social conceptions about mental illness that we routinely use politically when we ask for more money to help these uniquely suffering, faultless people get the care they deserve and that we should feel guilty for having dismantled when we closed the hospitals. Admittedly, that's a risky, some would say irresponsible, thing to do. But it's hard to build an effective system on half truths and distortions even if they're politically useful. I think we can do better.

Since I was pushy about this, I was asked if I could collect some data from our work to support my rather controversial views. So I designed a form to do a small study. Then David Pilon, our outcomes director, redesigned it for me so it would be useable. Then I started collecting the data…for about one day. I'm sorry. I'm just not cut out to be a researcher. Either you'll agree with my views or you won't. I can't prove them with data. I can say, on my own behalf, that when I shared this paper with the psychiatrists on the list server for the American Association of Community Psychiatrists, they reacted positively.

Last year Steve Lopez, a regular columnist for the L. A. Times, became intrigued with trying to help a clearly psychotic homeless man who was playing a broken down violin in front of his shopping cart under a tunnel. He's written a striking set of columns that follow his personal experiences trying to help this man, who turned out to be a virtuoso drop out from Julliard, and their advocacy implications. Early on someone sent him to me for advice on how to reach out to homeless psychotic people and we've stayed in touch as things have progressed. He even wrote a very nice column about watching me try to help someone with a lampshade on his head that my mother proudly copied for all her friends and family.

Initially, many of Steve's questions were about whether this man should be involuntarily hospitalized instead of worked with in the street where he clearly is at risk. I urged him to stick it out on the street. Along the way, Steve has done a great job himself, even staying out all night on the street with him, and called on a number of resources including a friend of his from the Philharmonic and my old colleagues at LAMP. Things have progressed slowly over the last year, but they've progressed well. The man has gotten connected with LAMP. He's moved into an apartment. He's able to focus better and make more sense even without medications. He's even reviewing his old treatment experiences, including being locked up, tied down, heavily medicated, and given shock therapy, trying to rebuild enough trust to try medications again. I think Steve's done so well with him that I've even offered Steve a job as a case worker with a huge cut in salary.

When Steve contacts me now, he wonders not how to lock this man up - it's become clear to him how damaging that can be - but how we can get enough resources to help everyone along this painstaking path to recovery. We all need to be moving on and asking how to help people recovery instead of how to put them away. We can do better.

Dr. Mark's Ten Myths of Homeless Mental Illness

(2004)

I become irritated every time I read another newspaper article or listen to another mental health expert on TV repeating the same tired, distorted views on homeless mental illness. I'm irritated because everyone passively nods in agreement even though most of it just isn't true. What they say doesn't match my experience working as a psychiatrist in a Homeless Assistance Program. It doesn't match what the people I'm trying to help really need. And it doesn't match what we're trying to advocate for in the President's Commission on Mental Health Report, where California's AB2034 programs for homeless and jail diversion mentally ill people was cited as exemplary. Yet it's repeated over and over again. I finally got irritated enough to respond. Here's my point – counterpoint, ten myths of homeless mental illness.

Myth 1: We have so many mentally ill people on the streets and in jail because we closed the mental hospitals years ago and then abandoned the patients.

Dr. Mark's view: Most of the mentally ill homeless people are not deinstitutionalized people with schizophrenia. They are mentally ill children grown up. Our community treatment system actually works pretty well for most people with adult major mental illnesses.

Things to think about: Many homeless mentally ill people were put in special classes early on and almost all of them dropped out of school.

It's been estimated that half of all foster kids with mental illnesses will become homeless in the first year of their emancipation after age 18.

In this year's homeless count in Long Beach about one third of the 5000 homeless people were children.

When people released from mental hospitals years ago were carefully studied by NIMH very few were homeless or in jail. Surprisingly, most had recovered.

Myth 2: Los Angeles County Jail is the largest de facto mental hospital in the country.

Dr. Mark's view: Los Angeles county jail is the largest display case of the effects of severe child abuse and neglect, the failures of special education and child mental health programs, the failures of adolescent drug abuse prevention and treatment, and the failures of juvenile justice rehabilitation in the country. (Actually they are the failures of the past grown up. We don't yet know how our present programs are doing.)

Things to think about: When they do questionnaire research of inmates asking about mental illnesses, most people hide their illegal substance abuse, shameful illiteracy, and painful child abuse from the strangers questioning them. When I build a relationship with them after they get out, and I try to go beyond a simple major mental illness diagnosis, they do tell me about all these other problems.

Inmates only get transferred to the more desirable mental health module if they have major mental illness, not these other conditions. Once released, similar restrictions on services exist. It's advisable to have a major mental illness if you want help.

Myth 3: It is common for police to do "mercy bookings" bringing homeless mentally people into jail off the streets on minor charges to protect them since the mental health system won't help them.

Dr. Mark's view: Mentally ill people who are arrested are committing disruptive crimes - mostly stealing, substance abuse, fights, endangering their children, and prostitution – that cause them to be taken away. They are not innocent victims. They're doing things we want them to stop, so we punish them.

Things to think about: Policemen have the power to write mental health evaluation holds. They do it all the time. They bring people to the emergency rooms and we must take the patient off their hands quickly, without a lot of paper work for the police, and evaluate the patient. Most of the patients in the county hospital psychiatric emergency rooms are brought in by the police.

Jails are not merciful. They are punitive. When we put astronauts in small places for a few days we carefully prepare them psychologically. When we put inmates in small jail cells for long periods we want them to suffer, and they do. Many people have much worse mental symptoms in jail than out of it. Many mentally ill people end up in solitary confinement, often intentionally trying to avoid the other inmates who are usually worse than the guards. In my opinion, jail is legalized torture.

Police irregularly do "homeless sweeps" destroying encampments and kicking out the people. Generally they issue tickets, but do not take the people to jail unless there are outstanding warrants – usually from failing to appear for other tickets. In my opinion, these sweeps are done when the community wants these people out, not when the police are feeling merciful and care taking.

Myth 4: Most mentally ill people commit crimes, especially violent ones, when they are so psychotic they don't really know what they're doing. They should be found not guilty by reason of insanity and put in a hospital instead of a prison to get the help they need.

Dr. Mark's view: This does happen, though it's much rarer than most people think. For those few people, I agree. However, most mentally ill people know what they are doing is a crime and they do it anyway, just like the other inmates. Most of their crimes are not "crazy" crimes; they're "poverty" crimes.

Things to think about: Their crimes - mostly stealing, substance abuse, fights, endangering their children, and prostitution - are also often the same reasons these people are evicted and become homeless. They want things they don't have, or get frustrated and angry. Their frustrations often come from illiteracy, decreased intelligence, poor emotional skills from child abuse and neglect,

unemployability, and poverty, not from mental illness symptoms. Most of them have a lot in common with the other inmates.

Of course it's inhumane to put mentally ill people in jail instead of in a locked treatment setting. However, it's also inhumane for all the rest of the inmates to be there too instead of a locked rehabilitation setting. Prison needs more reform, not more exceptions.

The level of poverty for disabled mentally ill people is striking. Even if they get Social Security Income – and many don't because the forms are too complicated, they can't document their case, or they are ineligible because drug abuse contributes to their disability – it's only $500 to $800 per month. According to the federal government, and most landlords, that's not enough to rent an apartment in any major market in America even in the worst, most dangerous, crime ridden neighborhood. If they choose to live in a rundown Board and Care group home, they get about $90 per month for cigarettes, clothes, personal items, transportation, and entertainment.

Myth 5: Most mentally ill people end up homeless and commit crimes because they are too impaired to know they need to take medications and refuse to take them.

Dr. Mark's view: Most mentally ill people end up homeless and commit crimes because they are using drugs and alcohol, just like everybody else.

Things to think about: The rates of substance abuse for homeless people, psychiatric inpatients, and jail inmates are all about 80%. The studies don't show this, nor do clinical records, because people lie.

MediCal won't pay for primary substance abuse treatment, either inpatient or outpatient. They will pay for psychiatric treatment – a little – so people come to us instead. Unfortunately, because they're lying, we usually give them the wrong treatment. Local governments run a few substance abuse programs that always have waiting lists and usually charge the patient. If someone wants free help to stop using drugs or alcohol, except AA meetings, it usually isn't available. The bottom line is if you say you're depressed or psychotic, you can often get the police to take you to the psychiatric hospital instead of to the jail.

Substance abuse treatment must be integrated with mental health treatment to work, but it's almost never set up that way, because society - and most clinicians - feel that people with mental illnesses are deserving of help and people with substance abuse are not. We're afraid to talk about this much because all homeless people might end up labeled as undeserving of help.

Rates of medication noncompliance for psychiatric patients overall are about the same as for medical patients. However, homeless people and criminals tend to be more non-compliant than average in all ways. Programs that are very accessible and flexible get much higher compliance than normal programs, but psychiatrists rarely work in these settings. Many people aren't medication resistant; they're clinic resistant.

The level of personal connectedness to the prescribing psychiatrist that's being offered is very low. Generally, psychiatrists do not do the initial evaluations and see patients for 15 or 20 minute medication visits every month or two. The psychiatrist medicates hundreds of people, most of whose names he can't remember, and unfortunately as a result, many are given mediocre diagnosis and medication orders. One woman told me, "I'd take my pills if my psychiatrist took the time to talk to me like you do."

It's often an impressively complicated and emotionally difficult process to understand your own mental illness and manage it well. Most patients aren't refusing to engage in that process. They're refusing pills from strangers, but that's all we're offering.

Myth 6: People with severe mental problems, including homeless mentally ill people, almost all have a biochemical illness in their brain that has a genetic predisposition and is no one's fault.

Dr. Mark's view: There are a few people with pure biochemical illnesses, but the vast majority of homeless mentally ill people have a complicated combination of developmental disorders, severe childhood abuse and trauma, substance abuse, and biochemical illnesses. That is why pills alone, even involuntarily, are rarely a successful treatment.

Things to think about: At present a strong coalition of forces is pressing us to view all severe mental illness as biochemical including psychiatrists whose training is increasingly biological, pharmaceutical companies, insurance companies, the DSM IV diagnostic manual that doesn't even say what role child abuse has in various mental illnesses, and parent groups like AMI who are tired of being blamed for causing mental illnesses. The main force against this is the patients themselves, but they are generally discounted.

The large majority of homeless mentally ill people have histories of severe childhood abuse, neglect, and traumatization. I don't mean "dysfunctional family" here. I mean broken bone beatings, repeated rapings and impregnating by family members, shot people dying in front of them, strangling with phone wires. While I don't think there's any such thing as "schizophrenigenic mothers", I do think the people who tortured these kids are to blame for the resulting emotional devastation. And it makes me angry. It may also be possible that the kids had some inborn "lack of resiliency", but most of them would've had to have been Superman to survive undamaged.

We have eliminated almost all individual psychotherapy in public mental health clinics, so virtually none of these people receive any professional emotional healing. We do have an increase in court ordered skill building, anger management groups since they have trouble coping without healing. Effective homeless assistance programs need to become healing centers including not just physical healing, but also emotional and spiritual healing.

In California, most children who were in special education classes, especially "severely emotionally disturbed" classes are not part of the Regional Center system for developmentally disordered people. People with fetal alcohol syndrome, "drug babies", Attention Deficit Disorder, or other brain damage

without an IQ less than 70, are not eligible for their services. The mental health system doesn't want them either. As a result, many people who didn't complete third grade successfully can't support themselves as adults and many become homeless.

Many people can't read their police tickets, court orders, Social Security or housing department paperwork, or their pill bottles. Illiteracy is not considered a disability sufficient to get social security benefits. I've heard that the single factor most predictive of prison reincarceration is illiteracy. I've never heard of court ordered literacy classes.

Myth 7: Our mental health laws are outdated, too liberal, and stop people from getting needed treatment until something dangerous happens. We're neglecting people and letting the "die with their rights on". These laws should be changed to allow more people to involuntarily get the help that they need.

Dr. Mark's view: Our mental health system is so under funded, and understaffed, that we turn away most people who want help even after long waiting lists.

Things to think about: Our metal health laws are restrictive regarding hospitalizing people involuntarily. However, the MediCal payment rules are even stricter. There are many people who could be legally hospitalized, but the hospital wouldn't get paid. Hospital stays have shortened from an average of about 17 days to about 7 days over the last decade, because of funding changes, without any legal changes. The majority of private psychiatric hospitals near me have closed over that period because of financial losses, even while most days people are in the emergency room, on legal holds, without any hospital available to go to. If you want more hospitals, and I don't, you should lobby for funding changes, not legal changes.

Indigent people who want to be hospitalized voluntarily are virtually all refused admission, because hospitalization is not "medically necessary" and therefore not reimbursable, because they are cooperative enough to be treated in a "lower level of care". Unfortunately, "lower level of cares" rarely exist, because they're not reimbursed by MediCal either.

Many people could be put on conservatorship and long term locked treatment, but the process takes over a month to get a conservatorship, and then the waiting list for a long term facility is many more months. The hospital won't be paid a full rate after the first week or so. The hospitals that did this are now bankrupt.

Laws promoting involuntary outpatient treatment require intensive, mobile case management teams with caseloads about 15 to 20 people for each staff to function. The few teams that exist like this already have waiting lists of people wanting that treatment. Many other people are stuck in facilities waiting for community case management teams. Court ordering more people into treatment won't create more treatment when none exists.

Our local clinic has about 200 new people a month contact them trying to get help. They can only help a small fraction of them. To save time about half are turned away without even getting an assessment. The waiting list for assessment appointments is several months long so they see a few "emergency" walk-ins each day. It's hard for staff to be welcoming and rationing at the same time.

Commitment is a two way street. There's no point committing more people to treatment, unless we're going to be committed to treating them.

Myth 8: When we emptied the mental hospitals, we didn't really deinstitutionalize people. They've ended up being transinstitutionalized into other worse places, especially jails and prisons.

Dr. Mark's view: The vast majority of people with severe mental illness have never been cared for in institutions. They've been cared for by their families. This has always been an enormous, unfair, and largely unsupported burden. The increase in homeless mentally ill people is more due to the breakdown of families than of mental hospitals.

Things to think about: The vast majority of homeless mentally ill people did not become homeless because their illness burned out their families. Their families were already broken down and had limited ability to take care of each other. Many parents are themselves mentally ill, substance abusers, jailed, homeless, or abandon their children. However, there is a subset of people, who become homeless, usually later in life, when they lose their family – most typically mothers dying or husbands divorcing them.

Our American value of independence has led almost all subsidies and supports to be focused on helping people live independently of their families, not on supporting their families to take care of them. While I believe this is a better goal, it requires many more services to support people independently than in their families, and it ignores the reality of where many people are and what help their families need.

Homelessness is vastly less prevalent in Hispanic and Asian cultures where families are much stronger than in Black and White cultures where families are weaker.

Myth 9: People are on the street because we don't have enough homeless assistance programs to help them.

Dr. Mark's view: Even very good homeless assistance programs find after a certain point we're limited by the community not having any resources left for more of these people to get off the streets and settle down. The community's "carrying capacity" – low cost and subsidized housing, supportive and unskilled employment, supported adult education, benefits workers, children's services and special education for their kids, poverty level medical services, police, probation and parole, etc. - all have serious limits.

Things to think about: Homeless assistance programs are a kind of refugee center, an Ellis Island for America's downtrodden. We re-document people, teach them how to be acceptable citizens, get them benefits, and find them community niches. How many more niches does your community have? Thousands more new homeless people are being created yearly.

Most of the needed programs exist. The problems are with quantity and accessibility. For example, the Section 8 housing waiting list in Long Beach is closed again because when it opened for a few weeks more than 7 years worth of people signed up. Social Security disability income and MediCal exist, but they often require extensive professional documentation and support to prove eligibility that can't be afforded before people get benefits. Both programs reject people for abusing substances even though those policies, if they were enforced, would cut off the majority of people who need help.

Many homeless advocates believe the many reason people are homeless is simply because there isn't enough housing. In Long Beach even the worst SRO Hotels are always full. Fluctuations in numbers of homeless people parallel economic factors, not treatment factors.

Myth 10: Many people are homeless because they reject reasonable alternatives, and are, in effect, choosing to stay homeless.

Dr. Mark's view: Many people are homeless because they behave in socially unacceptable ways and won't stop. Sometimes these behaviors are "criminal", but often they are simply things we don't want to have to deal with. They get rejected, generally evicted or arrested, as a result. Society chooses which of these behaviors are unacceptable and who becomes homeless.

Things to think about: "Asylums" thrived not because they were particularly safe for the inmates, but because they protected us from these undesirable people. There have always been scandalous abuses in institutions. Safety between patients is hard to maintain. I recently saw a study that reported that mentally ill people are more likely to be assaulted in a mental hospital than outside of one.

When we see a homeless person, our reaction is not to welcome them to our neighborhood to recover a normal life. One of the most difficult tasks for a homeless program is to provide a welcoming sanctuary for people to recover in within a hostile community. My program bought an abandoned mechanic's garage near a park crowded with homeless people to turn it into a homeless program. Frightened neighbors supported by local politicians effectively blocked us from opening the program, and ultimately we gave up and sold the property. The homeless people are still in the park.

In my opinion, the almost universal diagnosis for homeless mentally ill people is "rejects". Over and over, they've been rejected - by parents, foster care, schools, jobs, friends, police, landlords, spouses, children, and even by professional helpers. When we first meet them it's usually easy to see why. It's only through compassion and tolerance and true welcoming that we can go beyond that to help them begin the long road to return to our neighborhood.