

## Abstract

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### **Mental illness as a driver of chronic homelessness in Los Angeles County**

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Research has consistently shown that individuals with mental illness are at increased risk of life events that may lead to homelessness, such as low income, poor coping skills, and incarceration. However, we know little about how previous life events and mental illness may affect individuals once homeless. This study analyses a large sample (n = 4659) of homeless adults in Los Angeles County. The cross-sectional data provide insights into the demographic makeup of homeless adults in the county, including indicators of mental health. Nearly half (44.2%) of the sample reported a history of depression, post-traumatic stress disorder, and/or another serious and persistent mental illness. The sample reporting one or mental illnesses generally reflected the ethnic makeup of the larger sample with most of those surveyed identifying as either White (42%) or Black/African American (34%). The sample subset was mostly male (65%), though women, transgender, and non-binary individuals were overrepresented as compared to those not reporting mental illness. On average, those who endorsed having a mental illness reported being homeless for 5.4 years, with the median age at their first episode of homelessness being 24 years. Chi-squared analyses showed that adults who were both mentally ill and homeless were more likely than those without mental illness to report prior domestic violence ( $p < 0.01$ ), human trafficking ( $p < 0.01$ ), and incarceration ( $p < 0.01$ ). While a t-test for independent samples did not suggest that those with a mental illness become unsheltered earlier in life, the analysis revealed that mental illness was statistically significantly associated with more extended periods of homelessness ( $p < 0.01$ ). This study provides support for the emerging school of thought that traditional methods of alleviating homelessness, like job training programs, are inadequate, as they fail to address one of the significant drivers of chronic homelessness. Policy should instead reflect a “housing first” approach to combatting the number of unsheltered individuals experiencing homelessness. The data presented here alludes to the fact that supportive housing with integrated mental health services is necessary to deal with the homelessness crisis in Los Angeles. By meeting basic human needs first, individuals with a mental illness can better maintain continuity of care, reduce vulnerabilities to violent trauma, and alleviate psychological hardship associated with inadequate housing. Such an approach is more conducive to addressing the root causes of homelessness in this population in an evidence-based and dignified manner.

Social and behavioral sciences

