Mental Ableism in Housing the Homeless

Annabelle Falloria

0702 Social Justice & Cultural Competency I

Antioch University, Seattle

Introduction to Research

I began volunteering with Seattle Homeless Outreach in November of 2020. I was beginning to see more homeless people north of Seattle in the suburban areas I frequented. Income inequity is only worsening in the Seattle area as wages don't match up with the cost of living, and this is forcing people to live unaffordable lives and move out of the city. The pandemic only exacerbated this. Shelters lost beds due to health and safety protocols and most community centers and resources for homeless persons were put on pause. This monthly volunteering opportunity allowed me to go out into Seattle and its surrounding areas and give out resources (non-perishable foods, clothing, blankets, etc.) to those in encampments and on the street. It was through this volunteer opportunity that I began to seek out employment in this world and became employed by Mary's Place – a non-profit organization that provides shelter and resources to women and families experiencing homelessness. Mary's Place is a much needed community resource.

My employment began April of 2021 and throughout my time there I have been exposed to the many barriers one can face when trying to find housing while homeless. Some of our guests are undocumented immigrants, most have behavioral health concerns, and none can afford to pay an unsubsidized rent. I have watched our Housing Specialists interact with case managers, speak to lawyers, communicate with law enforcement, and try to motivate guests that have been in our shelters for over a year. My exposure to guests with behavioral issues, mental health concerns, and intellectual disabilities made me want to look at the system of housing those experiencing homelessness. I believe that mental ableism is extremely prevalent in our community and in this overall population. When it comes to providing housing opportunities to

homeless people with mental disabilities, there are many factors at play that impact their path to obtaining housing. Therefore, this research requires an extensive dive.

Definition of Mental Ableism

Before the term ‘ableism’ became a word in English vocabulary, discrimination in favor of able-bodied people was termed as disability discrimination. The Anti-Defamation League (ADL) wrote an educational article on the Disability Rights Movement and noted that “people with disabilities have had to battle against centuries of biased assumptions, harmful stereotypes and irrational fears" (2018). The modern use of ‘ableism’ was first coined by US feminists in the 1980s (Poole et al., 2012). It has since replaced disability discrimination in common educational conversations; however, like disability discrimination, it only seemed to refer to those with physical disabilities. In a report about the stigma of mental disorders and its history, Rössler (2016) writes: “There is no country, society or culture where people with mental illness have the same societal value as people without a mental illness.” Again, Rössler (2016) writes that social exclusion and prejudice are external results of a mental disorder. It only seems right that discrimination in favor of “able” people would include discrimination against those with mental disabilities.

In recent years, mental health illnesses, intellectual impairments, and cognitive issues are being seen as disabilities more and more (Roy et al., 2020). As a matter of fact, the US Department of Housing and Urban Development (HUD) (n.d.) now defines disability as a physical disability, developmental disability, or chronic mental illness. History has shown that society has shunned those that display signs of an abnormal psyche. Rössler (2016) wrote that, in ancient Greece, a “stigma” was given to slaves and criminals; in the Middle Ages, those

suffering from mental disabilities were burned at the stake. To this day, disability access is still difficult for those that are mentally or physically impaired. Buildings still struggle to be wheelchair accessible and microaggressions like “that’s so retarded” or “that girl is a psycho” are still used every day.

As it stands, mental ableism is discrimination against those who are mentally ill or with a developmental disability. Other words for mental ableism also include mentalism and sanism (Poole et al., 2012). These words are meant to differentiate from physical disability discrimination but still come from a place of oppression. One of the most common ableist attitudes includes suggesting people with disabilities can cure their disability or deserve to be talked down to like a child (Dell’Armo et al., 2021). Poole et al. (2012) states that sanism is the “pathological view of madness” and that it breeds stigma. Such stigma and oppression in sanism can include the notion that those with mental disabilities are incompetent and unable to do things for themselves. This kind of thinking can still be seen in the mentally disabled homeless population and even within housing opportunities for them.

Historical Genesis of Mental Ableism in Housing Opportunities

As previously started by the ADL, ableism has been prevalent in society for centuries. Our history has shown that we as a country do not like the idea of the ‘mentally impaired’ playing a part in productive society. In early Christianity, being mentally impaired was interpreted to be a punishment by God (Rössler, 2016). We’ve moved beyond burning those with mental disabilities at the stake to simply hiding them from society. This can be seen in our utilization of psychiatric institutions and lack of systemic support for those with mental disabilities (Dell’Armo et al., 2021). In the 1800s, the “segregation of persons with disability

were considered merciful actions, but ultimately served to keep people with disabilities invisible and hidden from a fearful and biased society" (Anti-Defamation League, 2018). It only made things worse when we went towards the direction of deinstitutionalizing mental illness and mental disabilities (Hossain et al., 2020). As we closed down these dedicated spaces that housed the mentally and cognitively impaired, people were left without roofs over their heads and without any help to deal with their mental, intellectual, or cognitive difficulties. There were no legal ways or avenues for those with mental disabilities to seek public assistance; a lot of folks with disabilities relied on social support from their friends and family if they had them.

It wasn't until the 1970s, in tandem with civil rights movements, that disability rights activists fought to include language for people with disabilities in legal capacities (Dell'Armo et al., 2021). In 1973, the Rehabilitation Act was passed and civil rights for people with disabilities were finally protected by law (Dell'Armo et al., 2021). Section 504 specifically mentioned that those with disabilities would have equal access to public services like public housing. In 1990, the Americans with Disabilities Act (ADA) was finally passed and ensured that people with disabilities had equal access to employment opportunities and public accommodations, including services offered by state and local governments (Anti-Defamation League, 2018). Under the ADA, there were expectations that things would be modified for people with disabilities; it was supposed to allow people with disabilities full participation in society. However, Newman and Goldman (2020) note that public housing did not provide accommodating environments for people with mental illnesses.

In the late 2000s, America experienced what is now known as The Great Recession. It occurred during 2007 to 2009 as the US housing market crashed and impacted the economy globally (Burns et al., 2021). This laid the foundation for what is still standing today – poor

housing opportunities, expensive housing prices, and lack of access to quality, affordable housing. As a result, more and more people are renting their homes as rent, housing, and land prices all increase (Burns et al., 2021). The current COVID-19 pandemic has only made housing opportunities worse; more and more people are facing "challenging decisions on how to allocate financial resources between housing and other life costs such as food and health care" (Burns et al., 2021). Disparities and inequities have only worsened and so some of these decisions lead the financially unstable to homelessness.

People experiencing homelesssness are those identified to be living between shelters, homes of friends, on the streets, in boarding houses, or experiencing emergency accommodations like during a natural disaster (Brown & McCann, 2021). Studies have shown that statistically 30-40% of those experiencing homelessness have a cognitive impairment (Brown & McCann, 2021). Such cognitive impairments can be from a traumatic brain injury or classified as a learning deficit, intellectual disability, being on the autism spectrum, or being diagnosed with attention-deficit hyperactivity disorder (ADHD) (Brown & McCann, 2021). With that, Newman and Goldman (2020) show statistics that 30% of the homeless population are with severe and persistent mental illnesses. These statistics are not separate and do indeed overlap where people experiencing homeless have both a cognitive impairment and a chronic mental illness.

Hossain et al. (2020) did an umbrella review on the prevalence of mental disorders among those who are homeless. Their review considered mental disorders to be mood disorders, being on the schizophrenia spectrum, psychotic disorders, substance abuse disorders, and neurocognitive disorders; they found there to be a high prevalence of mood disorders in the homeless population (Hossain et al., 2020). With their study, they also found that those with mental disorders and homeless had a high rate of mortality. This high rate of death was attributed

to health inequities as it was seen that mental health conditions worsened as a lack of access to healthcare services (Hossain et al., 2020). There is a growing crisis for those with intellectual disabilities and significant behavioral and mental disorders as there are little services available and housing opportunities for them (Forough, 2021). The stage was already set for those experiencing homelessness to fail, but being with a mental disorder only makes it worse.

Due to The Great Recession of 2008 in the United States, rent has only increased exponentially (Schaak et al., 2017). It has also made it nearly impossible for people to buy or own land; the COVID-19 pandemic has not aided in this either. Folks with mental impairments or disorders received immense harm from the financial crisis. It is shown that those with mental impairments or disorders receive a lower median income and have to live off of social assistance or government funds as a result of their disability (Roy et al., 2020). Some folks live entirely off of their Supplemental Security Income (SSI), which are government funds that those with disabilities are able to receive, because they are unable to find employment as a result of their mental, intellectual, or cognitive disability. Schaak et al. (2017) wrote that, in 2016, the average rent for a studio or one-bedroom apartment exceeded 100% of monthly SSI payments. This is a reason many people with disabilities are pushed into homelessness.

Current Cultural Maintenance of Mental Ableism in Housing the Homeless

There is a never ending cycle that can be seen in those experiencing homelessness. It is hard to find housing because they cannot afford it, but it is hard to gain employment because they do not have a stable address. Sometimes there are no means of transportation or, in a family, there is no way for childcare. Guillén et al. (2021) shows that there is major discrimination against those that are homeless because they are homeless. This discrimination is seen to be

exacerbated if someone experiencing homelessness is with a mental disability (Guillén et al., 2021). The idea that those with intellectual disabilities or mental disorders are inferior to 'normal' able people is still very much alive in the present day.

When it comes to providing housing opportunities for people with mental impairments or disorders, the US government system still does not work in a way that helps this population. There are two definitions of homelessness recognized by the US government (Hossain et al., 2020). While one definition recognizes that those living in motels or staying with others as homeless, the US Housing and Urban Development (HUD) does not recognize that as homelessness (Hossain et al., 2020). This already cuts out a portion of the population that the system is meant to be working to serve and it includes those with mental disorders or disabilities.

As a result of seeing persons with disabilities prevalent in the homeless population, the HUD created Section 811 to provide supportive housing for this population (U.S. Government of Housing and Urban Development, n.d.). However, in order to receive access to these government funds, it makes sure to specify that an adult family member of the family must be with a disability. In this instance, a family with a child with a disability would not be eligible for these funds. As a matter of fact, Brown et al. (2019) makes it known that there are long, long wait lines for housing provided by the HUD and other sectors of the US government.

With that, there is also eligibility criteria needed to access government funds and public housing that can make those with mental disorders exempt from these resources (Brown et al., 2019). Not only is it a long bureaucratic journey, but the application process is not something that those with intellectual or cognitive disabilities can complete without help (Newman & Goldman, 2020). Newman and Goldman (2020) state that "housing assistance is not an entitlement, but like a lottery." Organizations meant to help the homeless population utilize a

government-created vulnerability assessment that places folks in the lottery according to their vulnerability to chronic homelessness (Brown et al. 2019). It requires placing a lot of trust in the systems and the tools put in place by the government, which has been shown to move slowly and not have the best interests in mind when it comes to the mentally disabled population.

Outside of the US government, Newman and Goldman (2020) comment on the lack of support in the private housing market. It is hard to find a landlord willing to rent to a person with a mental disability (Newman & Goldman, 2020). In 2006, there were "more than 1,500 complaints of discrimination because of a mental disability" filed with the HUD (Newman & Goldman, 2020). The US government and private housing market are shown to be of little help to the mentally disabled homeless population. Research shows that people with mental illness "have better social functioning and emotional well-being in apartment buildings with fewer occupants," but that is not a current priority for the government or the private sector (Newman & Goldman, 2020). Forough (2021) writes that there is concern that adults with developmental disabilities or significant mental/behavioral concerns cannot access safe and appropriate community living spaces.

The current housing model, Supported Living, appears to fail those with mental disabilities as they do not provide behavioral support (Forough, 2021). The ideas are there to help this population, but the current execution is lacking in supplying progress and improvement. In general, there is not ample support for this population all around. There is a lack of access to education, housing, employment, social services, and healthcare services for this population (Brown & McCann, 2021). Mentally-disabled homeless persons are already disadvantaged in these realms and with that they experience poverty, low social status, lack of opportunities, and discrimination.

Clinical Psychologist as an Agent of Oppression for Mental Ableism

Newman and Goldman (2020) state that "homelessness among persons with severe and persistent mental illness is the most visible manifestation of failures in mental health policy and in other areas of public policy." Clinical psychologists play a role in this failure by failing to advocate for better mental health policies and practices, especially when it comes to the homeless population. The lack of access to mental healthcare is just one telling sign that there is significant room for improvement.

Clinical psychologists also play a current and active role by diagnosing and providing care to mentally-disabled persons experiencing homelessness. Poole et al. (2012) states that those waiting on a diagnosis are going to receive a diagnosis that already has standards set with stigma. These standards were made in a sanist and disabling society. With psychology courses around pathology and intervention, current teachings are from the approach of "madness" rather than one that is anti-oppressive or critical (Poole et at., 2012). This can be seen in the "medically sympathetic and sanist literature" (Poole et al., 2012). Most graduate schools do not consider the foundation these standards are set on and how inherently ableist they already are.

Diagnosing as a clinical psychologist in turn already sets a standard for oppressive power relations. Clinical psychologists play a role when providing assessments; there is the diagnosis and then there is the need for continued support and care for the mentally disabled homeless persons. There is a responsibility for clinical psychologists to aid in treatment of those with mental disabilities when they are homeless, seeking housing, and housed. It has been stated that there is poor information delivery by service providers when it comes to serving the homeless population (Brown et al., 2019). Brown et al. (2019) writes that mental health providers have a poor way of addressing their needs and helping them. It also does not help that this population

severely lacks access to mental healthcare and substance abuse treatment (Brown et al., 2019). With the increase of the homeless population due to the COVID-19 pandemic and the subsequent increase of those with mental disorders, there is a heavy burden placed on public service workers. However, there is a difference between those in shelters with access to resources, albeit limited, and those living on the street and receiving zero outreach or care.

It is important for clinical psychologists to recognize the inherently ableist and sanist society they are trained in; there is room for curriculum to break down this oppressive point of view. Once trained and ready to enter the field, clinical psychologists should be aware of the diagnoses they are making and what it means for people to wear these hats. When dealing with the homeless population, there should be compassion and understanding that those with mental disorders lack access to care. There should be movements and work done to make sure mental health care is accessible to all persons and to make sure that treatments and care are given from an anti-oppressive point of view.

References

Anti-Defamation League. (2018). *A Brief History of the Disability Rights Movement*. https://www.adl.org/education/resources/backgrounders/disability-rights-movement

Burns, S. P., Mendonca, R., Pickens, N. D., & Smith, R. O. (2021). America's housing affordability crisis: perpetuating disparities among people with disability. *Disability & Society, 36*(10), 1719-1724. doi.org/10.1080/09687599.2021.1960276

Brown, M. & McCann, E. (2021). Homelessness and people with intellectual disabilities: A systematic review of the international research evidence. *Journal of Applied Research in Intellectual Disabilities,* (34), 390– 401. doi.org/10.1111/jar.12815

Brown, M., Mihelicova, M., Collins, K., Cummings, C., & Ponce, A. (2019). Housing Options for Individuals Experiencing Chronic Homelessness: Subsidized and Non- Subsidized Housing Outcomes among Pathways to Independence Participants. *Journal of Social Service Research, 46*(5), 642-657. doi.org/10.1080/01488376.2019.1612822

Dell'Armo, K. A., & Tassé, M. J. (2021). Attitudes, stigma, and ableism toward people with intellectual disability. In L. M. Glidden, L. Abbeduto, L. L. McIntyre, & M. J. Tassé (Eds.), *APA handbook of intellectual and developmental disabilities: Foundations* (pp. 473–497). American Psychological Association. doi-org.antioch.idm.oclc.org/10.1037/0000194-018

Forough, A. (2021, September 1). *Enhanced Behavior Support Homes*. Washington Autism Alliance. https://washingtonautismalliance.org/enhanced-behavior-support-homes/

Guillén, A. I., Panadero, S., & Vázquez, J. J. (2021). Disability, health, and quality of life among homeless women: A follow-up study. *American Journal of Orthopsychiatry, 91*(4), 569–577. doi.org/10.1037/ort0000559

Hossain, M. M., Sultana, A., Tasnim, S., Fan, Q., Ma, P., McKyer, E., & Purohit, N. (2020). Prevalence of mental disorders among people who are homeless: An umbrella review. *The International journal of social psychiatry*, *66*(6), 528–541. doi.org/10.1177/0020764020924689

Newman, S., & Goldman, H. (2020). Putting housing first, making housing last: Housing policy for persons with severe mental illness. *American Journal of Psychiatry, 165*(10), 1242-1248. doi:10.1176/appi.ajp.2008.08020279

Poole, J., Jivraj, T., Arslanian, A., Bellows, K., Chiasson, S., Hakimy, H., Pasini, J., & Reid, J. (2012). Sanism, 'Mental Health', and Social Work/Education: A Review and Call to Action. *Intersectionalities: A Global Journal Of Social Work Analysis, Research, Polity, And Practice, 1*, 20-36.

Rössler W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports, 1*7(9), 1250–1253.

Roy, S., Svoboda, T., Issacs, B., Budin, R., Sidhu, A., Biss, R. K., Lew, B., & Connelly, J. (2020). Examining the cognitive and mental health related disability rates among the homeless: Policy implications of changing the definition of disability in Ontario. *Canadian Psychology/Psychologie canadienne, 61*(2), 118–126. doi.org/10.1037/cap0000211

Schaak, G., Sloane, L., Arienti, F., & Zovistoski, A. (2017). *Priced Out: The Housing Crisis for People with Disabilities.* Boston, MA: Technical Assistance Collaborative Inc. Consortium for Citizens with Disabilities Housing Task Force, December. www.tacinc.org/media/59493/priced-out-in-2016.pdf

U.S. Department of Housing and Urban Development. (n.d.). *Multifamily Housing - Program Description*. HUD.Gov / U.S. Department of Housing and Urban Development (HUD). https://www.hud.gov/program_offices/housing/mfh/progdesc/disab811