Homelessness as a global minority psychiatric –mental health issue in nursing: A lecture delivered

by

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at

The 11ᵗʰ Annual International Scientific Conference and Annual
General Meeting

of

The International Association of Psychiatric Nurses of Nigeria (IAPNN)
(Vancouver 2017)

at

Sandman Signature Hotel, Vancouver, Canada

April 26 – 28, 2017

Objectives

At the end of this presentation, participants should:
1. Have a better understanding of why mental illness should be seeing as a minority issue.
2. Acknowledge the occurrence of homelessness among individuals with mental illness
3. Gain knowledge about the occurrence of homelessness as a global issue
4. Understand the role of nursing in addressing homelessness especially among people with mental illness
5. Develop and maintain a professional stance about homelessness issues as it pertains to mental illness
6. Understand the local laws dealing with professional practice and dealing with homelessness issues.

Preamble

Ladies and Gentlemen, I welcome you all to this very important conference. I want to first thank the organizers of this program for asking me to give this lecture at this conference. I have given my lecture the above title because it my belief that the mentally ill are treated as minority in any locality where they are. It is in the nature of minority individuals to be treated differently by others who do not see them as complete human beings because of their condition.

The problem of stigma must be adequately addressed by the professionals. Stigma is a mark of disgrace associated with the diagnosis of mental illness. As the Yoruba dictum says "Were dun wo loja, sugbon ko se bi lomo". The Nigerian society is very unfriendly to those with one form of mental illness or the other. Many Nigerians still hold the belief that those who suffer the malady of mental illness must have either offended the gods of must contravened a societal taboo or both.

It is in the nature of minorities to maltreated, abused and rejected by the majority. They are seen as not equal, inferior, unintelligent and less endowed by their creator. This is why I am

looking at the homelessness issue among the mentally ill as a global minority issue in the mentally ill. Although, there are many issues that can result in homelessness, the plight of the mentally is the one that concerns this writer. We look down on those with mental health problems as we say in Yoruba, "bi eniti Olorun o se da won" meaning as one who has not been created by God

Mental health and mental illness
Now let us take a cursory look at mental health/mental illness to remind ourselves what we have chosen as our own branch of nursing. Mental health and mental illness are often difficult to define. However, going by WHO's (1946) definition of health as a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity, we can assume that mental health is a state of complete emotional, psychological, and social wellbeing as evidenced by satisfying interpersonal relationships, effective behavior, and coping, with a positive self-concept, and stability. According to the American Psychiatric Association (2000), mental illness is a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and associated with distress or disability.

W H O (2013) also described mental health as that in which every individual can realize his or her own potential, cope with normal stresses of life, work productively and have the ability to contribute meaningfully to one's own community. On the other hand, mental illness is a condition that disrupts the person's thinking, feeling, mood and the ability to relate with others in one's daily functioning that often results in diminished capacity to cope with ordinary demands of life.

In addition WHO had in 2005 endorsed mental health as a universal human right and a fundamental goal for inclusion in the health care systems of all countries around the world. Unfortunately, mental health systems in many low and middle income countries especially in the Sub-Saharan Africa face challenges in ensuring optimal mental health care services. Many countries do not have mental health policies and appropriately

trained mental health personnel, and are constrained by the prevailing public-health priority agenda and its effect on funding. Other challenges include resistance to decentralization of mental health services, resources, stigma and discrimination (Baker, 2004).

However, it can sometimes be an assiduous task differentiating between mental health and mental illness. The difficulty stems from their defining concepts. The general defining characteristics of mental health which include happiness, contentment, satisfaction and achievement may be difficult to apply generally because of fluctuations based on situations and conditions within different environments. As a matter of fact, judgement on the nature of mental health and illness is more often than not determined by cultural norms, rules, or standards of what is considered to be appropriate or inappropriate behaviors within a given society at a particular point in time. This means that the definition of what is a healthy and unhealthy behavior is a relative function of time, place and person.

Many factors influence a person's mental health. These can be classified into the following three categories:
1. Individual factors related to characteristics of one's biological make-up, autonomy, independence, self-esteem, capacity for growth, vitality, ability to find meaning in life, emotional resilience, or hardiness, and coping skills;
2. Interpersonal factors that include characteristics of ability for effective communication, ability to help others, ability to form intimate relationships, and the ability to be separate and connected at the same time, and,
3. Socio- cultural factors that include attributes of a having a sense of community, access to adequate resources, intolerance of violence, supporting and respecting diversity among people, mastery of the environment and a positive but realistic view of the world.

Psychiatric-mental health nursing

Psychiatric-mental health nursing can be defined as an interpersonal process in which the practitioner assists the individual, family, group or community to promote mental health, prevent mental illness or assist in coping with the experiences of mental illness and suffering, and if possible to help find meaning in these experiences. Promoting mental health and preventing mental illness are two of the major functions of the psychiatric-mental health nurse.

According to nursing experts (Fontain & Fletcher, 2003; Porter & Moller, 2016), legal and ethical principles permeate many of the decisions nurses make each day on their jobs. These emphasize the importance of being conversant with laws that pertain to the practice of nursing. When someone becomes mentally disabled, such individual's ability to decide on some issues becomes difficult if not totally impossible. Nurses, regardless of clinical setting, should be proficient in assessing the bio-psychosocial status of their patients and use their findings in planning care for such patients.

Nurses need to have an awareness of patients' broad world in which they live. The individual's perception of health is dependent on that person's unique beliefs, social norms, and cultural values. The nurse must be mindful of Socio-cultural risk factors such as age, ethnicity, gender, level of education and income plus patient's belief system. The nurse also needs to know that there are socio-cultural stressors such as stigma, prejudices, stereotypes, discrimination and intolerance.

Porter and Moller (2016) believe that ethical and legal standards are interrelated in nursing practice. Ethical standards dictate what nurses should do while legal standards dictate what nurse must do. Ethics are moral standards that characterize peoples' conduct as right or wrong while laws are rules that regulate individuals' behavior. Ethical standards help us as professionals to deal with issues of discrimination and stigma as they apply to those we care for in their experiences with mental health problems.

As described earlier, mental illness is a clinically significant behavioral or psychological problem resulting in distress, impairment and disability affects people of all ages, races, socio-economic status and educational level. Mental illness does not generally have a specific cause but studies are showing some connections between genetic predisposition and environmental factors.

According to the US Bureau of Labor Statistics, employment of Registered Nurses in the US will grow by about 26% by year 2020. This growth will occur because of technological advancement which will permit greater number of health problems to be treated; an increase emphasis on preventive care, the large aging population demanding more health care services as they live longer. Nigeria as well as many other parts of the world, longevity is being experienced but not as great as that of the United States.

The 2011 Institute of Medicine (IOM) report on the future of nursing in the United States stated that nurses are expected to lead change and advance health, by helping to meet the demands for safe, high-quality, patient-centered, and equitable healthcare. The following were identified to achieve this:

 a. Nurses will use the full extent of their education and training in their practice
 b. Nurses will achieve higher levels of education and training through an improved education system that promotes a seamless academic progression
 c. Nurses will become full partners with physicians and others in redesigning the delivery of healthcare
 d. Nurse will help develop an effective workforce for planning and policy-making that allows for better data collection including information infrastructure.

Homelessness and mental illness

Homelessness is a scourge on the world as a result of the inability of governments to make housing available or at least make the acquiring of a place of abode as easy as possible for

those in need of a place to call home. There are many causes of homelessness, the greatest of which is communal and global strife that make many to flee from their places of abode. In the Nigerian context, terrorism, communal strife and rural-urban migration have combined to make this a serious problem in Nigeria.

Homelessness stemming from mental disorder seems to be in a class by itself. There is a strong relationship between homelessness and mental illness especially in Nigeria but this is also true of many other countries of the world. Although, most individuals who are homeless do not suffer from any form of mental illness, however, there is ample evidence that many homeless people are mentally ill. Therefore there appears to be a common and a widespread occurrence of homelessness among the mentally ill people.

In Nigeria, mentally individuals can be observed in many places in the country wandering (vagrant psychotics) around, sleeping under bridges or simply disappearing from where their relatives reside. Our attitudes and beliefs about the causes of mental problems even among the so-called elite members in the country have some connection on the attitudes we hold about these individuals and subsequently our behavior towards them.

Homelessness has become a major world-wide problem. In this presentation the mentally ill individuals are considered a minority group within the larger society and therefore become a global issue based on our theme for this year. While we do not discount the general problem of homelessness, it is our belief that here that this scourge affect the mentally disabled more than others for obvious reasons least of which is the awareness by these other individuals that they do have a problem, it is not the case with those who are mentally ill in the sense that they may not even be aware that they have a problem.

 In the United States of America, a person is considered homeless if he lacks an adequate or fixed night-time residence or his primary night-time residence is a shelter or a temporary institution. In one sense a homeless person is usually a street

person. According to the United States' Substance Abuse and Mental Health Services Administration, 20 to 25% of the homeless population in the United States suffers from some form of severe mental illness. In comparison, only 6% of Americans are severely mentally ill (National Institute for Mental Health, 2009).

In a 2008 survey performed by the U.S. Conference of Mayors, 25 cities were asked for the three largest causes of homelessness in their communities. Mental illness was the third largest cause of homelessness for single adults (mentioned by 48% of cities). For homeless families, mental illness was mentioned by 12% of cities as one of the top 3 causes of homelessness.

Mental illnesses may also prevent people from forming and maintaining stable relationships or cause people to misinterpret others' guidance and react irrationally. This often results in pushing away caregivers, family, and friends who may be the force keeping that person from becoming homeless. As a result of these factors and the stresses of living with a mental disorder, people with mental illnesses are much more likely to become homeless than the general population.

The United States' decision to deinstituitionize state hospitals in the 1970s forced the release of many psychiatric patients from those institutions helping to contributed a great deal to the homeless population of the 1980s and 90s. It was the general practice before the Community Mental Health act that patients do not get discharged once they were admitted to state psychiatric hospitals. As a result of advocacy, psychiatric patients gained back their rights and many of them were discharged from hospitals. Many of these individuals who have been hospitalized for periods of up to 40 years in some cases had no known relatives who will accept them home.
This singular effort by the US government created more problems than it solved. Functioning outside of an institution became very difficult for many of them. The federal funds that supported the deinstitutionalization effort soon dried up and many states

became unable to continue funding the half-way houses and single room occupancy housing that these discharged patients resided in so many of them ended up on the streets as homeless people.

Also, according to Gaetz, Kidd and Schwan (2016) mass homelessness in Canada emerged in the 1980s, following a massive disinvestment in affordable housing, structural shifts in the economy and reduced spending on social supports. Since then, stakeholders across the country have tried and tested solutions to address the issue. These types of responses are largely centered on the provision of emergency services for these individuals.

Today, many other problems are complicating the situation for the mentally ill people. Cost- containment forces health care institutions to discharge patients prematurely and there are not enough day programs to accommodate those who are being let out of hospitals before they can recover adequately. Shortage of affordable housing is another problem complicating life for the mentally ill who find it difficult to find and hold on to a job.

Many European countries and indeed many developing countries are facing this problem of severe homelessness as a result of the down turn of many economies of several countries in the world. There is rural-urban migration, intercontinental migration (the boat people) which many times results in serious disaster or even death for many of these people. There is also the problem of internally displaced people (IDP) in many countries where strife is rampant. The United Nations' office for refuge care has been bombarded by a lot of problems dealing with homeless individuals. A simple fact is even if one was mentally stable before becoming homeless chances are such individuals may become mentally disabled as a result of this scourge.
Table 1.0

The homeless population in some countries of the world

Country	Region	Homeless	population	% to population	
USA	North America	1.6l	326.5 mil	0.5%	
Canada	North America	33,000	36.6 mil	0.09%	
Haiti	Caribbean	2.3 mil	10.9 mil	21%	
Egypt	Africa	15 mil	95 mil	15.8%	
Nigeria	Africa	24 mil	191 mil	12.6%	
Zimbabwe	Africa	500,000	16.3 mil	3.1%	
South Africa	Africa	7.5 mil	55.4 mil	14.5%	
England	Europe	112,000	65.5 mil	0.17%	
France	Europe	141, 000	64,9 mil	0.22%	
Australia	Asia	105, 000	24.6 mil	0.43%	
India	Asia	78 mil.	1.343 bil	5.8%	
Indonesia	Asia	3 mil.	263 mil	1.1%	
Japan	Asia	25, 000	126 mil	0.2%	
Brazil	South America	7 mil.	211 mil	3.32%	
Paraguay	South America	200, 000	6.8 mil	2.9%	
Venezuela	South America	?	31.9 mil	?	

Source: World homeless statistics

The Table above is a synopsis of some countries showing the number of homeless people in those countries. I have tried to represent all continents of the world in the Table.

In a book titled "Exploring Effective Systems Responses to Homelessness" and published by The Homeless Hub Press, Nichols and Doberstein (2016) aggregated opinions of several authors on the problem of homelessness in Canada and many

other parts of the world. The book makes a good reading for those interested in solving homelessness issue.

 One of the characteristics that differentiate poor nations from rich ones is the per capita income. The rich nations have high per capita income compared to the poor ones. We know that economic growth depends on the availability of natural resources, labor and capital outlay. When an economy is depressed, it means that a major downswing in business cycle has occurred. The characteristics of this are a sharply reduced production, widespread unemployment, a general contraction of business activities and of course homelessness.

 In spite of Nigeria's natural endowments as a nation, she has been unable to harness these resources to the benefit of her teeming population rendering many of her citizens to end up being homeless. Of course some of her citizens who are well-paced are getting rich by helping themselves to the national recourses while majority of the people wallow in poverty

The effect of a depressed economy on the health of the people cannot be over-emphasized. When the general lack of money forces individuals to rethink their lives and re-plan their affairs, they tend to reduce their spending by cutting down on what they consider to be luxury. Unfortunately, in most cases, many Nigerians consider spending on health to be a luxury. As a result of this, many ailments are left untreated until they become major and by that time it is usually too

Concluding remarks

Psychiatric- mental health nurses are indispensable to the provision of quality mental health care in any society. Mental health nurses are needed where people live because they have the primary responsibility for giving care, supporting and comforting people whose patterns of daily life are in anyway threatened.

 The goal of nursing therefore has always been to assist individuals, families, groups and communities in dealing with actual or potential problems that may disrupt or has the potential for disrupting their physical, psychological and social wellbeing.

Homelessness is one such area that we as Psychiatric-mental health nurses must address and do it vigorously.

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