Box 10.4 (continued)

Thankfully, these days, social workers have virtually limitless professional opportunities to be recovery-based change agents at all levels and areas of mental health practice. BSW and MSW candidates contemplating a mental health career would benefit from interviewing social workers to gain invaluable field-based perspectives. During my eight years as an adjunct instructor at several schools of social work, I emphasized to students that their formal education does not end at graduation. Rather, the quest to develop your knowledge and sharpen your skills set is a lifelong process. The decision on which field of social work practice to follow is not something to be taken lightly. Good social workers possess self-awareness and share a genuine compassion for, and a commitment to, the people they work with. You are taking one of the many important steps to investigate if pursuing a social work career in mental health is right for you.

Box 10.5 What Do You Think?

Do you think working with people diagnosed with serious mental illnesses might interest you one day? Why?

Obstacles to Treatment

Less than half of those who experience a mental health challenge receive treatment in a given year (SAMHSA, 2015a). Some do not seek treatment because they are afraid of being stigmatized by family, friends, or employers. They may be concerned that discrimination will result in loss of a job or removal of children from their custody. Others do not receive treatment because of the mistaken belief that their symptoms are physical rather than psychological. For example, insomnia, headaches, fatigue, or weight loss might be due to stress, depression, or anxiety. Some people do not seek treatment because they do not realize that they are experiencing mental illness.

Another major obstacle to the receipt of mental health treatment is its cost. For many of the millions of Americans with no health insurance, mental health treatment is out of financial reach. Others who do have health insurance find that it does not cover their mental health needs. Traditionally, health insurance plans have provided less coverage for treatment of mental illness than for treatment of physical illness. Although federal legislation has begun to address this problem, as described in the policy section later, the fate of that legislation is in question.

Some of the people most in need of mental health services are children.

CASE EXAMPLE

Sixteen-year-old Daniel has struggled to control his behavior and thinking for as long as he can remember. He was recently diagnosed with bipolar disorder and has started on a new medication that has worked for a number of people. He is hopeful, but his experience in the mental health system has been rough so far. His parents relinquished custody when he was 14 because they had exhausted their private insurance benefits and couldn't afford the hospitalization that his psychiatrist said he needed. They did not qualify for public services, even though they had already incurred over $100,000 in debt to pay for his care.

Approximately one in five children ages 5 to 18 will experience some type of mental illness. About half of mental illness begins by age 14 (NAMI, 2016). This can mean severe problems within the family, at school, or with others in the community. About half of children and youth who experience mental illness get treatment in a given year. The likelihood of receiving treatment depends in part on the type of mental illness. Those experiencing attention deficit hyperactivity disorder (ADHD) are most likely to receive treatment, and those with anxiety are least likely (CDC, 2017). One primary reason for the low treatment rates is that families can't afford care. These findings are especially devastating because the success rate for treating mental illness is very high when medication and therapy are made available. In fact, mood disorders are treated effectively with pharmacological and psychosocial treatments in outpatient settings 50 to 70 percent of the time (Kornblum, 2008). This is higher than the success rate for treatment of many other diseases. Mental health treatment can be controversial, as discussed in Box 10.6.

Box 10.6 Becoming a Change Agent

Many cities around the country have faced challenges with growing homeless populations. As was discussed earlier in this chapter, a large percentage of the homeless population have a mental illness, and deinstitutionalization of the mentally ill made a major contribution to homelessness. Additionally, many homeless, mentally ill people self-medicate with drugs and alcohol. As cities have struggled to address homelessness, some have found approaches that seem to be working. Seattle is one of those cities. In 2006, Seattle opened 1811 Eastlake, a housing complex for homeless people who are also alcoholics. The majority also live with various types of mental illness. Most are housed there at public expense, and none are required to stop drinking prior to being given housing or to stop drinking once they are housed. The program is based on a housing-first philosophy. The idea is that once people are no longer homeless, service providers can address their other problems. It is a change from the philosophy held by many housing programs that require people to stop using substances and cease drinking to receive housing and continue to remain housed. Original responses to the program in Seattle were mixed. Many residents were angry. They struggled to pay rising rents themselves and thought the $1.1 million being spent to house people who were not even required to stop drinking could be used in better ways. Concern was also raised that such an approach supported people in continuing to abuse alcohol. A study completed by the University of Washington a year after 1811 Eastlake opened quieted some of the critics. The study found that days in jail, visits to centers to sober up, and visits to the local emergency room and clinics dropped dramatically for the residents who were now off the street. Savings in that first year topped $2 million dollars (Vanderkam, 2008).

Analyzing the Situation

- Conduct research into the areas of mental illness, homelessness, and substance abuse. Does the research support a relationship among the three? If so, how do researchers explain the relationship?
- Try to find the policies for some of your local programs that house homeless people. Do they house people who currently have substance abuse problems? If not, what options are available for these people?
- What do you think about the housing-first approach? Should the government or private organizations pay to provide housing for people who do not give up using alcohol or drugs? Why or why not?

What Can Social Workers Do?

Given your analysis and understanding of the relationship between mental illness, homelessness, and substance abuse, what can social workers do to address the problem? What can we do at the individual and family levels? What could be done at the community and policy levels?

What Can You Do?

What one step might you take now, alone or working with others, to address the needs of the substance-using, mentally ill homeless population in your community? What are the barriers that might keep you from taking this step? What could you do to reduce those barriers?