



UC Center Sacramento

Policy Brief

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Addressing Mental Health and Neurocognitive Dysfunction in Chronic Homelessness

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Mental and cognitive health are paramount for sustaining income and independent functioning. Many adults who are chronically homeless have psychiatric disorders, cognitive impairments, or both, resulting in high rates of disability and difficulty navigating the social service system. Risk factors for cognitive and psychiatric impairment in this population include neurodevelopmental disorders (e.g., intellectual disability), brain injuries, trauma/stress, serious mental illness, alcohol/substance use, and medical conditions. A significant proportion of adults who are homeless would be eligible for federal disability income (e.g., SSI, SSDI), but do not receive disability. Screening to identify cognitive and psychiatric impairment and assistance in applying for federal disability could help individuals who are homeless to secure income and obtain housing.

California has about 172,000 people who are homeless (about 30% of the country's homeless population). 70% of Californians who are homeless are unsheltered, and 51% of the unsheltered people in the country are in California. Many of these individuals have cognitive impairments (e.g., in attention, learning, memory, planning, and organization) or psychiatric conditions that affect their ability to work and sustain income to support housing. The majority of people who are chronically homeless are believed to have a disability, yet most do not receive federal disability income (SSI or SSDI). Navigating the disability application process is difficult for many people who have cognitive or mental health impairments. California's Department of Social Services Housing and Disability Advocacy Program assists about 3000 individuals per year apply for federal disability. The SOAR (SSI/SSDI Outreach, Access and Recovery) approach, with trained case managers to help with disability applications, results in 78% of disability applications being approved. However, identifying and assisting large numbers of individuals with disability applications remains challenging.

Figure 1: Interacting Risk Factors for Cognitive and Psychiatric Impairment

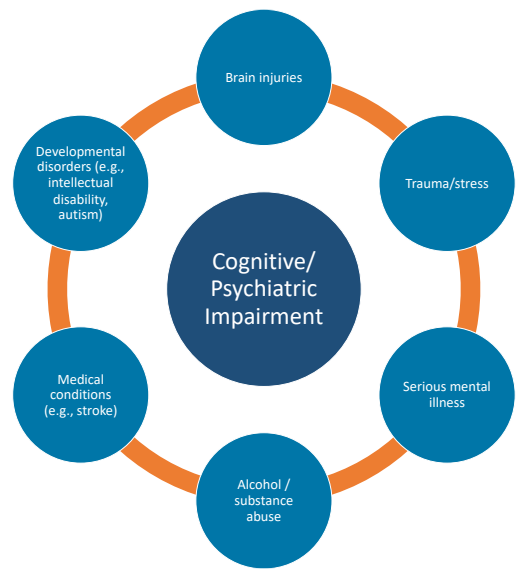
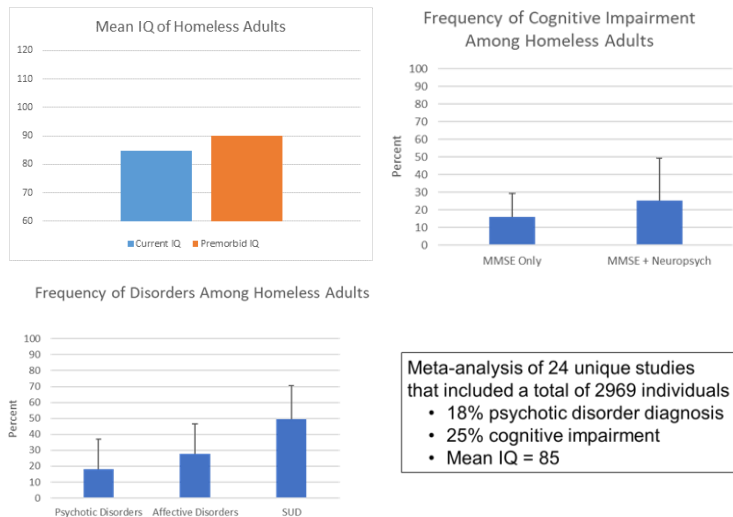


Figure 2



Findings

- A meta-analysis of cognitive functioning in adults who were homeless showed that across 24 studies of 2969 individuals, 18% had a diagnosis of a psychotic disorder like schizophrenia, and 50% had a substance use disorder. 25% had cognitive impairment (Depp et al. 2015).
- In a study of 100 sheltered adults experiencing homelessness in San Diego, rates of cognitive impairment ranged from 20-65%, depending on the test. 48% of the sample had impairment on a test of functional capacity (i.e., finance and communication tasks). 11% met criteria for intellectual disability (Mahmood et al. 2021).
- In this same sample, case managers overestimated IQ scores and functional capacity in those whose IQs and functional capacity were below average. They were only able to identify 25% of those who met criteria for intellectual disability (Van Patten et al. 2020).