Abstract

Over the summer of 2021, research was conducted to analyze the relationship between mental illness, homelessness, and incarceration. This research consisted of a 15-part survey of half demographic and half open-ended long answer questions ultimately compiling a qualitative analysis. The intention of creating a survey with open ended questions was to provide a platform for people who have mental illness and are homeless and/or have been incarcerated to share their stories, concerns, and service needs to inform policy literature. A very specific and difficult to reach population group was sought after, this turned out to yield much different results than expected. Instead of accessing the intended group of people, the author got connected with a person from a group of people who have previously been homeless, have mental illness, and dedicate their time to helping others who are currently homeless. Instead of finding a way for far-away researchers to gather stories from people who are currently homeless, this research led to inspiration from those people and instead a suggestion for a more ethical point of access to vulnerable populations. This research illustrates and confirms that vulnerable populations are most ethically researched and reached out to by people who come from shared lived experiences.

The Intersection of Mental Illness, Homelessness & Incarceration

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CHAPTER 1

CHAPTER 1: PURPOSE OF THE STUDY

PROBLEM OF CONCERN

Mental illness has always been a problem of concern. Different factors anywhere from biological (such as genetics) to societal (such as structural racism) causes are of major psychological disturbance. Societal forces ebb and flow with time as political climates and disasters also do. While the COVID-19 pandemic has caused extraordinary pain and suffering in every aspect of life, it has also proved that infrastructural changes can be made quickly out of necessity. Systemic changes such as the wide acceptance of telehealth counseling appointments and a temporary decrease in price of psychological care for some private insurance holders have taken place during this time. Now is an optimal time to move on mental health care reform not just because the needs are exceeding what's been seen in decades on top of an already sickening mental health crisis in the United States, but because society has been forced to become flexible. This has opened eyes to what could be possible and different moving forward (Alegría et al., 2021, pp.226-227).

Now is an optimal and urgent time of need for change in mental healthcare. It's also an optimal time to dissect parts of the problem, specifically in this research the intersection of severe mental illness, homelessness, and incarceration, and how even smaller changes can create a domino effect and a larger impact than one might think. This research is interested in focusing on the population of severely mentally ill individuals who end up incarcerated and/or homeless, falling into what many people refer to as a revolving door (Snedker et al., 2017, pp.1141-1142). This problem has been addressed previously, revealing data such as "several estimates indicate that between 20% and 50% of homeless adults also have severe mental illness, which is in turn

associated with adverse outcomes in terms of housing, involvement in the criminal justice system, substance abuse, and morbidity" (Roy et al., 2014, p.739). Other studies have supported the initial article mentioned in this research that mental illness has been on the rise in the United States at alarming rates (National, M., 2020; A., *Count Us In,* 2020; Alegría et al., 2021). This study proposes that a lack of affordable, accessible, and quality mental healthcare for people who have severe mental disorders lead some of them to become homeless and/or incarcerated when they otherwise wouldn't have that fate. For the purpose of this study, severe mental illness is defined in this study to include Bipolar 1 & 2, Schizophrenia, Post-Traumatic Stress Disorder, Alcoholism or Addiction, and Psychosis.

Prior studies have focused on the problem at-hand, gathering data that are irrefutable concerning the rates of severe mental illness seen in the homeless and incarcerated populations. There is now a plethora of studies that have gathered much needed data on the severe mental illness, incarceration, and homeless epidemics in the United States (Al-Rousan et al., 2017; Baillargeon et al., 2009; Compton, M. T., 2017; National, M., 2020; Roy et al., 2014; Torrey EF et al., 2014). It's clear that both incarceration and homelessness are caused by and exacerbate severe mental illness, reaching a point of urgency for any sort of relief for the people experiencing this, the penal system, non-profit organizations, and the public.

What's missing from the prior studies to date is first-hand accounts from people who are experiencing this intersection of severe mental illness & homelessness and/or incarceration. Research on humans without the input from the individuals experiencing the phenomenon being researched essentially takes away their voice and leads to solutions being implemented for them without their involvement. A more qualitative and transformative approach to the sort of research geared towards the individuals experiencing this tight spot is needed to provide these people with

a platform to tell us how they got there, what services failed them, what services they needed, what they want people to know about them and their experiences, and what they need going forward.

This study seeks to understand better from this information what could have been done differently to prevent these circumstances in the hopes that it can better inform us on what can be improved going forward in mental health policy. Therefore, the objectives of this study will be to 1) provide a platform for the people experiencing this intersection to speak for themselves, 2) better understand what services are actually needed or need to be improved, and 3) generate potential steps going forward which could provide more support for these populations and hopefully steer those in the future to a healthier and happier direction. This study will utilize a self-administered survey from participants who will be identified by non-profit employees in Washington state who work directly with the participants who benefit from their services. These participants will be identified as people who feel their situations have been due to severe mental illness and non-profit employees would be willing to take the survey and share their experiences.

SIGNIFICANCE OF RESEARCH

Gathering deeper first-hand stories from those who have or are experiencing these conditions will help us more authentically understand the situation. While data can tell us loads of important information, they cannot speak for people themselves. Therefore, our study and more transformative studies such as this are going to be crucial going forward in striving to help vulnerable populations. Research must first understand what their experiences are really like for them before policy makers can appropriately help and try to give what they actually need. This study overall will contribute to the large pool of studies on severe mental illness, homelessness,

and incarceration in that it will provide a deeper and more personal look at what these experiences are like with a particular focus on the intersection, and not what researchers think is needed based on data, but what these individuals actually need based on what they say they need. This research will bring much needed personal accounts (O'Donovan et al., 2019, p.1219) and context to a data-driven issue.

CHAPTER 2

CHAPTER 2: REVIEW OF LITERATURE

Severe mental illness in the United States is dealt with in two major ways for those who cannot pay or access adequate services, through the penal system and homeless shelters. The penal system in the United States has an estimated 15-24% of inmates with severe mental illness (Baillargeon et al., 2009, p.103). The penal system's relationship with severely mentally ill individuals is just so that one research article refers to the country's prison system as "the nation's largest mental health institution" (Al-Rousan, Rubenstein, & Sieleni et al., 2017, p.1). In this same article it's also noted that at the time of publication in 2017 the United States had the highest incarceration rate in the world, asserting that it had become even more of a public health crisis than it already had been. While one function of handling this population is structural, the other leaves this population relatively on their own.

Does severe mental illness cause incarceration and homelessness in Washington state? According to 'Count Us In,' a regional data collection project that gathers information on the homeless population in King County, Washington state and posts the findings online for the public, rates of mental illness within the homeless community are on the rise. Just from 2019 to 2020, "the largest increase (of health issues among the homeless population) occurred in psychiatric/emotional conditions (such as depression or schizophrenia) with an 18-percentage point increase. In 2019, 36% of individuals experiencing homelessness reported being affected by psychiatric/emotional conditions while 54% of individuals experiencing homelessness reported being affected in 2020" (*Count Us In,* 2020). In the same survey, 8% of respondents self-reported that mental illness was the main reason they became homeless, making it the 3rd most prominent self-reported cause of homelessness in 2020. Among the self-reported health

conditions answered in this survey, psychiatric/emotional conditions were the highest at 54% of the population surveyed while PTSD came in at 47%, yet only 19% receive mental health services from available shelters. 10% of the total respondents reported being incarcerated at one point. Interestingly enough, when broken down, 73% of the chronically homeless respondents reported having a psychiatric/emotional condition opposed to 35% of non-chronically homeless respondents (*Count Us In,* 2020). One study refers to incarceration and homelessness as a comorbidity, asserting that “homelessness among persons with schizophrenia is associated with criminal justice system involvement” (LaVan, LaVan, & Martin, 2017, p.867). This supports this research proposal's core concern that severe mental illness, incarceration, and homelessness are intertwined. This finding begs to answer the question of if easier access to mental healthcare for individuals with severe mental illness could have prevented incarceration or homelessness in the first place. Further exploration in future studies should also seek to explain specifically how incarceration and homelessness exacerbate severe mental illness.

The open question in research of these populations is as such, how can researchers weed out individuals who had severe mental illness prior to incarceration or homelessness? In this paper, individuals with severe mental illness who are most likely to end up incarcerated or homeless because of their mental illness are defined as those who struggle with psychosis, schizophrenia, bipolar, and PTSD (Stergiopoulos et al., 2015, p.2494; Hossain et al., 2020, pp.532-537; Herrman, 2008, p.1641). The symptoms of these disorders often lead to an inability to meet their own basic needs, determine what is real, and can make them a danger to themselves and/or others. The inability to care for themselves can often manifest in the inability to ask for help or seek treatment. Often these illnesses can also alienate these people from others and if they don’t have a strong supportive family background, they can be left to fend for themselves

when they aren't able to. "When people with mental health issues have no family members to support them, then homelessness follows" (Chamberlain et al., 2013, p.66). Without someone to advocate for them, their illness is free to run its course and impact their lives in several deteriorating ways. Understandably, these illnesses can be misunderstood for purely ill intent leading to incarceration while others are unable to meet the demands of everyday life such as holding a job and making payments on time. Navigating life can be hard enough but most often when an individual has one of these mental illnesses left untreated, they simply cannot manage.

The problem that this research seeks to work towards a solution for is the population of severely mentally ill individuals who end up incarcerated or homeless because they can't obtain adequate mental healthcare. This is a major problem of concern ethically, fiscally, and socially. Ethically, individuals experiencing severe mental illness are often unable to protect themselves. Prison and street environments are not supportive in the ways that these people need. Several solutions have been thought of regarding police encounters with severely mentally ill individuals, especially after the rise of concern with police brutality in the United States. One solution that has gained much attention is the implementation of mental illness screening at the scene of interaction by professionals in assistance to the police. Pressed once again is the fact that "unnecessary criminalization and incarceration of individuals who might best be managed with outpatient mental health services signals a lack of coordination between mental health services and the criminal justice system" (Compton, Halpern, Broussard, et al., 2017, pp.480-481). Therefore, any policy solution has to involve significantly increased coordination between these two sectors of professionals in policy and in implementation. While there are mental health courts around the country who specialize in cases of violators with mental illness (Landess & Holoyda, 2017), this is a secondary interaction and therefore only part of the situation at hand

incorporates mental illness screening, thus reflecting yet another disconnection between system players. Most alarming is the clear exacerbation and often causation of mental illness by homelessness. In a previous study it was found that “more months reported to have been spent homeless did relate to lower rates of recovery” (Castellow et al., 2015, p.681) from mental illness, indicating that homelessness does indeed negatively impact mental health.

Fiscally, this is an area of concern for the government because there has been growing mass incarceration in the United States that is expensive (Campbell, 2019, p.64). Regarding the homeless community, the United States has also been experiencing a major homelessness epidemic (Borum et al., 2021, pp.555-556). The higher rates of homelessness, the more finances that are needed from the government to fund non-governmental organizations to take care of this population. This population remaining improperly regulated in prisons and unregulated on the streets leaves the government with a population that’s relatively out of sight. One article suggests after an extensive study on federally funded homeless research that “politics can influence social and behavioral research agendas in the United States” (Jones, 2015, p.139). Thankfully non-profit organizations such as the National Institute of Mental Health independently conduct research on populations the government selects not to focus on, but it’s clear that more research on the homeless population is direly needed. Socially, community members in neighborhoods where rates of homelessness have been growing out of control have been increasingly raising concerns about their safety. Focusing in on this population with prior mental illness can help decrease this issue as a response to community complaints. This can also help non-profit organizations who serve the homeless population be able to help them more efficiently, leaving less sleeping on the sidewalks. In turn, this can improve the lives of those experiencing

homelessness without mental illness as well because increased access to resources could be a major help.

If researchers could pin-point this population of people in the intersection of mental illness they had prior to their homelessness and/or incarceration, policy makers can form policies for how to help these people. This would create a section of the problem of incarceration and homelessness that can be more or less controlled and solutions directed towards. If policy makers can have a structured solution for this population of people, then there can be a controlled and financially adequate solution to decreasing rates of the incarcerated and homeless communities. There is currently a plethora of data on incarcerated populations who have severe mental illness because they are the state's responsibility as they exist within the penal structure. According to the Treatment Advocacy Center, "approximately 20 percent of inmates in jails and 15 percent of inmates in state prisons have a serious mental illness. Based on the total number of inmates, this means that there are approximately 356,000 inmates with serious mental illness in jails and state prisons" (Torrey & Kennard, 2014, p.1). In the United States, all but 4 states have at least one Mental Health Unit to work with these individuals to treat their mental illness, however the presence of these are sporadic and aren't available at all facilities (Torrey & Kennard, 2014). Additionally, these Mental Health Units tend to focus most on cognitive behavioral therapy, which has shown to be effective for less severe cases of mental illness such as depression and anxiety yet significantly less effective for severe mental illness as defined in this proposal. What's missing from this picture is significant data on severe mental illness within the homeless community that wasn't caused by the trauma of homelessness but instead was a precursor to their homelessness (Hossain et al., 2020, p.538).

CHAPTER 3

CHAPTER 3: METHODOLOGY

DESIGN & MATERIALS

This research is a cross-sectional exploratory content analysis study to understand personal experiences with the intersectionality of mental illness & homelessness and/or incarceration. A cross-sectional study is important for this study because of financial and time constraints. Heavy qualitative data gathered as case studies via survey responses was necessary in order to give a platform for these individuals' voices and experiences to be heard. The needs of respondents were examined in order to identify services that should be implemented in policy.

DATA COLLECTION

Anonymous surveys were sent to individuals who have mental illness and have or do experience homelessness and/or incarceration. Anonymous surveys were used instead of interviews due to the sensitive nature of the information and stories being asked of participants, as well as the desire to gather answers that aren't influenced by social presence and/or pressure to say 'the right thing'. Individuals were identified directly through community partners at non-profit organizations. Ethical protocols were employed to protect respondents against involuntary participation and coercion. Participants may have experienced discomfort answering some questions however, the consent process disclosed all benefits and possible harms in discussing such a sensitive subject. Mostly the goal was to provide a safe space for individuals to share their story by relying on community partners who work with people living with mental illness to identify respondents who would want to participate in this study. The survey portion of this study took place in a field setting. Due to the anonymous nature of this research, specific settings

outside of the non-profit organizations who assisted in identifying specific individuals are unknown. Surveys were taken on a personal phone or computer.

The survey administered was created originally by the researcher without any reference to any other surveys. This format is used in efforts to avoid duplication of previous studies and data gathered and maximize the uniqueness of data gathered. Themes were identified during the data analysis process in order for information to be genuine and authentic to the respondents' own voices and experiences. This research sought to gather unique information that might not be very prevalent in past studies. Survey answers were coded after reading through for specific themes found in answers and then quotes were gathered in long answer questions to illustrate such themes.

The units of analyses are individuals, and the primary data collection method is a self-administered survey with 7 closed-ended questions and 8 open-ended questions. As many individuals as possible was acceptable in this research for primary data collection. A sample size of 10 was the target for this study. To participate, respondents were required to be over the age of 18 years and have experienced severe mental illness & incarceration and/or homelessness. A $10 debit gift-card was distributed to each participant upon completion of the survey for their time and contribution. To make the survey process as accessible as possible for participants, a flyer was made with PowerPoint by the researcher, complete with a QR code and internet link. The survey was created on Microsoft Forms and a Word document. It could be taken either online on a phone or computer, or on paper.

The main forms of communication with community partners were through email and Zoom meetings. 15 community partners at non-profit organizations were initially contacted by a foundation vice president for the researcher to see if they would be interested in assisting in the

research. The researcher then took on the conversation from there. Community partner positions at these non-profits included but were not limited to case managers, program managers, donor relations directors, grant writers, and executive directors. Board of directors for 2 non-profit organizations were more deeply consulted to see if they would be willing to assist in the research. Connections were also made by the researcher's advisor. Masters' students also assisted in responding. IRB approval was sought and approved for this project. The ethical issue raised by this study through the IRB process was the question of if in any way currently imprisoned individuals would be taking the survey. This was confirmed to not be the case.

ANALYSIS

This is an exploratory qualitative study. The first half of the survey questions will be those that include race, diagnosis, total family income, if they have ever received treatment in the past, and what type of health insurance they have or don't have. Questions about respondents and their situations include asking if they have ever been homeless or incarcerated, if they feel that was due to their illness and to explain why or why not, do they feel their experience could have been prevented/what services they needed (to inform policy), what attitudes have they noticed towards them and others in their situation, and ultimately asking them if they feel comfortable to share their story with this intersection and how they feel about their experiences. The qualitative questions provided the opportunity for more in-depth and personal answers from the respondent. Qualitative questions were analyzed using a basic thematic coding system that was built by the author while analyzing based on trends found throughout respondents' answers to the entirety of questions on the survey. First, each survey question and answers to that question were organized

in a Word document. Secondly, the researcher manually scanned every question for frequent words and statements to deduct overall themes.

LIMITATIONS OF STUDY

Limitations of this overall design strategy include the sample size, which was small due to time limitations as well as a small available network. Using a survey to gather information instead of conducting interviews could be a limitation in that it might have provided less personal or contextual answers from respondents than those that would be collected through interviews. However, due to the COVID-19 pandemic at the time of this research, this was not as feasible as it normally could have been due to public concern of infection from social contact. The reasoning behind simply choosing a survey to distribute is that questions about sensitive subjects to vulnerable populations were being asked; while interviews could be seen as more personable to most populations, respondents in these populations may feel more comfortable and safer disclosing such information being asked and their personal stories if they do so anonymously and in private. This also limits the amount of unintended social pressure to skew answers that can arise from interview environments, which was hoped to maximize authenticity in this particular situation.

CHAPTER 4

CHAPTER 4: RESULTS AND DISCUSSION

Analysis Strategy

A content analysis was utilized for the survey where context was the most important aspect for the nature of the question and basic demographic questions gathered background information on respondents. Content was analyzed manually and objectively by the author for themes found in answers throughout the entirety of the survey to determine overall patterns.

Demographics

There was a total number of 5 respondents. Anonymous individuals were identified by the criteria and reached out to by non-profit employees and further on by my thesis advisor. There were ultimately no respondents from the non-profit outreach. However, a new pool of unexpected respondents appeared in the search for survey responses from members in a community of people who have been previously homeless and have mental illness. This group of people now dedicate much of their time to helping others who are currently homeless. The majority of responses are from this group and have led to interesting implications for research and policy of vulnerable populations. This has proven to be inspiring and a pleasant surprise. The remaining two respondents have mental illness yet haven't experienced homelessness or incarceration but have known people who fit the criteria.

The first half demographic questions of the survey yielded the following results. For race, 1 respondent identifies as biracial while four identify as Caucasian. For gender identity, 1 respondent identifies as genderqueer, 2 identify as female, and 2 identify as male. The ages of respondents were 26, 27, 28, 34, and 41 years old. Income of respondents were as follows: one

respondent made between $10,000 and 19,999. Two respondents made between $20,000 and 29,999. Two respondents made between $30,000 and $40,000. For mental illness treatment, 3 respondents have received outpatient treatment while 2 respondents have received inpatient treatment. When asked what health insurance they have, a respondent said Veterans Healthcare while the other 4 had private insurance. When asked if they had ever been homeless, 3 respondents said they had, one hadn't, and 1 knows someone who has been. When asked if they had ever been incarcerated, no respondents said they had been incarcerated, yet 1 respondent said they know someone who has been. 5 respondents answered most of the questions while 2 respondents shared their story.

Qualitative Findings

Compassion is lacking.

The main theme found in answers throughout the completed surveys is the need for compassion towards people who have mental illness and/or are homeless. This lack of compassion was stated to permeate every facet of life. In the public side of life, compassion was expressed to be seriously lacking from employers, government structures such as the justice and penal system, law enforcement, "unjust health systems" (by insurance status), and the general public. General support for services while being homeless were also said to be limited to certain groups of people deemed more in need than others, such as the elderly, veterans, and pregnant women, leaving many people who are determined by service providers to be able to take care of themselves without the help they need. In the private side of life, compassion was stated to be lacking from potential romantic partners, new friends, work colleagues, and even close family.

One respondent explained that "the public has a fear or disdain for the unhoused. Rather than looking at the issue like a problem with the social contract and larger systems, we look at it like a personal moral failing of the individual. **This isn't true at all, there is a lot more at play and many of the disparities come from unjust health systems, justice systems, and law enforcement that worsen crisis rather than aid. The police, hospitals and courts act as if it's not their job to care or try to mitigate the harm. They seem inconvenienced by having to address these issues. And there is little voice or representation for those with lived experience by those with similar lived experience advocating for chance and humanity."**

Related to mental illness.

When asked if they became homeless and/or incarcerated because of their mental illness, most respondents rephrased with the term 'related to' instead of 'caused'. All respondents confirmed that they or someone they know have been homeless and/or incarcerated and that it was related to mental illness, indicating a pattern between the mental illness and homelessness, and mental illness and incarceration.

Patterns Between Mental Illness and Homelessness- Answers across respondents throughout the survey.

"Yes, my condition has made it difficult to maintain employment"

"Yes, related to my depression and anxiety."

"As a child I was in and out of homelessness, or in a state of transitional housing while couch surfing. I was again made homeless at 18 when my dad kicked me out, directly blaming my mental health as the reason. I was told that I was too difficult to deal with. My chronic

depression, complex PTSD, Bipolar I and suicidation were all too big of issues for him to solve, so I had to leave shortly after graduating high school."

"Yes, I have seen friends struggle with mental health issues on top of poverty. Which saw them going in and out of homelessness, and jail."

Patterns Between Mental Illness and Incarceration- Answers across respondents throughout the survey.

"I myself have never been incarcerated, but my brothers who suffer from mental illnesses have, and their jail time has been related to their conditions."

"Some people I knew were definitely mental ill and those factors lead to jail. Others where not, but it was usually obvious which was which."

More is Needed.

Interestingly the word 'more' was used 5 times and similar indications were used in 4 responses.

Question: What could have prevented it (homelessness and/or incarceration)?

Respondents' answers:

"more employer support"

"Better mental health care more available to me…"

"Yes. I think if there were better supportive services in the community that could offer advice or intervention before people get to the state of homelessness that would be great. Mental health care is inaccessible and unavailable for many people, not to mention unaffordable. People approaching or in crisis who are not privileged have little avenues for getting help in time."

“Yes, if there was a place other then jail, that could have given a level of wholistic assistance to those suffering I believe it could have helped many of them.”

Question: Can you tell us of your experiences with homelessness and/or incarceration?

Respondents’ answers:

“As a first-generation college student from a low-income background, I needed affordable, high-quality remote therapy available to me on a regular basis and it just wasn’t. When I was sleeping on friend’s couches during my year of homelessness, it was hard navigate different bus schedules to appointments and the co-pays for therapy, even though they were usually $10-$25, wasn’t money I had. Now with the pandemic, remote therapy is a much more common thing. It should stay that way. And it’d be brilliant if there was financial support for people who need help with copays.”

“While navigating homelessness...I worked and continued going to college for as long as I could before having a complete breakdown resulting in a month-long stay in a mental institution to stabilize. When I was released I felt dumped back into the world with no real help or guidance...it is difficult finding support while unhoused because you either have to be in the category of a veteran, elder, or pregnant person to be prioritized to any degree. I was 18 and employable so it was like my struggle didn't matter. That also needs to change.”

Question: What services are needed?

Respondents’ answers:

“I needed weekly or 2x weekly therapy available via video chat. Making it to appointments in person was difficult for me when I didn’t have access to a car.”

“Mental health is very serious and needs to be covered. And more places that are not prison like need to be developed for these people”

Social support is crucial.

Social support was seen to be an asset in recovery when present. A lack of social support was seen to have been a detriment to those who have experienced cycles of mental illness and homelessness, and mental illness and incarceration.

Question: Can you tell us a story of your experiences?

Respondents’ Answers:

“I was sleeping on friend’s couches during my year of homelessness”

“While navigating homelessness I was lucky to have a car that I lived out of and friends whose couch I slept on. I didn't have support though and kept my living situation private, it was lonely and further damaging to my mental health...eventually I was able to link up with several roommates and afford a place.”

Question: What services are needed?

Respondents’ Answers:

“...i’m a big advocate for peer counseling on inpatient units.”

“Be empathetic. Consider the whole person and their journey rather than writing them off as a throwaway person. People deserve to be treated with care and compassion regardless of their insurance status, or where they can afford to live. *People should be helped even if the help you provide doesn't solve or address every single issue.”*

“Demonization” of people with mental illness.

Attitudes felt towards them from public and private life were expressed as negative.

Question: In general, what attitudes have you noticed?

Respondents Answers:

“The public doesn't want to help”

“people are scared on schizophrenia spectrum disorders, and you never know how a new friend, romantic partner, or work colleague will react. I’ve heard you should wait a month before telling people about psychosis, but i’d really rather to be able to talk about it early. unfortunately that’s not a great idea given current stigma.”

“A demonization of mental health disorders, especially among women.”

“Negative, mental health stigma is slowly getting better. But jail is still how we deal with it.”

Discussion

These findings suggest that relationships were not observed, but patterns were. There is indeed a pattern between mental illness and homelessness, and mental illness and incarceration. Since there were no respondents who had been incarcerated, the pattern between mental illness and incarceration being supported by these findings could be questioned. Specifically speaking to the findings at hand, there was no indication found that there is a cyclical relationship or pattern between mental illness, homelessness, and incarceration. However, this could largely be

due to the very small response rate of 5 respondents from mostly the same sample pool of associates.

Compassion has been lacking towards the mentally ill and homeless communities for a very long time, yet from afar some people might think this is just a conceptual societal discrimination. While this is true, it's so much more than that. Conceptual discrimination seeps into all facets of society including employers, law enforcement, the justice system, and health insurance system. Access to basic human rights such as shelter, food, health care, and safety are in the United States contingent on not just a person's mental health status but whether or not they have been incarcerated, what kind of jobs they have access to, whether they're a single parent, their gender identity, their sex, their race, ethnicity, immigration status, and very often the 'class' they were born into. It's painfully obvious how little compassion there is for a person depending on these factors. This discrimination leaves a very small portion of the population that isn't rejected by society at large.

Zooming back into these specific facets of this dominating decay of United States society; mental illness, homelessness, and incarceration are just three of the ways "Americans" discriminate against their neighbors. ("American" is also ironically the term United States people use for themselves, ignoring the fact that Canadians and all of central and south America are American, too. This researcher has yet to find another name for people in the United States other than the ignorant "American".) The "American" idolization of meritocracy is grossly uninformed and needs to be addressed in the United States. For mentally ill people, society blames them for their pain. They label them as weak minded. For homeless people, society labels them as lazy and undeserving of food, shelter, and safety- ignoring the overarching presence of systemic discrimination entirely. For incarcerated people, society labels them unworthy of redemption and

doomed to a life of rejection. For the part of society that doesn't discriminate, most are simply afraid of what they don't understand. This speaks to mental illness and mental health care stigma which completely discourages people who are experiencing mental health issues to reach out to those around them for help and worse, discourages them from getting the mental health care that they need.

The biggest takeaway from the feedback given from the respondents who are so much appreciated is the need for more. People with mental illness who have been homeless and/or incarcerated need more help because there is so little provided. That isn't to say that there aren't amazing non-profit organizations and the people who work and volunteer for them working their butts off to keep people who are struggling sheltered, fed, and safe. There is a massive effort on part of people who make it their life's work to help and are outstandingly underpaid; they do it out of the goodness of their hearts.

Meanwhile the government pushes money towards these non-profit organizations so they don't have to deal with it, so they don't have to look at the structural issues at hand or make actual policy changes that would make a real difference. Granted, structural change is difficult and takes a very long time. The ugliness of society is difficult to look at and human pain is difficult to face, and it's much easier to just turn the other cheek. However, if compassion can't be found in the majority of the United States state and federal governments to muster enough effort to do something about it, they can remember these two ways facing mental illness, homelessness, and mass incarceration head on can be in their interest.

The cost-benefit analysis should speak for itself. Pushing money towards non-profit organizations and prisons in general yet specifically to handle people who are mentally ill, inadequately treats the actual problem. This keeps "wasting tax dollars" that the public keeps

whining about, yet I suggest their tax dollars wouldn't be ultimately wasted indefinitely by the government's laziness if it was put towards actually solving the larger problems instead of putting a band aid on them and making them the problem of those who care. The government should have the interest of every person's well-being in mind and put equal effort forth to take care of them, not just those they determine to be worthy of assistance and policy changes. Yet, if the only way to get the government's interest is to make it about the populations they care about, truly addressing the underlying problem of poor government structure and paying non-profit organizations to do the work they should be doing, will be in the interest of the part of the public who are increasingly angry about rising homeless rates in their communities.

The importance of social support found in the answers from these respondents is illustrative of the lack of support that has been given from their larger communities and society. Humans need humans and it's clear that having supportive friends to provide shelter can be a key factor for people to find a place to call home. During the life of this research, I discovered a part of the community that I didn't know existed, which consists of people who have been homeless before and now dedicate their time to help others who are currently homeless. It has been inspiring to hear their stories and how much work they put into taking their experiences full circle to help others. The major ethical issue I came across when I was designing this research is that people reaching out who don't come from shared-lived experiences are imposing on people's lives and experiences when they are in a vulnerable position. This is difficult to do in the first place, and no researcher wants to make matters worse for the people they are researching, they want to help. However, coming from a different position left me as an imposition, understandably leading to such few response rates. I have long-term mental illness, but I haven't experienced homelessness or incarceration. The people who are directly doing

research with vulnerable populations, I affirm in concert with much current progressive literature, should be people who have prior lived experience with that specific situation and can truly relate with the people who are being studied. This is a point of access for difficult to reach populations that does help embolden the voices of those communities and this same point of access in theory could be identified for many at-risk populations. These people are super inspiring, and I'd like to spotlight the importance of them for people in vulnerable communities, research of vulnerable communities, and informing policy. These people are also the best avenue possible for gathering first-hand stories from people currently in difficult positions to better understand the spectrum of experiences within. Once again, vulnerable populations need to be reached out to by people who have shared lived experiences with them. It's the compassionate and ethical way to conduct research and should yield the most accurate information as well as inform the most effective policy solutions for vulnerable populations.

CHAPTER 5

CHAPTER 5: CONCLUSION

It was found through this research an affirmation overall that vulnerable populations should be studied by people who have shared lived experiences with them. This can be largely helpful to create more effective policy. Much more compassion and services are needed, and social support is crucial for specifically people with mental illness because this can lead to them becoming homeless and/or incarcerated. Internal validity is present in this research because a relationship was found between mental illness and homelessness, and mental illness and incarceration. However, there was no direct relationship observed between mental illness, homelessness, and incarceration.

Expectations were met; it was hypothesized early on by the researcher that survey responses would be difficult to get because of lacking shared lived experience. Implications for researchers and policy makers which are in turn in the interest of stakeholders, is that research and policy should be informed by people who have shared-lived experiences with the group being studied and policy being made for, if not the people themselves. External validity is present in this research because it’s more generalized for the experience of mental illness, homelessness, and incarceration which are problems everywhere. Future research should focus on finding the people who have lived experience with the vulnerable group of people they want to study and have them help conduct the research to be more ethical, correct, and efficient.

APPENDICES

Mental Illness, Homelessness, and Incarceration

This survey is only to be filled out if you have a mild to severe mental illness and have experienced either homelessness, incarceration, or both.

The purpose of this study is to provide a platform for you to voice your experiences and concerns. My goal is to find a way to improve social services. I am a graduate student and am about to complete my degree. This survey is part of my thesis. I really appreciate you taking the time to share your story. Answers are anonymous. Contact me at (researcher's email address) to receive your $10 gift card, your email will not be recorded and will only be used to send you the gift card.

1. What is your gender?
2. What is your race?
    a. Black or African American
    b. Latinx
    c. Native American
    d. Asian Indian
    e. Chinese
    f. Japanese
    g. South Asian
    h. Other Asian
    i. Middle Eastern
    j. Pacific Islander
    k. Caucasian
    l. Biracial
    m. Other
3. What is your age?
4. What best describes your total family income?
    a. Less than $1,000
    b. $1,000 – 9,999
    c. $10,000 – 19,999
    d. $20,000 – 29,999
    e. $30,000 – 40,999
5. Have you ever been diagnosed with a mild to severe mental illness? We define mild to severe mental illness as any form of Depression, Anxiety, Bipolar 1 or 2, Schizophrenia, Post-Traumatic Stress Disorder, Alcoholism or Addiction, or Psychosis.
    a. Yes
    b. No
    c. I have another condition that has caused me distress.

Please define:

6. Have you ever received treatment?
   a. Yes, outpatient treatment.
   b. Yes, inpatient treatment.
   c. No treatment.
7. Do you have health insurance?
   a. Yes, Medicaid.
   b. Yes, Medicare.
   c. Yes, Veteran's Health Care.
   d. Yes, private insurance.
   e. No insurance.
8. Have you ever been without permanent housing (homeless)?
9. Do you feel this is or was because of your condition? Please explain.
10. Have you ever been incarcerated?
11. Do you feel this is or was because of your condition? Please explain.
12. Do you feel that your homelessness and/or incarceration could have been prevented? What could have prevented it, been different, or wasn't available for you? Please explain.
13. In general, what attitudes have you noticed? From the public, police, court system…etc.
14. What would you have wanted service providers to know that could have helped you? What services do you need?

15. Would you kindly share something about your story as you've dealt with a number of issues so we can identify ways that we can help people who share the same experiences as you do? You can write as little as you want and are also welcomed to skip this question if you wish to.

COULD YOU TAKE OUR SURVEY?

Help us Understand

We want to understand your experiences with mental illness, homelessness, and/or incarceration.

- Inform future research & policy makers of experiences in your community and what services you need or need improved.
- 15 questions, ~6-10 minutes. All answers are anonymous.
- Upon completion of survey, show the person who gave you this flyer your 'Thanks! Your response was submitted' web page or turn the paper copy over to them. They will provide you with the gift card.
- Contact Megan, graduate student for policy studies at the University of Washington in Bothell, with any questions: meganaw@uw.edu.

June – July 15, 2021

$10 debit gift card upon completion of the survey

SCAN THIS QR CODE TO ACCESS THE SURVEY:
- **OPEN CAMERA ON PHONE**
- **TAP BROWSER POP-UP**
- **MUST SIGN CONSENT FORM TO GET TO THE SURVEY**
- **THANK-YOU!!!!**

You can also access the survey at:
https://forms.office.com/r/PPy69a10A9

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