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The Stories We Tell...

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Narratives can be powerful tools in the transfer or sharing of knowledge. People often claim to understand events when they manage to formulate a coherent story or narrative explaining how they believe something has happened. This can be true especially in situations where we are confronted with complex issues that may be caused by multiple factors.

Homelessness is a complex issue that is caused by multiple factors. It also happens to be an issue that has made its way to the forefront of the myriad of other issues that currently confront California's policymakers.

If you work in the mental health field, you've undoubtedly heard some version of the following narrative from any number of friends, politicians, reporters, and even colleagues... *Back in the 1960's then Governor Ronald Reagan, along with civil libertarians, closed the state hospitals in California, but then Sacramento and the feds failed to fund the community mental health system. This is often followed by something like ... and that's why we have so many people on the streets.*

This is a narrative that seems to explain homelessness. It shapes the perceptions of the problem and what people come to agree upon as the most important causes of the problem. It's also a narrative that has some key weaknesses. Some elements are partially true, but the entire thing is far too simple. Most importantly, the conclusion, to the extent that it was ever true 40 years ago, isn't true today, but many think that it is.

Fast forward to today. For homeless advocates in California, there is a sense that their issue is finally receiving the attention it has so long deserved. Several initiatives in cities and counties have been approved that will raise hundreds of millions of dollars to serve people experiencing homelessness and will build much needed affordable housing. These efforts, along with recently passed legislation aimed at making it easier to build affordable housing, should make a noticeable dent in the problem over the next several years, but these efforts won't solve the problem and what these efforts will accomplish won't be immediate.

And this is where the problem arises.

The new sense of urgency around homelessness is coming from constituents who are tired of/offended by/scared of folks living on the streets. Homelessness is no longer confined to skid row, underneath an overpass, or just the river bed, it's omnipresent. People know that they have voted for measures to address the problem and elected officials are very much aware of this fact. Moreover, elected officials know their

constituents were sold a bill of goods stating that these measures would solve the problem. What happens when this problem isn't solved or progress isn't made at the pace expected by the voting public?

Back to narratives and one important element that has yet to be stated. Problem narratives also create the space in which solutions to the problem are created. Certain problem narratives lead to certain questions which in turn yield certain answers. Put plainly, if you believe the reason that people are on the streets is due to them having a mental illness, then your solutions will be focused on mental illness. To be sure, as many as 25 to 30 percent of those living on the streets could be diagnosed as having a mental illness. This doesn't mean that their mental illness is the reason why they are on the streets. Correlation is not the same as causality. However, should homelessness not be resolved to the satisfaction of voters, someone is going to have to carry the blame. I fear that ultimately it will be the folks who have been labeled with a mental illness who will bear the brunt of society's frustration.

We are already beginning to witness the repercussions of this frustration playing out. Legislation such as [AB 1971](#) (Santiago) and [AB 2156](#) (Chen) look to expand the definition of grave disability with LPS, which would make it easier to hospitalize individuals with physical health issues. [SB 1045](#) (Wiener) would alter the way in which some are placed on an LPS conservatorship and increase the powers held by conservators in certain situations. A recent [statement](#) made by Assembly Member Travis Allen, who also happens to be one of California's gubernatorial candidates, may represent an extreme view but it captures a growing sentiment. "We need state-run mental institutions where people can actually go, (where) the indigent can go and get the help they need." "You will no longer be allowed to sleep out on our sidewalks, under our bridges or on the side of our freeways."

What we need is a more accurate problem narrative.

The basis for this new narrative can be found in the recent and dramatic increases in homelessness over the past couple of years. For example, the County of Los Angeles saw a 23% increase in the number of people experiencing homelessness in [2016](#). The Antelope Valley area of Northern Los Angeles County experienced a reported 50% increase during its [2017 count](#). If the old narrative of mental illness and homelessness were to hold true, then you would need to have a sudden 23% increase in mental illness in one instance and a sudden 50% increase in mental illness in the other. That did not happen. What has happened is an increase in rents that has pushed many people who were living on the edge of becoming homeless over the edge and onto the streets.

Homelessness is much more a product of poverty than it is a product of mental illness. The construction of affordable housing has not kept pace with demand, a demand that only increases as housing prices and rents rise. **This** is why we have so many people on the streets. This is a more accurate problem narrative. It is true for virtually everyone on the streets, including those who are also contending with mental health issues. Although simple on the surface, one doesn't have to dig too deep to uncover a great deal of complexity. This complexity includes housing policy that favors single-family homes, the mortgage interest deduction,

NIMBYism and stigma, city zoning laws and local tax concerns, underfunding of HUD, difficulties in financing affordable housing, and the failure of entitlement programs to keep up with rising rent, to name just a few.

If you were to look at the people being served by my organization, most of whom are currently in housing of one form or another and determine how many would meet the current definition of “rent burdened”, meaning that they spend more than 30% of their income on housing, the number would include every person, except those who happen to have a form of Section 8 or Section 811 subsidy. Absent these subsidies, which are all but now impossible to access or utilize for a variety of reasons, these individuals would also quickly find themselves meeting the definition of “rent burdened”. In fact, virtually everyone I’ve included above would meet the definition for “severely rent burdened” which means they spend more than 50% of their income on rent. Even this definition fails to capture how much of their monthly income is spent on rent. Maybe we need another category called “ridiculously rent burdened” for those who pay 90% or 95% of their income toward rent.

The people that fall into this concocted “ridiculously rent burdened” category are the next to become homeless. A monthly rent increase of \$100 or even \$50 will push them past the 100% mark and onto the streets. Should this happen, they would find themselves on the streets, not because of a mental illness as the old narrative would have us believe. We could offer them more mental health treatment, but it wouldn’t lessen their chances of winding up on the street and once on the street more treatment wouldn’t get them out of homelessness. Placing the person on a 5150 would not make rents go down or increase the stock of affordable housing. Making it easier to place someone on one of the amended LPS conservatorships would only help the person move up on a waiting list, which would only displace someone else on that list.

Friends I haven’t seen in a while ask why “we”, as in the mental health system, haven’t fixed homelessness yet, especially with “all of the new money”. I know they ask me because I’m the mental health person they know. I know they ask me because they are familiar with the old narrative and believe it to be true. I’m also getting the impression that whatever compassion they may have for people experiencing homelessness is wearing thin. I am very concerned that they will soon be willing to accept, support and even demand fairly disturbing measures aimed at fixing the problem. After all, homelessness is primarily a mental health issue – right?

For more information and/or to support CASRA’s efforts: casra@casra.org