

UCSF professor brings three-pronged approach to mental illness in local homeless population

As researchers continue to quantify the coronavirus's yearslong impact on the U.S. economy, education system and job market, discussions of mental health disorders have become the underlying connective tissue. From January 2019 to January 2021, the [Kaiser Family Foundation](#) reported the average share of adults who reported symptoms of anxiety or depressive disorders rose 30.1%, to about four in 10 adults.

This stark increase in diagnosable cases coupled with [celebrities publicly prioritizing](#) their mental health, has created an environment where mental disorders can begin to be accepted, said Dr. Matthew State, a professor and chair of the University of California San Francisco's Department of Psychiatry and Behavioral Sciences.

Even with these meaningful inroads in mental health awareness, homeless populations across the nation are disproportionately impacted by mental disorders, and often not receiving the level of treatment. During a press conference on Monday morning, State discussed the current pitfalls of mitigating homelessness in San Francisco.

“What we find is that a very significant number of people who are on the streets — in our city and every city in the U.S. — have severe mental illness,” State said.

State arrived at [UCSF in 2013](#), optimistic that his intersectional approach — combining his brain development lab work and clinical practice — could make a difference in the homeless

community. Since then, State outlined the campus's three-pronged plan still in early stages to address mental health.

At the core of their mission is frontline [intensive case management](#) for the “seriously mental ill and homeless population,” State said. When the pandemic began, the school used a \$1 million monetary gift to purchase cell phones to ensure that social workers could stay in touch with homeless patients, especially considering their telehealth appointments increased by 96% in just two weeks. Part of this initiative also included a pilot test for an app designed by formerly incarcerated people that rewards patients addicted to methamphetamine for remaining sober.

The second aspect of UCSF's strategy is one-on-one care. This not only humanizes an issue often discussed in broad strokes, but it also allows State to see which models of treatment yield positive results.

Despite the innovative approaches State and the greater UCSF psychiatric team developed to curb mental illness in the homeless population, the primary issue remains that cities like San Francisco simply do not have [enough homes](#) for everyone.

“And all the creative outreach that may be done on the streets is not fundamentally changing that equation,” State said.

The third prong ties into State's own study of high-confidence genes for various mental disorders. State believes that a deeper biological understanding for why people develop serious mental disorders can reframe mental illness as a sickness no different than a cancer diagnosis.

“If we could talk about schizophrenia, bipolar disorder and autism, in the same way that we talk about cancer, serious heart disease,” State said, “then they are accorded the ‘sick’ role, which has a tendency to reduce the level of stigma and blame associated with having a condition.”