

Housing First program has success in study of homeless people with mental illness

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It sounds simple, but it appears to be working: Give homeless people financial help to find free-market rental accommodation in the community as well as mental health support services, and the success rate in ending their homelessness is far higher than with current approaches.

That's the conclusion of new research by clinician scientists at the Centre for Research in Inner City Health of St. Michael's Hospital.

Homeless people with [mental illness](#) who received both rent supplement support and intensive case management had stable [housing](#) 62.7 per cent to 77 per cent of the time over a 24-month period, depending on their community, said lead author Dr. Vicky Stergiopoulos, psychiatrist-in-chief at St. Michael's.

That compares with 23.6 per cent to 38.8 per cent of the 24-month period for [homeless people](#) with mental illness who received "usual care," she wrote in a paper published online today in the journal *JAMA*.

"It's really just common sense," said Dr. Stergiopoulos. "And now we have evidence, collected through rigorous research, to support common sense."

This study involved almost 2,000 people enrolled in At Home/Chez Soi, a research project in five Canadian cities that evaluates a "housing first" approach, where people are first provided with a place to live, without

preconditions such as sobriety or seeing a psychiatrist.

Half of the participants were offered the rent supplement and intensive case management; the other half received "usual care."

Participants randomly assigned to the first group were offered rapid, low-barrier permanent housing in independent units for which they paid up to 30 per cent of their income toward rent. A monthly rent supplement of \$375-\$600 was paid by the program directly to landlords. Participants also had to have weekly contact with a case manager, who could help with anything from job hunting to navigating the health care system.

"Usual care," did not mean no care; however, these participants did not receive rent supplements and their support and housing were not coordinated.

On average, the cost of supportive housing with intensive case management was \$14,177 per participant per year, about 30 per cent less than the cost of supportive housing with more intense assertive community treatment (\$22,257). The program resulted in an average net cost offset of \$4,849 per person per year, or 34 per cent of the cost of the intervention. The most important cost offsets came from reduced use of emergency shelters and single room occupancy. There were increased costs associated with office visits to physicians and clinical community providers (social workers and nurses).

There are an estimated 150,000 homeless people in Canada and 1.5 million in the United States. Large numbers of homeless adults have mental illness, substance abuse issues and cognitive impairment, and are at high risk of chronic homelessness, frequent use of acute health care services and premature death.

More information: [doi:10.1001/jama.2015.1163](https://doi.org/10.1001/jama.2015.1163)

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