

# 'Housing First' can reduce alcohol problems for homeless people with mental illness

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A "Housing First" approach, where homeless people with mental illness are provided with a place to live without preconditions such as sobriety or seeing a psychiatrist, coupled with intensive case management, helps to reduce alcohol-related problems, according to a new study by Dr. Vicky Stergiopoulos, psychiatrist-in-chief at St. Michael's Hospital in Toronto. Credit: St. Michael's Hospital

A "Housing First" approach, where homeless people with mental illness are provided with a place to live without preconditions such as sobriety or seeing a psychiatrist, coupled with intensive case management, helps to reduce alcohol-related problems, a new study has found.

These interventions also improve housing stability and community functioning for this population, said lead author Dr. Vicky Stergiopoulos, psychiatrist-in-chief at St. Michael's Hospital and a scientist in its Centre for Research on Inner City Health.

In a study published today in the online journal *PLOS ONE*, Dr. Stergiopoulos followed 378 [homeless people](#) with [mental illness](#) in Toronto, Canada's largest and most diverse urban centre, for 24 months. Half were randomized into a Housing First program with intensive case management while the other half received treatment as usual.

There was a significant 53 per cent drop in the number of days spent experiencing alcohol-related problems among the Housing First group compared with the treatment-as-usual group. At the start of the study, [participants](#) in the Housing First group on average experienced [alcohol problems](#) on 4.3 out of 30 days. By the end of the study, this number decreased to 1.7 days. In comparison, the treatment-as-usual group experienced alcohol problems on 3.4 out of 30 days at the start of the study start, which decreased to 2.9 days by the end.

In addition, the amount of money they spent on alcohol in the previous 30 days dropped significantly. Housing First participants spent on average \$62 on alcohol in the past 30 days at the start of the study, which dropped to \$53 by the end of the study. However, treatment-as-usual participants increased spending from \$70 to \$114.

The severity of substance use fell by 28 per cent after 12 months for Housing First compared to treatment-as-usual participants, but wasn't

statistically significant at 24 months.

Although the number of Emergency Department visits and days spent in hospital did not differ significantly between the two groups, fewer Housing First participants reported one or more hospitalizations over the 24 months (70 per cent vs. 81 per cent).

The [study participants](#) were primarily men in the 40s. The most common mental health diagnoses were substance dependence or abuse (46 per cent), major depression (45 per cent), alcohol dependence or abuse (40 per cent), post-traumatic stress disorder (29 per cent) and psychotic disorder (26 per cent).

"Housing First' is an approach to ending homelessness developed in the United States that centers on quickly moving people experiencing homelessness into independent and permanent [housing](#) and then providing additional supports and services as needed. The underlying principle is that people are better able to move forward with their lives if they are first housed.

Provided by St. Michael's Hospital

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