

## Homeless, mentally ill youth benefit from housing program

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(HealthDay)—A subsidized independent-living intervention appears to



help homeless young people with mental illness get and keep a roof over their heads, a new Canadian study indicates.

Called Housing First, the program has previously been tested with <a href="https://homeless adults">homeless adults</a> with <a href="mental illness">mental illness</a>, and has been found to improve housing stability and quality of life, the researchers said.

"Housing First is based on the concept of housing as a human right," said study lead author Dr. Nicole Kozloff.

"[It's] the idea that having a safe and stable place to live is critical to helping people improve their mental health and achieve their goals," she said.

Kozloff is a postdoctoral fellow with the Centre for Urban Health Solutions at the Li Ka Shing Knowledge Institute of St. Michael's Hospital in Toronto.

Since it first was first introduced in the 1990s, studies have repeatedly found that Housing First can "improve housing and other outcomes for homeless adults with mental illness," she said.

Kozloff also suggested that the program is a financial winner, requiring less need for emergency shelters, hospitals and prisons.

"I think there has been a concern that youth, who become homeless before or during the critical age of transitioning from childhood to adulthood, wouldn't have the life skills to maintain housing," Kozloff said.

"But this study showed us that Housing First can work for youth with mental illness," she said.



Ten percent of the homeless population in the United States is between 18 and 24. And this group is twice as likely as their non-homeless peers to suffer from some form of mental disorder, the study authors said.

The new study focused on the experience of 156 homeless young people between 18 and 24 years old. They were drawn from a larger study open to homeless men and women of all ages in five Canadian cities: Moncton, Montreal, Toronto, Vancouver and Winnipeg.

All lacked a fixed place of residence for a minimum of seven nights, with no realistic prospect for permanent housing. Standardized psychological evaluations confirmed that all suffered from some form of mental illness, including depression, bipolar disorder, a psychotic disorder (such as schizophrenia), panic disorder and post-traumatic stress disorder.

Of the group, 87 were enrolled in a Housing First project called "At Home." This gave the participants a choice of independent housing in the community at-large, as opposed to designated group housing.

Apart from a mandatory once-weekly visit from program staff, all other psychological and social support services were deemed nonessential, and supplied only upon request.

The remaining young people were offered "usual care," meaning access to their community's standard housing assistance. When available, care also included access to standard 24/7 "assertive community" mental health treatment for those considered to have "high needs." Those with moderate psychological needs were directed toward standard "intensive case management."

For two years, all of the study volunteers participated in twice yearly inperson interviews.



The result: Over the course of the study, those enrolled in the Housing First program were found to have been "stably housed" 65 percent of the time. This compared with just 31 percent among those getting usual care.

Kozloff and her team are now exploring how homeless young adults feel about the experience. They're also looking at what aspects of the Housing First program are most helpful, most cost-effective, and the most likely to promote housing stability over the long haul.

Kozloff pointed to a number of different North American organizations that could offer information on Housing First. Those include the Homeless Hub in Canada, and How Housing Matters and the National Alliance to End Homelessness (NAEH) in the United States.

Nan Roman, NAEH's president and CEO, described Kozloff's efforts as "essential for us to know what works, and what doesn't. We need it to solve the problem.

"Housing First is a proven method for ending homelessness," Roman added, "and has been shown to increase housing stability for a variety of populations, including those who are facing the greatest challenges, including mental illness.

"While it is, therefore, not a surprise that Housing First helps youth achieve <u>housing</u> stability, it is an affirmation that the intervention works for this population," she said.

The study was released online Sept. 28 in the journal *Pediatrics*.

**More information:** There's more information on resources for the homeless from the <u>National Alliance to End Homelessness</u>.



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