

Social and Economic Consequences of Severe and Persistent Mental Illness (SPMI) :What Are the Connections Between Mental Illness and Homelessness?

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Presentation Outline



1. Definition and prevalence of homelessness in Canada
2. Prevalence of people with SPMI who are homeless
3. Characteristics of people with SPMI who are homeless
4. Research on housing and support models
5. At Home / Chez Soi Demonstration Project Findings
6. Policy and program recommendations



Definition of Homelessness (Canadian Homelessness Research Network, 2012)



- Lacking stable, permanent, appropriate housing
- No prospect, means, and ability of acquiring it
- Result of:
 - systemic or societal barriers,
 - a lack of affordable and appropriate housing,
 - an individual's financial, mental, cognitive, behavioural or physical challenges
 - racism and discrimination



Prevalence of Homelessness in Canada (Gaetz et al., 2013; Segaert, 2012)



- 150,000 unique emergency shelter users per year
- Estimate of another 50,000 homeless people who are not using shelters
- Number of users has remained stable over the last number of years
- Length of shelter stays has been increasing
- 14,400 shelter beds in use per night
- 73% of shelter users are male
- About two-thirds are 25-54 years old



Patterns of Shelter Stays (Kuhn & Culhane, 1998; Aubry et al., 2013)

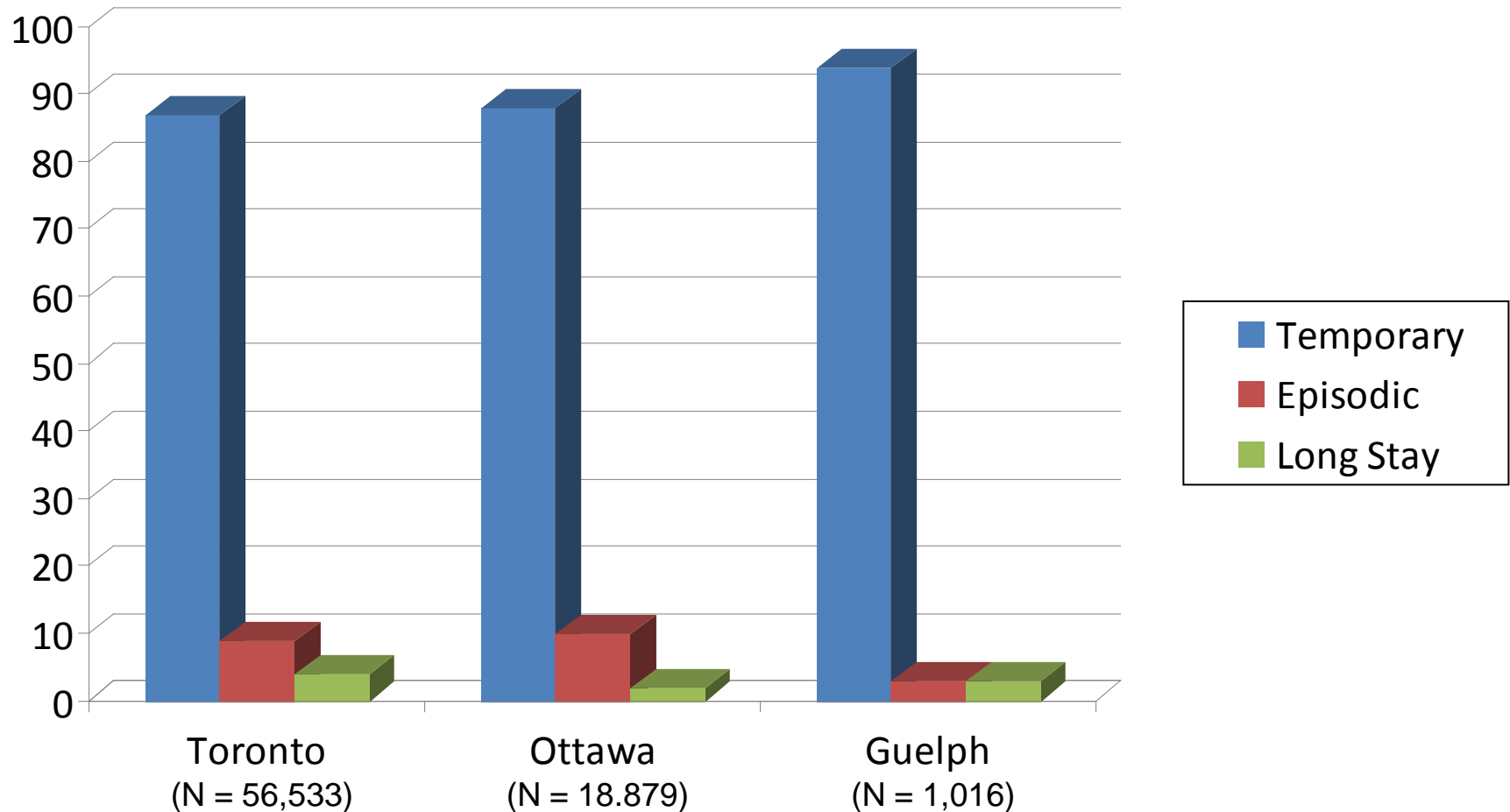


Three clusters identified in American and Canadian cities for single persons:

- Temporary (88-94%; 176,000-188,000)
 - Characterized by a low number of episodes of homelessness and a short duration of shelter stay
- Episodic (3-11%; 6,000-22,000)
 - Characterized by several episodes of homelessness and varying lengths of shelter stays
- Long Stay (2-4%, 4,000-8,000)
 - Characterized by fewer episodes of homelessness (less than episodic cluster) and lengthy shelter stays

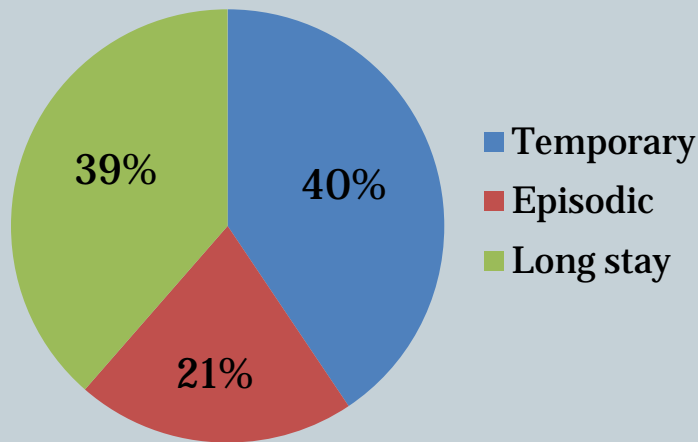


% of Single Person Shelter Users for Clusters Found in Three Ontario Cities for 2004-2007 (Aubry et al., 2013)

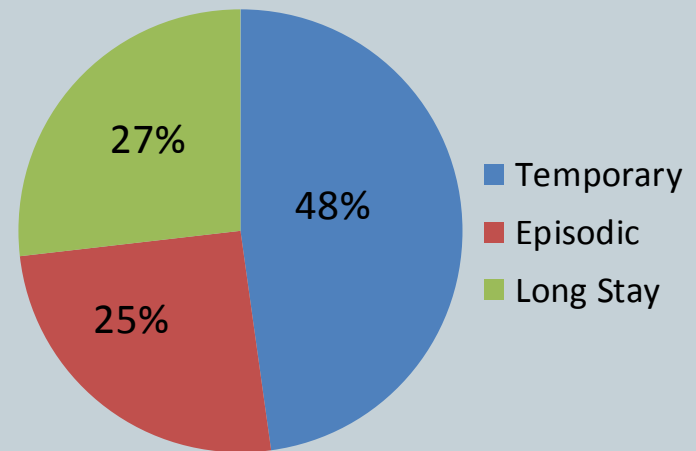


Clusters: # of Shelter Beds Used for 2004-2007 (Aubry et al., 2013)

**Toronto Shelter Beds
Used
(N = 4,186,190)**



**Ottawa Shelter Beds
Used
(N = 963,597)**



Prevalence of Mental Disorders in the Homeless Population (Fazel et al., 2014)



Mental Disorder	N of Surveys	Pooled Prevalence Estimate (%)	Range of Prevalence Estimates (%)
Psychotic illness	7	12.7	2.8-42.3
Major depression	19	11.4	0.0-40.9
Personality disorder	14	23.1	2.2-71.0
Alcohol dependence	10	37.9	8.5-58.1
Drug dependence	7	24.4	4.7-54.2



Characteristics of At Home/Chez Soi Demonstration Project Participants

- 2148 participants
- Primarily middle-aged
- 32% of participants are women
- 22% of participants identified as being an Aboriginal person
- 74% had a high school (19%) or less (55%) education level
- 7% were employed at study entry
- 82% absolutely homeless; 18 precariously housed
- Average age of 31 years for first episode of homelessness
- Typical total time homeless in participants' lifetimes is nearly 5 years



Characteristics of At Home / Chez Soi Demonstration Project Participants

- All have one or more serious mental health issue
 - 35% psychotic disorder
 - 52% major depression
 - 29% post-traumatic stress disorder
- Over two-thirds (67%) have a concurrent disorder
- Over one-third (36%) assessed with a high or moderate suicide risk
- Over one-third had been hospitalized > 2X in one yr. in past 5 yrs.
- Over two-thirds (66%) reported a previous traumatic brain injury
- More than 90% had at least one chronic physical health problem
- Over one-third had justice system involvement in past 6 months

Types of Housing Post-Deinstitutionalization (Aubry et al., 2013; Nelson et al., 2007)



1. Custodial Housing (1970s)

- board and care homes, semi-institutional, SROs
- on-site custodial support

2. Supportive Housing (1980s & early 1990s)

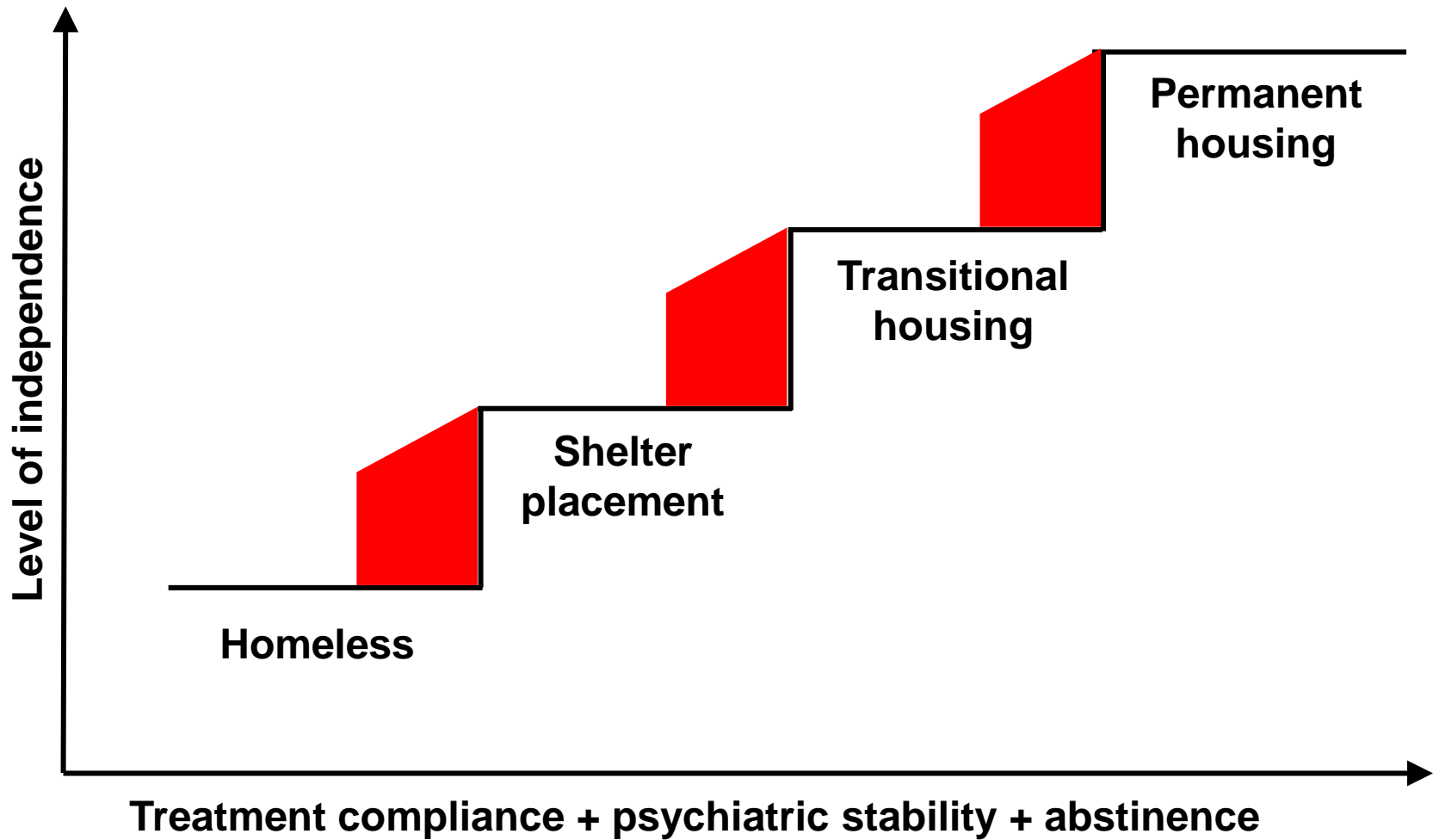
- residential continuum towards independent living
- congregate living or satellite apartments with on-site support

3. Supported Housing (late 1990s & 2000s)

- permanent scattered-site regular housing with portable support (ACT or ICM)
- separation of housing and support



Traditional Continuum System



Outcomes Research on Types of Housing (Aubry et al., 2013; Nelson et al., 2007; Rog, 2014)



- **Custodial housing** : (small amount of research) lower levels of support, meaningful activities, work, and global functioning and higher levels of dependency
- **Supportive housing**: (small amount of research) reduction in homelessness, hospitalizations, psychiatric symptoms, drug abuse and improvement in housing stability, quality of life, and satisfaction with living situation
- **Supported housing**: (substantial research with 8 trials) increased housing tenure, decreased ER visits and hospitalizations; supported housing yields greater consumer satisfaction, choice, and control compared to supportive housing



Effectiveness of Housing + Support Compared to Support Alone (Nelson, Aubry, & Lafrance, 2007)



Type of Programs	N of Studies	Housing Outcomes (ES)
Housing + Support vs. Standard Care	6	.67
ACT vs. Standard Care	6	.47
ICM vs. Standard Care	4	.28
Housing and ICM vs. ICM only	1	.37



At Home / Chez Soi Project: Design of Study

- Pragmatic, multi-site, randomized, mixed methods field trial in five sites across Canada (Vancouver, Winnipeg, Toronto, Montreal, & Moncton)
- Investigation of effectiveness and cost-effectiveness of **Housing First** in Canadian contexts
- Two fidelity assessments & two implementation evaluations
- Model being tested with support at two levels of intensity (high needs = ACT) (moderate needs = ICM) vs. usual care

At Home/Chez Soi Housing First Approach

**Subsidized
Housing**

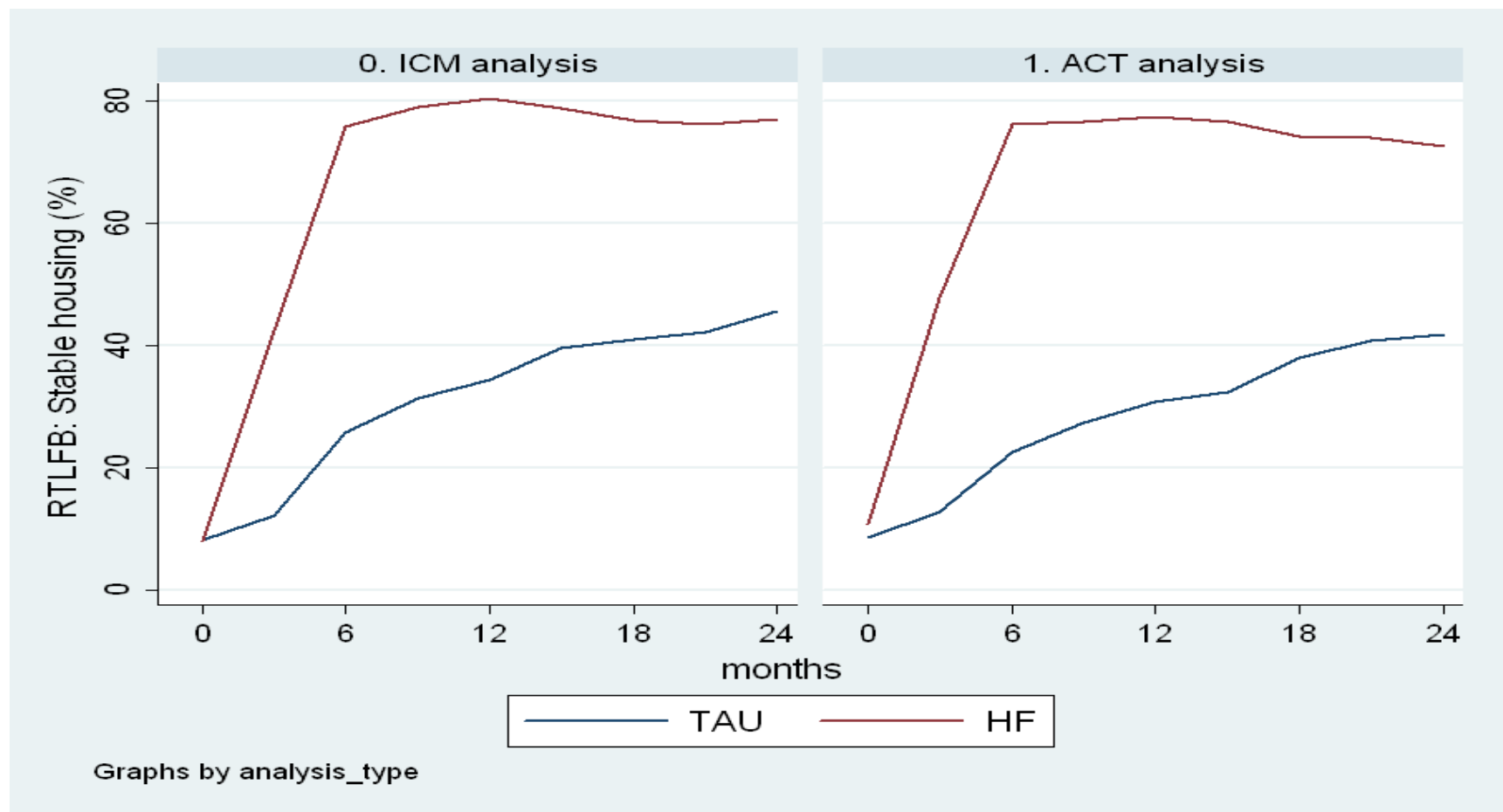
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**Support
(ACT or ICM)**

Housing: Stability – by Program

(Goering et al., 2014)

Percentage of time housed



At Home Chez / Chez Soi Project: Other Outcomes (Goering et al., 2014)

HF participants in both ICM and ACT reported greater improvements than TAU participants in:

- ☐ Community Functioning
- ☐ Quality of Life

Both groups report improvements in:

- ☐ Substance use
- ☐ Mental health

Both groups maintained their physical health

At Home / Chez Soi Project: Cost Analysis (Goering et al., 2014)

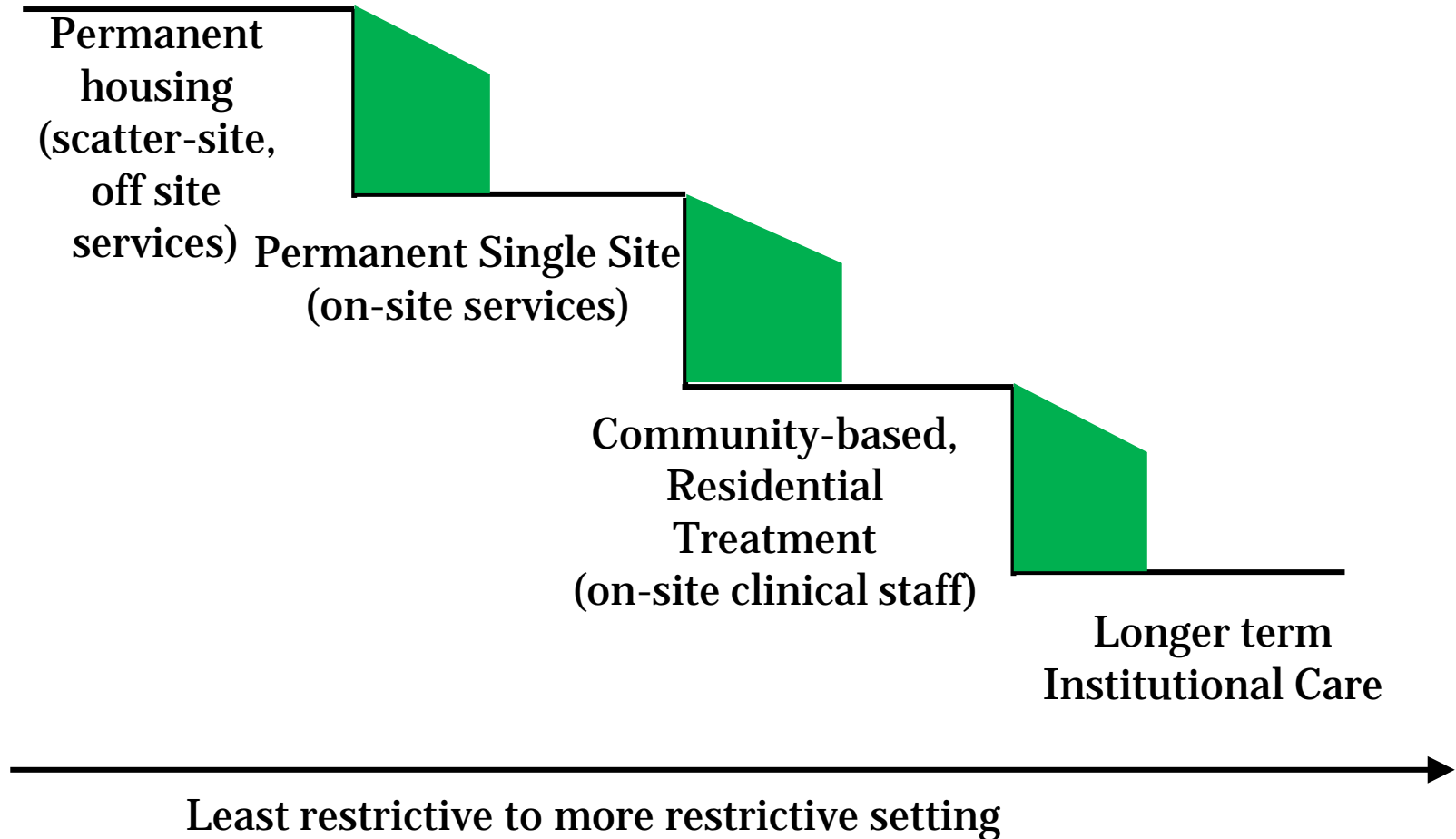
Overall Cost Analysis for HF with ACT

- Housing First with ACT costs \$21,375 per person per year on average
- Over the 2-year period of the study HF with ACT services resulted in average reductions of \$21,375 in service costs per person.
- Thus every \$10 invested in HF services saved an average of \$9.60.
- Cost offsets included: emergency shelter, hospital (physical) and office visits (non-study), and jail / prison

Cost Analysis based on High Service Users

- Among the 10% who prior to study entry had been using the most services (\$225,000 on average per year), savings are even more dramatic.
- Over the 2-year period following participant enrolment every \$10 invested in HF saved an average of \$21.72.
- Cost offsets included: hospital (psychiatric), home visit (non study), jail / prison, ER visits, office visits (non-study), emergency shelter, contacts with police, hospital (physical) and), and SRO with support

Redesigning the System



Policy and Program Implications



1. Target episodic and chronic homelessness
2. Redesign mental health systems so that consumers have housing choice
3. Paradigm shift guided by values associated with recovery, empowerment, citizenship, and social inclusion
4. Combine ACT or ICM with permanent scattered-site housing (rent supplements) for maximum effectiveness
5. Shift residents of custodial facilities into permanent scattered-site supported housing
6. Trial of permanent scattered-site supported housing before considering more intensive alternatives
7. Development of a national housing strategy to develop much-needed stock of affordable housing

