

Preventing Homelessness among Mental Health Patients Discharged from Psychiatric Wards to Homelessness

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People with mental health challenges are consistently overrepresented in homeless populations?

- Why?
- Something about mental illness per se that predisposes to homelessness?
- Something about homelessness that predisposes to mental illness?
- Something about our societal response to mental illness and homelessness?

Intersection of policies

- Forchuk C, Joplin L, Schofield R, Csiernik R, Gorlick C, Turner K. (2007) Housing, income support and mental health: Points of disconnection. Health Research Policy Systems Dec 12; 5:14.

article

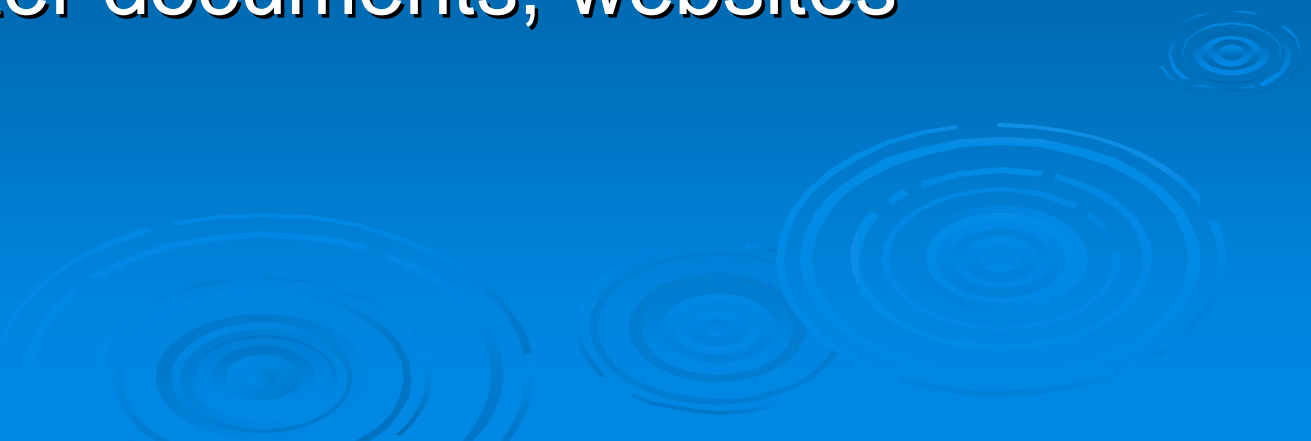
- Forchuk, C., Ward-Griffin, C., Csiernik, R., Turner, K. (2006). Surviving the Tornado: Psychiatric Survivor Experiences of Getting, Losing and Keeping Housing". Psychiatric Services 57, 558-62

Critical points related to intervention

- Discharge from psychiatric ward as a critical period where someone is at risk for homelessness
- Concerns from shelters about people coming directly from hospital

Review of the Literature

Academic papers vs. public press,
shelter documents, websites



Method

- Task group (hospitals, shelters, community agencies, consumers, researchers)
- Complexity of issue (not a simple manner of good discharge planning)
- Descriptive use of secondary sources, secondary analysis
- Shelter data, hospital data, CURA data (all likely to underestimate problem)

Summary paper

- Forchuk, C., Russell, G., Kingston-MacClure, S., Turner, K., Lewis, K., Dill, S. (2006) From Psychiatric Wards to the Streets and Shelters. Journal of Psychiatric and Mental Health Nursing 13(3), 301-308.


Findings: Hospitals

- General Hospital: 93 (53 male, 40 female) discharges No Fixed Address (including addresses for shelters). 2 wards
- Psychiatric Hospital: 74 (no gender breakdown). 12 wards
- Total : 167 in one year

Findings: Shelters

- 105 males that arrived at the two separate male London shelters directly from a psychiatric ward
- 89 females arriving at the two separate women's London shelters.
- Total: 194 in one year

Why does this happen?

- System issues (shorter length of stay, accessing funds, affordable housing shortage....)
 - Individual issues (housing history, income, ability to manage home...)
 - Issues from hospital and shelter
 - No easy fixes
- 

Trying to make the system work

- Finding housing
- First & last month's rent



Planning with our Partners to make it work

Hospital Referral Sources – London Health Science Centre and Regional Mental Health Care London

Income Support Providers – Ontario Works and Ontario Disability Support Program

Research and Support Providers – CURA and CMHA - developed implementation strategies

Established Eligibility Criteria

- At risk of being discharged to NFA or shelter, housing lost within one month prior to hospitalization or during
- Age 18-75
- Must have a diagnosis of Serious Mental Illness, such as schizophrenia or major mood disorder
- Symptoms for which they were hospitalized have been stabilized
- Has secured source of income
- Is able to live independently as assessed at admission
- Length of hospitalization less than 12 months
- Interested in private sector

Support Provided

- Immediate response to identified consumer need
- Housing Assessment and Goal Planning
- Assisted access to housing information and resources
- Advocacy to coordinate services and accessing financial resources
- Support in housing search

Pilot Results:

- Forchuk, C., MacClure, S. K., Van Beers, M., Smith, C., Csiernik, R., Hoch, J., & Jensen, E. (2008). Developing and testing an intervention to prevent homelessness among individuals discharged from psychiatric wards to shelters and 'no fixed address'. *Journal of Psychiatric and Mental Health Nursing*, 15, 569-575.
- 14 = 7 intervention, 7 control

Significance?

- Looking just at shelter/homed

Pearson $\chi^2(1) = 10.5000$ Pr = 0.001

Fisher's exact = 0.005

1-sided Fisher's exact = 0.002

Changing Usual Care

- Fall 2007 – LHSC
- Fall 2008 – RMHC
- Using computer linkage from hospital to welfare and housing directory

Available to all clients

Program evaluation design

Initial Acute Care results

- 63 clients/households served
- 18 included children, plus one pregnant
- 27 of imminent risk of homelessness
- 24 of 27 avoided homelessness

Staff focus groups

-assisted with treatment and discharge goals

Initial Tertiary care

- 15 households
- 10 currently homeless
- 5 at risk of homelessness
- None discharged homeless

- Focus groups stress need for communication

Implications

- System issues contribute the problem of discharge to NFA
- Although problem is not local, local action is possible
- With multiple system changes, we can make things better

Conclusion

- Why are so many homeless?
- Sick systems, rather than the sick people
- Need to work cross sectors solutions

Questions?



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