



A Series on Mental Health's Connection to Other Social Issues



A Primer on Homelessness and Mental Health

Housing is a basic requirement to leading a healthy, thriving life. Unfortunately, this basic need goes unmet for thousands of individuals, families, and children every day, many of whom are struggling with mental illness. This unavoidable relationship between mental health and homelessness is complex and bi-directional.

The compounding issues of poverty, a shortage of affordable housing, and a lack of mental health care are also key drivers of mental health and housing challenges. As a result, people with mental illness are more likely to experience homelessness than the general population and require integrated services that support a person or family's housing and mental health needs in tandem with other critical supports. In this primer, we examine the relationship between homelessness and mental health, and opportunities for philanthropy to help with a focus on three key elements necessary to make an impact.

An Integrated Approach

People with untreated serious mental illness are estimated to make up approximately one-third of the total homeless population in the United States.¹ A person living with a mental illness is at a higher risk of becoming homeless, and without stable housing, mental health needs are exacerbated. Serious mental illnesses can hinder one's ability to maintain an income, manage a household, take care of one's self and loved ones, and engage in other activities that facilitate stable housing. Experiencing homelessness is also related to higher levels of psychiatric distress and lower levels of self-perceived recovery in people with previous mental illness. Homelessness is also considered a traumatic event that can exacerbate an individual's existing mental illness or cause new symptoms to emerge.² Further, substance use disorders or challenges may also lead to an increased risk of experiencing homelessness.³

The following three elements are key aspects of a comprehensive strategy to address homelessness and mental health. While funders do not need to act on all three, it is important to consider how the programming you support enables people to access each of these elements.

Housing

People experiencing homelessness need the safety and stability of housing before they can address any other factors preventing them from achieving stability. This is particularly true for people struggling with a serious mental illness and/or substance use disorder. The nature of their condition creates an additional barrier to accessing stable employment and housing without additional support. Interventions that provide access to housing as the first step decrease homelessness by up to 88% when compared to programs that require participants to be "housing ready" before receiving permanent housing.⁴ Furthermore, these interventions also see significant increases in a person's quality of life, while reducing the number and duration of their hospital visits.⁵

Funders can support people living with mental illness and experiencing homelessness by giving towards targeted efforts, such as Housing First programs, that provide housing without pre-conditions of sobriety or psychiatric treatment. Philanthropy also has the capacity to help expand the availability of temporary housing, especially for high need populations such as families and solo youth. By partnering with state and local governments or shelter organizations, funders can help craft policies to address systemic causes of housing instability and further the capacity of existing temporary housing organizations to serve people more holistically.

1 Treatment Advocacy Center. (2016). Serious mental illness and homelessness. <https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3629-serious-mental-illness-and-homelessness>

2 Tarr, P. (2018, November 19). Homelessness and mental illness: A challenge to our society. Brain & Behavior Research Foundation. <https://www.bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society>

3 National Coalition for the Homeless. (2017, September 21). Homelessness in America. <https://nationalhomeless.org/about-homelessness/>

4 Peng, Y. et al (2020). Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review. *Journal of public health management and practice* : JPHMP, 26(5), 404–411. <https://doi.org/10.1097/PHH.0000000000001219>

5 Loubière, S. et al (2022). Housing First for homeless people with severe mental illness: extended 4-year follow-up and analysis of recovery and housing stability from the randomized Un Chez Soi d'Abord trial. *Epidemiology and psychiatric sciences*, 31, e14. <https://doi.org/10.1017/S2045796022000026>

Clinical Care

People experiencing homelessness face challenges around insurance coverage, and often cycle in and out of emergency rooms, inpatient hospital stays, and treatment programs.⁶ Even the best health services, including inpatient mental health hospitalization or residential drug treatment, are less effective when an individual has no home to return to upon their discharge. This is especially problematic for individuals experiencing homelessness who also have intensive service needs due to mental illness and/or addiction.⁷ However, providing housing and healthcare in tandem consistently results in better outcomes, such as reductions in substance use and negative mental health related symptoms, and reduced costs. In most cases, it is less expensive to provide supportive housing than to house individuals in inpatient psychiatric care or hospitals.⁸ For instance, placing an individual experiencing chronic homelessness into permanent supportive housing reduces public costs by 49.5% on average.⁹

Philanthropy can help by prioritizing solutions that streamline coordination across health and housing systems, and integrate mental and physical health care with supportive housing. One example is permanent supportive housing, an evidence-based intervention that combines affordable housing assistance with case management and voluntary support services to help people experiencing chronic homelessness.¹⁰

Wraparound Support

Housing interventions that include comprehensive wraparound support enable better outcomes for a person's health, housing stability, and overall quality of life. These services are intended to help the whole person or family achieve what they need to be well in all aspects of life, by helping people to effectively use the many services and resources available to them. Wraparound support is delivered by a multidisciplinary team, including peer engagement, and often integrates care navigation, case management, skills building, education and employment supports.

Funders can better achieve their goals related to ending homelessness and supporting mental health by giving to programs that integrate treatment and housing, with supplementary support for the whole person's needs. For example, Assertive Community Treatment (ACT) is an integrated team-driven approach designed to provide comprehensive community-based support that extensive evidence has shown helps people remain stably housed. Funders can also support services that prepare individuals for employment in tandem with housing. For example, Individual Placement and Support (IPS) or "Supported Employment" is a wraparound service focused on employment that can be highly impactful for the unsheltered with a severe mental illness.¹¹ Funders can also enable people to access immediate work through same day work programs.

6 National Alliance to End Homelessness. (2017, February 17). Ending chronic homelessness saves taxpayers money. <http://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf>

7 National Health Care for the Homeless Council (2019, February). Homelessness & Health: What's the Connection? <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

8 The Lewin Group. (2004, November 19). Costs of serving homeless individuals in nine cities. http://www.csh.org/wp-content/uploads/2011/12/Report_CostforIndividuals1.pdf

9 National Alliance to End Homelessness. (2017, February 17). Ending chronic homelessness saves taxpayers money. <http://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf>

10 National Alliance to End Homelessness. (2021, March 31). Permanent supportive housing. <https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>

11 Leddy, M., Stefanovics, E., & Rosenheck, R. (2014). Health and well-being of homeless veterans participating in transitional and supported employment: Six-month outcomes. *Journal of Rehabilitation Research and Development*, 51(1), 161-174. <https://doi.org/10.1682/jrrd.2013.01.0011>



Key Considerations for Funding Homelessness and Mental Health

Homelessness and mental health are deeply intertwined and therefore require an integrated approach to achieve the best outcomes. Investing at this intersection has profound implications on the well-being of people living with mental illness, but must be done with thoughtful consideration of each of the elements outlined here. Funders committed to ending homelessness can better achieve this goal by intentionally integrating mental health, addiction, and well-being support into their current approaches to support access to housing, healthcare, and other supportive services.

The following questions are intended to be self-reflective to help you achieve greater impact across your portfolio by integrating support for mental health within current efforts related to homelessness.

How does addressing mental health further my intended outcomes around homelessness?

Are the housing or homelessness programs you're already supporting incorporating integrated clinical care and wraparound services?

Which of the organizations that I'm already supporting would benefit from an integrated approach to help them better achieve the outcomes they seek?

Are there other services and resources offered in the community that would better support unhoused individuals or families achieve housing stability and thrive?