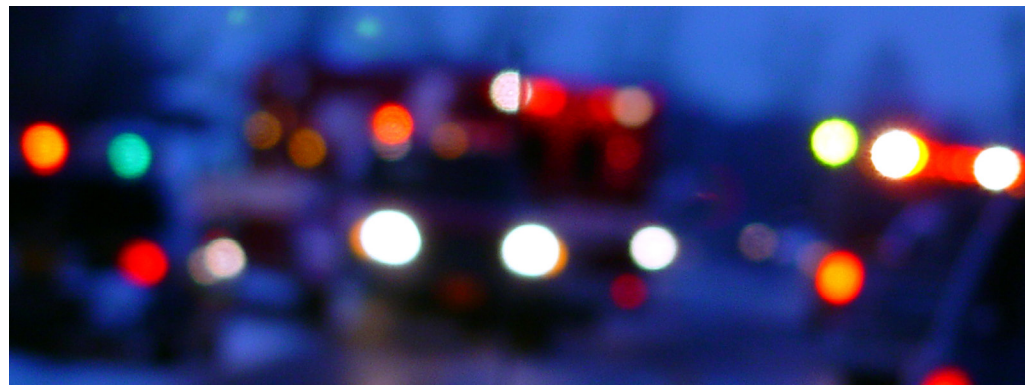


A Housing First Approach Can Reduce Frequency of Emergency Room Visits Among Homeless Adults With Mental Disorders

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What is this research about?

Though studies have found that homeless individuals use emergency department services three to four times more than the general population, little research has been done to address the ways in which we can reduce this frequency of use. In this study, the researchers test whether a Housing First approach can lower emergency department visits among homeless adults with mental disorders. A Housing First approach prioritizes the need to shelter people, regardless of readiness or compliance.



WHAT YOU NEED TO KNOW!

Although homelessness is associated with many negative health outcomes, the health needs of homeless individuals are largely unmet by traditional health care. People experiencing homelessness face a number of barriers when they attempt to access

health services. They also tend to rely on emergency department care rather than on-going, comprehensive health services. A Housing First approach has been found to lower emergency department use among homeless adults with mental disorders.

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KEYWORDS

Housing First; emergency departments; health care; mental illness

ARTICLE SOURCE

Russolillo A., Patterson M., Mccandleuss L., Moniruzzamana A., Somers J. (2014). Emergency department utilisation among formerly homeless adults with mental disorders after one year of Housing First interventions: a randomised controlled trial. *International Journal of Housing Policy*, 14(1), 79-97.

WHAT DID THE RESEARCHERS DO?

The researchers conducted this study in Vancouver between October 2009 and June 2011. During this time, they recruited 223 individuals eligible to participate in the study. Participants had to be 19 years of age or older, homeless or precariously housed, and currently experiencing a mental illness. The researchers recruited participants from over 40 community agencies in Vancouver. The researchers used two different Housing First models: a congregate setting and scattered site apartments. In the congregate setting, participants were housed together and had access to on-site support services. In the scattered site apartments, participants lived in private apartment accommodations. These participants were assigned to an assertive community treatment team that visited their home at least once a week. A third group of participants were not provided any accommodations and only had access to the services already available to homeless adults in Vancouver. Participants were randomly assigned to one of these three settings. The researchers also accessed data from six emergency departments in order to count the number of visits each participant made to the emergency department one year before the study, and up to two years after.

WHAT DID THE RESEARCHERS FIND?

In the year before being assigned to a Housing First program, participants made, on average, 4.8 emergency department trips per person. One year following the program, emergency department visits among participants living in scattered site apartments had reduced by one visit per person. However, there was no change in emergency department visits among participants living in the congregate setting. This may be because of the proximity of the housing site to an emergency department. Participants who were not living in either of the programs made 2.5 additional visits to the emergency room. Overall, the researchers found that Housing First programs promote lower emergency department use among homeless adults with mental disorders. This was especially the case for participants living in scattered site apartments and supported by an assertive community treatment team. Since assertive community treatment teams offer integrated services and provide a low client-to-staff ratio, these teams can provide intensive, ongoing support.

HOW CAN YOU USE THIS RESEARCH?

Strategies to support homeless adults with mental disorders should include two key components. First, these interventions should take a Housing First approach. Long-term, stable housing is often seen as an outcome of treatment compliance. Instead, a Housing First approach promotes housing as a preventative measure that can improve quality of life and overall health. Second, it is also essential that individuals have access to comprehensive and consistent social services, such as assertive community treatment teams. Access to such services ensures that individuals receive the ongoing care they need, which will lower the frequency of emergency department visits. Further research is needed to identify other factors that might affect homeless individuals' access to health services and use of emergency departments. There is also a need for additional research that compares different types of Housing First programs, as this approach can be implemented in many ways.