

Title Effectiveness and Negative Impacts of the Housing First Approach for Homeless People with Mental Health or

Substance Abuse Problems

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Aim

The number of homeless people in Québec is believed to have risen over the last twenty years. With a goal to improving their situation, the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national d'excellence en santé et en services sociaux (INESSS) to perform a systematic review of the literature addressing the effectiveness of interventions for homeless people with mental health or substance abuse problems.

Conclusions and results

(Q1) Compared with people who had access to usual services alone, those with access to the Housing First approach were able to spend more time in housing and less time homeless. However, there were no greater improvements in their mental health, physical health and alcohol or drug use. Other results suggested that the Housing First approach was more effective than usual care in terms of decreasing criminal activities and incarceration; increasing quality of life; increasing participation in community life; reducing the number of hospitalizations, residential treatment stay and visits to emergency departments; increasing use of outpatient services for physical or mental health issues and alcohol or drug problems. These results are mitigated, however, by the fact that some authors did not detect such differences.

(Q2) Compared with people who had access to traditional psychosocial interventions, those with access to the Housing First approach were able to spend more time in housing and less time homeless. However, the Housing First approach did not have any particular effect on mental health or alcohol or drug use. The other outcomes arose from too small a number of studies to derive any clear findings.

(Q3) Compared with the Housing First approach in combination with a mobile intervention team, the Housing First approach combined with an on-site intervention team allowed people to spend more time in housing and less time homeless and to enjoy greater mental health and better quality of life.

(Q4) Only one of the selected studies compared the Housing First approach in combination with regular interventions versus in combination with intensive interventions. The results could be considered promising, but no clear findings can be derived. Those with access to intensive interventions

and specialized employment services spent more time in stable housing and worked more than those who received regular interventions but no specialized services. These results are all the more promising since the participants with access to intensive interventions had more complex clinical presentations, being chronically homeless with mental health issues.

(Q5) The results show that the effectiveness of the Housing First approach in terms of time spent in housing and on the street is not based on age. In addition, the duration/type of homelessness does not appear to modify the effects of the program. However, no study has directly assessed the effects of the amount of time spent homeless on the effectiveness of the Housing First approach. Regarding gender and ethno-cultural origin, the results of a single study suggested that men and African Americans with access to the Housing First approach combined with a mobile intervention team spent less time in housing than did others. A small number of authors have nevertheless shown interest in assessing variation in the effects of the Housing First approach according to program users' sociodemographic characteristics.

(Q6) Negative consequences of the Housing First approach are primarily linked to particular contexts and types of housing. Program users can experience anxiety when moving into a residence or when in an emergency housing situation. Private or independent housing can also lead to greater solitude, while congregate housing is usually the source of conflicts. However, such results do not appear to be linked to the Housing First approach itself, but more to residential life in general.

Methods

The literature search was performed using several databases (Current Contents, PsycINFO, PubMed and Social Work Abstracts) and using various Internet search engines (Google, Google Scholar and several governmental Web sites). To be included, the documents had to address effectiveness or negative consequences of models or programs based on the Housing First approach, and concern homeless people with a psychiatric or substance abuse disorder. Experimental or quasi-experimental studies and systematic reviews were selected to answer the questions on effectiveness, while all types of studies were considered

to answer the question concerning negative consequences. Two reviewers independently selected the studies and assessed their quality. Different tools were used to assess the quality of the selected documents, according to whether they were empirical studies or systematic reviews. Documents rated as low quality were excluded. A total of 28 documents were selected. Data extracted from these included study sample characteristics, program modalities based on the Housing First approach, interventions offered to participants in the comparison groups, outcomes regarding effectiveness and negative consequences, length of study follow-up, and other information on the context and setting in which the models or programs were implemented.

Further research/reviews required

The results presented in this report must be adapted to Québec's context in order to take into account a variety of both urban and rural realities, especially in terms of the organization of services.

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