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# Recovery Among Homeless Populations with Severe Mental Illness and Substance Use Disorders

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## STATISTICS

**20%** Percentage of homeless people in the US with a severe mental illness (SMI)

**15%** Percentage of homeless people in the US with a substance use disorder (SUD)

(HUD, 2019)

## Ideologies

**Treatment First:** Treatment is required before acceptance to housing

**Housing First (HF):** Housing is prioritized, and treatment isn't a requirement to obtain housing

(Committee on Evaluating Permanent Supportive Housing Programs for Homeless Individuals et al., 2018; HUD, 2020)

## PROGRAM TYPES

**Rapid Rehousing**
Operate under a HF ideology; housing is temporary

**Transitional Housing**
Housing is temporary, and supports are provided for up to 2 years

**Permanent Supportive Housing (PSH)**
Housing is permanent, and supports are provided in addition to housing

CoEPSH et al., 2018; HUD, 2020

*Thesis:* Programs based on the Housing First model, though effective to an extent, can be improved by implementing a variety of supports that will enhance recovery of homeless populations with co-occurring severe mental illness and substance abuse problems.

## INTRODUCTION

Homelessness in the US is generally defined as not having a permanent or quality source of shelter or housing (HUD, 2020)

Homelessness is a pertinent social issue in the United States today. Persons with co-occurring SMI and SUD have the added difficulty of recovery from their disorders while attempting to obtain and maintain housing.

## METHOD

*Search Terms: "homeless*"; "mental* ill*"; "substance *use"; "recovery"; "social support"; "United States"*

Main source of information acquired from *WebofScience* Database, Google for general information sources

## RECOVERY MODEL

| | |
|---|---|
| Clinical Recovery | Recovery (improvements) from SMI and/or SUD |
| Functional Recovery | Ability to maintain stable housing and, if applicable, employment |
| Existential Recovery | Having good sense of self-worth and purpose |
| Social Recovery | Ability to maintain good social interactions with peers |
| Physical Recovery | Recovery from any underlying chronic illness; maintaining good physical health |

(Whitley & Drake, 2010)

## KEY FINDINGS

- The Housing First ideology is more effective than Treatment First (Palepu et al., 2013); PSH is more effective than temporary housing programs for this population in terms of maintaining housing—Functional Recovery (Kaltsidis et al., 2020)
- Overall quality of life (QoL) better for persons in PSH with a HF model than in Treatment First models—Existential Recovery (Urbanoski et al., 2017)
- Housing programs that operate under the HF model are not perfect for this population (Dunt et al., 2017)
  - Issues with clinical recovery from SUD
    - Could be complicated by existing social supports (peers) who are perceived to use drugs (Rhoades et al., 2018)
- The **Doorway Program** is a new possibility that improves outcomes, allowing persons to choose where they live (Dunt et al., 2017)
  - Has not been thoroughly studied
  - Only studied in Australia

## DISCUSSION

- Improved programs using the HF ideology will attempt to account for all aspects of recovery laid out in the model
  - It is absolutely necessary to make changes to alleviate some of the difficulties that this population in particular experiences
- Possible changes/Next Steps:
  - More opportunities for those with SUD to obtain social supports and meet peers who do not use substances
  - Supports in place that help maintain retention
  - More research conducted that evaluates the effectiveness of the Doorway Program

Limitations
- Physical Recovery
  - Sources gathered did not primarily examine physical recovery among this population
- COVID-19
  - Updated government documents from HUD are needed to be able to assess the effects of COVID-19 on this population
  - The effects of COVID-19 on the economy likely affects its ability to implement updated supports
- Policy and Cost
  - Changes to existing housing programs are likely to seem expensive, even if they may be cheaper in the long run

## CONCLUSION

Having co-occurring SUD and SMI adversely affects homeless persons' abilities to recover and maintain stability in many aspects of life. Adjustments to the current system are necessary in order to make sure that this population has a greater chance to succeed in the long run.

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