

PUTTING HOUSING FIRST, MAKING HOUSING LAST: HOUSING POLICY FOR PERSONS WITH SEVERE MENTAL ILLNESS

Challenges to Finding Safe and Affordable Housing
Securing safe and affordable housing is a challenge for millions of Americans. For individuals with severe and persistent mental illness this challenge is even more difficult. The sad reality is that most individuals with severe and persistent mental illness live at or below the poverty line and even though many receive subsidized supports such as food stamps, health care, and disability insurance, these benefits rarely stretch far enough to cover the cost of adequate and safe housing. The average rent on a modest efficiency apartment in 2004 consumed 96 percent of the monthly disability payment. It is not surprising then that persons with severe and persistent mental illness are estimated to represent roughly 30 percent of the homeless population.

Housing assistance in the United States is not an entitlement, and securing housing requires the ability to wade through bureaucracy and compete for coveted spots — a challenge for anyone, let alone those with mental illness. For example, if one is lucky enough to secure a housing voucher — one form of housing assistance — landlords still must be willing to rent to a person with a mental illness. Unfortunately, no data tells us what fraction of the population with severe and persistent mental illness are recipients of federal housing subsidies.

In their paper “Putting Housing First, Making Housing Last” for the *Fundamental Policy – Spotlight on Mental Health Conference*, Sandra Newman and Howard Goldman argue that the

first step to reducing homelessness for individuals with severe and persistent mental illness is to better understand both the issues of access to housing, and the services and supports that ensure they remain housed. Policy, they argue, has moved far ahead of research on housing for people with a severe mental illness. Research must now build the evidence base to advance a new generation of housing policy focused on the highest priority issues.

What Do We Know about Housing for Individuals Diagnosed with Mental Illness?

HUD administers three major housing assistance programs: (1) public housing, typically owned and operated by local public housing authorities; (2) privately owned developments that charge affordable rents in exchange for favorable construction or rehabilitation financing from HUD; (3) housing vouchers, which subsidize rental housing in the open market. Unlike entitlement programs, such as Medicaid or food stamps, housing assistance programs operate like a lottery.

Housing policy, however, is not always well suited to persons experiencing mental illness. First, public housing often takes the form of large apartment buildings, and persons with mental illness seem to fare better in settings with fewer occupants. Public housing is also often situated in isolated and low-income neighborhoods when those diagnosed with mental illness do better in more economically diverse and stable neighborhoods. Finally, as noted above, the complicated, competitive lottery process of securing housing is stacked against those with severe mental illness.

A better suited program for those diagnosed with a mental illness is the Section 811 program of the U.S. Department of Housing and Urban Development, which is specifically earmarked for persons with disabilities. As of 2006, 11,223 Section 811 housing units for persons with mental illness had been funded by HUD. Program rules limit group homes serving residents with chronic mental illness to 8 or fewer persons and independent living buildings are limited to 20 persons. Unfortunately, the program has not been rigorously evaluated.

Key Issues for Housing Persons with a Mental Illness

The authors identify three key issues that can help guide future policymaking. First, some persons with severe and persistent mental illness are able to live stable and independent lives in the community. However, we know little about the characteristics of this subgroup or which specific support services ensure their success.

Second, we need a better understanding of landlord discrimination against persons with severe and persistent mental illness. To date, there has been no systematic examination of complaints of discrimination to characterize these landlords, where they are located or the nature of their potentially discriminatory action.

Third, although various case management strategies appear to reduce homelessness, there is little known about the specific service supports that lead to successful outcomes, or the effects of combining case management with different housing arrangements on housing stability.

Crucial Steps for Improving Housing Policy

The authors argue for solid empirical evidence to develop an appropriate and comprehensive housing policy for those with severe mental illness. Accordingly, they recommend three next steps, including a thorough evaluation of the Section 811 program and a study of housing discrimination against those with severe and persistent mental illness. Finally, the authors call for the development of a research demonstration program comparing various housing settings and support services approaches, building on the design of the San Diego McKinney housing experiment. This demonstration should analyze both use of, and access to, housing subsidies; test both tenant-based and program-based housing approaches; and examine several strategies for delivering clinical and supportive services including a model that considers co-occurring substance use disorders.

Housing cannot cure mental illness, nor can it address the myriad problems affecting people who are homeless, with or without a mental illness. But decent, affordable housing would at least give people who are homeless and experiencing a mental illness a place to live, and achieving that objective might instill greater public confidence in mental health services and programs. Rigorous research on priority issues can help advance effective housing policy for this population. The results will improve access to housing among those with severe mental illness and, equally importantly, ensure that they remain housed with access to needed support services—which benefits the entire community.

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