Homelessness, Addiction & Mental Illness: A Call to Action for BC

Julian M Somers

September 17th, 2021

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Key Points:

- 15 years of R&D by SFU on evidence-based practices (EBPs) addressing homelessness, mental illness, addiction, criminal justice involvement;
- Results demonstrate overwhelming superiority of EBPs compared to current services at comparable cost;
- EBPs achieve housing stability, community integration, reduced crime, reduced ED visits, subjective wellbeing;
- Needs are concentrated in diverse regions of BC and people relocate in search of help;
- SFU and partners aim to implement EBPs immediately in multiple regions for 1,500 people between 2021-24;
- Partnerships and accountability will make todays EBPs better.

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Epidemiology and Psychiatric Sciences (2016), **25**, 267–277. © Cambridge University Press 2015
doi:10.1017/S2045796015000347

ORIGINAL ARTICLE

The prevalence and geographic distribution of complex co-occurring disorders: a population study

J. M. Somers[1*], A. Moniruzzaman[1], S. N. Rezansoff[1], J. Brink[2] and A. Russolillo[1]

In a 5-year period where are the British Columbians who experience:

- Diagnosed mental illness;
- Diagnosed substance use disorder;
- > $35,000 in social assistance;
- > $19,000 in shelter support;
- 9 sentences in provincial court;
- 3 acute hospital admissions;
- 5 psychiatric admissions;
- > $10,000 in MSP services

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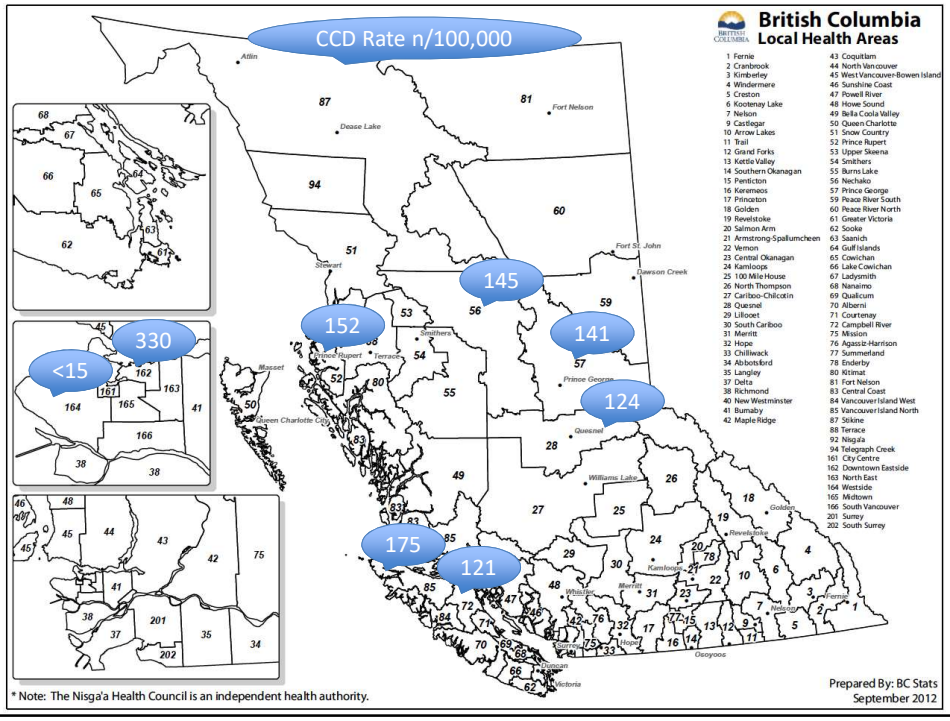

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Our Clients: Average Services Per Year While Homeless

Public Services	# of services and costs
# of community medical services	60
Acute hospital admissions	1.4
Hospital days (any cause)	23
# of pharmacy encounters (any)	134
Custody days	24
Community supervision days	75
Social assistance payments ($CAD)	$7,140
Total cost ($CAD)	~$50,000

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Elements of Evidence-Based Practice:

- Recovery-focused, emphasis on client agency;
- Teams support recovery via community involvement, employment, restoring relationships, strengthening culture & renewed identity;
- Teams participate in all aspects of client care;
- Teams operate 24x7 and are coordinated centrally;
- All team members, including peer specialists, work with all clients.

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Recovery Themes 18 months Post Randomization

In Treatment as Usual (TAU)

#1: Most TAU participants continued to feel trapped and unable to escape the "**revolving door**" of shelters, hotels, hospital stays, and incarceration: "I want to get up and move on. But the forces in this world seem to keep you where you are, for whatever reason."

#2: **Cumulative trauma**: "Deep down, I'm still hurting like hell. I'm still screwed up . . . I need one-on-one counseling, but it's hard to find."

Patterson ML, Currie L, Rezansoff SN, Somers JM (2015). Exiting homelessness: perceived changes, barriers, and facilitators among formerly homeless adults with mental disorders. Psychiatric Rehabilitation Journal, 38(1):81-87.

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Recovery Themes 18 months Post Randomization

In Recovery-oriented housing

#1: **A Stable Home**: living in a "normal" environment as opposed to "noise, violence, bugs and chaos".
"Having a nice place to live makes people think more about themselves. It gets them started. Like they're worth something."

#2: **A Preferred Identity**: "Normally, when I walk down the street, everyone is staring at me because I'm a junkie. But a lot of the time lately . . . I'm feeling good and there's a lot of smiles."

Patterson ML, Currie L, Rezansoff SN & Somers JM (2015). Exiting homelessness: perceived changes, barriers, and facilitators among formerly homeless adults with mental disorders. Psychiatric Rehabilitation Journal, 38(1):81-87.

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| Research and Practice | Peer Reviewed | *Palepu et al.* American Journal of Public Health | Supplement 2, 2013, Vol 103, No. S2

RESEARCH AND PRACTICE

Housing First Improves Residential Stability in Homeless Adults With Concurrent Substance Dependence and Mental Disorders

| Anita Palepu, MD, MPH, Michelle L. Patterson, PhD, Akm Moniruzzaman, PhD, C. James Frankish, PhD, and Julian Somers, PhD

OPEN ACCESS Freely available online

PLOS | ONE

Housing First Reduces Re-offending among Formerly Homeless Adults with Mental Disorders: Results of a Randomized Controlled Trial

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International Journal of Housing Policy, 2014
Vol. 14, No. 1, 79–97, http://dx.doi.org/10.1080/14616718.2014.884881

Routledge
Taylor & Francis Group

Emergency department utilisation among formerly homeless adults with mental disorders after one year of Housing First interventions: a randomised controlled trial

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Homeless individuals represent a disadvantaged and marginalised group who experience increased rates of physical illness as well as mental and substance use disorders. Compared to stably housed individuals, homeless adults with mental disorders use hospital emergency departments and other acute health care services at a higher frequency. Housing First integrates housing and support services in a client-centred model and has been shown to reduce acute health care among homeless populations. The present analysis is based on participants enrolled in the Vancouver At Home Study ($n = 297$) randomised to one of three intervention arms (Housing First in a 'congregate setting', in 'scattered site' [SS] apartments in the private rental market, or to 'treatment as usual' [TAU] where individuals continue to use existing services available to homeless adults with mental illness), and incorporates linked data from a regional database representing six urban emergency departments. Compared to TAU, significantly lower numbers of emergency visits were observed during the post-randomisation period in the SS group (adjusted rate ratio 0.55 [0.35,0.86]). Our results suggest that Housing First, particularly the SS model, produces significantly lower hospital emergency department visits among homeless adults with a mental disorder. These findings demonstrate the potential effectiveness of Housing First to reduce acute health care use among homeless individuals and have implications for future health and housing policy initiatives.

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Cost-Effectiveness of Housing First With Assertive Community Treatment: Results From the Canadian At Home/Chez Soi Trial

Eric A. Latimer, Ph.D., Daniel Rabouin, M.Sc., Zhirong Cao, M.Sc., Angela Ly, M.H.A., Guido Powell, M.Sc., Tim Aubry, Ph.D., Jino Distasio, Ph.D., Stephen W. Hwang, M.D., M.P.H., Julian M. Somers, Ph.D., Ahmed M. Bayoumi, M.D., M.Sc., Craig Mitton, Ph.D., Erica E. M. Moodie, Ph.D., Paula N. Goering, R.N., Ph.D., For the At Home/Chez Soi Investigators

HIGHLIGHTS

- In the At Home/Chez Soi Canadian trial of Housing First with assertive community treatment (ACT), about two-thirds of the costs of the intervention were offset by savings in other costs.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.202000029)

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BMJ

Bingham B, *et al*. *BMJ Open* 2019;**9**:e024748. doi:10.1136/bmjopen-2018-024748

Open access Research

BMJ Open Indigenous and non-Indigenous people experiencing homelessness and mental illness in two Canadian cities: A retrospective analysis and implications for culturally informed action

Brittany Bingham,[1] Akm Moniruzzaman,[1] Michelle Patterson,[1] Jino Distasio,[2] Jitender Sareen,[3] John O'Neil,[1] Julian M Somers[1]

Bingham *et al. BMC Psychology* (2019) 7:57
https://doi.org/10.1186/s40359-019-0331-y

BMC Psychology

RESEARCH ARTICLE Open Access

Gender differences among Indigenous Canadians experiencing homelessness and mental illness

Brittany Bingham[1*], Akm Moniruzzaman[1], Michelle Patterson[1], Jitinder Sareen[2], Jino Distasio[3], John O'Neil[3,4] and Julian M. Somers[1]

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SFU

BC First Nations Justice Council

British Columbia

Phoenix Society

Union Gospel Mission

Canadian Mental Health Association British Columbia *Mental health for all*

The Salvation Army Vancouver Harbour Light Giving • Hope • Today

JohnHoward Society of British Columbia

Coast Mental Health

Building Community Society of Greater Vancouver

raincity Housing

CARMHA Centre for Applied Research in Mental Health & Addiction

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