

## Annotated Bibliography

Castellow, J., Kloos, B., & Townley, G. (2015). Previous homelessness as a risk factor for recovery from serious mental illnesses. *Community Mental Health Journal, 51*(6), 674-684. doi:10.1007/s10597-014-9805-9

Much research has focused on mental illness as a risk factor for homelessness. There is little work on the experience homelessness as a risk factor for negative mental health outcomes, such as higher psychological distress, substance use, and poorer recovery. This paper tested 424 residents in a supportive housing site. They compared the afore mentioned outcome measures in residents, who all had a mental health diagnosis. The difference was that some had experienced homelessness and other had not. The study controlled for other variables. Hierarchical linear regressions revealed that experiencing homelessness, and the type of homelessness, i.e., number of nights spent homeless, predicted a large amount of variance in mental health outcomes. Those who had experienced homelessness reported higher degrees of psychological distress around their disorders and the type of homelessness was a significant factor. Being homeless at all was a predictor for substance use, but the number of days spent homeless was not predictive. This was opposite when it came to recovery, where number of days did matter. Some limitations to the study include self-report, as well as missing variables that were estimated. This work is an important step in how professionals understand the relationship between homelessness and mental illness.

Chung, T. E., Gozdzik, A., Palma Lazgare, L. I., To, M. J., Aubry, T., Frankish, J., & Stergiopoulos, V. (2018). Housing First for older homeless adults with mental illness: A subgroup analysis of the At Home/Chez Soi randomized controlled trial. *International Journal of Geriatric Psychiatry, 33*(1), 85-95. doi:10.1002/gps.4682

Housing first (HF) policies are becoming more popular and there is evidence that they are more effective on a broad scale. Now, it is important to determine how they work with specific populations and conditions. The authors of this paper ran a randomized study to determine the effects of housing first policies on older and younger homeless individuals with mental illnesses. They looked at its effect on overall quality of life, housing stability, mental health severity and other secondary outcomes. Over 2000 participants were randomly assigned to a housing first program or treatment as usual. Outcome measures were assessed at baseline, and every six months for 24 months. For housing stability, or percentage of days spent homeless, there was no significant difference between older and younger adults. However, the condition mattered. Those in the housing first condition spent more days with housing. Furthermore, older adults' overall quality of life and mental health symptom severity improved more in the HF condition than they did for younger individuals. Previous research has shown that older adults prefer independent living but also may need support. Housing first programs can bridge this gap. More research should be done but this is a step towards housing interventions that will specifically target the needs of older homeless adults, which is especially important given their growing numbers.

Dykeman, B. F. (2011). Intervention strategies with the homeless population. *Journal of Instructional Psychology*, 38(1), 32-39.

This article is an overview of the general intervention strategies to use with individuals and families experiencing homelessness. This paper is a good starting point for any professional who will be working with the homeless population. The commonly understood pathways to homelessness are economic and mental status. There are several theoretical perspectives on homelessness. The main orientations are psychological, sociological and psychosocial. Depending on a clinician's orientation, their interventions will look different. The paper goes on

to describe specific interventions from both a family and biopsychosocial framework. When working from a family perspective, step one involves understanding the families immediate and post important concerns. Second, relationship building is key. The third step works to modify family dynamics to be more useful. Finally, maintenance of these changes needs to be addressed. From a biopsychosocial framework, step one is the same: addressing immediate needs. Step two requires collaboration with community resources. Step three provides counseling services to make interpersonal change. The last step is advocacy on behalf of the population. This article is well-written, succinct and a solid introduction for professionals on caring for individuals experiencing homelessness.

Kirst, M., Zenger, S., Misir, V., Hwang, S., & Stergiopoulos, V. (2015). The impact of a Housing First randomized controlled trial on substance use problems among homeless individuals with mental illness. *Drug and Alcohol Dependence*, 14(6), 24-29.  
doi:10.1016/j.drugalcdep.2014.10.019

The housing first approach to homeless is to provide homes to individuals first rather than more traditional models which require sobriety and treatment before providing housing. Due to the high correlation between homelessness and drug use, researching whether housing first programs lessen drug use is important. The researchers randomly assigned 575 homeless individuals to a traditional housing program or a housing first program. They then tracked substance use over 24 months. Results indicated that housing first participants spent less money on alcohol and fewer days experiencing issues related to drug use. However, there was no difference between conditions on illegal drug use. The authors argue that users of illicit substance may need more support than this model provided. Overall, this research is additional evidence that housing first

models are more effective at harm reduction. A serious limitation to the study was self-report but as one of the few studies looking at this issue specifically, it should prompt further research.

Luhrmann, T. M. (2008). 'The street will drive you crazy': Why homeless psychotic women in the institutional circuit in the United States often say no to offers of help. *The American Journal of Psychiatry*, 165(1), 15-20. doi:10.1176/appi.ajp.2007.07071166

Many housing services for individuals experiencing homelessness provide care contingent upon psychiatric diagnoses. Many people do not accept this assistance offered to them. The researchers of this paper sought to understand this phenomenon. They used ethnographic interviews with 61 women who spent time at drop in centers within a Chicago neighborhood. Researchers conducted multiple interviews with each woman, amounting to 1,000 hours of interviews. Women voluntarily stated that they did not use housing options available because they were not “crazy”. This theme was present in most interviews. The women’s definition of “crazy” was related to being weak. The women saw craziness as being defeated by the street and a permanent condition, unable to be helped. The women saw themselves as strong. Therefore, needing a formal diagnosis to acquire housing was to admit weakness and defeat, two attributes that create vulnerability in their environment. This qualitative research was approached in a thorough and person-centered manner. Understanding the sociocultural barriers to housing creates the opportunity to better meet people where they are. Understanding that “crazy” means something different to these women than to professionals is crucial to adapt services that can truly meet the needs of these individuals.