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# Confronting Homelessness as a Health Issue: A Housing First Approach

## Health & Homelessness

There is a general consensus that individuals subjected to homelessness experience higher levels of physical and mental health issues, as well as a higher probability of having negative interactions with the criminal justice system<sup>1</sup>. Homelessness increases the risk of many health problems and diseases, but also is a complicating factor for implementing effective healthcare<sup>2</sup>. This can be illustrated by the seemingly straightforward prescription for a patient to rest or even elevate an extremity, which is exceedingly difficult without a secure place to sleep. Attending to health issues of any kind, especially mental health, becomes unmanageable without stable housing. In fact, mortality rates are three times greater among homeless adults compared to the general population<sup>3,4</sup>.

Permanent housing often leads to improved long-term health outcomes such as decreased substance dependency, and alleviates chronic health problems associated with homelessness such as malnutrition, infection, cardiovascular disease, diabetes and susceptibility to injury due to extreme weather<sup>5</sup>. Washington Physicians for Social Responsibility recognizes that providing permanent housing to homeless individuals, within the framework of the Housing First model, will yield significant improvements to the life and health of chronically homeless persons.

## About Housing First

The Housing First model is an evidence-based housing intervention that prioritizes obtaining permanent housing (vs. temporary shelter) for homeless individuals before expecting them to manage complex mental and physical health issues. This approach provides stable housing options for people who have experienced chronic housing insecurity with various degrees of service needs<sup>6</sup>. This often includes individuals with mental illness, substance use disorders or other health issues.

The Housing First model utilizes different requirements relative to traditional shelters and other temporary housing systems. Housing First policies do not require proof of “housing readiness”, which usually involves participation in programs that document participation in sobriety programs and mental health treatment. Sobriety and compliance with mental health treatment have traditionally been viewed as necessary for successful transition to permanent housing<sup>7</sup>. However, unsheltered individuals are often unwilling or unable to comply with these requirements and are thus barriers to obtaining housing<sup>8</sup>. Homeless people prioritize stable housing over almost every other basic human need<sup>7</sup>.

The Housing First model provides individuals that have faced chronic homelessness access to permanent housing. Most importantly, it supports homeless people who have been unsuccessful with traditional approaches and have therefore been chronically homeless despite best intentions of healthcare providers and social service agencies<sup>7</sup>. Therefore, Housing First models provide those with substance use disorders, mental illness and other chronic health conditions stable housing and the space to make positive behavioral changes *when they are ready* without the immediate stress of day to day survival.

Consumers still must comply with landlord rules like any other tenant and are expected to pay a small, set percentage of the rent. These conditions provide the individual with greater autonomy, community integration and a sense of control of their environment<sup>8</sup>. All of these factors can positively impact mental health and potential for successful recovery for substance users<sup>8</sup>. Along with ensuring safe housing, Housing First may provide various support services from social workers, nurses, mental health providers and peer counselors either on-site or at local services sites<sup>9</sup>. These professionals are trained in harm reduction approaches and trauma-informed care for issues surrounding substance use, mental health and acute crisis intervention<sup>7</sup>.

Housing First has demonstrated significant benefits to health and well-being, compared to other approaches to securing shelter for homeless individuals. Current research, coupled with participant feedback, have confirmed that stable housing is the primary component in this model, rather than the services provided for homeless people<sup>10, 11, 12</sup>. In addition to measurable improved health outcomes associated with securing permanent housing, consumers in Housing First

models utilize significantly less emergency health care expenses compared to non-enrolled counterparts<sup>9</sup>. Current literature supports the connection between the Housing First model and decreased return to homeless status<sup>8</sup>.

Housing First has demonstrated success [locally](#), [nationally](#), and [internationally](#). These initiatives have helped individuals experiencing homelessness access long-term housing and reintegration into their communities. In order to improve the health of our most vulnerable neighbors, Washington Physicians for Social Responsibility hopes to further support these efforts locally and around Washington state.

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## Responding to Criticism

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Critics of Housing First policies often instead support a “housing readiness” model, based on the theory that supportive housing that does not require abstinence enables homeless persons to continue using drugs or alcohol. They may perceive these programs as permitting substance users a space to continue use with no extrinsic motivation to undergo treatment. Dr. Sam Tsemberis, a psychiatrist at Columbia University who founded the [Pathways Housing First Institute](#) in New York City in 1992, has published [several studies](#) that refute these claims. These studies emphasize the key aspect of *consumer choice* in which individuals make their own treatment choices. Focusing on consumer choice while providing readily available support services to participants is essential for building trusting, supportive and effective clinical relationships. In fact, studies have found decreased alcohol use and its behavioral complications while in Housing First programs compared to those not in programs rooted in the Housing First model<sup>1,9</sup>.

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