

Discharge of Psychiatric Patients to Shelters Increases Homelessness



What is this research about?

Discharge of patients from psychiatric wards to shelters or the street increases the risk of long-term homelessness. Issues such as shortened hospital stay periods, and the rising cost of housing make it difficult for patients to arrange somewhere to live. In this study, a sample of patients was provided with support in finding housing upon being released from the hospital. Results show that when individuals have income support and assistance, they are successful in maintaining housing for at least 6 months.

What did the researchers do?

The researcher studied 14 patients, 7 of whom were given housing assistance before they were discharged from the psychiatric ward. The other 7 patients received the usual care and were referred to social work if their healthcare team asked for it. Assistance in finding affordable housing was provided by a community housing advocate from the Canadian Mental Health Association. Income support to help patients pay the first and last months' rent was provided by Ontario Works and Ontario Disability Support Program.

What you need to know:

A comprehensive care plan for patients, including at least income support and assistance resettling in the community, will prevent homelessness.

The researchers interviewed the patients and followed up with them 3 and 6 months after discharge.

What did the researchers find?

The researchers found that all individuals who were given assistance found a place to live within 2 days of discharge. They were still living there after 6 months. The housing advocates needed to spend about 2 to 3 hours to help find housing and help with communicating with landlords. However, all but one patient who received the usual care did not find housing and remained homeless at the 3 and 6 month period. The one exception joined the sex trade to avoid homelessness. These results indicate that policy changes are required to prevent homelessness. It is important to note that the individuals in this study were classified as healthy but at risk







of homelessness. Thus, those who are more vulnerable, who may have a history of substance abuse or lack stable income supports, have even more difficulty getting out of homelessness.

How can you use this research?

Policymakers, nurses and healthcare providers may use this research to promote improvements in policy.

About the Researchers

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