**Pilot Study**

**BACKGROUND**

A recent study revealed that discharges to shelters or the street occurred at least 194 times a year in London, Ontario, Canada (Forchuk, Russell, Kingston-MacClure, Turner, & Dill, 2006).

**THE PROBLEM**

- Individuals with mental illnesses are being discharged from psychiatric wards to shelters or streets “no fixed address”
- Hospitals and shelters do not systematically collect data on the issue of discharge to the shelter or the streets
- This is not a simple matter of poor discharge planning on the part of the hospital. The issue is far more systematic

**WHY IS THIS HAPPENING?**

**SYSTEMIC ISSUES**

- Shorter hospital length of stay
- Difficulty accessing funds
- Low/poverty level pension benefits
- Affordable housing shortage

**INDIVIDUAL ISSUES**

- Housing history
- Previous/current psychiatric history
- Level of income
- Ability to manage independent living

**TRYING TO MAKE THE SYSTEM WORK**

- Finding affordable housing
- Assistance in paying for first and last month’s rent
- Navigating the hospital/housing/income support systems

**PLANNING WITH PARTNERS**

- Hospital Referral Sources
- Income Support Providers – Ontario Works (OW) and Ontario Disability Support Program (ODSP)
- Research and Support Providers – Community University Research Alliance and Canadian Mental Health Association

**SUPPORT PROVIDED**

- Immediate response to identified consumer need
- Assisted access to housing information and resources
- Housing assessment and goal planning
- Advocacy to coordinate services and accessing financial resources
- Support in accessing housing

**INCLUSION CRITERIA**

- Psychiatric diagnosis for at least one year
- Stable and able to live independently
- Secured source of income

**INTERVENTION GROUP**

- Participants received immediate social support and assistance in securing housing
- Participants received assistance in paying for their first and last month’s rent through OW or ODSP
  - *n=7*

**CONTROL GROUP**

- Participants received usual discharge care
  - *n=7*

**RESULTS**

- All participants were interviewed prior to discharge, at three months and six months post discharge, in order to track information such as housing status, housing cost, and quality of life
- All individuals in the intervention group attained housing prior to discharge and maintained housing when interviewed at the three and six month period (*p<.001*)
- All but one individual in the control group did not attain housing and remained homeless when interviewed at the three and six month period
  - The exception in the control group joined the sex trade to avoid homelessness
- When working with individuals in the intervention group, an average of two to three hours of advocacy work was needed to prevent homelessness from discharge

**CONCLUSION**

- Discharges from psychiatric wards to shelters or the street is a problem.
- There is a need for systemic solutions related to income support and assistance in finding housing to prevent homelessness among people being discharged from psychiatric wards

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REFERENCES: