Title How does Housing First catalyze recovery?: Qualitative findings from a Canadian multi-site randomized controlled trial

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Target Population People with mental illness who are homeless

Key Words Housing First, mental illnesses, transition, homelessness

Brief Description Housing First can promote recovery in homeless people with mental illness. Changes can be found at three different transition points: from street to home, from home to community, and from present to future.

Article Summary

Research indicates that Housing First can promote recovery in homeless people with mental illnesses and that changes participants experience can be categorized into three types of transitions: From street to home, from home to community, and from present to future.

The study, which was published in *The American Journal of Psychiatric Rehabilitation*, used qualitative methods to understand how Housing First can promote the recovery of this population. Housing First is an intervention model that provides immediate housing and support services for consumers without first requiring them to meet certain conditions, such as being sober or receiving psychiatric treatment. Through a recovery-oriented approach, consumers choose their housing and support programs as separate services and are integrated in the community. Previous research on this model has demonstrated improvements in housing stability, quality of life, community functions and employment, and reduced hospitalization and alcohol use. This study, which was part of a larger randomized controlled trial, compared the recovery process of people involved with Housing First and those who received treatment-as-usual. Interviews were held with approximately 10% of the 2,255 individuals who participated in the study, with 119 interviews completed with Housing First participants and 76 interviews held with treatment-as-usual participants. Participants were selected randomly to begin, and as the selection progressed participants were purposively selected to ensure a representative sample. More than 50 demographic, clinical diagnostic, and outcome factors were compared to the larger group, with groups only differing significantly on gender (more woman and transgender people in the subsample), substance use symptoms (lower levels in the subsample), and income (higher income in the subsample). The interviews focused on 13 different topics, including life changes, education, work, relationships, housing situation, and finances. Researchers recorded and transcribed the interviews and then coded and categorized them to identify themes.

Researchers identified three types of transitions from the interviews: From street to home, from home to community, and from present to future. The transition from street to home involved becoming unstuck (i.e., participants moved from worrying about immediate survival to gaining a sense of safety and freedom) for

both Housing First and treatment-as-usual participants. However, participants in Housing First reported experiencing greater improvement in their financial situation and control over their social situations (e.g., more choice over who comes and goes in their house, ability to set boundaries, more privacy) compared to treatment-as-usual while transitioning from street to home. The transition from home to community involved settling into routines, making new social connections, and reconnecting with previous relationships. Although participants in both Housing First and treatment-as-usual reported improvement in this transition, it was reported more often with the Housing First group. Transition from present to future involved gaining control over one's own health, increasing self-worth, and developing a sense of autonomy. These gains were reported by both Housing First and treatment-as-usual participants.

The researchers also identified challenges at each transition point. For example, some participants still maintained social networks that encouraged substance use while transitioning from street to home. During the transition from home to community some participants reported feeling isolated in their new home, rather than becoming a part of their new community. Finally, while transitioning from present to future some participants were left without a sense of purpose and felt they did not have anywhere to go from their present situation.

Macnaughton and colleagues conclude that this study further supports the idea that Housing First can successfully promote recovery by enabling an active self-identity and motivating participants to address environmental factors standing in their way (e.g., gaining an education). They then present two recommendations based on results of this study. First, they recommend paying attention to challenges faced at all three transitions to promote successful recovery. Second, they encourage practitioners to be aware of the "what now?" question. Once people in recovery have achieved success in finding a place to live, it is important to continue supporting them and suggesting options on what to do next in their lives. Implementing these recommendations can help homeless people with mental illnesses regain a sense of self and improve their recovery process.

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