Housing First for Those With Chronic Mental Illness

TO THE EDITOR: I commend Sandra Newman, Ph.D. and Howard Goldman, M.D., Ph.D. (1) for their thoughtful commentary published in the October 2008 issue of the *Journal*. Drs. Newman and Goldman helpfully formulated the primary issues concerning housing provisions for individuals with chronic mental illness: availability, access, and stability. The authors also provided a review of some of the relevant literature and recommended an expansion of relevant research.

However, I would suggest a revision to the statistic, as reported in the commentary, that there are "870,000 homeless persons with mental illness over the course of a year" (1, p. 1245), which was based on a national estimate, reported by Burt and Aron (2), of 2.3 to 3.5 million homeless individuals per year overall. Data reported in an article by Malcolm Gladwell (3) suggest that only 10% of the homeless population at any given time is chronically homeless and that the remainder of this population is merely transient, and thus 80% of individuals in this population are homeless only once in their lifetimes and another 10% are homeless episodically for brief periods. Therefore, our public policy agenda should possibly consider providing housing for this fractional group.

In summary, reducing this target population to a manageable size is obviously critical to policy formulation. Providing appropriate housing and support services (perhaps through assertive community treatment teams if the research Drs. Newman and Goldman support is consistent with this modality) will be critical if the assurance of independent life in the community, promised under deinstitutionalization decades ago, is to be realized.

References

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2. Burt M, Aron L: America's Homeless II: Populations and Services. Washington, DC, Urban Institute, 2000
3. Gladwell M: Million-Dollar Murray. New Yorker, Feb 13, 2006

WILLIAM M. TUCKER, M.D.
New York, N.Y.

Dr. Tucker is the former Chief Medical Officer (acting) of the New York State Office of Mental Health; he is currently an Assertive Community Treatment team psychiatrist with Pathways to Housing in New York City.

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Drs. Newman and Goldman Reply

TO THE EDITOR: We appreciate Dr. Tucker's remarks about our commentary. He highlights the important distinction between those individuals with severe mental impairments who have ever been homeless and those who are homeless at a particular point. It is likely that those who have ever been homeless are homeless only briefly or episodically. However, the majority of severely impaired individuals who are homeless at a point in time are likely to be in the midst of a long spell of persistent homelessness. We agree that this distinction between those ever homeless and those homeless at any particular time is essential for understanding homelessness among this population and for policy development to address their needs. We also agree that addressing this problem requires systematically evaluating effective treatments and supportive services in independent settings, including assertive community treatment.

SANDRA NEWMAN, PH.D.
HOWARD GOLDMAN, M.D., PH.D.
Baltimore, Md.

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Examining Housing Policy for Persons With Severe Mental Illness

TO THE EDITOR: In their commentary, Drs. Newman and Goldman provided an excellent introduction to suggested policy strategies regarding homeless persons with severe mental illness. The authors placed special emphasis on addressing housing issues prior to addressing issues associated with mental illness, offering appropriate access to housing for individuals with mental illness and supportive services for people with serious and persistent mental illness who have obtained housing.

Some additional points can be made regarding this topic. First, Drs. Newman and Goldman asserted that previous research suggests that individuals with mental illness function better in settings with fewer occupants and with a greater proportion of people with mental illness. However, they did not discuss the role of consumer choice in improved social functioning outcomes. There is a wide body of research (including research previously conducted by Drs. Newman and Goldman) that supports the consumer preference model, which focuses on permanent supportive housing, a desire to live independently, and a disregard for segregated settings (1–3). Therefore, it deserves mentioning that a more important role in housing policy may be to ensure that consumers have a part in the selection process of appropriate housing settings.

Drs. Newman and Goldman discussed the association between case management models and increased housing stability, and they commented on the lack of research insight into combining case management with housing arrangements. However, Clark and Rich (4) examined the effectiveness of comprehensive combined housing and case management services relative to case management alone and found improved outcomes for individuals with increased severity of symptoms. Drs. Newman and Goldman correctly highlighted the need for more rigorous studies in this area.

The improved care and treatment for individuals with severe and persistent mental illness remain a significant concern, and addressing homelessness is an integral part of this issue. I appreciate Drs. Newman and Goldman bringing renewed attention to this important topic.