

Carol L. M. Caton (2017)

The Open Door: Homelessness and Severe Mental Illness in the Era of Community Treatment

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Although only 160 pages in length, "*The Open Door: Homelessness and Severe Mental Illness in the Era of Community Treatment*", authored by Dr. Carol Caton, a well-known community mental health researcher at Columbia University, provides a knowledgeable and comprehensive perspective on the development of programs and policies addressing homelessness among people with severe and persistent mental illness in the post-deinstitutionalization period in the United States. As stated by the author in the preface, the book is intended to provide a review of the "state of science" in describing the history of community treatment targeting homelessness. Based on my reading, I judge it as having accomplished this objective.

The book has ten chapters, each with a particular theme that takes us over a period of 35 years, from the closing of psychiatric institutions in the United States, to the rise of homelessness among people with severe mental illness, the development of community mental health services, the initiation of housing programs and policies addressing homelessness, the recent focus on homelessness prevention, and future directions for research on promoting recovery and community participation. The book moves along quickly with each chapter broken into a series of short sections. However, to fully appreciate its rich content, I needed to read it in several sittings.

Although, the chapters are sequenced in a chronology that tells the story of the rise of homelessness in America and its response to date, their themed focus allows them to be read on their own. To some extent, each chapter represents a review of the research literature on a topic related to the homelessness of people with severe mental illness. Moreover, many of the chapters are unique in how they summarize the research.

Chapter 1 "*The Open Door: The Mental Health System Transformed*" sets the stage for the rest of the book by recounting the story behind the closing of psychiatric institutions and how mental health and social services that were put in place in the 1970s and 1980s fell short of addressing the needs of deinstitutionalized patients

leading to them being inadequately housed, socially marginalized, and frequently homeless across the country. The chapter argues that current gaps in community mental health services in the United States continue to play a major contributing role to the large number of people with severe mental illness who experience chronic homelessness.

Chapter 2 "*Voluntarism and the Rise of Advocacy*" describes the increasing public awareness of the growing homelessness problem across the United States in the 1970s and the move from addressing it locally through services to public and legal advocacy efforts undertaken at the state and national levels. It is also noted that the media has also played an important role in these advocacy efforts. These advocacy efforts produced the McKinney-Veto Homeless Assistance Act in 1987, legislation that continues to exist today and serves as the main source of federal funding for programs serving people who are homeless. Also in the late 1980s, the National Alliance to End Homelessness was created with the purpose of developing housing solutions. The chapter underlines the success of advocacy efforts of community organizations, the media, law, and citizens in bringing attention to the homelessness issue and much-needed reforms to public policies.

Chapter 3, "*Homeless People with Severe Mental Illness*" describes the subgroup of individuals with severe mental illness who are chronically homeless. It is these individuals, representing approximately 15-20% of the homeless population that are the focus of the book. The chapter cites research that identifies the risk factors contributing to the homelessness of this population, including childhood adversity, substance abuse, violence and victimization, criminal behaviour, and medical comorbidities. The chapter ends with interesting and rich case narratives of three individuals with mental illness who are homeless, drawn from qualitative research conducted by the author and intended to inform the development of prevention programs.

Chapter 4, "*Overcoming the Problem of Disengagement from Treatment*" presents the research on the lack of participation in mental health treatment of people with severe mental illness who are homeless. The chapter reviews the reasons behind this disengagement from services that includes lack of insight, the stigma associated with mental illness, and situational and financial barriers. It goes on to examine the research on interventions to increase engagement, notably the leveraging of entitlements and housing, involuntary inpatient treatment, assisted outpatient treatment, and voluntary approaches to decision-making like shared decision-making.

Chapter 5, "*Mental Health Services Take to the Streets*" reviews the research on the outreach services and programs that were developed to engage people with severe mental illness who were homeless and not receiving any mental health

services. In particular, it examines the state of the evidence on the effectiveness of community mental health programs targeting the population such as case management, CTI, ACT, integrated treatment for people with dual disorders, peer recovery support, and supported employment.

Chapter 6, *“From the Streets to Homes”* presents the range of specialized housing that has been developed for people with severe mental illness beginning with the early board and care homes of the 1970s, followed by the creation of emergency shelters, early forms of single site supportive housing, and scattered site supportive housing. Types of supportive housing are categorized in the chapter based on four characteristics: housing first versus housing readiness, high demand versus low demand environments, intensity of supportive services, and transitional versus permanent. The chapter ends with a description of different examples of types of supportive housing programs located in different parts of the United States.

Chapter 7, *“Challenges to Bringing Housing to Scale”* focuses on permanent supportive housing, defining it as any housing that combines subsidies and treatment and support services. The chapter notes that there is no agreed-upon standard model for permanent supportive housing with the exception of the Pathways Housing First model, which has adopted the recommended characteristics for supportive housing of the Substance Abuse and Mental Health Services Administration. It reports on the findings of consumer preference research that show that a majority of individuals prefer independent living in regular housing over living in single site housing with on-site support. In spite of these preferences, it is indicated that housing decisions are usually made by service providers who are partial to group living for people with severe mental illness. The research on housing outcomes is summarized as showing that *“any type of housing”* is effective in assisting people to leave homelessness and that permanent supportive housing reduces the use of crisis health care services. On the other hand, the value-added impact of permanent supportive housing on behavioural outcomes is less clear. The chapter raises two important issues that need to be addressed as permanent supportive housing is scaled up, namely how individuals can graduate from single-site supportive housing into regular housing with intensive support and developing shared housing as a permanent supportive housing option.

Chapter 8, *“National Initiatives to End Homelessness”* describes the large-scale national effort to scale up permanent supportive housing across the United States through the implementation of a Ten-Year Plan to End Chronic Homelessness in 2000. The plan, initiated by the National Alliance to End Homelessness was intended to capitalize on the emerging findings of the effectiveness and cost-effectiveness of permanent supportive housing. The focus of the plan was to end chronic homelessness among individuals and included the development of local

ten-year plans and the use of point-in-time counts to track progress over time. Although significant effort was expended on these plans, there has not been a comprehensive evaluation of their implementation. In this context, the author presents in the chapter the results of interviews with key informants involved with the implementation of the ten-year plans in five American cities, notably Portland, Oregon, San Francisco, Houston, Salt Lake City, and Washington, DC. The interviews and point-in-time count data showed a decrease in chronic homelessness in each of these cities. The chapter notes that nationwide, chronic homelessness has decreased in the U.S. by 31% between 2007 and 2015.

Chapter 9, "*Can Homelessness Be Prevented*" is a short chapter that emphasizes the importance of combining programs that end chronic homelessness with interventions that prevent it from occurring in the first place. The author summarizes the state of the research on prevention as showing that "at present, there are no evidence-based homelessness prevention approaches, but that ongoing work in the area is promising" (p.135). The chapter distinguishes between population-level prevention policies focusing on development of more affordable housing and increased disability entitlements and high-risk prevention programs that target individuals at imminent risk of becoming homeless. Three high-risk prevention programs are highlighted in the chapter, New York City's Homebase Program, Massachusetts Tenancy Preservation Program, and Discharge Planning laws in several states. The Homebase Program offer case management, tenant and landlord mediation, employment assistance, legal services and short-term financial assistance. The Tenant Preservation Program provides mediation services between landlords and tenants with disabilities at risk of eviction. Research on both of these programs has shown impressive outcomes. The chapter concludes with a call for "the scientific study of prevention interventions to identify what works best for whom" (p.139).

Chapter 10, "*Beyond Housing: Opening the Door to Community Participation*" ends the book with the idea that achieving housing stability for people with severe mental illness who have been chronically homeless is only a first step. Once housed, the goal needs to be shifted to the pursuit of "recovery" where individuals with severe mental illness are empowered to pursue personal goals, work towards reaching their potential, and develop meaningful relationships in the community. The chapter also highlights the importance of diminishing stigma and facilitating social inclusion, both challenges faced by individuals living in permanent supportive housing. The book ends on a positive note with a short section on the promising early research on early intervention programs targeting psychotic disorders.

As someone who conducts research in the areas of community mental health and homelessness, the book provided an interesting historical perspective on familiar research addressing the housing needs of people with severe mental illness. The book's biggest limitation is its exclusive focus on severe mental illness and homelessness in the United States. This might make it of less interest to *EJH* readers. However, I believe that the described history and cited research in the book on programs and policies yield knowledge that can have some utility and application in Europe, particularly in the context of countries that are in the process of deinstitutionalization. I would recommend this book to other researchers, program developers, and policy makers who are working on ending chronic homelessness and integrating people with severe mental illness in their country.

To some extent, reading this book is like taking a journey in which the successes and challenges over the past 35 years of ending homelessness among people with severe mental illness in the United States are highlighted. At the end of this journey, you are left with the impression that we have the means to end chronic homelessness and that we are making progress in this direction. At the same time, there remains the need for further research that can continue to inform the development of effective programs and policies that not only end homelessness for people with severe mental illness but also help them to build a meaningful life in our communities.

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