



**H**OMELESS &  
**H**OUSING  
**R**ESOURCE  
**C**ENTER

# Public Housing and Serious Mental Illness

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**Practical Recommendations  
for Housing Providers**

August 7, 2024

# Disclaimer


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# Session Agenda

- Introduction
- A Brief Introduction to Serious Mental Illness (SMI)
- Health Equity Considerations for Housing Providers
- What SMI Looks Like in Housing
- Facilitated Audience Q&A

# Panelists

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- **Vanessa Schick, PhD**, Associate Professor of Public Health, UTHealth
- **Allison Ponce, PhD**, Professor of Psychiatry, Yale University
- **Enrico Castillo, MD, MS**, Associate Vice Chair for Justice, Equity, Diversity, & Inclusion, University of California Los Angeles (UCLA) Department of Psychiatry
- **Christine Kilgallen**, Licensed Professional Counselor, SEARCH Homeless Services – Houston, TX



# Introduction

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Dr. Vanessa Schick

Associate Professor of Public Health, UTHHealth

# A Brief Introduction to Serious Mental Illness

Allison N. Ponce, Ph.D.

Connecticut Mental Health Center  
Yale Department of Psychiatry





# Goals

- Draw the connection between homelessness and mental illness
- Define serious mental illness
- Discuss some contextual factors and considerations
- Describe some of the more common serious mental illness conditions affecting people who are unhoused



# Mental Illness and Homelessness

- Higher prevalence of mental and substance use disorders than among housed individuals\*
- Recent SAMHSA data\*:
  - 21% of unhoused individuals have serious mental illness
  - 16% reported substance use disorder

\*[https://store.samhsa.gov/sites/default/files/sma13-4734\\_literature.pdf](https://store.samhsa.gov/sites/default/files/sma13-4734_literature.pdf)

\*\*SAMHSA (2023) Addressing social determinants of health among individuals experiencing homelessness.



# What is mental illness?

- Condition that affects someone's thoughts, moods, and/or behavior
- Can vary in severity
- Someone can have just one condition or more than one



# What's serious mental illness?

- The condition:
  - Is persistent (e.g., lasting at least a year)
  - Results in significant impairment in major areas of functioning
  - Disrupts typical development process
- <https://www.apa.org/practice/resources/smi-proficiency.pdf>



# Some important context

- Cultural considerations
- Social determinants of health
- Recovery



# Some common conditions

- Schizophrenia
- Bipolar Disorder I and II
- Major Depressive Disorder



# Schizophrenia

- A chronic and severe mental disorder that causes people to interpret reality abnormally. People may experience hallucinations, delusions, extremely disordered thinking and a reduced ability to function in their daily life.
- <https://www.samhsa.gov/serious-mental-illness>



# Schizophrenia – a more detailed look

- Classified with “Schizophrenia spectrum and other psychotic disorders”
- Symptoms in one or more of 5 domains:
  - Delusions
  - Hallucinations
  - Disorganized thinking
  - Grossly disorganized or abnormal motor behavior
  - Negative symptoms





# Bipolar Disorder

- A brain disorder that causes intense shifts in mood, energy, and activity levels. People have manic episodes in which they feel extremely happy or euphoric, and energized...they also have depressive episodes in which they feel deeply sad and have low energy.

- <https://www.samhsa.gov/serious-mental-illness>



# Bipolar Disorder – a more detailed look

Formerly known as “manic depression”

Two main types: Bipolar Disorder I and Bipolar Disorder II

Mania

Hypomania

Major Depressive episodes



# Major Depressive Disorder

- One of the most common mental health conditions. Symptoms vary from person to person, include low/depressed mood and/or decreased interest in pleasurable activities and a number of other symptoms. These symptoms interfere with a person's ability to work, sleep, eat, and enjoy their life.

- <https://www.samhsa.gov/serious-mental-illness>



# MDD - a more detailed look

How is major depressive disorder different from low mood or feeling really sad?

- Symptoms present for at least 2 weeks
- A combination of at least 5 significant symptoms



- Depressed mood most of the day nearly every day
- Loss of interest or pleasure in all or almost all activities
- Significant changes in appetite/weight
- Insomnia or hypersomnia
- Engaging in purposeless movements (e.g. pacing) [psychomotor agitation or retardation]
- Fatigue or loss of energy
- Feeling worthless or excessively/inappropriately guilty
- Diminished ability to think or concentrate
- Recurrent thoughts of death, suicidal ideation, suicide attempts



# A word about Trauma and Substance Use Disorders

- Both trauma and substance use disorders are common among people without homes
- Can be stand-alone or occur along with one or more mental health conditions



# Final thoughts





# Health Equity Considerations for Housing Providers



Enrico Castillo, MD MSHPM  
Associate Professor  
Associate Vice Chair for Justice, Equity  
Diversity, and Inclusion  
Center for Social Medicine  
UCLA Department of Psychiatry



Photo Credit: Wally Skali

**Los Angeles Times**



# Disclosures



## Financial Relationships

- Employed by UCLA
- Travel funds from the American Association of Directors of Psychiatric Residency Training
- Honoraria from the American Psychiatric Association
- Member of the Sozosei Foundation Research Advisory Committee on Decriminalizing Mental Illness
- Research funded by NIMH (K23 MH 125201 and R34 MH-128397)

## Non-financial Relationships

- Member of the CA Council on Criminal Justice and Behavioral Health
- Editorial boards of Academic Psychiatry and Community Mental Health Journal, column editor Psychiatric Services
- Reviewer for several academic journals

No other relevant financial or non-financial disclosures

1

Health Equity: Addressing Vulnerabilities

2

Avoid Criminalization

3

Address Carceral Aspects of Your Program

4

Trauma-informed Housing





Video Credit: Invisible People

Finances

Housing /  
Residence

Risk  
Environments

Food Access

Social  
Network

Legal Status

1

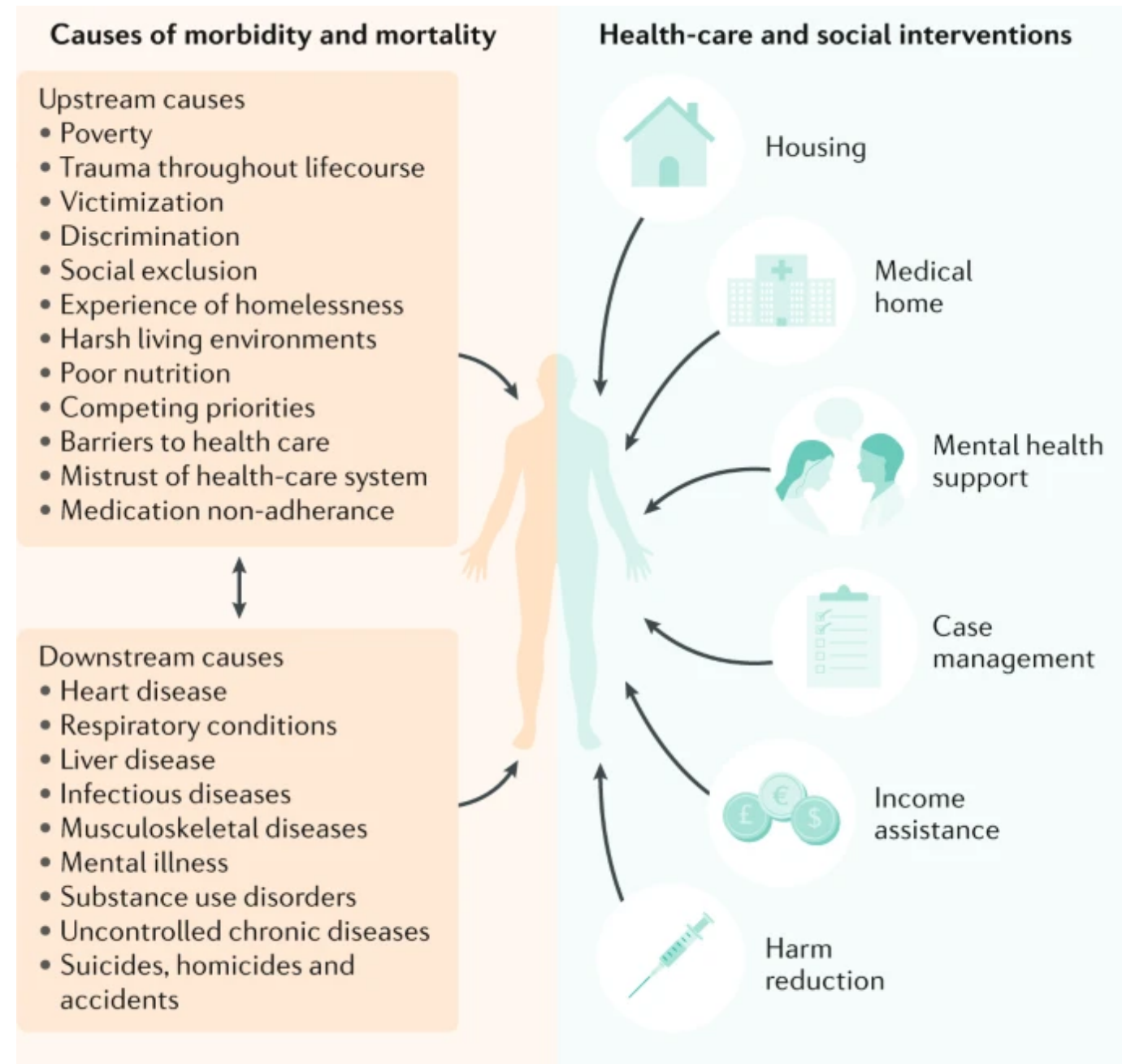
Health Equity:  
Addressing  
Vulnerabilities

Education

Discrimination

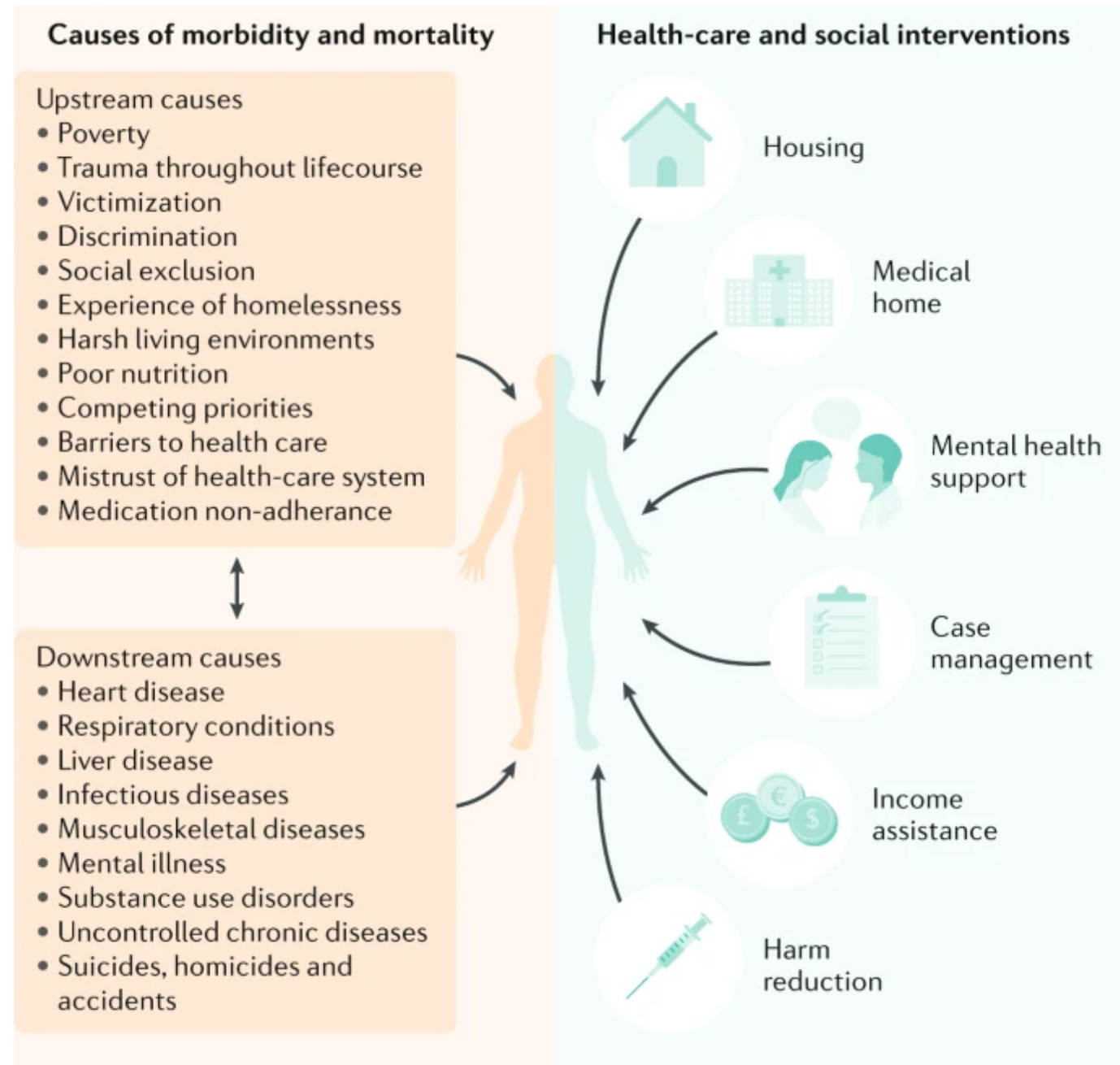


Health Equity: “striving for the highest possible standard of health for all people and **giving special attention to the needs of those at greatest risk of poor health, based on social conditions.**”



## Health Equity in homeless services and housing involves recognizing individuals' strengths and addressing vulnerabilities

- Social Services and Benefits
- Partnerships
- Skill Building
- Medical Treatment
- Employment
- Education
- Social Connections
- Empowerment





2

## Avoid Criminalization

- Understand residents' experiences with law enforcement
- Evaluate program's relationship with law enforcement
- Identify local alternatives
- Track outcomes of law enforcement interactions with residents

Jackson SW, Castillo EG, Myrick KJ, Goldman M. Policy, Design, and Critical Reflections on Behavioral Health Crisis Services for People Experiencing Homelessness. Psychiatric Clinics. 2024.

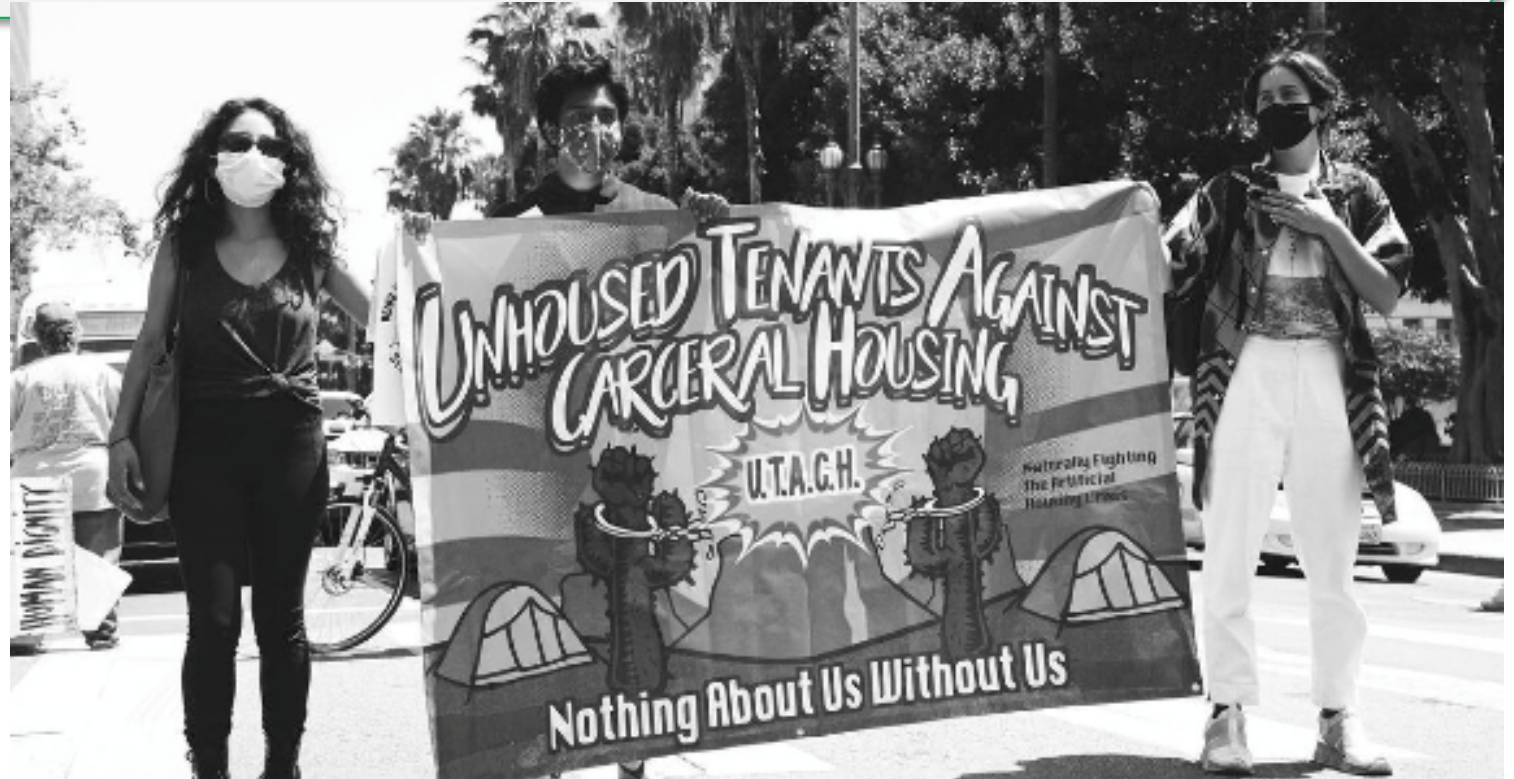
[www.dontcallthepolice.com](http://www.dontcallthepolice.com)





# Address Carceral Aspects of Your Program

- Access to keys
- Curfews
- Security Protocols
- Interactions with Staff
- Case Management
- Wellness
- Program Exits
- Transparency



Unhoused Tenants Against Carceral Housing. [www.utach.org](http://www.utach.org)

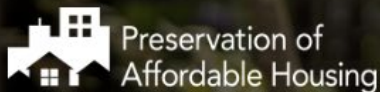
Plotnikova S. A Cage by Another Name. Failed Architecture. <https://failedarchitecture.com/a-cage-by-another-name/>

Roy A, Rosenstock C. We Do Not Forget: Stolen lives of LA's unhoused during the COVID-19 pandemic. 2021. UCLA Luskin Institute on Inequality and Democracy.



## TRAUMA- INFORMED HOUSING

A Toolkit for Advancing  
Equity and Economic  
Opportunity in  
Affordable Housing



Video Credit: Preservation of Affordable Housing

# Trauma-informed Housing

## TRAUMA- INFORMED HOUSING

A Toolkit for Advancing  
Equity and Economic  
Opportunity in  
Affordable Housing



### WHAT IS IN THIS TOOLKIT:



#### Trauma in Housing

What people who care about housing need to understand about trauma



#### Designing Trauma-Informed Places and Spaces

Learn about trauma-informed building design and how it can promote better outcomes for people



#### Becoming a Trauma-Informed Organization

Learn how to improve your policies, procedures and programs to support outcomes for residents, staff and properties



#### Case Studies

See examples of trauma-informed housing in action



#### Measuring Impact

How to define outcomes and measure the impact of trauma-informed housing

# Trauma-informed Housing

## ***SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH***

- 1. Safety**
- 2. Trustworthiness and Transparency**
- 3. Peer Support**
- 4. Collaboration and Mutuality**
- 5. Empowerment, Voice and Choice**
- 6. Cultural, Historical, and Gender Issues**

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse<sup>36</sup> and Mental Health Services Administration, 2014.

# Trauma-informed Housing

## SAMPLE QUESTIONS TO CONSIDER WHEN IMPLEMENTING A TRAUMA-INFORMED APPROACH

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					
<b>Governance and Leadership</b>	<ul style="list-style-type: none"> <li>• How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?</li> <li>• How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?</li> <li>• How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?</li> </ul>				

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse<sup>37</sup> and Mental Health Services Administration, 2014.

1

Health Equity: Addressing Vulnerabilities

2

Avoid Criminalization

3

Address Carceral Aspects of Your Program

4

Trauma-informed Housing

# Housing, Homelessness, and Mental Health

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Enrico G. Castillo, MD, MS

PSYCHIATRIC  
ANNALS

## Psychiatric Clinics



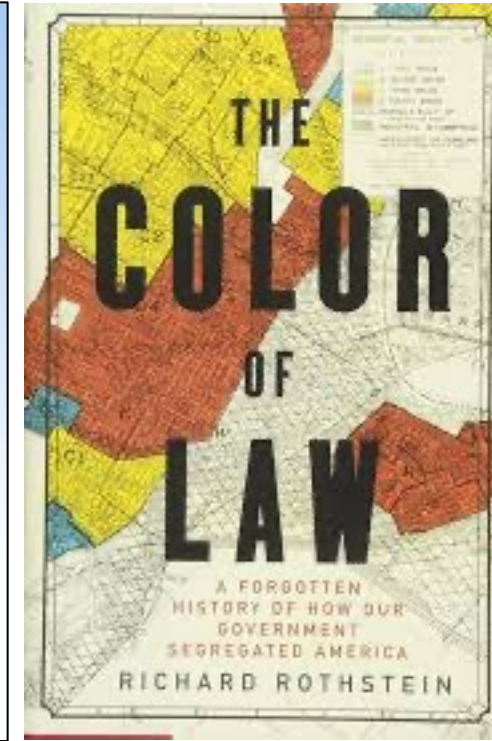
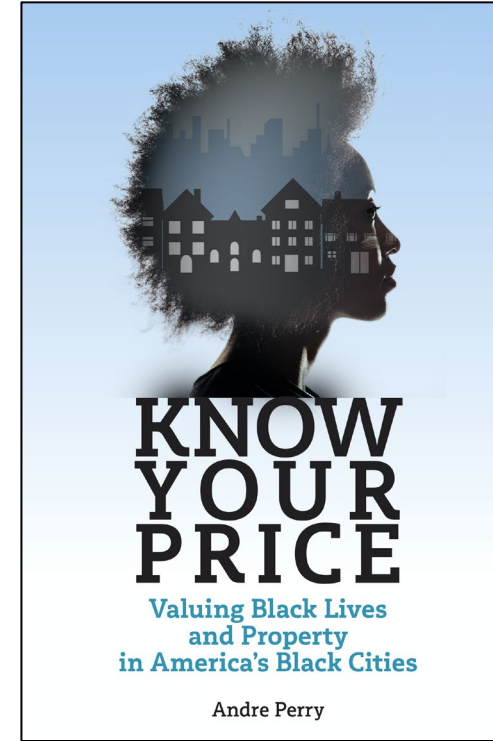
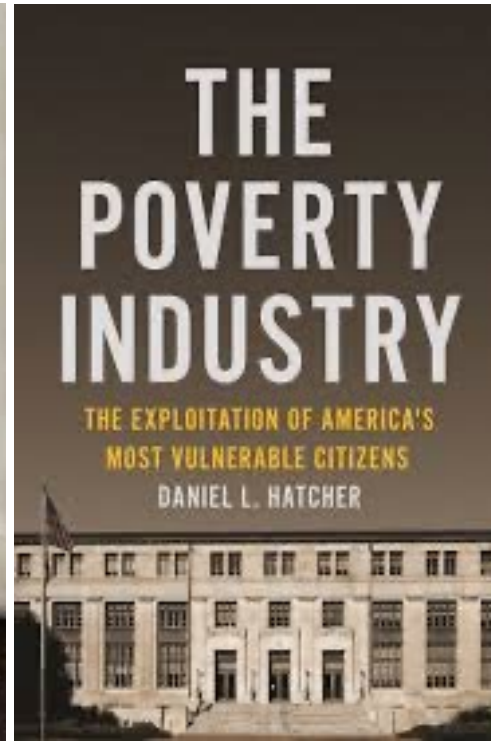
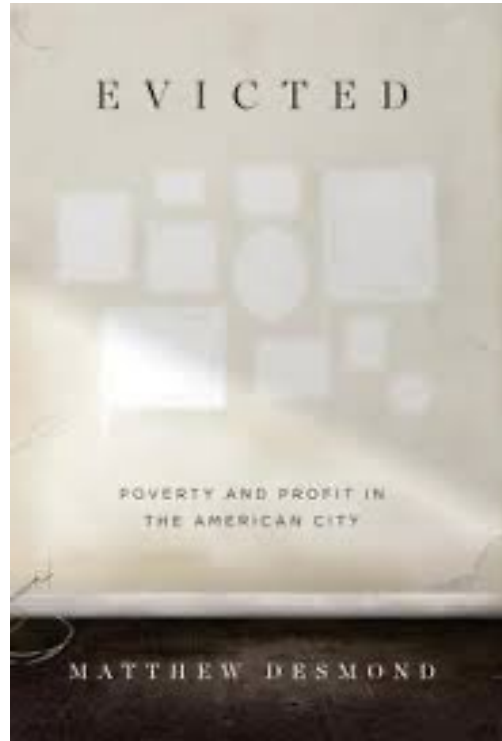
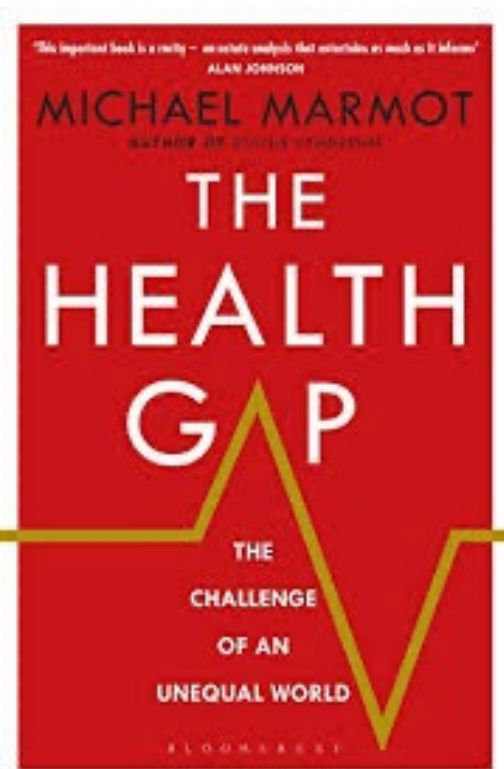
## Policy, Design, and Critical Reflections on Behavioral Health Crisis Services for People Experiencing Homelessness

Samuel W. Jackson, MD<sup>a,\*</sup>, Enrico G. Castillo, MD, MS<sup>b</sup>,  
Keris Jän Myrick, MBA, MS<sup>c</sup>, Matthew Goldman, MD, MS<sup>d</sup>



# THANK YOU

Enrico Castillo, MD MS  
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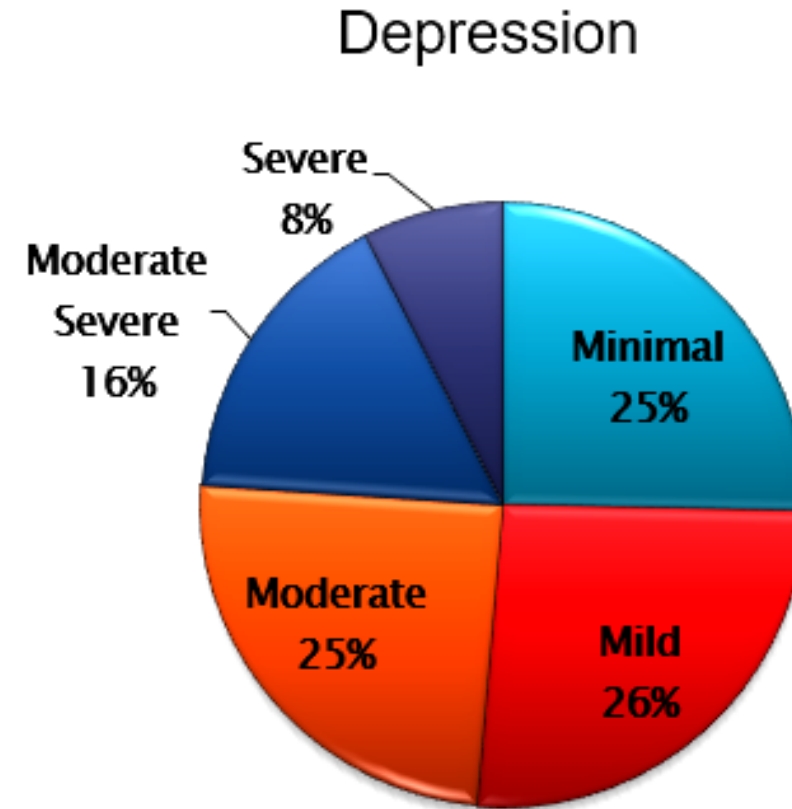




# What SMI Looks Like in Housing

## Depression

Room hygiene issues  
Personal hygiene needs  
Anger/emotional dysregulation  
Isolation/avoidance



**PHQ-9 (N=146)**

Scores range from 0-27 with higher scores indicating more severe depression (M=9.61, SD=6.35)







# What SMI Looks Like in Housing

## Post-Traumatic Stress Disorder

- May experience overwhelming bouts of sadness, anxiety, or anger
- Explosive, reactive behavior; behavioral responses that seem disproportionately more intense than the situation warrants
- May be triggered by something that seems trivial or innocuous to us
  - could be triggered by a “tough”/”bad cop” approach; something as simple as the smell of a bonfire could trigger someone who lost their home to a fire
- Nightmares may cause disordered sleep patterns; may be awake and in the community during night hours

# What SMI Looks Like in Housing

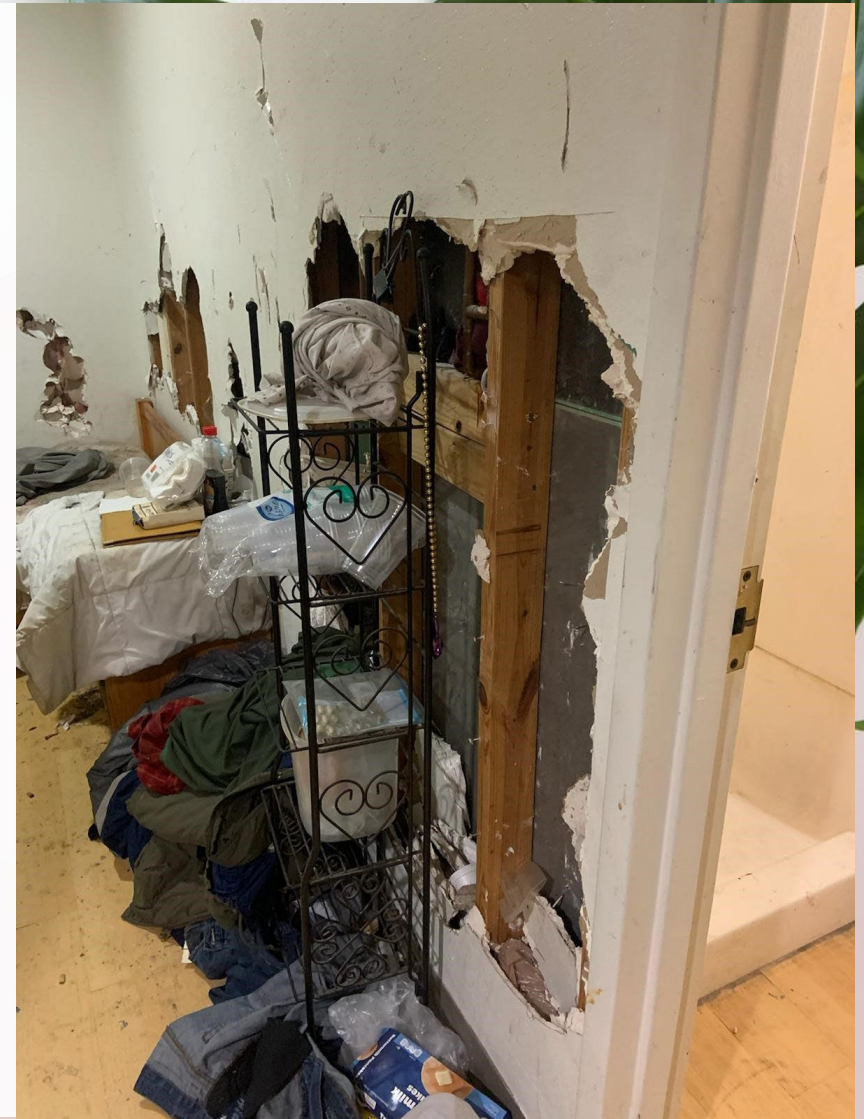
## Psychotic Disorders

**Hallucination:** An experience of perceiving something that is not present (seeing, hearing, feeling things that aren't there)

- May seem distant or preoccupied
- May engage in disruptive behaviors (banging, yelling, responding to things that aren't real to us)

**Delusion:** A false belief or judgment about external reality

- May seem paranoid, feeling like other residents, landlords, or maintenance are watching them or out to get them
- May file grievances about people entering room, moving belongings, or stealing from them without evidence of this



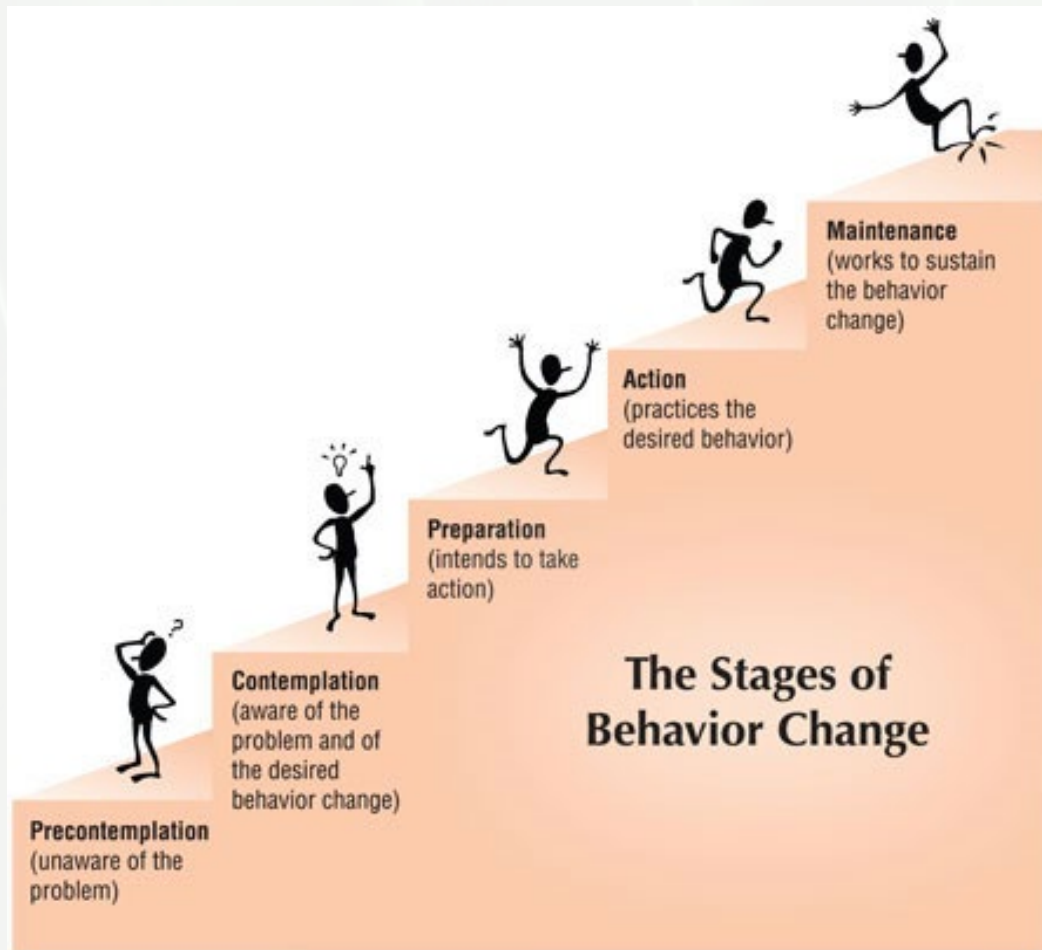
# What SMI Looks Like in Housing

Substance use may co-occur with all of these diagnoses

- Can impact ability to pay rent consistently and on time
- Often impacts quality of unit, may have others inhabiting apartment or “taking over” their unit.
- Can lead to overdose deaths







Sources: Grimley 1997 (75) and Prochaska 1992 (148)

## Are they ready for change?

- Knowledge of the problem is a start, but does not automatically translate to doing something different
- There are different levels of readiness depending on behavior. It can take a long time and several tries to change
- A certain degree of trust and relationship-building is critical

# How to Intervene

## *Approach from a trauma-informed lens*

Accomplished by:

- ✓ Realizing the widespread impact of trauma
- ✓ Recognizing the signs and symptoms of trauma in others
- ✓ Helping to prevent re-traumatization



# How to Intervene

*Use de-escalation skills:*

Actively listen  
to resident

Find a way to  
agree or  
validate position

Be concise &  
use plain  
language

Offer choices

Set clear limits  
in respectful  
way

Repeat as  
needed



# How to Intervene

What de-escalation looks and sounds like:

## VERBAL

- Voice Tone: calm, gentle, soft
- Express concern for the resident, letting the resident know they are being listened to and understood
- Find way to agree with or validate their position, rather than “getting to the truth.”

## NON-VERBAL

- Posture: non-threatening
- Body language: nodding head slowly, uncrossed arms, open hands, at their level
- Eye contact: follow their lead – some is appropriate, but avoid fixed eye contact
- Personal space: close enough to establish rapport, not so close as to invade personal space.

# How to Intervene

*At the  
individual  
level:*

- Reach out to emergency contact
- When possible, offer some degree of leniency
- Assist with requesting a Reasonable Accommodation
- If they have Case Management or other supports, may be able to link them to mental health/substance use treatment services (as willing)
- If they're a danger to self or others, or in a state of serious decompensation due to their mental illness, explore the options available in your state for involuntary commitment

# How to Intervene

*At the  
community  
level:*

- Establish relationship with your local Federally Qualified Medical Center (FQMC)
- Provide opportunities for life skills development
  - How to clean apartment, get a money order to pay rent, set up automatic bill pay, etc.
- Community-building
  - Hold regular groups or events that facilitate positive interaction among residents and property management
  - Establish “Town Hall” or Council to involve residents in decision-making and elicit feedback



# How to Intervene

Avoid trying to convince residents that they need to change their behavior, seek treatment, etc.

- Instead: Listen actively, use clear and factual language to explain what they need to do to maintain housing, and offer connection to resources if they're interested

If a resident is experiencing psychosis, avoid trying to “convince” them of the truth or “talk them out” of their delusions/beliefs

- Instead: Empathize and try to refocus the conversation. (“It must be scary to hear those voices in your apartment. It must also scare your neighbors to hear you shouting back at them. What can you think of that will help both you and my other tenants feel safe?”)

Don't counsel or try to “fix” them

- Instead: Prevent potential re-traumatization by offering to connect them to trained clinicians and supportive services, or provide information for FQMC/local mental health clinic.



# Q&A Panel

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# Dive Deeper: HHRC Resources



- Online Courses:
  - [Serious Mental Illness](#)
  - [Introduction to Hoarding Disorder](#)
  - [Supporting People Who Use Methamphetamine](#)
  - [Whole-Person Care for Opioid Use Disorder](#)
- Written Resources:
  - [Fair Housing Protections for People with SMI, SUD, or COD](#)
  - [Effective Property Management Engagement Strategies](#)



- Archived Webinars:
  - [Housing Supports for Older Adults Experiencing Homelessness](#)
  - [Outreach and Housing Support for Individuals with Psychotic Disorders](#)
  - [Serious Mental Illness and Homelessness](#)
  - [Taking a Trauma-Informed Approach with Events of Escalation](#)
  - [Eviction Prevention and Housing Retention During and After COVID-19](#)



# Evaluation and Certificate of Participation

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## Contact Us:

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