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*Housing, Citizenship, and Communities for People With
Serious Mental Illness: Theory, Research, Practice, and
Policy Perspectives* ed. by J. Sylvestre, G. Nelson, & T.
Aubry (review)

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American Journal of Psychiatric Rehabilitation, Volume 21, Numbers
1-2, Spring-Summer 2018, pp. 216-218 (Review)

Published by University of Nebraska Press



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Review

Sylvestre, J., Nelson, G., & Aubry, T. (Eds.). (2017). *Housing, Citizenship, and Communities for People With Serious Mental Illness: Theory, Research, Practice, and Policy Perspectives*. Oxford, United Kingdom: Oxford University Press.

This important collection of readings provides a useful primer for those seeking an update on the wealth of research about housing services for individuals with serious mental illnesses. The volume provides a historical review of the development of housing supports, guides the reader in distinguishing among competing housing models, reviews the emerging outcomes research in the field, and suggests the research questions that need to be addressed in the future. The emphasis here is on the ways in which the model of “supported housing” challenges older single-site and scattered-site housing programs, particularly with regard to those who face both mental illnesses and homelessness.

The book will be essential reading for policy makers at the local level who are considering what should be funded, and still more useful for residential services providers as they begin to shape the next generation of housing supports. The editors and a majority of the authors are Canadian scholars, but they draw heavily on related research from both Canada and the United States (with some nods to European and Australian developments). Although the book also offers a voice to service consumers and providers, it is primarily an opportunity for readers to review and learn from the most current and methodologically sound research in the field today.

The first chapter provides a useful historical overview of the development of housing services for those with mental illnesses. Following the rapid deinstitutionalization of the 1970s, many found themselves either in wildly inadequate community housing or simply homeless. Mental health agencies scrambled for more than a decade to meet the unanticipated need for housing, but by the 1990s, “supported housing” emerged as an

effective alternative to a generation-long reliance on board-and-care facilities, single-room-occupancy hotels, halfway houses, group homes, and scattered-site apartment programs. Initial data suggested that this newer model could work: It supported individuals in renting their apartments from everyday landlords, separated clinical services from housing supports, and—as the “housing first” name suggested, rejected the notion that each person had to move through a continuum of housing supports before they could be given the keys to their own homes. Housing first demonstrated increases in community tenure, decreased hospitalizations, and clinical stability—not by as much as had been hoped, the research suggests, but by enough to validate this radical departure from program norms.

The second chapter helpfully delineates the differences among competing models, and suggests that fidelity to the slowly emerging principles of the housing first model yielded more impressive outcomes than less rigorous amalgams of this and that approach. This is an important finding, given the tendency of providers to call their programs whatever funders will support, regardless of their actual operational design, with no “human services nomenclature patent office” to hold their feet to the fire. The third chapter offers an in-depth literature review of the outcomes of competing models, again suggesting that the housing first approach is at least modestly more effective than others. At the same time, the authors point out, some individuals continued to do better—or simply preferred—more structured, supervised settings. Chapter 4 suggests that the issue of “costs” has been inadequately addressed in the research, and that much more work is needed here.

Later chapters explore both the “theory” of housing supports and the “social context” in which housing is offered. Housing supports in community settings are driven not only to improve housing stability and assure the personal safety of individuals, but also, importantly, to help individuals participate more successfully in the community life all around them. Indeed, in the introduction to the volume, the editors assert that

unless people are well housed they will not form relationships, join the communities, and participate in the meaningful activities that are essential for healthy and satisfying lives. . . . Whereas housing is a start, the key concern is how it leads to social integration, community participation, recovery, and citizenship. (p. xxiii)

The data suggest that most housing programs, including the housing first model, fall far short in serving to promote this kind of social integration. Many people with mental illnesses—whether or not they have experienced homelessness—do achieve clinical and housing stability, but many do not make significant progress in getting to know their neighbors, joining community social or recreational activities, participating in the life of nearby religious congregations of their choice, or even making new friends beyond the circle of those they have come to know in the mental health clinics and day programs they attend. Housing programs may be somewhat less clustered in poorer and resource-scarce communities than in the past, but their residents remain unconnected to the world around them. This, the authors begin to suggest, is the next significant challenge for practitioners and researchers.

There are several additional chapters of value. There is a wonderful discussion of alternative research methodologies that go beyond traditional quantitative studies and use more qualitative approaches—narratives, walking tours, and Geographic Information Systems mapping designs—to get the *feel* of community life for the residents of housing programs. Qualitative work can be very useful in assessing the realities of community exclusion and inclusion than the more frequently used barometers of community tenure, clinical stability, and costs. There are a few chapters at the end of the volume that begin to provide a voice for consumer-run programs and the direct service staff who make or break any strong program, but there is too little emphasis here on the ways in which residents *experience* these programs at the most immediate, service-recipient level.

The book offers a clear, detailed, and thoughtful assessment of where the housing field stands today, and the significant challenges funders, programmers, and researchers face in designing housing services that not only provide shelter but also serve as an effective starting point for community participation.

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